



# COUNTERPART INTERNATIONAL

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## Healthy Communities Support Initiative

### FINAL PROGRAM REPORT

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Submitted to USAID/CAR/OHE

**Grantee Name:** Counterpart International

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## Executive Summary

In January 2006, Counterpart International received a one-year extension of the regional, five-country Health NGO Capacity Building Initiative (HNCBI) program successfully implemented in January 2003-December 2006. The HNCBI program empowered local NGOs and communities to identify and address priority health needs, build the capacity of NGOs and communities to mobilize their constituencies and build partnership with local governmental and non-governmental organizations. The program extension, named Healthy Communities Support Initiative (HCSI), was to be implemented in Uzbekistan and Turkmenistan building upon the successes of its predecessor program.

In *Uzbekistan*, Counterpart and USAID were presented with a unique opportunity to work in collaboration with the Uzbekistani government on improving citizens' health in three target oblasts through increased public awareness and capacity to address community defined health issues related to improvement of mother and child health. The extended program was going to focus on building the capacity of community councils (mahallas) to address health needs of mahalla residents by means of community mobilization. The program was going to involve cooperation and partnership with the Ministry of Health (MOH) of Uzbekistan (Health 2 Project funded by the World Bank), the International Development Association and ZdravPlus II/Abt Associates to support mahalla initiatives that support *USAID's SO. 3.2.: Increased access to quality primary health care in select populations.*

Due to the virtual halt of grantmaking activities in Uzbekistan under the previous HNCBI program, Counterpart with USAID's approval reallocated unused grant funds for operational costs. To complement these funds, Counterpart was negotiating with the Uzbekistani Ministry of Health (MOH) for a grant award that would allow Counterpart to conduct program activities such as Participatory Community Appraisals and Action Planning, training and grantmaking.

In March 2006, Counterpart HCSI team assisted MOH in preparing all necessary technical documentation such as program description, program budget, action plan, monitoring plan, reporting plan, benchmark indicators, and technical assignments for MOH implementers, and draft Memorandum of Understanding (MOU). However, there were delays in signing of the MOU on the MOH's part.

In May 2006, Counterpart International in Uzbekistan, among a number of other USAID implementing partners, was investigated by the Ministry of Justice and was subsequently closed down for "administrative violations". Counterpart believes the violations were unfounded and the closure of the organization to be a force major caused by larger geopolitical events. Due to this twist in the events, the HCSI program in Uzbekistan was disrupted before the program activities even had a chance to fully develop. After consulting with USAID, an agreement has been reached to return the remaining funds for Uzbekistan program to USAID.

The remainder of the report is devoted to the implementation of the HCSI program in *Turkmenistan*, for which Counterpart had received additional funding from USAID in the amount of \$150,000. The purpose of HCSI in Turkmenistan was to empower registered NGOs and communities to address health issues by supporting community initiatives in identifying and solving local primary health issues, and by enhancing the organizational capacity of registered NGOs in partnership development and public awareness to implement health initiatives. The requested extension and expansion encompassed new communities, institutionalized the Appreciative Inquiry approach, adapted to the new NGO health law and engaged government at all levels.

Over a year of program implementation, Counterpart and its network of Civil Society Support Centers (CSSCs) and local partner organizations have successfully met, and in some cases exceeded, the key program indicators.

- Mobilized 18 communities to implement health related initiatives and conduct public awareness campaigns

- Engaged over 2,000 community and NGO members in project implementation.
- Conducted 24 trainings for 366 NGO and community representatives
- Provided a total of 568 demand-driven consultations to communities and NGOs
- Grantees established 8 social partnerships and conducted 64 public awareness campaigns
- Communities generated 37% costshare
- Trained 15 facilitators and 22 communities in *Participatory Appreciative Appraisal and Planning* methodology, specifically adapted to the local context and needs of the program, thus institutionalizing the practice of the new asset-based approach
- Provided legal assistance to groups looking to register health NGOs and supported 3 initiative groups and communities in drafting NGO charters
- Leveraged \$28,200 in external funding to support project impacts.

The target communities successfully implemented health projects and increased their knowledge and experience in advocacy, social partnership, fundraising and public awareness building. The NGOs and communities demonstrated the capacity to address community problems in cooperation with the state organizations. Project implementers increased their potential in participatory decision-making, action planning and monitoring and evaluation of projects. During evaluations, implemented projects demonstrated sustainability, and communities demonstrate interest in and readiness to implement new initiatives.

## A. Project Impacts

### **Doctors Save Lives**

The maternity ward of the Scientific Clinical Hospital in Ashgabat city serves 1,650 women and performs 200 cesarean/birth operations annually. The hospital's operating room is located in a separate building 400 meters away from the maternity ward. The hospital staff reported a high number of incidents and complications during delivery and the post-delivery period as a result of women moving from one building to another.

The establishment of an operating facility within the maternity ward was identified as the priority issue during a community appraisal process conducted by the community of hospital doctors. The community received a grant from Counterpart in support of its initiative. The hospital administration allocated an unoccupied room to be turned to an operating room. The community members repaired this room, and purchased and installed the necessary medical equipment. At the same time, the doctors conducted a series of seminars and public awareness activities focused on healthy pregnancy and anemia prevention among 1,000 women. Over the course of a year, the maternity ward performed 100 surgical operations in the new operating room. According to the hospital statistics, complications during the post-operative period decreased and the level of women's recovery increased by 10%. According to the doctors' assessment of pregnant women after childbirth, the number of women with anemia decreased by 10%.

### **Community Fights Against TB**

A participatory appreciative appraisal and planning (PAAP) conducted in the community of Ushagan village, Dashoguz velayat, last August revealed that over 100 out of 800 village residents had tuberculosis (TB). Most of them concealed their illness. To prevent disease spreading to the rest of the population, and to educate the consumptives about the necessity of in-time medical treatment, the community in partnership with Boldumsaz TB hospital's doctors implemented a project "Everybody fights against TB", which was funded by HCSI grant program. Applying knowledge and skills acquired through public awareness campaign trainings, the community conducted 18 trainings using Direct Observed Treatment Short course (DOTS) materials and public awareness activities on TB prevention. In addition, the community distributed 500 informational materials. A month after the project completion, 4 consumptives checked into Boldumsaz TB hospital and registered for in-patient treatment. The consumptives passed the first course of the treatment. The TB hospital will continue the treatment and monitor their health. These people would exemplify for other consumptives in the village of Ushagan.

### **Taking Care of the Disabled**

NGO Sports Club of Disabled in Turkmenabat City of Lebap velayat has been working with disabled people for several years, implementing social rehabilitation and improving the health of the disabled through fitness exercises. Having attended a number of trainings at the Lebap CSSC, the NGO developed and implemented a project on promotion of disabled people's rehabilitation through equipping the gymnasium and attracting them to the sport. The successfully completed project was the community's first experience with mobilization of community and local resources, social partnership, and grant implementation. Building on this experience, the community organized fundraising campaigns, and developed and submitted new project proposals to various donors. They received a grant from Peace Corps and established good working relations with this organization. As a result of Peace Corps' financial support, the NGO has expanded its service delivery and strengthened its financial sustainability. For three years in a row now, the Sports Club of Disabled has been organizing summer camps for 40 disabled children. The camp was organized on the premises of the Sports Club and provided recreational facilities for these children. The kids improved their health through sporting activities like swimming, volleyball and physical exercises. The summer camps served as an additional tool for the social rehabilitation of the disabled children.

### **Community Improves School Infrastructure**

Lack of knowledge on sanitation and personal hygiene among schoolchildren was the primary problem for the community of secondary school # 15 in Dashoguz city. The resource center established at the school and training provided to pupils through Counterpart's Health Grant support considerably improved 680 pupils' awareness of sanitation and personal hygiene. During the project implementation the community activists who implemented the project received trainings on Counterpart modules such as Social Partnership, Advocacy, and Local Project Management. These trainings helped the activists acquire skills focusing on project implementation with an advocacy component and shared their experience in the development of project proposals and constructive dialogue and negotiations within local authorities. Stimulated by the success of the completed project and supporting the project results, the community decided to improve the climate and sanitation inside the school building. They approached the Velayat Education Department to get its support in repairing the school roof. Since the beginning of 2006, the issue was repeatedly raised in the Velayat Education Department. Within several months, the community's persistence was rewarded. The school roof and inner premises of the school building were repaired. Local authorities' contributed \$1,000 to the project fund, while the community contributed about \$400. Approximately, 2,000 adults and pupils maintain their health working in a sanitary standard place and following the personal hygiene. Community expanded the public awareness activities in sanitation and personal hygiene in neighboring # 10 and 21 secondary schools.

### **Disabled Community Learns To Fundraise and Implement Projects**

During the Participatory Community Appraisal (PCA) conducted in March 2005 by the community of the Blind and the Deaf of Ashgabat city, Akhal velayat, it was identified that over 200 disabled people were in poor health due to lack of activity. In order to improve their health and further their social rehabilitation, with assistance from the Healthy Communities grant support program the community opened a gymnasium for disabled people. Trained in CT Local Project Management trainings, the community successfully implemented the project, and organized sports exercises for the blind and the deaf including disabled children. To enhance project sustainability the community requested Counterpart to conduct an additional training on fundraising for the community members. The training was conducted for 24 people with disabilities. Upon concluding the seminar, the community designed an action plan targeting fundraising activities for the upcoming holidays and celebrations. The community's fundraising activities resulted in receiving \$833 from the National Trade Union Center, and \$1,200 from the United Nations Office in Turkmenistan for holding the International Festival of Disabled and the Day of Poetry and Art for People with Disabilities.

### **Community Project Leads To Social Partnership and Fundraising**

Remote Karaul village of Akhal velayat faces many social problems. Using the skills developed through Counterpart Ashgabat CSSC trainings and consultations the community designed a project proposal to increase public awareness of anemia prevention through promoting healthy nutrition and establishing a Community Resource Center at the village Health House. The community received \$4,148.00 in assistance from the Counterpart Healthy Communities program. The project enabled the community to develop

effective social partnership with local archinlik (village administration) and the village Health House and attract funding from entrepreneurs and community members. The community engaged more than 1,500 people (about 30% of the total village population) in the project. In addition to project cost share in the amount of \$1,035.00 the community attracted \$800 for funding to maintain and improve the territory of the Community Resource Center. At the present time the Resource Center provides technical and information services to the local population. The community cooperates with the Provincial Health Department and “Saglyk” National Center. The partners involve the specialists and doctors to deliver seminars and consultations on anemia prevention and healthy lifestyles for the community.

### **Social Rehabilitation and Job Placement for Disabled People**

During a Participatory Community Appraisal and Planning Assessment conducted in the community of disabled childrens’ parents in Turkmenabat city the lack of social rehabilitation and intellectual development of disabled children and youth was identified as one of the main problems. In 2005, through Counterpart’s technical assistance and grant support the community was able to successfully implement the project promoting the intellectual development and social integration of disabled children and youth. The community established an Information Resource Center and trained about 50 disabled children and youth in computer literacy within the framework of the project. The community kept providing seminars and practical work on computer literacy and techniques to disabled children and youth after project completion. Also, visitors were able to study literature featuring computer science and health care at the Resource Center. Trained disabled youth were able to assist a local election committee in printing the documentation and reference materials necessary for elections. Satisfied with the work results and disabled youths’ capacity for work, the provincial state organization Lebap Oba Hyzmat gave employment to 4 disabled youth to use computers and other computer equipment for addressing agricultural needs. The 4 disabled youth improved their economic status and served as an example of what disabled youth and adults can achieve.

## **B. Project Goal and Objectives**

The overall **goal** of the Healthy Communities Support Initiative in Turkmenistan was to improve health of select populations. This goal was supported by the following two objectives:

**Objective 1:** To further community development by supporting community initiatives in identifying and solving local primary health issues.

**Objective 2:** To enhance the organizational capacity of registered NGOs in partnership development and public awareness to implement health initiatives.

The program supported *USAID SO 3.2: Increased access to quality primary health care in select population.*

## **C. Project Activities**

During the one-year extension, Counterpart has successfully built upon the HNCBI results and achievements in Turkmenistan by increasing the ability and skills of registered NGOs and CBOs in identifying and implementing local health projects, and transferring skills of the *Appreciative Inquiry*<sup>1</sup> (AI) approach to local communities to identify and solve local health problems, and reinforce positive relations among NGO, local government and health organizations. Introduced during the last year of the HNCBI program, AI approach added to growing trust among communities/registered NGOs, private and governmental organizations.

Counterpart also expanded its small grants support to registered NGOs and communities. Using the new positive approach of AI in identifying and solving local health problems, Counterpart reinforced positive

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<sup>1</sup> *Appreciative Inquiry* calls on the communities to focus and build upon their strengths, best practices, successes, achievements, existing resources, and assets.

relations among NGOs, local government officials and health organizations. Counterpart key program activities included:

- Training workshops in Participatory Appreciative Appraisal and Planning
- Training on organizational capacity and technical assistance to registered NGOs and communities
- Grant support to registered NGOs and community initiative groups
- Project monitoring and evaluation.

Counterpart has either successfully met or exceeded all the performance indicators planned at the program start. For details on individual indicators, please see the country performance plan in *Attachment 1*.

## **Objective 1: To further community development by supporting community initiatives in identifying and solving local primary health issues**

### **Community Selection**

In the first quarter of the program, Counterpart developed a Request for Applications (RFA) template setting forth the terms and conditions as well as community selection criteria for participation in the HCSI grant program. All registered NGOs, facilitators and communities had to submit Letters of Interest (LOI) to participate in the grant program.

Counterpart announced the HCSI grant program countrywide through CSSCs and partner organizations – Mary branch of Hemayat Economic Society and Diller Dunyasi Center in Turkmenbashi city.

In response to the RFA, 60 communities and NGOs submitted their LOIs. Counterpart selected 22 of them as target communities based on the following criteria:

- LOI is submitted and all questions are answered
- NGO and community representatives have never participated in Counterpart trainings
- NGO and community demonstrate capacity for effective project implementation maximizing health impact.

### **Community Assessments and Action Plan Development**

As a pre-cursor for project development, Counterpart facilitated Participatory Appreciative Appraisal and Planning<sup>2</sup> (PAAP) in communities to engage community members in assessing and identifying local health needs. Counterpart adapted a PAAP training module, developed under the regional Health NGO Capacity Building Initiative (HNCBI) program, specifically to the Turkmenistan context and trained 15 facilitators who already had experience working with Counterpart and had medical background. The facilitators were equipped with skills of conducting assessments using the new approach based on Appreciative Inquiry. Further, these facilitators communicated and worked with communities and registered NGOs on assessing communities and developing projects.

Subsequently, PAAPs were conducted in 18 communities, 9 in urban areas and 9 in rural encompassing a total of 1,349 residents. During PAAPs, communities defined and prioritized community health needs, sought solutions for addressing these needs, and identified internal community resources as well as external partners - including government and business organizations, donors, primary healthcare facilities, healthcare employees, and others – and sources of costshare. The participatory appraisal and planning process ensured buy-in and participation of key stakeholders, which in turn promoted greater ownership and sustainability after the project end.

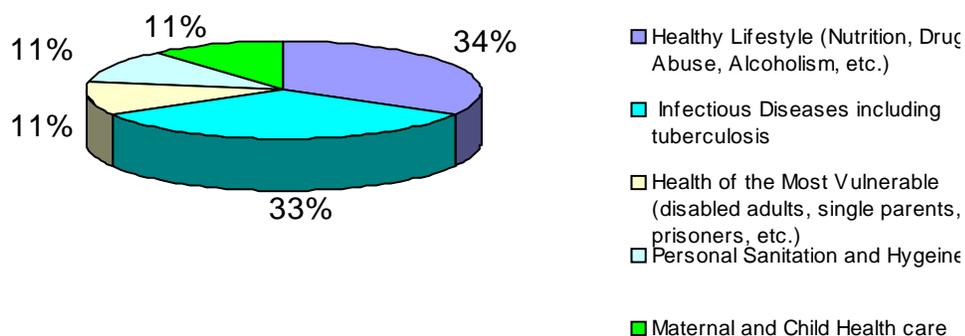
Communities also elected initiative groups, called “active groups” due to political sensitivity in Turkmenistan, responsible for the management and coordination of project implementation. These initiative

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<sup>2</sup> Participatory Appreciative Appraisal and Planning is based on Counterpart’ Participatory Community Appraisal and Action Planning (PCAP) methodology modified to incorporate the innovative Appreciative Inquiry approach. PAAP represents a major paradigm shift from PCAP, which focuses on problems and issues communities have and ways to address those.

groups together with their facilitators were involved in negotiation with community stakeholders on project proposal development and further cooperation. All CSSCs provided access to information, Internet, and office equipment to communities and facilitators.

With facilitators' support, communities developed project proposals and submitted them to Counterpart to be considered for grant award. Communities identified the following as priority health issues:



### Healthy Communities Grant Program

The HCSI grant program goal was to support projects focusing on use of information for bettering the health of select populations including access to health information, advocating for the interests of community members in health protection issues, and development of healthcare network. The following were identified as priority areas to be supported by the grant program:

- Avian flu prevention
- Healthy nutrition
- Acute respiratory disease/Pneumonia
- Tuberculosis
- Breastfeeding
- Diarrhea
- Reproductive health
- HIV/AIDS
- Prenatal care
- Cardiac diseases
- Breast cancer
- Drug addiction prevention.

Through the Healthy Communities Grant Program – a total grant pool of \$50,000 - small grants were made available to selected organizations and communities to support community health projects identified by local organizations and communities that had high visibility and potential for health impact on target populations.

Solicitation of proposals was done through Counterpart's existing network of local partners. Grant Review Committees (GRC) with the representatives of health-related international organizations, including Zdrav Plus, Project Hope, UNAIDS, UNICEF, UNDP, USAID, UNFPA, and local experts were conducted at the regional level in all velayats, and local HSCI coordinators were invited to observers and to provide additional information on projects.

Taking into account Turkmenistan legislative requirements, Counterpart provided grant support in form of in-kind assistance and donations and worked only with registered NGOs. Counterpart made payments to the grantees only upon receiving a notice of the grant registration with the State Agency for Foreign Investments (SAFI). Furthermore, the communities carried out market research and provided three commercial bids on planned project equipment. The particular grant-making process proved to be effective due to its transparency, accountability and by participation of all program components in the process (grant program, procurement, monitoring).

Over the life of the project, two grant rounds were conducted. Two grant types were awarded to NGOs and communities: *Community Action Grants* approved by Grant Review Committee on July 11, 2006 and *Mini Health Grants* approved during Grant Review Committee on October 25, 2006. GRC received a total of 33 project proposals for consideration: 18 CAGs and 15 Mini Health Grants. Eighteen projects, 12 CAG projects and 6 Mini Health projects, were approved for financing by GRC.

**Table 1: Number of Submitted and Approved Proposals by Type of Grant Turkmenistan**

Review Round	Community Action Grants		Mini Health Grants		Total	
	Submitted	Approved	Submitted	Approved	Submitted	Approved
Round 1	18	12	--	--	18	12
Round 2	--	--	15	6	15	6
<b>Total</b>	<b>18</b>	<b>12</b>	<b>15</b>	<b>6</b>	<b>33</b>	<b>18</b>

**Community Action Grants**

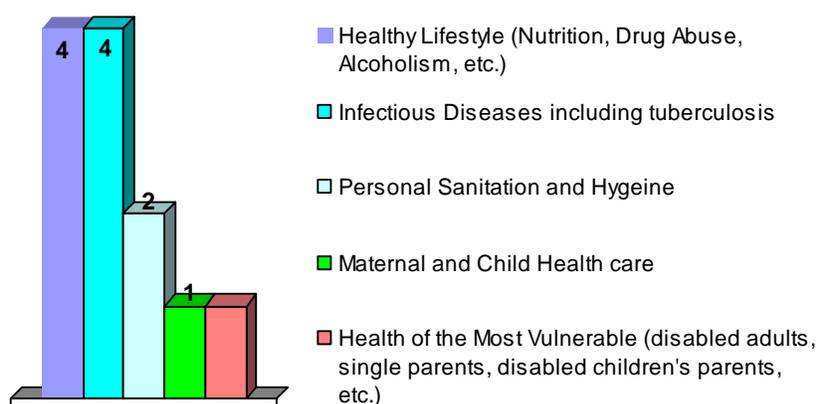
Community Action Grants (CAGs) supported NGOs and communities in implementing projects to address clearly identified community health needs in cooperation with community members. Communities were involved in the identification of the health needs, design, and implementation of the projects. Approximately 60 Letters of Interest (LOIs) were received from communities in all five velayats of the country. Twenty-two communities were selected as target communities by an internal committee consisting of Counterpart staff: namely Deputy Director, HCSI Country Manager, Community Outreach Manager, Trainers Team Leader and Network Manager. USAID/Turkmenistan, ZdravPlus and Project Hope representatives participated as observers. Subsequently, 3 communities had to withdraw from project implementation, because they were not able to secure support from their local authorities.

Eighteen project proposals from 5 velayats were reviewed by the GRC members, 12 of which were approved for funding in the amount of \$42,546:

- 2 projects from Akhal
- 2 from Lebap
- 3 from Dashoguz
- 2 from Mary
- 3 from Balkan.

The approved projects focused on issues of drug abuse prevention, prevention of infectious disease including tuberculosis, sanitation and hygiene, and maternal and child healthcare with community involvement in project activities and cooperation with the local authorities and medical workers/specialists. For detailed project descriptions, please see the *Attachment 2 - Grant Table 1*.

The following diagram reflects the general areas of focus for approved grants:



CAGs demonstrated communities' capacity and opportunities for implementing projects in partnership with local authorities and healthcare institutions. The implemented projects increased the target population's awareness in selected health topics and learned to build awareness in a participatory way. In addition, the implemented projects spurred communities to solve other infrastructure related and social problems through articulating and combining existing community resources. The impact stories are evidence of the successful

implementation of the projects on community mobilization, social partnership and fundraising. A total of 64 public awareness campaigns were conducted and 8 social partnerships established across the country.

*Eleven out of 12 communities successfully implemented the CAG projects, while one project was not fully completed because of local authorities' prohibition. Twelve local health projects allowed 8,763 people to participate and increase their awareness in healthy nutrition, sanitation and personal hygiene, drug use prevention and HIV/AIDS, children diseases and respiratory diseases, anemia and tuberculosis prevention, healthy lifestyle, and prevention of disability. Despite the challenges in conducting public awareness activities, local communities conducted 82 seminars and 64 small-scale and large-scale public awareness activities and events.*

Almost every CAG project had a healthcare institution or healthcare employee involved as a community partner. All 12 community projects had a substantial part of cost share, resulting from Fundraising trainings delivered by Counterpart. Overall, *the community in-kind contribution to CAG projects made up 37% of the full project budget – a 17% increase compared to the planned indicators.*

### **Health Mini Grants**

After the disbursement of \$42,546 in Community Action Grants, there was \$8,262.81 remaining in the grant pool. For effective use of unused grant funding and taking into consideration short HCSI project timeframe and grant registration process, the Health Mini Grant program was launched in October 2006 for HCSI former grantees. The grant program purpose was to enhance the outcomes of ongoing and completed local community projects funded by the Healthy Communities program, focused on promoting or addressing priority health issues (within the requested grant framework and in alignment with the previously elaborated Participatory Community Appraisal and Planning).

Fifteen project proposals were received from former HCSI grantees. The proposed projects lasted one month and were approved for funding in the amount of up to \$1,500. The requested grant fund was issued only for purchasing equipment, which required no labor-intensive installation work. The applicants made 20% of in-kind contributions to the requested project amount.

Five of 15 grantees submitted project proposals that were approved for financing and 1 alternative project was approved by GRC for a total of \$8,262.61: 2 projects from Akhal, 2 from Lebap, 1 from Dashoguz, 1 from Balkan, and 1 alternative project from Ashgabat. For detailed project descriptions, please see the *Attachment 2 - Grant Table 2.*

*Four health mini projects were successfully completed.* The implemented mini health projects focused on promoting sanitation and hygiene, social rehabilitation of disabled people and anemia prevention through healthy nutrition. The projects strengthened communities' capacity to continue public awareness campaigns and/or activities and increased the populations' access to health information through functioning local resource centers (internet, library, electronic library, computer, fax, etc.). Two communities were unable to implement their projects:

- Community of etrap Health House, Boldumsaz etrap, Dashoguz velayat, submitted all project documents for registration. However, the project obtained no registration until mid-December 2006, and it was too late to implement the project, as all projects had to be implemented by end of December.
- Community of Geok-Bayr village, Hazar city, Balkan velayat, was unable to implement the registered health mini project aimed to expand resource center services delivery. The community successfully implemented the first project on Avian Flu prevention through opening the Resource Center and conducting public awareness campaigns. The good project results and importance of the selected topic encouraged the Grant Review Committee to approve an additional mini grant to expand the project activities, but because of local authorities' prohibition, the community failed to complete the project. The community tried to negotiate with local authorities to proceed with the project and stand for people's interests, but they were unsuccessful.

## Participatory Monitoring and Evaluation

To ensure that communities' project implementation was in line with the stated project objectives and work plans, as well as to maintain high quality standards of the results, Counterpart (including sub-contractor CSSCs) organized participatory monitoring of ongoing projects, and close-out and follow-up evaluations of completed projects engaging the implementing communities in Dashoguz, Akhal and Lebap, Mary and Balkan velayats.

Over the life of project, Counterpart made 22 *monitoring visits, and conducted 22 follow-up evaluations and 4 close out evaluations* out of planned 14. In accordance with its participatory monitoring and evaluation procedures, Counterpart conducted close-out evaluations of local projects two weeks after the project completion. However, Counterpart was not able to conduct 10 close-out evaluations due to the period of mourning and tightened security situation, following the sudden death of President Niyazov on December 21. Counterpart followed USAID Turkmenistan's recommendation to suspend all program activities.

The monitoring visits demonstrated that 16 out of 17 projects supported during the one-year extension were fully implemented by the local communities. One project, by the community of Geok-Bayr, Hazar city, Balkan velayat, was disrupted due to the misunderstanding of local authorities. The local authorities blamed the community for collecting the information on avian flu. The community explained that they had carried out avian flu prevention activities. Though the community provided all requested information (documentation, photos, program seminar and lection reports, distributed materials etc), local authorities prohibited the community from completing the project. As a result, several medical workers were dismissed from the hospital and stopped their projects. Counterpart had to withdraw the project equipment and redistribute it among other communities.

In general, all conducted follow-up evaluations demonstrated sustainability of completed projects and access and use of the post project outcomes by most of the local population, and increase in numbers of project beneficiaries.

## **Objective 2: To enhance the organizational capacity of communities and NGOs in partnership development and public awareness to implement health initiatives**

### **Training and Technical Assistance**

Counterpart CSSCs and local partners were sub-contracted to implement the training program in velayats of the country. At the beginning of 2006, the program announced HCSI small grants program encouraging NGOs and communities interested to participate in the small grants program to submit LOIs to Counterpart or Support Centers. Approximately 60 LOIs were received from communities and facilitators in all five velayats of the country.

*Twenty-two communities and 15 facilitators* were selected for HCSI training and possible grants:

**Table 2: Distribution of Communities and Facilitators by region**

<b>Velayat</b>	<b>Communities</b>	<b>Facilitators</b>
Mary	3	3
Akhal	6	4
Balkan	3	2
Lebap	4	3
Dashoguz	6	3

Through its network, Counterpart provided training to applicants and grantees on the concepts of organizational capacity, which covers the topics of local project management, financial management and sustainability, social partnership and advocacy.

**Table 3: Training Statistics**

Training	# of workshops	# of participants	# of men	# of women
Local Project Management part 1	1	14	3	11
Local Project Management part 2	1	17	4	13
Participatory Appreciative Appraisal and Planning	4	65	15	50
Local Project Management part 3	2	35	13	22
Public Awareness Campaign	3	49	13	36
Participatory M&E	2	33	3	30
Fundraising	2	39	16	23
Social Partnership	3	49	27	22
Human Resources Management	1	15	6	9
Leadership Skills	1	19	12	7
Procurement of Projects	4	31	15	16
<b>TOTAL:</b>	<b>24</b>	<b>366</b>	<b>127 (35%)</b>	<b>239 (65%)</b>

As communities and registered NGOs defined their needs, demand-driven technical assistance was provided in management, participatory project design, implementation, monitoring and evaluation and using the skills available through this large network.

A total of 568 consultations were delivered on: NGO registration (10%), local project management (37%), program and financial reporting (9%), project proposal development (15%), self-organization and self-government of community groups (7%), grant procurement (8%), organization of campaigns and seminars (14%).

In addition, the initiative groups and communities received legal consultations from ICNL lawyers, located in CSSCs, related to the registration of health NGOs. Following legal consultations, the number of groups of people interested in registering as NGOs increased. During the life of the project, 3 initiative groups and communities drafted NGO charters with the assistance of Counterpart and ICNL staff: the community of the doctors of the Clinical Hospital of Ashgabat city, Akhal velayat (Lukman-Tebib group); the community of retired doctors of Dashoguz city; and the group of healthcare workers of the Dashoguz Health House #3.

Below are descriptions of *training modules* developed and delivered during the program:

**Participatory Appreciative Appraisal and Planning**

Counterpart adapted a training manual Participatory Appreciative Appraisal and Planning (PAAP) to the local context and needs of the program, and trained 15 facilitators and 22 communities in the new approach. These facilitators communicated and worked with communities and NGOs on assessing communities and developing projects. A total of 4 trainings were conducted for 65 participants.

<p><b>Participatory Appreciative Appraisal and Planning module content:</b></p> <ul style="list-style-type: none"> <li>• Community mobilization</li> <li>• Appreciative Inquiry - as the approach</li> <li>• Phase-Discovery with PCA tools</li> <li>• Phase – Dream with PCA tools</li> <li>• Phase – Design with PCA tools</li> <li>• Phase – Delivery with PCA tools</li> <li>• Community Action Plan Development</li> <li>• Reporting on assessment</li> </ul>
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Participants marked PAAP training as a new interesting approach in conducting community-based activities, and most of participants noted that the practice would help them to gain new knowledge and skills well. Most trainers that developed, adapted, and conducted trainings had a medical education background. Trainers were able to provide participants with various examples of the implemented local health projects and successful campaigns on health issues.

## **Public Awareness Campaigns**

### **Public Awareness Campaign module content:**

- Public campaigns
- Nature and types of communications
- Needs assessment (consumer)
- Campaign tools
- Strategy of verbal communications
- Strategy of non-verbal communications
- Planning public campaigns

To increase community knowledge in health promotion and public awareness, Counterpart commissioned the development of a training module Public Awareness Campaigns. Following the pilot training, Counterpart conducted 3 trainings for selected communities and facilitators. Forty-nine community members were trained at the 3 trainings.

During the trainings, communities and facilitators received the “A to Z” on how to conduct campaigns. The training

helped facilitators and communities to better plan, organize, and conduct project activities related to healthy lifestyle public awareness and promotion.

## **Participatory Monitoring and Evaluation**

A Participatory Monitoring and Evaluation (PM&E) training manual provided by Counterpart regional office was revised and adapted to the program needs and local context.

Counterpart conducted two trainings for 33 grantees and facilitators. During the training, the community members gained skills in PM&E planning, implementation, and report analysis. At the end of the training, participants revised and improved M&E plans of their current projects.

### **Participatory Monitoring and Evaluation (M&E) module content:**

- Definition and importance of M&E
- Differences between M&E and Participatory M&E
- The role of PM&E in a community mobilization cycle
- Types of data for effective PM&E
- Development of project indicators
- Data sources and criteria for selection of information
- PM&E methods
- Analysis of identified problems and problem solving
- M&E format
- Development of PM&E plan.

## **Local Project Management (LPM) trainings**

To increase the capacity of selected communities and facilitators in community assessment facilitation and project proposal development skills, HCSI program conducted a four trainings in Local Project Management training series for 66 potential grantees and applicants. The series consisted of 3 parts:

- LPM part 1 trained new facilitators and communities in Individual and Community, which was the introductory civic education for new participants in the program.
- LMP part 2 trained communities and mostly facilitators in facilitation skills development where participants learned and practiced the characteristic property of a good facilitator as well as the PCA tools in detail.
- LPM part 3 focused on project proposal writing and development skills and potential grantees and facilitators learned the tips and techniques of proposal development.

## **Social Partnership**

Three trainings were conducted for 48 community members in order to strengthen the organizational capacity of communities and NGOs in partnership development. Participants gained knowledge and acquired skills in the basics of cooperation (social, government and business sectors), principles, development of cooperation, components of sustainable partnership, identification of strong and weak points of partnership, and steps for partnership planning. Having participated and consulted in social partnership concepts the communities were able to cooperate and partner with local organizations during project implementation.

## **Fundraising**

Two trainings were conducted for 39 applicants and grantees including 16 men and 23 women. The participants improved their knowledge and skills in planning and implementing fundraising activities and acquired communication and negotiation skills. The goal was for the communities to learn how to advance the financial sustainability of community-based post-project activities. Applying the knowledge and skills acquired, communities planned and carried out fundraising activities.

### **Human Resources Management**

One training was conducted for 14 participants including 8 women and 6 men. During the seminar the representatives of community management structures were able to improve the knowledge and skills on community, project and leadership, situational management, communications and relations, goal-setting, and work plans. It strengthened and promoted the operation and sustainability of community management structures.

### **Leadership Skills**

One training was conducted for 19 community members. Seven women and 12 men participated in the training. Participants obtained knowledge about a leader's role in day-to-day community life. They were able to evaluate their leadership skills and identify the personality traits they needed to improve.

### **Procurement**

Four mini-trainings were conducted for 31 grantees. Grantees were trained in basics of local project procurement procedures and rules and the participatory approach of community involvement in whole procurement process and the role of Counterpart and Support Centers. Issues related to financial procedures, instructions, and reporting were discussed. The communities were able to fulfill the grant procurements in cooperation with Counterpart after the trainings provided.

Training evaluation revealed that this training is required and in demand in the country. Trainings conducted in Turkmen language are required more and more by the population in rural areas. Also, participation of men increased by 30 % as compared to 2005 year results. Today, participation of men and women in the trainings is equal.

## **D. Management Overview**

### **Program Management**

The structure of program management has been changed to reflect the reduction in scope of the program. The regional office of Counterpart International based in Almaty, Kazakhstan delegated overall program management and oversight responsibilities to the country level, while the regional office was responsible for coordination of reporting, promotion and communication with the Regional USAID office and conducting periodic country-monitoring visits throughout the year.

The Turkmenistan country-level HCSI program team consisted of Country Director, HCSI Program Manager, Grant Manager, and Finance Manager. The Country Director carried overall responsibility for program implementation at the country level. Counterpart Turkmenistan announced the tender for potential organizations to implement HCSI Program in the regions and as a result, sub-contracted CSSCs in Akhal, Lebap and Dashoguz velayats and one partner organization in Mary velayat. Counterpart directly implemented the program in Balkan velayat.

The cooperation agreement with the partner organization Hemayat HO was not extended for the last 6 months of the LOP. Hemayat's poor performance in providing the information and consultations in April-June'06 resulted in the small number of Letters of Interest (LOIs) received from communities. Counterpart was forced to work directly with the selected communities in Mary velayat.

HCSI CSSCs staff participated in the CSSI Program network meetings, which enabled HCSI staff to improve their organizational, financial and program implementation skills. Also the discussion of program challenges, lessons learned, and best practices served as the effective communication mechanism for project implementation. Only one network meeting was conducted for HCSI staff within one year of the LOP. The program staff discussed the program results achieved, challenges, best practices, and lessons learned. Also CSSCs workplans and budgets for the next 6 months were discussed during the meeting.

Counterpart in Turkmenistan implemented healthy communities' initiatives/projects through community facilitators, which were trained in participatory appreciative appraisal and planning. These facilitators were contracted by CSSCs and the hub-office in order to help communities to conduct PAAP assessments, develop project proposals, and assist in preparing grant documents for registration.

Counterpart local partner CSSCs performed initial grant management (soliciting grant program, conducting PAAPs, collecting project proposals), collected and checked grantees' financial and narrative reports, and conducted monitoring and evaluations with the implementing organizations and communities.

The coordination and planning meetings with the Counterpart Support Centers were held twice at the beginning and in the middle of the program implementation. The participants discussed what had been done well and what must be improved in the program implementation, what had been achieved and what must be achieved in the next 6 months, work plans, and budgets. Those meetings allowed to better coordinate and manage the implementation of the HCSI Program in the country and to meet the program challenges and improve program implementation.

### **Staff Development**

Over life of the project, HCSI staff improved and strengthened their knowledge and skills in program management, training, and other technical areas by attending the following trainings conducted by Counterpart for its staff:

- Individual and Community
- Facilitation and Planning
- Training Methodology and Techniques
- Local Project Management
- Team Building and Conflict Resolution
- Financial Management
- Participatory Appreciative Appraisal and Planning
- Public Awareness Campaigns
- Social Partnership
- Participatory Monitoring and Evaluation

## **E. Program Innovation**

### **Health Mini Grants Program**

For effective use of grant savings, Counterpart developed and launched Health Mini Grants program (for additional information, please refer to a section on Health Mini Grants under Program Activities). The projects strengthened communities' capacities to continue public awareness campaigns and/or activities and increased and improved the populations' access to health information through local resource centers (Internet, library, electronic library, computer, fax and etc.). The grant program further maximized health impacts by allowing communities and organizations to build on their prior accomplishments.

## **F. Coordination and Cooperation**

### **Grant Review Committee**

Counterpart invited external agencies to sit on its Grant Review Committee meetings, including USAID, UNAIDS, UNFPA, US Embassy, Zdrav-PLUS, Project Hope as well as the local experts, activists, and Counterpart staff. The committee evaluated the submitted project proposals and provided constructive recommendations on the project work plans and budgets. Within a year, the GRC evaluated 33 proposals and approved 18 projects for financing. The GRC members noted that the communities kept working towards improving peoples' health and sanitation conditions, despite the unfavorable environment for conducting any social activities within the country.

### **ABA/CEELI**

Per Counterpart's request, ABA/CEELI organized and conducted a training on "Legislation and/or legal regulation in Turkmenistan to develop and distribute the information materials under local community-based projects" involving 14 participants from Akhal communities. The training enabled the communities to develop and disseminate their information materials in compliance with the Turkmen law.

## **G. Leveraging**

HCSI program was extended based on existing Counterpart Turkmenistan resources. For successful implementation of the program objectives, Counterpart Turkmenistan engaged CSSI program specialists on a cost-leveraging basis, which covered up to 50% of designated staff time: Country Director, Financial Administrative Manager, Grant Manager, and Procurement Officer. The cost-leveraging option ensured cost-effective program implementation.

Approximately \$28,200 was leveraged during the year of HCSI program implementation in Turkmenistan, which strengthened the indicators of the second program objective: to enhance the organizational capacity of communities and NGOs. Due to good communications developed among USAID partners, the leveraging was contributed to the program by USAID Community Connection Exchange program and ABA/CEELI. Some community members made a trip to the US and participated in the exchange programs. The communities increased and improved their leadership skills and the capacity to carry out activities on drug abuse prevention. Through ABA/CEELI support, the communities learned how to develop and distribute information materials under local community-based projects in compliance with the local legal regulations.

## **H. Best Practices and Lessons Learned**

### **Best Practices**

- Involving medical professionals in project implementation as facilitators and trainers proved to be very effective. Their technical expertise and knowledge of local health department requirements comes highly valuable during identification of health related issues, project proposal development, and design of public awareness strategies.
- Participatory Appreciative Appraisal and Planning is an effective community mobilization methodology. Skillful application of the asset-based Appreciative Inquiry approach by facilitators allows communities to focus on creative problem solving, empowers them to identify internal resources and build partnerships with other local stakeholders, and promotes greater ownership. In turn, the positive attitude towards promoting public health initiatives is highly welcomed by local authorities.
- Active involvement of local authorities in the PAAP process, project implementation, and project completion is key to project success. If possible, provide a monthly report on project implementation to local authorities.
- Network meetings or quarterly program meetings with program implementers were used as the effective instruments to discuss the challenges, lessons learned, and best practices under the program. Through these activities program implementers built their capacity and identified the best approaches and solutions to the program.
- In-kind contribution by communities and local government promote greater ownership of project results and, consequently, greater sustainability of the project impact.
- To ensure the use of quality materials during public awareness campaigns conducted within a short timeframe, it is more effective for grantees to use information materials already developed by established international organizations (e.g., UNICEF, Zdrav Plus and Project Hope) instead of developing their own materials.

### **Lessons Learned**

- Facilitators and communities need more practice in developing their skills in applying this relatively new Appreciative Inquiry approach to get the best results.

- Some communities were not able to participate in the grant program. The immediate reasons included local authorities' distrust in public health activities and their request to obtain the approval from the Ministry of Health. As some projects had been closed due to the pressure from local authorities, it is recommended to spend more time negotiating and informing local authorities on the project activities in advance. Additionally, new programs will benefit from the cooperation with the Ministry of Health.
- Communities do not always have the confidence and the skills to negotiate with local authorities and other parties in implementing the project and conducting public awareness activities, because they lack knowledge of local laws that govern these activities. Therefore, there is a need to increase communities' awareness of local laws and their rights through conducting trainings, seminars and consultations.
- Some community groups benefited from legal consultations offered through the project and were able to register NGOs. This progress is encouraging, despite the fact that the registration process is still lengthy and challenging. In the future, NGOs need to continue to receive legal support on NGO law and registration issues.
- Engage the local government healthcare employees/activists in the Grant Review Committee. They will provide the information on priority health topics and will provide medical expertise.
- Some of the public awareness activities conducted by communities provoked suspicion and misunderstanding of local authorities. To prevent negative attitude of local government to public awareness campaigns, public awareness activities should be related to and conducted in conjunction with project activities.
- It takes a long time to build partner capacity, and to help them to implement the project according to international standards and requirements. Not all of subcontracted local partners had sufficient capacity to implement the project effectively and meet the expectations. As a result, Counterpart had to take over the program implementation in Mary and Balkan velayats to ensure quality implementation.

**ATTACHMENT 1: TURKMENISTAN PERFORMANCE PLAN**

Objectives and Results Indicators	Year 2006			
	Target level by 6/30/2006		Target level by 12/31/2006	
	Planned	Actual	Planned	Actual
<b>Objective 1: To further communities development through supporting community initiatives in identifying and solving local primary health issues based on Appreciative Inquiry</b>				
<b>Indicator 1.1</b> PAAP conducted and developed in 20 communities, and at least 10 health project implemented	PAAP are conducted and developed in 20 communities, and at least 10 health related project are approved by GRC	PAAP are conducted and developed in 22 communities, and 12 health projects are approved by the GRC	indicator fully achieved	PAAP conducted and developed in 22 communities, and 18 health projects are implemented by communities
<b>Indicator 1.2</b> 6 community management structure established and functioning	6 communities "management" structures established	12 communities "management" structures established	6 communities "management" structures are functioning	indicator fully achieved
<b>Indicator 1.3</b> 2000 of communities and NGOs' members are involved into the local project implementation	1,000 people are involved into primary needs assessment	1,379 people are involved into primary needs assessment	2,000 of community and NGOs' members are involved into the local project implementation	indicator fully achieved
<b>Objective 2: To enhance the organizational capacity of registered NGOs and CBOs in partnership development and public awareness through training</b>				
<b>Indicator 2.1</b> 17 conducted public awareness/educational campaigns* on a health issues	5 public awareness/ educational campaigns* on health issues conducted	32 public awareness/ educational campaigns* on health issues conducted	17 public awareness/ educational campaigns* on health issues conducted	64 public awareness/ educational campaigns* on health issues conducted
<b>Indicator 2.2</b> 8 cooperation/ partnerships are occurred	2 cooperation /partnerships established	3 cooperation /partnerships established	8 cooperation/ partnerships established	8 cooperation/ partnerships established

## ATTACHMENT 2: GRANT TABLES

**Table 1: Community Action Grants**

Grantee Name	Project Title	Location	Grant Amount, USD	Brief Project Description	Project Results/Outputs/Impacts
Community of school # 14	The Golden Age – healthy generation	Turkmenbashi city, Balkan velayat	\$ 4,025.00	Raise public awareness prevention of infantile diseases (respiratory diseases, pneumonia) at school #14	According to post-project assessments, pupils discussed and shared information with family members and neighbors. Some pupils started to promote their health by dressing in warm clothes, drinking only warm water and consulting a doctor on-time. School attendance increased by 30 %.
Community of Ushagan village and healthcare workers of the tuberculosis hospital	Everything to fight tuberculosis	Boldumsaz etrap, Dashoguz velayat	\$ 2,281.00	Raise public awareness on tuberculosis and methods of prevention in Ushagan village through conducting trainings and seminars for children and parents	Community trained and raised awareness of 450 people. Grantees mostly worked with people who concealed their illness. As a result, 4 of 15 people came to the hospital and started in-patient treatment. The patients then underwent the first course of treatment, and the hospital will continue to treat them and keep them under control.
Community of Abadanlyk Street	Saglygym - baylygym	Boldumsaz etrap, Dashoguz velayat	\$ 2,279.00	Promote healthy lifestyles in the community of Abadanlyk Street through installing a tap-pump and conducting seminars on water purification	Community established 10 water tap-pumps and trained 60 community representatives in Personal Sanitation and Hygiene. The book “Water Purification Technologies” under domestic conditions was distributed to 86 families residing in the street. To date, families have improved their health knowledge, skills and practice, the health of 7 children has considerably improved due to use of purified drinking water
Community of disabled people	Altyn Saglyk	Galkynysh etrap, Lebap velayat	\$ 4,030.00	Contribute to the rehabilitation of disabled children and youth in Galkynysh etrap through establishing a rehabilitation cultural and education center for disabled people	Community established a rehabilitation sports and education center for disabled people. Every day, 20 disabled people on average promote their health and improve their intellectual capacity through the center’s services
Community of Umyt	Gundogar	Bayram ali city, Mary velayat	\$ 3,942.00	Raise drug abuse awareness among youth and women in Bayram-Ali city	Community raised awareness of 2,200 women and youth in Bayram-ali city. The resource center provides services to 100 young people and women on the monthly basis, including provision of information, access to computer and office equipment. Trained youth and women carry on the public awareness activities through a peer-to-peer program

Community of the healthcare workers of the maternity hospital	Mother, I want to be born healthy	Ashgabat city	\$ 3,387.00	Raise the healthy maternity awareness among women of fertile age at the Ashgabat hospital through providing training and consultations	Over 425 women were trained through 10 seminars and 15 consultations on prevention of pregnancy pathology that increased the number of healthy newly born babies by 6% on average. The number of medical workers increased and additional 30 women from M.Sopiyev peasant association attended pregnancy pathology trainings. A separate telephone hotline was opened for consultations. Community established partnerships with other medical organizations and communities.
Community of Cheshmejik kindergarten #31	Sun, air, water - our best friends	Mary city	\$ 4,999.00	Raise awareness of child disease prevention (respiratory diseases, pneumonia, diarrhea)	Community increased the awareness of 950 people and children through seminars, information materials and events. 75 trained kindergarten workers and parents promote the children's health through applying acquired knowledge and skills. The conditions were improved in the kindergarten by installing 6 air conditioners in the classrooms.
Community of "Berk"	No to drugs!!!	Gurbansoltan Eje etrap, Dashoguz velayat	\$ 3,209.00	Raise drug abuse prevention awareness among teenagers and youth through conducting seminars and trainings, disseminating leaflets	Community raised the awareness of 138 people through seminars and information materials. Community trained 75 youth in HIV/AIDS and drug abuse preventions. As the result, a volunteer group of 6 people was organized that will raise youths' awareness through a peer-to-peer program
Community of Karaul village	Ene Myahri	Karaul village, Akhal velayat	\$ 4,148.00	Raise community's awareness of anemia prevention through propagating healthy nutrition	Anemia cases among pregnant women decreased from 10-15 cases per 100 pregnant women to 6. Community established social partnership with entrepreneurs who contributed \$600. All villagers (6000 people) have access to information materials of the Resource Center in the clinic.
Community of Akkel village	Sagdyn Nesil	Mahtymkuli etrap, Balkan velayat	\$ 3,871.00	Raise the community's awareness of intestinal infections	Community established 4 water drinking water reservoirs. Now, village school and kindergarten children and people have access to clean drinking water. Village family doctors recorded the increase of local people's awareness in intestinal infections
Community of Bakhar and Himik districts	Sagdyn Nesil	Turkmenabat city	\$ 3,673.00	Raise public awareness of health protection and respiratory diseases prevention through opening a consultative center and conducting seminars	Community established a consulting center which provides information and consulting services to up to 20 people on a daily basis. Approximately 200 people were consulted by local doctors on respiratory diseases prevention at the center during the project implementation
Community of Geok-Bayr village	"Tidy Coast"	Hazar city, Balkan velayat	\$ 2,702.00	Raise the avian flu awareness among Geok-Bayr people through conducting preventive activities (dissemination of information materials, seminars, trainings)	The project was not fully implemented due to restrictions by local authorities. The project is closed.
<b>TOTAL</b>			<b>\$ 40,267.00</b>		

**Table 2: Health Mini Grants**

<b>Grantee Name</b>	<b>Project Title</b>	<b>Location</b>	<b>Grant Amount, USD</b>	<b>Brief Project Description</b>	<b>Project Results/Outputs/Impacts</b>
Community of the village Karaul,	Ene Myahri	village Karaul, Akhal velayat	\$ 1,485.00	Extend the community's awareness on anemia prevention in the village through propagating healthy nutrition	After obtaining the additional office equipment and furniture the community raised awareness of anemia prevention for 400 people and strengthened its capacity to continue public awareness activities after the project was completed
Community of disabled with musculoskeletal system affection,	Goshmak	Ashgabat city	\$1,500.00	Improve disabled people's health through involving into sporting activities the targeted 150 disabled people	After obtaining additional sports equipment, the community involved 120 more disabled people in sports activities; now they are able to promote their health
Community of sportsmen at Sportmerk ezi,	We help everybody	Turkmenabat city	\$ 862.61	Promote a healthy lifestyle among disabled people of Turkmenabat city through sporting events	Community extended the sports activities in the area through equipping a gymnasium with sports equipment and inventory that allowed them to involve 50 more disabled people in sports.
Community of disabled sportsmen and coaches	Towards the high goals through sports	Turkmenabat city	\$ 1,500.00	Improve disabled people's health through involving into sporting activities and equipping gymnasium	Community involved more than 220 disabled people in sports activities. Now, the community works with 420 disabled people helping them to promote good health and rehabilitate disabled through social activities
Community of the village Geok-Bayr,	"Tidy Coast"	Hazar city, Balkan velayat	1,431.00	Extend the public awareness of Geok-Bayr people in Avian Flu through conducting preventive activities (distribution of information lists, seminars, trainings, etc) and expansion of resource center services	Because of local authorities, the community was unable to implement the project
Community of etrap Health House,	Take care of healthy youth	Boldumsaz etrap, Dashoguz velayat	\$ 1.484.00	Increase youth awareness in Sanitation and Hygiene through establishing a Resource Center and spreading information	The community mini project was registered too late, in mid December 2006. Due to the limited time period for project implementation (deadline was end of December), the community decided not to implement the project
<b>TOTAL</b>			<b>\$ 8, 262.61</b>		