

DREF Operation	Operation n° MDRTJ025 Glide n° EP-2017-000047-TJK
Date of issue: 15 May 2017	Date of disaster: April 2017 onwards – ongoing and expanding epidemic
Operation manager (responsible for this DREF): Shamsudin Muhudinov, IFRC Senior Disaster Management Officer in Central Asia IFRC Secretariat Tajikistan Country Representation	Point of contact (name and title): Shukhrat Sangov, Director of Disaster Management Department Red Crescent Society of Tajikistan (RCST)
Operation start date: 5 May 2017	Expected timeframe: 5 May 2017- 5 August 2017 (3 months)
Overall operation budget: CHF 99,057	
Number of people affected: 345 people (mainly children) from 48 administrative units officially registered to date.	Number of people to be assisted: In total 358,422 children (1-9 years) in nine districts will be assisted through social mobilization, awareness-raising and referral activities.
Host National Society presence: The Red Crescent Society of Tajikistan deployed two disaster management staff from the RCST HQ, nine RCST branch members and 500 volunteers from the nine target districts.	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC Secretariat's Country Representation in Dushanbe, Tajikistan	
Other partner organizations actively involved in the operation: Government of Tajikistan, relevant local authorities, UNICEF, WHO, GIZ, Save the Children, AKF and Project Sino (local NGO)	

A. Situation analysis

Description of the disaster

The measles epidemic in Tajikistan started in April 2017 gradually spreading out of Rudaki district to the capital city of Dushanbe and the surrounding districts as well as Khatlon oblast. In mid-April 2017, 263 registered cases of measles were reported, out of which 157 were laboratory confirmed. Based on official data, by 1 May, the number of notified and investigated cases rose from 263 to 345, with 246 (71%) patients hospitalized. No deaths were reported so far.

The trend of sharp increase in new cases is expected to continue. Out of the 48 new cases recorded during week 16 (17-23 April 2017), 96 per cent were unimmunized. The proportion of affected adults in this outbreak is somewhat higher (16.7%) than during the previous outbreak in 2009 (10.5%). The total proportion of unvaccinated persons affected by the epidemic among the total population increased from 81.9% in week 15 to 84% in week 16.

The group most affected by the epidemic are children between 1 to 9 years of age. This also corresponds to the cohort born after the last national measles and rubella (MR) immunization campaign conducted in 2009. Normally, the immunization centre of the Ministry of Health and Social Protection (MoHSP) carries out immunization on an annual basis in case of approx. 97 per cent of this cohort. The remaining three per cent however tends to remain non-immunized, including migrants, gypsy and displaced people.

In response to the outbreak, the MoHSP is preparing to conduct a nationwide MR vaccination campaign targeting children aged 1 to 9 years from 15 to 26 May 2017 with the support of the Measles and Rubella Outbreak Response Initiative (MRI) Fund. The Government of Tajikistan already agreed on a draft decree declaring the national immunization campaign against measles with relevant ministries and submitted it for parliamentary approval.

Summary of the current response

Overview of Host National Society

Following the onset of the epidemic, the Red Crescent Society of Tajikistan mobilized 500 volunteers and 11 staff members (two from its headquarters and nine from the branches) in nine districts to support social mobilization activities for the vaccination campaign. Four out of the nine districts targeted by this DREF operation are the most affected by the epidemic. The other five districts are partially affected but are at risk of the spread of the epidemic, therefore have been included in the immunization campaign. The list of the nine districts can be found in *Table 1* below.

Since the beginning of the outbreak, the RCST, with support of the IFRC Country Representation, carried out the following activities:

- Active participation in all preparation activities, including coordination meetings, and conduct of trainings on social mobilization (including two meetings and one round-table at the national level). At the first stakeholder meeting organized by the MoHSP and UNICEF, the RCST stated that it was ready to deploy some 8,000 National Society volunteers and other contact persons to support the immunization campaign throughout the country in case of need and if funds are available to cover visibility, volunteers' allowance and transportation.
- By the end of April 2017, the RCST alerted all its 69 branches countrywide and tasked them to check and update the existing volunteer lists.
- Short sessions on measles and rubella were conducted by the RCST HQ for 138 volunteers and nine staff members in Dushanbe city and Rudaki district by the end of April 2017.
- 20 volunteers of the RCST Dushanbe branch started dissemination of information leaflets on measles (provided by UNICEF) in Somoni district of Dushanbe city.



Dissemination of immunization information leaflets by staff and volunteers of Red Crescent Society of Tajikistan.

Photo by: Red Crescent Society of Tajikistan

Table 1: Number of children to be covered by the RCST per district and number of volunteers deployed during the implementation period

#	District/city	Number of villages	Total population	Number of children from 1 to 9 years of age to be reached	Volunteers to be deployed
1	Penjikent	142	284,282	67,558	100
2	Devashtich (Ghonchi)	56	164,034	34,181	100
3	J. Rasulov	31	133,346	27,217	100
4	Isfara	52	256,000	45,000	100
5	Rudaky	212	476,000	75,000	20
6	Gissar	164	296,103	77,216	20
7	Shahrinav	20	111,500	9,800	20
8	Tursunzoda	127	300,000	6,750	20
9	Varzob	70	84,612	15,700	20
	Total:	874	2,105,877	358,422	500

Overview of Red Cross Red Crescent Movement in country

The Red Crescent Society of Tajikistan and the IFRC Country Representation are actively and jointly participating in all preparedness coordination meetings and round-tables with the relevant government authorities, UN agencies and other governmental and non-governmental actors at national and district levels. The IFRC Country Representation in Tajikistan supports the Red Crescent of Tajikistan in preparations for the response operation, with collecting data for DMIS, as well as providing technical support with the elaboration of this Emergency Plan of Action.

The RCST has trained and established staff members and volunteers (11 and 500, respectively) in all nine targeted districts to support the measles and rubella prevention and epidemic response activities. It also informed all stakeholders about its capacity of potentially deploying a total of 8,000 volunteers all over the country to support the immunization campaign if required.

Movement partner coordination meetings are held with the participation of ICRC, IFRC and German Red Cross representatives hosted by the RCST Secretary General with RCST plans and preparation for the national measles and rubella immunization campaign being a key point of their agenda. Movement partners also expressed their readiness to support RCST in case of further needs and NS request.

Overview of non-RCRC actors in country

With the technical support of WHO, the Ministry of Health's Republican EPI centre conducted a microplanning exercise for UN agencies, INGOs and NGOs and a capacity-building workshop at the national level followed by cascade training workshops at regional and district levels. The workshops provided general information on measles, social mobilization, immunization campaign implementation, as well as medical training for vaccinating nurses.

UNICEF's Country Office in Tajikistan procured more than 2,000,000 doses of MR vaccines, syringes and safety boxes and delivered it into in-country stocks. In addition, UNICEF initiated communication and social mobilization activities (including the development of Information, Education and Communication (IEC) materials, crisis communication messages, TV and radio spots) to inform the population about the campaign and clarify any concerns people may have.

A local health NGO, 'Project Sino' committed to help with the distribution of communication materials in five districts of the country: Rudaki, Vose, Hamadoni, Faizobod and Tursunzoda. GIZ will provide two vehicles with drivers that can be used for monitoring, distribution of supplies and other necessary support activities during the campaign. Through its Intra-health Project, USAID will provide transportation of communication materials to 12 districts of Kurgan-tube zone in Khatlon province.

AKF is ready to provide support in logistics and community mobilisation in GBAO (all districts), in Direct Rule Districts (RRS), Rogun, Nurabad, Rasht, Tojikabad, Jirgatal and Tavildara, in Khatlon province (Khovaling, Shuroobod and Muminabad districts) and Sugd province (Ayni, and Mountainous Mastcho districts).

Save the Children will help with printing and distribution of communication materials in Tursunzoda district.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Needs analysis:

Beneficiary and immunization needs were carefully and jointly assessed with the other involved agencies included above. During the needs assessment, it was confirmed that without a timely and appropriate intervention, the existing lack of sufficient governmental and other stakeholder capacity to conduct social mobilization and immunization of children in all districts will lead to a:

- widespread epidemic all over the country;
- increase in incident rates and hospitalization;
- protraction of the campaign and increased levels of spending.

With regard to beneficiary attitudes, the needs assessment found that a number of the families were not ready to bring their children to the vaccination points. The RCST volunteers therefore pro-actively explained and disseminated information on measles and rubella and the importance of immunization as well as invited these families to the vaccination points monitoring and controlling the group of children to be vaccinated.

Taking into consideration the scale of the campaign (i.e. a national measles immunization campaign), **there exists a strong need for the provision of:**

- human resources (medical and social workers for social mobilization and information dissemination);
- physical resources (office premises, stocks etc.);
- financial resources (transportation, printing, distribution of information materials);
- accessibility to communities (there is limited access to some social groups, like migrants, gypsy groups and displaced people).

Playing an auxiliary role to the government of Tajikistan, the **Red Crescent Society of Tajikistan will cover the following needs and gaps through this DREF operation:**

- ensuring human resources through the deployment of some 500 volunteers, trained and directly involved in the social mobilization and information dissemination campaign;
- ensuring physical resources by using nine RCST branch premises as information centers during the immunization campaign;
- ensuring financial resources – through the support of this DREF operation for the immunization campaign in the allocated nine target districts of Tajikistan;
- ensuring access to communities – by using all its capacity in form of trained volunteers and staff at the community level to access marginalized groups and remote communities.

Beneficiary Selection:

This DREF operation will target a total of **358,422 children aged from 1 to 9 years in nine districts of Tajikistan** including: **Panjakent, Devashtich, J. Rasulov, Isfara, Rudaky, Gissar, Shahrinav, Tursunzoda and Varzob**. This number represents **95 per cent of all children of the same age group living in the nine districts**.

The RCST will ensure that all activities under this DREF operation are implemented in line with IFRC's commitment to child protection as well as diversity and gender equality.

Risk assessment and scenario:

The RCST identified the following potential risks to the implementation of the operation:

- difficult access to marginalized and remote communities, including poor road conditions;
- local customs and prejudices which often refuse any medical support other than traditional medicines;
- physical security risks in some communities for RCST staff and volunteers.

To effectively mitigate these risks, the RCST will:

- The RCST will deploy trained, familiar and experienced staff and volunteers to work with marginalized communities, involving community leadership and local authorities.
- The RCST will closely work with local authorities and community leadership to promote immunization and disseminate information to fight against prejudices to the extent possible as well as to ensure the security of its staff and volunteers.
- Deployment of volunteers from remote communities will be ensured during the planning process.

B. Operational strategy and plan

Overall objective

The overall objective of this DREF operation is: ***to contribute to the vaccination of at least 95% of all children aged from 1 to 9 years against measles and rubella with the aim of reducing morbidity and mortality and raising awareness of the importance of vaccination in nine districts of Tajikistan.***

Specific objectives:

- To contribute to the social mobilization of community members in the nine target districts, through deployment of trained volunteers and NS staff;
- To ensure that at least 95% of the population is informed of the importance of being vaccinated against measles and rubella, through social mobilization and information dissemination conducted by NS staff and volunteers in the nine target districts;
- To ensure that at least 95% of children from 1 to 9 years old are vaccinated in the nine target districts.

Proposed strategy

This DREF operation is expected to be implemented over three months, to be completed by 5 August 2017.

The proposed operational strategy aims at supporting the **vaccination of 358,422 children** (aged from 1 to 9 years) through social mobilization and awareness-raising activities among their parents and care-takers on the importance of measles and rubella immunization in the nine targeted districts of Panjakent, Devashtich, J. Rasulov, Isfara, Rudaky, Gissar, Shahrinav, Tursunzoda and Varzob. These specific nine districts were allocated to the RCST by the Ministry of Health in close coordination with the NS and all involved partners as well as other relevant stakeholders.

The proposed strategy includes the following sub-activities:

- One-day training on measles and rubella vaccination for 11 RCST staff and 500 volunteers in the nine target districts provided by a MoHSP specialist;

- Deployment of 11 RCST staff and 500 volunteers to support the immunization campaign in the nine target districts through social mobilization. This social mobilization will cover the entire population of targeted districts, through a door-to-door campaign. It will also include public sensitization in places of worship, markets and other public and community venues.
- Reprinting and dissemination of required information materials including: 16,200 leaflets (1,800 for each of the targeted districts) and 9 banners (one per district).
- Monitoring and evaluation of activity implementation and progress on a continuous basis;
- Conduct of a 'lessons learned workshop' for participating staff and volunteers at the end of the campaign.

Operational support services

Human resources

In total, **500 volunteers** and **11 RCST staff** (one per district and two from the headquarters) will participate in the operation.

Each **volunteer** will be deployed for 11 days during the vaccination campaign, and will be provided with per diem, funds for transportation as well as visibility caps and aprons.

Each **RCST staff** from the headquarters and nine districts will be deployed for five days before, 12 days during and five days after the vaccination campaign for monitoring purposes, and will be provided with per diem, funds for transportation and a jacket. In addition to its volunteer network, the RCST has health and disaster management staff at headquarters level, who will provide support with the implementation of activities planned in this DREF operation.

The IFRC Country and Regional Representations will also provide the required technical assistance throughout the operation's implementation.

Logistics and supply chain

The procurement and transportation of required information and visibility items will be carried out by the RCST's logistics department. All procurement, transportation and stock prepositioning processes will be conducted in accordance with the IFRC's logistics rules and procedures.

Information technology (IT)

The National Society will use mobile phones for communication with deployed staff and volunteers to be in regular contact with them during the operational activities. Moreover, the RCST will use mobile phones and internet to communicate with relevant partners (MoHSP, UNICEF, WHO and others) as required.

Communications

In close collaboration with the IFRC Country Representation, the RCST will ensure communication and visibility of the National Society and its partners operating in the affected areas as and where appropriate, through the production of banners, apron, caps. These will all contain the Red Crescent emblem. In addition, photographs, key messages, human interest stories will be created for use on the RCST and IFRC website.

Planning, monitoring, evaluation, & reporting (PMER)

Continuous monitoring of the DREF operation will be carried out by the Red Crescent Society of Tajikistan with technical assistance provided by the IFRC Country Representation. Regular reports on the implementation will be produced and disseminated as per internal and external donor reporting requirements.

Administration and Finance

A Memorandum of Understanding (MoU) will be signed between the IFRC Country Representation and the Red Crescent Society of Tajikistan. The MoU will outline each party's responsibilities during the implementation of the activities planned within this DREF operation, and ensure that all relevant guidelines are complied with in terms of the use of DREF allocations. The RCST has a permanent administrative and financial department, which will ensure the proper use of financial resources, in accordance with the requirements laid out in the MoU. Monthly field returns will be sent for verification and booking to ensure the activities are reported in accordance with the IFRC's Standard Financial Management procedures. Office costs for stationery (printing, photocopying, paper etc.) have been budgeted as part of operational costs under this DREF allocation.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation													
Output 1.1 Planning, monitoring and reporting on activities planned within the DREF operation in the areas of implementation													
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12
Participation in planning and coordination meetings at national, regional and district level													
Joint monitoring with relevant partners (MoHSP, UNICEF and WHO)													
Reporting on activities planned, including promotion of the DREF operation with relevant in-country partners													
Conducting 'lessons learnt workshop' at national level													

Health and care

Outcome 1: Immediate risk of measles and rubella to the health of the population is reduced through social mobilization activities in nine target districts of Tajikistan													
Output 1.1: Target population mobilized for the Ministry of Health immunization against measles and rubella (Target: coverage >95% for 1 to 9 years old children – 358,422 people)													
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12
One day training for RCST 11 staff / 500 volunteers													
Re-printing of information and visibility items (banners, leaflets, questionnaires)													
Production of aprons and caps with RC logo for volunteers													
Dissemination of messages / social mobilization - 12 days													

Budget

The detailed operational budget for this DREF operation can be found below.

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For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the [Code of Conduct](#) for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Humanitarian Response \(Sphere\)](#) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace**.

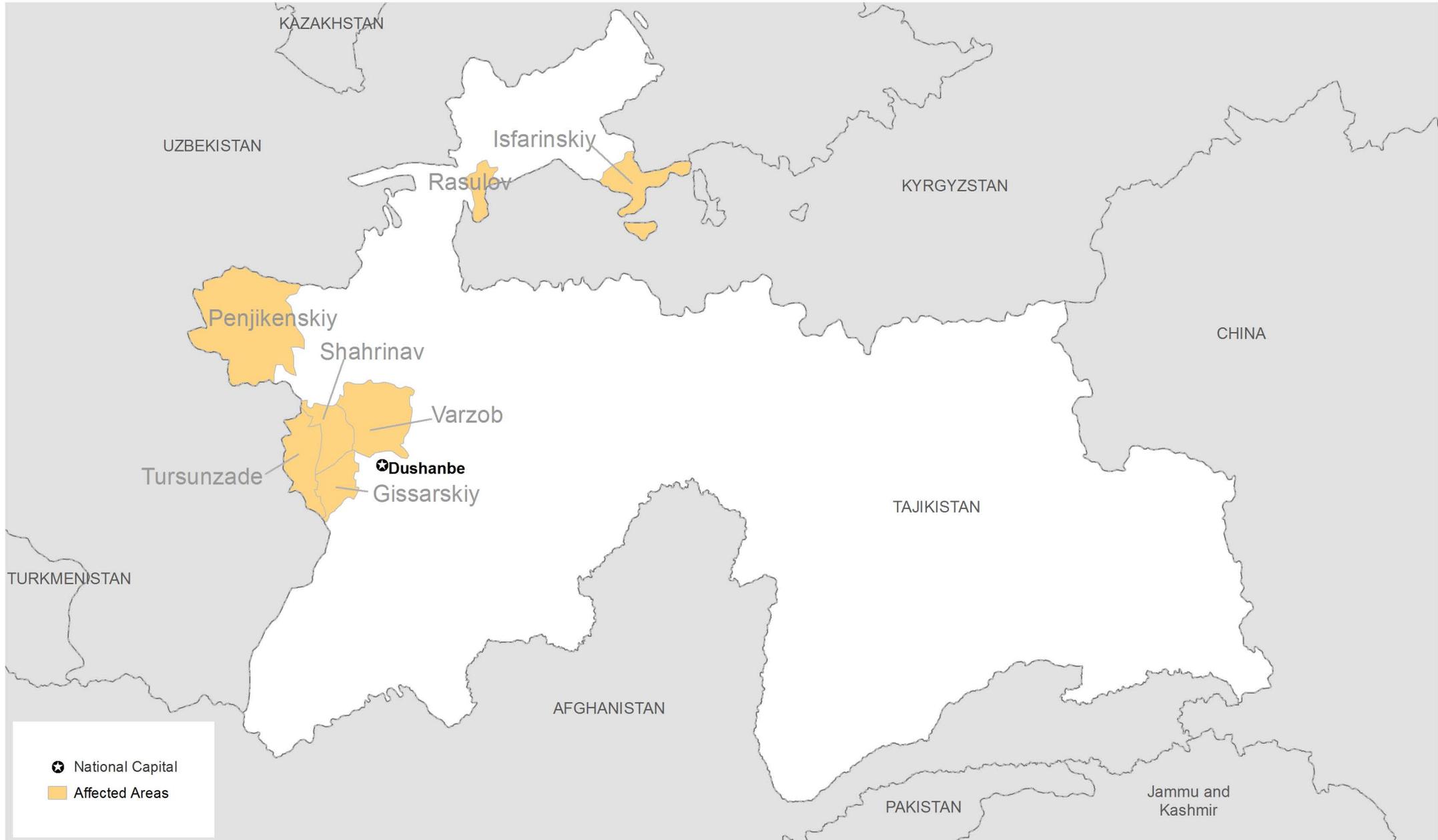
DREF OPERATION

MDRTJ025 Tajikistan: Measles

Budget Group	DREF grant budget
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	0
Teaching Materials	0
Utensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	0
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	4,896
Transport & Vehicle Costs	1,200
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	6,096
International Staff	0
National Staff	0
National Society Staff	0
Volunteers	47,550
Total PERSONNEL	47,550
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	5,500
Total WORKSHOP & TRAINING	5,500
Travel	9,300
Information & Public Relations	23,940
Office Costs	125
Communications	500
Financial Charges	0
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	33,865
Programme and Supplementary Services Recovery	6,046
Total INDIRECT COSTS	6,046
TOTAL BUDGET	99,057



Tajikistan, Measles Outbreak: DREF Operation



- ⊙ National Capital
- Affected Areas