



## **Counterpart International**

---

*Umir Nuri “Rainbow of Life” Child Survival Program*

**Karakalpakstan, Uzbekistan**

**Cooperative Agreement No. FAO-A-00-00-00027-00**

**October 1, 2000 - September 30, 2004**



# **Second Annual Report**

**December 2002**

**Submitted to:**

**USAID, Bureau for Global Health, Office of Health,  
Infectious Diseases, and Nutrition (GH/HIDN)**

**Contact:**

**Darshana Vyas, MSW, MA, MPH**

**Director of Health Programs**

**Counterpart International, Inc.**

**1200 18<sup>th</sup> Street, NW, Suite 1100**

**Washington, DC 20036**

**Tel: 202.296.9676; Fax: 202.296-9679**

## **Table of Contents**

### **Abbreviations and explanations**

- A. Main Accomplishments**
- B. Obstacles to Program Implementation**
- C. Required Technical Assistance**
- D. Changes from the Detailed Implementation (DIP)**
- E. Information Requested at the DIP Review**
- F. Management Systems**

### **Annexes/Attachments**

- 1. Program Brochure**
- 2. Reporting formats of VHWs, FOs, and Data Collection form for Chief Pediatricians**
- 3. BCC materials on DCM, PCM and Breastfeeding**

## Abbreviations and explanations

ARI	=	Acute Respiratory Infections
BCC	=	Behavior Change Communication
BF	=	Breastfeeding
BHR	=	Bureau of Humanitarian Response
CAR	=	Central Asia Region
CDC	=	Center for Disease Control
CDD	=	Control of Diarrheal Disease
CHAP	=	Community Humanitarian Assistance Program
CRH	=	Central Rayon Hospital
CS	=	Child Survival
CSCC	=	Child Survival Coordinating Committee
CSTS	=	Child Survival Technical Support
DCM	=	Diarrhea Case Management
DIP	=	Detailed Implementation Plan
FAO	=	Finance and Administrative Officer
FO	=	Field Officer
HES	=	Health Education Specialist
HFA	=	Health Facility Assessment
HIS	=	Health Information System
HMIS	=	Health Management Information System
IMCI	=	Integrated Management of Childhood Illness
KPC	=	Knowledge-Practice-Coverage
LQAS	=	Lot Quality Assurance Sampling
MOH	=	Ministry of Health
MOST	=	Management and Organization Sustainability Tool
MSF	=	Medecins Sans Frontieres
MSH	=	Management Sciences for Health
NGO	=	Non Government Organization
ORS	=	Oral Rehydration Solution
ORT	=	Oral Rehydration Therapy
PCM	=	Pneumonia Case Management
PD	=	Program Director
PM	=	Program Manager
PVC	=	Private Voluntary Cooperation
RPM	=	Rational Pharmaceutical Management
RTC	=	Regional Training Center
SVP	}	= Rural Medical Point (Russian Abbreviation)
SVA		
SUB		
FAP		
SRIP	=	Scientific Research Institute of Pediatrics
TTAP	=	Training and Technical Assistance Plan
UNDP	=	United Nations Development Project
UNICEF	=	United Nations Children’s Fund
USAID	=	U. S. Agency For International Development
VHC	=	Village Health Committee
VHW	=	Village Health Worker
VP	=	Village Pharmacy
WHO	=	World Health Organization

Hakimiyat = Local Government at district level  
Rayon = District (Administrative Unit)  
Mahalla = Community Institution

## A. MAIN ACCOMPLISHMENTS

The Child Survival Program in its second year expanded its activities to the targeted rayons and strengthened its technical capabilities in the design and production of training materials for health workers at the MOH, health facilities and at the community level. The program also strengthened its administrative and management capabilities such as hiring the new program director, the training of staff in program management, and building of strong partnerships with the MOH and local NGO Perzent. In addition, the program has effectively coordinated program activities with the Hakimiyats (district officials), Makhalla committees, and received considerable assistance from the Karakalpakstan MOH. Also, BCC materials were prepared and published, including leaflets on Breastfeeding and Diarrhea and a book on ARI and nutrition. All materials were in Karkalpak, Uzbek and Russian.

Strong partnership with Perzent and assistance from the MOH, as well as team building efforts from the CS program staff contributed to program’s accomplishments. Additionally, the completion of training in CS program management and interventions helped build the competence and team spirit of the program staff. The program has also leveraged resources such as distribution of Cotrimoxizole from UNICEF in close collaboration with MOH staff. Collaboration with other agencies, including Project HOPE, has enabled the program to share costs and limit the resources needed for effective program implementation. VHWs have also made significant progress in establishing rapport with local communities in the two rayons. Community and makhallas leaders, hakims, hospital heads all work closely with the CS program. This buy in has enabled program staff to carry out program and community mobilization activities more effectively.

### BCC Activities and Trainings

Due to the high literacy level in Karkalpakstan Counterpart has developed several culturally appropriate print media as part of their BCC activities. There is a lack of information, and dissemination of CS materials due to unavailability of resources and emphasis on curative care. The introduction of informative BCC material has been well received within the community. CSP is determined to produce more material for distribution in the coming months.



### Behavior Change Communication

- **Development of leaflets on breastfeeding and diarrhea:** In June of 2002, a series of leaflets on breastfeeding and diarrhea case management aimed at mothers and caretakers were published and distributed. The main purpose of the leaflets was to increase the awareness of mothers on the danger signs of diarrhea and the benefits of breastfeeding. The leaflets jointly designed by Perzent and MOH were revised and changed many times before being pre-tested with focus groups, doctors, and community health workers and at VHC meetings. Counterpart hired a local painter to design locally appropriate pictures. Once the pretests were completed, 10,000 leaflets were printed and distributed equally in pilot rayons with priority given to medical facilities, makhallas, ghashaks active health workers, VHCs and women’s groups (breastfeeding support groups, school of mothers, etc.) The dissemination took over two months and is still continuing. These leaflets are being used as a health education tool and its acceptance amongst the beneficiaries is high.

- **Booklet on ARIs and Pneumonia Case Management:** A booklet on ARI was also developed, pre-tested, printed and distributed in the target rayons. The ARI booklet adopts the IMCI protocol. These booklets were distributed equally in pilot rayons with priority given to medical facilities, makhallas, ghashaks active health workers, VHCs and women’s groups (breastfeeding support groups, school of mothers, etc.) Experience has shown that these BCC materials create greater awareness of ARI within the community and has improved childcare practices. Currently the program is preparing a poster on diarrhea with special emphasis on hygiene and sanitation that focuses on the positive and negative behaviors/situations at the household level.
- **BCC Training for CSP staff:** Darshana Vyas, Director of Health Programs, organized the training on the BCC Framework. She conducted the training assisted by Mr. Jaydeep Mashruwala, Training Coordinator from India CSP who was recently trained in the Behave Framework workshop in South Africa, Mr. Narendra Vyas, CSP, India, and Dr. Nuriyah Elgondieva, CSP Program Manager, Umir Nuri and assistance from other CSP staff. During this training, staff were trained on BCC theories and strategies, doer/non doer analysis, client segmentation, communication methodologies, key components of BCC, and other important aspects of BCC. Furthermore, trainers from India shared their experience and BCC materials used in their programs. At the end of the five days training, a comprehensive BCC activity plan was developed with the partner NGO Perzent.



## Training

The CSP conducted joint trainings using the IMCI protocol for CDD, ARI and breastfeeding with MOH and partner NGO, Perzent. A total of 219 (health care providers, makhalla members and interested VHC members) were trained. In order to avoid duplication and ensure sustainability Counterpart critically reviewed the limited available training material used by MOH, updated, and revised them accordingly. Counterpart also used MOH trained trainers who are trained in IMCI by UNICEF. As a result of these trainings MOH has adopted ARI and breastfeeding training materials into their training curricula. This has also ensured a cadre of trained trainers within the MOH system.

- **Trainings of Trainers (TOT) for MOH:** The TOT was arranged after the BCC training for (21) MOH doctors and mid-level (39) staff from the target rayons with the intention of providing training and communication skills to those, who are able and willing to conduct trainings and public health activities in their community. The training plan was developed with the joint efforts of Dr. Sara Utegenova, Director of Regional Training Center from MOH, Dr. Nuriyah Elgondieva, program manger Umir Nuri and Dr. Mels Kutlimuratov from Perzent. It took place at Karakalpak State University on May 15-17, 2002. Trainers presented information about audience segmentation, training plan development, training techniques such as presentations, discussions, role plays, brainstorming, etc. All trainees received certificates jointly signed by Counterpart and MOH and were qualified as Trainers. After this training, two-day refresher training was organized where they discussed their practical problems and updated their skills. In future, CSP plans to involve these trainers in future training activities.



- **Trainings on Breastfeeding for MOH:** Using WHO and MOH protocols, Counterpart conducted the breastfeeding training for medical workers at the Regional Training Center (RTC). The three-day training program planned jointly with MOH using their experienced trainer, Dina Ischanova, and CSP staff, Dr. Nuriyah Elgondieva and Ms. Nina Nizamodinova. In total 50 people were trained including 38 mid-level medical workers (26 community nurses, 9 midwives, 2 feldshers), 6 doctors and 7 Counterpart/Perzent staff. Attendees came from Takhtakupir and Nukus rayon for the training. The participants were divided into 4 groups of 10-13 people.

The training was conducted around the schedule of health workers on July 18-20, July 25-27, and August 1-3.

A participatory training was conducted using adult learning principals. The training involved a question-and-answer sessions, feedback discussions, games, role-plays, etc. Training was conducted using overhead slides, video films, dummy baby and artificial breast. These materials were prepared, adapted and translated into Karakalpak and Russian as necessary. During the training interactive methodologies were used such as generating and defining problems, discussions, finding solutions to various situations. Participants prepared posters on different issues and worked in groups.

Pre training and post training evaluations were conducted to determine the level of knowledge gained during the training. The test consisted of 15 questions taken from WHO module, and space for feedback.

Test Results	Right Answers	Wrong Answers
Pre-test	24.7%	75.3%
Post-test	92.8%	7.2%

The percent of course success is 85.6%. All participants received certificates and special badges “Trainer on Program Interventions of Child Survival”. Participants will be involved in other trainings organized by the CSP in the future, and will also be able to conduct similar trainings at their work place (hospitals, SVP's rayon clinics). This approach ensures homogeneity in terms of training methodologies and multiplier effect of USAID investment in the CSP.

- **Refresher Trainings on Breastfeeding for CSP staff:** The refresher trainings for VHWs and Field Officers of Counterpart and Perzent were organized upon the request of field workers. Many aspects of breastfeeding, including technical points such as breast milk composition and breastfeeding techniques were reviewed during the refresher training sessions. The additional one-day training was held at rayon offices and an initial testing to find out strengths and weaknesses Based on test results, Ms. Dina Ischanova, a trainer from MOH prepared a training plan in cooperation with the CSP staff.
- **Refresher Trainings on ARIs using IMCI guidelines:** These trainings too were organized based on the request of field staff and the need for refresher knowledge and IMCI updates estimated by supervisors. The three-days training was organized in RTC (Regional Training Center) in collaboration with MOH. The curriculum of the training was differed from the standard training plan used in RTC to avoid repetitions and

unnecessary information. It was more interactive with “question-answer” sessions, lectures on IMCI and nutrition. The VHWs are already trained and have a lot of experience in managing ARI, however during their work they face many practical problems and this training helped them to find solutions and refresh their knowledge.

- **Follow-up Activities:** CSP staff, MOH and Perzent regularly monitor the quality of trainings provided by the trained trainers. Trainers periodically receive recommendations and technical support from this team. These joint evaluations revealed that they were impressed by the quality of trainings and were satisfied with the accuracy of the trainings.
- **Establishment of Breastfeeding Support Groups:** Counterpart has established eight functional breastfeeding support groups in both rayons, and two “Mothers` schools” in Nukus rayon. Active mothers, women, mothers-in-law are involved in these groups. VHWs jointly with local trainers conducted training with their members once or twice per month. Counterpart ha prepared handouts for them in the local language. These support groups are well attended and there is a demand from the local hospitals to establish more such support groups.

### **Formation of Village Health Committees (VHCs):**

VHC’s are the main mechanism for community mobilization at the community level. VHCs also serve as a forum for coordinating activities with the MOH. 20 Village Health Committees in Takhtakupir and Nukus rayons were formed by December 2002. These VHCs



were established through the existing system of local makhalla committees, and have an informal structure consisting of community leaders, makhalla representatives, religious representatives, community nurses, local pharmacists, simple caregivers, mothers, traditional healers and schoolteachers. VHC monthly meetings are being conducted in the communities where they were formed. At these meetings VHC members discuss health related

issues and Village Health Workers (VHW’s) conduct trainings, distribute educational material, health messages at these meetings. Program staff visit VHC members in communities on a regular basis and assist them in various administrative issues including program updates, and facilitating discussions on various issues and problems facing the community. The establishment of such committees is in synch with the Soviet regime and therefore the community is used to operating within such a system.

### **Monitoring and Evaluation**

The most important aspect in program implementation is the observation process and its process evaluation. This includes data collection, analysis of conducted work, dynamics of key indicators on program goals achievement. By start of the year two, the MIS component of the program was well established and functioning by collecting and analyzing data on a regular basis. The ongoing process of monitoring is performed in two major directions: 1) monitoring and evaluation of program



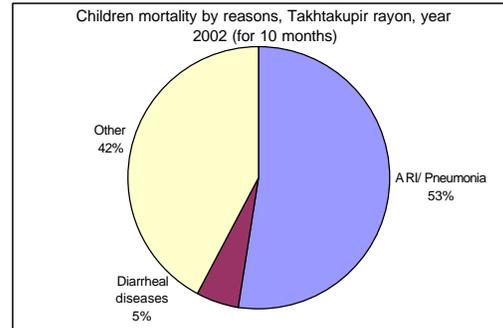
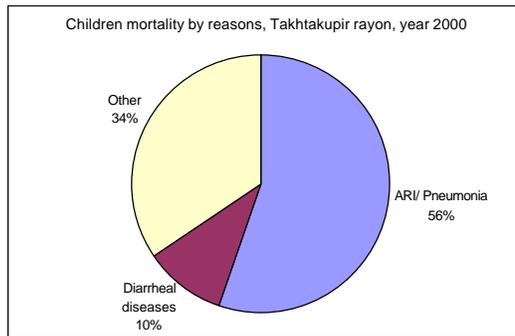
activities in the target area, and 2) collection and analyses of data from the field in order to determine the impact of the program and changes in the community. The indicators used to monitor changes and measure program effect are taken from DIP. The current system and its components are constantly renewed and updated, such as data collection tools, computer databases, reporting formats, etc. From January to June of 2002, the following achievements were reported for the Monitoring and Evaluation part of the program:

### **Data Collection and Analyses**

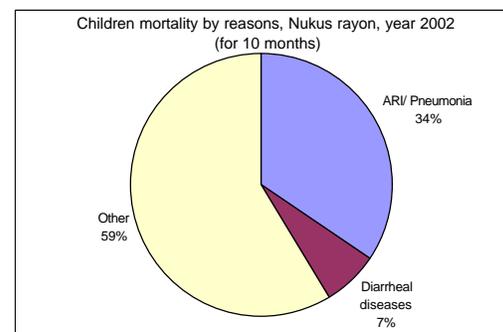
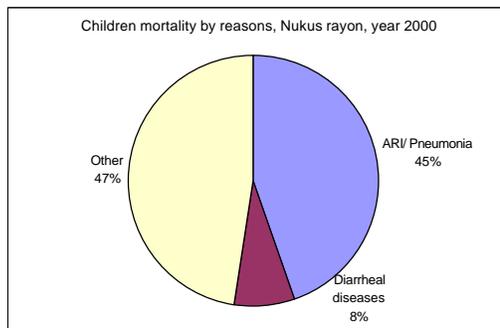
Currently Counterpart has established a simple and manageable HMIS at the grassroots level, using a bottom-up approach. The system can readily be put in place as the program expands into new rayons. Current monitoring information consists of reports from Counterpart and Perzent staff in the field, training reports, and SVP daily registers and monthly reports. A number of special tools, including VHS's reporting format, compilation format, monthly activity report, and others have been developed and integrated into the monitoring process and a these tool will continue to be used in the expanded program. VHWs, with the help of VHC members—especially makhalla representatives—collect the data and submit it to the FO, who compile monthly reports and submit copies to the PM and information specialist on the status, extent, nature of problems and the future course of action. This system provides them with the experience of employing information to continually inform project development. Monthly reports from FOs provide information about ongoing activities in the community, training details, antibiotic requirements, formation of VHCs, number of sessions conducted for ARI, CDD, breastfeeding, communications and more specific information on interventions; and number of high risk children transported to SVPs. Problems are identified and addressed accordingly. In turn, HQ provides ongoing technical feedback to the field as required. The health information specialist (HIS) analyzes data collected from field by VHWs on a quarterly basis and shares the feedback in-house with program staff. The PD monitors the implementation of the program activities and is the liaison with other health programs in the target areas.

Child mortality and morbidity data in target rayons for 2001 and the first 10 months of 2002 were collected and analyzed jointly with MOH. Data collected was based on the reports of the statistics departments of Central Rayon Hospital (CRH) and reports of chief pediatricians. Overall, the data collection process was complicated because reports and data records were often very inaccurate, inconsistent and at time unavailable. Data reports from Chief Pediatricians, CRH statistics department and Republican Statistical Department differ. Nonetheless, the data collected did reflect some reduction in child mortality and morbidity in targeted rayons. Acute Respiratory Infections remain the main cause of mortality. Counterpart involves family members, including men, and key decision makers to discuss different health problems. As a result, some positive changes have been observed in the level of mothers' awareness and practices. In Nukus rayon, ARI and Pneumonia – has decreased from 69% to 49% in years 2000 and 2001.

Takhtakupir Rayon:



Nukus Rayon:



According to the Baseline KPC Survey in 2001 40.9% mothers practice exclusive breastfeeding of children under 4 months old. Routine monitoring results (survey of mothers in 2002) shows that this indicator has increased to 67.8%. MOH state positive changes in quality of medical service at primary level health facilities.

HMIS Pre-testing

HMIS tools were jointly developed and completed, approved and pre-tested in the field and finalized. CSP and Perzant staff and MOH received training on HMIS and provided great input in data collection and analysis. All program staff participated in development of HMIS. The tools were discussed, reviewed and revised several times before they were finalized in February and prepared for pre-testing in the field. At monthly meetings, HIS conducted training on HMIS tools and techniques of data collection for the field staff. In order to ensure quality of data collection processes there were planned a series of field trips by HIS with each team in both rayons. The pre-testing was held for a whole month. One of the major goals was to evaluate how this routine HMIS data collection process could be integrated with everyday field activities. Overall 214 mothers were interviewed in both rayons. HIS collected the questionnaires regularly and data was entered into a computer using a database forms in Epi Info software. A report on the preliminary results of the pre-testing was prepared and submitted to Darshana Vyas, Director of Health Programs and representatives from the CSP in India. Their feedback was solicited and incorporated into the final report. The information was also shared with Head Doctors, Hakimiat representatives and other authorities at CSCC meetings to solicit their feedback.

**Update on VHW and FO Reporting and Compilation Formats:** In May of 2002, a revised, reporting format for VHWs and supervisors were prepared based on their feedback. This revised reporting format keeps track of both quantitative and qualitative information. At the same time the FO’s report and Supervisory Checklist were combined into FO’s Reporting Format. In order to compile rayon activities into one report, FOs were also asked to submit compilation of VHWs’ Reports. These formats are designed for effective information collection and are kept simple for regular use and cover all important field activities, observations. All reporting formats are available in three languages: Russian, Karakalpak and English. Usually VHWs write in Karakalpak and FOs complete their forms in Russian. MIS and program staff translate these reports into English for dissemination purposes. In order to monitor quality, some reports are translated back to Russian and Karakalpak.

**Data Collection Formats for Chief Pediatricians:** In order to improve data collection on program interventions (sick child cases, child mortality) from MOH at health facility level, HIS developed a comprehensive special form to be filled by Chief Pediatricians. In the past, data was systematically collected but not utilized. Now, forms are regularly filled in rayon polyclinics and one copy remains with the Chief Pediatrician. The data is used for decision-making and improving services that are discussed at monthly meetings held with MOH. At these meetings validity of the data is confirmed.



**Leveraging Humanitarian Aid from UNICEF:** Karakalpakstan is a priority region for UNICEF. In March of 2002, Mr. Shukhrat Rakhimjanov, Program Coordinator, and Ms. Nargiza Fuzailova from UNICEF/Tashkent visited the CSP to discuss the distribution of Cotrimoxazole to Karakalpakstan. Due to our presence in the region, UNICEF requested Counterpart to assist in the supply of cotrimoxazole, ORS, vitamins, antibiotics that were much needed in

targeted rayon hospitals, clinics and communities. In return for Counterpart’s collaboration we requested that UNICEF prioritize our target rayons, Nukus and Takhtakupir. We agreed to assist them with distribution of supplies from the warehouse and with monitoring of supplies at the community level. We also jointly developed and printed distribution forms for each rayon. Two months after distribution, our VHWs and FOs conducted monitoring of these medications supplies at facility level. There were no significant problems and it ensured the availability of medications for a sick child,

**Discussion with HMIS with MIS specialists from Child Survival Program, India:** In April 2002, Darshana Vyas and MIS specialists from Counterpart’s CSP in India, Jaydeep Mashruwala and Narendra Vyas, visited our program and conducted BCC and MIS trainings for the CSP team. After the MIS training, CSP’s HIS and colleagues from India had a meeting on M&E techniques, achievements and problems. Lessons from India were incorporated into our program as appropriate. This exchange helped us to improve on our MIS system, in particular, the reporting system. The positive results appeared within the first two months of using the revised reporting formats – it required less paper work, helped easily recognize activities at each level, understand problems and evaluate employee’s work.

### **Field visits and Community Outreach Activities**

- **Total number of auls visited:** Total number of field trips in 2002 to Nukus rayon was 557 (477 with partner and 170 with MOH worker); in Takhtakupir rayon it was 565 (482 with partner and 196 with MOH worker). VHWs along with MOH staff visited around

20-25 households during their field trips and conducted health education and individual counseling sessions. Generally they visit houses with children under 5 years old. During the past year, VHWs conducted over 7200 household visits in Nukus rayon and around 7000 in Takhtakupir. Over 8000 consultations on CS interventions were provided to mothers in each of the rayons. VHWs successfully identified and



addressed around 610 cases of ARI (385 in Nukus and 224 in Takhtakupir) and 110 cases of diarrhea (40 in Nukus and 70 Takhtakupir) in children under 5 years of age. Additionally, 356 group health education sessions in Nukus rayon and 332 sessions in Takhtakupir were conducted with over 4600 attendees for both rayons, including over 2700 women and almost 1900 men. VHWs also conducted trainings for over 200 VHC members. They have visited rural health facilities over 280 times in Nukus rayon and almost 300 times in Takhtakupir. They attended MOH meetings and conducted trainings for MOH personnel – total number of trainings conducted for MOH at health facilities is 58 in Nukus rayon and 63 in Takhtakupir. More than 700 MOH staff attended the trainings.

- In June of 2002 CSP organized and conducted a competition of children’s drawings titled: “Health By Children’s Eyes”. This event was dedicated to the International Children’s Defense Day – an event established by UNICEF and widely celebrated in Uzbekistan. Hakimiat authorities at rayon level organized concerts, performances, distribution of gifts, providing additional payments to disabled children, etc. CSP took an active role by organizing activities for the event, including a “chalk drawing” competition for young children were discussed during CSCC meetings. This opportunity was also used to conduct educational activity about the benefits and importance of breastfeeding, prevention of diarrheal diseases over the sound system. Based on our success, the program plans to conduct different campaigns on all three interventions of the program including Pneumonia Case Management, Diarrhea Case Management and Breastfeeding promotion including performances, competitions, street games etc. The local television station covered this event. During the past year, the program worked in close partnership with local NGO Perzent, MOH and local governments (Hakimiats) for these proposed activities.

### **Other Activities**

- **Visitors to the Program:** A delegation from the U.S. recently visited the CSP offices to assess socioeconomic, political and health conditions in Karakalpakstan. The delegation included **Mr. Alexander Kalashnikov as well as officials from the U.S. State Department and the U.S. Embassy**. The delegation was very impressed with the work of CSP and was particularly impressed with its strong partnership ties with the community and involvement of local government officials including Hakimiats and Makhallas.

During one of his visits to Karakalpakstan **Health Advisor, Andreas Tamberg, from USAID**, emphasized sustainable and extensive partnership of Government structures of Karakalpakstan (MOH, local authorities, Mahallya) and nongovernmental sector - Perzent and Counterpart International in program implementation.

In June 2002 the **Director of Health programs at Counterpart International in Washington, DC, Darshana Vyas, and Senior Vice-President of Counterpart, Arleen Lear** met with the Minister of Health and paid a visit to the CSP offices in Nukus. They noted favorable changes in the course of program implementation due to extensive and vivid participation of all structures, involving government, community leaders, women, etc.



In August 2002, **Brian Propp, Director of Counterpart’s Humanitarian Assistance Program (CHAP)**, visited our office as part of the humanitarian assistance to MOH Uzbekistan and Karkalkapstan. CSP staff assisted CHAP staff in needs assessments for the medical facilities in Karkalkapstan. His visit ensured future coordination and synergy for additional humanitarian assistance.

- **Participation in other seminars and workshops:** Ms. Nina Nizamatinova along with Dr. Mels Kutlimuratov (Program Assistant, Perzent) and Ms. Sveta Allamuratova (Chief Pediatrician, MOH) attended a workshop titled “Improvement Family and Makhalla Practice on Child Health Issues” in Tashkent on August 13-15, 2002. The workshop was organized by UNICEF and drew participants from various international organizations as well as government structures. Mr. Asif Mahmud (UNICEF) and Ms. Stephanie Avanzai (WHO), organized another workshop "Support to Increased Effectiveness of Perinatal Care" in Nukus. In collaboration with Red Cross Federation, two CSP VHWs were involved in a three-day activity on the distribution of humanitarian aid.

Counterpart Director Health program Darshana Vyas and Umir Nuri, Program Manager Dr. Nuriah were invited to participate in Project Hope's child survival mid term evaluation in Navoi which was very educative. As a result Counterpart adopted their IMCI training material.

- **Leveraging Resources:** Counterpart through its CHAP program leveraged almost \$500,000 in medical supplies and medication including Cotrimoxizole into the targeted rayons and upgraded health facilities and increased access to quality care and improved services. In collaboration with UNICEF, Counterpart in facilitating drug distribution from MOH warehouses to program target rayons. Counterpart has also facilitated American Red Cross in food distribution for TB patients in the targeted rayons.

### **Regional Exchange**

The Training on BCC Framework, which was conducted in April of 2002, by Darshana Vyas and Jaydeep Mashruwala, CSP in India, was a great success and very helpful for our program. Healthy behavior of mothers and caretakers is the main goal of the program, but the process of behavior change is challenging. During the training, program staff were trained on the basic principles of BCC, different methodologies and approaches, and important aspects of behavior modification. It was particularly interesting to hear the experiences of the CSP in India. At the same time a lot of attention was paid to local situations and existing behavior and practices within the community. The training helped to generate new ideas and helped staff incorporate them into practice. A detailed BCC work plan was developed at the end of the workshop.

## **B. Impediments to Program Implementation**

- **Village Health Pharmacies (VP):** As per the DIP, Counterpart had planned to establish at least 15 VP's in the targeted rayons by the end of the program with assistance from an external consultant. To establish these VP's a “willingness to pay” and cost recovery analysis study was planned with technical assistance from Research Triangle Institute (RTI). This activity was delayed, as permission from the government was not received in time. In the interim period Counterpart collected information on the existing situation of pharmacies: process of formation, licensing and registration, taxation and profits, etc and have developed “questions lists” for information collection. FOs of both rayons conducted interviews with pharmacy workers and the community. The Health Information Coordinator (HIC) also participated in the interviews in Takhtakupir rayon and private drug sellers were interviewed. Based on collected information, The HIC prepared a report, which was then submitted to Darshana Vyas and shared within the team. Counterpart has since received permission and this activity is now scheduled for January 2003.
- The concept of **partnership development** between NGOs and the local government is relatively new in Karakalpakstan. Local stakeholders such as MoH staff, Hakims and their deputies all play a key role in the implementation of the program, but they have limited experience with participatory, bottom up planning and implementation. In the past year, Counterpart provided training and involved MoH staff and Hakims to participate in the program to better understand the partnership building process, and develop strategies for improving collaboration among partners. The process of partnership building with MoH, and Perzent is ongoing and will continue to be a key strategy for ensuring the sustainability of program interventions.

## **C. Required Technical Assistance**

As per the DIP Counterpart is receiving technical assistance from RTI to conduct the willing to pay and cost recovery study followed by the establishment of VP's. This activity is scheduled in January 2003 and the consultant will train CSP staff.

## **D. Changes from the Detailed Implementation Plan (DIP)**

No changes have been made to the program description or DIP that would require a modification to the cooperative agreement.

## **E. Information Requested at the DIP Review**

At the DIP Review for the Umir Nuri Program, several reviewers requested additional information on Counterpart's strategy for establishing a revolving drug fund. It was noted that it might be difficult to establish cost-recovering village pharmacies and a revolving drug fund, due to the inflation of the soum and government regulation. However Counterpart has received permission to conduct a willing to pay study. The result of this study will guide the feasibility of establishing VP's.

Reviewers also requested additional information about the program's monitoring and evaluation plan. The DIP mentioned the possibility of using LQAS for regular program monitoring, and some reviewers questioned whether this could be used in addition to the

KPC survey, which used a cluster sampling methodology. As noted in the DIP, use of LQAS will depend on MOH approval, the successful adaptation of LQAS monitoring tools, and the training of local staff in LQAS.

Additional information was also requested on the use of the MOST and TTAP tools to assess sustainability and capacity for Perzent. At present, the program is using the TTAP tool, but may adapt the MOST tools for the midterm assessment if necessary. The TTAP tool was used to complete a comprehensive assessment of Perzent and MOH.

## F. MANAGEMENT SYSTEMS

- **Financial management system:** Counterpart has a well-established financial system in the region. The CSP Finance and Administrative Officer with the Program Director attended a one-week training in the regional office in Kazakhstan to learn Counterpart and USAID financial guidelines. Every month the field office submits a report to the Almaty office and once reviewed there it is sent to the HQ. Through its Civil Society and NGO capacity building program there is a system in place for sub grant operations. Partner NGO Perzent provides a monthly financial report to the CSP.
- Several internal forms and policies were developed in order to implement the program according to Counterpart guidelines. The personnel manual for local staff is translated and distributed among the staff in local languages. CSP FAO, Ms. Guljamal Saparova, received refresher training in Counterpart Consortium in Almaty and participated in a training organized by U.S.-based Pragma Corporation on Financial Accounting and Management.

### Human resources

**Headquarters CS Program Support Team:** Overall responsibility for program implementation rests at Counterpart headquarters. The HQ Project Support Team (PST) team consists of: Director for Health Programs (DHP) Darshana Vyas. Ms. Vyas has 20 years CS, RCH and MCH-related experience in community based health programs; she reports to Vice President (VP) Raymond Chavez; Sourabha Gowda, program officer who assists the director in the day to day running of the health program in the HQ and coordinate communication with the field teams and will report to the director of health, HQ. The VP ensures the quality of the BCC component in addition to ensuring that information on the program is effectively communicated to the board of directors, Health Program Advisory Committee (HPAC) of the board.

**Backstopping Systems:** The DHP is the principal backstop, supervised by the VP. The PST meets twice a month for the purpose of ensuring Counterpart's relevant experience and expertise is accessed by the program, that synergy among all program inputs is accomplished, and that there is timely communication and feedback to the field regarding all aspects of the program. Management and technical issues raised by the program director (PD) through on-going communication and the quarterly reports will be vetted with the project support team by the DHP, who in turn will provides timely feedback to the PD. The HPAC of Counterpart's board meets twice a year.

**Field Program Management:** The field-based PD reports directly to the DHP and has responsibility for ensuring that all program components are effectively implemented and monitored, and that relations with Perzent and other local partners comply with the terms of the signed MOU. The main coordinating mechanism at the field level will be the CSCC, chaired by the PD, with attendance by the four FOs, the health and education and systems specialists, the senior manager from Perzent and representatives from the MoH. Monthly meetings of the committee

promotes and ensures synergy among the partner organizations, and fosters information sharing and joint problem solving. Minutes of the meeting are shared with all members with follow-up action clearly noted.

At the end of the first year of operations, the PD resigned for personal reasons. Post September 11, 2001 it became difficult to recruit a PD for Uzbekistan. During this interim period, Counterpart’s DHP, Darshana Vyas, managed the program from HQ but made several visits to the field to ensure the continuation of the program. CSP staff, for their part, did a commendable job at running the project without a PD. In the middle of the second year, a new project director was appointed for one year and he has expressed his willingness to continue. CSP makes every effort to identify and recruit local people for its offices in Nukus and in rayons. Hiring, however, is difficult because there is a lack of qualified people in Karakalpakstan and public health concepts are new in the region. To address these difficulties, CSP has developed a database of local applicants and consultants and will use it to place qualified people in new-targeted rayons.

### **Communication system and team development**

Staff development and team building exercises are conducted annually. During the past year, Ms. Darshana Vyas, Director of Health Programs, and staff from the CS program in India conducted team-building exercises for the CSP team. The exercises were aimed at building trust among team members. For example, one exercise demonstrated how everyone’s role and input in the team is important. At the end of these exercises, CSP felt empowered and developed a better understanding of how their role lead to the overall success of the program. Additionally, staff identifies areas in which they require training. As a result staff have been sent to Kazakhstan and Tashkent for IMCI, ARI, BCC and CDD training. Regional discussions of ideas exist between India, Turkmenistan and Uzbekistan that enables a free dialogue and exchange of lessons learned and CS experiences.



### **Relationship with local partners**

- ***Relationships with MOH:*** In Counterpart’s experience, maintaining a high-quality partnership with local implementing partners is a prerequisite for program success. Day-to-day management issues are dealt with promptly through discussions and joint meetings. Counterpart, however, makes clear its commitment to mutual respect and full participatory partnership. During the past year, the program worked in close partnership with local NGO Perzent, MOH, local governments (Hakimiats) and community institutions (makhallas).
- ***Training for MOH at Rayon Level:*** Several trainings at the RTC were conducted in the year 2002, including trainings on Breastfeeding, and Training-of-Trainers (TOT). At the rayon level, field staff conducted trainings regularly and they also involved trained MOH personnel in organization and conducting trainings for community health workers.

- **Partnership with local NGO Perzent:** CSP has been working in close partnership with Perzent to improve their capacity in implementing the CSP. During the second year, partnership activities included: joint organizations of trainings; BCC activities; development of BCC materials; and discussions on HMIS. In November of 2002, CSP and Perzent participated in a Health Fair, organized by USAID in Tashkent. Building and fostering strategic alliances with MoH and local NGOs are integral to Counterpart's developmental approach. Counterpart has strengthened the capacity of Perzent staff to implement some of the CS interventions and approaches. At the end of two years, in a self-assessment of its institutional needs, Perzent identified key organizational weaknesses. In its strategic plan, Perzent identified CS interventions as an area for future focus; it wants to establish the capacity to implement CS programs in Karkalkapstan. A Technical Training Assistance Plan (TTAP) and Organizational Development tool developed by Counterpart was used to evaluate needs assessments and it will be used in the final evaluation to measure achievement.

### **Collaboration with International NGOs and Agencies**

**Collaboration with International NGOs:** Since the inception of the program, CSP has actively sought collaboration with international NGOs working in Karakalpakstan. In the past year, there has been a flurry of new activities in Karakalpakstan. Many international agencies have renewed their commitment to the region particularly in health programs and will be on the ground in early 2003. During the past year, CSP organized a series of workshops with collaborating agencies such as the Institute of Pediatrics (SRIP), UNICEF, UNDP, WHO/Tashkent, Peace Corps, Abt Associates, AVSC International, Save the Children (UK), Medicins Sans Frontieres (MSF), and Project HOPE. These workshops focused on coordinating program activities, sharing lessons learned, receiving and promoting collaboration among the different agencies. As a result of these meetings, the program has received technical assistance and translated survey tools from Project HOPE, and will continue to coordinate training and program activities with MSF, UNICEF, Project HOPE, and other agencies. More recently, CSP worked with UNICEF and The Red Cross Federation in facilitating the distribution of pharmaceuticals and humanitarian aid. Counterparts HQ based Director for Health Programs and Program Director, Uzbekistan met with Patricia Kennedy Mr. Fred Gregory at Peace Corps to discuss ways in which Peace Corps volunteers could work with CSP on health activities and expand collaborative activities for this proposed activities.

Under its current child survival program, CSP has played a leading role along with MSF and Red Cross Federation in initiating interagency meetings of international NGOs working in Karakalpakstan. CSP works with representatives from WHO, UNDP, UNICEF, MSF, JDA, CAFÉ and Peace Corps to avoid duplication of efforts, develop a holistic approach to health, and coordinate activities for maximum impact. CSP is also working with WHO to enhance the influence of NGOs in policy-making and improve decision-making particularly within the MOH.



**Synergy with Title II and other programs:** Counterpart has assisted UNICEF to distribute Cotrimoxazole into the targeted rayons and also facilitated American Red Cross in food distribution for TB patients in the targeted rayons. CSP in collaboration with the MOH

successfully facilitated the distribution of humanitarian aid delivered to Karakalpakstan under Counterpart’s Community Humanitarian Assistance Program (CHAP) and UNICEF. Counterpart through its CHAP program also upgraded health facilities and increased access to quality care and improved services. In collaboration with UNICEF, Counterpart assisted UNICEF in monitoring and drug distribution from MOH warehouses to program target rayons. Through this distribution Counterpart has leveraged resources into targeted rayons.

**G. Topics Not Addressed**

**Midterm Evaluation** CSP’s midterm evaluation will be completed by the end of May 2003. A consultant will be finalized with USAID approval. According to the DIP, another HFA will be conducted in early Spring and routine HMIS will continue at community level.