



**COUNTERPART INTERNATIONAL**

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

**QUARTERLY REPORT**

**February 1, 2001 – April 30, 2001**

**Submitted to USAID/CAR/OST**

**Grantees Name: Counterpart International**

**Award Number: 115-A-00-00-00034-00**

**COUNTERPART INTERNATIONAL**

**1200 18th Street, NW, Suite 1100  
Washington, D.C. 20036  
Tel: 202-296-9676  
Fax: 202-296-9679**

**36 Zhandosov St.  
Almaty, Kazakhstan  
Tel: 7-3272-98-06-08  
Fax: 7-3272-98-06-06**

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**COUNTERPART INTERNATIONAL  
HEALTH NGO CAPACITY BUILDING INITIATIVE  
FOR CENTRAL ASIA  
QUARTERLY REPORT FORMAT**

**A. Project Purpose**

The purpose of the Counterpart project component is:

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

**B. Project Activity**

**Management Overview**

During this quarter the Letter of Understanding between Counterpart and Abt was signed (see Attachment 1). The HNCBI program description was developed and will be presented on Counterpart's interactive web site CANGONet in late May/early June. The Community Action Grant package was developed for Counterpart's *Program of Civil Society and NGO Development* and will be adapted for the HNCBI this next quarter. Program staff began working on the Mentoring Partnership Grant process and supporting documents. Regional and country Program Coordinators held regular phone conversations and had monthly Coordination Committee meetings with Abt.

On March 16-17 Gerardo Fernandez, USAID/OST Project Management Assistant, visited Kokand and Fergana City. During his visit, Mr. Fernandez met with all target health NGOs and familiarized them with the Mexico City Policy reinstated in January 2001.

From March 22 to April 19 Counterpart International Program Officer Stephanie Sullivan visited Central Asia to monitor a number of programs, including the HNCBI. In Kazakhstan and Kyrgyzstan Ms. Sullivan met with the HNCBI country Program Coordinators and consulted with them on program issues. In Uzbekistan Ms. Sullivan was accompanied by Regional Coordinator Yenlik Zheteyeva, for a series of meetings with target health NGOs working in Kokand and Fergana City, as well as with Abt's Fergana office representatives.

At the end of February our Volunteer/Program Assistant Svetlana Muzurupchanova started working in the Bishkek office. The Program Assistant's job description was developed by the Kyrgyzstan Program Coordinator and approved by Country Director. The main responsibilities of the Program Assistant are administrative assistance and support to the Program Coordinator in conducting the OD assessments and participatory community appraisals.

**Target Health NGO Selection Process**

The selection process initiated last quarter was completed in Kazakhstan and Kyrgyzstan. The targeting process for Uzbekistan was completed last quarter.

**Kazakhstan**

The selection committee meeting was held in Almaty on February 13 and consisted of the following members:

- Courtney Barnett, Abt Associates
- Aida Alzhanova, UNFPA
- Baurzhan Amirov, AIHA
- Valeriya Gourevich, Soros Foundation
- Maiya Tsyganenko, Senior Program Officer/Counterpart Consortium
- Makhabbat Yespenova, Program Coordinator/Counterpart Consortium

Gerry Fernandez, USAID/OST and Yenlik Zheteyeva, Regional Coordinator/Counterpart Consortium observed the selection committee meeting.

The committee reviewed 21 letters of interest. In accordance with selection criteria scoring sheets (see Attachment 3) were filled out and ten health NGOs were selected. Since initially it was planned to work with six target health NGOs in Kazakhstan, Committee decided that Counterpart should make the final selection after getting results of site-visits to chosen organizations. Kazakhstan program staff made site-visits and conducted preliminary assessment of selected ten health NGOs during March and beginning of April. Preliminary assessment reports were developed (see Attachment 4) and presented to Committee members. After the discussion with Abt the following six health NGOs were targeted:

1. *Kazakhstan Association of Family Practitioners*, Almaty
2. *Public Association of Consumptive Patients*, Almaty Oblast
3. *Family Doctors Association*, Zheskazgan
4. *“Meiyrim” Public Association of Medium Tier Medical Workers*, Zheskazgan
5. *Amalgamated Association of Family Practitioners*, Semipalatinsk
6. *SAMS – Semipalatinsk Association of Nurses*, Semipalatinsk

### **Kyrgyzstan**

The selection committee meeting was held in Almaty on February 9 and consisted of the following members:

- Sheila O’Dougherty, Abt Associates
- Courtney Barnett, Abt Associates
- Gulya Zholdibayeva, Abt Associates
- Mary Murphy, Abt Associates
- Yenlik Zheteyeva, Regional Coordinator/Counterpart
- Chinara Kamarli, KG Program Coordinator/Counterpart
- Makhabbat Yespenova, KZ Program Coordinator/Counterpart
- Saule Asylbekova, Administrative Assistant/Counterpart

The committee reviewed 23 letters of interest, filled out scoring sheets according to selection criteria and selected 6 target health NGOs as follows:

1. *Family Group Practitioners*, Bishkek
2. *Association of Hospitals*, Bishkek
3. *Club of Hypertensives*, Bishkek
4. *Tcirina*, Cholpon-Ata
5. *Geneco*, Cholpon-Ata
6. *Family Planning Alliance*, Bishkek

On March 2<sup>nd</sup> Regional Coordinator Yenlik Zheteyeva and Kyrgyzstan PC Chinara Kamarli had a meeting with Abt country representative Mary Murphy and USAID/OST Kyrgyzstan Project Manager Tatyana Dementieva. The goal of this meeting was to discuss Counterpart’s collaboration with *Family Planning Alliance* in accordance with the reinstated Mexico City Policy, which imposes constraints on some voluntary family planning activities. It was decided that Counterpart would conduct a preliminary assessment of the *Family Planning Alliance* in order to determine whether or not activities mentioned in Mexico City Policy are performed by this NGO. Two additional NGOs (*Let’s Save the Health* and *Sanitas*) were considered as possible options to replace the *Family Planning Alliance* in case of its disqualification. A preliminary assessment will be conducted in these additional NGOs as well.

### **Staff Development**

The Kazakhstan, Kyrgyzstan and Uzbekistan Program Coordinators participated in the “Facilitation Skills” training held in Tashkent on February 19-23. Kazakhstan and Kyrgyzstan Coordinators participated in “Strategic Planning” workshops in Almaty on April 11-15 and Bishkek on April 18-21.

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

During this past quarter partnership agreements were signed and the organizational development assessment process was conducted in target health NGOs in Kyrgyzstan and Uzbekistan. The organizational development assessment process will be conducted in target health NGOs in Kazakhstan in the next reporting period.

### **Kyrgyzstan**

#### **Organizational Development Assessment Process**

The organizational development assessment process was conducted by the HNCBI Program Coordinator/OD specialist Chinara Kamarli, Counterpart Consortium OD specialist Vaslat Akhmetov and Counterpart Consortium Grant Manager Baktybek Orozaliyev. Our volunteer Svetlana Muzurupchanova assisted the team in report preparation. Assessments started with a short presentation of the HNCBI, including an explanation of goals and objectives of the assessment. Each assessment took 3-4 days and included such tools as 1) interviews with the NGO's staff, clients, partners, donor organizations, and government representatives; 2) analysis of NGO activity documentation; and 3) completion of Counterpart's standard form of "What a Sustainable NGO Is" which is a self-assessment by the members of the NGO.

In total five assessments were conducted this reporting period:

#### *1. Family Group Practitioners Association*

The mission of the NGO is to provide primary health care to the general population. This NGO is one of the main targets of Abt Associates. As such, Abt was interested in inviting directors from each of the branches of the organization to the assessment in Bishkek so that they could participate in the assessment. Abt covered transportation costs, per diems and accommodation for them. During the assessment twenty people were interviewed. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Planning process
- Funding sources/fundraising
- Financial management
- Staff professional development
- Volunteers
- Network
- Type and quality of services
- Marketing
- Material and technical resources

#### *2. Association of Hospitals*

The mission of the NGO is to support hospitals in health care reform. During the assessment fourteen people were interviewed. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Planning process
- Governance
- Financial resources
- Staff professional development
- Volunteers
- Public relations and mass media
- Interaction with government and business
- Network
- Marketing

### 3. *Geneco*

The mission of this NGO is to promote healthy lifestyles; improve public health by providing effective integrated primary medical assistance and by improving the quality and volume of preventive care; social and legal protection of doctors and patients. During the assessment eleven people were interviewed, although it should be noted that Counterpart's consultants encountered difficulties in gathering the NGO members for interviews and meetings. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Planning process
- Governance
- Financial resources
- Staff professional development
- Public relations and mass media
- Marketing
- Communications and exchange of information

### 4. *Tcirina*

The mission of this NGO is to improve the health of the most vulnerable population through information, consultations and trainings. . During the assessment twenty people were interviewed. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Planning process
- Financial resources/material resources
- Financial management
- Staff professional development
- Volunteers
- Public relations and mass media, interaction with government and businesses
- Network

### 5. *Club of Hypertensives*

The mission of this NGO is to provide effective prevention and treatment of hypertension through the educational programs and trainings. . During the assessment twelve people were interviewed. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Planning process
- Financial resources/fundraising
- Public relations and mass media
- Interaction with government and businesses
- Network
- Marketing

The majority of target NGOs have problems with planning, financial resources, networking, staff professional development, public relations, interaction with mass media and marketing. Three NGOs have boards of directors (*Tcirina*, *Geneco*, *Club of Hypertensives*) and one NGO has a management team (*Hospital Association*). The NGO *Tcirina* is the only organization that actively works with volunteers. None of target NGOs has a long-term plan for financial sustainability. All five NGOs are membership organizations.

## Site Visit Results

Preliminary assessments were conducted in three NGOs and included interviews with only NGO members, clients, donors and partners. Each assessment took 1-2 days. All reports were submitted to Abt Kyrgyzstan and USAID/OST Kyrgyzstan. A summary follows:

### 1. *Let's Save the Health*

Ten people were interviewed and the following areas were identified as weak: financial sustainability, fundraising, governance/boards and material resources. The only sources of funding for this organization are grants provided by UNICEF, UNFPA and Soros. The main service of this organization is conducting seminars and TV programs on family planning issues and the prevention of sexually transmitted diseases. The seminars are carried out in schools, kindergartens and universities, which represent the organization's main clients.

### 2. *Sanitas*

This NGO has experience implementing grant projects for UNDP, UNICEF, Counterpart Consortium, and Mercy Corps. The main activity of the NGO is to disseminate information and conduct trainings on the prevention and treatment of sexually transmitted diseases, AIDS, and drug addiction. Clients include children, young adults and drug addicts. The president of this NGO has attended many Counterpart trainings. During the assessment the following weaknesses were identified: financial sustainability, planning, public relations, interaction with mass media, and networking.

### 3. *Family Planning Alliance*

As a result of internal conflict over leadership this NGO was divided into two organizations – the Bishkek FPA and the Republican FPA. Because of this conflict the NGO was not denied membership into the IPPF. Currently only Bishkek and Issyk-Kul offices receive financial support from the IPPF. Interviews with staff were conducted only in Bishkek headquarters office. The main activity of this NGO is the provision of consultations and seminars on family planning issues. Although two partners mentioned that they perform abortions in such cases when there are medical or social reasons (assault, risk for woman's health, etc.). During the assessment the following weaknesses were identified: team atmosphere, strategic planning, financial sustainability, public relations and mass media.

## Uzbekistan

### Organizational Development Assessment Process

The organizational development assessment process was conducted by the HNCBI Program Coordinator/OD specialist Faizullo Abdullhaev with support of Kokand CSSC's manager Bahodiy Umarchanov. Assessments started with a short presentation of the HNCBI, including an explanation of goals and objectives of the assessment. Each assessment took 3-4 days and included such tools as 1) interviews with the NGO's staff, clients, partners, donor organizations, and government representatives; 2) analysis of NGO activity documentation; and 3) completion of Counterpart's standard form of "What a Sustainable NGO Is" which is a self-assessment by the members of the NGO.

In total seven assessments were conducted this reporting period:

### 1. *Association of Endocrinologists*

The mission of this NGO is to render a healthy population, to support the improvement of social and economical conditions of citizens, and to advocate for the interests of NGO members. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Staff professional development
- Volunteers
- Material and technical resources
- Funding sources and fundraising
- Media and public relations

## 2. *Association of SVPs (Rural Primary Health Care Facilities)*

The mission of this NGO is to render informational, marketing, technical and other possible assistance to its members. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Funding sources and fundraising
- Documentation and reporting
- Volunteers
- Staff
- Media and public relations
- Relations with government and business
- Type and quality of products

## 3. *Esculap*

The mission of this NGO is to better inform population on health issues, promote healthy lifestyles, and prevent diseases. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Compliance with law and other legal documents (NGO is not registered yet)
- Volunteers
- Staff professional development
- Media and public relations
- Material and technical resources

## 4. *Kelajak*

The mission of this NGO is to improve population's knowledge of health issues, promote healthy lifestyles, and improve women's juridical knowledge. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Staff professional development
- Volunteers
- Information and communication
- Media and public relations

## 5. *Soglom Ayol*

The mission of this NGO is to better inform women of reproductive age on health issues. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Compliance with law and other legal documents (NGO is not registered)
- Volunteers
- Staff professional development

## 6. *Umr*

The mission of this NGO is to unite medical personnel, lawyers, teachers and parents in solving medical, educational, juridical, material problems of disabled children. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Quality of products
- Funding sources and fundraising
- Documentation and reporting
- Staff professional Development
- Volunteers
- General constituency relations
- Media and Public relations
- Relations with the government and business
- Planning process
- Information and communication

## 7. Saodat

The mission of this NGO is to improve women's reproductive health. An *Action Plan for Capacity Building* was developed to address the following identified weaknesses:

- Planning process
- Funding sources and fundraising
- Documentation and reporting
- Staff professional development
- Volunteers
- General constituency relations
- Relations with Government and business

During the assessment it was revealed that the majority of target health NGOs have problems with the process of planning, fundraising, networking, staff professional development, volunteers, external relations, and material and technical resources. With the exception of the *Association of Endocrinologists* and the *Association of SVPs*, which are membership organizations, the target NGOs are community-oriented organizations. All NGOs have boards of directors or other relevant governing structures. Five of the NGOs work with volunteers. None of the NGOs have a plan for financial sustainability, nor do any of them have a hiring or recruiting system in place.

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

During this past quarter outreach training and development activities were implemented in Uzbekistan. This process will be conducted in target health NGOs in Kazakhstan and Kyrgyzstan in the next reporting period.

### **Uzbekistan**

All target health NGOs in Uzbekistan were trained on Participatory Community Appraisal. On April 28-29 Reproductive Health Center *Saodat* conducted PCA in the mahalla *Charhni Guzari*. 50 community members participated in the process. Three problems were revealed as critical: women's health, goiter and anemia. As the next step the mahalla members will develop a Community Action Plan at a community meeting.

## **C. Coordination and Cooperation**

### **Regional**

- The Regional Coordinator had regular phone conversations and meetings with USAID/OST regional office representatives Jennifer Adams, Mary Skarie and Gerardo Fernandez.

### **Kazakhstan**

- The Program Coordinator Makhabbat Yespenova met with Roza Daulbayeva, the president of the NGO *Saluatty Otan*, to discuss a conference on the "Strategy of the Kazakhstan Health System Development in XXI Century" that will take place in Almaty from May 28-30<sup>th</sup>.

### **Uzbekistan**

- On February 28<sup>th</sup> Program Coordinator Faizullo Abdullhaev met with JICA representatives Sarvar Tillaboev and Igor Kapitsa to discuss the status of Uzbekistan health NGOs.
- The Program Coordinator participated in monthly meetings of international NGOs working in Fergana Valley.

*Attachment 1: Letter of Understanding*

March 25, 2001

Ms. Sheila O'Dougherty  
Regional Director

39 Begalina Str., Almaty

**Re: Partnership Principles for Abt Associates and Counterpart in the Health NGO Capacity Building Initiative**

Dear Ms. O'Dougherty,

Because of our new collaborative relationship under the USAID-funded *Health NGO Capacity Building Initiative* and the *Quality Health Care Program*, it seems useful to review and confirm a few principles that guide our partnership in Central Asia. While we strive for a relationship that is cordial, cooperative, and successful, it would be helpful to place some of the underlying elements of our partnership in writing. This process will not only add transparency and clarity to our relationship, but also assist our respective staff persons, who will be living together under the terms of our agreements.

Accordingly, the following is a list of such principles that we mutually agree will guide us in our continuing mutual enterprise:

- The *underlying principle* guiding us in all our work together is our mutual pledge to operate in an atmosphere of transparency, flexibility, and mutual respect, mindful of our respective institutional cultures and degrees of autonomy. Accordingly, we mutually agree that we will make every reasonable effort to maintain the highest level of communication with respect to matters of mutual concern, as provided under our respective cooperative agreements. Such communication will include, but not necessarily be limited to:
  - ▶ periodic reports from Counterpart to Abt, written or oral as mutually agreed, and Counterpart participation in regular Abt meetings when possible;
  - ▶ periodic reports from Abt to Counterpart, written or oral as mutually agreed, on matters of mutual concern with respect to USAID or other organizations or institutions, governmental or non-governmental, local or international arising out of or related to the project under the cooperative agreement; and
  - ▶ current updates or alerts by either party, written or oral as mutually agreed, with respect to developments that might have significant adverse effect on either or both in connection with the projects under the respective cooperative agreements.

It is recognized by both parties that such communication will require a high level of diligence on the part of both Washington and field staffs. It is further understood and agreed that such communication includes indication of problems that might arise in relations between members of the respective organizations' staffs, and the mutual effort on the part of Washington staffs to assist, when necessary, in the equitable resolution of any such differences.

- It is mutually understood and agreed that Abt and Counterpart each have the sole power to supervise, terminate, or suspend employment of their respective staff members and independent contractors (partners).

- It is mutually understood and agreed that neither Abt nor Counterpart has the right to review, record, scrutinize, or in any way have access to correspondence, documents, work product, or other materials produced by or for the other party, without the express prior permission of the officially designated representative of the other party, and that such communications, whether in written, oral, or electronic form, are mutually recognized as privileged.
- It is mutually understood and agreed that supervision, direction, or control of the programs of Abt and Counterpart will be conducted entirely by those entities, respectively, and neither party, its employees, or agents have any right to impinge upon, or limit, the other in carrying out its programs in the manner and to the degree it deems appropriate, except as expressly provided in written understanding under mutual consent.

We are pleased to have the opportunity to continue our work with Abt's exceptionally able and dedicated staff, both in Central Asia and in Washington. It is our expectation that mutual adherence to the principles contained in this letter of understanding will maintain the remarkable smooth relationship that has existed from the start.

If you agree with the matters contained in this letter, please sign both copies and return a copy to us. The original is intended for your files.

Sincerely,

Jay Cooper  
*Regional Director*  
*Counterpart Consortium*

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**Read, understood and agreed to by**

Sheila O'Dougherty  
*Regional Director*  
*Abt Associates*

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**Health NGOs Capacity Building Initiative  
Kazakhstan Performance Plan**

	<b>April 30, 2001</b>		<b>October 31, 2001</b>		<b>April 30, 2002</b>		<b>October 31, 2002</b>	
	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>
<b>Objective 1: Develop the organizational capacity of target NGOs working for improved quality of primary health care</b>								
6 target NGOs have strategic plans and plans for cost recovery	6 target NGOs conducted OD assessment and developed Action Plans for Capacity Building	6 site visits to target NGOs have been conducted	3 target NGOs have strategic plans and pans for cost recovery		6 target NGOs have strategic plans and pans for cost recovery			
4 target NGOs have a stronger and more democratic governance structure the ensures accountability to its constituency	Collect baseline information	Baseline information collected	6 target NGOs have been trained in governance		2 target NGOs show improvement		4 target NGOs show improvement	
3 target NGOs that are membership organizations have demonstrated at least a 25% increase in membership over baseline survey	Collect baseline information	Baseline information collected	6 target NGOs have been trained in membership development  4 target NGOs have membership development strategies		1 target NGO that is a membership organization demonstrates a 25% increase in membership over the baseline survey		3 target NGOs that are membership organizations demonstrate a 25% increase in membership over the baseline survey	
4 target NGOs have staff and/or volunteer development and management systems	Collect baseline information	Baseline information collected	6 target NGOs have been trained in Volunteer Development  6 target NGOs have staff and volunteer development plans		4 target NGOs refine staff and volunteer development plans on a regular basis		Indicator fully achieved	
<b>Objective 2: Develop community outreach and advocacy skills within target health NGOs to better inform select populations and promote quality health care</b>								
12 participatory community appraisals are conducted by target NGOs	6 target NGOs have been trained in PCA	PCA strategy developed	6 PCAs conducted		12 PCAs conducted			
At least 8 community action plans are developed			4 CAPs developed		8 CAPs developed			

	April 30, 2001		October 31, 2001		April 30, 2002		October 31, 2002	
	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>
4 target NGOs initiated advocacy campaigns and/or micro-projects with identified communities			1 target NGO initiated advocacy campaigns and/or micro projects with identified communities		2 NGOs initiated advocacy campaigns and/or micro projects with identified communities		4 NGOs initiated advocacy campaigns and/or micro projects with identified communities	
At least 5 health related micro projects are successfully completed per documented impacts					2 health related micro projects are successfully completed per documented impacts		5 health related micro projects are successfully completed per documented impacts	
2 successful advocacy campaigns undertaken by targeted NGOs at the community level			6 target NGOs have been trained in advocacy		1 advocacy campaign undertaken at the community level		2 advocacy campaigns undertaken at the community level	
<b>Objective 3: Promote constructive engagement and policy dialogue among NGOs, government, communities and the private sector on the issue of primary health care in Central Asia</b>								
3 documented social partnerships to improve health policy reform					1 documented social partnership to improve health policy reform		3 documented social partnerships to improve health policy reform	
2 successfully conducted stakeholder dialogues to improve health reform in Kazakhstan			1 successfully conducted stakeholder dialogue to improve health reform in Kazakhstan		2 successfully conducted stakeholder dialogues to improve health reform in Kazakhstan			
8 community meetings held to discuss health care problems			2 community meetings held to discuss health care problems		5 community meetings held to discuss health care problems		8 community meetings held to discuss health care problems	

**Health NGOs Capacity Building Initiative  
Kyrgyzstan Performance Plan**

	April 30, 2001		October 31, 2001		April 30, 2002		October 31, 2002	
	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>
<b>Objective 1: Develop the organizational capacity of target NGOs working for improved quality of primary health care</b>								
6 target NGOs have strategic plans and plans for cost recovery	6 target NGOs conducted OD assessment and developed Action Plans for Capacity Building	6 target NGOs conducted OD assessment and 5 developed Action Plans for Capacity Building	3 target NGOs have strategic plans and plans for cost recovery		6 target NGOs have strategic plans and plans for cost recovery			
4 target NGOs have a stronger and more democratic governance structure that ensures accountability to its constituency	Collect baseline information	Baseline information collected	6 target NGOs have been trained in governance		2 target NGOs show improvement		4 target NGOs show improvement	
4 target NGOs that are membership organizations have demonstrated at least a 25% increase in membership over baseline survey	Collect baseline information	Baseline information collected	6 target NGOs have been trained in membership development  4 target NGOs have membership development strategies		2 target NGOs that are membership organizations demonstrate a 25% increase in membership over the baseline survey		4 target NGOs that are membership organizations demonstrate a 25% increase in membership over the baseline survey	
4 target NGOs have staff and/or volunteer development and management systems	Collect baseline information	Baseline information collected	6 target NGOs have been trained in Volunteer Development  6 target NGOs have staff and volunteer development plans		4 target NGOs refine staff and volunteer development plans on a regular basis		Indicator fully achieved	
<b>Objective 2: Develop community outreach and advocacy skills within target health NGOs to better inform select populations and promote quality health care</b>								
12 participatory community appraisals are conducted by target NGOs	6 target NGOs have been trained in PCA	PCA strategy and guidelines have been developed	6 PCAs conducted		12 PCAs conducted			
At least 8 community action plans are developed			4 CAPs developed		8 CAPs developed			

	April 30, 2001		October 31, 2001		April 30, 2002		October 31, 2002	
	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>
4 target NGOs initiated advocacy campaigns and/or micro-projects with identified communities			1 target NGO initiated advocacy campaigns and/or micro projects with identified communities		2 NGOs initiated advocacy campaigns and/or micro projects with identified communities		4 NGOs initiated advocacy campaigns and/or micro projects with identified communities	
At least 5 health related micro projects are successfully completed per documented impacts					2 health related micro projects are successfully completed per documented impacts		5 health related micro projects are successfully completed per documented impacts	
2 successful advocacy campaigns undertaken by targeted NGOs at the community level			6 target NGOs have been trained in advocacy		1 advocacy campaign undertaken at the community level		2 advocacy campaigns undertaken at the community level	
<b>Objective 3: Promote constructive engagement and policy dialogue among NGOs, government, communities and the private sector on the issue of primary health care in Central Asia</b>								
3 documented social partnerships to improve health policy reform					1 documented social partnership to improve health policy reform		3 documented social partnerships to improve health policy reform	
2 successfully conducted stakeholder dialogues to improve health reform in Kyrgyzstan			1 successfully conducted stakeholder dialogue to improve health reform in Kyrgyzstan		2 successfully conducted stakeholder dialogues to improve health reform in Kyrgyzstan			
8 community meetings held to discuss health care problems			2 community meetings held to discuss health care problems		5 community meetings held to discuss health care problems		8 community meetings held to discuss health care problems	

**Health NGOs Capacity Building Initiative  
Uzbekistan Performance Plan**

	April 30, 2001		October 31, 2001		April 30, 2002		October 31, 2002	
	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>
<b>Objective 1: Develop the organizational capacity of target NGOs working for improved quality of primary health care</b>								
7 target NGOs have strategic plans and plans for cost recovery	7 target NGOs conducted OD assessment and developed Action Plans for Capacity Building	7 target NGOs conducted OD assessment and developed Action Plans for Capacity Building	3 target NGOs have strategic plans and plans for cost recovery		7 target NGOs have strategic plans and plans for cost recovery			
5 target NGOs have a stronger and more democratic governance structure that ensures accountability to its constituency	Collect baseline information	Baseline information collected	7 target NGOs have been trained in governance		2 target NGOs show improvement		5 target NGOs show improvement	
2 target NGOs that are membership organizations have demonstrated at least a 25% increase in membership over baseline survey	Collect baseline information	Baseline information collected	7 target NGOs have been trained in membership development  2 target NGOs have membership development strategies		1 target NGO that is a membership organization demonstrates a 25% increase in membership over the baseline survey		2 target NGOs that are membership organizations demonstrate a 25% increase in membership over the baseline survey	
5 target NGOs have staff and/or volunteer development and management systems	Collect baseline information	Baseline information collected	7 target NGOs have been trained in Volunteer Development  7 target NGOs have staff and volunteer development plans		5 target NGOs refine staff and volunteer development plans on a regular basis		Indicator fully achieved	
<b>Objective 2: Develop community outreach and advocacy skills within target health NGOs to better inform select populations and promote quality health care</b>								
14 participatory community appraisals are conducted by target NGOs	7 target NGOs have been trained in PCA	7 target NGOs have been trained in PCA, 1 PCA conducted	7 PCAs conducted		14 PCAs conducted			

	April 30, 2001		October 31, 2001		April 30, 2002		October 31, 2002	
	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>	<i>Planned</i>	<i>Actual</i>
At least 9 community action plans are developed			4 CAPs developed		9 CAPs developed			
5 target NGOs initiated advocacy campaigns and/or micro-projects with identified communities			1 target NGO initiated advocacy campaigns and/or micro projects with identified communities		3 NGOs initiated advocacy campaigns and/or micro projects with identified communities		5 NGOs initiated advocacy campaigns and/or micro projects with identified communities	
At least 5 health related micro projects are successfully completed per documented impacts					2 health related micro projects are successfully completed per documented impacts		5 health related micro projects are successfully completed per documented impacts	
2 successful advocacy campaigns undertaken by targeted NGOs at the community level			7 target NGOs have been trained in advocacy		1 advocacy campaign undertaken at the community level		2 advocacy campaigns undertaken at the community level	
<b>Objective 3: Promote constructive engagement and policy dialogue among NGOs, government, communities and the private sector on the issue of primary health care in Central Asia</b>								
4 documented social partnerships to improve health policy reform					2 documented social partnership to improve health policy reform		4 documented social partnerships to improve health policy reform	
2 successfully conducted stakeholder dialogues to improve health reform in Uzbekistan			1 successfully conducted stakeholder dialogue to improve health reform in Uzbekistan		2 successfully conducted stakeholder dialogues to improve health reform in Uzbekistan			
9 community meetings held to discuss health care problems			3 community meetings held to discuss health care problems		6 community meetings held to discuss health care problems		9 community meetings held to discuss health care problems	

**HEALTH NGO CAPACITY BUILDING  
INITIATIVE PROGRAM  
Scoring Sheet**

Committee Member: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Brief description of each section	Maximum points	Preliminary score	Final Score
<b>1. Mission:</b> Does the mission address priority Public Health Care questions - primary health care (reproductive health, STD, tuberculosis, cardiovascular diseases)	20		
<b>2. Organizational Structure:</b> <ul style="list-style-type: none"> <li>• Defined organizational structure</li> <li>• How is the organization governed?</li> <li>• Registered or in the process of registering with the government</li> </ul>	10		
<b>3. Demonstrated ability to provide support services and health products or education for health professionals</b> What projects or activities has the NGO completed?	15		
<b>4. Demonstrated ability to engage population and communities in health related activities/demonstrated intentions or long-term plan to work with communities</b> <ul style="list-style-type: none"> <li>• How has the NGO engaged local communities in health care activities?</li> <li>• How do beneficiaries participate in defining the organization's activities?</li> <li>• Defined and/or engaged membership or constituency base</li> </ul>	15		
<b>5. Openness to working with other Health Care Providers within PHC system</b> <ul style="list-style-type: none"> <li>• Collaboration with other NGOs</li> <li>• Collaboration with international organizations</li> <li>• Collaboration with local state institutions</li> </ul>	10		
<b>6. NGO is targeted by Abt Associates</b>	10		
<b>7. Financial Sustainability</b> <ul style="list-style-type: none"> <li>• Sources of funding</li> <li>• Grants</li> <li>• Membership fees</li> </ul>	5		
<b>8. Location in the area of activity of Counterpart Consortium Support Centers</b>	15		

**SCORE**

**Additional criteria:**

<b>9. Commitment to health sector reform</b>	5		
<b>10. NGO's monitoring and evaluation system</b>	10		
<b>11. NGO's vision of collaboration with CC`</b>	10		

**FINAL SCORE**

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Please include additional written commentary below and/or on additional sheets of blank paper.

*Attachment 4: Preliminary Assessment Report*

**Kazakhstan: Preliminary Assessment Report**

<b>NGO</b>	<b>Analysis</b>	<b>Comments</b>	<b>Score</b>	<b>Conclusion</b>
<i>Zheskazgan Family Doctors Association</i>	One of the first health NGOs to be established with support of from the Zdrav reform project. This NGO is one of the most developed in the region. <u>Organizational structure</u> actually works. Quarterly plans are developed for the following quarter. Members have a vision of the organization in future, certain though sometimes confused knowledge of organizational development. At the present time the organization does not have a stable growth that may be explained by an inadequate level of understanding of their role as an NGO. The organization has experience working with the community (“Free Choice of a Doctor” event). <u>The organization is financially sustainable</u> . Provided by good equipment and materials. Opportunities for partnership are not fully realized; the scope of services is limited (family doctors’ education).	The organization is prospective in a frame of the program. It has sufficient experience in working with international organizations. The Association is able to implement projects after sufficient preparation work.	558	Selected as a target health NGO
<i>Semipalatinsk Amalgamated Association of Family Practitioners</i>	<u>Organizational structure</u> . Governance is carried out according to the constituent documents. However, neither the president, nor members of the board have a clear vision on governance. During the meeting they frequently confused their professional activity as family practitioners with the activity of the association. Duties are not fully defined. There isn’t an adequate level of understanding of their role as an NGO. <u>External cooperation</u> is strong and PR tools are used on a regular basis, though not to the greatest extent possible. As an example – The Day of Open Doors for Maslikhat deputies was organized to present the idea of a family medicine practice, but these contacts and relations are not used for partnership development. <u>Main directions of activity</u> . The range of services provided (education of family doctors and advocacy for family doctors’ interests) should be wider. The lack of services can be explained by the insufficient use of opportunities. <u>Financial sustainability</u> . The organization is sustainable enough, is well equipped. At the present moment the organization exists on membership fees.	One of the most preferable partners. Further development of the organization is required. This NGO has some experience working with communities. There are opportunities for creating social partnership for various projects.	554	Selected as a target health NGO
<i>Public Association of Consumptive (tuberculosis patients)</i>	<u>Organizational structure</u> is weak because of the lack of experience. Structure is not completely worked out and currently does not respond to the needs of association. Volunteerism is better developed than other organizations. <u>External relations</u> . The organization has contacts with the Akimat and business structures mainly because of the chairman. At the moment the NGO tries to implement its own projects in cooperation with the Akimat. There are plans for several projects; however a strategic plan does not exist. <u>Main directions of activity</u> . Medical services (check up, consultations, treatment) are provided, which are charged for business structures and free for the general population. Social support is not regular, which is caused by the lack of funds and absence of a strategic plan. <u>Financial sustainability</u> . The organization is sustainable and has enough equipped facilities. In the future it is planned to charge membership fees.	The only rural organization. Association is ready to develop its institutional capacity as well as to implement programs related to the communities. One of the preferable prospective partners.	533	Selected as a target health NGO
<i>Kazakhstan Association</i>	The organization is young and does not have enough knowledge in the field of modern management. The organization is somewhat behind in development. The president suggests most ideas and most activity	Partnership with this NGO is preferable, because it can play a key role in creating	527	Selected as a target health

NGO	Analysis	Comments	Score	Conclusion
<i>of Family Practitioners</i>	takes place in the head office. The role of affiliates is presently limited to participation in seminars related family medicine practice and paying membership fees. Neither head office nor affiliates recognize the opportunities and roles of NGO. The organization is <i>financially sustainable</i> . External affairs develop mainly due to the president. Unfortunately, we could not get to know her vision or prospective plans for partnership because she was away.	coalitions. Threats: 1) having a republican status, how it will work with communities? 2) The organization started cooperation on DFID project with British Council. How it will affect the quality of our work?		NGO
<i>SAMS (Semipaltinsk Association of Nurses)</i>	<i>Financially sustainable, successful interaction with others (NGOs, clients, etc), efficient organizational structure.</i> Highly motivated. Colleagues who united around a common idea created an organization with its own background, history, values and traditions. The organization intends to continue to grow; action plans are being developed. They mentioned cooperation with the Association of Family Practitioners, though only on profession related issues. If the organization does not reconsider some points of its activity, it runs the risk of becoming a labor unit.	Excellent partner with sufficient experience that meets our program objectives: OD, community outreach, and social partnership.	500	Selected as a target health NGO
<i>KMPA Kazakhstan Association for Sexual and Reproductive Health</i>	Expectations from Counterpart include funding to set up offices in the regions. KMPA is a strong organization provided with solid facilities, developed organizational structure, duties and roles of members are defined, with sustainable material and technical basis. President is busy with PR, advocacy, and determining new activities. The Executive Director deals with management, fundraising, and conducting workshops. The National Coordinator implements programs and conducts seminars. The Financial Assistant is in charge of accounting and reporting. The Office manager oversees logistics and secretarial duties. The organization is financially sustainable – with a 3-year IPPF grant and membership dues. At the present time it is implementing a UNFPA project, which closes in December 2001. The organization has a network of affiliates, national trainers, and professional staff. The IPPF will be a consultant on OD under an IPPF-funded program. A “Strategic Planning” workshop was held resulting in a three-year strategic plan.	It makes sense to get this NGO to take part in conferences and roundtables. Desirable to cooperate with this NGO on creating coalitions or ask them to act as consultants for NGOs. NGO can be involved in CC training programs. The NGO has no need for the NGO development program, as the same program is being implemented by IPPF at the present time.	483	Not selected as a target health NGO
<i>“Meyirim” Public Association of Medium Tier Medical Workers</i>	This NGO is one of a few tier medical organizations involved in Health reforms. This NGO is ready for capacity building and is interested in cooperation with communities. It is a well-coordinated organization with the commitment of members to the mission. <i>Organizational structure:</i> Governance is carried out according to the constituent documents. Working for two years, the NGO has achieved good results. Staff is selected based on experience as a manager and a medical worker. The staff have experience working in the NGO sector. <i>Main directions of activity:</i> The President of the NGO cooperates with the Akim and the regional medical union (a project with the Center for Employment); also cooperate with the Association of Family Practitioners (seminars for medical workers, certifying commission (board of experts)). The NGO has experience in creating social partnerships and sound experience cooperating with international organizations (Counterpart International, Peace Corps, LEMON program). <i>Financially sustainable.</i>	One of the prospective NGOs for program implementation, especially in frame of coalition building aspect (with SAMS, Assoc. of Family Practitioners), and community outreach. The NGO has a positive image and respect in the region.	460	Selected as a target health NGO

NGO	Analysis	Comments	Score	Conclusion
<i>Asthma Baby Plus</i>	Members of the NGO do not have clear understanding of the NGO's role in society, its mission and goals. <u>The NGO is at the initial stage of establishment.</u> The problem is to find funds to rent the office and to exist as an organization. Highly motivated. During the conversation members expressed their concerns about the future development of their organization. <u>Organizational structure</u> exists in constituent documents only. Actually only two persons actively conduct NGO activities, which are poorly planned. The Director travel too much. <u>External cooperation</u> – prospective activity is being planned in this area. Members consider lack of funding to be the main problem. <u>Foundation is not sustainable neither in finance, nor human resources.</u>	The NGO has potential for further development, however only as an Asthma School. It is necessary to contribute more effort and resources to develop this NGO than to any other NGO assessed. Counterpart trainings are recommended.	434	Not selected as a target health NGO
«Zhansaya» <i>Coronary Club</i>	Despite the fact that the organization has a long-term background, there is a discord in goals. The manager tries to lead out the organization to a higher level (opening web-site, regional events to be held, <u>to realize some partnership projects</u> ), however the staff is not open for new ideas. <u>Organizational structure</u> was effective, but the last meeting took place a half a year ago. We could not meet the president. It is planned to reelect the president, but the exact date of election was not announced. The Club is <u>financially sustainable</u> due to “Zhurek” family ambulatory and membership fees. <u>Main directions of activity:</u> several events/actions have been held, algorithms of the patient have been worked out, and a telephone hotline to consult heart patients has been developed.	NGO may serve as the basis for PCA for the Association of Family Practitioners. Work with the Association of Family Practitioners supposes work with <i>Zhurek</i> family ambulatory as well as <i>Zhansaya</i> . Advisable to train the organization in CC seminars and provide with informational support. It is necessary to promote the idea of creating this type of club through the FPA.	400	Not selected as a target health NGO
“Jamila” <i>Women Crisis Center</i>	This NGO is a private clinic, which partially implements the “Family Planning” program initiated by the government. This NGO is planning to obtain a grant for this program. The Crisis Center cannot be considered as the organization, as it was registered as a public foundation for getting a grant from the General Committee of World Missions of Methodists Church. The organization lacks of knowledge on the NGO sector. The organization can participate in CC trainings to improve its institutional capacity.	Private clinic	374	Not selected as a target health NGO

*Attachment 5: Uzbekistan Training Matrix*

#	Module	City	Number of workshops	Number of NGOs	Number of Participants from NGOs	Number of Communities	Number of Participants from the Community	# of Women	# of Men
1.	NGO and Community	Kokand	1	5	9	1	1	7	3
2.	PCA	Kokand	1	8	13	2	2	10	8
	<b>TOTAL:</b>		<b>2</b>	<b>13</b>	<b>22</b>	<b>3</b>	<b>3</b>	<b>17</b>	<b>11</b>