



Tajikistan

Country indicators

- **Conflict period and mine/ERW use:** Contamination results from the 1992-1997 civil war: from Soviet and Uzbek mine-laying along the borders, and Soviet cluster munition use.¹
- **Estimated contamination:** Contamination is estimated at 50km²; the affected population is unknown.²
- **Human development index:** 124th of 179 countries, medium human development (compared to 116th of 177 in 2004).³
- **Gross national income (Atlas method):** US\$600 – 182nd of 210 countries/areas (compared to US\$415 in 2004).⁴
- **Unemployment rate:** 2.6%, unofficial rates are much higher and up to 40% (compared to 2.0% official rate in 2004).⁵
- **External resources for healthcare as a percentage of total expenditure:** 6.4% (compared to 9.7% in 2004).⁶
- **Number of healthcare professionals:** 70 per 10,000 population.⁷
- **UNCRPD status:** Non-signatory as of 1 August 2009.⁸
- **Budget spent on disability:** Unknown.
- **Measures of poverty and development:** Tajikistan is one of the poorest countries of the former Soviet Union. It lacks sufficient public service delivery and the population suffers from persistently low incomes and economic hardship worsened by regular energy shortages. The poverty rate was high with about half of the population living below the poverty line (US\$41 per month), and 17% living in extreme poverty.⁹ Life expectancy in 2008 was 65 years, ranking Tajikistan 166th in the world.¹⁰

VA country summary

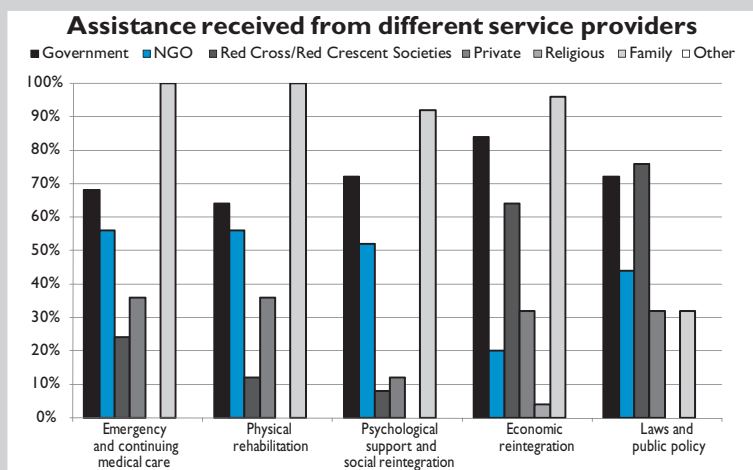
Total mine/ERW casualties since 1992: At least 802			
Year	Total	Killed	Injured
2004	19	7	12
2005	20	6	14
2006	21	6	15
2007	20	9	11
2008	13	9	4
Grand total	93	37	56

- **Estimated number of mine/ERW survivors:** At least 448.¹¹
- **VA coordinating body/focal point:** Tajikistan Mine Action Centre (TMAC) VA officer, who is a medical doctor and psychologist.
- **VA plan:** The 2005-2009 VA objectives and plan were developed as part of the commitment to the Nairobi Action Plan and adopted by the government (Commission on Implementation of International Humanitarian Law) in July 2006.
- **VA profile:** In 2004, there were no dedicated programs assisting mine/ERW survivors,¹² but this changed with the inclusion of VA in the mine action strategy and the recruitment of the VA officer in 2005. Many services in Tajikistan are state-run and free. Some improvements have been noted since 2004 when medication and supply shortages were chronic and most facilities were said to be run-down. However, particularly in mine/ERW affected areas, infrastructure remained poor and response capacity low due to under-funding. Tajikistan's VA/disability sector did not receive a lot of international support. In mine/ERW-affected areas, the mountainous terrain severely hampered access to services. According to a TMAC needs assessment in 2008, the large majority of survivors were in need of long-term medical care, physical rehabilitation, psychological support and economic reintegration. Between 2005 and 2009, the government gradually took on more responsibility for the National Orthopedic Center (NOC) resulting in sole government responsibility by January 2009. Psychological support was neglected and only available through a disability association. Economic reintegration projects, while carried out based on identified needs and by national operators remained small-scale and were either not funded or were under-funded for most of 2005-2009. Disability legislation has been in existence since 1998 but remained implemented inadequately due to funding constraints. In 2009, new legislation in line with the UNCRPD was under development. Casualty and service provision data collection remains incomplete but has expanded every year since 2006.¹³

VA progress on the ground

Respondent profile

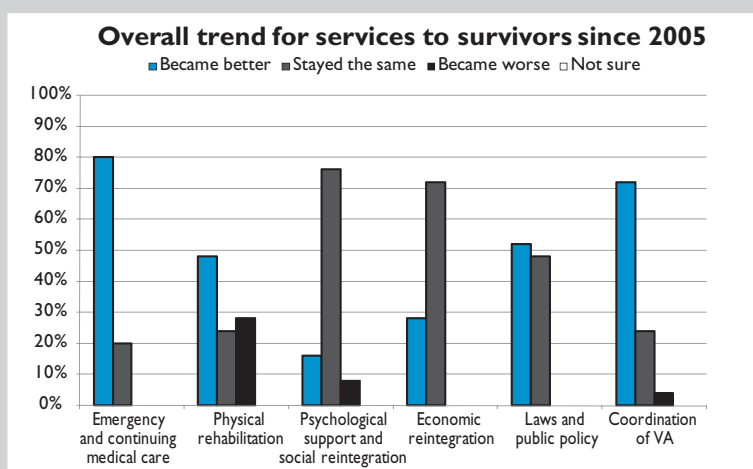
For Tajikistan, 25 responses were received by July 2009; all of the respondents were men between 20 and 53 years old, 13 of whom headed a household. Thirteen had completed



at least secondary education, including three people through specialized education, and eight more continued onto higher education. Fifteen owned property, but 17 were unemployed at the time of the survey, including five who had been employed before the incident. Income was insufficient for 18 of the respondents. Most survivors (17) lived in villages with some services, six lived in remote areas without services, and just two lived in the capital or a large city with a range of services. Most respondents (60%) suffered their incident prior to 1999.

General findings

Overall, survivors reported that over the past five years, progress had been made in VA; 80% said they now receive more services and 56% also found the services improved. This indicates that Tajikistan's implementation of the Nairobi Action Plan has had positive results, despite the obvious challenges remaining. Some 68% of respondents felt services



for female survivors were equal to those available to men; 25% thought they were "a bit worse."¹⁴ Most were not sure whether services for child survivors were adapted to their age level (44%), but 36% said such services "never" or "almost never" were.

Almost all respondents (92%) had been surveyed at least three or four times since 2005, leading to survivors saying they felt listened to and, more importantly, had received more services. They also noted that they had been provided with more information about services and found it easier to

obtain a pension. Practitioner responses also indicated that data collection had improved. This corroborates Tajikistan's reported efforts on conducting needs assessments, expanding data collection and expanding needs-based programming for economic reintegration (albeit on a small scale).¹⁵

Emergency and continuing medical care

Some 80% of survivors found that, overall, healthcare services had improved over the past five years (80%). However, many (68%) also believed survivors only "sometimes" receive the care they need. The greatest improvements – 80% or more – were seen in increased first-aid capacity, emergency transport, and government support. Also, more than 80% reported physical access to health centers was better and referrals were improved (80%), as was the capacity to carry out complex medical procedures (80%). On the downside, the vast majority of respondents (96%) did not feel they could get the assistance they need closer to home. Additionally, just 12% or fewer responded that progress had been

made in improving the availability of medication, supplies and equipment. Responses from practitioners indicated that healthcare had improved and government efforts had increased despite these gaps.

This would appear to corroborate the Ministry of Health's efforts, in cooperation with TMAC, on improving emergency response. It also confirms TMAC's assessment that continuing medical care is lacking, particularly in mountainous affected areas where facilities are difficult to reach and in bad shape. However, six mobile hospitals were deployed in late 2008, which might not have been noticed by survivors yet.¹⁶

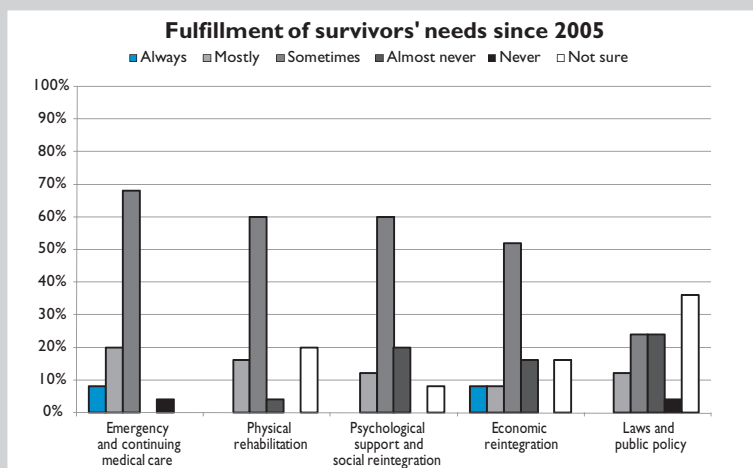
Physical rehabilitation

Less than half (48%) of survivors noted an overall improvement in physical rehabilitation services since 2005. Worryingly, 28% observed that services had become worse. Some 60% noted that survivors "sometimes" received the assistance needed. When looking at specific areas of improvement, 92% noted quality improvements, closely followed by more affordable physical rehabilitation (80%), as well as better transport, accommodation and food provisions (88%). Three-quarters of respondents also found staff was better trained, rehabilitation teams were more complete, and more types of devices were available. Fewer people (52%) found waiting periods had become shorter or that it had become easier to obtain replacement devices (56%). The least progress was reported in bringing services closer to respondents (33%).

These results are consistent with the improvements people receiving treatment at NOC in the capital would have felt versus the lack thereof for those assisted at NOC's satellite centers, which are in poor condition. The increased satisfaction with quality is consistent with ongoing government and ICRC efforts to improve devices and training.¹⁷ All people treated at NOC would have received free transportation, accommodation and three hot meals a day, explaining overall satisfaction in this area,¹⁸ despite continued centralization of services. Perceptions about the treatment period may have been distorted by the creation of a waiting list at the NOC in 2008, due to reduced staff capacity.¹⁹ Prior to this, there had not been any waiting lists since at least 2006.²⁰ This capacity issue, particularly increasing the number of trained professionals, was identified by practitioners as the area of least improvement. This is likely related to the changing situation, during which the government gradually assumed complete responsibility for the sector (albeit it with continued support from the ICRC). Overall, practitioners asserted government efforts were either increased or had been maintained at the very least.

Psychological support and social reintegration

As acknowledged repeatedly by Tajikistan, survivor opinions confirmed the lack of any significant progress in psychological support and social reintegration for survivors. While 76% of respondents thought these services had stayed the same, only 8% reported that the situation had deteriorated since 2005. This probably is because services did not exist in the first place. Some 20% of respondents felt survivors "almost never" received the psychosocial support they needed and 60% felt it was "sometimes" received. The specific areas where a narrow majority of survivors observed improvement were related to improved societal beliefs, with some 56% reporting that survivors were no longer considered to be "charity cases" and that they had become more involved in community activities (52%). The only other area showing a majority positive response (56%) was the perception that there were more social workers. For all other specific actions, such as increased formal counseling opportunities, establishment of peer support groups, better trained staff, or better-quality services, less than 25% of people saw progress. Almost all respondents (90%) said services were not available closer to home and that social stigma around seeking psychological counseling had decreased (80%). Practitioners echoed this and noted slightly increased services because they had either been involved in them or had seen them first-hand.



These responses are not surprising, as there are no psychological support services or peer support groups in rural areas and there is a lack of qualified staff in the country. General psychological assistance is only provided by the National Union for Disabled People and *ad hoc* at some rehabilitation facilities. Capacity-building activities only started in 2009 and guidelines were still under development as of May 2009.²¹ Tajikistan's limited efforts to provide training to social workers and organize summer camps for survivors since 2005 have had a somewhat

positive influence on results. However, as of May 2009, no funding had been found for the 2009 summer camp and the activity remained a one-off event not organized close to the homes of survivors.

Economic reintegration

Just over one-quarter of survey participants (28%) found economic reintegration services improved since 2005; the remainder saw no change (72%). Just 8% of people noted that survivors "always" received the economic reintegration assistance needed. Most importantly, all respondents felt survivors were still the last to be chosen for a job, despite recent economic improvements. Just 4% of respondents found that training programs for survivors better met market demands. Very few people also noted increased employment (8%) or educational opportunities (24%), although survivors reported better access to economic reintegration programs not specifically designed for them (68%). The only overall positive response (92%) in the economic sphere was an increase in pensions. Practitioner responses showed little improvement overall, but confirmed better access for survivors to services not designed specifically for them.

These results confirm the necessity of the small-scale economic reintegration programs and local income-generation projects, supported by TMAC, which have experienced funding challenges since 2006.²² Almost 200 survivors received some form of assistance through income-generation projects since the beginning of the Tajikistan's VA program in 2005.²³ Results also highlight that high general unemployment, particularly in rural areas, remains a serious obstacle. The positive response on pensions is solely due to an increase in the minimum pension from US\$10 to US\$17 in July 2008. Despite the improvement the pensions available remained low and insufficient.²⁴

Laws and public policy

Some 52% of respondents felt survivors' rights were better protected compared to 2005. Most of the progress reported concerned more positive perceptions among the public: 88% said negative terms about persons with disabilities were used less; 84% found awareness about the rights of survivors had improved among the general public; and 76% noted decreased discrimination. Survivors were also increasingly able to access information about their rights (80%). Those interviewed also noted increased survivor involvement in policy-making (76%) and service provision (80%). However, 80% said they were not at all better represented through participation in government.

This result appears to contradict the employment discrimination results. It also shows the importance of awareness raising and needs-based VA, which is being carried out by TMAC in a context with a relatively weak legal disability framework. Work on improving 1998 disability legislation has been discussed since 2005, but had not been concluded as of August 2009, nor had the UNCRPD been signed.

When asked how they would respond if survivors in Tajikistan were to say that their situation had stayed the same over the last five years, TMAC answered that Tajikistan had been doing its best to provide services required to as many survivors as possible in comparison to the problems and needs. Work had been carried out to increase services, particularly in affected areas, and to improve the quality of services. TMAC was also working to improve its coordination with survivors' organizations and to involve them in planning, implementation and monitoring. However, it was also acknowledged that the mobilization of resources for long-term sustainability, capacity development, and the holistic approach to the rehabilitation of survivors remained challenging.

VA process achievements

Year	Form J with VA	ISC VA statement	MSP VA statement	VA expert	Survivor on delegation
2005	YES	YES	YES	NO	NO
2006	YES	YES	YES	NO	NO
2007	YES	YES	YES	YES	NO
2008	YES	YES	YES	YES	NO
2009	YES	YES	N/A	YES	NO

Throughout 2005-2009, Tajikistan has demonstrated significant dedication to achieving the Nairobi Action Plan and has made good use of the tools put at the disposal of the 26 countries with significant numbers of survivors and, therefore, the greatest responsibility to act but also the greatest needs and expectations for assistance. Tajikistan's expectations when entering the so-called VA26 process were that the scope of the VA challenge in Tajikistan would be recognized, that the survivors' living situations would improve, that a national action plan would be developed and that more international financial and technical support would be received.

Tajikistan developed mostly SMART objectives, which it presented in 2005 and revised in 2006. A subsequent plan, developed in broad stakeholder consultation and in part based on NGO needs assessments and their discussions with survivors, was presented in 2007.²⁵ The plan was reviewed and adjusted in 2008 after a stakeholder workshop.²⁶

TMAC was assigned to coordinate VA activities, with its VA officer as the focal point. Continuity in this position has had a demonstrably positive effect on Tajikistan's commitment, its systematic liaison with other stakeholders, and its international participation. Survivor responses also showed they had experienced improvements in VA coordination. Nearly all (92%) survivors reported they were aware of who is responsible for VA coordination; many (88%) also believed the needs of survivors were included in the development of the VA plan; and 88% estimated the government had increased its contribution to VA. In late 2008, a survivor was recruited as a VA assistant at TMAC. The practitioners' responses likewise revealed that Tajikistan's commitment to the Nairobi Action Plan contributed to better coordination between government and NGOs and increased survivor participation.

Tajikistan was one of only a very few countries directly reporting progress against the plan in 2007-2008. At international forums, updates on achievements focused on the real needs of survivors, and Tajikistan was one of the only States Parties that attempted to estimate state expenditure on government health services with respect to the percentage of survivors as recipients.²⁷

Despite TMAC's close liaison with other governmental and non-governmental stakeholders and its efficient planning and reporting, the budgetary needs for full implementation of the plan were never met between 2005 and 2009. This is evidenced by the fact that only 32% of survivors saw fewer gaps in services despite better coordination, strongly indicating that more resources are needed to match the improved coordination efforts. Between 2005 and 2009, state funding was insufficient, international donors seem to have focused

elsewhere, and fundraising capacities at TMAC needed reinforcement. It is likely that the planning could have better factored in this lack of resources. While TMAC's specific focus on survivors and their families has been beneficial in many ways for survivors, it may have inadvertently narrowed the possibilities for the program to draw on international assistance and resources available for broader health, disability and development initiatives. To take full advantage of such opportunities, it would have been useful for the program to have been included more in the broader disability sector by sharing both the resources and the responsibilities for funding and program implementation.

Some objectives, particularly those committing to assisting half of the known survivors in the period, were probably too ambitious given the resources at hand.²⁸ These objectives were not changed in the 2008;²⁹ whereas some objectives could have aimed for a more incremental approach in areas where almost no services existed, such as in the field of psychosocial support.³⁰ Several less ambitious objectives were concerned with establishing directories and were completed by 2008.³¹ While directories are a useful first step to connect survivors to services, they do not address the actual lack of services.

While making good use of the VA26 process, in many areas Tajikistan lacked both the capacity to battle general development obstacles and lacked the national and international resources for VA to exploit the benefits of the country's planning and increase in knowledge.³² However, at the same time Tajikistan reported that international assistance has gradually started to increase and that it has benefited from the opportunity to attend the international events related to VA within the framework of the Mine Ban Treaty. Domestically, Tajikistan better understood the challenge, showed improved coordination and increased awareness, and started to receive more national funding.

Conclusions

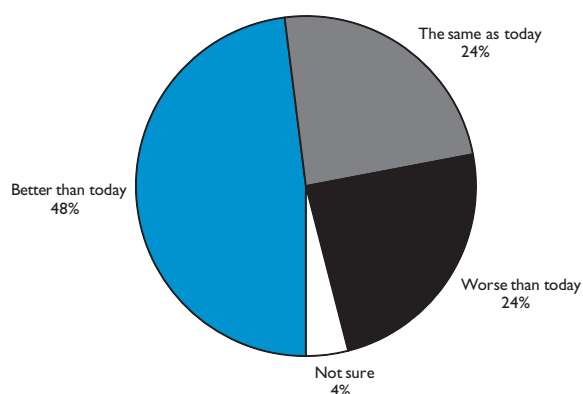
- Responses in Tajikistan have shown that when there is nothing to begin with, small steps can register high on the scale of measuring progress.
- Tajikistan's survivors' great "expectations of assistance," were generally ignored by the donor community, despite the country having stepped up to the challenge of self-identifying its responsibility to survivors and creating and monitoring a SMART action plan.
- Survivors continued to receive physical rehabilitation, although a waiting list grew during the handover to national capacity. However, the high value given by respondents to quality improvements and the provision of transport and lodging underscored the impact more day-to-day comfort can have.
- Needs for psychological support remained high, in part because of the near non-existence of these services prior to 2005.
- Economic reintegration has seen the least progress and was the area that most concerned respondents, despite needs-based planning and TMAC fundraising efforts.
- Effective coordination has contributed to better VA implementation and to a greater sense of survivor inclusion, but this needed to be matched with both national and international support for sustainability.

Suggestions for the way forward

When asked how they see their situation five years from now, 48% of respondents thought it would be better, 24% thought it would get worse, and the rest thought it would stay the same (4% non-response). To assist in a better future, the following suggestions may be taken into account:

- Continue support for establishing the necessary services for mainstreaming of VA, as Tajikistan has benefited from the VA26 process but is not yet in a position to fulfill the basic needs of most survivors.
- The international (mine action) community needs to make adequate, short-term contributions for Tajikistan to build long-term capacity and sustainable economic support activities.
- Continue to improve state services provided through relevant ministries, and increasingly include survivors.

What do you think your situation will be like in five years?



- Strive for hand-over processes, such as those implemented in the physical rehabilitation sector, when relevant.
- Establish a survivor-run organization with peer support capacity for which core funding and technical resources are made available.



Davlatali Saidov in front of his house
© Tajikistan Campaign to Ban Landmines

In his own words: the life experience of Davlatali Saidov

In their own words...

If countries really cared about survivors they would:

- Develop psychological support services.
- Provide more financial support.
- Improve economic reintegration support programs.
- Support income generation for survivors.
- Increase pensions.
- Pay more attention overall to the needs of the disabled.
- Execute existing laws.

In their own words...

The main priority for VA in the next five years is:

- Improve economic reintegration.
- Pay more attention to quality of [survivors'] lives.
- Assign more funds.
- Provide free services.
- Increase pensions.
- Provide good-quality support free of charge.
- Increase and develop medical and physical [rehabilitation] services.
- Develop psychological support services.

In their own words...

Survivors described themselves as: young, disabled, blind, expendable, joyful, teachers, healthy, students, youths, at peace, and alive.

Davlatali is a young man from Vanj District who lost his arm to a mine incident in May 2003. He was just 12 years old when it happened. He went with a group of friends and was running ahead of everyone, but suddenly he tripped and fell down on his hands. Davlatali does not remember what happened next, as he fell unconscious. He does not know how he got to the hospital but only remembers the shock of not having his left arm anymore when he woke up.

When Davlatali was discharged from the hospital he had nightmares all the time and felt too ashamed to visit relatives or go to family gatherings. He also hated it when people were staring at his arm, which was not there anymore. In 2005, he got a prosthetic arm from the NOC. It was hard fitting it at first, as it made the pain more severe. Today Davlatali is a 2nd grade student of a special boarding school giving vocational training to children with disabilities. His dream is to have his own small business and to get married.