



**Humanitarian Aid Decision**  
Humanitarian aid (Title 23)

Title: Assistance to vulnerable groups in Tajikistan

Location of operation: TAJIKISTAN

Amount of decision: 8,000,000 euro

Decision reference number: ECHO/TJK/BUD/2004/01000

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**Explanatory Memorandum**

**1 - Rationale, needs and target population:**

1.1. - Rationale:

The effects of civil war (1992-1997) and severe drought (1999-2001) continue to generate large humanitarian needs in Tajikistan as underlined by the United Nations' launch in November 2003 of a \$53.7 million Consolidated Inter-Agency Appeal for 2004. Improved rainfall and cereal production and relative political stability in 2002 and 2003 mean that the worst of the humanitarian crisis is over. Nevertheless the threat of widespread infant malnutrition remains and access to clean drinking water and basic health care remains elusive for much of the population, leading to a high incidence of water borne diseases and malaria.

The European Commission, through ECHO, has allocated €145 million to humanitarian interventions in Tajikistan since 1993. In both 2002 and 2003 €10 million was provided for humanitarian operations. The 20% reduction enshrined in this decision marks the first stage of a three-year phasing out plan adopted by ECHO in Autumn 2003. The reduction follows extensive consultation in 2003 with authorities and beneficiaries in Tajikistan and the international community including Member States present in Tajikistan. The decrease reflects greater engagement in the country by international humanitarian and development actors (the crisis in Tajikistan has become one characterised by forgotten needs rather than a forgotten crisis in itself) and a stabilisation of the situation. The phasing out of humanitarian assistance will be gradual, carefully targeted and managed in close cooperation with the medium-term development activities of other Commission instruments and international donor agencies. This strategy should produce outcomes that reduce the vulnerability of current ECHO beneficiaries and the likelihood of another humanitarian crisis in Tajikistan in the near future.

Given Tajikistan's high vulnerability to natural disasters, ECHO launched a Disaster Preparedness Programme (DIPECHO) for Central Asia in 2003, mainly focused on Tajikistan. The programme (€3 million) aimed to strengthen the capacity of local actors to predict, respond to and cope with disasters and to protect vulnerable groups from likely natural disasters through small scale infrastructure works. This programme will also be

funded by ECHO in 2004. DIPECHO projects complement ECHO's phasing out strategy by placing emphasis on development and prevention and helping people to cope better. The interaction between humanitarian operations financed under budget line 23 02 01 (formerly 210) and DIPECHO projects financed under budget line 23 02 02 (formerly 219) is also helped by the fact that similar organisations are implementing the projects.

### 1.2. - Identified needs:

Major needs remain in the food and nutrition sector. Inhabitants in many rural areas enjoyed significantly improved harvests in 2003. But a continuing lack of access to seeds, fertiliser, and irrigation and extension services is limiting production. Meanwhile in urban areas vulnerable groups such as pensioners and handicapped people remain without access to land. Furthermore, despite the increase in the domestic harvest, the price of many food staples has continued to rise well above the rate of inflation. Prices of essential items and products such as fuel, bread, wheat flour, have had the sharpest increase. While some of the increase might be related to an adjustment of the market situation, the inflated prices will highly affect the poorest families and further deteriorate their situation in 2004.

ECHO has funded National Nutrition Surveys for the past three years. The 2003 survey was conducted in autumn to allow a direct comparison with the 2001 survey. The results showed a marked decrease in the levels of stunting and wasting in all regions of Tajikistan. Results of the survey show that 4.7% of the sample population suffers from Global Acute Malnutrition, compared to 17.4% in 2001, and that 0.64% suffers from Severe Acute Malnutrition, compared to 4.2% in 2001. Highest rates remain in the Khatlon area. Nevertheless there remains a significant percentage – 6% - of under-five children in the 'at risk' category. As the National Nutrition Survey mentions, in a shock situation, acute malnutrition rates in Tajikistan are likely to rise to 3.2 times the current level. Infant mortality is 89 deaths per 1,000 live births and throughout 2003 ECHO-funded Therapeutic and Supplementary Feeding Centres have been operating at close to full capacity.

The second area of major need is in the water and sanitation sector. The last three National Nutrition Surveys have concluded that inadequate water and sanitation facilities have been a major contributory factor to infant morbidity and mortality. According to the 2004 CAP, 43% of the Tajik population lacks access to safe drinking water. This figure has fallen in recent years, thanks partly to ECHO's increased funding of this sector.

Finally, the health sector remains a major area of concern. Despite a substantial increase in the national budget for 2004, expenditure per capita remains below €1.5. Even a slight increase of this figure to €2, as requested by the Tajik Ministry of Health, would not be sufficient to cover basic needs in the sector. Meanwhile continuing epidemic outbreaks of infectious diseases mean that demands on the health system remain very high.

### 1.3. - Target population and regions concerned:

Around 65,000 people will receive food aid (including 800 severely malnourished children and 20,000 malnourished children under five, as well as food-for-work recipients), while a further 3,200 rural households will benefit from short-term food security projects. Access to clean drinking water and sanitation facilities will be improved for some 250,000 people through the rehabilitation or construction of over 250 water and sanitation systems, while the whole population stands to benefit from improved access to primary health care. A particular emphasis will be set on education and training of the population on sanitation issues and of

medical staff. Also, capacity-building of local structures and of communities, including the hand-over of some activities to the relevant authorities, will be part of the present programme.

All regions of the country will be covered, but with an emphasis on Khatlon in the Southwest, the region worst affected by the drought and the civil war and home to the highest number of people living in poverty. Increased priority will be given to sustainable projects that promote the self-reliance of individuals and communities.

#### 1.4. - Risk assessment and possible constraints:

The security situation has been relatively calm for the past 18 months. The risk of score settling from the Civil War, or incursions by armed groups from Afghanistan and other neighbouring countries remains however. This could limit access to certain parts of the country. Simmering regional political tensions could affect partners' ability to import key materials. Cooperation from local and national authorities has improved over the past year. The risk of this deteriorating seems slim. Tajikistan is one of the most disaster prone countries in the world. Natural disasters hampered the implementation of some operations in 2003 and the same could be true in 2004-2005.

## **2- Objectives and components of the humanitarian intervention proposed:**

### 2.1. - Objectives:

The principal objective is to improve the living conditions of rural and urban communities in Tajikistan in a way that simultaneously promotes longer-term food security.

The specific objectives are:

- to help meet immediate basic food needs, wherever possible while simultaneously enhancing the food security of the most vulnerable households;
- to reduce morbidity and mortality by enhancing access to primary health care, ensuring an effective response to outbreaks of infectious diseases and promoting community health awareness;
- to increase access to potable drinking water and sanitation facilities and to promote the safe use of water in order to reduce the incidence of water-borne diseases;
- to maintain a technical assistance capacity in the field, and to assess needs, apprise project proposals and to coordinate and monitor the implementation of operations.

Across the first three of these objectives and wherever possible, capacity-building of local structures and communities will be encouraged, *e.g.* by handing over some activities and by developing sustainable strategies for the next few years.

### 2.2. - Components:

Around 65,000 vulnerable people in urban and rural areas, all regions except Gorno-Badakshan Autonomous Oblast (GBAO) will have their immediate food needs covered during the expected November 2004-May 2005 'lean period'. Partners will once again be encouraged to implement rehabilitation projects on a food-for-work basis, further contributing to the medium-term food security of the project participants through small-scale

food security projects at the household level. Around 3,200 households will also benefit from food security projects (other than through food-for-work).

In view of the high numbers of acutely malnourished under-5s, funding of supplementary feeding programmes will continue. Although the overall situation is improving, there is still an unacceptably high level of children 'at risk' from malnutrition and feeding centres in Tajikistan continue to function at full capacity. There are also still pockets of malnutrition which are not reflected in the figures. Consequently, ECHO considers the supplementary feeding programme as lifesaving. In addition to the regular screening of children, supplementary and therapeutic feeding for 20,000 and 800 children respectively, the programmes are also expected to include the continuation of training of Ministry of Health staff, and appropriate education and awareness campaigns for 61,600 mothers and pregnant women in nutritionally vulnerable households. The running of two Therapeutic Feeding Centres, currently funded under the 2003-2004 Global Plan and managed by Action Against Hunger, will be handed over to the Ministry of Health in 2004-2005, with the support of UNICEF.

Assistance to the health sector will continue to have two primary components: the regular provision of essential medicines and medical supplies to Ministry of Health facilities, with a slight decrease of 10-15% compared to 2003-2004; and the training of Ministry of Health staff, particularly in the rational use of drugs and adoption of standard treatment guidelines. These interventions are mainly at the level of the primary health care centres, and in the district hospitals.

The above actions are supplemented by preventive and curative actions against the most predominant infectious diseases (malaria in particular) allowing immediate assistance to the populations affected by outbreaks of infectious diseases. It is planned that 75,000 people in Khatlon and Sughd will receive protection from malaria through the distribution of insecticide-treated nets (ITNs). In parallel, 400,000 ITNs distributed under earlier ECHO programmes will be re-treated to ensure continued protection. Training and basic supplies will be made available to try and reduce mortality rates during home births.

The regular and reliable supply of clean drinking-water has a direct impact on the incidence of water-borne diseases, and thus on public health. ECHO's intervention will have two main aims. The first is an improved provision of infrastructure. The second is improved health education. Some 250,000 people are expected to benefit from new water and sanitation systems, while over 125,000 households will receive education and information.

Infrastructure will be improved in three ways. First, by providing clean water to around 125,000 people in small urban communities across Tajikistan by rehabilitating around 13 pump stations, bore holes and/or distribution systems.. The unpredictable electricity supply continues to hinder the operation and maintenance of pump stations, but in many areas there are few other alternatives. Meanwhile around 125,000 people without any formal water supply in villages in Khatlon, Sughd and the Regions of Republican Subordination will benefit from the installation of over 140 deep hand pumps and construction of some 75 spring captures. Spring captures have proved to be a highly cost-effective means of providing drinking water in a mountainous country. The move from shallow to deep hand pumps under the 2003-2004 Global Plan has been successful. Only deep hand pumps will be installed in 2004-2005. Finally, potential ECHO partners plan to give greater priority to the construction of sanitation facilities than in previous years. Around 35 latrines will be constructed or rehabilitated in schools, hospitals and villages centres.

The projects will be planned in conjunction with the local water authorities. The medium used (installation of hand pumps or spring capture and protection) will vary according to local circumstances. The projects will also address issues including the rationalisation of water collection points, training in the management of drinking water (with introduction of user fees) and information and health education campaigns for the users.

ECHO plans to operate in partnership with 16 agencies (NGOs, the UN, the IFRC and National Societies of the Red Cross and Red Crescent). It is envisaged that individual operations will last for a maximum of 15 months.

In order to maximise the impact of the humanitarian aid for the victims, the Commission will maintain an ECHO support office located at Dushanbe. This office will appraise project proposals, and co-ordinate and monitor the implementation of humanitarian operations financed by the Commission. The office will provide technical assistance capacity and necessary logistics for the achievement of its tasks.

### **3 - Duration foreseen for actions within the framework of the proposed decision:**

The duration for the implementation of this decision will be 18 months. Winters in Tajikistan are long and usually very harsh. Snow and ice often interfere with the planned implementation of humanitarian operations. While all individual operations will have a maximum initial duration of 15 months, it is likely that some partners operating in remote areas may require 18 months to complete their work. Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 01/04/2004 in order to allow prompt procurement of materials for and start of operations in mountainous areas that are likely to be cut off from November to February thereby reducing the risk of grant agreement extensions.

If the implementation of the actions envisaged in this decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the decision.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. The procedure established in the Framework Partnership Agreement in this respect will be applied.

### **4 –Previous interventions/decisions of the Commission within the context of the crisis concerned herewith**

All grant agreements from the 2002 Global Plan have been completed. 96.5 % of the 10 million was spent. All the funds for the 2003 Global Plan have been committed. Some operations have been completed. All others are progressing smoothly.

**List of previous ECHO operations in TAJIKISTAN**

		2002	2003	2004
		EUR	EUR	EUR
Decision number	Decision type			
ECHO/TJK/210/2002/01000	Global Plan	10,000,000		
ECHO/TJK/210/2003/01000	Global Plan		10,000,000	
	Subtotal	10,000,000	10,000,000	0
	Total	10,000,000	10,000,000	0
	20,000,000			

Dated : 04/02/2004

Source : HOPE

## 5 - Other donors and donor co-ordination mechanisms

In October 2003 ECHO ran an LRRD Workshop in Dushanbe. Around 70 participants from the Tajik government, Member States, other donors, the United Nations, NGOs, DG RELEX and AIDCO (staff from Brussels and Central Asia) participated. ECHO is continuing to liaise closely with all these organisations about how best longer-term instruments can build on the outputs of ECHO-funded activities.

**Donors in TAJIKISTAN 2003**

1. EU Members States (*)		2. European Commission		3. Others (**)	
EUR		EUR		EUR	
Austria	0	ECHO	13,000,000	US	13,096,284
Belgium	0	FSP	4,600,000	Japan	4,943,590
Denmark	0	TACIS (***)	6,000,000	Canada	1,310,857
Finland	0				
France	0				
Germany	412,000				
Greece	0				
Ireland	0				
Italy	0				
Luxembourg	0				
Netherlands	842,000				
Portugal	0				
Spain	0				
Sweden	490,314				
United Kingdom	0				
Subtotal	1,744,314	Subtotal	23,600,000	Subtotal	19,350,731
		Grand total	44,695,045		

Dated : 04/02/2004

(\*) Source : ECHO 14 Points reporting for Members States. <https://nac.cec.eu.int>

(\*\*) Figures to 10 October 2003 Source: CAP Tajikistan 2004

(\*\*\*) Poverty alleviation

Empty cells means either no information is available or no contribution.

## **6 –Amount of decision and distribution by specific objectives:**

6.1. - Total amount of the decision: 8,000,000 euro. The Authorising delegated officer has verified that these funds are available and a level 1 commitment has been initiated in Sincom.

6.2. - Budget breakdown by specific objectives

## **7 – Evaluation Policy**

Under article 18 of the Regulation the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross cutting issues forming part of ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender, etc. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at: [http://europa.eu.int/comm/echo/evaluation/index\\_en.htm](http://europa.eu.int/comm/echo/evaluation/index_en.htm).

<b>Principal objective:</b> <i>To improve the living conditions of rural and urban communities in Tajikistan in a way that simultaneously promotes longer-term security.</i>				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (Euro)</b>	<b>Possible geographical area of operation</b>	<b>Activities</b>	<b>Potential partners<sup>1</sup></b>
Specific objective 1: to help meet immediate basic food needs, wherever possible while simultaneously enhancing the food security of the most vulnerable households.	2,600,000	Nationwide	Direct Food Aid. Supplementary feeding. Mother and child education. Agricultural inputs. Training. Food-for-Work. Capacity-building of local authorities and agencies.	- ACTION AGAINST HUNGER – UK - AGA KHAN FOUNDATION - CARE NEDERLANDS (FORMER DRA) - CROIX-ROUGE - FICR-IFCR-CH - GERMAN AGRO ACTION - MISSION OST – DNK
Specific objective 2: to reduce morbidity and mortality by enhancing access to primary health care, ensuring an effective response to outbreaks of infectious diseases and promoting community health awareness.	2,800,000	Nationwide	Pharmaceutical distribution. Malaria bed nets distribution. Training. Hygiene and health education. Capacity-building of local authorities and agencies. Small rehabilitation works. Data collection and surveillance. Reaction to outbreaks.	- ACTED - CROIX-ROUGE - FICR-IFCR-CH - NETHERLANDS RED CROSS - MERLIN - PSF - FRA/CLERMONT-FERRAND - AGA KHAN FOUNDATION
Specific objective 3:	2,370,000	Nationwide	Rehabilitation and	- ACTION AGAINST HUNGER –

<sup>1</sup> ACTION AGAINST HUNGER UK, AGA KHAN FOUNDATION (United Kingdom), AGENCE D'AIDE A LA COOPERATION TECHNIQUE ET AU DEVELOPPEMENT, (FR), CESVI cooperazione e sviluppo onlus, COOPERAZIONE INTERNAZIONALE (ITA), DEUTSCHE WELTHUNGERHILFE / GERMAN AGRO ACTION, (DEU), FEDERATION INTERNATIONALE DES SOCIETES DE LA CROIX-ROUGE ET DU CROISSANT ROUGE, MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), MERCY CORPS SCOTLAND (GBR), MISSION OST, OXFAM (GBR), PHARMACIENS SANS FRONTIERES COMITE INTERNATIONAL, Stichting CARE Nederland, UNICEF, UNITED NATIONS DEVELOPMENT PROGRAMME



to increase access to potable drinking water and sanitation facilities and to promote the safe use of water in order to reduce the incidence of water-borne diseases.			construction of drinking water systems and sanitation facilities. Hygiene and health education. Training. Capacity building of communities, local authorities and bodies.	UK - ACTED - AGA KHAN FOUNDATION - CESVI - COOPI - CROIX-ROUGE - FICR-IFCR-CH - MERCY CORPS SCOTLAND - MISSION OST – DNK - OXFAM – UK - UN - UNDP – BEL - UN - UNICEF – INT
Specific objective 4: to maintain a technical assistance capacity in the field to assess needs, appraise project proposals and coordinate and monitor the implementation of operations	230,000	Regional (Central Asia), based in Dushanbe	Technical assistance. Monitoring .	
TOTAL	8,000,000			

## COMMISSION DECISION

of

### on the financing of humanitarian operations from the general budget of the European Union in TAJIKISTAN

#### THE COMMISSION OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Union,  
Having regard to Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid<sup>2</sup>, and in particular Article 15(2) thereof,

Whereas:

1. Tajikistan has experienced acute socio-economic decline over the past decade which has led to the collapse of most services,
2. The first decade of the country's independence was dominated by a civil war that caused massive human and physical destruction,
3. Tajikistan was affected by severe drought in 1999-2001, which left nearly half of the population in need of emergency food assistance
4. The levels of infant malnutrition remained close to emergency levels in 2003,
5. The incidence of some infectious diseases is at epidemic levels in a country whose health system is unable to meet even basic needs,
6. Even though precipitation levels improved in 2003, such was the erosion of reserves and coping mechanisms during the drought that a significant proportion of the population will remain highly vulnerable for at least another year,
7. Financing is already provided through DIPECHO to assist preparedness for risks of natural disasters or comparable circumstances,
8. Humanitarian assistance is required to address basic needs and whenever appropriate in such a way that supports durable solutions and the linkage between relief, rehabilitation and development, particularly as a broader range of Community instruments become more active in Tajikistan,
9. In order to maximise the impact of humanitarian aid for the victims, it is necessary to maintain a technical assistance capacity in the field,
10. An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 18 months,
11. It is estimated that an amount of € 8 million from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to

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<sup>2</sup> OJ L 163, 2.7.1996, p. 1-6

vulnerable groups in Tajikistan, taking into account the available budget, other donors' interventions and other factors,

12. In accordance with Article 17 (3) of Council Regulation (EC) No 1257/96 of 20 June 1996, the Humanitarian Aid Committee gave a favourable opinion on 16/03/2004.

HAS DECIDED AS FOLLOWS:

#### *Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of 8,000,000 euro for humanitarian aid operations to assist vulnerable groups in Tajikistan by using budget line 23 02 01 of the 2004 general budget of the European Union.
2. In accordance with Articles 2 and 4 of Regulation (EC) No 1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
  - to help meet immediate basic food needs, wherever possible while simultaneously enhancing the food security of the most vulnerable households.
  - to reduce morbidity and mortality by enhancing access to primary health care, ensuring an effective response to outbreaks of infectious diseases and promoting community health awareness.
  - to increase access to potable drinking water and sanitation facilities and to promote the safe use of water in order to reduce the incidence of water-borne diseases.
  - Technical assistance: to maintain a technical assistance capacity in the field, and to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations

The amounts allocated to each of these objectives are listed in the annex to this decision.

#### *Article 2*

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision and does not exceed 2 million euro.

#### *Article 3*

1. The duration for the implementation of this decision shall be for a maximum period of 18 months, starting on 01/04/2004. Expenditure under this Decision shall be eligible from that date.
2. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision

*Article 4*

This Decision shall take effect on the date of its adoption.

Done at Brussels,

*For the Commission*

*Member of the Commission*

## Annex: Breakdown of allocations by specific objectives

<b>Principal objective:</b> To improve the living conditions of rural and urban communities in Tajikistan in a way that simultaneously promotes longer-term security.	
<b>Specific objectives</b>	<b>Amount per specific objective (Euro)</b>
to help meet immediate basic food needs, wherever possible while simultaneously enhancing the food security of the most vulnerable households.	2,600,000
to reduce morbidity and mortality by enhancing access to primary health care, ensuring an effective response to outbreaks of infectious diseases and promoting community health awareness.	2,800,000
to increase access to potable drinking water and sanitation facilities and to promote the safe use of water in order to reduce the incidence of water-borne diseases.	2,370,000
to maintain a technical assistance capacity in the field, and to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations	230,000
<b>TOTAL</b>	<b>8,000,000</b>

ECHO funded operations are to be implemented by international organisations or NGOs that adhere to the standards and criteria established in the ECHO Framework Partnership Agreement. The procedure and criteria needed to become a partner with ECHO may be found at [http://europa.eu.int/comm/echo/partners/index\\_en.htm](http://europa.eu.int/comm/echo/partners/index_en.htm).