DREF Final Report

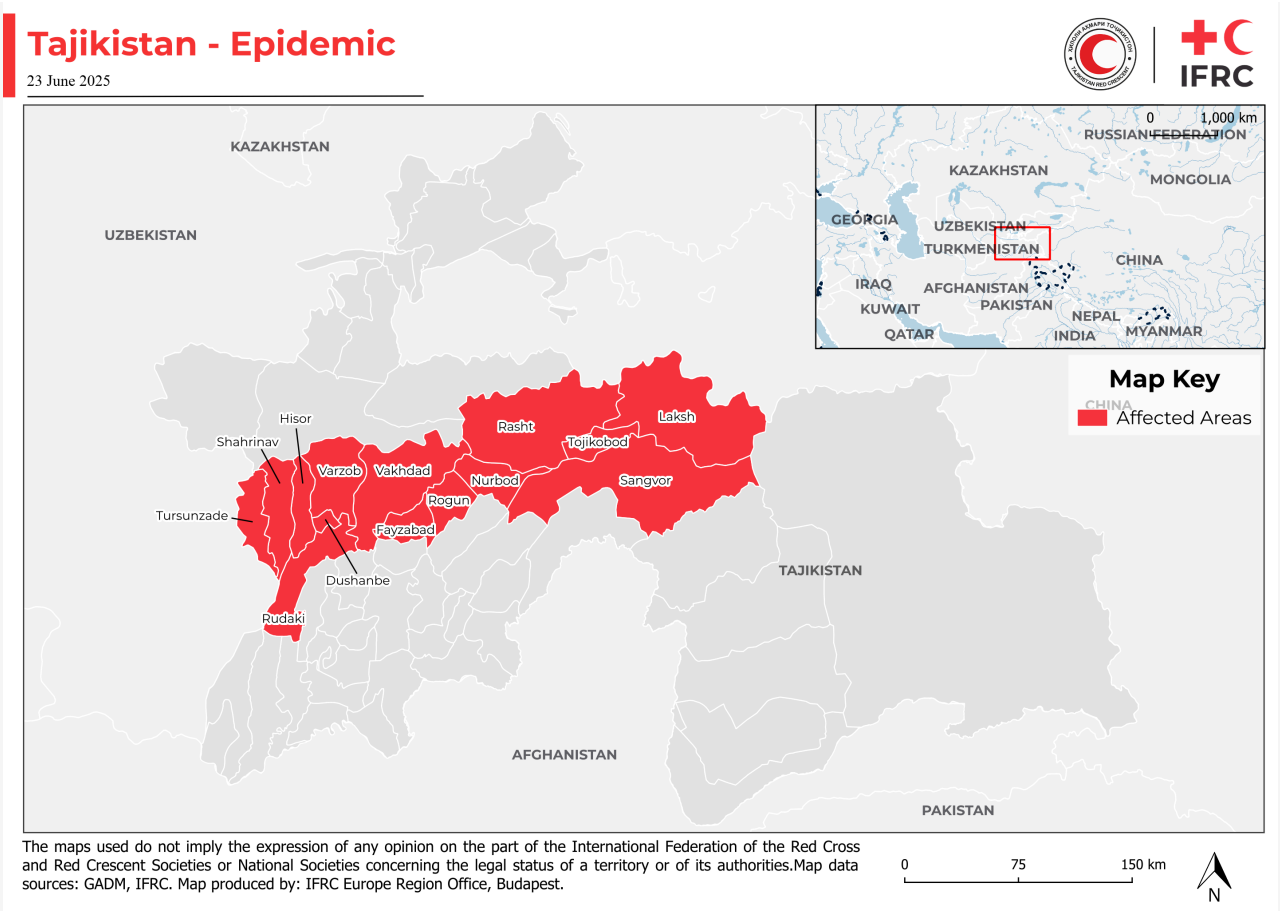
Tajikistan Measles Situation 2025

RCCE activities by RCST volunteers. Photo credit by RCST.

Appeal: **MDRTJ037**	Total DREF Allocation: **CHF 274,886**	Crisis Category: Yellow	Hazard: **Epidemic**
Glide Number: **-**	People Affected: **62,000 people**	People Targeted: **10,000 people**	People Assisted: **23,025 people**
Event Onset: **Slow**	Operation Start Date: **01-07-2025**	Operational End Date: **31-01-2026**	Total Operating Timeframe: **6 months**

Targeted Regions: **Districts of Republican Subordination**

Description of the Event



The map captures the locations of the areas targeted by the DREF operation.

Date when the trigger was met

20-06-2025

What happened, where and when?

According to data from the Republican Center for Immunoprophylaxis of the Ministry of Health of Tajikistan (RCI), the first cases of measles were recorded since January 2025. As of June 18, 2025, RCI reports that Tajikistan has recorded 5,500 suspected cases of measles. Among these, 778 cases have been confirmed through laboratory testing, and 4,722 have been confirmed clinically.

For comparison, only seven laboratory-confirmed cases were reported in 2024. Although the government of Tajikistan has not officially declared a measles outbreak, officials from the Ministry of Health acknowledge the registration of cases. They emphasize that all relevant data is being reported daily to the WHO Representative Office in Tajikistan, UNICEF, and Rospotrebnadzor of the Russian Federation (but for internal use only).

For reference, the World Health Organization's (WHO) definition of outbreak is a suspected five or more cases of measles (with dates of rash onset occurring 7–21 days apart) that are epidemiologically linked, and the definition of a laboratory-confirmed measles outbreak is two or more laboratory-confirmed measles cases that are temporally related (with dates of rash onset occurring 7–21 days apart) and epidemiologically or virologically linked, or both.

An analysis of the vaccination status of patients diagnosed with measles, conducted by RCI, shows that most of them (45%, or 2,475 children) were not vaccinated, 34% (1,870 children) were vaccinated once with the MMR vaccine, 7% (385 children) had medical exemptions, and 14% (770 children) fell ill before reaching the age at which they could be vaccinated.

In current measles situation geographically, most cases (70%) were registered in 12 districts of republican subordination and in the country's capital:

1. Dushanbe – 622 cases
2. Rudaki – 98 cases
3. Hisar – 105 cases
4. Vahdat – 178 cases
5. Shahrinav – 28 cases

6. Tursunzoda – 11 cases
7. Varzob – 32 cases
8. Fayzabad – 17 cases
9. Rasht – 28 cases
10. Sangvor – 22 cases
11. Nurabad – 18 cases
12. Tajikiabad – 13 cases

Childhood immunization is generally available and accepted by both mothers and fathers throughout Tajikistan. The National Immunoprophylactic Program for 2021-2025 aims to improve immunization coverage, prevent infectious disease outbreaks, and enhance the quality of healthcare services, thereby supporting longer and healthier lives for its population.

Tajikistan maintains a relatively high level of childhood immunization coverage, with official statistics indicating 96.3% of children received appropriate vaccinations in 2024 (MOHSP, 2024). According to GAVI data from 2021, 3.6% of infants did not receive any vaccinations, indicating an overall high level of vaccination coverage, with roughly 96.4% of infants receiving at least one vaccine. There is a slight difference in vaccination coverage based on gender, with female infants having a coverage rate of 82.8% and male infants 81.5% (Gender Barriers to Immunization in Tajikistan, 2024). Vaccination coverage among children living in urban areas was lower (76%) compared to those in rural areas (84%).

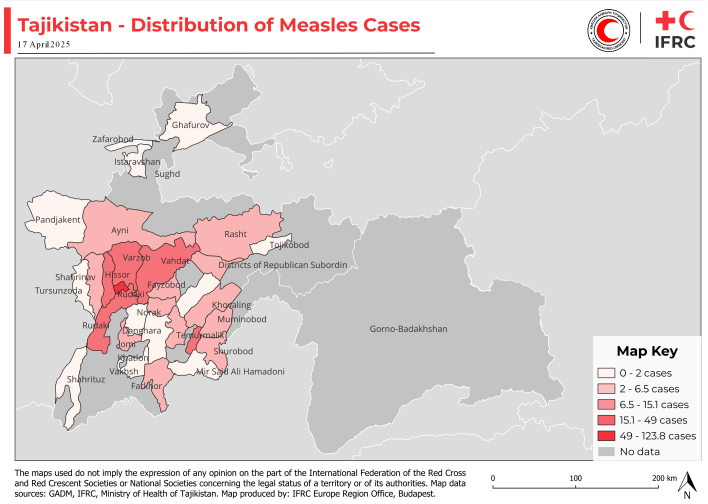
Despite the ongoing work, there are still cases of vaccine-controlled disease. Tajikistan has recently witnessed outbreaks and is currently going through the outbreak of measles, which could be prevented if all children were fully and timely vaccinated.

The most recent outbreak took place in 2023. The country experienced an outbreak of measles with 870 cases reported, and the Ministry announced additional immunization campaign against measles and rubella. As part of the campaign, more than 2 million children in all 65 districts of the republic were vaccinated against measles. According to data from the Tajikistan Ministry of Health for the last four years, COVID-19 pandemic led to reducing vaccination coverage rates which led to recurrent outbreaks of vaccine preventable diseases in the years following the COVID-19 pandemic.

For this reason, the situation with measles control has also changed in Tajikistan in recent years, with sporadic cases of measles being reported in some cities and districts of the country.

Children in Tajikistan are offered 2 doses of measles-containing vaccine as part of the routine immunization schedule and in line with WHO recommendations (which are conducted at 12 months and 6 years-revaccination, the first dose of the MMR vaccine (MCV1 at the age of one year old) and second dose (MCV2 at the age of two years old).

Volunteers assist with immunization at the school level. Photo credit by RCST



Distribution of measles cases in Tajikistan.

Scope and Scale

Measles is particularly severe among children, being one of the leading causes of infectious disease-related morbidity and mortality in this population, especially in developing countries. In addition to the acute symptoms such as fever, rash, and cough, measles can result in a variety of serious complications, including pneumonia, encephalitis (brain inflammation), and even death. Children who are malnourished or have weakened immune systems are especially vulnerable to these complications.
According to the Ministry of Health, 5% of children from the key group (10,500 children aged 12 to 72 months) are not vaccinated against measles due to migration and medical reasons. However, research conducted by UNICEF Tajikistan indicates that the total number of unvaccinated children is 47,000.
The most impacted regions in this situation are Dushanbe and districts neighboring the capital city. These areas have been particularly affected due to a combination of factors, including lower vaccination coverage, high population density, and increased population mobility.
Dushanbe is the most affected due to the high level of internal and external migration also it is the most densely populated city in the country (according to official data, the population of the capital is 1,200,000 people.).
The rapid process of urbanization and population growth is outpacing infrastructure development. Because of this, new settlements residents experience problems with access to medical services. These outbreaks are an indication of some of children entirely or partially missing full vaccination. In terms of social and behavioral reasons, recent studies highlight the following main social and behavioral barriers to immunization:
Vaccine Hesitancy: Concerns about vaccine safety and efficacy, driven by misinformation or limited knowledge, contribute to vaccine hesitancy in Tajikistan (KAP Final Report 2024, UNICEF 2023, EPI SBC Strategy 2030).
Gender-Related Barriers: Women limited decision-making power in households and heavy domestic responsibilities, especially in rural areas, negatively impact immunization rates (Gender Barriers to Immunization in Tajikistan, KAP Final Report 2024, UNICEF 2023).
Limited Access to Information: Many parents lack reliable information about vaccination schedules and benefits, particularly in rural and less-educated communities (UNICEF 2023, EPI SBC Strategy 2030, KAP Final Report 2024).
Cultural and Religious Influences: Cultural norms and religious beliefs sometimes contribute to resistance against vaccination, making it harder to reach specific communities (Tajikistan National Immunization Strategy 2030, UNICEF 2023).
The main groups at risk during this current outbreak are children who have not received the full course of measles vaccination. This includes children with zero doses, as well as those who have only received partial doses, leaving them unprotected against the disease.
Migrants in Russia could not access health services, including vaccination services, especially in the last two years, due to the increased hate, xenophobia and restrictions for access to public services for migrants from Central Asia, especially from Tajikistan following the terrorism attack in Moscow where the Tajik migrants were allegedly implicated in the attack. Children of migrants from Tajikistan, who are left behind when their parents migrate to other countries for employment, are often cared for by relatives. These caregivers may not be aware of the vaccination schedules and records, leading to missed vaccinations for these children.

Source Information

Source Name	Source Link
1. UNICEF	https://www.unicef.org/eca/media/40826/file
2. UNICEF	https://www.unicef.org/innocenti/media/11181/file/UNICEF-Innocenti-Annual-Report-2024.pdf
3. UNICEF	https://www.unicef.org/tajikistan/immunization#:~:text=It%20is%20also%20mobilizing%20the,can%20even%20result%20in%20death.

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	Starting from April 2022, RCST is implementing a new three-year project called the Pilot Programmatic Partnership (the "PP"), with the funding contribution from European Commission Directorate General for European Civil Protection and Humanitarian Aid Operations ("ECHO") made under a Humanitarian Aid Contribution Agreement with the IFRC. Pandemic and epidemic preparedness is one of the five key pillars of this project. Under this project, the RCST work is focused on building the capacities of RCST staff

and volunteers in epidemic preparedness and response in communities and has been disseminating risk communication messages on various priority communicable diseases in the communities across the country, including the vaccine-preventable diseases.

The Pilot Programmatic Partnership (the "PPP") project has helped to significantly strengthen the capacities of the National Society in preparedness and response to epidemics. The NS started the community-based surveillance (CBS) system in two regions and to date, 140 volunteers have been trained in CBS. The RCST key staff at the NHQ level and all branches have received several trainings in epidemic preparedness, such as epidemic preparedness in communities (EPiC), public health in emergencies, psychological first aid, CBS, CEA and PGI. These training courses at the national level were then cascaded down to the regional branch and district levels. The RCST strengthened its partnership with the national health authorities through the Memorandum of Understanding (MoU) with the MoH.

Considering that the Ministry of Health has not officially announced a measles outbreak in the republic (there is no information on any news platform), in agreement with RCI, the project has decided to implement information campaigns on routine immunization in seven districts of Sughd, identify children with incomplete vaccination courses, and refer them to vaccination points. Currently, RCST, in coordination with the ECHO PP Project Management, has mobilized 90 volunteers to implement similar activities in three additional districts of the RRS and in the city of Dushanbe. These efforts are focused on areas outside the PPP zones that have been most severely affected.

This proposed operation was built on this core pool of trained staff and volunteers, and partnerships.

The RCST is actively implementing community-based surveillance under the ECHO PP project, with measles identified as one of the key health risks. This initiative is supported by trained volunteers who play a vital role in monitoring and reporting within their communities.

In addition, RCST by UNICEF financial support, launched a joint project in June 2025 entitled "Implementation of Social & Behavioral Change Interventions to Improve Vaccine Uptake" for 6 months in 13 DRR districts (Lakhsh, Rogun, Tursunzoda, Faizobod, Shahrinav, Panj, Khuroson, Zafarobod, Gisar, Vahdat, Rudaki, Varzob, Rasht), aimed at:

1. Improve the health workers, confidence on vaccine safety and quality of their engagement with parents and caregivers of children, through training and capacity building.
2. Increase and improve engagement of social and religious leaders in supporting and promoting benefit and safely of vaccines to parents of zero dose children in 13 districts.
3. In 13 focused districts, improve parents and caregiver's knowledge of benefits, schedule and trust over safely of vaccine and satisfaction with the quality of interaction with health workers

IFRC Network Actions Related To The Current Event

Secretariat

The IFRC Country Cluster Delegation for Central Asia is based in Bishkek, Kyrgyzstan and is part of the movement coordination team in country. IFRC CCD is currently working with the RCST on identification of the needs and development of the DREF application.

The IFRC Central Asia cluster facilitates tailored technical support and advocating for mobilizing international support to programmes and operations led by the NS. The IFRC delegation is a member of the international health development partner's forum.

The IFRC Regional Office for Europe, also covering Central Asia, has been providing technical support on Health and MHPSS and operational support from the Regional Operations team and Regional DREF Focal Point. Technical support will be provided throughout the operation as required.

Participating National Societies	Finnish Red Cross, Italian Red Cross are part of the in-country Movement Coordination platform. The Finnish Red Cross has been one of the leading partners in the implementation of the health component (Pillar 2) under the ECHO -supported PPP project. It supported the RCST activities around the European Week of Immunization in May - June in Sughd region within the framework of the ECHO PP project. Also, as part of its bilateral activities with RCST, the FRC provides support for the promotion of the CBHFA component (in particular, one of its components on educating the population on measures to prevent infectious diseases).

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) is present in the country. The ICRC is not engaged in response to this situation. ICRC is not planning any interventions to tackle the measles situation in the country, as this is beyond its institutional mandate.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	In April, RCI requested technical and financial assistance from the international organizations located in Tajikistan to respond to the measles outbreak in Tajikistan. The Ministry of Health submitted a country application to the Measles & Rubella Partnership, requesting additional measles and rubella vaccine doses, with technical support from the WHO and UNICEF country offices in Tajikistan. Approval was granted for 14 districts with a high number of reported measles cases. The American Red Cross also provided financial support to the RCST (as part of the country application) to recruit 386 volunteers to conduct information campaigns, carry out door-to-door visits, and support vaccination efforts for unvaccinated children in 12 districts of the DRS and the Khatlon region
UN or other actors	The WHO and UNICEF have been actively monitoring the situation and are coordinating with the international partners. UNICEF supported initiatives to promote child vaccination, such as training of health workers and community leaders, as well as supporting risk communication. Considering the fact that RCST with the support of UNICEF Tajikistan implemented the project "Implementation of Social & Behavioral Change Interventions to Improve Vaccine Uptake" project, a meeting was held with UNICEF representatives to coordinate the implementation of activities in the districts of republican subordination (DRS) to avoid duplication and joint activities. Mapping districts were conducted and zones (villages) of implementation of each partner were identified. WHO, UNICEF, and the Ministry of Health sent an application to the Measles & Rubella Partnership organization to obtain funding for additional measles immunization days, and this application was approved for 12 districts of Tajikistan

Are there major coordination mechanism in place?

Since COVID-19 outbreak in Tajikistan, RCST is a part of the RCCE coordination group under the Ministry of Health of Tajikistan and member of “Health in emergency” group initiated by WHO in Tajikistan.
The RCST current actions are focused on the following:
1. Risk communication and community engagement (RCCE) on routine immunization (household visits, information sessions).
2. Increasing awareness of children vaccinations through mass media, TV, and radio broadcasts.
3. Developing and printing educational information material on the topics of Measles and other vaccine preventable diseases.

Needs (Gaps) Identified

Health

The most immediate need as identified by the RCST is as follows:
1. Lack of awareness among the parents and caregivers of children under eight years, especially among under-immunized or zero-dose children, on the importance of vaccinating their children with measles-containing vaccines.
2. There is a widespread misconception and distrust in vaccines, including routine childhood vaccinations. Misinformation and lack of awareness contribute to fears about vaccine safety and efficacy, leading to hesitancy among parents and caregivers. Additionally, there is a growing anti-vaccination sentiment in the country, fueled by misinformation spread through social media, community networks, and influential figures. This distrust is further exacerbated by limited access to clear, science-based communication and messaging. As a result, vaccination coverage rates are declining, increasing the risk of outbreaks of preventable diseases. The lack of proactive engagement by healthcare professionals and health authorities allows misinformation to spread unchecked. Confusing or inconsistent public health messaging weakens confidence in vaccination campaigns.
3. Lack of capacities of the local health facilities to conduct social mobilization activities at a scale during the mass vaccination campaigns.
4. Lack of early detection of suspected cases of measles due to weak surveillance system. In addition, measles symptoms are not specific and when the children get sick with high fever and rash, the parents do not necessarily suspect measles and delay their visit to health centers.

Community Engagement And Accountability

Current and previously outbreaks are an indication of some of children entirely or partially missing full vaccination. In terms of social and behavioral reasons, recent studies highlight the following main social and behavioral barriers to immunization:

- Vaccine Hesitancy: Concerns about vaccine safety and efficacy, driven by misinformation or limited knowledge, contribute to vaccine hesitancy in Tajikistan.
- Gender-Related Barriers: Women limited decision-making power in households and heavy domestic responsibilities, especially in rural areas, negatively impact immunization rates.
- Limited Access to Information: Many parents lack reliable information about vaccination schedules and benefits, particularly in rural and less-educated communities.
- Cultural and Religious Influences: Cultural norms and religious beliefs sometimes contribute to resistance against vaccination, making it harder to reach specific communities.
These barriers are mostly limited to other groups with zero-dose and incomplete vaccination, making other communities vulnerable to vaccine-preventable diseases. Addressing these social and behavioral barriers is crucial.

Operational Strategy

Overall objective of the operation

The overall objective of this DREF operation was to mitigate the impact of the ongoing measles situation on the most vulnerable population, particularly children, and to reduce morbidity associated with the disease. This effort was carried out in close coordination with government health structures—including the Republican Centre of Immunization, the Healthy Lifestyle Centre, and primary health care facilities—to ensure effective and efficient implementation. The operation aims to address critical gaps in immunization coverage, strengthen community awareness, and deliver targeted interventions to reduce the spread of measles in high-risk areas.
This operation was designed to directly reach a total of 10,000 parents and caregivers through household visits in 14 selected districts (13 districts of Republican Subordination and Dushanbe city), focusing on key target groups. In addition, the operation indirectly reached an estimated 296,620 people through social media and communication campaigns.
The primary target group consisted of parents and caregivers of children aged 9 to 84 months (under seven years old). Through this operation, parents and caregivers increased their understanding of the importance of measles vaccination and, as a result, vaccinated their children, thereby contributing to stopping community transmission of the disease
Any identified gaps/limitations in the assessment
The main groups at risk during this current situation of the increased measles cases are children who have not received the full course of measles vaccination. This includes children with zero doses, as well as those who have only received partial doses, leaving them unprotected against the disease. Migrants in Russia could not access health services, including vaccination services, especially in the last two years, due to the increased hate, xenophobia and restrictions for access to public services for migrants from Central Asia, especially from Tajikistan following the terrorism attack in Moscow where the Tajik migrants were allegedly implicated in the attack. Children of migrants from Tajikistan, who are left behind when their parents migrate to other countries for employment, are often cared for by relatives. These caregivers may not be aware of the vaccination schedules and records, leading to missed vaccinations for these children

Operation strategy rationale

This operation was implemented over a period of 6 months (1st July - 31 December 2025).

Key Components of the Operation:

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:
A major component of the operation involves increasing awareness among parents and caregivers about the importance and safety of the measles vaccine through the social mobilization of volunteers (household visits, individual and group information sessions). This will include educating the parents and caregivers on the potential complications of measles, and the long-term benefits of immunization.
Thanks to close collaboration with the local health facilities, the vaccinators from the primary care clinics and RCST volunteers will identify the zero-dose and under-immunized children and jointly visit their homes jointly to address their parents' vaccine hesitancy and encourage them to vaccinate their children.
One of the main risk communication strategies will be the use of social media and work with religion and community leaders and teachers (as people trusted by the population. It will engage with the mass media agencies to promote people to vaccinate their vaccine age eligible children against measles through radio broadcasts and TV segments.

In addition, targeted messages were developed to address the specific concerns of parents and caregivers, particularly those who are hesitant or misinformed about vaccination. These efforts aim to build trust in the safety and efficacy of vaccines, countering misinformation and promoting informed decision-making. This will be done through household visits and information sessions.

SOCIAL MOBILIZATION DURING VACCINATION CAMPAIGNS:
Social mobilization was play a central role in ensuring full community participation in the vaccination process. Trained volunteers assisted vaccinators in organizing vaccinations, accompanying them on home visits, and, if necessary, volunteers can help with referrals to immunization points, provide support to parents and children to make the entire vaccination process a little easier and less stressful by providing accurate information.

COMMUNITY-BASED SURVEILLANCE IN 14 TARGETED AREAS:
Building on its experience gained from its CBS work over the past 2 years within the framework of DG ECHO - IFRC Pilot Programmatic Partnership (PPP) and Community Epidemic and Pandemic Preparedness Project (CP3) projects, the RCST will be establishing an emergency CBS specifically focused on measles in the four target locations. The current CBS protocol of RCST has 7 health risks, including measles, which is agreed within the framework of the memorandum of understanding on CBS with the MOH and the Committee of Food Security.

For this operation, a new CBS protocol was developed in cooperation with the MOH, which was focused on a single health risk (measles) and also focused only on detecting measles cases during the current measles situation. This helped to improve early detection of suspected cases of measles in the hotspot areas, and timely referrals and access to treatment can help to reduce the severity of the disease and prevent complications and prolonged hospitalizations. It also helps in isolating children with suspected cases of measles, thereby preventing the spread of the virus to others, especially other young children living in the same household. Also, if many alerts are received from the same communities, the CBS data will help the MOH to direct its vaccination campaigns in those communities through micro-planning. After cross-checking, all the true alerts generated by the Red Crescent volunteers will be escalated to the sanitary-epidemiologic station of the oblast or city and further transferred to the MoH of Tajikistan.

MENTAL HEALTH AND PSYCHOSOCIALY SUPPORT:
While emergencies are inherently stressful, epidemics introduce unique stressors that impact both the general population and the responders. The operation will incorporate MHPSS activities to support both the responders and the affected population, such as training on psychological first aid (PFA) and supportive communication, including stress management for first responders and Psychosocial Support (PSS) activities for affected families and children. It will advocate to integrate MHPSS assessment questions to ongoing assessments not only RCST but other organizations, support inclusion of mental health information in the information, education and communication materials.

Targeting Strategy

Who was targeted by this operation?

The following groups were targeted by this DREF operation:

1) Parents and Caregivers of children aged 9 months to 84 months, especially those hesitant about vaccination.
2) General Adult Population in affected regions, targeted through awareness campaigns
3) Religion and Community Leaders, influential in mobilizing community support for vaccination.
The general population in the selected target regions are estimated to be around 3,397,000, (https://www.stat.tj/wp-content/uploads/2024/09/machmuai-shumorai-aholi-to-1.01.2024.pdf). UNICEF has estimated that over 12,000 zero-dose children are living in these targeted districts, based on its assessment.
The operation plans to reach directly over 10,000 parents and caregivers through household visits and information sessions, which in

turn it is estimated to cover a half of families with zero-dose children. The operation will cover indirectly 263,000 people (or estimated 8% of the total population) in selected districts through risk communication campaign, mass media, social media and other channels. The selected regions and cities for this operation (Dushanbe city and 13 districts of DRR region- Varzob, Rudaki, Hisor, Shahrinav, Vakhdat, Tursunzade, Fayzabad, Rasht, Sangvor, Laksh, Nurobod, Rogun, Tojikobod) are the most affected regions.

Number of beneficiaries:
Direct – 10,000 people (parents and caregivers)
Indirect – 263,000 people (general population)

Explain the selection criteria for the targeted population

To effectively address the measles situation and its associated risks, the operation has identified key target groups that require specific interventions.

These groups include:
1) Parents and Caregivers of children aged 9 months to 84 months, especially those hesitant about vaccination (zero-dose and Under Immunized Children)
Children in this age group are particularly susceptible to measles and are the primary beneficiaries of vaccination campaigns. These children, especially in areas with lower vaccination coverage, are most at risk for severe complications, including pneumonia, encephalitis, and death. The operation will focus on improving vaccination rates within this age group, particularly in regions that have reported higher rates of measles cases.

A significant barrier to controlling the measles situation is vaccine hesitancy among parents and caregivers, especially those of children who have not received any doses of the measles vaccine (zero-dose children) or have only received partial doses. Misconceptions, fear of side effects, and a lack of understanding about the dangers of measles contribute to vaccine refusal.

The operation will focus on the parents and caregivers of this age cohort.

Key Focus Areas:
- Promoting vaccination among parents and caregivers of children who have not yet received their measles shots. Ensuring that all children in this age group receive their full complement of measles vaccinations.
- Prioritizing children in high-risk, densely populated areas where transmission is highest.
- Providing accurate, evidence-based information on the safety and effectiveness of the measles vaccine.
- Educating parents about the importance of vaccinating their children at an appropriate age.
- Addressing myths and misconceptions that contribute to vaccine hesitancy.
- Encouraging timely vaccinations for school-aged children to prevent outbreaks in educational settings.

2) General Adult Population in affected regions, targeted through awareness campaigns.

The broader community, including adults who may have children or are responsible for caregiving, forms the final target group.
Although this group may not be as directly affected by the disease, their awareness and support are critical in ensuring the success of vaccination efforts.

Key Focus Areas:
- Raising general awareness about the measles situation and its potential dangers.
- Educating the public on how they can help prevent the spread of measles by supporting vaccination efforts in their communities.
- Encouraging the population to stay informed and take appropriate action to protect vulnerable groups.

3) Community Leaders, influential in mobilizing community support for vaccination.
Community leaders, including religious figures, local politicians, and respected members of the community, are vital in influencing public opinion and encouraging vaccine uptake. Their endorsement can help overcome vaccine hesitancy and promote vaccination as a community responsibility.

Key Focus Areas:
- Engaging community leaders in public health campaigns to advocate for measles vaccination.
- Utilizing community leaders to disseminate accurate information and counter misinformation about vaccines.
- Empowering leaders to organize local events, such as informational sessions, to educate the public about measles and vaccination

Total Assisted Population

Assisted Women	8,394	Rural	-
Assisted Girls (under 18)	3,761	Urban	-
Assisted Men	8,394	People with disabilities (estimated)	-
Assisted Boys (under 18)	2,476		
Total Assisted Population	23,025		
Total Targeted Population	10,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Seasonal Weather Challenges: Prepare for disruptions in vaccination campaigns due to adverse weather	As the operation timeframe falls into the hottest period of the year, the operation has considered the potential impact of heatwaves into the smooth implementation of activities. For instance, activities such as providing water coolers, shades for parents and children waiting outside of vaccination points, and other measures
Delayed reporting	IFRC PMER officer for Central Asia and IFRC health officer for Tajikistan based in Dushanbe were closely following up with the National Society to prevent any delays in reporting. The project team produced biweekly updates that will help to collect information on timely basis and make easier to compile the final report at the end of the operation.
Medium- or large-scale disaster in the country	RCST closely monitors weather and seasonal forecasts, supports preparedness measures and in urgent case will activate the

	organization's "no-regret early action" protocols based on IFRC early warning systems guidelines in order to take effective measures. It is important to ensure that the monitoring also considers weather and seasonal forecasts, even if they do not lead to an activation in the EAP, especially considering the target groups and their increased vulnerabilities. It is important to not only consider additional disasters, but also general seasonal/climate risks that are likely during the duration of the response and to ensure that these are acted on appropriately
Contagion Among Staff and Volunteers	Ensure all personnel are vaccinated, provide necessary personal protective equipment (PPE) and hygiene measures. Train staff and volunteers in infection control practices to minimize risk to themselves and others as well in self-care to deal with the fear and stress to the possibility to get contagious or be stigmatized
Healthcare System Overload	Advocate regional and health authorities to develop contingency plans for healthcare facilities, including the setup of temporary centers and integration of mobile health teams to manage large patient inflows during outbreaks
There are several risks in conducting information sessions for vaccine refusers. Parents or caregivers, especially if they hold to strong anti-vaccination beliefs can become agitated and aggressive towards anyone who try to speak with them about vaccination, including Red Crescent volunteers. There is also a risk of inadequate outreach to the target audience, especially in remote or hard-to-reach areas where people may not be aware of the sessions	To minimize risks during information sessions for vaccine refusers, prepare reliable and verified materials. Involve medical experts to boost participant confidence and ensure accurate information. Consider the cultural and social characteristics of the audience, adapting the approach and language to avoid conflicts and enhance receptivity. Schedule sessions at convenient times and accessible locations to reach more people, including those with limited access to vaccination information. Create a safe, open atmosphere where participants can express opinions without fear of judgment. Train facilitators in active listening and constructive communication to handle objections and reduce tension. Allow parents and guardians to ask questions and receive individual counseling to address their concerns. Use simple, clear language in materials to prevent misunderstandings and dispel myths. Utilize various communication channels like social media, local radio, leaflets, and community center meetings to reach those unable to attend in person. Finally, organize feedback and analyze results post-sessions to refine and improve future activities. Staff Pairing for Safety: Ensure that at least two staff members are assigned to work together at all times, particularly in areas with higher risk of aggression, also to ensure gender sensitivity considering conservative communities and households. Implement a system for monitoring staff safety, including rotating staff in high-risk areas to prevent burnout and maintain vigilance. Staff Support and Psychological Assistance: Offer training programs focused on managing stress, conflict resolution, and building resilience in the face of challenging situations
Working with religious individuals who refuse vaccination presents several risks. Religious beliefs can conflict with scientific views, increasing resistance to vaccination. If vaccination information is perceived as interfering with personal or spiritual beliefs, it may cause resentment and reduce trust in medical advice	To reduce risks when working with religious leaders and believers who refuse vaccination, it's crucial to respect their beliefs and values. Establish trust with religious leaders by discussing the scientific facts about vaccine safety and efficacy within the context of their teachings. Involve respected figures from religious backgrounds to increase community acceptance. Provide religious leaders with credible information to share with their congregants, fostering open discussions to avoid

	misunderstandings and perceived pressure. Emphasize that vaccination aligns with religious values like protecting life and well-being. Use religious texts and traditions to find common ground between vaccination and beliefs, highlighting community protection and solidarity. Organize training where religious leaders can express doubts and receive clarifications from medical professionals. Avoid confrontation and pressure by offering balanced, respectful arguments
Risk of Child Safeguarding	RCST CEA/PGI specialists started the process of CSRA and will contact regional office for consultations of further steps, applying IFRC standards. Currently, RCST is adopting Child Safeguarding police which will also facilitate the process

Please indicate any security and safety concerns for this operation:

The security of the RCST staff and volunteers is of high importance. The RCST team in the field will monitor the security updates before visiting communities. PPE will be provided to staff and volunteers to contain potential contagion
- Volunteers received orientation on safe community engagement and de-escalation, as some parents expressed strong hesitancy or emotional reactions during vaccination activities.
- Basic health-related safety measures were applied
- Volunteers were instructed to work in pairs and avoid evening activities in remote or unfamiliar neighborhoods.

These measures helped ensure safe access to communities and secure implementation of all planned activities

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Implementation

Health

Budget: CHF 172,776
Targeted Persons: 10,000
Assisted Persons: 16,788
Targeted Male: 8,394
Targeted Female: 8,394

Indicators

Title	Target	Actual

Narrative description of achievements

• During the operation, the Red Crescent Society of Tajikistan (RCST), in close cooperation with MoH, RCI, and PHC system, organized a wide range of activities aimed to:

1. Vaccination of children aged 12 to 59 months as part of the announced campaign for additional measles immunization days
2. Identification of unvaccinated children and referral to vaccination centres.

RCST volunteers and staff provided direct support to Primary Health Care system, and regional vaccination teams, helping to manage queues, register children, and provide psychosocial support to parents and caregivers during vaccination events.
A total of 245 volunteers were trained under this DREF operation: 50 in Dushanbe city, and 15 volunteers in each 13 other districts ensuring broad geographic coverage and a well-coordinated approach.
Another crucial focus was on religious leaders, who are highly respected and influential within communities. A total of 140 religious leaders were trained during the project through a series of seminars jointly facilitated by RCST and experts from MoH. The training sessions covered:

- the importance of vaccination and its role in preventing measles outbreaks;
- the composition and safety of vaccines;

- key communication principles for discussing immunization from a position of trust and authority.

As a result, religious leaders across all target regions began to integrate messages about vaccination and child health into community gatherings, Friday prays, public and personal discussions, helping to reduce hesitancy and misinformation.
The operation also included large-scale vaccination campaigns carried out jointly with local Health structure, involving Healthy lifestyle Centers, the Republican Center for Immunoprophylaxis, and the Mass media. During these campaigns, parents received information on vaccination benefits and safety from trained volunteers and medical specialists.

Community-Based Surveillance (CBS)
RCST implemented community-based surveillance to ensure the early detection and reporting of suspected measles cases. Volunteers were trained to identify symptoms, record cases using standard alert forms, and report to the nearest PHC center for verification.
Throughout the operation, 322 alerts were escalated through the CBS system, 8 cases were cancelled, 148 cases were laboratory confirmed, and 166 were confirmed clinically.

Regular feedback meetings between CBS volunteers and district epidemiologists allowed for rapid follow-up and improved data accuracy. The CBS system also helped track migration-related clusters, identifying families who had moved recently and missed vaccination opportunities. These cases were referred for follow-up visits and inclusion in the vaccination campaign.

Risk Communication and Community Engagement (RCCE)
The RCCE component focused on combating vaccine hesitancy and increasing public awareness of measles prevention. Volunteers conducted door-to-door visits, community meetings, and interactive sessions at kindergartens and public places.
Information campaigns were implemented in partnership with RCI, using printed materials, radio broadcasts, and social media outreach.
140 religious and community leaders were mobilized as key communicators promoting vaccination within their congregations.
Also, information about measles vaccination sharing through Instagram, TikTok, LinkedIn and Facebook.

- https://www.instagram.com/p/DSutc2TDJVA/?igsh=eGtubm5qYXNrcGpt
- https://www.instagram.com/reel/DSuuv7njIOA/?igsh=Ym91ZWdvNmlyaXdm
- https://www.instagram.com/reel/DS1UgtcDJ2Y/?igsh=ZDhheGkzdjVydHVr
- https://www.linkedin.com/posts/tajikistan-red-crescent-0b1370382_training-on-psychological-first-aid-among-activity-7410961871245303808-HFcS?utm_medium=ios_app&rcm=ACoAAF5hu4UBuGmtRn-gTOHmxKhEgdJEdZgB5XQ&utm_source=social_share_send&utm_campaign=copy_link
- https://www.linkedin.com/posts/tajikistan-red-crescent-0b1370382_training-on-psychological-first-aid-among-activity-7410964003897667584-_Ib6?utm_medium=ios_app&rcm=ACoAAF5hu4UBuGmtRn-gTOHmxKhEgdJEdZgB5XQ&utm_source=social_share_send&utm_campaign=copy_link
- https://www.linkedin.com/posts/tajikistan-red-crescent-0b1370382_vaccination-saves-lives-raising-awareness-activity-7411260049496375296---PT?utm_medium=ios_app&rcm=ACoAAF5hu4UBuGmtRn-gTOHmxKhEgdJEdZgB5XQ&utm_source=social_share_send&utm_campaign=copy_link
- https://www.facebook.com/share/p/1D2LitrLHR/?mibextid=wwXIfr
- https://www.facebook.com/share/v/17hie7wsY3/?mibextid=wwXIfr
- https://www.facebook.com/share/v/1D6Cb8veDh/?mibextid=wwXIfr
- https://x.com/TajikistanC/status/2005492553257550145?t=gHhF-SDP7WH5A15uuN6cTg&s=19

RCCE messages were produced in Tajik, ensuring inclusivity and accessibility.
These efforts reached over 296,620 people directly and through media.

Mental Health and Psychosocial Support (MHPSS)
Volunteers received comprehensive training in Psychological First Aid (PFA) and stress management to effectively manage emotionally challenging situations with parents and caregivers who were anxious or resistant to vaccination. This training ensured that volunteers could offer immediate support during interactions with families and individuals affected by the measles outbreak.
Additionally, group support sessions for volunteers were held regularly to prevent burnout, reduce stress, and maintain motivation throughout the operation. These sessions helped volunteers cope with the emotional toll of working in highly sensitive environments, where many parents were fearful or upset about the vaccination process.
Psychosocial support was also provided during vaccination events. This helped alleviate anxiety for both parents and children, ensuring a smoother vaccination experience.
Moreover, a PFA and supportive communication training was conducted for healthcare workers involved in the operation. This training focused on stress management and supportive communication techniques, which not only helped reduce the emotional stress of frontline workers but also allowed them to better communicate with worried parents. The training empowered healthcare staff to provide emotional support while ensuring their own well-being during intense vaccination campaigns.

Lessons Learnt

• Collaborative training and joint vaccination campaigns with health authorities significantly increased public trust.
Direct engagement with religious leaders proved essential for addressing deep-rooted misconceptions about vaccination.
Volunteer participation in health facilities not only improved vaccination coverage but also strengthened relationships between communities and medical staff.
CBS proved effective in strengthening the link between community reporting and the national surveillance system.
Regular mentoring and feedback from health professionals were essential to maintain the accuracy and motivation of CBS volunteers.
Collaboration with trusted voices significantly enhanced message credibility.
Active community dialogue reduced vaccine refusals and increased coverage by vaccination.

Psychosocial support was instrumental in reducing stress among volunteers and created a positive, calm atmosphere at vaccination points. This enhanced the overall experience for families and increased their willingness to engage with the vaccination process.
Training in Psychological First Aid (PFA) and supportive communication should be an integral component of all emergency health operations, particularly in high-stress situations such as disease outbreaks

Challenges

• Recruitment and Integration: At the start of project activities, it is essential to recruit new volunteers and ensure their effective integration into the team. To strengthen communication and build confidence, experienced volunteers (mentors) should be assigned to new recruits. These mentors will guide them in conducting information sessions and applying best practices in community engagement.
Culturally Sensitive Messaging: Develop tailored and culturally appropriate communication materials for diverse ethnic groups, including Afghan migrants, Roma communities, and other vulnerable populations, to ensure inclusivity and effectiveness of outreach efforts

Community Engagement And Accountability

Budget: CHF 45,736
Targeted Persons: 263,000
Assisted Persons: 296,620
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of staff and volunteers trained on community engagement and accountability	265	265
Number of feedback reports produced on a monthly basis	6	3

Narrative description of achievements

• CEA was one of the central components of the DREF operation. RCST worked to ensure that communities were not only informed about measles and vaccination, but also actively involved in dialogue, feedback processes and decision-making related to the operation.

The CEA approach focused on building trust and ensuring that accurate, timely, and accessible vaccination information reached all social groups. Throughout the operation, RCST volunteers conducted extensive community outreach in both urban and rural settings, visiting households, organizing community meetings, and facilitating discussions with parents, teachers, and caregivers about the benefits and safety of vaccination.

In collaboration with the Republican Healthy lifestyle Center and the Republican Center for Immunoprophylaxis (RCI), RCST developed and disseminated risk communication materials in Tajik and Uzbek, ensuring language accessibility for diverse communities. Posters, leaflets, banners and myth-busting materials addressing common misconceptions were distributed through populations, health facilities and community centers.
To expand outreach, RCST partnered with 100 community activists who shared verified information and personal stories via social media. These digital efforts helped counter misinformation and reach young parents who rely primarily on online sources of information.

A total of 245 volunteers received CEA refresher training, including rumor tracking, respectful communication, complaint handling, and safe data collection. Volunteers and health staff were trained to identify, document and counter misinformation, using tailored talking points and locally adapted messages that addressed region-specific beliefs and concerns

Lessons Learnt

• Trusted community voices (religious leaders, teachers, local influencers) proved to be the most effective channels for combating vaccine hesitancy and misinformation.
Continuous feedback collection improved communication strategies, ensuring that messages remained relevant and culturally appropriate.
Future operations should integrate CEA training for volunteers and health staff early in the response to ensure systematic and consistent

engagement with communities.
Social media collaboration should be institutionalized as a part of national health communication strategies to sustain dialogue with the public beyond emergency periods

Challenges

• Persistent vaccine hesitancy in some communities required repeated engagement and additional volunteer time.
Misinformation spreading on social media was difficult to counter quickly with available resources.
Limited access to peri-urban and migrant settlements made outreach and feedback collection more challenging.
High workload for volunteers, especially during door-to-door visits and work with hesitant parents, led to fatigue.
Feedback collection in remote areas was sometimes constrained by poor connectivity and limited digital tools.
The regional CEA consultant was not engaged, since the National Society's feedback mechanism has not produced sufficient data to analyze

Coordination And Partnerships

Budget: CHF 22,667
Targeted Persons: 25
Assisted Persons: 25
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual

Narrative description of achievements

• The IFRC country cluster delegation team members have been actively monitoring the epidemiological situation in the country and advising the National Society on the adjustments in activities

National Society Strengthening

Budget: CHF 46,492
Targeted Persons: 265
Assisted Persons: 265
Targeted Male: 117
Targeted Female: 148

Indicators

Title	Target	Actual
Number of staff and volunteers involved in the implementation of the DREF operation.	265	265
Number of volunteers insured for the timeframe of the DREF operation	265	265

Narrative description of achievements

•The DREF operation contributed significantly to strengthening the institutional and operational capacity of RCST, particularly in volunteer management, coordination and technical implementation across multiple regions.

A total of 245 volunteers and 20 persons of staff supported the operation.
Volunteers received comprehensive training on epidemic prevention, RCCE, CBS, psychosocial support, community dialogue and data collection. Standardized training materials and safety guidelines were developed to ensure that all volunteers had consistent knowledge and tools to operate safely in the field. Training sessions were conducted in all targeted regions, combining theoretical and practical components led by HLSC specialists and RCST operational staff.
The operation also strengthened the capacity of RCST's professional staff at national and branch levels. The following staff were directly engaged in project management and implementation:
Programme Manager – 1
CBS officer – 1
Districts Coordinators – 14
Finance Officer at RCST HQ – 1
To ensure volunteer safety and well-being, all volunteers involved in the operation were insured for the full duration of the DREF implementation, in line with standard IFRC requirements.
The DREF operation also strengthened internal coordination and teamwork across RCST branches through regular communication, monitoring and joint planning processes.
As part of institutional learning, RCST conducted a Lessons Learned Workshop on 18–19 October 2025 with the participation of staff, volunteers and IFRC CCD for CA staff. The workshop provided a platform to reflect on achievements, identify operational gaps and formulate recommendations for improving future health emergency responses. Regional teams shared practical experiences related to volunteer motivation, coordination with local health structures and effective communication practices during vaccination campaigns

Lessons Learnt

• The DREF operation "Measles Situation in Tajikistan (MDRTJ037)" successfully strengthened the capacity of the Red Crescent Society of Tajikistan (RCST) to respond to epidemic emergencies. Despite operational challenges such as staff turnover, procurement delays, and extreme weather conditions, the operation achieved its main objectives:

- Supporting CBS and RCCE volunteers
- Increasing community awareness on vaccination
- Improving collaboration with the Ministry of Health and its departments (RCI, Healthy Lifestyle, PHC, SES)

Lesson learned workshop
The Lessons Learned Workshop (LLW) held on 18–19 November 2025 in Hisor served as a key platform for reflection, enabling RCST to identify best practices and areas for improvement. Participants emphasized the need to:

- Develop a Standard Operating Procedure (SOP) for measles response
- Approved current simulation exercises to test contingency plans
- Strengthen volunteer motivation through provision of technical equipment
- Develop an RCST strategy for sustaining CBS implementation in the absence of external funding
- Enhance preparedness through continuous training and insurance coverage

Overall, the operation demonstrated RCST's growing leadership in health emergency response and improved coordination with national partners. The recommendations and lessons captured in this report will guide the National Society in enhancing institutional readiness and operational efficiency for future DREF and public health interventions.

Challenges

• Streamline Tender Processes: Tender procedures during operations were slow and complex. Recommendation: Establish pre-positioned framework agreements with suppliers and maintain a list of vetted potential vendors to enable rapid procurement during emergencies.
Early Logistics Involvement: Ensure the early engagement of logistics focal points (including IFRC focal points) in operational planning to anticipate needs and avoid delays.
Coordinating volunteer training and planning of trainings required significant logistical planning and frequent schedule adjustments.
Ensuring timely internal communication between HQ and branches required continuous follow-up and additional coordination efforts.

IFRC **DREF Operation**
Final Report (CHF)

Date from: 30 Jun 2025 to 30 Apr 2026

MDRTJ037 - Tajikistan - Epidemic

Operating timeframe: *Start date: 30-Jun-2025 End date: 31-Jan-2026*

Appeal launch date: *07-Jul-2025*

I. Summary

	Actual (CHF)
Opening Balance	**0**
Funds & Other Income	**274,886**
DREF Response Pillar	274,886
Expenditure	-217,940
Closing Balance	**56,946**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			
PO02 - Livelihoods			
PO03 - Multi-purpose Cash			
PO04 - Health	169,582	152,683	16,899
PO05 - Water, Sanitation & Hygiene			
PO06 - Protection, Gender and Inclusion			
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	16,777	0	16,777
PO10 - Community Engagement and Accountability	33,786	21,943	11,843
PO11 - Environmental Sustainability			
Planned Operations Total	**220,144**	**174,626**	**45,519**
EA01 - Coordination and Partnerships	20,703	6,063	14,640
EA02 - Secretariat Services			
EA03 - National Society Strengthening	34,038	37,251	-3,213
Enabling Approaches Total	**54,742**	**43,314**	**11,427**
Total	**274,886**	**217,940**	**56,946**

III. Expenditure by budget category & group

IFRC

DREF Operation

Final Report (CHF)

Date from: 30 Jun 2025 to 30 Apr 2026

Description	Budget	Expenditure	Variance
Stock variation accounts		0	0
Administration items		5,086	-5,086
Information Technology items	14,090	6,780	7,310
Kits, Modules and Sets items	4,908		4,908
Library items		9,235	-9,235
Services items		1,924	-1,924
Relief items, Construction, Supplies	**18,998**	**23,025**	**-4,027**
Other Machinery & Equipment	0		0
Land, vehicles & equipment	**0**		**0**
National Staff	9,204	4,060	5,144
Volunteers	301	182	119
Personnel	**9,505**	**4,242**	**5,263**
Consultants (Individual)	2,230		2,230
Consultants & Professional Fees	**2,230**		**2,230**
Workshops & Training	24,088	16,834	7,254
Workshops & Training	**24,088**	**16,834**	**7,254**
Travel	8,968	1,412	7,556
Information & Public Relations	41,768	3,273	38,495
Office Costs		488	-488
Communications		16	-16
Financial Charges		285	-285
General Expenditure	**50,736**	**5,474**	**45,262**
National Society Expenditure	152,551	152,535	16
Contributions & Transfers	**152,551**	**152,535**	**16**
Programme & Services Support Recovery	16,777	13,301	3,476
Indirect Costs	**16,777**	**13,301**	**3,476**
Shared Office and Services Costs		2,528	-2,528
SOSC Allocations		**2,528**	**-2,528**
Total	**274,886**	**217,940**	**56,946**

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Click here for reference