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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО



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ЕВРОПЕЙСКАЯ
ЭКОНОМИЧЕСКАЯ КОМИССИЯ

Protocol on Water and Health

Ad Hoc Project Facilitation Mechanism (AHPFM)

Project Proposal by Tajikistan

Issue	Explanatory notes
Project Title	Setting targets, selecting indicators, monitoring and reporting on water and health in Tajikistan
Official name and address of applicant	Dr Salimov N.F. Minister of Health 69, Shefchenko Street Ministry of Health, Republic of Tajikistan, 734025
Contact person	Dr Mizoeiv A.S Deputy Minister of Health Dr Aliev S.P Head, State Sanitary Epidemiological Surveillance Service (SSESS)
Other donors approached	Other donors have not yet been approached. However, if the project is approved it will harmonize with the WSS network of donors operating in Tajikistan inter alia with the support of the Swiss Development Co-operation.
Other institutions involved (including NGOs)	State sanitary epidemiological surveillance service. State committee of environment protection
The involvement of the recipient country	Contributions/ funds in kind. Domestic institutions approached and status of discussions. Domestic institutions include administrations at all levels (municipal, regional and national)
Document Language	English
Location	Tajikistan
Abstract	<p>Tajikistan is situated in south-east part of Central Asia, with an area of 143,100 km². The mountainous areas of Tajikistan are a principal source of water for the Aral Sea basin. On average, 51.2 km³ of water formed on the territory of Tajikistan comprises 44% of the annual water flow of the Aral Sea basin rivers; 50.5 km³ in the basin of the Amudarya River and 0.7 km³ in the Syrdarya Rive.</p> <p>According to the 2010 WHO/UNICEF Joint Monitoring Programme, the population of Tajikistan which had access to piped water on premises was estimated at 1,498,000 people in urban areas (out of 1,805,000 or 83%), and 1,258,000 people in rural areas (out of 5,031,000 or 25%). In urban areas, 199,000 people used other improved sources of water supply (11%), while 1,811,000 (36%) people in rural areas used other improved sources of water supply. 108,000 people in urban (7%), and 1,962,000 (39%) people in rural areas remained dependent on unimproved sources of water supply.</p> <p>As for sanitation, 1,715,000 (95%) urban dwellers had access to improved sanitation against 4,729,000 (93%) of the rural population. 72,000 (4%) people in urban and 151,000 (3%) rural areas shared their sanitary facilities, while 101,000 (2%) people in rural areas were reduced to using unimproved forms of sanitation.</p>
Introduction	The performance of the water and sanitation services in Tajikistan is below international standards, with high leak losses and significant contamination of the water intended for

drinking at the point of consumption.

Efforts of the health service have led to a significant reduction in mortality and morbidity from water-related diseases. However, the current incidence levels remain high compared to other countries of the European region.

Although significant progress has been made in reducing the level of infant deaths from diarrhoea, the burden remains unacceptably high at 60/100.000 live births. Similarly, incidence of viral hepatitis A remains high at 161.67/100.000 (1.238 cases, 2007 data). In 2006, the incidence rate was 15,36 for Enterohaermorrhagic E. coli (1.020 cases), 30,85 for Shigellosis (1.735 cases), and 21,37 for typhoid fever (1.419 cases).

It should be noted that incidence rates mentioned above are probably much lower due to underreporting and that the surveillance system for communicable diseases, including data gathering, field investigations and laboratory facilities, is not sufficiently sensitive and capable to detect all cases of waterborne diseases, in particularly sporadic cases.

In addition, the health system has limited capacity to detect and investigate cases and outbreaks of emerging diseases (campylobacteriosis, cryptosporidiosis, giardiasis, and legionellosis. Nevertheless, it did report 3.403 cases of giardiasis in 2007.

Project background and justification	The proposed project will assist the Government in developing a realistic baseline assessment of access to water and sanitation, performance of water and sanitation services, the burden of water-related diseases and their outbreaks. It will also allow the assessment of the applicability of indicators proposed by the Protocol, and smooth the way for acceptance of the Protocol and the parent Convention by the Government of Tajikistan.
Overall goal	To decrease incidence of water related diseases, improve management of water resources, water supply of the population and sanitation in urban and rural areas in the Republic of Tajikistan.
Envisaged project outputs	<ol style="list-style-type: none"> 1. The Convention on the Protection and Use of Transboundary Watercourses and International Lakes (1992) and the Protocol on Water and Health to the Convention (1999) presented to the decision makers on the national level, their support to the project and participation in activities ensured 2. Baseline analysis and gap identification conducted. 3. Realistic and achievable targets drafted and broad consultation initiated. 4. Integrated work plan/Program of measures developed, discussed among all relevant stakeholders, and adopted by relevant multisectoral governmental body.
Project gender component	Entire population of Tajikistan (urban and rural)
Methodology	<p>The project coordinator with support of the WHO CO in Tajikistan will hold a series of bilateral meetings with high representatives of relevant ministries (Ministry of Health, Ministry of Environment Protection, Ministry of Land Improvement and Water Economy, Ministry of Agriculture) and state institutions that deal with water resources, safety and water supply, to introduce them to the Protocol on Water and Health, to present the aims of the Project and to announce initial activities of the project, in particular to start preparations for the mission of the Joint Secretariat and the meeting of the key stakeholders on the national level. At the same time, the project coordinator will present achievement of other countries in the European region with regards to the Protocol implementation.</p> <p>Also, a series of introductory meetings with relevant international organizations and NGOs with ongoing activities regarding water preservation, sustainable development, water safety and supply, will be held to ensure their involvement and early coordination mechanisms (UNDP, SDC, UNICEF, USAID, WB).</p> <p>The result of the activity will be issuance of a Prikaz needed to organize the key stakeholders meetings planed as a next phase.</p> <p>Experts on the implementation of the Protocol from the Joint WHO/UNECE Secretariat will be invited to Tajikistan to assess the current situation, prepare and held a meeting of key stakeholders on the national level.</p> <p>The aims of the mission and the meeting are:</p> <ul style="list-style-type: none"> - detailed presentation on the Protocol on Water and Health and its provisions, - presentation of benefits that can be achieved through implementation of the Protocol, in particular through setting targets, design and implementation of a program of measures and monitoring/reporting on the progress, - ensuring involvement of decision-makers and their commitment to support the project activities, - stakeholders analysis and mapping current main strategies and activities with regards to preservation and improvement of water resources, improvement of water supply systems, prevention and control of water related diseases in the country.

The meeting will recommend the structure and terms of reference of a working group to develop coordination mechanisms and prepare and carry out baseline analysis with support from an international expert in the field of water and sanitation.

A working group consisting of national technical experts/representatives of national stakeholders, supported by international experts, will map the responsibilities of the different government departments in the areas of water-related disease surveillance and control, water and sanitation services, and water resources management. Information will be gathered from each ministry about possible ways to improve the situation with regards to incidence of water-related diseases, their outbreak and contingency planning, and the performance of water and sanitation services.

Legal experts will prepare a review of the Tajik legislation on questions of water-related disease surveillance, outbreak detection and contingency planning, identify the responsibilities of each institution/organization and list their current activities and responsibilities.

Technical experts will assess the surveillance and outbreak detection capacity of the national health system with regard to water-related diseases.

The working group, in close cooperation with ministries, relevant governmental agencies and international organizations and NGOs will conduct an assessment of the current situation with regards to water resources management, water supply, sanitation and water related diseases surveillance and control with emphasis on the following:

- human resources, infrastructure, operational capabilities and reporting mechanisms of various government departments in the area of water management, water services and health.
- ongoing activities and projects of the government alone, or in cooperation with international donors, organizations and NGOs
- legal requirements with regards to water and sanitation, surveillance and control of waterborne diseases,
- sources of information, communication mechanisms and requirements, information gathering and reporting

Technical experts will support the working group to elaborate the baseline analysis, to identify gaps and problems and prepare recommendations for further activities and possible solutions.

The baseline analysis document will be drafted and shared with all involved stakeholders and with institutions and organizations, both national and international having responsibilities and performing activities in the field of water and sanitation and water related diseases to initiate public discussion and obtain public opinion on the issues covered with the analysis. The opinion and recommendations will be requested in a written form in order to include it in further discussions, analysis and development of targets, indicators and program of measures.

A technical working group, coordinated by the project, with participation of representatives of all line ministries and relevant governmental agencies, experts of international organizations and NGOs having activities in the field of water and sanitation, prevention and control of water related diseases and sustainable development, will hold a series of meetings to recommend targets based on results of previous activities and gap analysis.

Final document developed by the technical working group will be published and shared with all interested parties, who will be invited to make amendments and comments.

International expert mission will be invited to work with the technical working group and other stakeholders on development of a programme of actions/measures in a form of an integrated work plan. It will be presented at a working meeting to the key stakeholders.

The integrated work plan will take into account the current legal and institutional environment, particularly considering:

- Governmental plans and projects
- Work of UNDP on effective water management
- Work of the World Bank on improvement of water supply and sanitation in urban areas
- UNICEF activities in the field of improved water supply and sanitation
- USAID assistance programs, particularly the Local Governance Community Participation Programme
- Swiss Agency for Development & Cooperation (SDC) supported activities, which is taking the lead in water supply and sanitation sector

The integrated work plan will be published and distributed to all relevant stakeholders for public discussion, amendments and comments.

High representatives of the Government including line ministries and relevant governmental agencies and institutions, high representatives of international agencies, organizations and NGOs, donor agencies and other key stakeholders will be invited for the final meeting of the project. The Integrated work plan will be presented, with amendments and comments from the public discussion.

The meeting will be called to approve the integrated work plan, and to assign leading ministry that will be trusted coordination of further activities on implementation of the integrated work plan. The meeting will also discuss and give directives and recommendations for fund raising activities and regional and international cooperation and coordination.

Seminars roundtables on targets and presentations of the Integrated work plan will be organized in four regions with the involvement stakeholders, including regional and local authorities, companies and NGOs. Public comments/remarks and additions will be gathered and presented to the national level so that they can be taken into account in the implementation of the actions.

Improvement of water supply, sanitation and decrease of incidence and mortality from water related diseases are currently among priorities of both Tajikistan Government and relevant Ministries, and of the International Community engaged in provision of assistance to the Republic of Tajikistan, which makes this application to be relevant and implementation feasible.

Long-term sustainability of the project results will be ensured with latter accession of the Republic of Tajikistan to the Protocol on Water and Health to the Convention on the Protection and use of Transboundary Watercourses and International Lakes.

Amount of finance requested

Description	Unit	Quantity	Unit price (\$US)	Sum (\$US)
Human resources/Project staff				31.200
Project coordinator/National Professional Personnel	Person/Month	12	2.000	24.000
Administration assistant	Person/Month (20%)	12	300	3.600
Finance assistant	Person/Month (20%)	12	300	3.600
Activities				
1.1.1 Introductory bilateral meetings, preparation and organization of a key stakeholders' joint meeting				15.820
International experts/consultants	Person/day	20	490	9.800
Per diems (international)	per diem	20	181	3.620
Translation	Page	20	10	200
Printing	Page	1000	0,2	200
Meeting (renting of meeting premises, interpretation, material for the meeting, lunch, travel costs)	Persons	50	40	2.000
1.1.2 Mapping of national stakeholders				20.420
International experts/consultants (health)	Person/day	10	490	4.900
International experts/consultants (environment)	Person/day	10	490	4.900
National experts (health, water management, environment)	Person/day	30	200	6.000
Per diems (international)	per diem	20	181	3.620
Interpretation, document translation	Person/day	10	100	1.000
1.1.3 Baseline analysis and gap identification				31.130
International experts/consultants (health)	Person/day	15	490	7.350
International experts/consultants (environment)	Person/day	15	490	7.350
National experts (health, water management, environment)	Person/day	45	200	9.000
Per diems (international)	per diem	30	181	5.430
Interpretation, document translation	Person/day	20	100	2.000
1.1.4 Setting targets, target dates, indicators and program of measures				8.500
National experts (health, water management, environment)	Person/day	30	200	6.000
Translation of documents	Page	50	10	500

Printing/Publication	Copies	100	20	2.000
2.1.1 Development of an integrated work plan				
International experts/consultants	Person/day	10	490	4.900
Per diems (international)	per diem	10	181	1.810
National experts	Person/day	30	200	6.000
Translation of documents	Page	50	10	500
Printing/Publication	Copies	500	10	5.000
2.1.2 Presentation and adoption of the integrated working plan on the national level				
Meeting (renting of meeting premises, interpretation, material for the meeting, lunch, travel costs)	Persons	100	40	4.000
2.1.3 Presentation of the integrated working plan on the regional level				
Meeting (renting of meeting premises, interpretation, material for the meeting, lunch, travel costs)	Persons	400	60	24.000
Travel, logistic, office and other costs				
Per diems (national)	Per diem	50	65	3.250
Office rent	Month	12	500	6.000
Office material	Month	12	100	1.200
Communication (internet, phone costs, mail...)	Month	12	150	1.800
International flights	Flight	12	1.000	12.000
Local travel (national flights, vehicle renting, maintenance, insurance, fuel)	Month	12	450	5.400
Total				
PSC 13%				23.781
GRAND TOTAL				
				206.711

Implementation Plan including Time schedule	Proposed starting date. The time schedule should be a best estimate. As a minimum, specify a project start-up date and project finalization date, thereby indicating project duration
Payment	206.711 USD
Monitoring and Evaluation of project implementation	<p>The technical working group will design measurable and realistic qualitative and quantitative indicators for each of the targets. Also, within its mandate, the group will provide recommendations on monitoring and evaluation responsibilities, and reporting system to be established.</p> <p>The Project coordinator will ensure that information about the implementation of activities and achievement of outputs is regularly provided through monthly progress reports to the WHO Country Representative, WHO Regional Office for Europe and the Donor.</p>