



**FINAL PROJECT REPORT**  
(May 2002)

**SUBMITTED TO USAID**

**FOR THE**

**SNI COMMUNITY DEVELOPMENT AND  
HOUSING INITIATIVE IN TAJIKISTAN**

**AWARD #119-G-00-00-00021-00**

**SNI #8318**

2000 - 2001

**TAJIKISTAN, CIS**

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## A. PROJECT DETAILS

1. Executing Agency	<b>Shelter Now International</b> <i>Headquarters:</i> Norm Leatherwood, International Director 502 E. New York Ave. Oshkosh, WI 54901 USA Phone: 920-426 1207 Fax: 920-426 4321 E-mail: <a href="mailto:norm@shelter.org">norm@shelter.org</a>
2. Project Title	<b>SNI COMMUNITY DEVELOPMENT AND HOUSING INITIATIVE IN TAJIKISTAN</b>
3. Reference Number	<b>119-G-00-00-00021-00</b>
4. Beneficiaries	<b>APPROXIMATELY 20,000 BENEFICIARIES</b> The project targets villages, the poor, women, doctors and teachers
5. Project Dates	<b>SEPTEMBER 2000 – MAY 2002</b>
6. Project Location	<b>KHUJAND AND KURGHAN TEPPA, TAJIKISTAN</b>
7. Reporting Period	<b>APRIL – MAY 2002</b> (Final Report)
8. Report Date	<b>JULY 2002</b>
9. Major Donors	<b>USAID</b> <b>Habitat for Humanity International (HFHI)</b>
10. Current Budget	<b>\$602,443</b>
<b>USAID GRANT</b>	<b>\$400,000</b>

## **B. COMMUNITY HOUSING**

### **1. PROGRAM GOAL AND OBJECTIVES**

#### ***Goal:***

This project was designed to prevent further loss to the health care and educational systems in Tajikistan by encouraging doctors, teachers and other professionals facing economic hardship to remain in their current positions, and also to take a leadership role in identifying and solving community health and education related problems.

#### ***Objectives:***

- 1) Provide decent affordable housing for doctors and teachers.**
- 2) Use the community “service-in-kind” program from this project to magnify the effectiveness and impact of SNI’s Community Development Initiative project in health and education.**
- 3) Multiply the impact of this project with sustaining revolving funds obtained from house mortgage payments.**
- 4) Begin the formation of self-sustaining local Habitat affiliates that will communicate the vision of community service to others.**

The community housing component of this project was completed December 2001. Three of the four initial objectives of this program were successfully reached: Thirty houses were built for doctors and teachers (some of the beneficiaries of these houses are participating in “service-in-kind” programs in the surrounding villages) and two additional houses were built using the revolving fund obtained from the house mortgage payments. The fourth objective, to become a self-sustaining Habitat affiliate, is presently not being pursued. SNI will continue to partner with HFHI on various projects in the region, but Khujand is not looking to become an affiliate.

The details of this component of the program are found in the 5<sup>th</sup> Quarter Report issued January 2002. Summarizing the initial objectives of this project:

**1) Housing for Doctors and Teachers.** Three-quarters of the beneficiaries are in the medical profession, with 20% in the education field. The occupations of the head of household included:

#### **OCCUPATION OF HEAD OF HOUSEHOLD**

<b>Beneficiaries/Occupation</b>	<b>Medical</b>	<b>Education</b>	<b>Other</b>
Stage #1 Beneficiaries	8	2	
Stage #2 Beneficiaries	9	1	
Stage #3 Beneficiaries	5	3	2
Revolving Fund	2		
<b>Total 32 Houses</b>	<b>24</b>	<b>6</b>	<b>2</b>

**2) Service-in-kind Program.** Nineteen medical and education beneficiaries (59% of total) have participated in the service-in-kind program, a program that has helped neighboring communities and helped reduce the monthly payment for the homeowners. These 19 participating homeowners have performed a total of 1,809 hours of community work. Details of their work are shown in the charts on pages 13 and 14.

**3) Revolving Fund.** A total of \$8,654.82 is currently in the revolving fund. Two houses were constructed using the revolving fund. Discussions are ongoing as to the best use for this ever-growing fund collected from monthly mortgage payments.

**4) HFHI Affiliate.** While SNI is continuing to partner with HFHI on various projects in the region, including a current apartment renovation project in Khujand, it has been decided that HFHI affiliation will not be pursued. The HFHI model, while used successfully around the world, does not perfectly fit with some of the unique features found in Tajikistan. The most notable differences with the SNI model include the selection of doctors and teachers (a more affluent group), the large size of the houses, and the use of service-in-kind to reduce the monthly mortgage payment.

## 2. FOLLOW UP INDICATORS

Below are follow-up indicators, which must be measured after the project is completed. They continue to assess the value of the project and determine its sustained impact on the community.

1) House occupancy rate. An indication that the house was truly an appropriate improvement and needed by the family.

- As of the end of May 2002, all but one homeowner (Stage #3 homeowner #25) has yet to move into the house. Revolving fund homeowners have not moved into their houses as of May 2002, pending completion of the finishing touches of the houses.

2) House payment collection rate. An indication that the beneficiaries continue to value the houses and are committed to the program.

- Twenty-nine of the 30 beneficiaries have made the minimum down payment in full; house #3 still owes \$150 on the down payment of \$500. Of the original 30 homes, 10 homeowners are behind in payments (33%): homeowners #1, #2, #4, #16 and #29 are less than one month's payment behind (less than \$40); houses #3, #15 and #24 are one month behind; house #26 is 2 months behind on the mortgage payment, and homeowner #28 is three months behind. There is concern that slippage in mortgage payments are occurring, raising from 10% late/nonpayment in March to the current 33% level in May. It will require careful oversight and persistent requests for payment to ensure that the homeowners maintain a prompt and complete repayment schedule. Details of payments are provided in the Appendix.
- In addition to the original t30 houses, a dispute has arisen between the revolving fund homeowners and SNI. These two families are withholding payment, saying that SNI needs to make finishing touches on the houses. This work, however, is the responsibility of the homeowners, part of their sweat equity requirement. Discussions are being held to resolve this issue. Currently, these homeowners are four months behind in their payments.

- 3) Beneficiaries remaining in their professions. An indication that one of the primary goals of the project has succeeded at the first part of the primary goal of the project.
  - 100% of the beneficiaries have remained in their professions.
- 4) Participation in community development activities. An indication of acceptance of community development concepts.
  - Nineteen medical and education beneficiaries (59% of all homeowners) have participated in the community service program, including the community health survey, providing free medical services in village clinics, and in workshop clubs. Currently, three doctors are participating in health screening, and four teachers are participating in English language, mathematics and accounting workshop classes.
- 5) HFHI affiliation. An indication that the beneficiaries are excited about the concept and want to see the program continue.
  - HFHI affiliation is not planned for this project in Khujand. All beneficiaries, however, have received training in Habitat for Humanity principles.
- 6) Revolving fund. An indication that the project is having sustained benefit in the community.
  - Two houses were completed using the revolving fund money. The revolving fund balance currently stands at \$8,654.82. Discussion is underway to decide the future use of the revolving fund, including other local community projects or the construction of additional houses. Discussions have been started with Development Fund (DF) to manage this program, providing them with funds to sustain their micro-credit operations. No decision has been made at this time.

### **3. IMPACT OF PROJECT ON THE COMMUNITY AND FUTURE PLANS**

The completion of the houses has given SNI credibility with local city officials, national Tajik government leaders, and among the people in Khujand and Sughd Region that SNI is an organization that delivers on its promises. SNI does more than make promises; they actually do build houses for those in need. This has helped SNI gain access to other villages in the region for the community development component of the proposal.

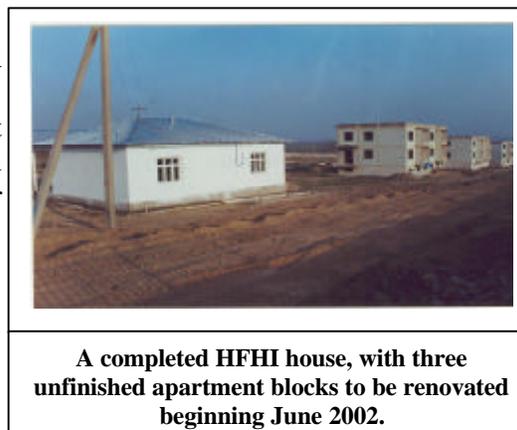
These 32 SNI/HFHI houses were the first new houses built and completed in Khujand since the breakup of the Soviet Union in 1991 and have, in a small way, helped address a serious housing deficit. In addition, these houses represent a successful introduction of the concept of “home mortgage” in Tajikistan. There is a great housing need in Khujand and in the Sughd Region, and this SNI/HFHI model presents a viable model for the region.

Some of the original applicants for Habitat housing were not selected because they could not afford to pay a \$40/month mortgage. One idea that is being explored is the construction of smaller houses at a lower cost. Another lower cost option is the renovation of existing apartment units, provided that the buildings are structurally sound. In partnership with HFHI, SNI will start in June 2002 to renovate three apartment blocks, creating five 2-room and five 3-room apartments. These three buildings were given to SNI by the local Khujand government. If this renovation is successful and we find that applicants are eager to own

apartment units, this may create a new model for additional housing in the region and a longer term relationship between SNI, HFHI and the local Khujand government.

Future Goals:

- Decide on use of revolving fund mortgage money.
- Develop three 2-story apartment blocks at job site--work started in June 2002 and is scheduled for completion by December 2002.
- Complete street construction and drainage canals.



**A completed HFHI house, with three unfinished apartment blocks to be renovated beginning June 2002.**

## **C. COMMUNITY HEALTH AND DEVELOPMENT**

### **1. GOALS AND OBJECTIVES: INITIAL INDICATORS**

- **VOLUNTEERING FOR COMMUNITY SELF-HELP PROJECTS**

- a. **Water System Self-Help Project in Zos**

The key finding in the extensive basic health survey in the village of Zos was the need to improve the existing water system to alleviate the poor quality of water. The system put in place during the Soviet era had become overtaxed by unauthorized private use and was in a state of disrepair. Most of the 1,600 people of the village were using standing water as the primary source for their drinking needs, which contributed to their overall poor health conditions.

SNI, in cooperation with the village, distributed over 5 kilometers of pipe and constructed a new water delivery system for people at the street level. All private (illegal) water use was curtailed, since the new system provided more than adequate pressure to deliver water to even the furthest points in the village. The local people completed all labor and a newly formed village committee provided oversight. The people dug the trenches for the pipes, welded the pipes and planned for all new points. Village participation was 45% (119 families), with many households volunteering to dig trenches not just for their own homes, but for their neighbors' as well. Women supplied food for the working men and children were assigned to "watch" the water taps while not in use. When the village decided that the local schoolyard needed a tap point, even the students organized to dig all the necessary trenches, with over 20 students participating in the activity.

Today, the system delivers potable water to the entire village twice a day. No longer are the standing water ponds used for drinking, but just for crop irrigation and animal hydration. Recently, a suggestion was made to begin a water filtration program in the village, to which one man responded: "Why do we need filters? We have good water here already!"

**b. Bazaar Project in Kalacha**

After an expansive survey of the region in August of 2001, our team was left wondering how we could hope to implement a single improvement project that would have lasting impact on the majority of the 4,200 people living in Kalacha village. As we continued to evaluate the findings, we were drawn to the fact that the economy was a main concern of the people. Many people told SNI that they traveled far and wide to buy and trade, and without adequate transportation or government help, they were suffering economically.

With this in mind, the idea was generated to build a bazaar structure that would serve the local people's needs and attract new commercial activity to the area. The project was discussed with the local Mayor's office and then with key people within the village, and finally, with the people of Kalacha through a series of "village awareness" meetings. Most, if not all, agreed that it would be a good project for their village. During the project, our team enjoyed a very favorable working relationship with the local government. The village purchased many materials itself and the people of the Ovchi-Kalacha region supplied most of the work.

One of the brightest aspects of the project is that it addressed a multitude of problems and complimented other community programs. For example, without a viable bazaar to trade in, local farmers were forced to take their crops elsewhere at a great expense to themselves. This helped create a shortage of available fresh food within the local surroundings. People wanting to buy food had to travel to outlying villages. Now that the bazaar is operating twice a week, the village has developed a new source of revenue through the rental of floor-space to vendors. A local volunteer committee will decide how and when to "reinvest" this money into their community and will administrate this revenue source. SNI will oversee these activities and influence the decision making process as part of the overall goal of training for the committee members in new ways of thinking. These funds from bazaar revenues may be used to pay instructors teaching in the community workshop clubs.

The "Nav-Ruz" bazaar construction project is an attempt to create a local buying/selling venue for local benefit. The hope is that by building a bazaar, where none existed, an opportunity would be created for people to sell and buy from local sources, keeping revenue in the area. In addition, the bazaar would attract new vendors to the area generating additional revenue. The bazaar remains the primary vehicle for trade in Tajikistan, especially in rural settings, and as such, represents a commercial center for the village. All of these objectives are being realized as a result of the SNI project. New vendors are coming to the area bringing goods, which until now were not available. The funds generated by the renting of bazaar floor space is collected by the local Ovchi-Kalacha government and 50% of it is allocated for use in future community development programs overseen by SNI in cooperation with a community volunteer committee.

**c. Agricultural Assistance in Dehai-Nav village**

In an effort to boost local economics and individual nutritional needs, SNI, with assistance from Medical Ambassadors International (MAI), has implemented an agricultural loan program in the village of Dehai-Nav (DN), a "mahalla" within Ovchi-Kalacha region. Eighty-one families received loans for seed and fertilizer to grow crops on allocated "President's Land." This land is free of governmental oversight, and as such, represents the clearest way to impact the village family without government interference. This is a difficult program to

comprehend and explain, and at one point we considered canceling the program due to lack of understanding by the people. It was at this time that one of the men from the village approached our staff with a proposal to allow him to travel through the entire village and explain the program to the people. The following week over 100 people filled the small classroom in the school eager to participate in the program. Eighty-one men were organized into 14 “solidarity groups” designed to encourage repayment of the small loans through social peer pressure. If one person defaults on his loan, the entire group is held responsible, and the entire group is denied participation in future programs. Most of the groups partitioned off along family lines. This helped our staff determine social leaders among the families and made monitoring easier for the four-month loan period.

The goal of this pilot program is for farmers to grow crops for both sale and personal consumption. Each farmer belongs to a “solidarity group” which maintains a collective responsibility for repayment of the small loan amounts at the end of the growing season. The average loan amount is \$28 USD with an additional 10% interest required at the time of repayment. All interest collected is then reinvested into future loaning programs within the same village. This program also addresses nutritional needs of families as well as economic needs, and further encourages the participants to “join” with SNI trainers and staff in seeing new ideas and improvements in their village come to fruition in the future.

Much rain fell on the Sughd Region this spring. The crops are the best they have been in five years. When asked if the program was vital to his family’s well being, one solidarity group leader responded; “Without these loans, few of us would have planted anything this season. We are very grateful for you helping us.”

- **IMPROVEMENT IN CHILD WEIGHT CHARTS**

Other INGOs in the region were conducting child weight programs, with some of them paying families with wheat for this activity. As a result, SNI did not accomplish this objective.

- **WOMEN IMPLEMENTING LESSONS IN THE HOME**

- a. **Health and Nutrition – Community Health Lessons**

In the surveys conducted in Zos village and Ovchi-Kalacha region, it was very evident that the availability of primary health care in the village has been drastically reduced as a result of the Soviet collapse. Every level of care has either decreased profoundly or disappeared altogether.

The Community Health Education (CHE) program is intended to educate the primary care givers in the homes with basic medical knowledge, preventing serious illness before it occurs. SNI, in conjunction with Medical Ambassadors International (MAI), is developing a program aimed at women in the village. Many of the health issues facing the Tajik people can be related to things like poor drinking water or poor diet, resulting in intestinal illnesses. CHE seeks to take the information to the people. It is purposely informal in nature, but this is to aid the women in understanding that they must begin to actively participate in the prevention of sickness and disease.

To date, 530 women have attended 43 sessions on a broad range of health related topics. These lessons are introducing many women to treatments that are widely held as “routine” in the western medical world. These lessons help to dismiss some of the various folk treatments and beliefs which, when examined, are myths and possibly harmful to them.

CHE lessons represent the “preventative” thrust of the program. Each week our team’s doctor and nurse journey to a scheduled location to present health topic lessons for women. Women are the primary health caregivers in these homes and, as such, represent the clearest avenue by which to pass along valuable health information. Each topic is discussed in an informal setting with the intention of creating an environment which invites discussion, encourages participation and seeks to break the feelings of isolation so often associated with rural living conditions. Topics are often chosen by health assessment results. Topics may also be determined by requests from the women themselves. The following chart lists the various locations, topics and number of women attending these meetings over the past 18 months.

DATE	VENUE	ATTENDANCE (WOMEN)	TOPIC
30.11.01	Zos- Kahramon St.	10	Anemia
07.12.01	Zos- Aliev St.	8	Anemia
21.12.01	Zos- Kamolov St.	12	Anemia
04.01.02	Zos- Boltuboev St.	15	Anemia
11.01.02	Zos- Boltuboev St.	13	Anemia
25.01.02	Zos- Hukumat build.	14	Anemia
15.02.02	Zos- Gulbahor St.36	12	Goiter
22.02.02	Zos- Aliev St.3\7	6	Goiter
01.03.02	Zos -Field Brigade #1	34	Goiter
15.03.02	Zos -Field Brigade #2	24	Goiter
29.03.02	Zos -Field Brigade #2	33	Scabies
05.04.02	Zos -Field Brigade #1	24	Scabies
10.05.02	Zos -Field Brigade #1	16	Dirty Water
15.05.02	Zos -Field Brigade #2	15	Dirty Water
11.01.02	Pitomnik Village	22	Anemia
18.01.02	Pitomnik Village	10	Child-Malnutrition
24.01.02	Pitomnik Village	9	Child-Malnutrition
31.01.02	Pitomnik Village	12	Child-Malnutrition
07.02.02	Pitomnik Village	7	Goiter
14.02.02	Pitomnik Village	10	Goiter
21.02.02	Pitomnik Village	8	Flu
28.02.02	Pitomnik Village	18	Flu
07.03.02	Pitomnik Village	6	Scabies
11.03.02	Michurin Village	14	Anemia
12.03.02	Ovchi Village	8	Anemia
14.03.02	Pitomnik Village	10	Scabies
19.03.02	Ovchi Village	8	Anemia
26.03.02	Ovchi Village	7	Anemia
28.03.02	Pitomnik Village	12	Family Planning
02.04.02	Ovchi Village	8	Scabies
04.04.02	Pitomnik Village	18	Family Planning
16.04.02	Ovchi Village	6	Anemia
18.04.02	Pitomnik Village	6	Growth Monitoring
23.04.02	Ovchi Village	17	Scabies
25.04.02	Pitomnik Village	7	Growth Monitoring
30.04.02	Ovchi Village	5	Dirty Water
07.05.02	Ovchi Village	8	Dirty Water
14.05.02	Ovchi Village	9	Clean Water
16.05.02	Pitomnik Village	15	Dirty Water
21.05.02	Ovchi Village	10	Clean Water
23.05.02	Pitomnik Village	6	Clean Water
28.05.02	Ovchi Village	11	Diarrhea
30.05.02	Pitomnik Village	7	Typhoid
	<b>43 SESSIONS</b>	<b>530 WOMEN</b>	<b>11 HEALTH TOPICS</b>

- **DOCTORS PARTICIPATING IN COMMUNITY CLINICS**
- **PEOPLE ACCESSING CLINICS**

SNI has sought to bolster what remains of the existing medical system and provide to those individuals unable to access medical services with preventative health and nutrition knowledge. In addition to CHE health lesson training, SNI is relying on Payment-in-Kind (PIK) to improve the health of the community.

PIK employs doctors participating in the Habitat for Humanity (HFHI) housing program and utilizes these individuals for service in rural settings. In general, the care available to rural residents is of the basic health variety, which means little specialized care is accessible without great effort and, often, great expense, on the part of families. Through the PIK program, villagers in Zos and the seven small villages that comprise Ovchi-Kalacha are now able to receive “free” specialized care right in their own village.



**Dentist beneficiary treating patient in clinic**

Through the Payment-in-Kind (PIK) program, 1,085 people have received medical treatment in four primary locations. The significance of these statistics becomes even greater when taking into consideration that the program has only functioned for ten months. This program has also concentrated on the village settings where medical needs are the greatest. It would not be unrealistic to project far greater numbers of people receiving treatment if the city of Khujand were to be included in the focus of clinic care in the future. The three primary participants in the PIK medical program are detailed in the chart below. A school health-screening program will begin in 2002 using these PIK participants. This team of doctors has set a goal of screening every primary level school student within the Ovchi-Kalacha region over the next school year.

## DOCTOR PARTICIPATION IN VILLAGE CLINICS

	Ear/Nose/Throat Doctor (Beneficiary # 2)						Dentist (Beneficiary #17)						Dentist (Beneficiary #11)					
	Khujand			Zos Clinic			Khujand			Zos Clinic			Pitomnik			Michurin		
	C	H	P	C	H	P	C	H	P	C	H	P	C	H	P	C	H	P
<b>Aug</b>	2	2	4	3	6	45	1	3	13	3	5	38						
<b>Sep</b>	3	3	5	8	16	48	5	12	29	3	5	15						
<b>Oct</b>	3	3	5	5	10	30	9	22	45	5	10	33						
<b>Nov</b>	0	0	0	4	8	10	6	17	50	3	5	10						
<b>Dec</b>	2	3	2	3	7	17	5	11	21	3	6	17						
<b>Jan</b>	3	9	4	4	11	40	9	22	57	4	8	20						
<b>Feb</b>	3	16	4	4	12	40	7	19	42	4	8	28	4	28	32			
<b>Mar</b>	9	12	5	2	6	21	6	16	42	4	8	32	4	32	45			
<b>Apr</b>	6	11	2	3	9	20	7	19	36	5	10	22	3	24	44			
<b>May</b>	8	12	2	3	9	14	7	19	29	4	7	15				4	32	52
<b>Total</b>	<b>39</b>	<b>71</b>	<b>33</b>	<b>39</b>	<b>94</b>	<b>285</b>	<b>62</b>	<b>160</b>	<b>364</b>	<b>38</b>	<b>72</b>	<b>230</b>	<b>11</b>	<b>84</b>	<b>121</b>	<b>4</b>	<b>32</b>	<b>52</b>

C= Clinic      H= Hours      P= People

In addition to the three doctors mentioned above, 12 doctors to date have participated in various forms of PIK activity over the past 18 months. The chart below outlines the level of activity of all 32 HFHI beneficiaries.

## PIK PARTICIPANTS – MEDICAL AND EDUCATION

#	Beneficiary Name	Specialty	ZOS Survey (Hours)	Ovchi-Kalacha Survey (Hours)	Other PIK Activities							
					15Aug - Dec 01	Jan 02	Feb 02	Mar 02	Apr 02	May 02	Total	
1	Saida Saidovna	Gynecologist	15	45								60
2	Porsoev Abror	Ear/Nose/Throat Doctor	17		57	20	28	18	20	21		164
3	Mirajabov Ilhom	Anesthesiologist	11	53								64
4	Rahimov Abdusamad	Teacher (English)	17				18	21	18	21		95
5	Dadomatov Daler	Teacher (Accountant)	20	64			18	45	51	30		228
6	Muminov Ibrohim	Urologist-Therapist	22	62								84
7	Shodieva Khursheda	Dentist										
8	Inoyatov Mubin	Vascular Surgeon	22	56								78
9	Soibov Hamid	Veterinarian	20	64								84
10	Kaumov Kamol	Anesthesiologist	17	61								78
11	Uldoshev Ilhom	Dentist		64			28	32	24	32		180
12	Ataeva Rahima	Kidney Specialist										
13	Halikova Mavluda	Therapist		11								11
14	Mirobidov Abdukarim	Surgeon		61								61
15	Ibodulloev Ismatullo	Urologist		26								26
16	Ergashev Mubin	Traumatologist		32								32
17	Boboev Shuhrat	Dentist			95	30	26	24	29	26		230
18	Sharipov Ilhom	Pathologist		56								56
19	Egamov Hudoiberdi	Teacher (Mathematics)							5	21		26
20	Mirzoev Halim	Neurosurgeon		61								61
21	Gufrova Muiassar	Teacher (Math & Physics)										
22	Zokirov Vosit	Government Deputy										
23	Abdulloev Khurshed	Textile Engineer										
24	Mahmudov Munir	Medical Driver										
25	Rasulova Nargis	Pediatric Nurse										
26	Boboeva Mukaddam	Teacher (English)					45	42	39	57		183
27	Hoshimov Kahramon	Driver										
28	Hojaeva Tutiniso	Medical Nurse										
29	Yokubova Zulfia	Pediatrician										
30	Jurakulova Dilorom	Doctor										
31	Aminjonova Zebo	Medical Nurse										
32	Kaumova Mavluda	Doctor-Therapist										
	<b>Total Hours</b>		<b>161</b>	<b>716</b>	<b>152</b>	<b>50</b>	<b>163</b>	<b>182</b>	<b>186</b>	<b>199</b>		<b>1,809</b>

- **VOLUNTEERS TRAINED**
- **SUPPORT OF VILLAGE LEADERS AND CHAMPIONS**
- **SUPPORT OF ALL SECTORS OF VILLAGE**

The training of volunteers has been a mixed success. In Zos, ten volunteers assisted with the water project, with four members subsequently quitting the committee; four new members have been chosen to replace those who left. One elder in the village has assumed the role of “champion,” helping to see that the water project was completed. Similarly, the doctor in Zos has doggedly worked to ensure that the new clinic be built in the village, working to find volunteers to assist in the construction of the building. Most of the activity in Zos has

progressed with only lukewarm support and encouragement from the mayor. The families in the village actively supported the water project, and with similar enthusiasm, they are volunteering for construction of the new medical clinic.

The situation in the Ovchi-Kalacha region is the exact opposite of Zos. There, the mayor has been the leading champion, working to oversee the bazaar completion and suggesting numerous other projects. Local and regional government leaders are interested in future projects. No volunteer committee, however, has been formed. It appears that while people actively desire the projects, many are hesitant to take an active leadership role.

**a. Community Committee Formation and Participation**

In Zos, ten people were initially elected by their peers to serve on a community committee to oversee the water renovation project. These nine men and one woman all volunteered to work alongside SNI trainers for the purpose of developing a strategy and plan for the project. Throughout the summer-long project, the committee was involved in work scheduling, materials estimating and acquisition, and coordinating the many various tasks required for the project. Beyond the project itself, they attended a month-long training seminar conducted by SNI aimed at introducing development principles and concepts for future project and program benefits. The committee has remained intact despite some setbacks. Four new members have joined the committee, replacing members who lost interest in the committee concept. This Zos committee will begin working on the next improvement project in their village in the summer of 2002 by building a new medical clinic using development techniques and receiving some assistance in purchasing materials from Covenant World Relief.

Committee formation is in process in the Ovchi-Kalacha region. While a formal membership has yet to be created, an impromptu collection of local people is seen as the basis for future consideration. Within the smaller “mahallas” in greater Ovchi-Kalacha, there are people who have displayed initiative and drive. The work in the region has attracted the attention of the Sughd Regional governing body. What is being proposed at this time is that the committee would be placed within the existing formal governing structure, allowing for hierarchical oversight from the regional government. SNI had hoped to maintain a more “grass-roots” level of involvement with the committee and will continue to attempt to influence it in such ways.

**b. Village Initiated Projects**

One of the hoped for results of implementing projects in villages is that people will realize that good things happen when people work together and reach for common goals.

Tea House Construction in Zos

While none of our survey results in Zos revealed a great need for a new “Choi-Hona” (Tajik for Tea House), the fact that the people of Zos began working together to build it was a welcome sight. Materials were taken from previously unfinished structures and reused to construct the foundation and walls of the tea house – a key principle stressed by SNI during the water system renovation project completed months earlier. This future center for social gatherings will go far towards banding these people together and solidifying their sense of community. It may be worth noting that at no point was SNI solicited for help on this village project, and our only contribution was that of encouraging the people working on the project.

### Medical Clinic Construction in Zos

In July 2002, work will commence on the second SNI sponsored building project in Zos village. A new medical clinic will rise from the ruins of what was at one time meant to be a public bathhouse. The existing site will be cleared and any salvageable materials used in the new project. The village committee functioning in Zos is being called upon to take up the leadership roles required to see this project through to completion. SNI trainers will continue to input advice and direction as the building progresses, working to coordinate material donations with work schedules and plans developed by the committee members overseeing the project.

The village survey revealed this building project as the second priority in the village and the residents are very pleased to see it taking place in their community. The clinic will replace an existing makeshift clinic now located on the third floor of the local government building, where many people struggle to climb the cold, unlit stairway and there is no running water or heat. The new structure will be at ground level, and will seek to incorporate the new water supply in the village along with a heating system and electricity. A scheduled date for completion is set for November 2002. This project will be funded by Covenant World Relief.

### Bazaar "Gateway" Construction in Kalacha

The opening of the Kalacha bazaar in May was a welcomed event for the people of Ovchi-Kalacha region. At the end of the building project, local officials asked SNI for additional materials to build a proper entry gate to the site. SNI declined the request, but encouraged the people to use their own initiative for this small project. As a result, the people determined that even if SNI was unable to assist with the project, they could do the job. Work is now in the planning stages for this archway, and although it represents a purely aesthetic enhancement, it does show a willing desire of the people in the village to work together for future improvements to their community.

## **2. COMMUNITY WORKSHOP CLUBS**

In addition to doctors working in the PIK program, SNI also employs teachers for similar goals aimed at supplementing the education system found in the target villages. Four educators have completed over 431 hours of teaching with most classes beginning in February 2002 (details in chart on page 14). Topics are chosen by local people, and include English language, mathematics and accounting. Each class sets its own schedule and is designed to coincide with the daily lifestyles found in the outlying villages.

Another educational thrust is that of local "community workshop" clubs. These classes are of the vocational variety, and are intended to boost the skills of local people that will enhance their ability to earn a living and alleviate the harsh realities of living in these settings. To date, SNI has completed 3 community-based workshops aimed at introducing applicable life training for people in need. Skills for welding, carpentry and sewing were selected by the people, and taught by local volunteers.

Of the 84 students initially enrolling in the various courses and training, 73 completed the training at or above satisfactory levels. All "graduating" students were required to maintain 90% minimum attendance records, with many achieving 100% attendance during the month-long courses.

The welding workshop club had mixed results. After receiving their training, three men from the welding workshop left for Russia with their newly acquired skills. Two members, however, received employment, assisting on the Kalacha bazaar construction.

The sewing course was a large success with every student graduating. Many have already sewn new clothes for their family members. One woman has secured an order for making work gloves, which she hopes will provide stable income for her and her family.

The carpentry course concluded with mixed results. Unfortunately, the course instructor left Tajikistan for Russia after two weeks. His brother agreed to take his place, but was less than enthusiastic about the job when he discovered it was a voluntary position. In addition, problems with reliable electrical supply forced the class to focus on use of hand tools rather than power equipment.

While results have been varied, the demand for these classes and others like them is increasing. Future topics will include “secondary level” sewing, basic computers and, possibly, vegetable preserving.

### **3. FOLLOW UP INDICATORS**

Below are the indicators measured after the project is “complete,” aimed at continuing to assess the value of project benefits as well as ownership of the community and sustainability of the project:

- 1) *Sustained improvements in the parameters measured by the survey.* An indication of an overall improvement of the well being of the whole community.
  - Health and Nutrition – CHE lessons and PIK work
  - Education – Expansion of workshop clubs
  - Economics – Opening of the bazaar and the agricultural assistance project
- 2) *A notable decrease of endemic health problems in the community.* An indication of improvements made in areas that previously contributed to ill health.
  - PIK medical clinic work in Zos and Ovchi-Kalacha
  - Water system project in Zos
  - CHE preventative health teaching program
- 3) *Ongoing participation of the volunteers in their own communities.* An indication of the volunteers showing continued initiative in their work and of the community valuing them.
  - Community workshops
  - Community committee formation and participation
- 4) *People implementing what they have learned from the volunteers.* An indication of effective teaching techniques and modeling of new values by the volunteers.
  - Establishing committees
  - Agricultural assistance
  - Village “champions” identified

- 5) *Completion of one self-help project in each community.* An indication of combining resources from within and outside the community.
- Water system renovation in Zos
  - Bazaar construction in Kalacha
  - Agricultural assistance program in Dehai-Nav
- 6) *Community initiating further projects themselves.* An indication of the community's motivation to continue helping itself to improve and develop.
- Tea house construction in Zos
  - Medical clinic construction in Zos
  - Bazaar "gateway" in Kalacha

#### **4. HUMAN INTEREST STORY**

In Zos village there is one particular family which has benefited through the presence of the Habitat for Humanity Payment-In-Kind program, the Lakimova family.

Every Tuesday, our nurse Rano, together with PIK dentist Boboev Shuhrat, travel to Zos Clinic where they receive patients requiring dental treatment. This spring, Mrs. Lakimova was one of 8 patients awaiting treatment through this clinic. When our dentist examined her teeth, they were found to be very bad with many cavities.

During follow-up treatment at his normal work office, our dentist removed 4 front teeth and filled all cavities. He advised her to have a partial plate to fill the gap in her mouth, caused by removal of these teeth. Mrs. Lakimova agreed to this.

While undergoing treatment by the dentist, two of Mrs. Lakimova's sons suffered a relapse of malaria (last year her husband and 3 sons contracted malaria). This meant she had no money to pay for her dental treatment. Upon hearing of her plight, this HFHI beneficiary dentist agreed that he would not accept any payment for the work he had done (estimated value of this treatment was \$10US).

Mrs. Lakimova cried with gratitude at the generosity of this dentist and has vowed to do everything she can to assist in the construction of the proposed medical clinic, scheduled to begin on 1 July 2002.

#### **D. SOLAR OVEN PROJECT**

##### **1. GOALS AND OBJECTIVES**

The establishment of a pilot project for solar ovens to determine the feasibility of this technology at the village level.

## Report Outputs for this Quarter

- The solar oven project was completed in December 2001. Monitoring of the usage of the solar ovens is continuing. This project is continuing with funding from BPRM and MAI.
- A total of 256 ovens were distributed in 6 villages during the entire project.
- Female trainers will continue to monitor each family beneficiary in the 6 villages for the next 6 months to determine the acceptance of this technology.



## 2. MONITORING OF SNI'S SOLAR BENEFICIARIES

This year our solar monitors surveyed USAID beneficiaries from March through June 2002. This spring has been very rainy and cloudy, which is one factor for the lower usage statistics, where only 29% of the ovens monitored were used during March/April (fall of 2001 saw usage as high as 89%). In May and June, as the weather improved, there was a significant increase in usage with 58% of the ovens monitored in use. As we approach July and August, the hottest and sunniest time of the year, we anticipate that usage will once again approach the levels recorded last year. The monitoring that takes place this summer will see if we once again record a high rate of usage.

The solar oven pilot project has made a noticeable impact not only in the Khatlon region, but also in Tajikistan as a whole. Surrounding neighborhoods and villages have requested that SNI supply them with training for solar ovens. People can see the value of using the sun's energy for cooking, along with the economic savings of using this technology. Families do not need to purchase fuel for cooking when they rely on solar heating. In 2002, the Khatlon government requested 20 solar ovens to assist families in the Kulylob district and they promised to pay 50% of the costs for these ovens. SNI hopes to fulfill this request later this summer. Another area that has taken interest in our solar oven project is in the Sughd region. The SNI field office there has started with 40 solar ovens for Zos village. Our solar trainer has given the SNI Khujand staff a two-day solar seminar in June 2002. This technology is also being tested in the Pamir Region by the Aga-Khan Foundation, who is very interested in exploring an alternative to using wood for cooking. There is a good possibility in the future for this program to expand thanks to the cooperation of USAID. SNI is assisting a further 100

families this year in two additional villages in the Khatlon region with the assistance of BPRM, and would like to assist villages next year in the Farkhar district where USAID assisted earthquake victims in March 2001.

## **E. MICRO-CREDIT PROJECT**

### **1. GOALS AND OBJECTIVES**

The goal of the micro-credit project is to increase employment and family income of village families, thereby improving the diet, health and overall wellbeing. Having received permission to move the micro-credit program to northern Tajikistan, SNI began its work in the Sughd (former Leninabad) region in February 2001. A total of 40 loans were distributed in southern Tajikistan's Khatlon region (these loans were distributed by NASME), and 949 loans were distributed in the Sughd region by Development Fund, exceeding the target. During the entire 20 months of this USAID project, a total of 989 loans were distributed.

The objective of the program is:

- a) To encourage needy farmers by supporting and rendering some financial assistance for their activity. Many farmers have quit farming because of the economic situation in rural areas.
- b) To help project clients with micro-credit loans.
- c) To enable clients to work independently on their farms in the future, using their own finances to run their farms.

### **2. BENEFICIARY TRAINING**

One of the main reasons for this project being successful and achieving 100% repayment is a training program, developed by Development Fund (DF). Project clients receive 40 hours of training on how to create a Solidarity Group, the basis of micro-finance, agribusiness, accounting, marketing and money management. The most important component of this training, however, is that the project clients are trained to efficiently prioritize spending of loans, business income, and timely repayment of loan and interest. For this purpose, each project client is trained in preparation of monthly cash flow, record keeping of all expenses and income, loan amount, income, loan repayment and loan interest.

Besides the training seminars and before getting the next loan, each project client reports on his/her income to a micro-loan officer and Solidarity Group, showing his/her cash flow projections and records. All of this documentation is examined and approved by the Loan Committee together with Solidarity Group members.

### **3. MONITORING OF PROJECT CLIENTS**

During implementation of the project, the micro-loan officers conduct monitoring of loan usage for declared purposes, timeliness of Solidarity Group meetings, leadership activity, and loan and interest repayments. At the same time, micro-loan officers inform project clients about changes of the USD exchange rate at the National Bank of Tajikistan, as loans are received and repaid in accordance with the exchange rate of the National Bank.

The cashier checks to ensure that the Solidarity Group accountant has collected the “Risk Fund” amount. The loan inspector and senior accountant analyze the status of the loan portfolio to inform the Project Manager and Loan Committee to facilitate a decision regarding loan size for project clients for subsequent project stages. An agribusiness specialist conducts monitoring and consultation by way of visiting project clients’ houses.

#### **4. SOCIAL BENEFIT OF PROJECT**

During project implementation, DF employees have tried to increase loan efficiency, thereby increasing family income resulting in resolution of family economic problems. As one can see from the clients’ attached messages, practically all project clients have improved their financial status. Accordingly, they can improve the social status of the family. It is necessary to mention that specialists consult with the project clients on planning the family budget, including decreasing expenses for traditional arrangements (weddings, family celebrations, etc.).

Micro-finance programs help to wean communities away from humanitarian relief aid, requiring individuals to be responsible for their own social and economic improvement. Micro-credit clients realize that the government will not provide for all of their needs, nor will INGOs give out aid handouts continually. People are given the training tools to make a living and improve the social status of their families.



**Father and children involved in raising lambs**

#### **5. SOLIDARITY GROUPS AND CLIENTS**

The creation of Solidarity Groups helps project clients gain skills in the independent resolution of problems. The presence of Solidarity Groups in the community results in group members becoming proactive, mobilizing the most active members of the community for independent resolution of community problems.

A total of 56 Solidarity groups were established during the life of this project. While these groups range from as small as four members to as large as eleven clients, nearly one-half of these groups consist of six to seven members (48%).

Size of Group	Number	%
4	1	2
5	10	19
6	15	26
7	12	23
8	9	15
9	1	4
10	5	9
11	1	2
<b>Total</b>	<b>56</b>	<b>100%</b>

### PROFILE OF CLIENTS

Characteristics	Number	%
Gender		
Men	118	30%
Women	269	70%
Size of Family	Avg 5.5 Members	
Living Conditions		
Good	112	29%
Fair	218	56%
Poor	57	15%

All beneficiaries are observing their loan repayment schedule and are paying 2% interest per month on the principle with semimonthly payments. As of the end of May 2002, none of the clients have been late in their payments and none have refused to pay back their loans. This reflects on the quality training and the screening process used by DF, along with the positive influence that Solidarity Groups play in guaranteeing loan repayment. All loan clients are members of a Solidarity Group and these groups use peer pressure to ensure payment. Through the life of this program, only 14 clients had been removed from a Solidarity Group or were refused a repeat loan by other group members.

### 6. LOAN CLIENT TRACKING RESULTS – MAY 2002

Since the micro-credit project was transferred to Khujand in March 2001 and Development Fund assumed local implementation of the program, the program easily achieved its target. DF screened and eventually trained 387 active clients, exceeding the goal of 320 clients. The total loan pool at the end of May was \$18,000, on target with the original plan. A total of \$86,625 was distributed to a total of 387 people in the Sugdh region through the end of March 2002, representing a total of 1,082 loans for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> stages. Most of the loans were for

four months (49%), followed by three months (32%). The shortest time period for a loan was two months, with the longest repayment period being five months. The mean, or average, size of the 1,082 loans distributed was \$80. First-time loans of \$45 numbered 387 for a total of \$17,415. Second loans of \$45 to \$150 were received by 306 individuals for a total of \$25,285; 260 clients received a third loan of \$50 to \$200 totaling \$27,510, and 115 clients received a fourth loan of \$50 to \$200 representing \$14,635. Only 13 clients reached the fifth loan stage, with loans of \$100 to \$180, totaling \$1,680.

The primary reason that only a few people received 4<sup>th</sup> and 5<sup>th</sup> loans was due to the limited size of the loan portfolio – there was only a limited amount of money available to distribute. Despite these problems, we achieved 100% repayment by the end of May 2002.

In line with the objectives of this program, this DF implemented project successfully attracted women, who represented 70% of the total clients in the program, 269 out of 387 individuals. With an average family size of 5.3 people for each of the loan recipients, this loan program had a direct favorable impact on the economic wellbeing of over 2,000 men, women and children. A detailed client table is attached.

Supporting the objective of the program to assist the disadvantaged, the majority of the loans, 85%, were distributed to recipients in fair to poor living conditions. Loans were distributed to clients in 13 villages in the Sughd Region.

Ninety-two percent (92%) of the loans were for agricultural related activities. The primary activities for the loans included cattle breeding - 60%, sheep breeding - 22%, poultry farming - 4%, sewing production - 4%, vegetable growing - 2%, bakery - 2% and other type of activities – 6%. Detailed explanation is provided in the following table.

Development Fund (DF) is continuing to implement the micro-credit program with the support of other private donors. It is the intent of SNI to see that this program become self-sustainable, where DF will not need any additional money to implement this program. This SNI micro-credit program successfully provided clients with small loans up to \$200 in size, and this success stimulated some clients to ask for larger loans for bigger projects, loans from \$500 up to \$5,000. At this time, DF has started a Micro-Credit Project funded by Mercy Corps, and they have agreed that some of the SNI clients can qualify for these larger loans.

## PROFILE OF THE LOAN

Characteristics	Number	%	Total Amount of Loans Distributed	%	Avg Amount of Loans
<b>Total Number of Loans Distributed</b>	<b>1,082</b>	<b>100%</b>	<b>\$86,625</b>	<b>100%</b>	<b>\$80</b>
# of 1 <sup>st</sup> time loans	387	36%	\$17,415	20%	\$45
# of 2 <sup>nd</sup> time loans	307	28%	\$25,385	29%	\$83
# of 3 <sup>rd</sup> time loans	260	24%	\$27,510	32%	\$106
# of 4 <sup>th</sup> time loans	115	11%	\$14,635	17%	\$127
# of 5 <sup>th</sup> time loans	13	1%	\$1,680	2%	\$129
<b>Loan Size</b>					
\$45	398	37%			
\$50	11	1%			
\$55	15	1%			
\$60	1	*%			
\$70	111	10%			
\$75	46	4%			
\$80	23	2%			
\$90	55	5%			
\$100	302	28%			
\$120	3	*%			
\$130	40	4%			
\$150	46	4%			
\$160	2	*%			
\$170	1	*%			
\$200	28	3%			
<b>Duration of Loan</b>					
2 months	99	9%			
2.5 months	1	*%			
3 months	349	32%			
3.5 months	3	*%			
4 months	535	49%			
4.5 months	47	4%			
5 months	38	4%			
5.5 months	10	1%			
<b># Late/Default Loans</b>	<b>0</b>	<b>0%</b>			

\* < 0.5%

## VILLAGES RECEIVING LOANS

Village	Number	%
Chasma	2	*
D.Holmatov	9	2
Ghoziyon	1	*
H.Usmon	14	4
Ismoil	16	4
Ispisor	88	23
Khujand	30	8
Pakhtakor	6	2
Qistakuz	52	13
Unji	61	16
Yava	49	13
Gafurov	37	9
Dj.Rasulov	22	6
<b>Total</b>	<b>387</b>	<b>100%</b>

## TYPE OF ACTIVITY

Type of Activity	Number	%
Cattle Breeding	651	60
Sheep Breeding	243	22
Poultry Farming	46	4
Vegetable Growing	25	2
Plant/Flower Growing	9	1
Rice Growing	12	1
Drying Fruits	9	1
Sewing	42	4
Bakery	17	2
Pig Farming	4	*
Flour Mill	6	1
Beans Gowing	2	*
Confectionery	5	*
Ice Ceam Production	3	*
Buying/Selling/Other	8	1
<b>Total</b>	<b>1,082</b>	<b>100%</b>

## APPENDIX

### 2002 SOLAR OVEN MONITORING - KURGAN TEPPA TAJKISTAN

#### Markzsim Village                    1.04.02   4.04.02   7.06.02   12.06.02   17.06.02   18.06.02

Number of Families Monitored	28	24	10	15	14	13
Solar Ovens Being Used	0	0	7	5	6	9
Solar Ovens Not Being Used	28	24	3	10	8	4

#### Howvaskor Village                    25.03.02   31.05.02   3.06.02   4.06.02   5.06.02   6.06.02   18.06.02

Number of Families Monitored	40	6	12	4	12	7	7
Solar Ovens Being Used	38	3	9	3	5	5	3
Solar Ovens Not Being Used	2	3	3	1	7	2	4

#### Soxtomon Village                    25.03.02   11.06.02   18.06.02

Number of Families Monitored	28	18	10
Solar Ovens Being Used	1	8	5
Solar Ovens Not Being Used	27	10	5

#### Zarhez Village                    27.03.02   28.03.02   16.05.02

Number of Families Monitored	26	21	36
Solar Ovens Being Used	9	0	21
Solar Ovens Not Being Used	17	21	15

#### Proletar Village                    26.03.02   15.05.02

Number of Families Monitored	37	34
Solar Ovens Being Used	1	26
Solar Ovens Not Being Used	36	8

#### Mopr Village                    28.03.02   29.03.02   15.03.02

Number of Families Monitored	26	19	43
Solar Ovens Being Used	0	2	35
Solar Ovens Not Being Used	26	17	8