



COUNTERPART INTERNATIONAL

**HEALTH NGO CAPACITY BUILDING INITIATIVE
FOR CENTRAL ASIA**

QUARTERLY REPORT

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A. Project Purpose

The purpose of the Counterpart project component is:

Support the development of sustainable NGOs with the capacity to improve health care processes through participatory actions with communities and government

B. Project Impacts

Sustainable Civil Society Organizations

Health NGO staff consists mostly of medical workers. They are highly skilled doctors and nurses, but they lack sufficient knowledge of the NGO sector. This inexperience prevents many of these health NGOs from planning activities that have adequate material and technical resources. The chairman of target health NGO *Association of Consumptive Patients* of Almaty oblast in Kazakhstan participated in Counterpart's training on Fundraising. Counterpart consultants in organizational development assisted NGO members in designing an Action Plan for Capacity Building that included fundraising as a priority aspect. One immediate result from the implementation of this plan was the successful acquisition of building space in Akshy village, a computer, and some stationery supplies by the international organization Medicines Sans Frontiers. One room of the building will serve as an office; the other seven rooms will function as an asylum for children whose parents are patients of the tuberculosis hospital in Akshy village.

C. Project Activity

Management Overview

REGIONAL

This past quarter was dedicated to the development and implementation of Action Plans for Capacity Building and community outreach activities. The regional office developed and distributed the guidelines for the Community Action Grants and Mentoring Partnership Grants competitions. The regional office also prepared a monthly report format for each target NGO under the project to use in self-reporting to the country offices. This should facilitate the monitoring process in each country and regionally. (See format in Attachment 2). These reports focus on tracking NGO achievements in organizational development and community outreach activities and will be submitted to country-based Program Coordinators regularly. Finally, the regional staff coordinated with the Counterpart Consortium regional webmaster to ensure the inclusion of the HNCBI program on the interactive web site CANGONet (www.cango.net).

KAZAKHSTAN

Counterpart staff were instrumental in coordinating with Abt to ensure attendance of all HCNBI NGOs in the international conference "Strategy of Kazakhstan Health System Development in the 21st Century" which was held in Almaty from May 28-30. Representatives from the government of Kazakhstan, the Health Care Agency, Parliament, Kazakh School of Public Health, health NGOs and international organizations participated. The main goal of the conference was to review and discuss the current project to review the Kazakhstan health system through 2010. HNCBI target health NGOs played active role in NGO working group discussions. They presented reports on their activity and made a valuable input in the elaboration of NGO section of project.

KYRGYZSTAN

The Kyrgyzstan office welcomed Svetlana Musurupchanova as program intern working on the HCNBI. Ms. Musurupchanova signed a three month contract covering her work from June to August which included a detailed job description.

UZBEKISTAN

At the end of this past quarter the Uzbekistan Program Coordinator Faizullo Abdulkhayev left Counterpart to continue his study in the USA and was replaced by Shukhrat Aripov who started working in Kokand on July 2, 2001. Mr. Abdulkhayev provided new the coordinator with overall orientation.

On May 11, 2001 the Uzbekistan Country Program Director Dina Mukhamadiyeva and Regional HNCBI Coordinator Yenlik Zheteyeva visited Kokand and conducted a roundtable with target health NGOs. The goal of this roundtable was to review activities and achievements on program implementation, reveal challenges which NGOs face in their work, and discuss ways to make cooperation with Counterpart more effective.

From May 20-21, 2001 the Uzbekistan Program Coordinator Faizullo Abdulhaev participated in a training on Fundraising held in Fergana and a training of trainers from June 11-12 in Kokand. The new Uzbekistan Program Coordinator Shukhrat Aripov participated in a training on Volunteerism from July 10-11, Financial Sustainability training from July 24-26, and CAP analysis of *Umr* held on July 31 in Kokand.

Objective #1: Develop the organizational capacity of target health NGOs working for improved quality of primary health care.

KAZAKHSTAN

Strategic Planning

During the past quarter partnership agreements with target health NGOs were signed. The organizational development assessment process was facilitated by HNCBI Program Coordinator/OD specialist Makhabbat Yespenova, Counterpart Consortium Community Mobilization/OD specialist Nurlan Zhumabekov; Counterpart Consortium OD specialist Jamilya Asanova and HNCBI program assistant Saule Asylbekova. Assessments started with a short presentation of the HNCBI, including an explanation of goals and objectives of the assessment. Each assessment took 2-3 days and included tools based on participatory approach such as 1) internal analysis (with members, Board members, president, staff); 2) external analysis (with clients, partners, donor organizations, and government representatives); 3) analysis of NGO activity documentation; 4) completion of Counterpart's standard form of "What a Sustainable NGO Is" which is a self-assessment by the members of the NGO. The following methods were used: group and individual interview, POAP (analysis of organizational strength and weaknesses), and observation.

The majority of target health NGOs have common problems such as financial and material resources attainment and management, staff professional development, external relations, access to information, and networking. Many organizations felt one huge problem was the lack of a legislative foundation, which comes as a consequence of many other problems. From the consultants' point of view all target NGOs have weak strategic management, a sentiment echoed by three of the HCNBI target organizations. None of target NGOs has a long-term plan for financial sustainability. The major challenge is the absence of executive staff or person who would be in charge of organization's activity. None of NGOs have boards of directors, but all NGOs have an executive committee that works on a regular basis, with the exception of the *Kazakhstan Association of Family Physicians*. All six NGOs are membership organizations.

As a result of each assessment Action Plans for Capacity Building were elaborated and are highlighted below.

1. *Association of Consumptive Patients of Almaty Oblast*

The mission of the organization is to decrease the spread of contagious tuberculosis among the Almaty oblast population using DOTS strategy; integration of TB prevention services to Primary Health Care; and provision of trainings to TB patients, medical staff and population on TB diagnostics and prophylaxis. During the assessment the following strengths were identified:

- Solid team of enthusiasts and strong chairman
- Clear mission of organization
- Collaboration with Counterpart Consortium
- Financial support for TB patients

2. *Kazakhstan Association of Family Physicians*

The mission of the organization is to assist in the development of a new specialty in Kazakhstan – family physician; improve social status and role of family physicians; strengthen family medicine, and provide professional support to family physicians (legal framework, professional trainings, system of attestation, modern treatment protocols, etc). It has a national level office and nine branch offices in the main regions of Kazakhstan. This NGO is one of the main targets of Abt Associates. Abt wanted to ensure the directors of all branch offices participated in the assessment in Almaty. As such, Abt covered transportation costs, per diems and accommodation for them. The following strengths were identified during the assessment:

- Strategic management (aspiration to the world standards)
- Human resources (scope and strong members of the Board)
- Products and services (provision of more qualified primary health care)
- Information and connection (Association represents family physicians' activities to public)

3. *Association of Family Physicians, Semipalatinsk*

The mission of this NGO is to improve physical and mental health of citizens in Semipalatinsk region; to inculcate the Healthy Lifestyles program, with emphasis on preventive aspects of diseases; to represent, coordinate, and protect legal, property, and other interests of the Association's members on the territory of the Association activities; to form an active civil position; to assist in the development and realization of prospective projects and programs in the field of medicine, management, and information; and to assist in international collaboration between family practitioners in other countries and members of the Association. This NGO is one of the strongest target organizations in Kazakhstan, with an effective executive committee. During the assessment the following strengths were identified:

- Strategic management (common goals and interests, uniting of the association was held in tough conditions)
- Human resources (big number of members; democracy; high intellectual level of members of the Board)
- Products and services (enhanced status of family physicians, advocacy for family physicians rights and interests)
- External relations (collaboration with state structures, NGOs, social significance)

4. *Association of Nurses, Semipalatinsk*

The mission of this organization is to increase the educational level of medical workers with the goal of improving the quality of services for population. The Association has experience in conducting international conferences and in partnership. During the assessment the following strengths were identified:

- Strategic management (raising prestige of nurse's profession, willingness to work in NGO)
- Human resources (high professional level, efficiency, solidarity)
- Products and services (different types of trainings for nurses)
- Information and connection (continuity)
- Financial management (entrepreneurship)

5. *Association of Family Physicians, Zhezkazgan*

The mission of this organization is to develop family doctors activities and independence; to advocate for their professional and individual interests; and to support private sector health care development. It is one of the strongest organizations with the following strengths identified during the assessment:

- Human resources (professionalism, solidarity of NGO members)
- Strategic management (lobby of interests, recognition by local authorities and departments of public health, independent body)
- External relations (collaboration with other NGO, international organizations, state structures)
- Products and services (improving quality of medical services provided to population)

6. *Association of Medium Tier Medical Workers “Meyrim”*

The mission of this organization is to unite all medium tier medical workers of the region; to raise the prestige of the medium tier medical worker; and to establish new services for population. The organization has experience implementing social partnership projects. During the assessment the following strengths were identified:

- Products and services (job placement for unemployed nurses, enhance nurses prestige, social support to elderly people, specialization for nurses)
- Human resources (solidarity, mutual understanding, revealing leadership assets)
- Strategic management (independence; community of goals and interests, wide scope)
- Financial sustainability (diversity of financial sources)

Action Plans for Capacity Building have been developed in order to address the following common weaknesses:

- Products and services (inability to defend medical workers rights, job placement for young specialists, work with population, lack of trained family physicians, need for trainings in regions)
- External relations (lack of support from state organizations, irregular relations with other organizations, weak connection with other NGOs, absence of self-advertisement, lack of experience exchange with other organizations)
- Human resources (lack of experience, need to educate specialists, staff professional development and training)
- Material and technical resources (weak material and technical basis, absence of equipment and teaching materials)
- Information and connection (faint development of informational connection, insufficient usage of modern technologies)
- Strategic management (lack of planning process, insufficient legislative basis, insufficient resources for providing consultations to family physicians, lack of knowledge on NGO sector)
- Financial sustainability (insufficient funding)

Based on assessment results and *Capacity Building Plans* a common training plan was developed. Trainings will be provided through Support Centers and separately for target health NGOs. The goal of training for health NGOs will be team building and discussion of the common problems in health care, while the aim of trainings through Support Centers will be the widening of constituency base.

Human Resources and Volunteer Management

A volunteer-consultant started working in the *Association of Medium Tier Medical Workers* in Zheskazgan. Proposal development is one of his main responsibilities. The *Association of Family Physicians* in Semipalatinsk developed a job description for the members of the Executive Committee. After passing PCA training in Osh and conducting its first PCA research in communities, the *Association of Consumptive Patients* began attracting volunteers among TB hospital patients on a regular basis in order to enhance public awareness in Almaty oblast.

Membership Development

The number of members in *Association of Nurses* in Semipalatinsk increased from 1200 to 1500 during the past two months due to close collaboration with family ambulatories.

KYRGYZSTAN

Target Health NGO Selection Process

Preliminary assessments were conducted in the *Kyrgyz Family Planning Alliance*, *Let's Save the Health*, and *Sanitas*. The Selection Committee (comprised of Kyrgyzstan Country Director Erkin Kasybekov, Program Coordinator Chinara Kamarli, Regional Coordinator Yenlik Zheteyeva, USAID Project Management Specialist Tatiana Dementyeva and Abt Associates country representative Mary Murphy) reviewed assessment reports on May 23, 2001. After much discussion and a committee vote of five to one, *Sanitas* was selected as the final target NGO under the HNCBI. All NGOs were informed on results of the meeting. Key preliminary assessment findings follow:

1. Kyrgyz Family Planning Alliance

Taking into consideration the Mexico City Policy, it was decided to exclude this NGO from the competitive list because of the internal conflict, which led to dissent in the organization and possible admission to IPPF.

2. Let's Save the Health

- NGO services are demanded by population (family planning issues)
- NGO receives no support from international organizations
- There is a need for the organizational development
- There is no organizational structure
- Only the head of the organization is active and has high motivation for the NGO development
- There are difficulties with mobilization of personnel (tough work schedule at hospitals)

3. Sanitas

- Good experience in working with Counterpart
- High motivation and mobilization of members towards organization development
- Big demand for the provided services (prevention of sexually transmitted diseases, AIDS, drug addiction and alcoholism)
- Good reputation of the organization
- Well developed organization
- Head of the organization attended most of the Counterpart trainings

Governance

Five target NGOs (*Tcirina*, *Geneco*, *Family Group Practitioners Association*, *Hospital Association*, *Kyrgyz Club of Hypertensive*) have boards of directors. *Geneco* and *Tcirina* plan to reelect the boards of directors and reconsider their responsibilities. *Sanitas* does not see the necessity to establish a board of directors as the directorate executes the governance of the organization.

Human Resources and Volunteer Management

As of May 2001 *Tcirina* has a volunteer working on a permanent basis, who is directly involved in CAP and PCA processes. The *Hospitals Association* involved a volunteer who actively works during the month and participates in the organization's activities.

Financial Sustainability

Tcirina's program "Prevention of anemia and endemic goiter" was extended by ACT/Central Asia. *Sanitas* established a system for providing fee-for-services such as drug and alcohol addiction treatment.

Membership Development

The *Kyrgyz Club of Hypertensives* increased its membership by 20 people (up from the base number of 400 members).

UZBEKISTAN

Strategic Planning

In June all target health NGOs were trained in Strategic Planning. As the next step Counterpart staff will assist NGOs in strategic plans development. In July 30 *Esculap* elaborated a two-year strategic plan with help from Counterpart HCNBI Program Coordinator Shukhrat Aripov.

Governance

During this reporting period the *Association of SVPs* elected a new Board of Management and a President.

Volunteer Management

The *Association of SVPs* involved a volunteer who works full-time and actively participates in the NGO's activities.

Objective #2: Develop community outreach and advocacy skills within the target health NGOs to better inform select populations and promote quality primary health care.

KAZAKHSTAN

Training in PCA and Project Design was conducted for target health NGOs from July 9-13 in Semipalatinsk. The module of PCA training had been adapted, taking into consideration the specifics of health NGOs. Training included practical part during which participants had an opportunity to apply gained skills and knowledge. Practicum was conducted in two family ambulatories and in the "Center for psychological rehabilitation for patients with oncological diseases" in Semey. Afterwards NGOs developed plans for PCA, which they will implement in August.

KYRGYZSTAN

Target health NGOs were trained in Participatory Community Appraisals tools and techniques, facilitation skills and Community Action Plan development. Prior to the PCA process all target health NGOs conducted roundtables with stakeholders wherein target communities were selected. All meetings were held during June. Health NGOs held meetings with target communities and stakeholders. The goal of these meetings was to select initiative groups for the development of Community Action Plans. Initiative groups consisting of community members and stakeholders elaborated Community Action Plans based on the following PCA results:

NGO	Community	Key Problems Identified
<i>Family Groups Practitioners Association</i>	City Polyclinic No 6 in Bishkek	<ul style="list-style-type: none">• Complicated reporting system for Family Group Practitioners (many forms to be filled in)• Absence of films and publicity on healthy lifestyles and role of family group practitioners• Indifference of patients to their own health
<i>Hospital Association</i>	City Hospital No 5 in Bishkek	<ul style="list-style-type: none">• Complicated reporting system, lack of computers

		<ul style="list-style-type: none"> • Bad lighting in operating room • Absence of lounge area for personnel
<i>Kyrgyz Club of Hypertensives</i>	Patients of City Polyclinic #7 and Institute of Cardiology in Bishkek	<ul style="list-style-type: none"> • Absence of well developed booklets on prevention and treatment of hypertension • Lack of monometers • Absence of office equipment in the club of hypertension patients
<i>Sanitas</i>	Young drug addicts in Bishkek	<ul style="list-style-type: none"> • Poor awareness on drug and alcohol dangers among youth • Insufficient access to qualified medical assistance • Lack of rehabilitation programs for patients • Negative attitude of the police toward drug addiction
<i>Geneco</i>	Disabled people, retired and vulnerable groups of Cholpon-Ata	<ul style="list-style-type: none"> • Bad quality of drinking water in new districts • Dirty public places in the city (absence of garbage containers and toilets) • Absence of heating in three buildings where 200 families live
<i>Tcirina</i>	Kyzyl-Adyr village	<ul style="list-style-type: none"> • No roof on the central rayon hospital • Lack of ambulances • Lack of isolated generating plant at central rayon hospital • Broken X-ray machine • Lack of diabetic medicines

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NGO	Community	Key Problems Identified
<i>Association of Endocrinologists</i>	Mahalla <i>Yangi-Chorsu</i> in Kokand	<ul style="list-style-type: none"> • Anemia • Goiter
<i>Center Kelajak</i>	Mahalla <i>Usta Bozor</i> in Kokand	<ul style="list-style-type: none"> • Anemia • Goiter • Helminthes Diseases
<i>Umr</i>	Parents of disabled children in Kokand	<ul style="list-style-type: none"> • Need for a rehabilitation center • Labor education • Lack of specific equipment/devices • Lack of medical supplies

Community Action Plans

NGOs *Umr* (July 31), *Kelajak* (June 13), and *Saodat* (June 24) facilitated roundtables with participation of representatives of local government, the commercial sector and the community wherein PCA findings were presented. As a result of these roundtables Community Action Plans were developed. As a next step *Saodat*, *Kelajak* and *Umr* began developing community projects which will be submitted to Counterpart's Grant Review Committee.

Objective #3: Promote constructive engagement and policy dialogue among NGOs, government, communities and the private sector on the issue of primary health care in the Central Asian Republics.

KAZAKHSTAN

Health Service Social Partnerships

Due to *Association of Nurses* and *Association of Family Physicians of Semipalatinsk* efforts, a new category of nurses involved in process of public health reforming was recognized - nurses of family ambulatories. Taking into consideration the fact that role of nurses is becoming more important in public health reforms, it was decided to launch postgraduate educational courses for nurses. An educational center for family ambulatories nurses is currently being established with the primary goal to train nurses on the main principles of family medicine.

Health Policy Social Partnership

All target health NGOs participated in International conference “ Strategy of Kazakhstan Health System development in 21 century” which was held in Almaty on May 28-30. NGO leaders played active role in NGO working group discussions. They presented reports on their activity and made a valuable input in the elaboration of NGO section of the project on health system strategy development. Strategy proposal, based on conference materials, was submitted to Parliament and will be considered in September. During the conference HNCBI Program Coordinator Makhabbat Yespenova and target health NGO leaders met with representatives of East Kazakhstan and Pavlodar oblasts, international organizations and pharmaceutical firms from different regions of Kazakhstan and discussed possible collaboration.

KYRGYZSTAN

All target health NGOs were trained on Social Partnership.

Health Service Social Partnerships

On July 17 and July 31 respectively two target health NGOs *Geneco* and *Tcirina* conducted round tables wherein representatives of local authorities, central rayon hospitals, NGO partners and community initiative groups participated. During the roundtables participants discussed the results of conducted PCAs, contribution for CAPs and opportunities for long-term partnerships.

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Health Service Social Partnerships

On July 31 NGO *Umr* conducted roundtable with participation of representatives from municipal health facilities, governmental bakery manufacturing firm, City Education Department (GorONO), and commercial bank “Pakhtabank”. During the roundtable PCA results were presented and possible cooperation on solving community problems was discussed.

D. Coordination and Cooperation
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REGIONAL

- On July 13 Regional Coordinator Yenlik Zheteyeva met with MSF representative Barbara Ceccarelli. MSF is currently launching a new program focused on social aspects of tuberculosis prevention in South Kazakhstan oblast and looking for specialist who could conduct community research. Possible ways of collaboration on conducting social expertise were discussed.
- The Regional Coordinator had regular phone and email conversations with USAID and Abt Associates representatives.

KAZAKHSTAN

- Program Coordinator Makhabbat Yespenova met with Peace Corps volunteer Jessie Ulmar and discussed the possibility of establishing an NGO of health students at the medical college and their possible inclusion in Counterpart's trainings. It was decided to train representatives from this college initiative group on PCA and Project Design in order to help them work with communities and develop proposals. As a result two representatives from the initiative group were trained. At the moment initiative group is in the process of registering as an NGO.
- Program Coordinator Makhabbat Yespenova closely collaborated with Abt Associates representatives, Roza Daulbayeva (president of NGO *Saluatty Otan*) and Maksut Kulzhanov (rector of Higher School of Public Health) in launching international conference "Strategy of Kazakhstan Health Care Development in 21 century" which was held in Almaty from May 28-30.

KYRGYZSTAN

- Program Coordinator Chinara Kamarli had regular meetings with Abt Associates representative Mary Murphy

UZBEKISTAN

- Program Coordinator had monthly coordination meetings with Abt Associates representatives. The goal of these meetings was the mutual update and discussion of collaboration in grant and training areas.
- Counterpart and Medicines Sans Frontiers cooperated in conducting a training on methodology for health educators from May 24-26 in Kokand. During the training health NGOs learned different teaching methods and tools they can apply in their work
- Program Coordinator Faizullo Abdulkhayev participated in the regional Grant Management workshop organized by Abt Associates and held on June 13-16. In the workshop Mr. Abdulkhayev presented Counterpart's experience in working with Central Asian NGOs on grant issues.
- From July 12-18 Mr. Abdulkhayev was involved in the development and facilitation of a workshop on the Request for Application process organized by Abt Associates in Fergana.

E. Lessons Learned

KAZAKHSTAN

- In the process of conducting organizational assessment of target health NGOs, OD consultants ascertained the fact that all organizations do not have any staff or even the person who is in charge of NGOs' activity coordination. All NGO members, including president, work as volunteers. This fact can be explained by high motivation of NGO members, but on the other hand, reduces the effectiveness of program implementation because all NGO members are busy with their primary work. There are two ways to solve this problem: to consult NGOs on fundraising plans development and attract executive assistants on a voluntary basis; or to bring in additional funds to HNCBI program and provide target health NGOs with institutional support.
- The Program Coordinator revealed some challenges working with *Kazakhstan Association of Family Physicians*, including the weak dynamic of work in head office because of the absence of staff or person who is in charge of activities coordination, an undefined role for the branches, and little coordination and regular meetings among the branch offices. In order to help the organization develop its institutional capacity the program needs to have enough resources (time, human and financial resources). We suggest conducting a separate "Association Development" training and to conduct "Strategic Planning" for the Association and all of its branches.

KYRGYZSTAN

- CAP trainings were organized in places for *Tcirina* in Talas and *Geneco* in Cholpon-Ata and provided by local contract trainers. Since the quality of training was not satisfactory, representatives from *Tcirina* and *Geneco* attended similar training held in Bishkek. In order to provide high-quality trainings it is recommended to send qualified trainers from Bishkek or conduct all trainings in Bishkek until training quality in the area is improved.
- During PCA process with *Geneco* it was identified that NGO representatives who attended PCA training did not share gained expertise with colleagues. As a result Program Coordinator and Intern had to facilitate PCA process themselves. It is recommended that NGO personnel who attend trainings should provide coaching/briefing on gained expertise to colleagues.
- Experience on organizing round tables has shown the need to spend more time on preparation (inviting stakeholders, identifying topics for discussion, preparing written information and etc.).
- In order to have complete picture on program implementation it was decided to have regular meetings with target health NGOs, where NGOs could share their positive and negative experiences.

UZBEKISTAN

- All target health NGO members are medical professionals who work at city hospitals and clinics. They spend most of their time on primary work. Besides, six NGOs implement Abt Associates grant program, providing trainings on health topics for community. All of this prevents them from working effectively with Counterpart. In order to enhance collaboration with Counterpart it was decided to conduct all Counterpart trainings on weekends. Also Program Coordinator will regularly meet with target health NGO members to get an update on program implementation.
- All target health NGOs are newly formed organizations and have scant contacts with communities. In order to establish closer relations and mutual understanding between NGOs and community, mahalla leaders were invited to participate in Counterpart trainings such as PCA and Project design.

Attachment 1: Training Highlights

KAZAKHSTAN

Module	City	# of Trainings	# of NGOs	# of NGO Participants	# of Women	# of Men
PCA and Project Design	Semey	1	7	21	20	1
Social partnership	Semey	1	2	2	2	0
NGO management	Semey	1	1	1	1	0
Constituency development	Semey	1	1	1	1	0
Strategic planning	Semey	1	2	2	2	0
Project design	Almaty	1	1	1	1	0
TOTAL:		7	14	28	27	1

KYRGYZSTAN

Module	City	# of Trainings	# of NGOs	# of NGO Participants	# of Women	# of Men
PCA	Bishkek	1	6	14	10	4
Facilitation Skills	Bishkek	1	5	20	17	3
CAP	Bishkek	1	9	19	6	13
NGO and Community	Cholponata	1	5	18	11	7
CAP	Cholponata	1	5	14	10	4
NGO and Community	Talas Oblast	1	3	15	11	4
TOTAL:		6	33	100	65	35

UZBEKISTAN*

Module	# of Trainings	# of NGOs	# of NGO Participatns	# of Communities	# of Comm. Part.	# of Women	# of Men
NGO Management	1	9	15	0	0	8	7
Health Education Training	1	7	12	0	0	9	3
Strategic Planning	1	8	12	0	0	7	5
CAP Training	1	6	10	0	1	11	-
Financial Sustainability	1	7	11	0	0	8	3
Project Design	1	7	10	3	3	7	6
TOTAL:	6	44	70	3	4	50	24

* All trainings were held in Kokand

Monthly Program Report

NGO (Name)
Month, Year

I. Achievements against the Action Plan for Capacity Building

Describe in a few paragraphs the major achievements in building your institutional capacity this past month. Highlight what worked. If actions were completed but were not successful, describe why you think they were not.

II. Modification Suggestions for the Action Plan for Capacity Building

Describe any new institutional capacity-building activities and any new service activities or events you have added to the Action Plan for Capacity Building and explain why you made the addition(s). In this section please explain why scheduled activities were not accomplished or any other changes you plan to make to the Action Plan and marked in the Changes column.

III. Community Outreach Activities

In a few paragraphs describe community outreach activities and events that your NGO implemented during this past month. These may include PCAs conducted, CAPs developed, and advocacy campaigns initiated by your NGO.

IV. Constructive engagement and policy dialogue among NGOs, government, communities and the private sector

Describe stakeholders' roundtable discussions or public events (forums, focus group discussions, small campaigns and etc.) focused on collaborative health related problem solving in which your NGO participated.

V. Impacts Ideas

In this section please describe in 7-10 sentences the impacts resulted in communities or society in general due to the work done by your NGO (Impact is a long-term and sustainable change, different from the original problem situation). While describing impacts try to follow the following steps:

1. State the situation or problem.
2. What did the NGO/community do to correct the problem?
3. What change was made in the organization or community as a result?
4. How many people were affected by the change? What was their specific gain from the change? Over what period of time did the change occur?

ATTACHMENTS

1. Action Plan Update
2. CAPs
3. Documents developed (copies of any materials developed during the past month, e.g. Partnership agreement with other NGO, government or business)