# COUNTERPART INTERNATIONAL

# HEALTH NGO CAPACITY BUILDING INITIATIVE FOR CENTRAL ASIA

## QUARTERLY REPORT

**August 1, 2001 – October 31, 2001**

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## Table of Contents

A. Project Purpose .....Page 3

B. Project Impacts .....Page 3

C. Project Activity .....Page 4
- Management overview .....Page 4
- Objective 1 .....Page 5
- Objective 2 .....Page 8
- Objective 3 .....Page 11

D. Coordination and Cooperation.....Page 12
E. Leveraging……Page 13
F. Lessons Learned .....Page 13

**Attachments**

1. Training Highlights.....Page 15
2. Monthly Report Revised Format .....Page 16

## A. Project Purpose

The purpose of the Counterpart project component is to:

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

## B. Project Impacts

**KAZAKHSTAN**

***PCA Exercises Lead to Establishment of a New Center for Children***

Recent PCA exercises conducted by the *Association of TB Patients* in the Akshi village of the Almaty oblast revealed that there are more than 200 children whose parents are infected with tuberculosis. In order to avoid leaving their children without supervision, many of these parents forgo the necessary treatment, hospital visits and overnight stays required for appropriate care of their illness. To address this problem, the *Association*, in conjunction with local government officials (akimat), mass media, and the tuberculosis hospital, opened the *Medical-pedagogical Center for Children* in order to provide educational services and supervision to children of TB-stricken parents. Counterpart provided supplemental funding for the project with 67% of the total project funds coming from the NGO and the TB hospital.

**KYRGYZSTAN**

***Funding by the Kyrgyz Government Helps Reduce Cardio-Vascular Mortalities***

In Kyrgyzstan cardio-vascular diseases are most likely to result in mortality. The most widespread are hypertension and cardio-coronary disease which constitute 70-80% of all cases. A majority of people suffering from hypertension does not possess even the most rudimentary knowledge of preventative measures and, cannot afford the required medicine even when they are aware. Members of the *Club*, together with the *National Center of Cardiology and Therapy*, designed the project "Increase of Efficiency in the Prevention and Cure of Cardio-Diseases and Hypertension in Ambulatories and Polyclinics of Bishkek". All *Club* members were involved in the design of the project and applied skills they received during Counterpart trainings in "Project Design" and "Fundraising". Eventually, they won an open competition among health care institutions of the Kyrgyz Republic, funded by the Obligatory Medical Insurance Fund of the Republic of Kyrgyzstan. Since the launch of the *Club's* new program in August, the Club has already achieved the following results:

- Two family medicine ambulatories received 25 tonometers, which replaced their 10-year old machines; medicine has been provided free-of-charge for patients of the polyclinics and the school.
- Polyclinics have received visits from 120 people and received new equipment; a "School of Hypertensives" was established to educate patients and has a current enrollment of 200 people.
- After 3 months of training 47% of respondents showed sufficient knowledge of hypertension prophylaxis measures.
- The number of cases resulting insulite decreased (1 in the school and 8 in the polyclinics) and coronary heart disease rates decreased (7 in the school and 15 in the polyclinics), resulting in a decrease in mortalities.

**UZBEKISTAN**

***Fight Against Goiter***

The Fergana Valley has long been at the center of endemic diseases. Over the last 5 years this situation has been worsened by a decrease in preventative measures to fight goiter. As a result of a lack of appropriate medicine and access to iodized salt, the number of cases of goiter prophylaxis has increased dramatically. The *Association of Endocrinologists* received funding from ZdravPlus to implement the goiter prophylaxis project "Our Health is in Our Hands" in four rural primary health care facilities of the Uchkuryuk region. Altogether, 24 training seminars have been conducted for women of reproductive health age using interactive methods of teaching during 6 months. Brochures were disseminated and posters were used during the seminars. Overall, 720 people were taught in goiter prophylaxis as well as informed that population living in the center of endemic diseases dissemination must take iodized salt. Finally, the doctors conducted medical examination of participants at the seminars in order to reveal early stages of goiter. Counterpart provided this NGO with equipment; and, moreover, because of the trainings attended (e.g. Project design), the professional level of trainers from this NGO has increased significantly. As a result of the project activities:

- the number of goiter diseased in these regions diminished by 8.6% over 6 months;
- iodized salt emerged at market places and stores (the salesmen who responded to the survey conducted by the Association of Endocrinologists reported an increased demand for iodized salt among customers); and
- the project outcomes were reported to the oblast dispensary of endocrinology where the officials decided to provide these particular rural health care facilities with medicines required for goiter prophylaxis and treatment.

## C. Project Activity

### Management Overview

The following staff changes occurred during the last quarter:

- Aizhan Mukanbetkalieva joined the HNCBI as Regional Coordinator on August 6, 2001 replacing Yenlik Zheteyeva who left for the United States to continue her studies at graduate level.
- Svetlana Muzurupkhanova in Kyrgyzstan was promoted from intern to program assistant for the period from September 2001 to March 2002.

A general monthly reporting format was developed by the HNCBI Regional Coordinator to gather monthly data on the adjusted indicators. This is the result of discussions with USAID on performance monitoring and evaluation. The addition of a monthly report, to be completed by each country Health PC in conjunction with target NGOs, allows Counterpart to track achievement of particular indicators in a more timely manner.

**Staff Development**

***Regional***

The Regional Coordinator attended the Counterpart trainings in Advocacy (TOT) and Community Action Grant project development in Almaty in September 2001.

***Kazakhstan***
The regional coordinator met with Members of the Board of two organizations in Semey: *Association of Family Physicians* and *Association of Nurses*. Accomplishments, challenges and further development of abovementioned organizations, as well as their suggestions were discussed.

***Kyrgyzstan***
The Program Coordinator Chinara Kamarli and Program Assistant Svetlana Muzurupkhanova took part in the following trainings: *Social Partnership*, *Strategic Planning*, *NGO Management*, *Impact Writing*, and *Public Education through the Media*.

The Regional Coordinator traveled to Bishkek on September 27-29 to meet with four target health NGOs and discuss program implementation in Kyrgyzstan.

***Uzbekistan***
Health PC Shukhrat Aripov participated in *Impacts Writing* training on August 1in Tashkent and *Governance* training in Kokand from October 12-13.

Dina Mukhamadieva, Program Director of Counterpart Uzbekistan and Aizhan Mukanbetkalieva, HNCBI Regional Coordinator traveled to Fergana and Kokand on September 20-22, 2001 to meet with seven target health NGOs and discuss program implementation in Uzbekistan.

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

### KAZAKHSTAN

**Strategic Planning**
A training in Strategic Planning has been planned for January 2002. It has not been conducted earlier, as the Health PC decided to build the skills of NGOs in other areas and reinforce their roles as NGOs prior to beginning the strategic planning process.

**Governance**
Two target organizations, *Meyrim* and the *Association of Family Physicians* (Zhezkazgan), have started creating an Advisory Board. Meetings with potential Board members have been conducted in each organization, during which the role and function of an Advisory Board were discussed.

**Human Resources**
Recently the *Kazakhstan Association of Family Physicians* hired an Executive Coordinator to plan the NGO's activities, prepare reports, liaise with other NGOs and donor agencies, develop grant proposals and perform a wide variety of other tasks relevant to the NGO. The NGO is able to pay for this staff member as a result of funds collected through membership fees. The Health PC helped the organization develop a recruitment and selection plan for hiring the Executive Coordinator, including identifying the volume of work, designing job description and setting up eligibility criteria. Counterpart also assisted the Association by providing initial trainings to the newly-hired Executive Coordinator in NGO management and the whole range of trainings essential for NGOs.

**Volunteer Management**
As a result of the Counterpart training and consultations in volunteer strategies, the *Meyrim Association*, comprised of mid-level medical workers, involved six volunteers in its work and signed an agreement with them. The primary responsibilities of the volunteers are caring for and nursing disabled people, providing e-mail services, and translating documents into Kazakh.

**Financial Sustainability**
As a result of OD assessment and developed Community Action Plans, two target health organizations created a database in order to monitor membership fees. After attending the *Financial Accountability* training, accountants from two target organizations identified the need for effective financial management within their organization. Consequently, they introduced a system of reporting on membership fees.

The *Association of Consumptive TB Patients* has proceeded to the final stage of the *Development Marketplace* project designed by the World Bank. The final stage will be held in Washington DC and a representative from the organization will make a presentation on the proposed project "Contagious TB Decrease Among Rural Inhabitants". The *Association of Family Physicians* (Semey) received a computer from Abt Associates as a donation within the framework of technical support. This increase in physical capacity has alleviated the burden of maintaining daily correspondence, creating new projects, and filing documents.

**Membership Development**
This past quarter the *Association of Consumptive TB Patients* increased its membership from 55 to 70, and is continuing to grow. This increase is the direct result of PCA and CAP activities in the community, as patients are gaining self-confidence and are motivated by the active work of the *Association*.

**KYRGYZSTAN**

**OD Re-assessments**
During the last quarter the second round of OD assessment was conducted for all target organizations in order to identify changes that have occurred since the first OD assessment. The following tools were used for this purpose: interviews with personnel, clients and partners, documentation research and informal conversations culminating in the organizations' self-appraisal of their capacity against the Model of Sustainable NGO.

1. *Medical Ecological Center "Tcirina"-Talas*. The results of the OD re-assessment revealed that personnel gained substantial expertise in NGO work. There is an increase in providing advocacy services (irrigation channel for village citizens was built through efforts of NGO and community), volunteerism (2 volunteers were brought in), and 2 new communities emerged. There is an explicit need to reinforce the work with mass media and acquire an office for the NGO. The NGO staff will discuss at their next meeting what components need to be strengthened and a subsequent capacity building plan will be developed.

2. *Club of Hypertensives-Bishkek*. The following accomplishments were identified: new project proposal was approved and already executed by the *Club* and service area was expanded to the southern region of the Republic. However, it turned out that only one person is actively involved in Counterpart trainings and implementation of the capacity building plan. There is no clear division of work responsibilities, there is a lack of volunteer

involvement, and there is a lack of consistent cooperation with mass media. In conclusion it was agreed to discuss all obstacles and elaborate action plan to address identified weaknesses at the next staff meeting.

3. *Family Group Practitioners Association –Bishkek.* The following accomplishments were identified: new service has been introduced (a computer classroom was installed and computer education is being provided); there was an increase in advocacy services (2 doctors and all personnel of city policlinic #5 were reinstated after the general meeting conducted by Association: otherwise they would lose their work places); and new partner relationships with similar NGOs from developed countries emerged. At the General Assembly it was decided to collect membership fees on a permanent basis from each FGP. The following obstacles were revealed: there are neither permanent volunteers nor partners in developed countries. Accordingly, the NGO will focus on volunteers and network development in its next capacity building plan, to be submitted within 3 weeks.

4. *Hospital Association of the Kyrgyz Republic.* Personnel have gained knowledge and tools in NGO work. The major achievements include the involvement of four volunteers working on a permanent basis and the launch of a web site designed by a computer specialist. At a general meeting the work of the HA was evaluated as excellent. It was decided to collect membership fees from each hospital on a regular basis. According to results of the OD assessment, the following categories were selected for improvement: network development, relationships with mass media, cooperation with government and private sector.

*5. Sanitas.* The NGO made forward steps toward financial sustainability. Three wards now can serve 9 in-patients; since opening 100 people have paid for treatment**.** Benefits were used to repair premises and cover staff salaries. Successfully conducted roundtables enabled *Sanitas* to inform the community about NGO activity and establish cooperation with local authorities and the community. At the same time, the absence of governing body was considered a weakness.

*6. Geneco.* There is a need for an effective working staff team and Board of Directors. Staff is not motivated to develop the organization and the Board is not aware of the NGO's activity. The office space of the NGO was taken back by the Hospital without reimbursement of expenses for repairing the premises. At present, there is only one service provided – distribution of humanitarian supplies. It was agreed that Counterpart staff would conduct a site visit with the consequent development of capacity building plan. Counterpart will give a three-month probation period before signing a contract with the organization.

**Strategic Planning**

The Program Coordinator and Program Assistant conducted a practical workshop on strategic plan development with all six target NGOs. Organizations were provided with the main instruments and methods for strategic planning and each NGO received a manual. It was agreed that program staff would conduct follow-up in order to help NGOs have solid strategic plans. Strategic plans will be submitted by the end of December 2001.

On October 30-31, 2001, case management meeting on 6 target NGOs took place. According to results of the meeting it was decided to provide a follow-up on strategic planning for all target NGOs with active consultations during elaboration of the Strategic Plan. All recommendations given at the meeting were forwarded to organizations.

**Governance**
Five target NGOs have Board of Directors: *Tcirina*, *Geneco*, *Hospital Association*, *FGP Association*, and *Kyrgyz Club of Hypertensives*. After regional conference on *Governance* the program coordinator will conduct follow-up in *Sanitas* to help them establish a governing body.

**Human Resources/Volunteer Management**
*Hospital Association* has recruited four volunteers on a permanent basis: an English teacher, two medial students, and a computer specialist (who designed the NGO's web site). *Sanitas* has increased its team of volunteers to 80 people.

**Financial Sustainability**
*Tcirina* won a grant in the amount of $1,700 from ACT to purchase of office space and equipment and implement a program on goiter prevention. *Sanitas* embarked on a fee-for-service strategy for provision of treatment for incoming patients (100 people have been served so far).

**Membership Development**
At the general meetings of *Hospital Association* and *Family Group Practitioners* it was decided to have a fixed membership fee. This decision was supported by all members. Since *Hospital Association* and *Family Group Practitioners* are 100% membership organizations there is no increase in membership.

**UZBEKISTAN**

**Strategic Planning**
During the last quarter two more health NGOs (*Umr* and *Association of Endocrinologists*) developed their Strategic Plans with the help of Counterpart staff. *Association of SVPs* is increasing its membership fees to cover the salaries of the Executive Director and accountant and office rent. *Esculap's* strategic plan was revised. It is planning to create a Resource Center for medical professionals in Kokand city and charge for some services. This action is included in the strategic plan of the organization and is a part of Mentoring Partnership Grant proposal they submitted. *Association of Endocrinologists* developed the project proposal to establish a Diagnostic Center and submitted it to Japanese Embassy. Within the framework of the *Center's* activities it is planned to charge for certain services.

**Governance**
*Association of SVP* and *Center of Reproductive Health "Saodat"* have established a Board of Directors as their governing bodies.

**Human Resources**
*Association of SVP* has one paid position, the Executive Director, who regularly participates in Counterpart trainings. *Center of Reproductive Health "Saodat"* changed Executive Director's twice because of misunderstandings between the Executive Director and the Board. At present the NGO does not have an Executive Director.

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

**KAZAKHSTAN**

**Participatory Community Appraisals**

Target health NGOs were trained in Participatory Community Appraisal tools and techniques, facilitation skills and Community Action Plan development. Initiative groups consisting of community members and stakeholders in alliance with target NGOs elaborated Community Action Plans based on the following PCA results:

| NGO | Community | Key problems identified |
|---|---|---|
| Association of Consumptive Patients | Ex-TB patients and medical workers of Akshy village | • Poor awareness of TB symptoms and availability of free of charge treatment<br>• Problem of leaving children without looking after them while parents/relatives stay in hospital (3 months treatment course)<br>• Negative attitude of the population towards TB patients and their families<br>• Financial problems because of unemployment |
| Association of medium tier medical workers "Meyrim" | Patients of nurses' department in Zhezkazgan | • Lack of medical equipment and general supplies<br>• Connection within department<br>• Lack of medicine<br>• Lack of human resources in department |
| Association of Family Physicians (Zhezkazgan) | Hostel inhabitants on the area of SVA (rural primary health care facilities) | • Needs for repair work<br>• Unemployment<br>• High children sickness rate (including traumatism)<br>• Poor awareness of drug and alcohol addiction threat among hostel inhabitants |
| Association of Family Physicians (Semey) | 1.Patients of SVA # 9<br>2. Patients of SVA "Zholaman" | • Lack of free time organization for teenagers (absence of possibilities to visit sport clubs)<br>• Insufficiency of free of charge equipment at clubs for teenagers<br>• Lack of general prophylaxis knowledge<br>• Presence of cardiovascular diseases or problems in almost every family<br>• Inappropriate environmental situation in city which influences health of population |

**Community Action Plans**

Six target organizations during the last quarter conducted 5 PCAs and 5 CAP were developed. Consequently, two CAP resulting in CAGs were funded by Counterpart. The Counterpart Coordinator attended three PCAs, helping to facilitate the first, and provided consultations on PCA implementation plans.

**Education and Advocacy Campaigns**
The *Association of Family Physicians (*Zhezkazgan) is conducting a campaign to decrease infant mortality in Zhezkazgan. The main activities include: weekly reports to the local hakimat, work with the community in local hostels, and active participation of nurses in the "Grow up healthy children" campaign, in conjunction with the ZdravPlus program. Under the latter, each ambulatory organized information booths where members of the *Association* distributed booklets and leaflets on children's health. In addition, the campaign was promoted tthrough local media. On October 29 the first part of campaign was finished and reports from each ambulatory were collected. A press conference was planned for November 6 to reveal campaign results. According to initial results, all families with children younger under one year of age were educated.

**Health Micro-Projects (Community Action Grants)**
A Grant Review Committee for health NGOs took place on October 9 to review three project applications:

- "Mercy" project proposal from *Meyrim Association* of mid-level medical workers
- "Creation of school for patients with bronchial asthma" project proposal from the Kostanai branch of *Kazakhstan Association of Family Physicians*
- "Opening of medical-pedagogical centre for children in Akshy village" project proposal from *Association of Consumptive Patients*

The Grant Review Committee recommended two projects for funding: the *Meyrim Association* ($5,933) and the *Association of Consumptive Patients* ($4000). The agreements were signed with the grant recipients and a small workshop on the administration of grants and financial reporting was conducted for them.

**KYRGYZSTAN**

| Name of NGO | Place | Participants | Name of the problem |
|---|---|---|---|
| *Sanitas* | Bishkek | 25 | • Insufficient access to qualified medical service<br>• Increase in drugs consuming among youth |
| *Geneco* | Cholpon-Ata | 30 | • Inadequate sanitary hygienic conditions in city public places |

**Health Micro-Projects (Community Action Grants)**
On October 10 two CAG applications submitted by the *Hospital Association* and *Tcirina* were discussed at the Grant Committee Meeting. CAG submitted by the *Hospital Association* was approved in the amount of $2,837 to purchase a surgical set for city hospital No 6, which will strengthen the sustainability of the hospital by allowing them to introduce paid services in the near future.

The CAG from *Tcirina* sought to provide the central rayon hospital in Talas with an autonomous electric station and was sent back for revision with recommendations from Grant Review Committee.

## UZBEKISTAN

### Participatory Community Appraisal and Community Action Planning

- *Medical Center "Esculap"* conducted a PCA in mahalla #52 on August 6-7 in Kokand. 18 people from the community participated. Such priority health issues as unawareness of the prevention of infectious and parasitic diseases were identified. A roundtable was conducted and after that CAP was developed on August 24.
- *Reproductive Center Soglom Ayol* conducted a PCA in mahalla #20 on August 7 in Kokand. 20 people from the community participated. Such priority health issues as anemia were determined. Following the PCA, CAP was developed on August 17.
- *Association of SVPs (rural health care facilities)* conducted PCA in SVP "Sharq yulduzi" on October 18. 18 people from the SVP participated. Priority issues such as non-satisfactory condition of the building of SVP, low gas pressure in this community and periodical light switching were identified during the PCA. Following PCA analysis CAP was developed and at the end of CAP community of the SVP came to conclusion that they can solve the identified problem of need in maintenance work by themselves.
- *Association of Endocrinologists* developed CAP on August 10 based on PCA analysis conducted on May 10-11 in mahalla #14 in Kokand. CAG was approved in the amount of $4,048 to support the opening of a medical post and raise awareness through seminars and prophylaxis activities.

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

## KAZAKHSTAN

### Health Service Social Partnerships

Two target organizations: *Association of Consumptive Patients* and *Meyrim Association* signed an agreement about partnership, under which they will open branch operations. The aim of this partnership is to improve the quality of services in Primary Health Care by expanding their services geographically and sharing experience on a regular basis.

### Health Policy Social Partnership

*Association of Family Practitioners* presented the report "The Role of the Health NGOs in Health Care System Reforming" at the International Conference "Development of the Health Care Strategy of Kazakhstan in XXI Century" held in Almaty in May 2001. It attracted attention to the problem of Family Medicine and, as a result, director was invited to participate in the creation of the Family Medicine Strategy in the Republic of Kazakhstan by the Committee on the Development of the Family Medicine Strategy. First meeting was schedule for the third week of November.

## KYRGYZSTAN

### Health Policy Social Partnership

The representatives of local authorities, partners and clients took part in roundtable discussions:

1. *Geneco*: according to the results of PCA (inadequate sanitary-hygienic condition of the city), initiative group was selected to develop CAP.
2. *Sanitas*: conducted a roundtable on the theme of community problems and ways of solving them.
3. *Hospital Association of the Kyrgyz Republic* and *Association of Family Group Practitioners* conducted roundtables on the emergent problems of the organizations and social partnership as a key factor for effective cooperation.

As a result of roundtables there was an increase in community trust of NGO services. Most importantly, six social partnership agreements were signed.

### Country workshop

A country-level workshop on the Health NGO Capacity Building Program took place at Issyk-Kul on August 17. The main issue discussed were results achieved according to capacity building plans, challenges encountered by NGOs, main accomplishments and shared experiences.

## UZBEKISTAN

### Health Service Social Partnerships

Medical Center *Esculap* submitted a project proposal for the MPG Program where *Esculap* and Health Administration Department of Kokand city will participate as partners with a Russian NGO. *Association of SVPs* and Regional Health Administration Department reached an agreement about cooperation within a project funded by USAID/ZdravPlus Program. Center *Umr* and the local commercial TV station Mulokot came to an agreement to cooperate together on developing public service videos about the treatment of disabled children.

# D. Coordination and Cooperation

## REGIONAL

Dina Mukhamadieva, Program Director of Counterpart Uzbekistan, Aizhan Mukanbetkalieva, HNCBI Regional Coordinator and Shukhrat Aripov, Health PC met with Melinda Pavin, Representative of USAID/ZdravPlus Program and Zafar Oripov, NGO development and Grant Manager of USAID/ZdravPlus Program in Fergana in order to discuss activities and plans of Abt and Counterpart in working with target health NGOs.

## KAZAKHSTAN

The Health PC has participated in the meeting with Abt Associates in order to discuss further coordination, joint activities and information exchange. During a site-visit to Semei, the Coordinator met with the head of the Public Health Care department in order to coordinate activities. The principles of PCA were explained and the Head suggested two ideas for joint activity with the community.

**KYRGYZSTAN**

FGPA became a member of the World Association of Family Medicine and HA was admitted to World Hospital Association. The deadline for submitting application for Mentoring Partnership Grant was moved to January 15, 2002. Accordingly, target health NGOs are in the process of searching potential partners.

**UZBEKISTAN**

The PC participated in one International Organizations Meeting conducted this quarter. Shukhrat Aripov also had coordination meeting with Zafar Oripov, NGO development and Grant Manager of USAID/ZdravPlus Program.

## E. Leveraging

The Regional Coordinator, Health PC Makhabbat Yespenova and Counterpart Kazakhstan Country Director Marat Aitmagambetov met with Abt Associates on October 17. The following joint activities were agreed upon:

- *NGO staffing support.* Abt agreed to provide funding to hire assistant for each of the four target NGOs in Kazakhstan and on a case-by-case basis in Kyrgyzstan and Uzbekistan. We applied to Abt for an institutional grant to address NGO staffing needs. The assistant will be responsible for planning NGO activities, reporting, liaising with other NGOs as well as donor agencies, developing grant proposals and performing a wide variety of other tasks relevant to NGO. The anticipated amount is $4,800 per year starting from January 2001.
- *CAG.* Participatory Community Appraisals have been conducted in almost all 19 NGOs and they actively involved communities who proved to be very enthusiastic and, consequently, Community Action Plans were developed. However, $10,000 per year per country appeared to be insufficient in order to help communities in a whole range of activities that they are willing to initiate as a result of this PCA research. At the same time, community outreach is one of the main areas of focus for Abt and they are intensely interested in investing in community mobilization projects. Thus, we agreed to have a joint Community Action Grant program sponsored by both Counterpart and Abt. The amount is $100,000 annually starting from February 2001 ($50,000 for Kazakhstan and $50,000 for Kyrgyzstan) with an additional $30,000 for Tajikistan. The MOU will be signed in January 2002.
- *Public Awareness Media campaigns*. Media campaigns demonstrating sound efforts of health NGOs will be influential tools in promoting health NGOs' image as these organizations try to implement new policies and practices appropriate to changing needs of transitional society in CAR. Joint project of Counterpart and Abt will cover a broad range of activities that have been initiated by health NGOs in CAR. Input of Counterpart includes digital devices and workstation; input of Abt includes funding for a professional who will shoot the videos and travel throughout Central Asia. Tentative duration: 6 months.

## F. Lessons Learned

### REGIONAL

Mentoring Partnership Grants turned out to be a major challenge in program implementation; primarily because of the events of September 11, after which potential partners with whom correspondence was initiated rescinded their participation. The Grant Program switched its focus from the US to the NIS region and some partnerships are on the way, but still they were not ready for the first deadline. The Regional Coordinator began corresponding with two potential partners in the US and identified and began corresponding with health NGOs in Ukraine and Russia. It is expected that these actions will eventually lead to partnership agreements.

The deadline for submission of Mentoring Partnership Grant proposals has been moved to January 15, 2002 in order to get thorough proposals, as those two which had received October 15, 2001 appeared not to meet the criteria. On November 10, 2001 the Regional Coordinator conducted a session for all 19 target organizations on the MPG with help from the country PCs to explain the grant program goals, requirements and how to prepare letter of interest to potential partners.

### KAZAKHSTAN

- During the OD assessments it was clear that there is a need for a manager who can be responsible for overall NGO activities. In general, most NGO members are practitioners whose primary responsibility is to perform health care duties while the NGO activities are supplemental. Thus, they work on a voluntary basis, which demonstrates their high motivation, and yet, does not actually lead to effective management of an organization. At the meeting with Abt this issue was raised and Abt agreed to provide additional funding to hire assistant for each of four NGOs in Kazakhstan and the process is being already started. The job description, eligibility criteria and selection process have to be developed by the NGOs with support from Counterpart.
- One of the critical factors in NGO activities is increased awareness of the general population of health issues and their rights, which would ultimately lead to quality improvement of primary health care. At present organizations cannot conduct media campaign themselves, they need help from such organizations as Counterpart and Abt Associates. During the last meeting with Abt this issue was discussed and agreement about a joint project was reached.

### KYRGYZSTAN

- OD assessments have shown that most of organizations do not see the sustainability of the organization in future. Many of them cannot identify their key stakeholders and effective collaboration with them. For this purpose follow-up on development of strategic plan for each organization will be provided separately.
- There is a need for managers in the field of health, as these skills are not adequately developed.
- It is essential to have regular meetings with other target health NGOs in order to share experience, exchange information and implement partnership projects within the Central Asian region.

**UZBEKISTAN**

- Participation of target NGOs in trainings for capacity building provided by Counterpart became very passive. This was discussed at the monthly Case Management Meeting. According to comments and developed action plans, the Health PC conducted a meeting with the leaders of the target health NGOs and identified the primary reason: almost all NGO members work at state organizations and cannot attend trainings on week days. It has been decided to conduct trainings during weekends and, further, to involve representatives from other health NGOs in Kokand city in order to initiate dialogue with more mature organizations and exchange experiences.
- The PC faced challenges working with two health NGOs: *Saodat* and *Kelajak*. Both NGOs have management problems – in that the leaders of these organizations do not pay enough attention to NGO activity and development. There were problems with monthly reporting and participation in trainings. This problem has been discussed at Case Management Meetings and, based on comments and action plans, the PC met with both leaders in order to clarify NGO activities and importance of ownership of the process by an NGO. Notes from the meeting were sent to the Regional Coordinator and copied to Program Director and Country Director of Counterpart Uzbekistan. As a result of these meetings, Kelajak has assigned new director who is very active and working to develop the NGO. The Health PC is more actively involved in the development of these two NGOs and provides them with consultations on a regular basis.

*Attachment 1: Training Highlights*

**KAZAKHSTAN**

| Module | City | # of Trainings | # of NGOs | # of NGO Participants | # of Women | # of Men |
|---|---|---|---|---|---|---|
| NGO and community | Zhezkazgan | 1 | 2 | 21 | 20 | 1 |
| Fundraising | Zhezkazgan | 1 | 2 | 22 | 21 | 1 |
| Social partnership | Almaty | 1 | 6 | 18 | 14 | 4 |
| Volunteerism | Almaty | 1 | 6 | 18 | 14 | 4 |
| PCA | Almaty | 1 | 1 | 1 | 0 | 1 |
| Public education through the Media | Almaty | 1 | 1 | 1 | 0 | 1 |
| Art of facilitation | Almaty | 1 | 3 | 3 | 1 | 2 |
| Financial accountability | Almaty | 1 | 6 | 6 | 6 | 0 |
| Public awareness/ Social marketing | Almaty | 1 | 1 | 1 | 0 | 1 |
| **TOTAL:** | | **9** | **28** | **91** | **76** | **15** |

**Note:** No communities participated in these trainings.

**KYRGYZSTAN**

| Module | # of Trainings | # of NGOs | # of NGO Participants | # of Comm. | # of Comm. | # of Women | # of Men |
|---|---|---|---|---|---|---|---|
| Strategic planning | 1 | 6 | 22 | 0 | 0 | 12 | 10 |
| Social Partnership | 1 | 6 | 20 | 0 | 0 | 11 | 9 |
| Success story | 1 | 7 | 18 | 0 | 0 | 8 | 10 |
| Public education through the Media | 1 | 7 | 19 | 0 | 0 | 13 | 6 |
| Association development for FGPA | 1 | 1 | 24 | 2 | 20 | 15 | 9 |
| Association development for HAKR | 1 | 1 | 25 | 7 | 21 | 11 | 14 |
| Volunteerism | 1 | 6 | 20 | 0 | 0 | 13 | 7 |
| **TOTAL:** | **7** | **34** | **148** | **9** | **41** | **83** | **65** |

**UZBEKISTAN**

| Module | # of Trainings | # of NGOs | # of NGO Participants | # of Comm. | # of Comm. | # of Women | # of Men |
|---|---|---|---|---|---|---|---|
| Social Partnership | 1 | 5 | 9 | 0 | 0 | 7 | 2 |
| Financial Management | 1 | 7 | 8 | 0 | 0 | 6 | 2 |
| Governance and Board | 1 | 7 | 9 | 0 | 0 | 5 | 4 |
| Human Resource Management | 1 | 5 | 9 | 0 | 0 | 6 | 3 |
| Fundraising | 1 | 7 | 13 | 0 | 0 | 9 | 4 |
| Volunteerism | 1 | 7 | 11 | 0 | 0 | 8 | 3 |
| **TOTAL:** | **6** | **38** | **59** | **0** | **0** | **41** | **18** |

## *Attachment 2: Monthly Report Format*

***Counterpart Consortium Central Asia***
***Program of Civil Society and NGO Development in Central Asia Region***
**Monthly Program Update**

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**Program Sector:** *(Community Outreach, Training, other)* _____
**Country:** _____
**Reporting Month:** _____**2001**
**Program Coordinator** _____
*(Name)*

### *Reporting*

1. **Objectives and Accomplishments.**
   Objectives of the month and major accomplishments should be discussed under this section. Brief analysis of results and follow-up steps should be also introduced, if necessary.
2. **Problems and Solutions.**
   Significant problems, issues should be presented and discussed under this section. Proposed solutions and possible impacts would clarify the picture.
3. **Coordination. Meetings.**
   Important meetings and other coordination activities, that might have a significant impact on the program, should be discussed here.
4. **Performance Indicators.**

- # of consultations/meetings by target health NGOs with decision-makers designed to discuss health related problems. Expected frequency: 1 per quarter. A meeting has to have a clear plan and be documented; a brief summary should be enclosed to monthly report to PC (it is desirable that the meeting has some action as a result).
- # of decision-makers who participated in discussions/workshops with target health NGOs. Decision-makers can be considered as "having participated" if they made presentation or facilitated work in a group (this should be documented in workshop agenda and/or questionnaires).
- # of target health NGOs that are active in health policy advocacy (i.e. those that organize 1 workshop or roundtable + 3 events/campaigns during a year which would attract public attention to their activities, mobilize the community to advocate its rights, promote its interests in local media and government and engage decision-makers in these activities). It is necessary to collect all relevant documentation (publications or other media sources, questionnaires distributed within target community, etc.)
- % of target health NGOs that have strategic plans (SP has to include advocacy issues and concrete steps to address them) and regular activities need to be carried out in accordance with it.
- # of policy advocacy workshops/participants in workshops organized by target health NGOs. Please collect training reports and questionnaires. What is the realistic # - 1 workshop per quarter?

### *Planning*

5. **Objectives for the Following Month.**
   Under this section major objectives for the following month should be discussed. These objectives should be correspondent with the Annual Work Plan and should reflect important task that you want to accomplish during the month.
6. **Program Activities for the Following Month.**
   Under this section, please provide a tentative plan of program activities in the country Hub-office for the coming month. Please, use the table form provided.

| ## | Activities | Weeks | | | | Notes |
|---|---|---|---|---|---|---|
| | | **W1** | **W2** | **W3** | **W4** | |
| | | | | | | |
| | | | | | | |
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