



CARE International in Tajikistan

**CARE Tajikistan Winter Emergency Response
to support the most vulnerable people in Tajikistan**

**FINAL PROJECT REPORT
FEBRUARY 26 – MAY 31, 2008**

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ACRONYMS

ARI	–	Acute Respiratory Infection
CARE	–	Co-operative for Assistance and Relief Everywhere
CDH	–	Central District Hospital
DFID	–	Department for International Development
MLF	–	Micro Lending Foundation
MOU	–	Memorandum of Understanding
NGO	–	Non-Government Organization
SUB	-	Rural Sub-district Hospital
SVA	-	Rural Ambulatory
TB	–	Tuberculosis
USD	-	US Dollar
TJS	-	Tajik Somoni
UK	–	United Kingdom
UN	–	United Nations
Ltd.	-	Company with limited liability

EXECUTIVE SUMMARY

On February 28, 2008 CARE Tajikistan received a grant from DFID in the amount of USD 230,000 to implement winter emergency response activities in Tajikistan's Yovon, Vahdat, Varzob, Hissar, Sharinav districts and Dushanbe City during the period February thru' April 2008.

CARE planned to assist 25,800* people with their immediate livelihood and health needs through the provision of food, cash, heating and mobile health services to counterbalance the hardships experienced by the people of Tajikistan as a result of the severe winter and energy crisis in the country.

Project Goal

The project aims to prevent death, serious illness, and starvation of the most vulnerable members of rural and urban population in Tajikistan, caused by the ongoing severe winter and energy crisis in the country.

Project Objectives

1. To improve food security of extremely vulnerable population
2. To improve access to essential fuel and heating supplies for vulnerable population
3. To improve access to health services to pregnant and vulnerable women and children

Activities Implemented by CARE During the Reporting Period

- Distributed and installed 15 generators with spare parts airlifted by DFID to 14 district level health facilities and two schools¹ of Yovon and Vakhdat district;
- Provided training on utilization, technical maintenance and safety measures to the technical staff in each of the facility where generators were installed;
- Provided one month supply of diesel (a total of 6390 Litres) to the abovementioned facilities for utilization of the installed generators;
- Supported 1699 people in Vakhdat, Yovon and Varzob districts with immediate basic health services and required medicines;
- Provided cash (200 Somoni per beneficiary) for purchase of food to 3214 people, including pregnant women, families with 2 or more disabled members and TB patients from Dushanbe City, Yovon, Vahdat, Varzob, and Hissor districts.

Overall, using funds from DIFD CARE assisted to estimated 28161 people with their immediate livelihood and health needs.

¹ The project team redistributed one of the two generators from Yovon Special School to Yovon secondary school #41 due to limited capacity of Yovon Special School to maintain two generators.

1. PROJECT BACKGROUND

In 2007-2008 Tajikistan experienced its harshest winter in three decades with temperatures that averaged minus 10 degree Celsius during the day and dropped to as low as -20 degrees at night in the capital Dushanbe, and even lower in some parts of the country. Many antiquated water lines either broke or became frozen/clogged, with a major impact on the availability of water for almost three weeks. Sub-zero temperatures and water shortages continued until the beginning of March 2008.

Starting from November 2007 the rural population received only one or two hours of electricity a day, and some, none at all. In February 2008, even in Dushanbe, electric power was limited to 10 hours a day.

As a result of continuous heavy snowfall, the roads between and within several districts were blocked. These closed roads also had an impact on local supplies of food and other basic commodities as well as medical services, so the impact at rural levels was critical in some areas. Winter crops were destroyed and vegetables stored for consumption froze and spoiled or were in limited supply. Elderly people living alone with little or no income were helpless victims of this crisis situation.

Rural health services were affected due to shortage of transportation, lack of health care providers and power cuts – in short, people living in remote villages had no access to health services during this time. The number of cases of chronic and acute diseases increased. Schools were ill equipped to meet the demands of the severe winter and school children fell ill as schools did not have adequate heating facility. Orphanages in CARE operational areas did not have generators, and special schools for the physically and mentally challenged, as well as homes for the elderly were also poorly equipped and experienced even worse conditions.

CARE Tajikistan took immediate action and conducted a rapid needs assessment on the impact of energy shortage and exceptional climatic conditions on vulnerable groups in its operational areas. Based on the results of the assessment and daily meetings among partner NGOs, UN agencies and government representatives, the following critical food and non-food requirements were identified:

- Cash for buying basic food items
- Fuel supplies such as wood, charcoal, gas, kerosene etc.
- Heating equipment such as coal or wood burning stoves
- Power generators & fuel for their use
- Plastic water containers and water heaters
- Thermoses, flash lights, and candles
- Woolen clothes for children and disabled elderly
- Health check up services and medicines
- Wheat flour and vegetable oil
- Emergency credit for micro businesses

Though starting end of February 2008 the weather temperatures have been increasing sharply from -10 degrees to +5 - +10 degrees and the electricity limit in Dushanbe was abolished in March 1, in the most rural areas, the electricity limit of 6 hours a day continued till middle of the May

The population continued suffering from the consequences of the cold winter including but not limited to lack of funds to invest into new planting season due to high inflation rates and increased expenditures, lack of planting seeds, inability to harvest yields due to frozen winter crops, lack of potable and irrigation water, blocked or damaged infrastructure, outbreak of infectious diseases. Many poor families entered traditionally lean season for Tajikistan (March-April) with very limited or no food stocks. In most cases the most common strategies undertaken by these households have been borrowing money, selling of livestock, adjusting their meals or leaving for Russia.

The assessment conducted by CARE in mid March 2008 identified high level of food insecurity in Jilikul district of Khatlon province and remote villages of Districts of Direct Rule. The main needs of population identified were: cash needed mainly for purchasing food and agricultural inputs, healthcare and payback of loans, food and clothes, access to irrigation and potable water

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1.1 Project Goal:

The project goal was to prevent death, serious illness, and starvation of the most vulnerable members of rural and urban population in Tajikistan, caused by the ongoing severe winter and energy crisis in the country.

1.2 Project Objectives:

1. To improve food security of extremely vulnerable population
2. To improve access to essential fuel and heating supplies for vulnerable population
3. To improve access to health services to pregnant and vulnerable women and children

CARE planned to assist 25,800 people with their immediate livelihood and health needs through provision of food, cash, heating and mobile health services to counterbalance the energy crisis and the extended, severe winter.

1.3 Planned Project Activities:

- Distribute 15 generators and a one-month supply of fuel for their use to selected health, social institutions and schools in CARE operational areas;
- Support district health departments with provision of immediate basic health services & medicines through mobile health clinics to estimated 400 families;
- Distribute cash for purchase of food package to 2700 of the most vulnerable households in CARE operational areas;
- Establish emergency micro-credit fund to support the 300 poorest clients of Micro Credit Foundation, HUMO, for restructuring of their loans;
- Monitoring & evaluation of project implementation

2. STATUS OF PROJECT ACTIVITIES

2.1. Staffing

In February 2008, CARE assigned a team of 8 professional staff comprising of one team leader, one engineer and six field facilitators and also recruited one temporary data entry assistant. The qualified engineer has been assigned to facilitate and monitor the installation of generators. In April 2008, CARE hired one additional field facilitator to assist in implementation of Emergency Project activities as well as one temporary data entry clerk to ensure routine collection of information on project activities. The CARE Monitoring and Evaluation Manager supported staff to implement the emergency response activities funded by various donors.

During the reporting period, three team members were permanently involved and three partially, in the implementation of DFID Winter Emergency Response activities.

2.2. Changes to project implementation strategy

On May 7, 2008 CARE submitted letter to DFID with request for the approval of the following project changes and corresponding budget revision:

- Due to the concerns expressed by the micro credit foundations on feasibility of undertaking short term loan restructuring, CARE proposed to cancel the activity of establishing an emergency micro-credit fund to support 300 poorest clients.
- CARE proposed to reallocate a portion of the USD 30,000 originally identified for purchase of 15 generators as follows:
 - to cover the installation and wiring costs of the donated generators
 - to conduct training to recipient personnel on utilization and safety measures
 - to translate and print the User & Maintenance Manual for distribution to recipients
- With the unspent balance from the generator allocation and USD 20,000 originally allocated for micro credit activities, CARE proposed to undertake distribution of cash for food to an additional 707 vulnerable people including pregnant women from remote areas of Vakhdat district and TB patients from Yovon district.

2.3 Implemented activities.

Considering the abovementioned revisions, the following activities have been implemented by CARE during the implementation of Winter Emergency project:

Activity1: Provide 15 generators and one month supply of fuel for their use to selected health, social institutions and schools in CARE operational areas

On March 05, 2008 DFID/UK airlifted 15 generators and delivered them to CARE. For donation of generators the 14 recipients of generator donation selected by CARE included the Labour and Delivery Units of 3 Central District Hospitals (CDH) in Hissor, Vakhdat and Varzob, 1 infection unit in CDH of Yovon district, 7 Rural Hospitals (SUB) and 2 Rural Ambulatories (SVA) in Yovon and Vakhdat districts and 1 Republican Special School for Orphans & Children from Poor Families in Yovon district. The Republican Special School for Orphans & Children from Poor Families in Yovon district have been provided with 2 generators, as they have two separate buildings with sleeping rooms for girls and boys.

The recipient selection was based on the following criteria²:

- high and chronic shortage of electricity during winter times and throughout the year;
- significant level of health care being provided in terms of complexity;
- number of people served;
- high ability of the facility to mobilize funds for utilization and technical maintenance of generators;
- remoteness from centre;
- good records of partnership with CARE in implementation of previous projects;

The generators along with the spare parts were donated to all fourteen selected facilities on March 13-14, 2008. Unfortunately, the Yovon Republican School failed to prepare appropriate place for two generators and gave up one of them due to the budget limitations for the proper maintenance of two generators. According to the request from the Hukumat and community members, the generator has been redistributed to the School #41, one of the remote schools in Yovon district which was rehabilitated with

² A combination of several criteria have been used to select the facility. That means that the facility may meet some of the abovementioned criteria, but not necessarily all of them. Two Rural Ambulatories have been selected for donation of generators based on following reasons: both of them are very remote from the center, thus serve as essential first point on health care, both of them are providing assistance in labor and delivery and both of them have good records of partnership with CARE and have the capacity to ensure proper utilization, maintenance and safety measures.

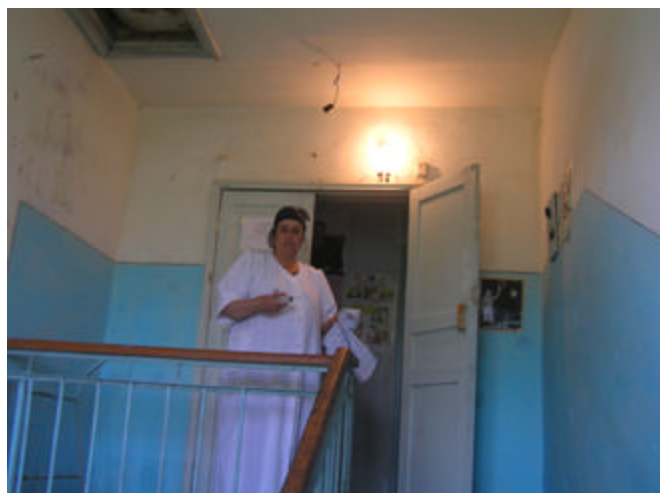
CARE support and has the high level of capacity of the school management committee to mobilize community for maintaining the generator.

Following the recommendations from DFID, CARE sub-contracted LTD GEKO-TRADE Company which has the qualified engineers for installation of the donated generators in the selected facilities.

Prior to installation of generators GEKO-TRADE's engineers together with CARE engineer and staff visited all sites and estimated the number of working days and additional consumables such as switch with ground contact, plastic box for wiring of the cable, lamp socket, etc. needed for wiring of the generator, see Annex 1 to the report.

During the period of April 2 – May 2 2008, two specialists from LTD GEKO-TRADE Company successfully installed all generators according to the instructions given by DFID, see Annex 2 to the report. Also GEKO-TRADE company specialists provided on-job training to responsible staff on generator utilization, technical maintenance and safety measures. As initially planned and agreed, prior to the installation, all the recipient facilities prepared appropriate place for installation of the generator and provided fuel and oil to ensure availability of supply of electricity during installation works and testing the generator after completion of the installation. The quality of the installation was checked and verified by all parties.

Following the installation, specialists from the GEKO-TRADE in collaboration with CARE prepared key messages on generator utilization, maintenance and safety which were designed, printed and distributed to the recipient facilities. In addition, CARE translated into Russian the Generator Use and Maintenance Manual and shared it with recipient facilities.



Entrance to Labour and Delivery Department, SUB Kainar, Yovon district. Wired Power Circuit with lamp supplying light from the generator. April 25,



The first woman and her baby in this facility who delivered in Labour room enlightened with electricity from generator. Labour Room, SUB Kainar. April 25, 2008

On May 23-29, CARE provided one-month supply of diesel - in total 6390 L - to all facilities which have received generators. Based on estimated need and average consumption of diesel per hour three central district hospitals (CDH) received 540 L of diesel each, seven rural hospitals (SUBs) received 450 L each and other facilities received 270 L each³, See Annex 3 to the report.

Considering difficulties in local bulk procurement of diesel and its supply to rural and remote areas, CARE identified several appropriate gas stations situated near to facilities. The facility responsible

³ The average consumption of diesel for generator PRAMAC P6000S is 1.5 hour, see web-link http://www.justgenerators.co.uk/pages/Pramac_P6000S.htm. The estimated amount of winter daily need of the facility in electricity is as follows: CDH level – 12 hours a day, SUB level – 10 hours a day, SVA level – 6 hours a day, Schools – 6 hours a day.

persons picked up the diesel at the selected gas stations right after its purchase and transported it on their own cost. CARE provided instructions to the facility responsible staff on safety measure in regard to storing and using of the diesel. In addition CARE ensured that each and every facility has appropriate place for storage of required amount of diesel. Also CARE provided each facility with diesel consumption monitoring form to set up a system of proper record keeping of diesel, see Annex 4 to the report.

Following to the DFID recommendations, to prevent the equipment potential loss or misuse, CARE made an effort to obtain from the recipient facilities the official certificates on inclusion of the donated generators in facility inventory list. Up to date 11 facilities provided CARE with the corresponding certificates. CARE will continue to follow up on obtaining certificates from the remaining four institutions. In addition, the report on implementation of the CARE winter emergency response including information on facilities which have been provided with generators to Government and Ministry of Health will be submitted at the end of July 2008 which will allow local authorities monitor use of the donated generators.

Based on facility attendance data and population size, CARE estimated that starting October 2008 3511 people will benefit from this activity every month.

Activity 2: Support district health departments with provision of immediate basic health services & medicines through mobile health clinics to estimated 900 families.

To provide emergency health services to the vulnerable groups in remote areas, CARE established three mobile health teams. Each team had qualified doctors equipped with the necessary medical kit containing essential drugs required for an emergency health response. Starting February 26, 2008 till May 10, 2008 two to three teams conducted frequent field trips to the most remote Jamoats (townships) of Yovon, Varzob and Vakhdat districts. The teams worked in close collaboration with district health care providers who are well known to CARE through other projects and provide health service as per need. This strategy helped to ensure coverage of the most vulnerable patients, proper referral and follow-up medical care to the patients.

Though it was planned to reach about 900 families during the reporting period the mobile health teams covered a total of 1699 people⁴ of which 47% were from Vakhdat, 36% from Yovon and 17% from Varzob districts respectively. Varzob was the lowest in comparison to the other two because of a smaller number of populations. For example, as of 2004 the population of Yovon district was 147900 people, Vakhdat – 244100 people and Varzob 55800.

The largest number of patients were between 14 to 60 years (52.3 %), followed by children under 5 (18.1%), patients 60 years old or older (17.1%), and children 5-14 years old (12.5%).



This child is sick with ARI. The local MoH staff is giving her injection. Varzob, March 2008

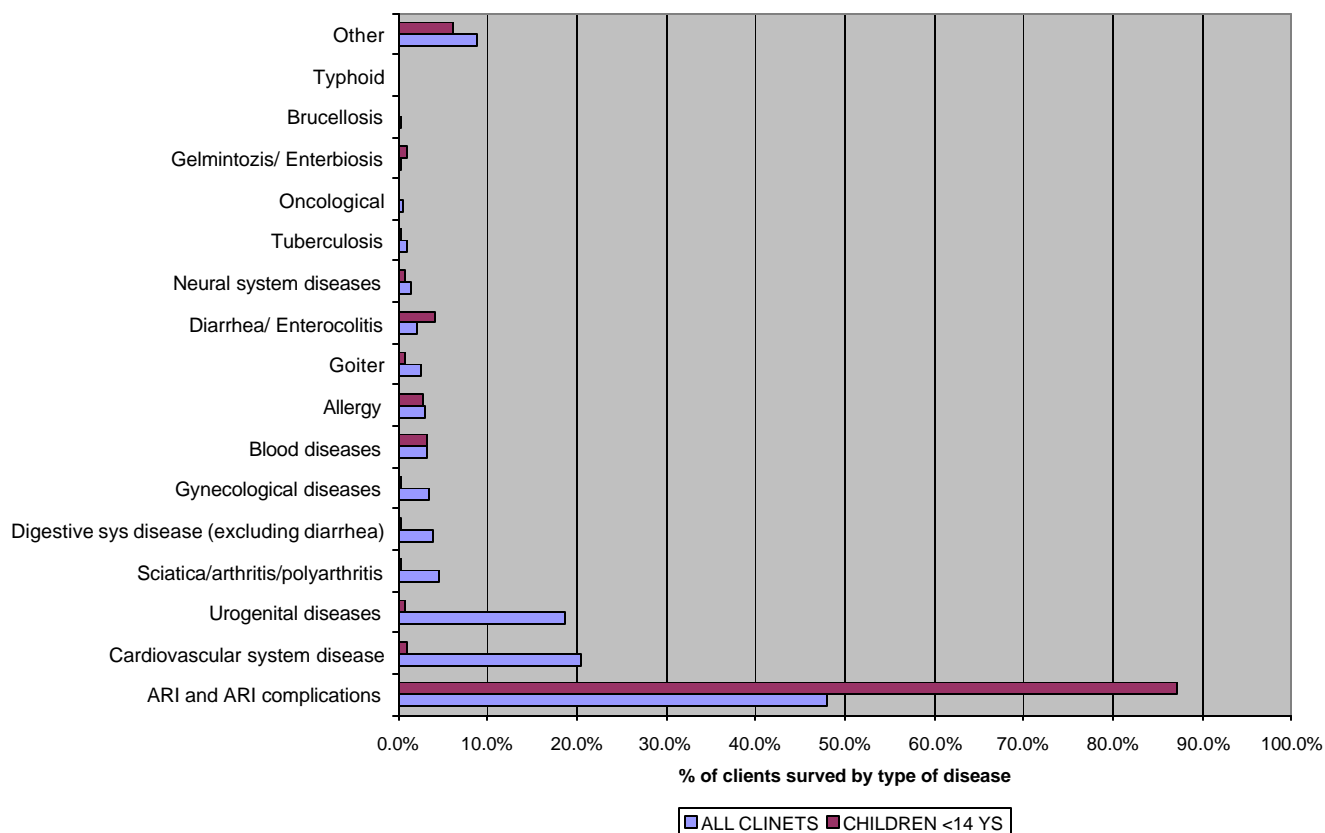
As it can be seen from Fig 1 (see below) about half of the people who received medical check up were sick with Acute Respiratory Illnesses and their complications. About 20% of patients were sick with diseases of the cardiovascular system, and 19 % had various urogenital diseases, predominantly pyelonephritis. The remaining number of patients who received medical check up and healthcare suffered from a wide range of other medical problems including but not limited to sciatica/arthritis/polyarthritis,

⁴ Unfortunately the project didn't make it clear in health services registration book whether the beneficiary was from the same family or not. According to comments from staff and review of records the majority of clients served were from different households each, with about 30% of cases when more than one family member was treated.

digestive system diseases, gynaecological diseases, allergy, blood system diseases (anaemia), diarrhoea/enterocolitis, neural system diseases and others.

Majority of children under 14 years (87.1%) who received medical check up and required healthcare were sick with ARI. Other children suffered from diarrhoea, allergy, blood diseases, helminthiasis, stomatitis, rubella, etc.

Fig 1. Clients served by types of diagnosed disease



All patients have been provided with required emergency health care and medicine for follow up treatment depending on the severity of illness and ability and capacity of the patient to purchase the required medicine including, but not limited to Ampicillin, Biseptol, Gentmicin, Amoxicillin, Papaverin, Dibazol, Dimedrol, Paracetamol, Mukaltin, etc. For the detailed list of purchased medicine, please see Annex 5 to the report.

Activity 3: Distribute cash for purchasing of food packages for 3407 households of the most vulnerable population in CARE operational areas

In early April, 2008 CARE has signed Memorandum s of Understanding with Yovon, Hissor, Vakhdat and Shahrinav districts and obtained written approval from Dushanbe Hukumat to implement cash for food distribution. Following CARE has started collection and verification of beneficiary lists for provision of cash for food. The target groups identified were as follows:

- families with two or more disabled members from Dushanbe city, Yovon, Hissor, Vakhdat and Shahrinav districts;
- pregnant women (5 or more months gestation) from Yovon and Vakhdat districts;

- TB patients from Yovon district⁵;
- single and elderly pensioners from Dushanbe city;

At early stages, CARE verified lists of pregnant women twice. First time before distribution, through 100% checking of antenatal cards and second time during distribution before providing assistance through visual observation and physical examination, if needed. Each distribution team had at least one health professional to ensure eligibility of the woman. The lists of families with two or more disabled from rural areas have been verified during distribution through review of the pension books for disabled.⁶



*He is 24 years old, disabled from childhood. His brother, who is 20 has the same disease. When CARE staff came for pre-check they heard somebody's knocking, but couldn't open the door until their mother came back from the market.
Dushanbe city, May 13, 2008*

Later on, CARE learnt that it is essential to conduct random verification of all beneficiaries through home visit and interview to assess level of well being of the beneficiary and identify need of the beneficiary in this assistance. CARE conducted random home verification of additionally included pregnant women from Vakhdat district, TB patients and families with two or more disabled from Dushanbe city.

CARE used following main principles of cash distribution:

- MOU with Hukumat should be signed before starting distribution.
- MOU with hukumat should be signed before starting distribution;
- The distribution point should be identified in advance and approved;
- Head of Jamoats or designated responsible persons should be informed about the distribution schedule with specification of distribution points and time (start time and end time in each distribution point);
- Invite beneficiaries according to the provided schedule ;
- Before starting distribution, CARE staff should provide clear orientation to beneficiaries in regards to procedure of cash for food distribution;
- To receive cash assistance, beneficiaries should have passports or certificates with photo and stamp from Jamoat certifying the person and his/her place of residence and other documents, if needed, confirming the eligibility of beneficiary (e.g. pension book for families with 2 or more disabled, ambulatory card for TB patient). No other documents will be considered valid for provision of such assistance ;
- To collect and distribute to smaller groups of people in separate sites rather than have a large group gathering at one place to receive cash for food.

⁵ The TB patients from Yovon district have been selected, because TB is directly linked to poverty and because Yovon district has not been covered with food assistance for TB patients in comparison with other districts.

⁶ Cash have been given to those families with 2 or more disabled, who showed their passport and at least two pension books for disabled.



This woman is gypsy. She delivered few days ago. She is waiting to receive the cash to purchase food and other items necessary to provide appropriate care after her child. Village Parchasoi, Yovon district. April 21, 2008



Distribution cash for food among pregnant women. Romit village, Vakhdat district. Apr 18, 2008

Starting April 18 till May 28 2008, CARE provided cash for purchase of food (200 TJS per beneficiary) to 3214 people, including 2153 pregnant women 5 or more months gestation, 719 families with 2 or more disabled and 342 people sick with TB from Yovon, Varzob, Vakhdat, Hissor districts⁷ and Dushanbe city.

CARE was not able to reach 100% of the target number of beneficiaries with cash transfers mainly due to high level of not showing up during the distribution followed by several cases of ineligibility of the beneficiary or duplication. CARE used various ways to reach identified beneficiaries, such as:

- scheduled the date of second distribution at the facility, if the number of not showing up is high
- distributed assistance at home or in maternity house
- informed people that those who couldn't come to distribution can take their assistance at CARE office in Dushanbe by the set deadline
- included additionally identified eligible people into beneficiary lists



CARE staff delivered cash to this woman at home as she could not come to the distribution. Hissor district May 13, 2008

All preparation works, selection of the distribution points and distributions have been conducted in close collaboration with local MOH staff and local government representatives, including Jamoats, Hukumats and Social Protection Units. Specifically, distributions for the pregnant women were organized in local medical facilities, predominantly SUBs and SVAs with few cases of village level distribution due to remoteness. Distributions for families with two or more disabled in Yovon, Varzob, Vakhdat and Dushanbe city were organized in District/ Microdistrict Social Security Units. In Hissor district the distribution for families with two or more disabled was carried out in all district level Jamoats due to remoteness and high level of disperse of the beneficiaries across the district.

3. FINAL PROJECT EVALUATION

On May 26 – June 6, 2008 CARE undertook final evaluation of CARE Winter Emergency Response with focus on cash transfers, as it constituted 60% of the total funds raised by CARE. Below is the summary of evaluation results of effect of cash transfers using DFID funds.

The main objectives of evaluation have been as follows:

⁷ Shahrinav district was excluded from assistance with cash transfers because CARE had limited operation and coverage in this district and because local Hukumat didn't provide required information in timely manner..

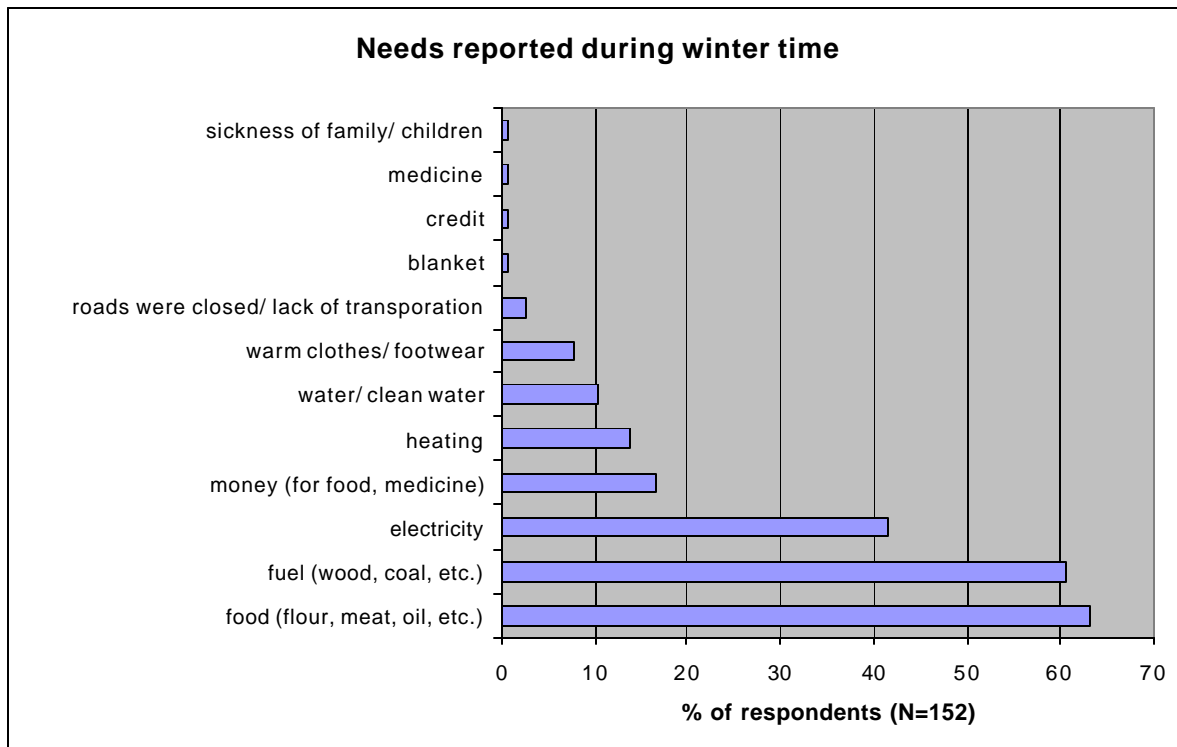
- to assess timeliness and necessity of provided assistance
- to assess efficiency of the implementation the assistance
- to assess the effect of the implemented assistance

For final project evaluation CARE randomly selected 5% of each of category of beneficiaries for individual interviews, see Annex 6 to the report.

CARE surveyed a total of 155 beneficiaries, including 101 pregnant women, 36 families with two or more disabled and 18 TB patients. Not surprisingly, overall majority of respondents were women (79%). Most of the surveyed respondents are unemployed/disabled or pensioners (89%). The others are working as farmer, daily wage earner, taxi driver, bus park employee and social worker (teacher or MoH staff). In average pregnant women have 9 members in family and families with 2 or more disabled and TB patients have 7 members. Overall the average number of people in family was 8.

The respondents indicated that the most difficult months in 2007-2008 were February 2008 (63%) and January (53%), followed by March (21%) and December (10%). As it can be seen from Fig 2. the majority of surveyed beneficiaries mentioned, that their needs at that time were food (flour and oil), fuel (coal and wood) and electricity, with There were smaller group of respondents who indicated that their needs were money, heating, water, warm clothes/footwear, and others.

Fig 2.



When asked about whether they have received any assistance from outside, 72 % reported receiving assistance from CARE (72%) and 2 % indicated receiving assistance from DFID. About 26% of respondents couldn't recall the name of supporting agency or named it incorrectly (as UN or America). Few respondents (3%) reported receiving assistance from German Embassy in addition to assistance from CARE.

All of surveyed beneficiaries reported receiving the cash transfers in amount of 200 TJS. Majority of beneficiaries (83%) reported that assistance met their needs and that it was provided on timely basis. The rest 17% didn't respond to this question.

In response to question, how did you use the provided assistance, majority of beneficiaries (78%) indicated purchase of food, about half of respondents (45%) spent received money for healthcare. There were less number of respondents (up to 10%) reporting utilization of received money for purchase of non-food items, agricultural tools, repayment of loans and processing of documents. One percent of respondents reported saving the received cash for delivery or purchase of shoes.

When asked what kind of assistance would you like to receive instead of the provided one, 88 % out of total responded to this question (N=69) were satisfied with the received assistance and would like to receive cash again; 20% of respondents indicated that they would like to receive warm clothes, under linen and footwear for them and/or for their newborns; 9 % of respondents wanted to receive food – mainly flour and oil -, and 4 % would like to receive coal. The other 1% of respondents would like to receive other items not related to emergency.

When asked about what kind of transportation have been used to get to the distribution point, 65% of beneficiaries reported using various kinds of transportation, mainly car and minibus and few cases of coming by bus, and 35% reported coming on foot. One percent of respondent reported receiving assistance at home.

When asked about time the beneficiaries had to wait at the distribution point to get the assistance, about half of respondents (48%) reporting waiting form more than 2 hours, 21% reported waiting for 1-2 hours, 14% reported waiting for 30 min to 1 hour and 17 % reported waiting for less than 30 minutes. The average time of beneficiary stay in line was 1 hour 48 minutes. The main reasons for beneficiaries to wait for a long time were lack of GOT staff to organize order at the distribution place and lack of time for proper scheduling of beneficiary visits. In addition, usually CARE decided to invite beneficiaries to the central jamoat level. CARE realized that in some cases where the number of beneficiaries exceeds 100 people, it is better to organize two distribution points instead of one.

The high number of people coming at the same time to the distribution point resulted in decrease in quality of basic conveniences, as chairs/ sitting furniture. Specifically, about half of beneficiaries reported having to stand at the distribution point.

The majority of beneficiaries (94%) reported having cover/shadow at the distribution point.

When asked about when have you been informed about the distribution, 50% of beneficiaries reported notification 2 days in advance, 35% reported notification 1 day in advance, 9% reported notification 3 days or more and 4% of respondents reported notification at the day of distribution.

When asked whether someone (outside) asked you share your entitlements, 98.7% (all except two) reported negatively. One pregnant woman reported sharing her entitlements with MOH staff and one pregnant woman reported being asked but refusing to share her entitlements.

Considering all the above mentioned, following conclusions can be made:

- The cash for purchase food was needed assistance
- Although not reported by beneficiaries, CARE admits the cash for purchase food was provided with delay due to following reasons: CARE is involved in cash distribution for the first time, limitations in organizational project structure - absence of Technical Supervisor for this project, long time spent for collection of data and verification procedures.
- The quality of implementation of the cash distribution can be assessed as satisfactory. During preparation for cash for food, CARE should avoid having large number of population (more than 100) per distribution point.

4. PROGRESS AGAINST THE OBJECTIVES

Following is the progress against stated objectives using collected monitoring data.

Objective 1. To improve food security of extremely vulnerable population through provision of cash.

Up to date CARE sustained food security of 3,214 poor and vulnerable families equalling to 26,462⁸ people through cash distribution.

Objective 2. To improve access to essential fuel and heating supplies for vulnerable population.

The objective 2 of the project was implemented using funds received from OFDA/USAID. CARE was able to reach about 17600 people through implementation of this activity.

Objective 3. To improve access to health services to pregnant and vulnerable women and children

During lifetime of the project CARE improved access of about 1699 people to appropriate health services to prevent deaths or serious illnesses of target population through implementation of health mobile services. It anticipated that in upcoming autumn and winter the average number of people who will benefit from DFID installed generators will be 3511 people.

Overall, CARE assisted about 28161 people through its DFID funded Winter Emergency Response. The number of people reached represents 109% of the total 25800 people targeted as per proposal. The number of people reached includes:

- 1699 people reached with health mobile services
- 19377 members of families with pregnant women
- 5033 member of families with two or more disabled
- 2052 members of families with TB patients

5. OBSTACLES OR CONSTRAINS AFFECTING THE PROJECT

- CARE spent significant time for installation of generators due to difficulties in finding appropriate experts on generator installation, unexpected purchase of additional consumables for wiring
- CARE had delays in cash distribution due to gaps in project organizational structure, inadequate capacity of GOT or MOH staff and first time experience with cash for food

6. LESSONS LEARNED

- Similar emergency projects and their budget have to consider appropriate and sufficient number of qualified staff involved on permanent project time basis.
- The intervention on selection of sites for provision of generators and its installation requires the involvement of experienced technical staff right from the very beginning;
- The intervention on provision of generators should include activity to ensure preparation of utilization and technical maintenance plan by the recipient organization;
- During the distribution of generators, the accountant of the recipient organization should provide a certificate of inclusion of the donated generator and spare parts into their inventory list;
- The minimum number of beneficiaries per distribution point should not exceed 100 people.
- Training on distribution of cash for food is important not only to the project staff, but to the potential implementing partners as well.
- The project time frame should realistically consider the sufficient time for pre-check of beneficiaries.
- The activity on installation of generators should consider realistic timeframe for development of generator maintenance manual and continuous capacity building of the facility staff on use and maintenance of the generator.

⁸ The number of total people who benefited from cash distributions was calculated based on multiplication of number of covered pregnant women, families with 2 or more disabled and TB patients by average family size by beneficiary type calculated during final evaluation (see Section 2.3.4 Final Evaluation Results).

- The emergency intervention should include costs for post-project monitoring.

7. BUDGET AND EXPENSES

Below is the summary of the budget expenses against the revised project budget⁹

Up to date CARE spent 214,216.73 \$ US which represents 93.14% of the total approved project budget in the amount of 230,000 \$ US, see Annex 7 to the report.

A. Supplies/Materials:

The project spent 196,712.81 \$ for project supplies/ materials representing 92.76% of the allocated budget amount 215,751.0 \$ US.

3,380.78 \$ US representing 86.7 % of the total allocated 3900 \$ US was spent for installation of the 15 generators airlifted by DFID, purchase of consumables required for wiring of power circuit, training of responsible staff on generator use, printing of translated Generator USE and Maintenance Manual and key messages.

5,948.4 \$ representing 70.7% of the total allocated 8413.0 \$ US was spent for purchase of diesel for one-month operation of the 15 donated generators. Under spending is due to that transportation of diesel was done by recipient facilities using their own sources all surveyed gas stations requested 100% prepayment for the purchase of diesel and many of the gas stations refused to provide transportation. Also based on consultations with recipients the average need in generator operation was 8.3 litres a day against planned 9.5 litres.

186,304.27 \$ US representing 93.78% of the total allocated 198,659 \$ US was spent for provision of cash to 3214¹⁰ beneficiaries.

1079.36 \$ US was spent of purchase of essential medical supplies which represent 99.11% of the total allocated 1089.00 \$ US.

B. Logistics and transportation

CARE spent 4,888.75 \$ US representing 107.2 % of the total allocated 4,560 \$ US for transportation. In average CARE used 2 to 3 cars daily during lifetime of the project. CARE had overspent in this line item, due to necessity of follow up home-based distribution of cash for food. This was done because, in some cases especially with disabled without guardian who have movement disability the clients could not come to the distribution point. In addition, CARE had overspent due to necessity to set up secondary day of distribution in sites with low show up of the clients for the scheduled distribution days.

C. Personnel

CARE spent 2487.92 \$ US representing 102.51 % of the total allocated 2427.00 \$ US.

F. Organizational Management Support

CARE spent 10,146.57 \$ representing 92.65% of the total allocated 10,952.00 \$ US for CARE Country Office operational expenses intended to support all emergency activities. These expenses included salaries of ACD and administrative staff (Finance, HR, and Transportation) who were responsible for management of staff performance, payroll, logistics and production of financial reports. It also covered the expenses related to office use, bank charges, regular communication and additional transportation. In addition it covers salary of CARE CO staff from other projects temporarily assigned to assist in project implementation.

⁹ Please see section 2.2 of the report on details of the Budget revisions approved by DFID.

¹⁰ Please see section 2.5 of the report on explanations of not covering the planned number of beneficiaries with cash for food.

List of consumables for wiring of power circuit from generators to the facility

SN	Description/	Quantity	Unit of measure	Unit price Som	Total amount Somoni
1	switch with ground contact	107	unit	6.2	663.4
2	plastic box (depth no less than 15 m)	850	meter	4.45	3782.5
3	lamp socket	164	unit	3	492
4	joint box (conjunction box)	118	unit	4	472
5	earth cable (copper wire without insulation 16 mm ²)	51.5	meter	11	566.5
6	adapter (13 amp)	15	unit	1	15
7	convoluted (goffered) tube (for ventilation of outgoing gaz)	8.5	meter	4.5	38.25
8	steel wire (for stretching of power cable)	176	meter	0.35	61.6
9	isolating tape (black)	1.15	kg	35	40.25
10	screw nail	2355	unit	0.1	235.5
11	Clamp, band plastic	20	unit	0.1	2
12	Clamp, band iron	2	unit	1	2
	Total				6371.00

List of installed generators and spare parts provided per facility

SN	Item	Facilities															Total	
		CDH Hissor	CDH Varzob	CDH Vahdat	SUB Gulrez	SUB Tangai	SUB Guliston	SUB Romit	CDH Yovon	Republican Special School for Orphans and Children from Poor families	Secondary School #41, Yovn district	SUB Dashtobod	SVA Beshkapa	SUB Kainar	SUB Hayoti Nav	SVA Sadi Sherozi		
1	Generator - 5.7 kva	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
2	RCD with 16 amp socket	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
3	Fuel Filter	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	150
4	Air Filter	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	150
5	Oil Filter	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	150
6	4 gang extension with 16 amp socket	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45
7	3 pin 13 amp plug	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	376
8	230 V coupler connector	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	120
9	16 amp plug	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45
10	30 amp junction box	9	9	9	9	9	9	9	9	9	10	10	9	9	9	9	9	137
11	Tool set	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
12	Socket tester	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
13	13 amp fuse	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	150
14	5 amp fuse	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	150
15	Multimeter	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
16	Earth spike	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
17	Earth spike clamp	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
18	1.5 mm 3 core artic flex 100 m	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30

List of facilities received diesel for generators

#	Beneficiary	District	Distance from Dushanbe city (km)	# of generators	# of sets of spare parts	Quantity of diesel provided (Litre)
1	CDH Labor & Delivery Ward	Hissor	56	1	1	540
2	CDH Labor & Delivery Ward	Varzob		1	1	540
3	CDH Labor & Delivery Ward	Vakhdat	22	1	1	540
4	SUB Gulrez	Vakhdat	30	1	1	450
5	SUB Guliston	Vakhdat	37	1	1	450
6	SUB Tangai	Vakhdat	32	1	1	450
7	SUB Romit	Vakhdat	59	1	1	450
8	Republican Special School for Orphans and Children from Poor families	Yovon	60	1	1	270
9	CDH Infection department	Yovon	60	1	1	540
10	SUB Dashtobod	Yovon	78	1	1	450
11	SUB Hayoti Nav	Yovon	105	1	1	450
12	SVA Beshkapa	Yovon	94	1	1	270
13	SUB Kainar	Yovon	100	1	1	450
14	School #41	Yovon	102	1	1	270
15	SVA Sadi Sherozi	Yovon	106	1	1	270
	Total			15	15	6390

**DFID Winter Emergency Response Project for Most Vulnerable Population in Tajikistan
CARE-International Tajikistan - Monitoring form on utilization of diesel received from CARE**

Oblast/Rayon _____

Name of Medical Facility _____

Name of Person responsible for Utilization :

Data	Received (Litre)	Used (litres)	Balance (Litre)	Comments	Signature	
					Responsible Person	Monitor

Signature of Person Responsible for Consumption _____

Form should be filled in daily and submitted to CARE office after finishing distribution of commodity.
*Any losses and damages of commodity must be reported to CARE immediately.

List of medicine purchased to render immediate basic healthcare services

#	Item	Quantity	Unit measures
1	Syringe	2662	5 gramma
2	Syringe	88	10 gramma
3	Iodine	28	1 bottle of 10ml
4	Ampicillin	2574	bottle 1 mln ED
5	Dexamitazon	3	box (10 ampoules)
6	Aminophylline	23	10 ampoules in each box
7	Mukaltin	200	1 pack of 10 tablets
8	Papaverin	39	1 box of 10 ampoules 2%
9	Dibazol	94	1 box of 10 ampoules 1%
10	Korvalol	36	1 bottle
11	Paracetamol	443	1 pack 10 tablets
12	Biceptol	308	1 pack of 20 tablets
13	Amoksa?ilin	154	1 pack of 10 tablets
14	Analgin	43	1 box of 10 ampoules
15	Dimedrol	49	1 box of 10 ampoules
16	Cotton	5	1 pack of 25 gramma
17	Alcohol	6	1 bottle 100 ml
18	Papazol	9	1 pack of 10 tablets
19	Revit	20	1 pack of 100 tablets
20	Diazolin	45	1 pack of 10 tablets
21	Levomicecin	27	1 pack of 10 tablets
22	Indometacin	14	1 pack of 30 tablets
23	Vikalin	27	1 pack of 10 tablets
24	Gentamicin	45	1 pack of 10 ampules
25	Nistatin	135	1 pack 20 tab
26	Novocain	257	1 box of 10 (5ml) amps.
27	Bandage	10	1 unit
28	Dicinon	5	box (10 ampoules)
29	Gloves	10	pair
30	Oxytocin	12	box (10 ampoules)
31	Bags for carrying medicine	3	Unit

TAJKISTAN EMERGENCY RESPONSE QUESTIONNAIRE

I. GENERAL INFORMATION

1. District _____ 2. Village _____

2. Category of the respondent:

1. CBO/ DFAG/ WUA member ()
2. Woman pregnant 5 months or more ()
3. Poor and vulnerable family from Jilikul ()
4. Family with 2 or more disabled ()
5. Pensioner ()
6. Blind person ()
7. Other (specify): _____

3. Name and Surname of the respondent _____

4. Sex :

1. Male ()
2. Female ()

5. Current occupation (job): _____

6. How many members are there in your family? Total: _____ Under 18 ys: _____

II. INFORMATION ON THE RECEIVED ASSISTANCE AND RELEVANCE7. In 2007-2008 in which month did you experience most challenges in addressing your most immediate needs?
_____8. What were the needs? _____

9. During Feb – May 2008, have you received any assistance from outside?

1. Yes ()
2. No ()

IF THE ANSWER TO QUESTION 9 IS NO ASK THE QUESTION AGAIN. VERIFY THAT THE PERSON ACTUALLY HAVE NOT RECEIVED ANY ASSISTANCE AND GOTO QUESTION 28

10. What was (were) the organization(s) that provided the assistance called? _____

11. What assistance did you receive?

<i>Types of assistance</i>	<i>Put X if the person have received this assistance</i>	If received cash or coal, what was the amount of assistance received?	Was the assistance you received what you needed at the time?
1. CASH		Somoni:	
2. Coal		# of bags:	
3. Clothes			
4. Other (specify):			

IF THE PERSON DIDN'T RECEIVE CASH, GOTO QUESTION 13

12. How did you use receive CASH assistance?

1. Purchase of food ()
2. Healthcare ()
3. Payback of loans ()
4. Purchase of NFI (not including ag. Inputs/ construction material) ()
5. Purchase of agricultural inputs ()
6. Renovation of house ()

IF THE PERSON DIDN'T RECEIVE COAL, GOTO QUESTION 14

13. How did you use received COAL assistance?

1. Cooking ()
2. Heating ()
3. Sold for purchase of food ()
4. Sold for purchase of NFI ()
5. Didn't use yet, stored for next season ()
6. Sold for other purposes (specify): _____

IF THE PERSON DIDN'T RECEIVE CLOTHES, GOTO QUESTION 15

14. How did you use receive CLOTHES ?

Please record the question as explained by respondent:

15. What items, if any, other than food would you want to receive instead of the provided assistance?

16. Why would you want to receive these items? _____

18. What transportation did you take to get to the distribution site?

1. didn't use transportation (came on foot) ()
2. vehicle ()
3. minibus ()
4. bicycle ()
5. other (specify): _____

20. How much time did you have to wait until you received your entitlement/s?

_____minutes

21. Were you standing while waiting to receive your entitlement/s ?

1. Yes ()
2. No ()

22. Was there shelter in the distribution site?

1. Yes ()
2. No ()

23. Who informed you about the distribution?

1. CBO leader ()
2. MOH staff ()
3. CARE staff ()
4. Relative ()
5. Other (specify): _____

24. When you have been informed about the distribution?

1. one day in advance before distribution ()
2. two days in advance before distribution ()
3. at the day of distribution ()
4. after the distribution took place ()
5. other (specify): _____

25. Did anyone outside your HH ask you to share any of your entitlement/s?

- 1. Yes ()
- 2. No ()

26. If YES, how much did you pay to be included in the lists? _____ Somoni

27. If YES, to who did you pay to be included in the lists?

- 1. CBO leader ()
- 2. MOH staff ()
- 3. CARE staff ()
- 4. Other (specify): _____

III. FOOD SECURITY QUESTIONS

28. How many meals did you have yesterday? _____ # of meals

If the respondent did not have meal yesterday, put zero

29. Did you eat any food made with or from:

In each line below circle one response only YES or NO.

a. Milk, cheese, yoghurt, curd or other diary products?	Yes	No
b. Meat, Fish or Eggs?	Yes	No
c. Beans or Peas?	Yes	No
d. Rice, Potatoes, Buckwheat?	Yes	No
e. Vegetables?	Yes	No
f. Fruit and Nuts?	Yes	No
g. Food prepared with fat, oil and/or butter	Yes	No
h. Bread	Yes	No

30. Do you have any food stock available?

- 1. Yes ()
- 2. No ()

31. If No, when did food stock finish? _____ month/ year

32. If Yes, for how long will your food stock be enough? _____
of days of food stock availability

THIS IS THE END SECTION. FINALIZE THE INTERVIEW. CHECK WHETHER YOU HAVE RESPONDED TO ALL QUESTIONS CORRECTLY, THANK THE RESPONDENT AND LEAVE THE HOUSEHOLD.