



Emergency Humanitarian Aid Decision

23 02 01

Title: Humanitarian aid in favour of the population of Tajikistan affected by floods and landslides

Location of operation: TAJIKISTAN

Amount of Decision: Euro 350,000

Decision reference number: ECHO/TJK/BUD/2004/02000

Explanatory Memorandum

1 - Rationale, needs and target population.

1.1. - Rationale:

On 13 and 14 July, torrential rains accompanied by heavy winds and landslides resulted in flooding in the Varzob district of Tajikistan, causing first of all, substantial damage to infrastructure. The major Dushanbe-Anzob-Istarafshan road was severely affected at several points and key bridges were destroyed or damaged. Although flooding is a normal phenomenon in Tajikistan at this time of year, the water levels this year have been much higher than in previous years.

In addition to the damage to infrastructure, the floods have caused severe problems for the water supply to the capital, Dushanbe. The Varzob river which provides up to 60% of the city's water supply, was highly polluted by landslides. Dushanbe's water system, which is in terrible condition following years of neglect, is unable to cope. On 14 July, tap water was deemed unfit for human consumption and recommendations were made not to touch the contaminated water. Water supplies were rapidly shut down, with consequently over half of the 600,000 population in the capital having no access to water at all. Despite the warnings there is a serious risk that many people will become infected with disease through collecting and using unsafe water. From 15 July water has been provided by authorities from 44 water trucks. The volume serviced is however insufficient to cover needs.

On 16 July, the capital's water supply system was temporarily reopened, with warnings from authorities against consuming it or using it for any purpose. In the absence of other water sources, there are high risks that the population will nevertheless use this water. Because of high levels of sediments in the water, it seems that no proper chlorination will be feasible for

at least 2 to 3 weeks. The water system's filters have also been de-activated. In the meantime, the weather forecasts announce additional rains and water levels are still high.

Because of the use of water on the day of the events, as well as continued collection and use of water from unsafe sources since 14 July, massive outbreaks of water-borne diseases are expected within the next 10 to 14 days. Consequences could be disastrous for the socio-economic situation of many families. The medical structures of the capital would not be able to cope with large amounts of patients. All experts indicate that unfortunately, all the conditions exist to allow for major outbreaks of gastro-enteritis, typhoid, and possibly cholera.

Tajikistan is the poorest of the former Soviet republics. Since gaining independence in 1991, the country has suffered economic collapse (80% of the population currently live below the poverty line), drought and civil war. The country is prone to natural disasters such as floods, landslides and earthquakes and has been identified by a recent ECHO evaluation as "high disaster risk with very high level of hazards". Tajikistan is also regularly affected by epidemic outbreaks of infectious diseases. These factors, combined with systemic weaknesses in government and local structures, have left most of the country without appropriate infrastructure and with very little disaster preparedness and response mechanisms. At all levels, the response mechanisms which do exist often lack the necessary skills and equipment, including essential basic items such as fuel and communication means. The situation is exacerbated by the weaknesses of co-ordination mechanisms. The health care system is particularly fragile, with little capacity in terms of budget, pharmaceuticals and preparedness. Staff are de-motivated and there is often a fear of reporting.

The government is soon expected to make an international appeal for the whole country. The core of this appeal will probably focus on infrastructure and needs for support in rehabilitation, reconstruction, logistics etc. Part of the appeal may relate to the situation around Dushanbe.

1.2. - Identified needs:

Measures need to be taken to mobilise human and material resources in order to prevent the spread and mitigate the impact of water-borne disease outbreaks in the capital Dushanbe and its surrounding areas.

Immediate needs in the water-sanitation and health sectors:

- At least 50% of the Dushanbe population do not have access to safe drinking water. Water of sufficient quality and quantity needs to be provided to medical services and the general population; a situation exacerbated by the high heat of summer. This need can be met in a number of ways, such as through trucking in fresh water and providing purification facilities and filters. Demand for purification tablets is likely to outstrip existing supply as decontamination of the water supply will take a long time due to the high concentration of contaminants.

- There is an imminent threat of water-borne disease outbreak following the contamination of the water supply, and the longer the population goes without access to safe drinking water, the greater the risk of infection. Despite public information campaigns to discourage using the water, it is inevitable that many people will and, as a result, fall sick, with children

representing priority cases. To meet the impending need, medical services require sanitary, medical and relief supplies, including laboratories;

Contingency need:

- Since it is not possible to accurately forecast the full consequences of the crisis, €35,000 has been included as a reserve to allow for further needs should they arise. For example, current estimates are that around 7,000 people will become infected by waterborne disease in the coming weeks but it is possible that this number may increase substantially.

Other needs resulting from the crisis include:

- Ensuring proper mechanisms for assessment, surveillance, monitoring, management and recording of outbreaks;
- Ensuring capacity to monitor and react to rapid outbreaks of water-borne diseases, particularly amongst children in relation to malnutrition;
- Improvement of capacities in the health system to respond to an outbreak;
- Health education awareness campaigns related to the prevention of water-borne diseases;
- Improvement and systematisation of awareness and education campaigns;
- Improvement of coordination mechanisms.

Needs in the disaster-preparedness sector, in relation to effects of disasters on the health and water-sanitation sectors:

- Systematisation of risk assessment and mapping, surveillance monitoring and data collection;
- Support of coordination mechanisms among relevant national and international agencies in relation to disaster preparedness and response;

The needs mentioned above are interconnected.

1.3. - Target population and regions concerned:

The main target population will be the inhabitants of Dushanbe and the surrounding areas, especially the district of Varzob. The assistance will firstly involve an integrated package of water, health and sanitation assistance. Secondly, it will provide coordination to the delivery of assistance.

The population of Dushanbe city is close to 1 million. 60% of the population depend on the general water supply system, while 40% have access to water pumped from artesian boreholes. The population of Varzob district is around 50,000 persons.

1.4. – Risk assessment and possible constraints:

Another major natural disaster might necessitate the diversion of resources to the delivery of emergency humanitarian assistance and/or suspension of projects. Epidemic outbreaks of infectious diseases could deprive certain operations of key personnel for a short time. The relevant ECHO and DIPECHO partners are looking into potential support to the current crisis through their ongoing activities, within the framework of the objectives of respective projects.

Outbreaks are a common occurrence in Tajikistan and response mechanisms have already been tested in the past (most recently during a typhoid outbreak in Dushanbe in October

2003). The assumption is that the current environment is prone to massive outbreaks. In case such outbreaks do not take place as massively as foreseen, implementing partners have already established plans within the objectives of this emergency decision.

All operations will depend on a degree of cooperation with local communities, local authorities and/or other international actors. The partners selected have been working in the target areas for many years and have therefore developed constructive working relationships with both local communities and other actors. In particular, coordination mechanisms have existed and been tested through the Rapid Emergency Assessment and Coordination Team (REACT), which gathers relevant national and international organisations. So far, a good level of coordination has taken place with the Tajik Ministry of Emergency Situations, the Ministry of Health, the Dushanbe city authorities and in general all republican and relevant city institutions.

2 - Objectives and components of the humanitarian intervention proposed.

2.1. - Objectives:

Principal objective: To provide assistance to the population in Tajikistan affected by floods and landslides.

Specific objectives:

- To provide emergency assistance in the water/sanitation and health sectors
- To support coordination mechanisms for disaster intervention.

2.2. - Components:

Activities foreseen in the water-sanitation and health sectors in the short-term:

- to provide a sufficient amount of safe water to targeted medical structures; this includes control of water quality, testing and chlorination;
- to provide watsan, medical (including drugs), relief supplies to medical facilities including laboratories;
- to support targeted medical structures with ongoing training and proper mechanisms for assessment, surveillance, monitoring, management and recording of outbreaks;
- to monitor and react to impact of outbreaks of water-borne diseases on the situation of children, in particular in relation to malnutrition;
- to ensure safe drinking water to the local population through supply of chloramines tablets;
- to carry out health education awareness campaigns related to prevention of water-borne diseases;

Activities in the same sectors in the medium-term:

- to improve outbreak response capacities in the health system through training, and surveillance mechanisms;
- to improve and systematise awareness and education campaigns to the targeted population;
- to improve coordination of health communication strategies among relevant national and international agencies.

5 - Other donors and donor co-ordination mechanisms.

In terms of the current crisis, the UN has secured \$125,000 in total at 22 July. Germany has also allocated a €30,000 emergency grant to support the relief work.

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://hac.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 of funding by specific objectives:

6.1. - Total amount of the Decision: Euro 350,000

6.2. - Budget breakdown by specific objectives:

Principal objective: <i>To provide assistance to the population in Tajikistan affected by floods and landslides</i>			
Specific objectives	Allocated amount by specific objective (Euro)	Geographical area of operation	Potential partners¹
Specific objective 1: To provide emergency assistance in the water/sanitation and health sectors	265,000	Dushanbe and surrounding areas, in particular Varzob	- ACF-UK - ACTED - CARE NEDERLAND (FORMER DRA) - CROIX-ROUGE - FICR-IFCR-CH - CROIX-ROUGE -NLD - GERMAN AGRO ACTION - MERLIN - PSF - FRA/CLERMONT-FERRAND - UN - UNICEF - BEL
Specific objective 2: To support coordination mechanisms for disaster intervention	50,000	Dushanbe and surrounding areas, in particular Varzob	- UN - UNDP - BEL
Reserve, max. 10% of the total amount	35,000		
TOTAL:350,000			

¹ ACTION AGAINST HUNGER UK, AGENCE D'AIDE A LA COOPERATION TECHNIQUE ET AU DEVELOPPEMENT, (FR), DEUTSCHE WELTHUNGERHILFE / GERMAN AGRO ACTION, (DEU), FEDERATION INTERNATIONALE DES SOCIETES DE LA CROIX-ROUGE ET DU CROISSANT ROUGE, HET NEDERLANDSE RODE KRUIS (NLD), MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), PHARMACIENS SANS FRONTIERES COMITE INTERNATIONAL, Stichting CARE Nederland, UNICEF, UNITED NATIONS DEVELOPMENT PROGRAMME

7 –Budget Impact article 23 02 01

	CE (in Euro)
Initial Available Appropriations for 2004	472.000.000
Supplementary Budgets	-
Transfers	-
Total Available Credits	472.000.000
Total executed to date (as at 22/7/04)	368.930.368
Available remaining	103.069.632
Total amount of the Decision	350,000

COMMISSION DECISION

of

on the financing of emergency humanitarian operations from the general budget of the European Union in TAJKISTAN

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid², and in particular Article 13 thereof,

Whereas

- (1) Severe floods have recently devastated the Varzob district of Tajikistan, affecting the capital Dushanbe in particular,
- (2) The lack of safe water for the population of Dushanbe has serious consequences for human health,
- (3) There is a serious risk of an epidemic of infectious disease in a country where the health system is unable to meet even basic needs,
- (4) Cooperation needs to be at the highest level in such a disaster response environment,
- (5) Tajikistan has experienced acute socio-economic decline over the past decade which has led to the collapse of most services,
- (6) Financing is already provided through DIPECHO to assist preparedness for risks of natural disasters or comparable circumstances and ECHO to assist the health system of the country,
- (7) Humanitarian aid operations financed by this Decision should be of a maximum duration of 6 months.
- (8) It is estimated that an amount of 350,000 Euro from budget line 23 02 01 of the 2004 general budget of the European Union is necessary to provide humanitarian assistance to over 600.000 local population, taking into account the available budget, other donors' contributions and other factors.

² OJ L 163, 2.7.1996, p. 1-6
ECHO/TJK/BUD/2004/02000

HAS ADOPTED THIS DECISION:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of 350,000 Euro for emergency humanitarian aid operations to provide the necessary assistance and relief to over 600.000 local population in TAJIKISTAN by using line 23 02 01 of the 2004 budget of the European Union.
2. In accordance with Article 2 (a) of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
 - To provide emergency assistance in the water/sanitation and health sectors
 - To support coordination mechanisms for disaster intervention

The amounts allocated to each of these objectives and for the reserve are listed in the annex to this Decision.

Article 2

Without prejudice to the use of the reserve, the Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the specific 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.

Article 3

1. The implementation of humanitarian aid operations funded by this Decision shall have a maximum duration of 6 months starting on 14 July 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 humanitarian aid operations.

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

Principal objective : To provide assistance to the population in Tajikistan affected by floods and landslides	
Specific objectives	Amount per specific objective (Euro)
To provide emergency assistance in the water/sanitation and health sectors	265,000
To support coordination mechanisms for disaster intervention	50,000
Reserve	35,000
TOTAL	350,000