UNICEF Humanitarian Action 2010

TAJIKISTAN

SITUATION UPDATE

The first half of 2010 was marked by multiple emergencies in Tajikistan, including a January earthquake in Pamirs (Vanj region), an outbreak of Poliomyelitis in the south-west of the country in April and heavy floods in Khatlon (Kulob) in May, all seriously affecting the lives of women and children. The Government estimates the total damage caused by disasters in 2010 at US$600 million.1 The earthquake hit about twenty villages, and although there were no reports of casualties, 140 houses were fully and 958 houses partially destroyed, and a health centre and five schools were damaged, affecting almost 8,000 people. The spring of 2010 was characterised by unusual heavy precipitation, which triggered floods, landslides and mudflows in many of the country’s districts. When torrential rains hit East Khatlon in May, a flash flood destroyed the houses and belongings of 4,500 people in the town of Kulob and surrounding areas, killing at least 40 people. An estimated 16,000 people were directly affected by the disaster due to destroyed houses and crops, and an additional 70,000 people encountered difficulties in accessing safe drinking water. Social and other infrastructures were severely damaged. Additionally, Tajikistan declared a serious public health emergency in April due to the outbreak of Poliomyelitis. As of early July, 653 cases of Acute Flaccid Paralysis have been reported, including the death of five children. As many as 3 million children under the age of 15 are currently at risk of Polio.2 The effects of these emergencies continue to be further exacerbated by the negative effects of the global economic meltdown and rising food prices. The UNDP Disaster Risk Management Monitoring Report of Tajikistan’s Early Warning Indicators in May noted that since the beginning of 2010, the inflation rate in the consumer sector has reached 1.8 per cent.3

KEY RESULTS FOR CHILDREN

By promptly using the in-country stock of emergency supplies, UNICEF was among the first agencies to respond immediately to the humanitarian needs of the affected population for all the three aforementioned emergencies. It mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. Together with partners at the Global Polio Eradication Initiative, UNICEF and the World Health Organization closely worked with Tajikistan’s Ministry of Health to plan and carry out an emergency Polio immunisation campaign. As an immediate response, a four-round repeated vaccination campaign including ten million doses of oral polio vaccine (m-OPV) covering children 0-6 years old for all four rounds and children 7-15 years for 2 rounds were carried out across the country, covering more than 98 per cent of the target population. UNICEF also led the communication and social mobilisation effort to inform the society about the campaign.

In the Vanj and Kulob regions affected by earthquake and flooding respectively, health points were established in all affected areas where emergency health kits are used for the provision of health services. Vaccination of children is being carried out and hygiene and sanitation practices are being promoted by health workers. A UNICEF supported NGO provided breastfeeding counselling and hygiene promotion among affected families and facilitated psychosocial support to 750 children and 400 parents affected by the earthquake, in collaboration with Tajik State University. As part of this support, 300 teachers, local government officials and health care workers among others, who themselves were affected by the earthquake, were trained for providing on-going psychosocial support to children and their families. Around 22 winter school tents were provided to affected schools. In the absence of emergency funding, UNICEF has been mobilizing its regular resources in order to be able to provide additional winterized tents, food items, blankets, hygiene and emergency health kits. The support is being provided in coordination with the UN Rapid Emergency Assessment and Coordination Team (REAT).

In the education sector, UNICEF and ECHO initiated a Disaster Risk Reduction project in October 2009. In formal partnership with the Committee of Emergency Situations (CoES) and the Ministry of Education (MoE), the project included supporting disaster risk reduction interventions in 510 schools of the 20 most disaster-prone districts of Tajikistan. More than 1,000 school teachers obtained knowledge and skills on simple and effective disaster risk reduction interventions during the training sessions provided by the master trainers of the CoES and the MoE. An estimated 120,000 school children benefited from the training on development of family disaster preparedness plans.

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1 Estimates by UN Rapid Emergency Assessment and Coordination Team (REAT), June 2010.
3 Prices for foodstuffs increased by one per cent, non-food items by 1.7 per cent and paid services by 5.4 per cent.
Currently some 20,000 families have such plans in place which aim at reducing vulnerability of the family to disasters and improvement of their preparedness level.

INTER-AGENCY COLLABORATION
UNICEF leads WASH and Education (together with Save the Children) Clusters and contributes to WHO-led coordination in health and to the World Food Programme-chaired Food Security Cluster.

FUNDING REQUIREMENTS
As of 1 June 2010, no funding was received against HAR revised requirements of US$6,200,000. Due to the polio outbreak and immediate responses, the funding requirement for the health sector is increased. The additional funds requested will cover the costs of four rounds of the national polio vaccination campaign, including the cost of vaccines and social mobilisation.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original 2010 HAR requirements</th>
<th>Revised HAR requirements</th>
<th>Funds received</th>
<th>Funding gap</th>
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<tbody>
<tr>
<td>Health</td>
<td>600,000</td>
<td>2,800,000</td>
<td>0</td>
<td>2,800,000</td>
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<tr>
<td>Nutrition</td>
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<td>700,000</td>
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<td>700,000</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
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<td>0</td>
<td>1,000,000</td>
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<tr>
<td>Education</td>
<td>1,000,000</td>
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<td>0</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Child Protection</td>
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<td>500,000</td>
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<td>500,000</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>200,000</td>
<td>200,000</td>
<td>0</td>
<td>200,000</td>
</tr>
<tr>
<td>Total*</td>
<td>4,000,000</td>
<td>6,200,000</td>
<td>0</td>
<td>6,200,000</td>
</tr>
</tbody>
</table>

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010
Throughout the next six months UNICEF will continue its life-saving and immediate response to climatic hazards. UNICEF will support early recovery related interventions that will mitigate the effects of the combined food, energy and water insecurities in the country. Additional supplementary immunisation activities will be required in September-October 2010 to fully contain the Polio outbreak in the country. In 2010, UNICEF will continue to ensure a coordinated response among partners and respond to the needs of more than 200,000 families. It will seek to ensure adequate access to health and nutrition, safe drinking water, improved sanitation and hygiene, educational opportunities, as well as protection of children.

Health:
- A social mobilisation campaign will increase awareness of families and caregivers on the need for all children aged 0-15 years (3 million) to receive additional doses of the polio vaccine during two rounds of the national polio vaccination campaign planned in September and October.
- The capacity of 200 primary health care centres in affected areas will be extended to cope with an increased number of emergency patients, through increased availability of emergency health kits.
- Twenty thousand children under five will have access to the new oral rehydration therapy in the event of a diarrhoea outbreak. UNICEF and JICA provided health facilities across the country with the sufficient amount of ORS.

Nutrition
- Working jointly with the World Food Programme, the WHO, the World Bank, and the Ministry of Health (MoH), parents in affected communities will have access to essential information on infant and young child feeding and therapeutic and supplementary feeding to help improve their children’s nutrition.
- Five thousand malnourished children and mothers at risk will receive micronutrient supplements, and 2,000 children suffering from severe acute malnutrition will continue to benefit from the UNICEF-supported government run therapeutic feeding programmes.
• An additional 300,000 children under-five will benefit from de-worming campaigns. De-worming tablets were delivered to MoH partners.

Water, Sanitation and Hygiene
• Access to the required minimum amount of safe water (according to Sphere standards) will be provided to 10,000 households in urban and rural areas with special attention to hospitals, schools and mass care facilities. Water containers, water purification tablets, chlorine lime and soap will be distributed to 10,000 households.
• Damaged water supply systems will be rehabilitated and sanitation facilities constructed to renew access to safe water and sanitation for the affected population.
• Community communication campaigns for hygiene promotion will be organised, benefiting 100,000 people.

Education
• Support for catch-up programmes in line with advocacy for the temporary suspension of classes, especially during severe winter days, will increase opportunities for children to stay in school.
• Temporary schooling facilities will be established for children in emergency affected areas, including construction or repair of school buildings.
• Around 50,000 school children will benefit from school-in-a box kits that contain essential school supplies for learning.

Child Protection
• Ten thousand children deprived of parental care will have access to basic health and nutrition commodities.
• Psychosocial support will be provided for an estimated 10,000 children through established child-friendly spaces in resettlement areas and communities in case of flooding, earthquake or any such emergency situation which results in the affected population having to be resettled to another area.
• Identification, tracing and reintegration services will be provided to 300 children displaced due to the effects of emergencies.

HIV/AIDS
• Children, young people and women will have access to essential information on prevention, care and treatment, youth friendly health services, including testing, counselling, Preventing Mother-to-Child Transmission and paediatric care.