

medical supplies. The United Nations relief agencies became involved in January 1993 with the majority of relief efforts coordinated by the UNHCR. Through implementing partners such as the ICRC, WHO, and UNICEF efforts were also undertaken to assist returning refugees resettle. These initiatives included the provision of food, shelter, and basic medical care. Similar services were provided for those who, due to the fighting, were unable to return to their homes and instead had to stay in refugee camps.

Once the flood waters had abated and the parties had agreed on the cease-fire, large numbers of refugees were able to return to their homes, and the efforts of the international relief agencies were focused on reintegration initiatives. These included increasing the availability of health services through agencies such as MSF and ICRC, implementing food-for-work programs designed to increase overall food security, and rebuilding essential infrastructure in affected communities. Food distribution was controlled by the WFP, with NGO's such as German Agro Action and the Aga Khan Foundation implementing specific projects. Following the June 1997 peace agreement, UNHCR involvement in the situation has once again been increased in order to assist with the expected return of substantial numbers of refugees from Afghanistan and other neighbouring countries.

A Protocol on Refugees was signed between the two parties which set out a time-line for the resettlement of displaced persons, as well as specific obligations on the part of the government for the provision of financial and humanitarian aid to help the refugees reintegrate into Tajik society. The Protocol also included a general amnesty for all refugees and displaced persons which ensured that no legal action would be taken against them for their involvement in the political or military confrontation.

Health:

Throughout the conflict the health situation in Tajikistan remained critical. Given the inaccessibility of most areas due to the fighting or mountainous terrain, agencies such as ICRC and MSF could only implement limited projects of medical assistance. No state-wide vaccination program had been implemented in the country since the outbreak of the civil war. The pre-existing health care system in Tajikistan was relatively modern but, as a result of the conflict, medical supplies, drugs, and immunizations were in short supply. With the massive numbers of migrating refugees the outbreak of epidemics was a constant threat. The general health situation was exacerbated by poor hygiene practices, and deteriorating water and sanitation conditions in refugee camps, communities, and medical facilities.

Economic Reconstruction:

Both the IMF and the World Bank are involved in Tajikistan, helping to rehabilitate the economy. In September 1996 the World Bank approved a \$50 million Agricultural Recovery Credit designed to stabilize the economy and ease a foreign exchange shortage which had prevented the purchase of essential imports. In addition funds were targeted towards reforming agricultural policy, including the pricing and marketing of agricultural commodities. The IMF has assisted the Tajik government with balance of payments support as well as providing it with technical assistance.

The FAO has also provided technical assistance and management back-up to the Tajikistan government in the agricultural sector, including the design of short-term agricultural