

COUNTERPART INTERNATIONAL

HEALTH NGO CAPACITY BUILDING INITIATIVE FOR CENTRAL ASIA

FINAL PROGRAM REPORT

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Executive Summary

In January 2003, USAID awarded Counterpart International with a \$3.5 million, 3-year extension of the cooperative agreement for implementation Health NGO Capacity Building Initiative project. The project supported USAID's Strategic Objective 3.2. *Increased utilization of quality primary health care in select populations* and aimed to improve health of select population in Central Asia. Specifically, the project pursued two interrelated objectives: (1) To engage communities in identifying and addressing local health care needs and (2) To develop the capacity of NGOs and CBOs to implement community health initiatives.

This regional project - which operated in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan - was implemented in partnership with ZdravPlus/Abt Associates project and local Civil Society Support Centers (CSSCs). In Kyrgyzstan, there was an additional partner - Soros Foundation Kyrgyzstan. In contrast to the original program, which focused on the organizational development of target health NGOs, the extension shifted to grant and technical assistance for grassroots community health initiatives.

The core of the program, a competitive *Healthy Communities Grant Program* (HCGP), established by the partners, provided grants of up to \$5,000 to community Initiative Groups (IGs) and NGOs for implementation of health-related projects. The grant program was open to all interested IGs and NGOs that met the basic criteria: (1) the project goal directly related to the overall HCGP objectives and (2) the project goal related directly to the mission of the NGO or IG. Applicants received trainings in Participatory Community Appraisal and Project Design, conducted by Counterpart, to help them in the priority problem identification and grant development process. Grantees received additional training in Participatory Monitoring and Evaluation (PM&E) and sector-specific technical assistance from ZdravPlus/Abt Associates.

Despite challenging operating environments in some of the countries, the program has proved to be resilient and extremely successful in terms of outreach and producing significant health impact at the community level (as documented by the impact stories Attachment I). It has by far exceeded the target indicators under each of the objectives (see Attachment II for detailed Country Performance Plans). Here are some of the key program accomplishments:

- 272 projects were funded throughout Central Asia for a total of \$1,060,611 USD
- Health related PCAs conducted in 598 communities - against 300 planned
- Health related CAPs developed in 512 of those communities - against 250 planned
- 328 training workshops conducted for NGOs, CBOs and community groups - against 250 planned
- 3,251 NGOs, CBOs and community groups trained in PCAP, Project Design and Participatory M&E - against 500 planned
- 289 communities implemented local health initiatives - against 240 planned
- Average community costshare of 37% - against 30% planned
- 351 NGOs, CBOs and community groups trained by Counterpart have implemented health initiatives - against 230 planned
- A total of 1,109,215 benefited from health projec - against 240,000 planned

One of the program's best practices has been integration of the Appreciative Inquiry approach into Counterpart's traditional Participatory Community Appraisal and Action Planning methodology, which proved to energize the communities by shifting their focus from their problems to their assets and best practices. As a result of the pilot projects, a new training module in *Participatory Appreciative Appraisal and Planning* has been developed. This approach and training module is already being transferred by Counterpart to a number of countries outside of Central Asia.

Furthermore, the project has been extended for one more year in Turkmenistan and Uzbekistan. While the future of the Uzbekistan program is uncertain, Counterpart continues to be one of the most effective USAID project implementers in Turkmenistan where we work closely with local government authorities as well as community health groups to deliver real health impacts at the local level.

I. Project Goal and Objectives

The **goal** of the Health NGO Capacity Building Program is improved health of select populations in Central Asia, which directly supports USAID's strategic framework:

SO 3.2: *Increased access to quality primary health care in select populations.*

Objective 1 Engage communities in identifying and addressing local health care needs

IR3.2.1: Select populations are better informed about personal health care rights and responsibilities.

IR 3.2.2: Improved Quality of health care including infectious diseases and maternal and child health.

IR3.2.4 Improved legislative regulatory and policy framework

Objective 2 Develop capacities of NGOs and CBOs to implement community health initiatives

IR3.2.1: Select populations are better informed about personal health care rights and responsibilities.

IR 3.2.2: Improved Quality of health care including infectious diseases and maternal and child health.

II. Project Activities

A. Objective 1: Engage Communities in Identifying and Addressing Local Health Care Needs

Kazakhstan

Participatory Community Appraisal and Planning (PCAP) and Appreciative Inquiry (AI) Activities

Counterpart and the CSSCs conducted 147 community appraisals, of which 96 (65%) were in urban areas and 51 (35%) took place in rural areas. The priority health issues identified through participatory appraisals were as follows:

1. Healthy Lifestyle (Nutrition, Drug Abuse, Alcoholism, etc.)
2. Maternal and Child Health (Women's Reproductive Health, Breast Cancer, Breastfeeding, Family Planning, Disabled Children, etc.)
3. Health Care Institutions and Services (including advocacy issues for health institutions and professionals)
4. Health of the Most Vulnerable (disabled adults, single parents, prisoners, etc.)
5. Environmental Issues
6. Tuberculosis
7. Mental Health
8. Personal Hygiene and Sanitation
9. HIV/AIDS
10. Cancer
11. Other Sexually Transmitted Diseases (except HIV/AIDS)
12. Other Infectious Diseases (except tuberculosis)
13. Other

In May 2005 Semipalatinsk CSSC piloted the Appreciative Community Mobilization (ACM) approach in the Dolon village community, combining it with specific PCAP methods. The new PCAP generated great interest and active participation by the community. One of the observations made was that with the use of the appreciative approach, people can readily envision future accomplishments. This is achieved due to the focus on positive imagery during the "Dream" stage of AI. The Dolon village community was able to develop 20 aspects of the positive image of their community health, compared to 7-9 specific health problems identified

during a regular PCAP. However, creating a positive mental picture of a healthy community in the future is much more encouraging than trying to analyze and solve problems. This experience, however, showed that images of the future envisioned by communities are not always related to health. Thus, it is very important to have good facilitators in communities who can keep people focused specifically on health issues and ways to achieve a better future.

Grants Overview

Counterpart has awarded 73 grants throughout the life of the project. Counterpart received significantly more proposals for Health Grants than could possibly be funded. The National Grant Review Committee (GRC) selected almost even numbers of Health Grants and Community Action Grants (CAG) for funding. The numbers are 39 and 34 respectively. The table below provides an overview of grant distribution by each of the five grant rounds:

Number of Submitted and Approved Proposals by Type of Grant

	CAGs		Health Grants		Total	
	Submitted	Approved	Submitted	Approved	Submitted	Approved
Round 1	39	5	70	7	109	12
Round 2	36	2	53	5	89	7
Round 3	74	9	58	6	132	15
Round 4	42	4	51	7	93	11
Round 5	49	14	69	14	118	28
Total	240	34	301	39	541	73

The first grant review round was conducted on 29th of April 2003. During the first round, 109 project proposals were submitted to Counterpart Kazakhstan (70 projects for Health Grants and 30 projects for Community Action Grants). The prescreening conducted by Grant Management Team resulted in selection of 49 project proposals (17 Community Action Grants projects and 32 Health Grants Projects) that met the project criteria. These projects together with a list of guidelines, a summary grant sheet, and score sheets were distributed among seven Grant Review Committee members. In order to make the process of reviewing more effective and time efficient every project was reviewed by three rotating members of the GRC.

The members of the GRC included experts from USAID, Counterpart Kazakhstan, Abt. Associates, Soros Foundation, American International Health Alliance, Higher School of Public Health, and the WHO. The Grant committee decided to support 12 projects, 5 CAG and 7 Health grants. The 12 grantees of the first round of HNCBI were awarded with certificates during the official Grant Awarding Ceremony that took place at the Kazakhstan Press-Club on 15th of May 2003. Sholpan Makhmudova, Project Management Specialist of USAID, opened the ceremony with a welcoming speech. US Deputy Ambassador, USAID Deputy Chief of Mission, Grant Manager of Abt Associates and Country Director Counterpart Kazakhstan greeted participants and guests. The event was covered by TV channels and newspapers.

During the second round, Counterpart Kazakhstan received 89 project proposals (53 projects for Health Grants and 36 projects for Community Action Grants). After the prescreening, 33 project proposals that conformed to the program criteria were suggested for review by GRC members. Fourteen Community Action Grants projects and 19 Health Grants Projects were included in the review and on July 2, the Grant Committee decided to support 7 projects, 2 CAG and 5 Health Grants, for a total of \$29,087.

During the third round, Counterpart Kazakhstan started working with three Local Expert Committees (LECs) in Astana, Kostanay and Ust-Kamenogorsk. A total of 132 project concept papers were submitted to Counterpart. After the prescreening, conducted by the Grant Management Team, 49 concept papers, including 10 concept papers that were considered by Expert Council in CSSC Astra, were requested to prepare project applications.

Counterpart received 93 concept papers during the fourth round of the program. LECs formed by the Ust-Kamenogorsk and Kostanay CSSCs pre-selected concept papers in the respective Oblasts. In August 2004, HNCBI Grant Review Committee meeting considered 39 proposals and approved 11 of them.

During the 5th grant round, Counterpart received 118 concept papers, 45 of which satisfied the program criteria. Counterpart received 42 full project applications, 27 projects for Health Grants and 15 projects for Community Action Grants, for review by the National GRC. In addition, the LGRC in Kostanay CSSC suggested 5 project applications for National GRC's approval. The NGRC approved a total of 21 project proposals.

Pavlodar and Atyrau Oblasts were not covered by HNCBI during the first four rounds due to a number of reasons such as: absence of CSSC in Pavlodar Oblast, remoteness from implementing CSSCs, and comparatively new staff in Eco-Tan CSSC (Atyrau Oblast). In 2004, HNCBI signed the first pilot contract with the newly established Atyrau CSSC, which was based on NGO Eco-Tan, and the HNCBI Country Program Manager visited the Support Center to coach the staff and make a program presentation to the local NGO community.

In Pavlodar Oblast, Counterpart contracted Public Foundation Decenta to deliver PCAP training to local NGO and community representatives. This was Counterpart's first collaboration with Decenta. Following HNCBI's positive experience, other Counterpart programs – CSSI and CASC – as well as the Association for Civil Society Development (ARGO) started to involve Decenta in their activities. As a result of these pilots, in the 5th grant round Counterpart received concept papers and project proposals from both Atyrau and Pavlodar Oblast, some of which were approved by the National GRC.

As mentioned before, the parliament of Kazakhstan passed amendments to the National Security Law that made it impossible for Counterpart to continue grant agreements with unregistered groups. Counterpart terminated the previous grant agreements and according to Counterpart's recommendations the IGs either registered or partnered with experienced local registered NGOs and submitted revised summary proposals to HNCBI. Then Counterpart conducted a shortened GRC meeting to review the summary proposals. After all the actions taken by Counterpart, all contracts with IGs and their NGO partners were signed. Due to limited resources, Counterpart made a decision to send contracts to the CSSCs, where IGs and partnering NGOs had signed the contracts and received necessary consultations from CSSC coordinators. Thus, the Healthy Communities Grant Program managed to distribute the remaining funds among the IGs and their NGO partners. The total amount of grants was \$18,175.32. The delay caused by the new law led to late project close-outs. As a result, Counterpart and the CSSCs were not able to officially close out all the grants by the end of the program and several grantees conducted close-out evaluation and submitted their final reports during January 2006.

Kyrgyzstan

Participatory Community Appraisal and Planning (PCAP) and Appreciative Inquiry (AI) Activities

During the program, 125 PCAP sessions were conducted, which led to development of 73 CAPs. The total number of people participating in PCAPs was 8,857.

Geographical distribution of PCAP and CAP in Kyrgyzstan

Name of CSSC	# of PCAPs held	# of CAPs developed	# of people attended PCAP
Batken	15	6	741
Bishkek	11	5	1,073
Jalalabad	21	17	1,304
Karakol	18	8	1,398
Kerben	10	8	567
Naryn	17	10	1,406
Nookat	12	10	865
Osh	16	6	1,105
Talas	5	3	398
Total	125	73	8,857

It was easier to mobilize people in the south of the country because of more compact settlements and the maintenance of close traditional relations between community members.

In July-September 2004, CSSCs conducted AI testing within PCAP exercises in 9 pilot communities. A total of 289 people participated in PAAP in pilot communities. Out of 9 PAAP, 8 Community Action Plans were developed (See Attachment 4). Experiences gained from applying AI were discussed at the CSSCs' country meeting in October 2004. Country Program Manager Chinara Kamarli had also shared the lessons learned at Counterpart's civil society retreat held in Almaty in November 2005.

Grants Overview

During the program implementation, 128 grants totaling \$435,805 were funded by USAID and SFK. Eighty five of them were funded by USAID and 43 by SFK. During five grant rounds, 1,003 project applications representing 590 CAG and 413 HG were submitted for revision by Grant Review Committee.

Number of Submitted and Approved Proposals by Type of Grant

	CAGs		Health Grants		Total	
	Submitted	Approved	Submitted	Approved	Submitted	Approved
Round 1	201	8	121	8	322	16 USAID + 15 SFK
Round 2	165	11	101	7	266	18 USAID
Round 3	116	13	85	6	201	19 USAID + 6 SFK
Round 4	40	5	45	10	85	15 USAID + 8 SFK
Round 5	68	12	61	5	129	17 USAID + 14SFK
Total	590	49	413	36	1,003	85 USAID + 43 SFK

During program implementation, Counterpart and ZdravPlus program staff visited 9 CSSCs: Bishkek, Issyk-Kul, Naryn, Talas, Nookat, Osh, Jalal-Abad, Batken and Kerben CSSCs, where they provided orientation to the CSSC staff and the local GRCs. Counterpart and ZdravPlus representatives took part in the local GRC meetings. Each CSSC received feedback and recommendations on effective preparation and facilitation of local GRC meetings. Based on recommendations from Counterpart and ZdravPlus, the CSSCs revised membership in their local GRCs. Starting from the 3rd GRC meeting they invited 2-3 health specialists from state and public health institutions to participate in each local GRC. Additionally, the Karakol GRC involved two health experts as non-voting members.

First Grant Review Round (February -April 2003)

A total of 322 grant applications were submitted to the 1st Grant Review Committee. Grant Management Team represented by Counterpart, SFK and ZdravPlus prescreened and selected 155 grant applications for the consideration by GRC. Due to the large number of received project applications, it was agreed to distribute 17-18 applications to each GRC member. Each GRC member selected 3-4 applications to recommend for funding and 2-3 for possible funding. As a result of the first GRC, 31 projects were approved for funding of which 16 were within CAG component and 15 were within HG.

US Ambassador John O'Keefe and Executive Director of Soros Foundation Kyrgyzstan Medet Tulegenov awarded the first 31 grantees, 16 USAID and 15 Soros funded grants respectively, with certificates on June 6 at independent Press Club in Bishkek. The projects were to support initiatives such as Primary Health Care Facility renovation, providing clean water to small villages and improving the sanitary conditions of the rural citizens.

Second Grant Review Round (May -July 2003)

The second GRC meeting took place on July 18, 2003 in Bishkek. A total of 266 project applications were submitted for the revision by the GRC. After prescreening held at CSSCs and GMT levels, 79 applications were selected. Each GRC member received 8-11 project applications for review. It was agreed that each GRC member would select 2-3 applications for funding and two for possible funding.

In order to improve the decision taking process the following steps were used:

- 1) Presentation of projects sent for revision by the first GRC
- 2) Presentation by each GRC member of 2-3 projects recommended for funding
- 3) Presentation by each GRC member of 2 projects recommended for possible funding in the case of funds availability.

In total, the second GRC approved 18 projects, 11 of which were CAG and 7 HG; the total approved funding totaled at US\$ 59,325.34. On July 28, USAID Health Specialist Damira Bibosunova awarded 17 grants to fund innovative public health projects at the Kyrgyz Aki Press Club in Bishkek.

Third Grant Review Round (February–April 2004)

In order to improve the 3rd grant review round administration and the quality of approved projects the following grant administration steps were taken:

- Program announcements in local newspapers and partners' listserves
- Submission of letters of interests (LOI) to CSSCs to attend training on Participatory Community Appraisal and Planning (PCAP) training
- Provision of PCAP training for selected organizations/communities at CSSCs
- Submission of concept papers to CSSC
- Provision of project design (PD) training for selected applicants by CSSC
- Submission of project applications for approved concept papers to CSSC
- Local GRC at CSSC level
- National GRC at Counterpart reviewed projects recommended for funding by local GRC
- Provision of Participatory Monitoring and Evaluation training to grantees.

CSSCs were involved at all stages. The National GRC made all final decisions about grant applications for funding. All project applications, both approved and rejected at local GRC, were reviewed by the National GRC. Guidelines for the local GRC were developed.

Counterpart Program staff developed a manual for the Local GRCs for the qualitative administration of HNCBI and modified HNCBI guidelines for the National GRC. Counterpart and ZdravPlus project management staff conducted joint visits of CSSCs to providing coaching on the new program administration procedures as well as monitoring of project sites.

Within the 3rd grant round Counterpart received 504 concept papers, 230 of which were invited to be developed into full project proposals. The Local GRCs reviewed 201 project proposals and recommended 85 to the National GRC for funding. The National GRC meeting took place on April 30. The Committee reviewed all submitted project applications and approved 18 for funding, 12 of which were funded by USAID and 6 by the SFK.

Taking into account the available grant pool, it was agreed to hold an additional GRC meeting. For this purpose, Grant Management Team (GMT) reviewed all submitted project applications including those that were not recommended for the funding by local GRCs to National GRC. As a result, 9 project applications were selected for additional consideration by the GRC members. On June 3, an additional 7 project applications were approved for funding at the GRC meeting. All funding came from USAID.

Overall, 25 proposals were funded in the 3rd grant round, including 19 grants funded by USAID in the amount of \$59,897.20 and 6 grants funded by SFK amounting to \$20,858.39.

Fourth Grant Review Round (August -October 2004)

After recommendations provided by Counterpart program staff, the CSSCs revised the membership in the local GRCs. It was agreed to include representatives from Oblast Health Promotion Centers, Oblast Centers of Family Practice or Oblast Associations of Family Group Practitioners into the HNCBI local GRCs. This initiative improved the quality discussions around health issues in the field. Each local GRC has included at least 2 health specialists.

Within the framework of the 4th grant cycle, 278 concept papers were revised by the local GRC and 100 of them were invited to submit full project applications. The local GRCs reviewed a total of 85 project applications and recommended 60 of them to the National GRC for consideration. On November 17, 2004 the National GRC reviewed all submitted proposals and approved 23 projects with the total amount of \$84,338.47, 15 of which were funded by USAID and 8 by SFK.

Fifth Grant Review Round (February -May 2005)

Due to the destabilizing events of March 24, 2005 in Kyrgyzstan, the schedule of the 5th grant round was revised. For the 5th grant round, CSSCs received more than 430 concept papers, of which 183 were invited by the local GRCs to submit full proposals.

Local GRCs meetings scheduled for March were postponed for 1 month and held in April. During the 5th grant round, 199 project applications were reviewed by local GRCs. 129 project applications were recommended for funding and sent for consideration by the National GRC.

On May 4 and 5, Grant Management Team (GMT) consisting of SFK Program manager Elvira Muratalieva, ZdravPlus Program Manager Burul Sagimbaeva, Counterpart Program manager Elena Adkina and Grant Manager Aliza Arykbaeva prescreened 129 project applications for review by the National Grant Review Committee. GMT members made comments on each project application, which the National GRC members utilized and thus spent less time on the review process.

The National GRC took place on May 13, 2005. Seven out of nine members of NGRC participated in the work of the Committee. As a result of the National GRC work, 30 projects were approved: 16 funded by USAID and 14 by SFK. Out of 16 USAID funded projects, 12 were CAGs and 4 were Health Grants.

In November 2005, the program financial assessment has shown availability of grant money amounting to \$3,920.00 because of savings from other projects. Counterpart Regional Financial Manager recommended using the available grant funds to award additional grants. Considering the time limit, it was decided to award the grant to the HNCBI grantee located in Bishkek city and had already successfully completed a project.

Two projects were proposed for the review by National GRC, one from *PA Kulukan*, which requested equipment for female medical clinics in prisons, and another from *PA Florance Nightingale* for establishing a resource center for medical personal at the city children's hospital. The GRC voting was held via e-mail and a grant of \$3,920 was awarded to *PA Kulukan*.

Community Action Grants

Within 3 years of project implementation, 590 CAG project applications were reviewed by local and national GRCs. A total of 49 CAGs were funded by USAID in the amount of \$169,531,90 . The table below provides an overview of the types of projects supported.

Community Action Grants by Type of Activity

#	Type of activity	Number of projects funded
1	Provision of pure drinking water	8
2	Reconstruction of village bath house	9
3	Improvement of veterinary services	1
4	Improvement of children' health	11
5	Reconstruction of sewerage system	1
6	Reconstruction of FAP/hospitals	15
7	Improvement of prisoner's health	3
8	Rehabilitation of drug addicted	1
	Total	49

The implemented community projects benefited 90,009 people.

Health Grants

During program implementation, 413 Health Grants were submitted for consideration by the GRC. The final number of USAID funded Health Grants is 36, amounting to \$117,030,92. The table below provides a breakdown of the projects supported under this grant category.

Health Grants by Type of Activity

#	Type of activity	Number of projects funded
1	Provision of pure drinking water	3
2	Prevention of malaria	3
3	Reconstruction of village bath house	2
4	Improvement of children' health	7
5	Prevention of brucellosis	2
6	Prevention of alcoholism and drug addition	2
7	Improvement of health services	6
8	Prevention of hypertension	3
9	Propaganda of healthy life style	2
10	Deratization measures	2
11	Improvement of health for TBC sick	1
12	Improvement of health for diabetes	1
13	Rehabilitation of people with arthritis	1
14	Prevention of breast cancer	1
	Total	36

Most of the projects focused on the improvement of children's health and trained parents to care for mentally and physically disabled children, providing first aid assistance and training on physical therapy and massage. The second largest category dealt with improvement of health services delivery through provision of seminars and trainings to health professionals. This allowed medical staff to upgrade their knowledge of contemporary primary health care issues.

A total of 313,009 people benefited from the Health Grants in Kyrgyzstan.

Tajikistan

Participatory Community Appraisal and Planning (PCAP) and Appreciative Inquiry (AI) activities

A total of 157 PCAs were facilitated by CSSCs in 98 regions, and 136 CAPs were developed. The table below reflects the distribution of conducted PCAPs by region.

Distribution of conducted PCAPs by regions

Region	# of PCAPs
Sugd Oblast	29
Kurgan Tube (Khatlon Oblast)	28
Kulob (Khatlon Oblast)	27
Dushanbe area and Greater Dushanbe	29
GBAO	20
Zarafshon Valley	15
Rasht Valley	9
Total	157

As most NGOs and Initiative Groups are located close to big regional centers and cities, conducting PCAAPs throughout the country proved to be difficult. Dissemination depended on the NGO's capacity to facilitate/conduct PCAP and pro-active role of CSSC. The highest priority problems were the following:

1. *Lack of drinking water.* The water supply systems are dilapidated throughout the country, largely because they have not been repaired since the Soviet time and mechanism for maintenance does not work properly. The poor quality of water is one critical reason for the spread of the infectious diseases, which have recently caused several outbreaks of typhoid in different parts of country.

2. *Poor conditions in health facilities.* Most of the medical facilities have not been renovated in the last 10-15 years which means that the medical equipment is very old and in disrepair and the in-patient hospital infrastructure does not work. As new settlements appeared and population growth occurred access to health services worsened. Many facilities required the construction and rehabilitation of health buildings. Transportation is another recurring problem due to the large distances between settlements and poor road conditions. This problem is intensified significantly during the winter months when it can become impossible to reach medical facilities.
3. *Lack of information on diseases prevention and hygiene.* This caused a high rate of the spread of infectious diseases (malaria, typhoid, water born diseases, acute intestinal infections etc).
4. *Lack of sanitary conditions.* This was aggravated by poor information regarding personal hygiene, destroyed sewage systems and the absence of bathhouses.

Grants Overview

Counterpart held five grant review meetings over the life of the project. The table below illustrates the submitted and approved proposals in Tajikistan.

	CAGs		Health Grants		Total	
	Submitted	Approved	Submitted	Approved	Submitted	Approved
Round 1	43	7	90	3	133	10
Round 2	49	4	77	12	126	16
Round 3	111	11	133	1	244	12
Round 4	62	4	112	8	174	12
Round 5	91	9	91	2	182	11
Total	356	35	503	26	859	61

The number of GRC members was increased from 7 to 9 after the first round, as there were complaints from CSSCs suspecting the GRC was biased. Counterpart invited representatives of the National Association of CSSCs and IREX to sit on the committee. This was advantageous for the Association, as the inclusion allowed it to gain experience implementing the grant-making process.

From one review round to another, the number of submitted proposals decreased because of the tight competition for the Healthy Communities grants. This competition disappointed many NGOs, which led to this decline in proposal submission numbers. In each cycle an average of 15-16 proposals were approved. The number of approved CAG and HG varied depending on season. During the winter months it was difficult to implement CAGs because of weather conditions; therefore the number of approved CAGs was less than the HGs. For more detailed information about each awarded grant, please see the Grant Statistics in Attachment III.

Turkmenistan

Participatory Community Appraisal and Planning (PCAP) and Appreciative Inquiry (AI) Activities

In order to engage people in assessing and identifying local health care needs during the three years of HNCBI, the Turkmenistan program conducted 44 traditional Participatory Community Appraisals (with problem identification) and 20 PCAPs with the AI approach (when the community reviews not its problems, but their assets, successes and achievements), which altogether resulted in 60 Community Action Plans. The following issues were identified by communities as priority issues:

1. Personal Hygiene and Sanitation
2. Healthy Lifestyle (Nutrition, Drug Abuse, Alcoholism, etc.)
3. Health Care Institutions and Services (including advocacy for health institutions and professionals)
4. Other
5. Health of the Most Vulnerable (disabled adults, single parents, prisoners, etc.)
6. Other Infectious Diseases (except tuberculosis)

7. Maternal and Child Health (Women's Reproductive Health, Breast Cancer, Breastfeeding, Family Planning, Disabled Children, etc.)
8. Environmental Issues

The PCAP and CAP processes facilitated community participation in:

- Identifying and prioritizing the community health needs;
- Defining the resource base of the community;
- Articulating and planning the probable solutions to the community health needs.

During CAP development, the communities analyzed and planned proposed solutions considering the community resources as well as potential external assistance from NGOs, government and business organizations, donors, primary health care facilities, health care employees and others. The process ensured the formation of a management group within the community. All the above mentioned PCAP steps were facilitated using the AI approach.

Of the total amount of PCAPs conducted, 33 were conducted in urban areas and 31 in rural areas. The requisite skills for mobilizing communities, providing community level outreach and programming were imparted to the communities during PCAP processes. The mobilized community demonstrated its capacities through the realization of the healthy community projects. They were successful in advocacy, social partnership, volunteerism and fundraising fields as well as receiving support from local health care institutions or employees.

Grants Overview

HNCBI was designed to encourage people to understand their health rights and responsibilities while motivating NGOs and communities to identify community needs and implement community based public health initiatives and connect primary health care institutions with the community. The Small Grants program in Turkmenistan was available to support selected organizations and communities in implementation of health initiatives with potential health impacts on target population.

CSSCs performed initial grant management, which included the solicitation of grant programs, conducting PCAPs, and collection of project proposals as well as collecting and reviewing grantees' financial and narrative reports and conducting monitoring and evaluations with the implementing organizations and communities.

Healthy Communities Grant program was implemented in accordance with procedures developed at the regional level in 2003. However, after the New NGO law in Turkmenistan came out in 2004, all grant program procedures and documents were revised and adapted in accordance with the law.

The grant program reviewed and approved project proposals according to the grant program pre-determined criterion. Solicitation of grant programming was done through the existing network structure of Counterpart Turkmenistan. GRCs, which included representatives of health related international organizations, were conducted at the regional level for all velayats and local HNCBI coordinators were invited as observers and to provide additional information about proposals in needed. In 2004 – 2005, after the project approval, the communities registered the grants in corresponding State Agencies. At the same time, participating communities created marketing analysis and provided three commercial estimates for planned project equipment. The implementation of projects was monitored and evaluated by the CSSCs and implementing communities in Dashoguz, Akhal and Lebap velayats; Balkan and Mary velayats were monitored and evaluated by Hub-office.

In general, six grant review rounds were conducted within the program and two types of grants, HGs and CAGs, were awarded to NGOs and communities. In total, 94 proposals were received for consideration by the GRC, and 50 projects, 39 CAG projects and 11 HGs, were approved for financing.

Number of Submitted and Approved Proposals by Type of Grant

	Community Action Grants		Health Grants		Total	
	Submitted	Approved	Submitted	Approved	Submitted	Approved
Round 1	0	0	13	7	13	7
Round 2	1	1	33	4	34	5
Round 3	12	8	1	0	13	8
Round 4	7	5	0	0	7	5
Round 5	13	13	0	0	13	13
Round 6	14	12	0	0	14	12
Total	47	39	47	11	94	50

Community Action Grants (CAG)

Community Action Grants supported NGOs and communities in implementing projects that addressed clearly identified community health needs in cooperation with community members. Communities were involved in the identification of health needs, as well as the design and implementation of the projects. Applications demonstrated community input and commitment to the implementation and maintenance of projects.

The 39 CAGs awarded were 76% of the total amount of approved projects within the program, which demonstrates the need for CAG in Turkmenistan. On average, 6 CAGs were approved in each grant round. The following were priority areas:

1. Sanitation and Hygiene - 13
2. Healthy Lifestyle (Nutrition, Drug Abuse, Alcoholism, etc.)- 13
3. Health of the Most Vulnerable (disabled adults, single parents, prisoners, etc.) - 8
4. Health Care Institutions and Services (including advocacy for health institutions and professionals) - 5

Through the implementation of CAGs, communities identified and solved problems by improving infrastructure, education and public awareness activities. In nearly all CAG projects, health care institutions or health care employees were involved, which confirms the growing interest of health sector employees in solving local health care issues. At present, community contribution to CAG projects makes up 27% of full amount of projects. This is an increase of 7% in comparison with planned indicators.

In general, the implemented CAGs demonstrate a growing interest in local communities to implement the projects in partnership with local authorities and health care institutions. Also, communities started advocating their health sector interests with a variety of local government authorities and health organizations, which is clear through the program impacts. The completed projects spurred communities to address other local community issues by combining existing community resources.

In analyzing all approved projects, 7 approved CAG projects were not implemented because 1) two projects won institutional grants from Counterpart and refused the CAG because the NGOs could not implement two projects at once and 2) local authorities refused to support projects without explaining their reasoning, despite the fact that they provided support letters in during the beginning of the grant application process.

Recommendations of potential solutions to these problems include: (1) in the RFA of HG include a requirement that applicants may not apply for another grant during the same time period and (2) actively involve local authorities to the PCAP planning and draw their attention to their responsibilities during the project realization

Health Grants

Health Grants supported NGOs in implementing public health projects in cooperation with health care workers in the community, with the goal of having a positive impact on public health in the community. Applicants were required to make a contribution equal to at least twenty percent (20%) of the total costs of the grant program and provided support letters from partners, which are critical to the successful implementation of project activities.

A total of 47 Health Grant project proposals were received from local NGOs and 11 were approved for financing by the GRC. The low approval rate is due to the poor quality of submitted project proposals, according to GRC members. Overall, the number of approved Health Grants is lower than the Community Action Grants. This is largely due to the passing of the new NGO law in Turkmenistan. During the last two years, NGOs were busy trying to register their organizations in accordance with the new law and to date only few of them have managed to register successfully including the NGO *Keik-Okara* and NGO *Family, Mercy and Health*.

The HGs in Turkmenistan were implemented by NGOs which focused on using information to improve health in the community by improving public access to health information, advocating for community needs, addressing systemic issues in the health care system. The following priority areas were addressed by the Health Grants:

1. Maternal and Child Health Care - 5
2. Tuberculosis - 2
3. Healthy Lifestyle (Nutrition, Drug Abuse, etc.) - 2
4. Sanitation and Hygiene - 2

Health Grants NGO contribution was \$22,256 or 38% of the full amount of approved projects. While implementing Health Grants, NGOs were able to solve local health care issues as well as improve their organizational capacity for community mobilization, advocacy, and social partnership with government and non-government organizations and build relationships with local health care employees and institutions.

On November 15, 2005 The President of Turkmenistan Saparmurad Turkmenbashy signed an amendment to the law “*About Health Protection of Citizens*”. In article 63 “*Professional associations in health care*” the law states: “*The employees of health care system, in accordance with the Law of Turkmenistan about “Professional Associations in Turkmenistan”, have the right to organize professional associations on voluntary basis for protection of their rights, development of medical and pharmaceutical practices, assistance to scientific research work and for solving other issues.*”

This great achievement in the field of health care is a result of long and persistent work of local activists, led by Counterpart Turkmenistan for the duration of HNCBI. In the future, health NGOs will be able to register as associations and work on broader aspects of local health care issues.

Uzbekistan

Participatory Community Appraisal and Planning (PCAP) and Appreciative Inquiry (AI) Activities

PCAP was the main instrument of the program for mobilizing communities. During the program implementation, Counterpart assisted in organizing 67 PCAPs in communities. Some community and NGO leaders managed to organize 38 PCAPs independently. The table below shows the number of PCAPs organized in each country region.

Distribution of conducted PCAPs by regions

Region	# of PCAPs
Nukus	7
Urgench	9
Buhara	8
Samarkand	12
Tashkent	10
Kokand	12
Namangan	9
Total	67

These numbers are distributed more or less evenly, because it was planned by Counterpart to conduct 2-3 PCAPs each round in each CSSC.

The table below shows the number of PCAPs organized in each country region independently by NGO and community leaders. The numbers demonstrate that Samarkand, Tashkent and Kokand led in the number of PCAPs conducted independently.

Region	# of PCAPs
Nukus	4
Urgench	3
Buhara	2
Samarkand	8
Tashkent	6
Kokand	10
Namangan	5
Total	38

PCAPs helped communities identify health related priority issues and address them by developing CAPs. Analysis showed that results of PCAPs held in rural areas were different from those held in urban areas. The top three priority issues in rural areas were: 1) Lack of potable water, 2) Lack of knowledge on hygiene and sanitation and 3) Reproductive health. Meanwhile, the most common issues in urban areas were: 1) Reproductive health, 2) STDs, and 3) Drug abuse.

As seen in the problem lists above, rural communities are characterized by poor health infrastructure, while urban communities are characterized by problems caused by dense population. Our experience showed that knowledge of PCAPs and basic community mobilization techniques, even without grant support, can lead to success. There were 3 cases where communities managed to improve health infrastructure without Counterpart's grant support. Training of health professionals from communities may be very useful, because they are responsible for health of residents, and PCAP trainings may enhance their general knowledge and professionalism.

The quality of the PCAP process is very important because sometimes, PCAP facilitators may push, intentionally or unintentionally, the community residents to identify issues that are not priorities. If this kind of project is supported, it may result in situation when community will not show enough commitment and mobilization. This is why it is important to verify the accuracy of PCAP assessments during GRC sessions.

Grants Overview

The grant cycle activities in HNCBI Uzbekistan were very similar to the activities in other countries. The steps of the grant rounds process included:

1. Round Announcement;
2. Capacity building activities;
3. LECs review concept papers;
4. LECs review project proposals;
5. National Grant Review Committee (NGRC) reviews project proposals;
6. Grants awarded;

The grant cycle announcement process played an important role in raising the awareness of the general public about the training and grant opportunities of the program. Announcing the last round in all local newspapers of the country doubled the number of applications.

Capacity building activities will be described in the later parts of this report. LECs showed good effectiveness in terms of decreasing the workload on NGRC experts, which in fact may improve the quality of their work. Also, as representatives of local health establishments, LEC experts are better informed about local conditions, health statuses and needs.

NGRC finalized each round of the program. Our experience showed that when selecting NGRC members the following criteria should be taken into account:

- Motivation, commitment, and availability on NGRC dates
- General qualifications as an expert; familiarity with main topics of the program

Another suggestion for future improvement of LECs might be to coordinate activities with other grant programs. There is no general database of all projects submitted to other grant programs and administered in the country. With organizations including IREX, WB and Eurasia Foundation also working in the country, involving experts from these organizations may improve cross-program, and cross-organizational coordination.

The table below shows that the number of proposals submitted may be the best indicator of public interest in the program. In the 1st and 2nd rounds of the program, there were a greater number of proposals submitted; during the 3rd and 4th rounds the number of proposed programs decreased; and during final round this number significantly increased.

Number of Submitted and Approved Proposals by Type of Grant

	Community Action Grants		Health Grants		Total	
	Submitted	Approved	Submitted	Approved	Submitted	Approved
Round 1	19	9	31	4	50	13
Round 2	23	2	50	8	73	10
Round 3	19	5	24	8	43	13*
Round 4	15	5	12	3	27	8**
Round 5	28	10	30	5	58	15
Total	104	31	157	28	201	59

* only 5 grant project were approved by Bank Grant Committee

**all projects were rejected by Bank Grant Committee

Analyzing the round dynamic of this indicator, the conclusion is that there are several factors that may affect these indicators:

- Greater number of proposals during first two rounds may be attributed to relative newness of the program and effective capacity building strategy;
- “Satiation” of training needs, and refocusing of many organizations and communities to other grant making programs that require lower standards from applicants may explain decrease of the number of proposal during next two rounds of the program.
- During the 4th round the government imposed strict regulations on all grant programs in an attempt to better control international donors which de-motivated many potential applicants;
- Increase in number of proposal during the 5th round may be explained by broader dissemination of the invitation for proposals.

The main difficulty of HNCBI in Uzbekistan was governmental pressure on local and international NGOs. In the problem analysis and program management sections of this report you will find our analysis and solutions for this problem. The main impact of this pressure was the rejection of all 4th and some 3rd round projects by the Bank Committee. Counterpart had to revise its strategy in order to overcome these difficulties. This is why the total number of grants that were actually implemented in Uzbekistan was not 59, but 40. In all other aspects, the grant-making process did not cause great difficulties.

Community Action Grants (CAG)

Community Action Grants and Projects were the main instrument of improving health and sanitation infrastructure. During the 5 grant cycles of the program HNCBI supported 15 CAGs. This number is lower than was previously reported because Bank Committee rejected 3rd and 4th round projects and Counterpart could not find ways to support them. The statistics of submitted and approved proposals shows that the highest number of CAGs was approved during the first and last rounds of the program. Additionally, in the final stages of the program, the conclusion was that in Uzbekistan GAGs are much more cost-effective intervention than HGs. The main topics of CAGs are represented in the table below:

CAGs by Problem Addressed

Problem	# of Grants
Water supply improvements/setting up, etc.	9
Sport facilities improvement	2
Sewerage	1
Shower rooms and general hygiene	1
Dinning room remodeling	1

The most urgent problem in many communities was lack of water supply. The best results were achieved when CAGs were complemented by health promotion trainings. CAGs have the following advantages over HGs:

- Easier to monitor all aspects of the project. Usually, most of the funds are allocated to major renovation or construction works, which makes it easier to compare project costs with reasonable market prices, and to see and appraise results. Since there are fewer transactions within the project implementation, there are fewer chances for corruption.
- Easier to evaluate impact of the project. Setting up potable water supply can drastically decrease morbidity rate of water-borne diseases over short period of time.
- Better sustainability may be achieved. Health and sanitation infrastructure may serve to subject community up to 10-15 years with relatively low cost for upkeep.
- Higher rate of community mobilization and other bodies' involvement.

Thus, Community Action Grants and Projects were the most useful and effective activities of the program. CAGs may be more expensive than HGs, but taking into account the potential result and higher degree of sustainability and transparency, they are much more cost-effective in long run. As for the main direction of the CAGs, there is no doubt that improving water and sanitation facilities are priority issues for the improvement of people's health.

Health Grants

Health Grants were used to promote healthy behavior and raise awareness of the subject population on selected health topics. During program implementation, Counterpart supported 24 health projects throughout the country. See the table below for problems addressed by Health Grants.

HGs by Problem Addressed

Problem	# of Grants
Reproductive health, STD, HIV/AIDS	6
MCH, Pregnancy	4
Nutrition and Anemia	3
Diabetes	2
General health promotion	1
Emergency aid	1
Cancer	1
Myopia	1
Training of PHC workers	1
Tobacco control	1
Mental health	1
Parasitic diseases	1
TB	1

As seen in the table, the most urgent issues were Reproductive Health, MCH and Nutrition. There was also one very interesting project on tobacco control, because this issue does not get due attention in the country.

The subject population for the health projects is of no less importance. Counterpart and the GRC members consider that there were 3 projects that brought the best results. All of them concentrated on marginalized populations and people in great need: 2 projects focused on children from orphanages, and one on a gypsy community.

Main Focus Groups of HGs

Focus group	#
1. General population, medical workers	9
2. Women	5
3. Children	3
4. PHC workers	3
5. Disabled people	2
6. Gypsy	1

B. Objective 2: Develop Capacities of NGOs and CBOs to Implement Community Health Initiatives

Kazakhstan

Training

Over the life of the project, Counterpart and the CSSCs conducted 74 training workshops, including 36 PCAP trainings, 32 Project Design and 6 Participatory Monitoring and Evaluation workshops. Over 600 NGO and IG representatives were trained. Throughout the program, the PCAP training remained the most popular. This can be mainly explained by the fact that the other two topics are offered by several providers, whereas Counterpart is one of the few organizations training in community appraisal. Additionally, Counterpart is the recognized leader in community mobilization techniques in the region. The reason behind the low number of PM&E trainings is Counterpart's program policy, which only provides M&E training to grantees whose projects have been approved.

In addition to the regular trainings, Counterpart arranged a half-day study tour for the last PM&E training participants to NGO *Demeu*, a former HNCBI grantee, which is a well-known and successful health service NGO. According to the feedback from the study tour participants, the innovation was rather successful and popular among them. The participants said it was a great opportunity to get real hands-on experience with health service NGO professionals.

Technical Assistance

In addition to regular technical assistance in the form of consultations in project design and management, Counterpart and the CSSCs provided specific consultations to the 5th round grantee IGs, who had to work on new project proposals together with their registered partner NGOs. The projects of these IGs were postponed due to changes in the legislation, which now prohibits operations of unregistered groups.

Kyrgyzstan

Training

Over LOP Counterpart and the CSSCs delivered 97 training workshops, of which 45 were in PCAP, 46 in Project Design and 5 on Participatory M&E. The total number of participants was 1,743, who represented 1,460 NGOs and community groups. See tables below for more detailed information on numbers of trainings conducted by each CSSC, and number of participants and NGOs that attended each training:

PCAP Training

#	Name of CSSCs	Number of trainings	Number of people	Number of NGOs
1	Batken	5	68	56
2	Bishkek	5	109	94
3	Jalalabad	5	103	75
4	Karakol	5	103	63
5	Kerben	4	75	74
6	Naryn	5	112	108
7	Nookat	5	103	92
8	Osh	5	70	69
9	Talas	6	121	86
	TOTAL	45	864	717

Project Design Training

#	Name of CSSCs	Number of trainings	Number of people	Number of NGOs
1	Batken	5	51	44
2	Bishkek	6	127	111
3	Jalalabad	5	83	73
4	Karakol	5	95	53
5	Kerben	4	70	66
6	Naryn	5	90	83
7	Nookat	5	87	77
8	Osh	6	87	84
9	Talas	5	94	73
	TOTAL	46	784	664

Participatory M&E Training

#	Name of provider	Number of trainings	Number of people	Number of NGOs
	Counterpart	5	95	79

It is worth noting that there was an intense competition among NGOs, CBOs and communities to attend the training program. Counterpart decided to divide the training program into 2 tracks: Track A included PCAP and PD and Track B included only PD training. The applicants were to choose between two tracks depending on their previous training and experience.

For the first year of the program, approximately 80% of submitted applications were for training to Track A. After consultations with CSSCs it was decided to modify training modules and Track A was made for 5 days (3 days PCAP+ 2 days PD) and Track B 2 days (PD).

During the first grant round GMT received more than 400 applications to participate in Counterpart's training program. After consultation with CSSCs, 348 people were selected. They represented 291 NGOs, CBOs and communities. Based on a previous experience, and having a high number of applications and lack of funds it was decided to delegate the selection of trainees to the CSSCs. In the second grant round, 128 people attended the training, representing 118 NGOs, CBOs, and communities.

Due to a shortage of funds allocated for PM&E training, it was decided to hold one training for grantees from the first and second grant rounds. The decision was also made to provide trainings only to USAID funded grantees, because SFK did not provide sufficient funding to train SFK grantees in Counterpart's PM&E workshops.

During the 3rd grant round CSSCs received over 300 LOIs for the PCAP training. Based on the selection criteria, the CSSCs have selected and trained 192 participants, who represented 168 organizations and communities from all regions of the country. As for the 4th grant round, PD training workshops were delivered only to NGO and community members whose concept papers were nominated for the submission of full project application.

Other Training Workshops

In addition to the regional training and working group meetings on AI in community mobilization, Counterpart Kyrgyzstan organized a country workshop on practicing AI approaches in pilot communities. Coordinators from 9 CSSCs, 9 community members as well as Counterpart Program managers and CSSC program staff from Uzbekistan, Tajikistan and Kazakhstan participated in the workshop.

Christopher Szecsey acted as a consultant and facilitator in discussions of lessons learned, achievements and recommendations for better incorporation of AI into HNCBI PMAP process, including development of training modules and planning for the next 6 month. A 6 month country work plan in practicing AI within the framework of HNCBI was developed as an output of that meeting. It was also agreed to form a regional team to design AI training module.

Technical Assistance

All applicants were invited to attend trainings on PCAP and Project Design. During the proposal writing stage Counterpart Kyrgyzstan program staff provided consultations on for applicants, who were located in Bishkek. When applicants arrived from different Oblasts, each of them were also were served with pre-grant consultations. CSSCs health coordinators were coached on that type of TA and they were able to provide these services to local NGOs and CBOs in the field.

With the support of pre-grant consultations provided by Counterpart 18 project proposals were approved and funded within HNCBI. All 128 (USAID+SFK) approved project applications were screened by the GMT for possible technical assistance from Counterpart, Abt Associates and SFK. The GMT prepared a list of such NGOs with potential technical assistance, which also included a technical assistance provide column (Counterpart, ZdravPlus or SFK). Based on that list tailored TA was provided to grantees on project implementations.

During the program implementation 37 grantees received consultations from Counterpart on project implementation, evaluation and reporting issues. Counterpart provided consultations on appropriate narrative and financial reporting.

Projects related to the repair of water supply systems and banyas received booklets/manual from SFK upon effective project implementation. Health grants related to the provision of specific medical programs/seminar and printing of specific medical literature received technical support from ZdravPlus.

Thus, as a result of activities accomplished within that objective the following indicators were achieved:

- 96 instead of the planned 50 training workshops were conducted for NGOS, CBOs and community groups
- 1,460 instead of the planned 100 NGOs, CBOs and communities were trained in Counterpart PCAP, PD and PM&E trainings
- 128 instead of the 50 planned NGOs, CBOs and communities have implemented health initiative projects

Tajikistan

Training

Over the life of the program Counterpart and the partner CSSCs have conducted 68 training workshops for a total of 1,023 NGO representatives. The demand for training was very high during the first two rounds of the program. This was mainly due to the fact that many new NGOs and CIGs emerged in the country and they lacked knowledge and skills in community appraisal and mobilization, as well as in project development.

The number of training requests had decreased by the 4th and 5th rounds because the demand for training was satisfied for the most part.

As for distribution of demand for training across the regions of the country, the highest demand was the highest in the RRS area and the Khatlon Oblast against the lowest demand in the Penjikent area. The reason behind this distribution is the general lower number of NGOs and active communities in the Penjikent area, as well as better access to information about donor programs in the RRS, which is around Dushanbe – the capital city. The table below summarizes the training statistics.

Training Topic	Number of Training Workshops Conducted	Number of Participants	Number of NGOs/CIGs
PCAP	38	461	402
Project Design	24	322	284
Participatory Monitoring and Evaluation	6	60	57
TOTAL	68	843	743

Out of the total 686 NGOs and CIGs trained in PCAP and PD workshops, 66 received Counterpart grants. This makes almost 10% of trained NGOs who managed to get HNCBI grants during the program.

Technical Assistance

A number of applicants have received pre-grant consultations from the CSSCs and consisted of explanation of program goals, objectives, joint draft proposal and budget reviews and assistance in finalizing the proposals. However, many NGOs ignored consultations, which affected the quality of their proposals. This resulted in numerous proposals that did not meet the program requirements of RFA. For example, many proposed budgets exceeded the 15% limitations for a combination of salaries for project management, contracted services, and equipment. Some budgets did not offer appropriate NGO/community/local government contributions (20% of the total costs of the grant program activity from any funds). The lessons of the first two rounds, when the percentage of approved proposals was very low, resulted in increases in the number of applicants who came to the CSSCs for pre-grant consultations. Therefore, the CSSC staff was overloaded and each CSSC had to dedicate one full-time HNCBI coordinator instead of part-time assistants/coordinators, who had worked there before.

During the PM&E training, Counterpart Grant Manager provided short training sessions of financial reporting issues to grantees; explaining the rules and regulation of grant administration. The most frequently asked question during training was about the employee income tax to be paid by the grantee staff.

All HNCBI grantees received consultations and recommendations on their training modules and draft information materials from the ZdravPlus project. The grantees were allowed to start trainings or print information materials only after approval from ZdravPlus as Counterpart's partner responsible for specific health issues.

Turkmenistan

In order to increase the capacities of NGOs and communities, HNCBI Turkmenistan delivered training workshops on the development of organizational capacities and provided tailored technical assistance during the three years of the program. The training program was implemented in all velayats of country through the existing network structure of Counterpart Turkmenistan. Highly qualified trainers from the CSSI program were invited to conduct trainings.

In order to assure the quality of health pre-initiatives, project proposals and project implementations, Counterpart Turkmenistan adapted the existing trainings modules in PCAP, PD and PM&E to better reflect the special nature of health initiatives, which distinguishes them from general civil society projects. In 2003, the grant program solicitation announcement encouraged NGOs and communities requiring skills for identifying community needs and designing proposals to submit letters of interest to Counterpart Hub office

or Support Centers. NGOs and communities who wished to apply for CAGs submitted letters for PCAP and PD trainings, for HGs submitted letters only for PD trainings. By June of 2003, 35 letters of interested were submitted to Counterpart and 23 letters were approved by the selection committee, which consisted of Counterpart and ZdravPlus staff. Then, as grant program implementation changed within the country, the training programs adapted to the new environment and all applicants and grantee representatives were invited for the training instead of conducting a competition based on letters of interest. Of course, organizations and communities who had not previously received such training were selected first.

The training workshops provided for applicants and grantees focused on the basics of organizational development, including: Fundraising, Strategic Planning, Team Building/Conflict Resolution, NGO and Community, Effective Governance and others.

Participatory Community Appraisal and Planning (PCAP) Training

- In 2003, 4 PCAP training workshops were conducted, and 67 representatives of 43 NGOs and communities participated in those trainings. The training design provided knowledge and skills on conducting participatory assessment and planning within the community. After the training, participants conducted the PCAP process in their regions together with staff of CSSCs and then provided PCAP reposts for the revision of CT staff.
- In 2004, as the strategy of implementing local project management through community facilitators was accepted, the PCAP training was adapted into Local Project Management training part 1 and 2, where only potential community facilitators were trained. The concept of PCAP training was widened by including the tools and methodology of Appreciative Inquiry, sessions on NGO and Community, Project Design and PM&E, and this module was divided into three parts. This provided a broader base of information to facilitators on the process. Ten Local Project Management trainings, parts 1 and 2, were conducted for community facilitators and 197 people were trained.

Project Design (PD) and Participatory Monitoring and Evaluation (PM&E) Training was integrated into one training module (Project Design), which allowed people to gain knowledge and skills on project proposal development and on participatory monitoring and evaluation measuring, planning and reporting. Eleven PD trainings were conducted for 161 participants. The third part of Local Project Management module contains PD and PM&E modules.

Training Statistics by Topic

Training	# of trainings	# of participants	# of males	# of females
Participatory Community Appraisal and Planning	14	264	90	174
Project Design with PM&E component	11	161	82	79
Total:	25	425	172	253

Other training workshops

HNCBI provided training workshops on capacity development to NGOs and communities to build their capacity in different fields.

Other Training Workshops Statistics by Topic

Training Name	# of trainings	# of participants	# of males	# of females
NGO and Community	4	74	31	43
NGO Management	3	48	20	28
Fundraising	1	17	6	11
Human Resource Management	1	16	5	11
Team Building/Conflict Management	2	36	9	27
Social Partnership	2	30	14	16
NGO Newsletter Development	3	41	17	24
Volunteer Management	1	19	4	15
Facilitation Skills Development	1	13	7	6
Training Techniques and Methodology	1	13	7	6
Financial Accountability	3	52	19	33
TOTAL:	22	359	139	220

These trainings are in high demand in the country, judging by the number of people who expressed interest in participating in the trainings. Also, people are able to conduct PCAPs and develop project proposal only after participation in the trainings. Feedback from the grantees states that they are satisfied with the obtained knowledge and skills and topics addressed. They also would like to increase their knowledge and skills on specific project activities including: how to create effective public awareness, public relations and leadership skills.

Technical Assistance

During the HNCBI project time frame technical support (computer, printer, fax, copy machine, internet, e-mail) as well as consultations on conducting PCAPs, on project proposal development and on the monitoring and evaluations of projects were provided for NGOs and communities through network members of Counterpart Turkmenistan. Overall, 896 consultations were provided for NGO and communities in urban and rural areas. Delivering timely consultations to applicants and grantees made their work easier and more effective. During the consultations, communities could express their vision of project implementation and work with the consultant to find solutions for issues. In the future, we recommend strengthening the access of communities to technical support in rural areas and improving the consulting skills of CSSCs staff.

Uzbekistan

Training

During program implementation trainings were the key instrument in developing the capacity of communities to develop and implement community health initiatives. The average number of trainees per training was 14.5 people, and average number of NGOs, CBOs and communities per training was 8.8 organizations. An average 1.6 representatives of organizations or communities participated in each training.

The quality of trainings provided by CSSCs was satisfactory, although it varied from CSSC to CSSC. In our observations, the best quality trainings were provided in Tashkent, Samarkand, and Kokand. As a rule, Tashkent and Samarkand as major cities have more qualified specialists, and Kokand is where Counterpart’s interventions started.

Participatory Community Appraisal and Planning (PCAP) Training

PCAP trainings played a very important role in building capacity of leaders of NGOs, CBOs, IGs. Because of these trainings, they acquired necessary skills to identify priority issues in communities and to develop joint action plan to solve existing problems. The table below illustrates the number of PCAP trainings and number of trainees participated at these trainings in each CSSC during duration of the program.

Number of PCAP Trainings and Trainees in each CSSC

CSSC	PCAP	Trainees	PCAPs conducted independently*
Nukus	2	26	4
Urgench	3	38	3
Buhara	2	25	2
Samarakand	4	54	8
Tashkent	4	55	6
Kokand	3	40	10
Namangan	4	52	5
Total	22	290	38

*Independently means those PCAPs conducted without direct assistance of Counterpart of CSSCs

Project Design (PD) Training

Project Design trainings along with PCAP trainings played very important role in building capacity of community leaders to develop high quality project proposals. The table below illustrates the number of PD trainings organized in each CSSC during program implementation.

Number of PD Trainings and Trainees in each CSSC

CSSC	PD	Trainees	Proposals Submitted
Nukus	2	32	24
Urgench	2	30	31
Buhara	2	28	25
Samarakand	3	37	37
Tashkent	3	50	41
Kokand	3	45	55
Namangan	3	48	28
Total	18	270	197

Participatory Monitoring and Evaluation (PM&E) Training

Counterpart used this type of training to get community leaders to learn participatory monitoring skills, thereby accelerating community mobilization. There were 3 trainings organized for grantees in Tashkent. These trainings seemed to be very expensive because all of them were organized in the capital city. In our opinion, PM&E trainings should be provided to wider audience in Oblasts because they may equip community leaders with all essential skills to develop successful proposal. Thus, for future projects Counterpart should consider allocating more funding for a greater number of trainings in Oblasts rather than less trainings in the capital cities.

Number of PM&E Trainings and Trainees in each CSSC

CSSC	PM&E	Trainees
Nukus	0	0
Urgench	0	0
Buhara	0	0
Samarakand	0	0
Tashkent	3	65
Kokand	0	0
Namangan	0	0
Total	3	65

Technical Assistance

CSSCs provided pre-project consultations and orientation to applicants as well as in-project consultations on reporting procedures to grantees. During program implementation, CSSCs provided more than 1,000 consultations to different groups of people. Most importantly, CSSCs being NGO resource centers within CSSI, had the capacity to provide free internet and email services to applicants and grantees. This fact

greatly improved our coordination and technical assistance. Pre-project consultations were of crucial importance for improving quality of proposals, and for brushing up the proposal writing skills of applicants. In-project consultations on reporting procedures greatly facilitated the grant reporting process. In our opinion, technical assistance was adequate to respond to the needs of both applicants and grantees.

C. Management Overview

Regional

Program Management

Counterpart has continued to utilize its established and effective approach to managing projects in Central Asia from its Regional Office in Almaty, headed by the Regional Chief of Party (COP). The Counterpart COP, along with the Health NGO Capacity Building Initiative (HNCBI) Regional Program Manager and support staff provided general program management and oversight, as well as programmatic support and coordination with USAID and HNCBI co-implementer ZdravPlus. HNCBI country staff performed the day-to-day management of the program with guidance from the Country Directors.

During the startup phase in early 2003, program activities focused mainly on finalizing the major program documents in collaboration with ZdravPlus and SFK and with advising from USAID. Major program documents included requests for applications (RFAs), grant program guidelines, grant application forms, Grant Review Committee (GRC) composition and guidelines, and monitoring and evaluation procedures. In addition, Counterpart spent the early part of the program hiring staff and setting up program systems in Tajikistan and Uzbekistan.

Program Launch

The launch of the program was widely publicized in all five countries. Press releases were issued and followed up with press conferences that received coverage in both the national and local level media. The program was advertised in major national newspapers in all five countries and the initial RFA, and the application forms, were published and widely distributed through listserves. The exception was in Turkmenistan, where press conferences by international organizations are not permitted. The awarding of the initial program grants was also highly publicized. Events were held in each country with representatives from the US Embassies, and USAID employees presented the awards. These initial grant award events included an award ceremony and press conferences for journalists representing national and local media. These events secured high publicity for the program and ensured region-wide media coverage and recognition of the program.

Management Information System

Counterpart developed a new Regional Management and Information System (MIS) for HNCBI. The database now includes statistical data for HNCBI on all Participatory Community Appraisals and Action Plans (PCAAPs) conducted as well as all trainings delivered and grants awarded for the entire Central Asian Region.

Regional Meetings

Over the life of the program, Counterpart organized and hosted a number of joint Counterpart, ZdravPlus and SFK regional staff meetings in Almaty. The goal of these meetings was to review program implementation, requirements, documents and procedures. Prior to these meetings, HNCBI country staff gathered and analyzed feedback from clients and the Civil Society Support Centers (CSSCs). The meetings resulted in a variety of program improvements, which are summarized in the Program Innovation section of this report.

Country Level Meetings

Every quarter, Counterpart organized regular country-level meetings with the CSSC key staff to review all the joint programs that Counterpart and the networks implement in each country. HNCBI Program Managers usually spent from one-half to one full day with the CSSC representatives reviewing the program, sharing their experiences and discussing further plans.

Monitoring and Evaluation

In compliance with Counterpart's approach to program management, the Regional staff made regular monitoring visits to all five countries to provide general program oversight and timely feedback to the program staff and project implementing agencies. The regional representatives observed Grant Review Committee meetings, participated in joint meetings with USAID and the project partners and made field visits to the majority of grant project sites in most Oblasts of the Central Asia countries. Additionally, Ms. Arlene Lear, Counterpart Senior Vice President for Programs, and Counterpart's Civil Society Division staff visited the region several times during the Program to get acquainted with both HNCBI and the Civil Society Support Initiative (CSSI) programs.

Participatory Appreciative Appraisal and Planning

In May 2004, Counterpart conducted two regional training workshops on using AI approaches for community mobilization in health programming. The workshops were held in Khujand, Tajikistan and Osh, Kyrgyzstan and gathered participants from Counterpart HNCBI staff, CSSC representatives and contract trainers from all five Central Asian countries. *Social Impact* consultant Christopher Szecsey delivered the training together with co-facilitators, HNCBI Regional PM Vaslat Akhmetov and Regional Capacity Building Coordinator Ainura Absemetova. CSSCs and Counterpart program staff conducted pilot testing of the new technique called Participatory Appreciative Appraisal and Planning (PAAP) which addresses community capacity and asset assessments based on the appreciative inquiry (AI) approach. Counterpart decided to conduct these assessments in two different types of communities: (1) those that had used PCAPs or other problem-identification techniques and (2) those that have never had any experience working with international donors and participatory techniques. This allowed staff to compare results and look for differences in the outcomes between the communities. Pilot activities were conducted throughout the entire Central Asia region.

The country HNCBI Program Managers collected and analyzed PAAP reports from nine pilot communities and presented their findings in a regional workshop on PAAP. Coordinators from nine CSSCs, nine community members and Counterpart Program managers and CSSC program staff from Central Asia participated in the workshop with consultant Christopher Szecsey. Participants exchanged lessons learned and discussed achievements gained during the pilots. They also developed practical recommendations and six month country work plans for the integration of AI into the community mobilization methodology within the framework of HCGP. Also, the participants decided to form a regional team with the goal of designing a training module on AI. In March 2005, Counterpart HNCBI staff and some CSSC representatives held a working group meeting in Bukhara, Uzbekistan, where the team drafted a training manual and a resource book for Participatory Appreciative Appraisal and Planning. After the meeting, the manual and resource book were finalized by the Regional Office.

Human Resources and Staff Development

Counterpart consistently encourages professional staff development both within and outside the organization. Over the life of program, HNCBI regional and country staff attended a number of training workshops, conferences and round tables on a variety of topics. Some staff development highlights include:

- In February 2002, Ms. Chinara Kamarli, HNCBI PM in Kyrgyzstan and Mr. Shukhrat Aripov, HNCBI PM in Uzbekistan) attended a 5-day Salzburg Seminar session *The Role of NGOs in the Health of Communities, Creative Partnership*. Seventy representatives from 35 countries participated in the seminar, which was devoted to studying different countries' examples in improving the health of the population. Ms. Kamarli and Mr. Aripov presented the PCAP methodology used by Counterpart. At the end of the seminar the products of the small groups' work were presented and distributed among the participants. The participants created a listserve to keep contacts and establish communication links with each other.
- In 2004-2005, Counterpart, in partnership with Social Impact (US), organized and conducted a series of trainings, workshops and working group meetings to learn, adapt and introduce the Appreciative Inquiry (AI) approach in community mobilization (see details in the *Program Innovation* and other sections of this report).
- The Kyrgyzstan and Uzbekistan country PMs participated in an experience exchange December 8-14 2004, when the Uzbekistan HNCBI PM visited Kyrgyzstan. The purpose of the trip was to share knowledge and best practices between the Uzbekistan and Kyrgyzstan HCG program managers by working together through program observation and implementation. They visited 5 projects in Naryn Oblast and addressed issues including program implementation, the M&E process, grant review committee procedures, and the interaction with CSSCs.

Kazakhstan

Program Management

In general, the management structure in Counterpart Kazakhstan remained consistent with the original program design. However, the country program team faced a challenge at the end of the program. A new NGO law was passed and some related regulations were amended in the country during the summer of 2005, which required some strategic management decision-making. Specifically, the amended law now prohibits any unregistered groups to operate in the country and to receive grants. Since Counterpart awarded 11 grants in the 5th review round to unregistered initiative groups (IGs), it had to adjust its strategy. Counterpart immediately terminated the grant agreements with these IGs. The IGs, in turn, found local registered partner NGOs who agreed to coordinate efforts and complete the projects together. The partner NGOs had to develop project proposals and to go through a short selection process at Counterpart. In September 2005, all former IG grants were awarded to registered NGOs who partnered with the IGs and accepted the responsibility for project completion.

In spring 2004 Makhabbat Yespenova, the country HNCBI Program Manager, in collaboration with Agnessa Gladkikh, the M&E Specialist, developed new operational guidelines for the CSSCs. The document is available in Russian and sets standards in all areas outlined in the CSSCs' scope of work within the HNCBI subcontracts. Specifically, it addresses procedures, requirements and timelines for reporting, monitoring, evaluation and financial grant administration.

In March 2004, the Country Program Manager redesigned the Monthly Program Report format for CSSCs to shift the report focus because the program had reached the end of the proposal collection process. The purpose of redesigning the format was to concentrate the CSSCs' attention on health impacts of approved projects and to monitor subsequent activities of NGOs which have been involved in the program at different stages.

Starting from the 3rd round, all grantees are required to develop project logical frameworks (logframes) prior to project implementation. According to feedback from the CSSCs, this addition helped them to identify project impacts more clearly, including those on the population's health, while also helping them to monitor the timelines and quality of project implementation and to evaluate the successes and challenges.

Human Resources and Staff Development

In November 2003, the Kazakhstan HNCBI Program Manager visited the newly established Atyrau Civil Society Support Center for staff orientation to the program. The HNCBI Program Manager gave a detailed presentation of the program, provided comprehensive consultations on CSSC responsibilities to HNCBI as subcontractors and acted as a lead facilitator of a HNCBI PAAP, which was co-facilitated by the Atyrau CSSC staff.

The HNCBI PM participated in a training workshop titled *Developing the Culture of Philanthropy*, organized by AED/CAR and conducted by Ms. Kimberly Millier. The training curriculum addressed strategies for involving local businesses in supporting the socially important projects implemented by NGOs and ways and approaches for developing a philanthropy culture in the current environment. Dana Amanova, the Kazakhstan HNCBI Grant Manager, participated in a workshop called *Russian School of Grant Managers* that took place in Rostov-na-Donu (Russia) in June 2003. The objectives of the workshop included forming a community of grant managers throughout NIS and learning different approaches to grant program administration. Special attention was paid to the process of making grant administration more transparent and clear.

In September 2005, Ms. Dana Amanova, Counterpart Kazakhstan Grant Manager, left the organization to continue her career with the Association for Civil Society Development ARGO. The HNCBI Program Manager coached the new Grant Manager Elena Berisheva on Healthy Communities Program administration and updated her on the most recent developments, allowing for a smooth transition of leadership.

Kyrgyzstan

Program Management

Kyrgyzstan was the only Central Asian country where HNCBI had another donor, Soros Foundation Kyrgyzstan (SFK). The grant pool for HNCBI Kyrgyzstan was increased by \$150,000 after the SFK contribution. In addition, SFK has recently implemented its *NGO Support* program in partnership with six CSSCs: Osh, Batken, Jalalabad, Talas, Naryn and Karakol. Counterpart and SFK negotiated contracts with nine CSSCs to administer the HNCBI program throughout the country. The nine contracted CSSCs provided trainings on PCAAP and M&E as well as consultations on project implementation.

In January 2003, after consulting with USAID, Counterpart Kyrgyzstan senior staff created a National Grant Review Committee (NGRC). The committee had nine representatives from the following organizations: Counterpart Kyrgyzstan, USAID, Development and Cooperation in Central Asia, Swiss Red Cross (SRC), WHO, World Bank, Republican Health Promotion Center and two experts from Soros Foundation Kyrgyzstan. In January 2005, the Country Program Manager made a presentation on program achievements, shortcomings and lessons learned to the program partners at a special NGRC meeting.

The Grant Management Team (GMT), which included representatives from Soros Foundation Kyrgyzstan, Counterpart Kyrgyzstan and ZdravPlus, developed a schedule of six grant rounds, two per year. Counterpart Kyrgyzstan Country Director Erkinbek Kasybekov facilitated all grant review meetings. Due to instability caused by the March 2005 revolution, the sixth grant round was postponed by two weeks. The meetings of local GRCs were re-scheduled to mid-April, and a meeting of the National Grant Committee was scheduled on May 11, 2005. All program partners, CSSCs and clients were informed about the decisions that were made in the last grant round.

Every six months, Counterpart program staff analyzed CSSCs' program performance and provided feedback to CSSCs according to their program objectives. Based on the increased needs of CSSCs in conducting monitoring of outstanding grants and delivering training to applicants during the 5th grant round, a decision was made to increase each CSSCs's program budget by \$300. Counterpart program staff paid visits to each CSSC once each year to conduct monitoring of project sites and to audit grant files. After the monitoring and audits, Counterpart Kyrgyzstan program staff held feedback meetings with CSSC program staff and discussed their findings while also providing recommendations on qualitative implementation and project completion.

To ensure better impact identification and documentation, CSSCs conducted additional follow-up evaluations of all 85 USAID funded projects. CSSC program managers visited each project site and met with grantees, their counterparts, primary health care institutions and community members. The project impact reports were completed and submitted to Counterpart in the end of October 2005.

Human Resources and Staff Development

In order to optimize project implementation, Erkinbek Kasybekov accepted overall management responsibility for overseeing and evaluating the performance of staff involved in program implementation.

In February 2003 Program manager Chinara Kamarli attended a 7-day seminar in Saltsburg "*Role of NGO in the Health of Communities, Creative Partnership*", which hosted 70 representatives from 35 countries. The Kellogg Foundation provided a fellowship for this event. The event was devoted to studying different countries' experiences in improving the health of communities. Mrs. Kamarli improved her knowledge in building partnerships among the three sectors, which helped her to even better advise NGOs and communities in social partnership building.

In order to improve the HNCBI grant administration Aliza Arykbaeva was hired as a Grant Manager, August 1, 2003. In April 2004, she was promoted to the lead position in the Counterpart Grant Department.

In December 2003, Counterpart Uzbekistan Program manager Shukhrat Aripov visited Counterpart Kyrgyzstan for an experience exchange between Uzbekistan and Kyrgyz Program Managers. This six-day trip included project site visits, project monitoring and evaluation exercises, and experience exchanges focusing on best practices and lessons learned. During the visit, Shukhrat Aripov was introduced to program documents including grant files, program planning and reporting documents. In order to become more

acquainted with the HNCBI Kyrgyz experience with administration both health coordinators visited 6 project sites in Naryn Oblast.

In July-August 2004, the CSSCs in Karakol, Osh and Jalal-Abad hired new health program managers. The CSSC managers and Counterpart program staff provided orientation and coaching to the newly assigned CSSC coordinators.

In January 2005, the country HNCBI program manager returned to the U.S. to complete a fellowship program on health related issues. Mrs. Kamarli participated in the 4-month program and completed research on institutional capacity building for professional health associations at the University of North Carolina in Chapel Hill, sponsored by US department of State and administered by IREX. Senior Program Officer A. Nusupov and Program Assistant E. Adkina smoothly transitioned into positions of responsibility for the administration and implementation of HNCBI during her absence.

In January 2005, Kalys Hasanova, the Osh CSSC Health Program Manager participated in budget hearings conducted by the initiative community group of Karokol Vl., where he improved his skills in project monitoring through public hearings.

In May 2005, Counterpart program staff updated and disseminated the Grant Review Guidelines to the National Grant Review Committee members.

In June 2005, Mrs. Chinara Kamarli returned from the U.S. and resumed her Program Manager duties. The Hospital Association and ACSSC published her research findings in their newsletters.

In September 2005, the Counterpart Program Manager and Grant Manager attended a four-day training in *Project and Program Evaluation as a Tool of Effective Program Management*, organized by the Association of CSSCs and delivered by Alexei Kuzmin, from Process Consulting in Moscow. Also in September, the Program Manager and Grant Manager attended a one day professional development workshop titled *Good Quality Evaluations, Evaluation of Cost Effectiveness as a Part of Impact Evaluation and Collaborative Evaluation - Involving Stakeholders in the Process* and a conference called *Program and Project Impact Evaluation: Experience and Development Perspectives*. Both the workshop and the conference were held in Almaty and organized by ARGO, the Institute for Development Cooperation IDC and the International Program Evaluation Network. As a result, program staff have improved their skills and knowledge of contemporary approaches and strategies to program evaluation issues, as well as established networks with experts from other organizations and countries.

Program Innovation

With the goal of improving the quality of selected projects, the local GRC were involved in the revision of concept papers and project applications. This increased transparency in the grant selection process as well as improvement of project quality.

Appreciative Inquiry

Training and follow up activities in applying Appreciative Inquiry (AI) in community mobilization activities has improved the CSSCs' quality of implementation. Counterpart Kyrgyzstan initiated and encouraged CSSCs to test AI in nine pilot communities. As a result of the testing, out of nine communities in which AI was utilized, eight developed community health action plans. One of the participant communities, Bishkek Medical School, has established resource center and created a partnership with the Minnesota Medical School.

Tajikistan

Program Management

The Tajikistan (and Uzbekistan) program management structure differed from the organization of the other three countries. Counterpart Tajikistan did not receive USAID funding for the Civil Society Support Initiative – formerly Counterpart's largest program in the region. This resulted in lack of staff and cost-sharing between programs. Counterpart decided that HNCBI in Tajikistan and Uzbekistan would become a stand-alone project and would be managed directly from the Regional Office by the Chief of Party/Regional

Director. Thus, the Country Program Manager managed day-to-day program operations, whereas the Chief of Party in Almaty had overall responsibility for program implementation.

Human Resources and Staff Development

The Tajikistan program was challenging in terms of human resources availability. First, the program startup was delayed by a few weeks due to difficulties in finding a suitable candidate for the Country Program Manager position. After a thorough search, Counterpart hired Mr. Alisher Makhmudov, who had vast health programming experience in the World Health Organization (WHO), Swiss Development and Cooperation office (SDC) and Medesines Sans Frontiers (MSF).

A new M&E specialist, Mr. Komil Gulombabiev, joined the Counterpart Tajikistan team replacing Mr. Nabisher Juraev, who left Counterpart to continue his career with the Eurasia Foundation. Mr. Gulomnabiev was primarily involved in creating and maintaining the M&E system for HNCBI as well as for other Counterpart projects in Tajikistan.

Mr. Alisher Makhmudov resigned from his position in July 2005. In August 2005, Mr. Komil Gulomnabiev, the Country M&E Coordinator also left Counterpart to continue his career with IREX. Given the fact that the program was approaching its end, Counterpart made a decision not to hire replacements for these positions but to restructure the staffing. The Regional Program Manager started managing the Tajikistan program directly from the Almaty office. In addition, the senior management revised the job description of Ms. Nasiba Saidova, the Country Grant Manager, who was also appointed as the Country Program Team Leader and took over both program coordination and M&E responsibilities.

Turkmenistan

Program Management

In general, the program approach and implementation were similar to those in the other four countries. The only exception was that the CSSCs in Turkmenistan are not independent NGOs, but Counterpart branch offices. Therefore, subcontracts were not used in the Turkmenistan.

The issuance of new NGO related legislation in the last quarter of 2003 changed the political situation considerably. The new legislation required not only that all NGOs register with the government, but also that all grants awarded to NGOs be registered with the State Agency for Foreign Investment (SAFI). All unregistered NGOs could no longer operate in the country. The process of NGO registration remained challenging, which considerably limited the number of potential applicants and grantees for HNCBI. Additionally, PCAAPs and training could not be conducted because they were public activities and had to be registered. At that time HNCBI activities were suspended.

Despite this challenge, in September 2004 Counterpart restarted its grant activities in Turkmenistan but with a change in its grant-making strategy. The program started working directly with government institutions such as medical facilities, schools, and kindergartens by purchasing equipment and other materials required for project implementation. This helped Counterpart to avoid legal complications, such as long grant registration procedures, and the possibility of grant disapproval by the state agencies. With this new strategy, Counterpart was able still achieve the planned indicators over the life of the project.

Human Resources and Staff Development

Due to the change in HNCBI implementation strategy in the country, the office had to make a change in its organizational chart. Specifically, Counterpart hired a Procurement Officer and split this position between HNCBI and CSSI programs, both of which had significant grant components. Muray Elliev joined Counterpart as the Procurement Officer in September 2004.

Counterpart adapted the names and contents of its regular training modules to the difficult political situation in the country. For example, the NGO and Community, Project Design and PCAAP modules were revised and combined into a series of workshops called Local Project Management, which included three parts. Addition, Counterpart Turkmenistan was the first country program to introduce elements of Appreciative Inquiry into their training and community mobilization approach, even before Social Impact brought AI to Central Asia.

All newly hired staff attended all three parts of the Local Project Management workshop, as well as PAAP training for community mobilization. Moreover, all Turkmenistan CSSC staff participated in the *Strengthening Community Local Project Management Forum* on September 29 – October 1, 2004. The Forum was a joint program organized by Counterpart International and Social Impact through the Academy for Education Development (AED) and supported by the United Nations Development Program (UNDP). There were more than 49 community activists from 5 velayats of Turkmenistan, representatives of governmental institutions and international organizations. The Forum facilitated the exchange of new ideas among participants and encouraged them to learn more about the successes of the local projects, the applications of Appreciative Inquiry approach in community development activities, and the establishment of dialogue and collaboration between community leaders and local government.

The described staff structure of HNCBI in Turkmenistan worked well for program implementation. It provided an effective communication, reporting and consulting system. In the future, it might be advantageous to subcontract CSSCs or Resource Centers in Balkan and Mary velayats and merge them with existing system. The centers would allow the HNCBI experience to disseminate widely, particularly reaching the rural areas.

Uzbekistan

Program Management

The program in Uzbekistan, as in Turkmenistan, had to be adapted to the challenging operating environment. In early 2004, the Government of Uzbekistan introduced a state system of grant review, which is done after donor review by a commission of the National Bank of Uzbekistan. Funds would be disbursed to grantees only upon approval of the abovementioned Commission. This created certain obstacles in dynamic grant program implementation in the country, considering the fact that very few grants were actually approved by this Commission. For instance, in the 3rd grant round, the Banking Commission approved only 4 out of 12 grants approved by the HNCBI Grant Review Committee.

Counterpart reviewed the issue and after a number of consultations with local lawyers, USAID, International Center for Not-for-Profit Law (ICNL) and ZdravPlus, Counterpart decided to adopt the grant strategy that was innovatively designed by Counterpart Turkmenistan to address similar issues. Counterpart Uzbekistan changed the program focus to working with state agencies such as medical facilities, schools and mahalla committees instead of working directly with NGOs.

Counterpart began implementing its revised grant-making strategy in Uzbekistan by directly contracting project implementers or private firms to complete the projects. The decision was made in order to remain in compliance with the new NGO legislation in Uzbekistan. As a result, the program name also changed to Healthy Communities Support Program (HCSP) because the word grant no longer reflected the type of work Counterpart was doing in the country. On May 31-June 1, 2005, Counterpart conducted a National Review Committee meeting within the renewed program. The committee reviewed 58 proposals that came from Local Expert Committees, out of which 15 were approved by the National Committee, 10 of them were Community Action Projects and 5 were Health Projects. For details, please see the grant section of this report and Attachment III.

In addition, Counterpart's CSSC partners were ordered to close down in August 2005. Therefore, Counterpart decided to hire the former employees of the CSSCs to conduct monitoring and evaluation of the projects, and compile all necessary reports according to Counterpart's regulations.

In cooperation with Joint Project Implementation Bureau of the Ministry of Health (MoH) of Uzbekistan, USAID, and ZdravPlus, Counterpart is planning to transform HNCBI into the Healthy Makhalla Initiative. Within the framework of this initiative, Counterpart developed an extension proposal to USAID. After a series of partner meetings in July-October 2005, MoH requested to focus the program on mother and child health (MCH), and to enhance humanitarian assistance in Ferghana valley.

To summarize, the program design and staff has shown great flexibility and innovation in responding to arising obstacles and challenges. Administering capacity building and grant management components went fairly smoothly until the aforementioned legislation came out. Beginning in the spring 2004, the government started exerting pressure on local and international NGOs. A series of governmental decrees and verbal orders to local governmental bodies made conventional “donor-grantee” relationship nearly impossible. Once again, Counterpart had to adjust its program to the changing environment, which included revising the operational methodology of the program and giving up the grant component. Restructuring the program methodology during the final 6 months and shifting the program towards direct contracting of commercial firms have proved to be challenging endeavors. At this time and in the current political climate it is extremely difficult to comply with the law and to continue operations in full capacity in the country.

Human Resources and Staff Development

During the Program, the Uzbekistan country staff participated in a number of trainings and conferences, which allowed them to further improve their professional knowledge and capacities. Examples of these include:

- Health PM Shukhrat Aripov Attended the Regional Public Health and Health Management Conference held in Charvak, Uzbekistan on June 9-11, 2003. He submitted an abstract to the Regional Public Health and Health Management Conference and presented the discussion, *Impacts of Participatory Communities Appraisal Conducted by Healthcare Workers* to approximately 120 participants from the USA, France, Israel, Estonia, CAR.
- HNCBI PM was awarded a scholarship to attend and participate in the *Istanbul Community Based Disaster Mitigation Workshop* held in June 14-20, 2003. The workshop objective was to support a new generation of advocates in Central Asia and provide a forum for the experiences of community-based disaster mitigation efforts in Istanbul. There were 26 participants from Central Asia and Uzbekistan representatives included employees from Counterpart, Peace Corps, AED/START Project, Institute of Seismology, and Institute of Geophysics and Geology participated in this event. During this workshop, the Uzbekistan participants decided to create a local NGO working in this field and develop a national strategy for earthquake mitigation with involvement of governmental, business, NGOs, and CBOs.
- Three participants from Counterpart Uzbekistan attended the *Regional Community Network Training* conducted in June 2003 in Almaty.
- *Community Driven Development Forum* organized by BWA Uzbekistan with the support of the World Bank Institute and UNDP on August 18. Representatives from local and International NGOs participated on this forum.

In year two of the program, Mr. Umid Hudaykulov replaced Mr. Shukhrat Aripov (who was hired by USAID) in the position of the country HNCBI Program Manager. Mr. Hudaykulov holds a master’s degree in public health and has experience working on both US and Uzbekistan health projects. Due to the strategic and structural changes in the country program Counterpart hired Mr. Farhad Usmanov as the Procurement Officer for to ensure proper procurement procedures for the beneficiary communities.

Overall, human resource management of the program in Uzbekistan was adequate, except during the final six months of the program, when more time was needed to deal with a greater scope of work in the field.

IV. Best Practices

HNCBI has had a number of successes that can be replicated in the region or even in other parts of the world. In general, the majority of best practices are similar in all the five countries. However, naturally, some approaches were more successful in one country, where as other activities were more effective in another one. The country sections below summarize the best practices which were most effective in each particular country.

Regional

Performance-Based Management

Counterpart implemented HNCBI in partnership with country networks of Civil Society Support Centers (CSSCs) throughout the region. The CSSCs were subcontracted on fee-for-service basis and received

performance-based financial assistance to implement the following activities: conducting trainings, PCAP and CAP activities, consulting on project development, collecting grant applications, and performing monitoring and evaluation of the various projects. Counterpart established fixed rates for the aforementioned services, and the CSSCs received payment only upon completion of the activity and approval of the Country Program Manager. This particular management system has been effective in motivating the CSSCs, resulting in high quality programming, as well as contributing to the financial sustainability of the CSSCs.

Midterm Evaluation

In September 2003, Counterpart initiated an evaluation of Phase I and II of HNCBI. The Regional Office, in concurrence with USAID, selected an independent consultant, Ms. Jane Yudelman, to conduct the evaluation. The consultancy report included practical recommendations to encourage higher quality program implementation. The evaluation report was sent to USAID for review and analysis, and Counterpart incorporated several of the recommendations into the program.

One adjustment was to replace grant applications with concept papers in the first stage of the grant application process. Applicants were requested to develop short 2-3 pages concept papers rather than full grant application forms. This has made the application process easier for both the applicants and the reviewers, reducing the workload and the amount of time spent on proposal development and review.

Another significant change was using the CSSCs and the Local Grant Review Committees (LGRCs) for the initial vetting of Letters of Interest (LOIs) for training and concept papers. The approaches varied slightly from country to country. For example, in Kyrgyzstan the LGRCs also reviewed full proposals, and the CSSCs made the final decision on LOIs and did not require an approval from the Grant Management Team (GMT). Counterpart Kazakhstan decided to pilot local reviews for the 3rd review round in Astana, Kostanay and Ust-Kamenogorsk. However, the general approach was the same and received positive feedback from the clients, the GMTs and the CSSCs. More detailed updates on the selection process can be found in the Grant Overview sections of this report.

Participatory Appreciative Appraisal and Planning

Until recently, Counterpart and many other international organizations have been using Participatory Community Appraisal and Action Planning (PCAAP) as the main community mobilization approach for identifying and addressing priority community issues. PCAAP focuses communities' attention on problems that they face. During HNCBI, Counterpart integrated Appreciative Inquiry (AI) methodology to PCAAP. Appreciative Inquiry calls the communities to focus and build upon their strengths, best practices, successes, achievements, existing resources, traditions and values. This represented a major paradigm shift in Counterpart community mobilization programming.

As a result, over the course of the program the HNCBI team piloted and developed a unique community mobilization tool, which integrates a more traditional PCAP process with AI - a process that highlights and builds on both people's and organizations' strengths. This process resulted in Participatory Appreciative Appraisal and Planning methodology that allows communities to approach problem solving from a new perspective by focusing and building upon their strengths, best practices, successes, achievements, existing resources, traditions and values.

Kazakhstan

Policies and Procedures

HNCBI in Kazakhstan helped rural health NGOs and IGs develop into stronger organizations. For example, Counterpart supported 38 IGs, 32 of which have received government social contracts to implement health projects. Counterpart Kazakhstan has received a great deal of positive feedback about the way HNCBI was structured and implemented. Specifically, applicants and CSSC representatives have praised the well-designed program policies and procedures including RFA, GRC guidelines, performance-based fee-for-service contracts with the CSSCs. For instance, the Global Environmental Fund (GEF/UNDP) requested Counterpart's permission to use the Healthy Communities RFA as a template for their small grant program. Counterpart's Water Users Association Assistance Program (WUAAP) used almost all of HNCBI's major documents to design its grant component.

Additionally, the HNCBI PM in Kazakhstan also received positive feedback about HNCBI policies and procedures. Specifically, the clients and the CSSCs noted the detailed and well thought-out RFA and the innovative idea to utilize the initial submission of concept papers instead of full application forms. This makes the program more comprehensive and simplifies the application process.

Kyrgyzstan

PAAP

Practicing AI within HNCBI has added a new component to CSSCs' expertise in community mobilization work. The efficiency of the approach was obvious during AI testing in pilot communities. Eight out of 9 AI CAPs were developed. Most of them have started or have already implemented community health activities.

Grant Reviews

Involvements of local GRCs in the selection of grant applications has improved the quality of awarded grants, improved transparency of selection process and lightened the work of national GRC.

Follow up Evaluations

Follow up evaluations are an excellent tool to determine whether project outputs are maintained beyond the project lives. PCAPs introduced a strong feeling of ownership of projects among communities, which made situations where established structures and equipment did not work after the project completion very rare. For example, Counterpart's grant-making policy states that all granted equipment remains property of Counterpart three years beyond the project completion and is handed over to the former grantee upon Counterpart's conclusion of satisfactory NGO performance. During HNCBI, Counterpart identified one case of grant equipment misuse. When the case was identified, Counterpart undertook immediate action to withdraw the equipment from the site and transfer it to more successful and needy sites.

As a result of 3 years HNCBI implementation, CSSCs gained good expertise in administering health related initiatives. They are frequently utilized as experts on the local level by providing expertise in community health related initiatives.

Success Story Contest

To encourage CSSCs in identifying impacts of Healthy Communities projects Counterpart Kyrgyzstan announced an open contest among CSSCs for the best success story. The deadline for submission of success stories and CSSC program evaluation reports was October 31, 2005. The selection committee comprised of Counterpart, ZdravPlus and SFK received 33 success stories. After a thorough discussion, two success stories were selected: *Life in Motion* from Bishkek CSSC and *Veterinarian Service is a Pledge of Health* from Karakol CSSC.

Financial Reporting Training

Counterpart initiated training on effective financial reporting in order to strengthen financial reporting within HNCBI. In November 2005, financial managers and accountants from 11 CSSCs attended four-day training on Kyrgyz National Standards of accounting provided by Association of Accountants and Auditors. It was an innovative workshop because training content depended completely on participants' demands based on their practical experiences and issues encountered by accountants in each CSSC. A total of 22 participants enriched their knowledge about international standards of accounting by learning from each other and based on CSSC case studies. Utilizing knowledge and skills gained in financial management, each CSSC will be able to report on finance to Counterpart Kyrgyzstan in time and in accordance with International Standards accepted by Kyrgyz fiscal authorities.

Tajikistan

Smart Partnerships

Out of all Central Asia countries, Tajikistan has the largest number of international donors operating in the country. This availability of donor resources and variety of aid agencies encourages a large number of joint projects. Most of Counterpart's projects that were implemented in partnership and co-funded with other

donors took place in Tajikistan. For instance, Counterpart collaborated with CARITAS/UNDP in the north, the International Red Crescent Society just outside Dushanbe and with Aga Khan Foundation's Mountain Support Program in Pamir. These joint projects turned out to be mutually beneficial successes. The communities received greater donor assistance, which helped them to improve their infrastructure and encouraged the local people to address their needs. The donors had a chance to leverage their grant funds and maybe even start longer-term partnerships on their other programs.

Local Expert Committees

Counterpart used Local Expert Committees (LECs) in 4 regions of Tajikistan – Dushanbe, which included proposals from Dushanbe, RRS, Penjikent and Rasht valley; Khujand, for proposals from Sugd Oblast; Kurgan-Tube, from the northern part of Khatlon Oblast; and in Kulob, from the southern part of Khatlon Oblast. In addition, LECs implemented CSSC's mechanism of evaluating the quality of proposals at the pre-submission state and not selecting poor proposals for advancement to the next phase.

Participation of local authority representatives in LEC meetings was extremely valuable for the program. They acted as a resource for identification of actual problems in health care in their areas. International NGOs, which were represented on LEC, provided support during project implementation and had the opportunity to observe NGO activity and involve them as partners in program implementation.

Round Tables

Counterpart, in collaboration with ZdravPlus and USAID, held two roundtables for the local authorities, media and international NGOs. Grantees from all parts of the country made presentations sharing their successes, challenges and lessons learned. Local authorities and media recognized the work done by the local NGOs and had an opportunity to discuss outcomes, experiences and lessons learned during project implementation. Overall, all participants were pleased to hear about the substantial results achieved by the NGOs with such small grant funding. The participants discussed potential integration between various structures for synergy, and also educating communities on health issues through media.

Turkmenistan

PAAP

Given the challenging operating environment, PAAP becomes an excellent community mobilization tool that encourages local people to work together for a better future and involve local authorities in building on their successes. Counterpart should continue using this methodology as part of an effective participatory community approach. This should include the following key steps:

- Thorough explanation of the program and purpose for the activity in the community;
- Democratic election of representative group;
- Definition of roles and responsibilities of representative groups;
- Training and capacity building of representative groups;
- Participatory Community Appraisal resulting in a Community Action Plan;
- Project selection and announcement to rest of community;
- Transparent procurement process;
- Project implementation with participation of community members;
- Project closeout;
- Opening ceremony;
- Project monitoring

Community Cost-share

Community contribution is a strong indicator for project sustainability. When communities or governments contribute 20 % to project budget, they feel ownership and are more likely to maintain the project.

Shift in Program Strategy

The major program innovation in Turkmenistan was to adjust the program strategy and simplify the grant-making procedures in accordance with local needs and conditions. In order to compensate for the two-week minimum wait for registration with the SAFI, HNCBI Turkmenistan eliminated the submission of concept

papers and the pre-selection GRC process from the program to shorten the period of each grant cycle. The Grant Review Committee membership was increased to include the local velayats' experts (HNCBI velayat coordinators) as observers. They provided additional information to the members of GRC on proposed projects when needed.

Grant Disbursement

Counterpart Turkmenistan developed and used a new approach of grant disbursement to communities, by awarding grants in equipment instead of cash. This approach allowed Counterpart to continue with the Turkmenistan project while remaining in accordance with the NGO law.

Appreciative Inquiry

During the last six months of HNCBI in Turkmenistan, the Appreciative Inquiry approach was inculcated into the program as the new way of conducting assessment within the community. This approach was integrated into the existing PCAAP process, which aims to assess problems, needs and plans of the communities. Challenges that were seen during the processes included: people were accustomed to discussing their problems; people were reluctant to discover successes and positive things; facilitators needed to improve their capacity in applying PCAAP with AI tools. The success of this approach included: AI encouraged people to make positive changes; focused people on community achievements, possibilities and hopes; it became easier to engage people in discussions; it encouraged people to participate in community action planning and in accomplishment of projects.

Use of Facilitators

Counterpart Turkmenistan realized healthy community initiatives/projects through community facilitators, who were trained in PCAAP and AI approaches. These facilitators were contracted by CSSCs to help communities conduct PAAPs, develop project proposals and assist in preparing grant documents for SAFI registration. In order to engage people in assessing and identifying local health care needs during the three-year program 44 Participatory Community Appraisal plus 20 PCAAPs with AI approach were conducted and resulted in 60 Community Action Plans.

PCAAP process facilitated community participation in identifying and prioritizing community health needs, defining the resource base of the community, and articulating and planning potential solutions to the communities' health needs. During the Community Action Plan development, communities analyzed and planned the proposed solutions considering the community's resources and additional external assistance from NGOs, government and business organizations, donors, primary health care facilities and health care employees and others. In addition, the process encouraged the formation of management groups within the communities. Of the PCAAPs conducted, 33 were in urban areas and 31 were conducted in rural areas. The list of priority health topics in Turkmenistan can be seen from the reports of PCAAP activities, which were conducted in all five velayats of the country.

Uzbekistan

Overall, the program has achieved the anticipated results and indicators with small variations because of changes in operational environment which occurred in mid-program implementation. Because of these changes and intense government pressure on local and international NGOs, old methods are no longer applicable in the country. Moreover, they may jeopardize local staff, because government views all NGO activities with great suspicion. Counterpart's recommendations for implementation of similar programs in the country are:

Government Engagement, Commitment, and Transparency

Extensive capacity building activities of international organization led to substantial imbalance between the institutional development level of local governmental bodies and local NGOs. In many instances, it might create misunderstanding, envy, and suspicion towards local NGOs. Many local governmental bodies play their mission very ineffectively and this may diminish the results of positive and innovative changes introduced by international donors. This is why, in future operations it would be essential to incorporate involvement and agreement by representatives of governmental bodies into the capacity building process, tailoring health intervention as a complement to governmental health policies, use a higher degree of transparency of international donors' activities.

Revising financial reporting procedures regarding financial support of NGOs

As it was mentioned earlier, there are many opportunities for corruption, and particularly for falsifying financial documents, financial fraud, misreporting, etc. That is it is imperative to pay more attention to financial monitoring and constant monitoring of reasonable market prices, thereby cutting down unnecessary financial transactions and restricting the financial freedom of other parties. Otherwise, grant programs contribute to flourishing corruption in the local economy.

Fostering Collaboration with Local Health Facilities

PHC facilities are getting more responsibility for controlling and improving people's health in communities as a result of ongoing health reforms. It is essential to maintain information symmetry on planned health initiatives in communities between community residents and local health professionals, as they are the key players in community health. It may be worthwhile to handover further implementation of health initiatives to local health professionals, it would add more sustainability, and improve professionalism and motivation of health professionals.

Giving up Health Projects as Independent Activity

Our experience showed that conducting health trainings independently brings little effect to each investment unit in comparison with water and sanitation projects. The higher number of transactions is very difficult to oversee and it makes the reports easily falsified. Recently, there has been a great deal of suspicion towards training activities held by international organizations and for the security purposes international organization should attempt to do trainings sessions with the direct involvement of local governmental bodies such as Rayon Departments of Health, Institute of Health, SVP, SES, etc.

Focusing Health Initiatives on Water and Sanitation Complemented by Health Promotion Trainings

In our observation, water and sanitation is very urgent issue in rural communities and these types of projects produce the most observable and sustainable effects in the long run.

Local Expert Committees

As in the other countries, Counterpart Uzbekistan used Local Expert Committees (LECs) for the initial screening of concept papers and grant applications. Below are results of the analysis of employing LECs in the country program. This LEC approach had certain advantages including:

- As a rule, local experts are familiar with local conditions, circumstances, and applicants and are in a better position to make preliminary selection of concept papers and projects proposals;
- Wide involvement of local experts adds more publicity and recognition for the program and improves capacity and qualification of these experts;
- Giving comments of LEC to applicants before NGRC takes place improves the overall quality of submitted projects;
- Screening of submitted project proposals helps to reduce workload of NGRC experts, which is very important because NGRC experts participate voluntarily, and excessive workload may decrease their diligence and selection process quality accordingly.

The primary disadvantages of the LEC approach is that occasionally experts promote their personal interests, instead of focusing on community needs. Thus, LECs are a useful innovation, which makes the program more responsive to local circumstances and allowing the selection process to be more demand-driven in addressing local issues. LECs also improve NGRC performance by functioning as a screening filter for proposals. We suggest paying an indemnity to local experts, as an incentive to participate.

Shifting to Direct In-Kind Community Assistance

As it was mentioned earlier, Counterpart in Uzbekistan had to transform the small grant component to direct in-kind community assistance without direct involvement of NGOs in response to governmental pressure. During the final 6 months of the program, Counterpart applied this approach, which seemed to be the only available option to continue program implementation in the country. In our experience, we found following advantages and disadvantages.

The advantages of this approach included:

- Better control over project implementation;
- Better financial control over financial aspects, possibly saving up to 50% of grant budget;
- Higher degree of fairness and transparency;
- Higher degree of responsiveness to community needs.

The disadvantages of this approach included:

- Inability to support local NGOs, and particularly, the loss of the program objective “fostering collaboration between community and NGO”;
- Requires more staff time from Counterpart;
- More paper work, more extensive consultations on legal aspects.

From the perspective of a humanitarian assistance program, the utilization of direct in-kind assistance is more cost-effective than conventional small grant programs. Currently, this is the only method available of working with grants in Uzbekistan.

V. Challenges and Lessons Learned

Counterpart has learned several lessons and made adjustments to HNCBI and its other programs to overcome challenges and ensure better quality of project implementations. The majority of the lessons learned were initially identified in one particular country. However, most of them are applicable to the entire region and thus were communicated to the program staff in the other Central Asia countries for appropriate actions. The major lessons learned and ways Counterpart addressed each one are described in this section:

Kazakhstan

In summer 2005, the Parliament of Kazakhstan introduced amendments to several laws relating to NGOs, which imposed restrictions on the activities of unregistered groups. This has had an effect on some of Counterpart’s grantees. In order to comply with the law, Counterpart was forced to terminate grant agreements with 19 unregistered Initiative Groups (IG) that were funded during the fourth and fifth grant cycles. Counterpart suggested that they seek alternative legal ways to complete their projects, which resulted in the IGs partnering with local registered NGOs, and these NGOs re-submitted revised proposals to Counterpart. After review, Counterpart signed new grant agreements with the registered NGOs, and now the projects are being completed.

The first round of HNCBI revealed some difficulties with the pre-screening process. The pre-screening process is based on a list of exclusive criteria that did not fully correlate with the requirements listed in the RFA, especially with a 15% (of the total requested amount) limitation of the salaries. After discussion with all program managers the Regional Planning Board changed/extended the criteria in the score sheet.

A certain number of concept papers were rejected at the LEC and National GRC levels for non-compliance with some program requirements, including discrepancies in budgets. For example, salaries and equipment costs or medication requests exceeded set limits. The reason for these limitations was that during the 4th round some CSSCs had not yet acquired appropriate training and coaching. To address this issue, the HNCBI PM took action by notifying the CSSCs about these issues, training 2 CSSC PCs in Participatory Monitoring and Evaluation workshop and meeting with them individually during the recent quarterly CSSC meeting.

During the entire first quarter of 2005, Counterpart Kazakhstan was going through a thorough financial review by the Tax Inspection and Prosecutor’s Office representatives. Overall, the review did not reveal any financial issues. However, Counterpart Finance Department received several recommendations, which Counterpart took into account for the future. The recommendations relate to working only with registered organizations with bank accounts, purchasing equipment for grantees, instead of allowing the grantees to procure equipment, and properly registering equipment depreciation.

The first phase of the ZdravPlus project ended in June 2005, and the project is no longer able to provide health-related training and technical assistance to HNCBI grantees in the country, which left the 5th round

grantees without specific health-related TA. In the future, Counterpart should consider partnerships set forth for the entire project term in order to ensure quality programming and TA delivery.

Another major issue was that some applicants questioned transparency and fairness of GRC decisions on grant approval. Counterpart responded to this by involving local GRCs in concept papers and project applications review submitted. Local GRCs at each CSSC have extensive experience in grant administration. The knowledge of local needs and capacity of local NGOs and communities ensure the selection of good projects, justifying the delegation of initial project review to the local GRCs. Participation of Local GRCs in proposal review increased the transparency of the selection process.

Composition of some local GRCs was revised and health specialists were included to improve the quality of selected projects. That initiative added health perspective and expert recommendations. Counterpart also managed to receive support from the Republican and Oblast Health Promotion Centers. Their specialists joined the local GRCs and provided technical assistance to grantees during project implementation.

Another step to ensure that GRC decisions were unbiased was to provide the National GRC with local GRC meeting notes and decisions.

Involving the local GRCs also helped to address the issues that the national GRC members expressed including the concern was that the national committee spent too much time reviewing a large numbers of proposals. The introduction of concept papers and use of local GRCs significantly decreased the number of proposals to be reviewed by the NGRCs in the capital cities.

In order to improve the level of Local GRC members' competence, Counterpart program staff revised and updated the grant administration manual for local GRCs and provided them with appropriate consultations.

Kyrgyzstan

In order to maintain timely and quality reporting, Counterpart Kyrgyzstan requested CSSCs to make monitoring visits to the project sites before the disbursement of the 2nd payment on their contracts. It ensured that all project activities were implemented within the work plan and all project requirements are met.

Turkmenistan

Analyzing the quality of all submitted and approved health project proposals, Counterpart Turkmenistan revealed that the quality of project sustainability vision and planning was rather poor. HNCBI staff addressed the issue by delivering Financial Sustainability training to the grantees after signing grant agreements with the applicants.

Because of postponed program activities in 2004, HNCBI Turkmenistan was lagging behind on some of the achieved program indicators. The strategy of contracting community facilitators for conducting PCAPs and providing consultations for project proposal development in the communities sped up the program implementation. One experienced facilitator was able to work with a maximum of four communities, and currently, 44 facilitators from all velayats of the country have contracts with CSSCs. In the future, it would be preferable for the health program to prepare community facilitators with the health education background or attract former public health employees.

Grant procurement of projects was a new system for Counterpart Turkmenistan. It was integrated into the program during the last quarter of 2004 and it was effective and in accordance with the new law. The participatory approach, transparency and accountability system were developed within the procurement process. Counterpart Turkmenistan developed a procurement manual, which described all required policies and procedures to ensure transparent and effective procurement process. Later, the Turkmenistan office shared the manual with their colleagues from HNCBI Uzbekistan, who also had to adjust their program strategy to comply with the changed legal requirements for grant-making.

It was difficult to implement the Health Grants broadly, as the number of registered NGOs in Turkmenistan was small. Only a few Health Grant project proposals were received from existing NGOs in the last year. Now, the situation with the registration of Health NGOs has become easier, and NGOs can register as

“Professional Associations in Health Care”. The health program in the future could legally work with professional associations, who could provide them with technical assistance.

The existing grant-making process proved to be effective thanks to transparency, accountability and incorporation of the four major program components - grant, technical assistance, procurement and monitoring - into the process. The following are suggestions for future improvements:

- Invite the local government health employees/activists to participate in the GRC; they will provide priority information on health topics and medical expertise;
- Extend the grant round cycle in accordance with local need, in order to get more quality project proposals;
- Localize procurement program to partner organizations;
- Train community facilitators and representatives on Financial Accountability with a procurement component;
- Ensure that project implementation adheres to the registration term.

Uzbekistan

As for Uzbekistan, in general Counterpart faced challenges that fall into four general categories:

- Operational environment including: legal environment, governmental commitment, cooperation with governmental agencies, etc.;
- Difficulties with CSSCs and other partners including mismanagement, misreporting, etc.;
- Internal management of the program such as human resources, financial issues, coordination, etc.;
- Grant management including GRC, letters of approval, rejection letters, etc..

Overall, there were no major difficulties that needed large-scale interventions; the country team was able to resolve all arising problems. The only exception was the drastic change in governmental policy towards international and local NGOs which resulted in the required restructuring of the grant administration component of the program. If similar types of programs are administered in Uzbekistan by Counterpart in the future, the following recommendations may be made:

- Counterpart should focus on greater involvement of different government agencies in their activities. This social partnership not only makes projects more cost effective, but also ensures local government support and, by this, smoother project implementation.
- It will be useful to share experience with other organizations working in the same field. This may be IREX, Project HOPE or other international organizations implementing civil society development or health programs in the country.
- It is crucial to pay more attention to financial issues and procedures. Given the changing operating environment in the country, every possible effort should be made to ensure full compliance with the national regulations, accounting standards, etc. This refers both to the Counterpart program design and implementation stages.
- Paying more attention to project-specific monitoring is also worth mentioning. The existing monitoring documents and procedures should be used as guidelines. However, the staff performing the monitoring should be flexible in recognizing the qualities unique to each project and operating environment.

III. Coordination and Cooperation

Regional

- The main means of coordination and cooperation between the program partners throughout the region were the country Grant Management Teams (GMTs) and the Regional Planning Board (RPB). The GMTs consisted of one Counterpart and one ZdravPlus representative in each country, with an additional member from SFK in Kyrgyzstan. The GMT’s primary responsibilities were to ensure program implementation according to the set procedures, to coordinate with the donors and to identify potential technical assistance recipients.

- RPB included representatives of Counterpart and ZdravPlus' Regional Offices. In the initial stage, RPB developed all program policies, procedures and guidelines, including the RFA, application forms, LOI format, GRC guidelines, etc. Later it was responsible for monitoring the program implementation, analyzing results, initiating discussion of any adjustments/innovations to improve performance when needed. Additionally, RPB served as liaison between the program partners and USAID/CAR Regional Mission.
- Over LOP Counterpart Regional staff had regular meetings with the ZdravPlus Program Managers and the USAID CTO for HNCBI. The partners updated each other on their progress, shared plans and coordinated joint activities including monitoring visits, GRC meetings and reporting schedules.
- Regional staff meetings were held several times in Almaty. The country and regional staff had opportunities to review the programs, present their successes, discuss challenges and share a variety of experiences. Follow-up activities of such meetings usually included improvements in certain program areas, i.e. selection criteria, introduction of Local GRCs, etc.

Kazakhstan

In addition to the regular GMT meetings and occasional coordination meetings with USAID, Counterpart Kazakhstan has had a number of coordination and cooperation activities, which are important to highlight in this report:

- On November 27, the HNCBI PM participated in a meeting with the Almaty Oblast authorities, health NGOs and businesses, as well as the media. The meeting was initiated by the *Zhalgas-Counterpart* Center (Almaty CSSC) and supported by the Almaty Oblast Akimat (local government). The goal of the meeting was to discuss cooperation between the three sectors of the society and establish dialogue for more effective collaboration. As a result, the participants created a working group, which included representatives of local authorities, businesses and NGOs, as well as *Zhalgas-Counterpart* Manager and Counterpart Kazakhstan Country Director.
- On November 25, the HNCBI PM met with representatives of eight health NGOs in the city of Atyrau. The HNCBI PM presented HNCBI, shared some of the grantees' successes and answered the participants' questions.
- On February 16-20, the HNCBI PM had a joint monitoring trip to Semipalatinsk together with Sholpan Makhmudova, Counterpart's USAID CTO for HNCBI. The monitors visited 4 HNCBI projects in the Eastern Kazakhstan Oblast.
- On September 16-18, HNCBI PM and Mrs. Sholpan Makhmudova, USAID/CAR Project Management Specialist, visited Aktobe Oblast to monitor 3 projects and to meet with the Aktobe CSSC staff. Both visitors had positive feedback on HNCBI implementation in the Oblast. Moreover, the HNCBI PM provided consultations and answered questions for current programs and potential applicants. Kostanay CSSC presented the Healthy Communities project during an interview with the local TV station. This resulted in an increase of CSSC clients who learned about the program from the interview.
- Tajikistan, Turkmenistan and Uzbekistan NGOs completed study tours on Kazakhstani CSSCs, where local coordinators shared their experiences implementing HNCBI.
- In February 2005, Counterpart Kazakhstan was approached by the World Health Organization (WHO). WHO in collaboration with several other donors is forming a regional alliance to address the TB issue in Central Asia. The WHO is interested in Counterpart's activities and successes in this area. Counterpart Kazakhstan HNCBI Program Manager and WHO Program Manager agreed to begin dialogue in order to seek ways for potential collaboration within the consortium.
- In July 2005, HNCBI Program Manager and Regional Program Assistant visited Semey CSSC to monitor the local coordinator's activity. During the visit, Program Manager and Regional Program Assistant met with the Senior Specialist of primary health care unit Aliya Begalina. During the meeting, Mrs. Begalina shared her appreciation for the significant contributions the NGO capacity building and grants program have made to primary health care improvement in the Semey Region. She also noted the outstanding

achievements of NGOs working with primary health care organizations, which have significantly improved their work in community outreach. These practices helped medical workers to prevent the spread of infectious diseases. These kind words were supported with a letter of appreciation from Mr. Nurmagambetov, the Head of Semey Region Health Department.

- On September 9, 2005, Counterpart received an invitation from UNDP to participate in conducting the second Forum for AIDS for service organizations. HNCBI Program Manager and Regional Program Assistant took part in preliminary discussion, during which all invited organizations were expected to specify their scope of contribution. Counterpart suggested conducting an Advocacy training and proposed its Civic Advocacy Support Component (CASC) trainer Alexandra Kazakova to facilitate the class and provide necessary consultations.
- September 28-30, 2005, the Association for Civil Society Development (ARGO) in cooperation with IPEN and IDC conducted the *Forum Projects and Programs Impact Assessment: Experience and Development Prospects*. As members of ARGO, the CSSCs participated in the forum. Thanks to this forum, our program had a good opportunity to meet with all CSSC managers and discuss further activity and recommendations on current projects.

Kyrgyzstan

The Country Director and Program Manager had regular contacts and meetings with USAID representatives and other stakeholders: SFK, ZdravPlus, WHO, Development and Cooperation in Central Asia (DCCA) and others on different project implementation issues.

- In March-April 2003, Program manager met with representatives of Ministry of Health, Republican Health Promotion Centers, Swiss Red Cross, UNDP, Kyrgyz State Medical Academy, Jogorku Kenesh (parliament) and USAID. The meetings were initiated to promote the program goals and explore areas of possible cooperation.
- On September 19, 2003, Ambassador Young visited Naryn HNCBI project sites, where he met with CSSC staff, NGOs and community members. The Ambassador highly appreciated the work of HNCBI grantees and was very impressed with the commitment of the local community to identify its own needs and take action to address issues. The Ambassador felt this was an excellent example of community action and expressed his hope that such a project could be replicated in other parts of the country.
- On April 9, 2004, the HNCBI PM met with ZdravPlus Regional Reproductive Health/Health Promotion Specialist Asta-Maria Kenney. The main topic of the discussion was technical assistance from Counterpart on PCAP and project design for Oblast Health Promotion Centers and Family Medicine Center. ZdravPlus was highly interested in adding expertise in community mobilization and project development skills to the above-mentioned institutions. It was agreed to hold meetings to further discuss the possibility of cooperation with Counterpart International and Counterpart Sheriktesh.
- In October, Counterpart and ZdravPlus participated in the official ceremony opening a bath house in the Chui female prison implemented by Public Association *Kulukan*. The project was highly appreciated by the Deputy Minister of Justice and the event was broadly highlighted in local mass media. A Counterpart representative was interviewed by the local TV channel KOORT.
- At the end of December, a delegation of CSSC staff from Tajikistan had an exchange visit to CSSC Association. Tajik CSSC representatives visited 2 HNCBI project sites in Nookat. They have given positive comments about quality of executed projects.
- On June 16-19, 2005 representatives of civil society institutions from Turkmenistan visited Osh and Nookat CSSCs with a study tour. They were introduced to HNCBI, visited 2 project sites executed by CBO *Beksultan* and CBO *Chech Dobo*, and met with community members.
- On October 6, 2005, Program Manager took part in a round table on the national healthcare reform *Manas Taalimi* discussion. The President of the Kyrgyz Republic and the newly assigned Minister of Health attended the round table. International agencies, national health institutions and state health departments

defined a new strategy for further improvement of health care in the Kyrgyz republic for the period of 2006-2010.

- End of November 2005, Health Program Manager made a brief presentation of HNCBI achievements for the newly assigned Minister of Health at the USAID health partners meeting. The Minister gave positive feedback on presented HNCBI results and expressed his hopes for future cooperation with Counterpart.

Turkmenistan

- The most fruitful programmatic collaboration with outside agencies was the quarterly Grant Review Committee meetings, where representatives of USAID, UNAIDs, UNFPA, American Embassy, ZdravPlus, Project *HOPE* and Counterpart staff participated. During the meetings, committee members shared information about the communities and projects, and also provided essential recommendations on work plans and budgets of the projects. During the three years of collaborative meetings the GRC evaluated 94 project proposals and approved 50 projects for financing. CRG members noted that these meetings enlarged their vision about Health program work and about work of existing communities. ZdravPlus representatives provided specific recommendations on health issues of the projects.
- The most productive meetings were with the donor organization USAID on communication and planning of program within the country. USAID representatives informed us about expectations and basic health directions in the context of HNCBI in Central Asia. Also, the idea of providing medical equipment instead of cash was developed together with USAID during one of the meetings and USAID provided information about a company which delivers medical equipment to Turkmenistan.
- HNCBI staff in Turkmenistan held regular meetings with representatives of ZdravPlus in Turkmenistan including: Grant Committee meetings, Letters Of Interest selection committees and training and sharing experience meetings.
- HNCBI staff met with ACCELS, IREX and the Red Crescent and shared experiences, challenges and best practices in service delivery, given the challenging operating environment in the country.

Attachment I – Health NGO Capacity Building Initiative Program Impacts

KAZAKHSTAN

Community Mobilization Resulted In Successful Fundraising for the Needs of Disabled Children

Through the Counterpart Healthy Communities Grant Program (HNCBI), Public Association *Akbota League* received a grant to launch the project, “Building a Swimming Pool for Disabled Children”. The project provides disabled and non-disabled children with a mechanism for integrated learning and recreation, and provides city residents with an easily accessible swimming pool. During project implementation, the project’s initiative group developed a plan to equip the pool with additional services and utilities. After training and consultations, provided by Zhalgas CSSC (Almaty), the Akbota League designed an action plan to attract extra funds for better project implementation. The initiative group’s effective fundraising campaign resulted in donations from 14 local business organizations (money and water filters) to fund a project extension valued at KZT 1,361,660 (\$9,263). The swimming pool will serve two main purposes: (1) to enable disabled children to lead healthier lifestyles, and (2) to facilitate an opportunity for disabled children to socialize with non-disabled peers.

Pharmaceutical Reevaluation Improved Quality and Saves Government More than \$14,000 in Karaganda

One of the objectives of the Karaganda Drug Information Center is to improve the drug prescription situation in the Oblast. The Center identified that Karaganda Oblast doctors have continued to use ineffective, unsafe or cost-ineffective drugs during the past decade. The staff of the Karaganda Drug Information Center attended project design training conducted by NGO EcoCenter (Karaganda CSSC). The CSSC also assisted the Center in developing a project proposal called *Knowledge Is Power*, which was then funded by HNCBI. The goal of this project was to train the chairpersons of 25 Formulary Therapeutic Committees (FTC) in Karaganda Oblast. The training covered topics including an assessment of drug use, assessment of drug safety, assessment of drug effectiveness, strategy of drug improvement and guarantee of drug quality.

After receiving the training, the FTC chairpersons analyzed the current drug prescription situation and presented their conclusions to the Oblast Department of Health, which then approved a revised budget for drug expenditure for 2004. As a result of this revision, the Karaganda Oblast medical institutions will save a total of nearly 2 million tenge, or \$14,300. “The efforts made by the Drug Information Center have provided methodological grounds for introducing a formulary system in the Karaganda Oblast”, wrote Mr. N.G. Kengebaev, Deputy Chief the Karaganda Oblast Department of Health in his letter of acknowledgement.

Training Helps Doctors and Patients Fight Chronic Diseases in Western Kazakhstan

The control of chronic diseases remains an important issue in Kazakhstan. Diseases like arterial hypertension, bronchial asthma and diabetes cause high mortality and disability rates and are costly both for patients and the government because of ambulance visits, hospitalizations, sick leave payments and medicines. Kazakhstan health NGOs, such as the Kazakhstan Association of Family Physicians (KAFP), see education as the solution of this problem. Unfortunately, many doctors lack skills necessary to train and educate their patients. To address this need, KAFP designed an education system to teach patients how to control their chronic diseases.

The Aktobe CSSC Smeda conducted Project Design training and Training of Trainers (TOT) for the Aktobe branch of KAFP. After the training, the KAFP branch designed a project proposal titled *School for Chronic Patients*. The project goal was to provide training for chronic patients through primary healthcare facilities (PHC). The KAFP conducted a training workshop for rural and urban PHC doctors, where they learned tools and techniques to educate patients. In addition, the KAFP branch conducted three sets of workshops for patients and medical workers on three different topics: arterial hypertension, bronchial asthma and diabetes.

Twenty-eight patients with bronchial asthma attended the training, which included 16 patients with severe bronchial asthma and 8 patients with moderate asthma. After this training the symptoms of bronchial asthma were reduced in both groups of patients. The patients applied the knowledge received in the training and improved their health as a result. Five patients who began the group with severe bronchial asthma were transferred to the group with the medium asthma and 5 patients from the group with moderate asthma were

transferred to the group with mild bronchial asthma. In addition, 6 patients were able to switch from systematic hormones to inhalation therapy. Ms. R.M. Boldireva, a sixty-year old patient, said: *“I took systemic hormones and I had complications after my illness. Now I take inhalation therapy and I feel better.”*

Those patients who continue taking systemic hormones were transferred from parenteral hormones Diprospan and Kenalog to Prednizolon pills, which are more convenient in medical practice. During these medication transfers and follow-up activities, doctors continuously monitor the arterial blood pressure of hypertension patients and controlled the effectiveness and regularity of therapy. Data indicates that the patients’ arterial blood pressure was reduced by 28+/-5 (systolic) and 7+/-3 (diastolic) millimeters of the mercury column. The average number of hypertension strokes was reduced from 4 to 1 case per week. After having seen the impressive results of this training Mr. N.M. Shumbalov, Director of the Oblast Department of Health, requested that officials from KAFP develop a training program for doctors, which then would be approved and financed by the Oblast Department of Health and the Western Kazakhstan State Medical Academy.

Corrective Suits Help Disabled Children

NGO Kenes works with many disabled children in Almaty, 44 of who are diagnosed with cerebral palsy. Kenes submitted a proposal for a Health Grant under the Healthy Communities Grant Program (HNCBI), and was approved by the grant review committee for \$4,860. Using the grant money, Kenes purchased 9



special corrective suits for the children from a rehabilitation center in Moscow and sent two specialists to Moscow to be trained in rehabilitation techniques and use of the suits. The disabled children and their parents were also involved in the project, redesigning some of the suits to better fit older children and hand crafting some equipment for physical rehabilitation classes. The 44 children, unable to stand up and walk, took two rehabilitation courses, after which 5 of the children were able to stand up by themselves and take a few steps. At present, the specialists are working with children to on improvement of their self-service skills.

Other institutions that deal with similar issues expressed an interest in learning about Kenes’ experience. A number of seminars and round tables were conducted for NGO representatives and state public health institutions, where motor rehabilitation issues were discussed and Kenes presented its achievements in rehabilitating disabled children using the corrective suits.

Senior Citizens Volunteer to Help Their Peers

The statistics for elderly people in Kazakhstan are the following:

- 50% need at least ambulatory medical attention;
- At least 25% rarely leave their homes, especially in winter;
- 86% take daily medication;
- 76% need regular hospital services;
- Approximately 30% of ill elderly people live alone and do not get any assistance.

The healthcare and social institutions lack the funding and capacity to deliver social, psychological, and medical assistance to all those in need. The Astana Branch of the Association of Family Doctors of Kazakhstan (AFDK) developed a project proposal and submitted it to the HNCBI Grant Review Committee and upon approval received funding for a total of \$4,648.10. The project Volunteer Service for Elderly People aims to create self-help groups comprised of pensioners-volunteers, who by the end of the project will be able to deliver medical and social services to pensioners and to attract specialists as needed. As AFDK staff lacked

understanding of the concept of volunteerism, as well as planning skills and motivation, Astra CSSC (Astana) provided them with training on Volunteerism Development and follow-up consultations for pensioners, who then became volunteers of the service for elderly people. The training and consultations helped the pensioners understand volunteerism and they became motivated to volunteer and come up with ideas for the service development. As a result, 15 senior citizens now volunteer to help their peers.

Improving Health and Lives of Disabled Children

NGO Ak-Bota League helps children with disabilities. With support from Counterpart and additional funds from a large local bank, Ak-Bota League built a swimming pool for the rehabilitation of disabled children. The pool helps children with both their physical and psychological rehabilitation. Ak-Bota League invites healthy children to swim in the pool as well, because it helps the disabled children to feel connected to the children's community and gain confidence in the company of their healthy peers. In addition to the pool, the NGO also has physical education and art therapy departments. A total of 280 children improve their health in the swimming pool. According to medical records 34 children have shown a significant improvement in recovering from muscle spasms. More than 100 kids have exhibited positive psychological changes. Masha Tarasova, 14 years old, had a leg disability and could only move in a wheelchair. Her mother, an *Ak-Bota League* volunteer, says Masha's physical condition and emotional well-being improved significantly after regular visits to the swimming pool and the art therapy classes. Masha is planning to continue attending the NGO and is confident that with support of *Ak-Bota League* and her peers she can learn to walk with crutches very soon.

Policy-level Changes – Locally Developed Clinical Manual Introduced at the National Level

The Karaganda Drug Information Center conducted a workshop on the principles of rational pharmacy therapy of arterial hypertension for therapists of primary healthcare (PHC) facilities. All participant doctors received electronic copies of *Clinical Manual on Medical Assistance to Patients With Arterial Hypertension at the PHC Level*, developed by the Drug Information Center. The Ministry of Health (MoH) of Kazakhstan noted the comprehensiveness and high quality of the manual, which will have a positive impact on the quality and length of life of patients with hypertension. As a result, the MoH introduced the new manual at the national level at a special presentation on October 26-27 on Almaty. MoH is planning to disseminate the manual free of charge to PHC staff throughout the country.

Initiative Group Avicenna: Improving Health of Hypertension Patients

The social problem of arterial hypertension (AH) is known for its epidemic spread, high mortality rate from cardiovascular diseases and decreased working ability. During a PCAP the Initiative Group *Avicenna* discovered two major areas that can be influenced to improve the status of AH patients. First, doctors did not possess the skills necessary to work with groups of patients and secondly, the patients were not receiving enough information about AH prevention. These problems resulted in an increase of AH incidence.



Based on their previously developed community action plan, the Initiative Group *Avicenna* of SVA #3 created a project proposal to address these issues and participated in the third round of the Healthy Communities Grant Program. Counterpart awarded the Initiative Group a \$4,056 grant to implement a project called *School for Arterial Hypertension Patients* in May-October 2004. The project goal was to introduce a system of arterial pressure self-control for 105 community members residing in the Ulbinski district of Ust-Kamenogorsk in order to prevent fatal complications of arterial hypertension. The Initiative Group organized a School for AH Patients and a telephone hotline on AH and relevant diseases.

The grantee conducted a total of 21 training workshops: 3 workshops for medical staff on modern approaches to prevention and treatment of AH with some sessions from Counterpart's Training of Trainers (TOT); and 18

workshops for the AH patient community. Instead of the planned 230 trainees the Initiative Group trained 460 people because of the high demand. In addition, the group created a short video film *How to Measure Arterial Pressure*. The local television station *Kalken* broadcast the film several times free of charge, which made up a total in-kind contribution of \$2,544. Additional money and in-kind contributions to the project from *Mix* Radio, *Didar* Newspaper, Center for Healthy Lifestyle, Photo Studio and the Film Director total at \$951. During a project follow-up evaluation conducted 6 months after project completion, Ust-Kamenogorsk CSSC evaluators met with the Department of Health, which shared its statistics. The data demonstrated that during the 6-month post-project period the number of urgent calls to ambulance from patients with cardiovascular diseases decreased by 30% in the district where SVA #3 operates. Moreover, the number of sick days among the same target group decreased by 25%. Nine people received preventive treatment for potential diabetes and five patients were prevented from having potential strokes.

During a project evaluation meeting all of the patients participating in the training demonstrated their ability to measure blood pressure. Eighty percent of training participants regularly follow all trainers' recommendations. At the present time – 7 months after the Counterpart grant close-out – the *School of AH Patients* is training a new group of 20 AH patients. Unlike during the grant period, when the Initiative Group trained only members of its district, the current group includes residents from other districts of the city, where SVA #3 does not operate.

Initiative Group Oilan: Improving Mothers' and Children's Health on the Grassroots Level

During a PCAP conducted by the Initiative Group *Oilan*, maternal and infant health was identified as a priority health issue in four villages of North Kazakhstan Oblast: Novoishimskoye, Fifteen Years of Kazakhstan, Mukur, and Yefimivka. After receiving training in *Project Development* and *Participatory Monitoring and Evaluation* provided by Counterpart, members of *Oilan* designed a project - supported by a grant from the USAID-funded Health NGO Capacity Building Initiative - aiming to provide information and practical assistance to expecting mothers and mothers with infants. The project established *Healthy Family Information and Consulting Centers* in each of the four target villages. The Central Rayon Hospital (CRH) provided offices in all four villages for the centers as a cost-share by the local government. Now, local women come to the centers for consultations before visiting doctors at the rayon center, which saves time and money, and they receive highly professional medical services. Over the life of the project, a total of 1,311 women visited and benefited from the services offered by the four *Healthy Family Centers*. This includes 216 women who attended trainings for future mothers, 156 people attended therapist's training, 554 attended diet and nutrition training and 512 women attended infant massage training. Here are the responses by some of the beneficiary women:

Moldir Altynbekova: *"As this is my first pregnancy, I worried a lot about the course of my pregnancy. The Center staff gave me some reading materials on infant development. I also liked the Pregnancy Psychology brochure, because it explained why I had mood swings. In the brochure, I read that changes in the mood are natural for pregnant women. I also had a lot of conversations with the Center staff who answered all my questions."*

Alena Meizer: *"I participated in two workshops organized by the Healthy Family Center and learned how to properly raise and feed an infant under 2 years old. For example, I learned that I shouldn't give them tea because it may cause anemia. At the end of the workshops, we received a lot of brochures. A year passed since the workshops, and I have been using the information I read in the brochures. It really helped me to raise and take care of my baby."*

Svetlana Basistova, the assistant doctor at a local FAP (primary healthcare facility), said that the work by the Center in Yefimovka village has been extremely successful, *"The Center's 2 workshops helped women to take better care of their children, keep them healthy, and stay healthy as mothers. The brochures, audio and video materials provide invaluable amount of up-to-date information! My collaboration with Oilan volunteers really helps in my work. We all are very thankful to those who developed and implemented this project. In particular, delivering information and assistance "to door" is especially valuable in rural areas."*

KYRGYZSTAN

Life in Motion

In 2002, an Initiative Group (IG) of health professionals was formed by the hospital therapy faculty of Kyrgyz State Medical Academy. The IG of health professionals implemented studies in rehabilitating people with arthritic problems. Results of research completed by IG *Lik* indicated the need for training programs for medical personnel, creation of Arthrology School, and development of rehabilitation programs for patients with functional insufficiency of joints. The doctors of IG, after trainings and consultations received from Bishkek CSSC (*Interbilim*), have developed a project called *Life in Motion* that targets these needs. The project was approved and funded by Counterpart under the Healthy Communities Grant Program in the amount of \$4,800.



The Initiative Group members implemented a range of activities. They published 750 copies of manuals for patients and 200 copies of methodical recommendations for doctors. In addition, they delivered 10 lectures and 8 trainings for patients. The seminars covered the following issues: development of a correct functional stereotype, usage of various tools for joint functioning simplification during aggravations, and preventive maintenance of deformations. Also exit-trainings for patients have been conducted. Four lectures and five trainings for clinical interns and students of the Kyrgyz State Medical Academy were devoted to problems of medical, physical and social rehabilitation in arthrology. A school of arthrology for doctors and patients with

joint diseases has been created. Cycles of broadcast programs for the population about joints diseases have been highlighted in the program *Our Health* by the National Radio FM 104.1

After participating in a rehabilitation program with the focus on educational component, the target group of patients (100) have demonstrated a reduction in clinical displays of an articular syndrome: 76% of patients with rheumatoid arthritis and 84% of patients with osteoarthritis have reported increase in their physical activity, and 64% and 77% respectively reported an increase in social activity.

Consultations on professional reorientation have helped many working-age patients within the target group maintain their capacity to work. Based on analysis of diaries of self-checking, the project implementers expect a 50% decrease in frequency of aggravations, a decrease in rates of progressing bone destructions and a decrease in functional insufficiency of joints of patients with rheumatoid arthritis and with osteoarthritis over the next 1-2 years.

Another project result is the improvement of the methodical manual for personnel working with this kind of patients. As a result of the conducted training programs, people's awareness of arthritis problems has increased. The project reached more than 200 people. Additionally, the school of osteoarthritis for patients has been established and is already functioning. The project results have been presented on the international symposium called *New Technologies in Regenerative Medicine* in Antalya, Turkey. *NGO Lik* has already received requests to share their knowledge and to facilitate trainings for medical practitioners in other medical clinics regarding the of arthrology issues.

Hypertension is under Control

In recent years the hypertension mortality rate has increased rapidly throughout the world, and in Kyrgyzstan. According to data from the National Center of Cardiology, 25% of adults in the Kyrgyz Republic suffer of hypertension. As a matter of fact, the cardiovascular diseases are the biggest health risk in the country. Accordingly, of the 12,288 people in Osh city registered in the Family Group Practitioners #2 and 4 (FGP), about 38% of adults are registered as hypertonic. Mortality rates from 2003 show that out of 86 deaths in the area, 49, or 75%, were due to hypertension stroke.

The medical personnel of FGP *Too-Demi* #2 and # 4, in order to alleviate the problem, created the Initiative Group (*IG Zabota*). Because of insufficiency of existing methods, approaches, and outreach, *IG Zabota* has referred to Osh CSSC for assistance. IG attended CSSC's trainings, and received consultations and informational support. As a result, *IG Zabota* designed the project *Control of Hypertension*, which was considered and approved by Counterpart within the Healthy Communities Program in and funded in the amount of \$2,718. Bishkek National Center of Cardiology trained 2 medical personal from *IG Zabota* and, in addition, Osh Association of Family Medicine Group has been continually providing technical support and consultations to them.

As a result of provided seminars, 72 patients learned about appropriate nutrition, physical exercises and correct uses of medicines, among many other skills. Now patients can monitor their blood pressure and provide first aid to others. Another main element of this project was the creation of Osh branch of *Club of Hypertension Patients*, which now has more than 100 members. In the meantime, the number of patients with hypertension strokes has decreased by 64%. Comparatively, before project implementation 50 cases of hypertension strokes were recorded, after project this number decreased to 32 cases.

Veterinary Clinic Services Prevent Cattle Loss

The main source of income for the people of Otradnoe Village is cattle-breeding. During Soviet times, cattle on collective farms were under the constant supervision of veterinarian specialists. Today, the situation is critical; infected cattle lose weight and disease outbreaks lead to families' economical losses. For instance, one villager had lost more than 47 sheep in month while another villager lost 63 sheep. Unfortunately, there are many other villagers who have been dealing with the same problem. Also, having daily contact with the animals places villagers under at high risk of contracting contagious diseases. Assessing the situation, *Tomo* NGO initiated efforts to resolve the problem and applied for assistance from Karakol CSSC. Thanks to CSSC trainings and consultations, the NGO has developed the project *Veterinary Service is a Pledge of the Community's Health* aimed at the creation of a veterinarian clinic. The project was approved and financed in amount of \$575 by external grant committee within the Healthy Communities Program.



Through the project, vaccines and small equipment were purchased and a bathing pool for the treatment of small cattle against ectoparasites was constructed. The veterinarian clinic started operating in 2003 and provides its services for villagers from Otradnoe, Shapak and Orlineo in Aksuu rayon. In May – June 2004 more than 900 animals were infected by foot-and mouth disease. Due to operative work of the veterinary clinic, the disease outbreak was stopped in one month. Preventive vaccinations, laboratorial testing and treatments were provided to 3,254 livestock in Otradnoe village alone during 2005.

The clinic has also improved the health of the villagers. According to data provided by Family Group Practitioners 10 people were registered with brucellosis in 2002, this number has increased up to 15 people in 2003. By October 2005 only 3 cases of brucellosis were registered. Compared with statistical data from other villages in the Aksuu rayon, the situation in these 3 villages is the most favorable in the area, thanks to the health of the livestock.

In an effort to make the project sustainable, the clinic has developed a fee for services policy.

Sustainable Water Supply Improves People's Health in Kerben Town

An absence of pure drinking water remained as the main priority problem for several years in the district of *Mechet* (Aksy Rayon, Kerben). Thus, villagers had to use dirty water from the river during summertime and had to travel to springs, which are 1-1.5 km away. Reaching the spring and carrying buckets of water in winter season is a high risk for women and children to get trauma. Consequently, the absence of water had led to growth of intestine infectious disease. *NGO Aksy Toguzbai 3* initiated its efforts to resolve this problem by designing a project. Unfortunately, the lack of skills and knowledge were a major obstacle to designing the project. Training, consultations and informational support from Kerben CSSC helped them to develop the project *Provision of Pure Drinking Water of Newly Residential Area*. The goal of the project was to install a water-pump system to supply clean drinking water to the community. The project was approved and supported by Counterpart's external grant committee in amount of \$4,210.

As a result, 10 water pumps were installed. 46 households with 367 people in the village have been provided with the clean drinking water. During the process of project implementation the community was mobilized. After project implementation, the rate of infectious intestine diseases in the town decreased by 21% (according to statistical data from Territorial Hospital and Family Medical Center' report). During 2003, 195 patients with infectious intestine diseases were registered in Kerben town, 55 of whom were residents of *Mechet* district, and comparitavely, in 2005 only 41 patients were registered in the town and none of them were from the *Mechet* district. These statistics clearly show the project's positive impact on people's health.

New Clinic Prevents Diseases and Death Rate of Mothers and Infants in Bozchychkan Village

The absence of the medical aid in *Boz Chychkan* village with population of 9,656 people led to an increasing number of infectious diseases, and high mortality rate among women during childbirth and infants. Infants and children were not receiving appropriate preventive injections. The numbers of registered typhoid cases have averaged around 2-3 cases annually in 2001-2003. Thus, in 2004 local communities have approached to *El Kyty Elette* NGO in an effort to resolve the problem. NGO applied to *Jalalabad* CSSC for technical assistance. After training and consultations received from CSSC, the NGO submitted a project designed to construct a clinic in the village of *Bozchychkan*. The project was approved and within HNCBI in amount of \$4,994.

As a result, the clinic was constructed in 7 months and started functioning in the beginning of 2005. More than 7,000 people are served by this clinic and twenty-three patients are under constant clinic observation. Infectious diseases have decreased by 50%. Comparatively, the trends of diarrhea infectious disease occurrence are the following: 32 cases in 2004, 17 cases in 2005; typhoid cases 2 in 2004, and no cases registered in 2005. In 2004 – 3 cases of mother's mortality and in 2005 no cases registered. The project was successfully implemented in a close cooperation with the village administration (aiyl okmoty) and the Family Group Practitioners (FGP) of *Suzak* Rayon.

Effective Communication Saves Human Lives

The survival rate of people injured in car accidents is heavily dependent on the provision of timely first aid. It is vital that paramedics have the capacity to provide emergency aid as quickly as possible for the sake of people's lives. The highway Bishkek – Osh runs through Sokuluk Rayon and the Rayon has a high record of car accidents. Two emergency aid brigades operating in Sokuluk rayon serve the area within a 15-35 radiuses of kilometers. The poor quality of the brigades' technical equipment did not allow them to make quick and clear connections between the operators and ambulances, which led to the loss of precious time.



The Initiative group *Center* initiated its efforts to resolve problem of low quality technical equipment. As a result of the provided technical assistance from Interbilim, Counterpart and State Agency for Connection under Kyrgyz Republic, IG received the grant totaling \$2,121. the grant funds were used to purchase new radio equipment to ensure qualitative clear bilateral

connections for operators at *Sokuluk* emergency department and 2 ambulances.

Due to improved communication, the scope of aid provided by *Sokuluk* emergency brigades had increased. During 5 months 9,641 people were provided with first aid. Before the new radio technology, only 8,752 patients would have been served in the same period of time. The new equipment allowed ambulances to improve their work quality. The average wait time before aid provision was shortened to 25 minutes, whereas previously it was 40 minutes. This reduction in time has helped prevent serious medical complications and deaths for the community.. A few of the people helped by the improved service include: Medetbek kyzy Jyldyz, 15 years old, was diagnosed with acute appendicitis; Imanbaeva Gulaisa, 40 years old, was diagnosed with myocardial infarction; and Isaev Aslan, 17 years old, was diagnosed with orchiepididymitis.

Helping Families with Disabled Children to Help Themselves

In Osh City, many children did not receive care at the *Osh Rehabilitation and Treatment Center* because the facility lacked the necessary resources to provide healthcare. For example, in 2002 only 92 out of 229 children registered with cerebral palsy received assistance at the center. Parents of the disabled children did not have the skills or knowledge to care for their children in the same capacity as the health workers at the center, which resulted in an increased disease and mortality rates among these children.

The Osh Oblast public association *Znanie*, identified the lack of available health care after children as a community problem while leading PCAP exercises in the community. *Znanie* developed and submitted a proposal that would train parents of disabled children in physical therapy and first aid. The HNCBI external grant review committee reviewed and approved the proposal in the amount of \$1,188. Now the parents of these disabled children can provide physical therapy and massages for their children as well as act as the initial provider of first aid, if needed.



Madira Mamyrova attended the courses of physical therapy and massage. After completing the training she has been able to provide daily massage for her 6 year old son Muhamadali, who has left paresis. As a result, Muhamadali has shown significant physical improvement and can operate with his left extremities. Five-year-old Atajanova Shaira suffered from persistent headaches and poor sleeping after a severe car accident. The regular massage provided by her mother allowed Shaira to stop taking medication and improved her sleeping. The trained parents share their new knowledge and skills with the other parents of in-need children in the community.

Villager's Initiative Improves Community Health and Raises Funds Locally

The residents of Borbash Village, Nookat Rayon, had been experiencing problems with access to medical care, as the only clinic in the village was in an extremely poor condition. The community Initiative Group (IG) *Ene Jurogy*, in cooperation with community *Aiyl Kelechegi*, approached the Nookat CSSC requesting assistance. The NGO members attended PCAP and Project Design training provided by Nookat CSSCs. The gained knowledge allowed IG to design a project for the construction of a village medical clinic. In 2003, the USAID-funded Healthy Communities Grant Program funded the project for \$2,724.4.



Access to drugs was also one of the main problems in the village. The nearest pharmacy was located in a different village, and in order to get drugs, the villagers had to travel 25 km and pay 30 soms (\$0.75) for transportation. As a result of very active community mobilization during the construction of the medical clinic, the villagers initiated construction of a pharmacy using their own funding and resources.

The community built and opened the new pharmacy around the same time that the construction of the FAP was completed. The construction of the pharmacy was possible thanks to contributions from local business

people (\$360), the community (\$227), and the Kok-Jar village government (\$120). Now all 310 households in the village have access to medical assistance right in their village.

Malaria Has Been Defeated by Innovation Techniques

In recent years, the number of malaria infection cases in Leilek rayon, Batken Oblast, has been rapidly increasing. According to the rayon Sanitation and Hygiene Department statistics, 137 malaria cases had been registered in the remote village of *Ak-Sui*. Malaria was being transmitted by mosquitoes that thrive in conditions for the cultivation of rice, which happens to be the main cash crop for the region and requires a lot of water for irrigation. Unfortunately, the local sanitation and hygiene service had an insufficient budget to tackle the problem and authorize appropriate anti-malaria measures.

In order to resolve this problem, the *Progress Initiative Group* attended Batken CSSC training and received consultations, which helped them to design the project *Liquidation of Malaria*. The project was approved and financed by Counterpart's independent grant committee within the Healthy Communities Program in the amount of \$1,545 and received the additional contribution of \$190 from the *Ak-Sui* village administration. In the course of the project implementation, the initiative group founded a fish farm breeding *Gambusia*, a mosquito-feeding fish, which were then released into the rice farms and existing water reservoirs. Additionally, awareness seminars were conducted in 4 village schools, and 1,023 households were treated with anti-malaria remedies. New data from the Leylek rayon Sanitation and Hygiene Department show a trend of decline in malaria cases. The number of malaria infection cases has been reduced to less than a quarter of cases previously: from 137 in 2002 to 31 in 2004, 10 by September 2005 and it's anticipated to continue declining.

Kyrgyz Bishkek Medical School Expands its Activities through Effective Partnership

Bishkek Medical School (BMS) has been training qualified nurses for years. However, after gaining independence, the country has encountered numerous socio-economic problems. Methodical processes and material-technical base of teaching have been greatly weakened during the years of independence. No innovative methods of teaching have been applied, which reflects in the quality of nurse-trainings. In connection with the economic situation, there are not enough nurses in the *Centers of Family Medicine* (CFM). There is no appropriate care for children in children's home and for the elderly people in elderly houses. Searching for ways to resolve the problem, Initiative Group (IG) of BMS referred to Bishkek CSSC and Counterpart International Inc in the Kyrgyz Republic.



Counterpart selected BMS as a pilot community for testing Appreciative Inquiry (AI) as a new community mobilization strategy. As a result of the AI process, the action plan design called for an improvement of educational programming, the establishment of resource center and development of partnership with local and international partners. After attending Project Design training and receiving consultations IG developed the project entitled *Healthy Person is Healthy Nation and Healthy Civilization*. The project was aimed to expand the practical parts of an educational program by providing of nursing services to disabled children, orphans and the elderly. The project was funded in amount \$ 1,980.

As a result of Appreciative Inquiry process the following outcomes have been successfully reached: long-term contracts to provide nursing services for children and the elderly were signed with CFM; *Florence Nightingale* public association was established; creation of the *Association of Teachers of Medical School* was initiated; the partnerships with the *American International Health Alliance* and *Minnesota Medical Collage* was established. Thanks to *Minnesota Medical College's* support the resource center for students and teachers was created. U.S. partners provided equipment and access to internet. Additionally, an electronic library for students and database on clinical protocols for faculties were developed. Training for students in medical schools on integrated children's disease research is being conducted together with

UNICEF. There is also a plan to conduct exit-seminars in medical schools all over the country. Appreciative Inquiry, through the mobilizing faculties and students of BMS, has allowed the successful implementation of a community action plan with a little external support within very short time.

TAJKISTAN

Center for Community Support Tajikabad - Clean Water Guarantees Better Health

A proposal was submitted for the rehabilitation of a non-functioning water supply system, which has not worked since 1996. The population had to construct water reservoirs in each yard to provide them with water access. The reservoirs were pits dug under the houses with weak walls, and were not safe from the diffusion of contaminated water from other sources. As a result, the population suffered from infectious diseases caused by dirty water. After receiving a grant the community created working brigades and made shared the duties and work necessary to fix this problem.. Construction workers changed broken tubes, cleaned the bore-well, constructed shared water taps for every three-four families, changed electrical switch equipment and assembled the water purification plant.

The Department of Water Management in Jabbor Rasulov district provided assistance to the community in the form of techniques and specialists. This is a second grant received by the community for solve their problems by themselves, first grant was received within Counterpart CAG program and was used to rehabilitate the community medical facility. The community came to conclusion that it can solve own problems by themselves through mobilization of their internal capacities. Now, all community inhabitants have access to pure safe water. ACTED provided the training on infection diseases prevention for community. The community also received information about the importance of clean water as disease prevention, and how to use and maintain clean water.

NGO Peshgiry - Health is Everyone's Right

According to official statistics the STI rate has increased by 9 times in recent years. The situation was very unhealthy, especially in prisons, where most of inmates had little knowledge or access to information related to STIs. Even the medical staff that works in prisons lacked information on STIs; their knowledge was limited to gonorrhoea and syphilis. They didn't know how to diagnose STIs or provide treatment, which allowed the infections to continue to spread.

NGO *Peshgiry* showed an initiative to reduce STI in prisons by conducting numerous seminars and trainings for medical staff and awareness-raising seminars for inmates. The NGO developed and printed out brochures on STI prevention. Almost 500 prisoners will be tested for STIs and will receive the appropriate treatment. Moreover the infected persons will be referred for further supervision in civil hospitals after finishing the detention. Additionally, this was a breakthrough in prison healthcare and societal access to information related to prisoners' health. This is a first time that a NGO has received the opportunity not only to visit a prison, but also to implement a project. CSSC representatives were allowed to visit the prisons to conduct project monitoring as well. The medical staff received on-the-job study and obtained the knowledge and skills for STI prevention and treatment. The prisoners have met with NGOs representatives and felt that society took care of them and wanted them to be healthy, and this made some of them feel that they are still a part of society. Due to the success of this project, other NGOs are now allowed to work in prisons to help solve the existing problems in penitentiary system.

CA Avesta - Build the Healthy Society

A grant was awarded for implementing a project on raising public awareness on the topics of communicable/infectious diseases and water sanitation. The grant was awarded in the amount of \$4,990.00, and benefited 300 people. The project was implemented last year and the results show that it was very successful. Education activities were conducted among the populations of several settlements of Varzob district including: Varzob GES, Alhitoy, Navobod, Dehnavaki Bolo and Dehnavaki Poen. The PHC health workers together with community leaders facilitated trainings on healthy life style using the information materials developed by organizations such as UNICEF, Red Crescent. The NGO also developed a training module and ran a photo contest among schoolchildren. The contest winners were awarded with a prize.

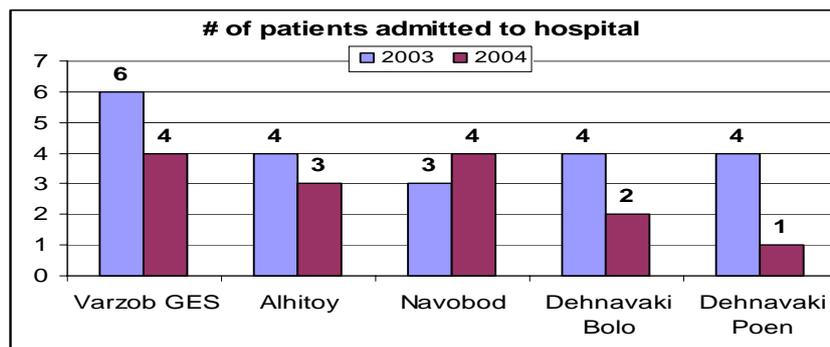


In 2004, an assessment of the frequency of infectious diseases was conducted and Table 1 shows the level of awareness of population of infections and the number of people who went to the hospital at the first signs of diseases in 2003 and 2004. It also looks at the number of complications and shortened length of patient hospital stays. After program implementation, 77 % of patients were admitted in to hospital in first 3 days of disease recognition.

Table 1 Comparative analysis of admittance to hospital between six months in 2003 and 2004

Settlements	Total number of persons admitted to hospital		Day of getting admitted to hospital					
			First 3 days after diseases identification		After 3 days after diseases identification		Late admission	
	First half of 2003	First half of 2004	First half of 2003	First half of 2004	First half of 2003	First half of 2004	First half of 2003	First half of 2004
Varzob GES	6	4	2	3	3	1	1	0
Alhitoy	4	3	1	2	3	1	0	0
Navobod	3	4	1	3	2	1	0	0
Dehnavaki Bolo	4	2	2	2	1	0	1	0
Dehnavaki Poen	4	1	1	1	3	0	0	0
Total	21	14 (28 %)	7	11 (78.5 %)	12	3 (21 %)	2	0

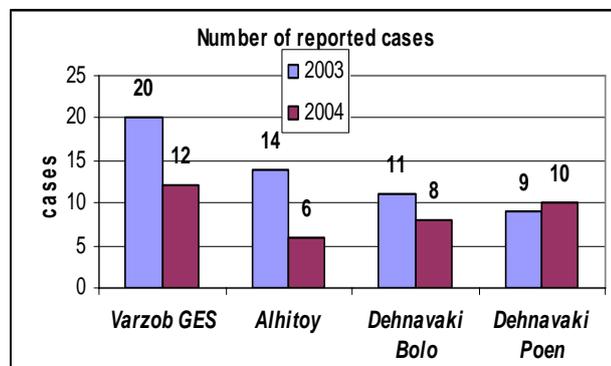
Figure 1 shows the reduction number of persons admitted to hospital in different settlements, means that the patients applies to PHC facility in early stage of diseases and received the adequate treatment.



Finally the total number of reported cases with acute infection diseases reduced (see table 2 and figure 2) for two times: 73 cases registered in 2003 against 46 cases in 2004), population prevented itself from getting diseases by using the safe water, following the personnel hygiene rules.

Table 2, Figure 2 Number of reported cases of patients with acute infection diseases

Settlements	2003			2004		
	Total	Children up to 5s years	Adult	Total	Children up to 5 years	Adults
Varzob GES	20	13	7	12	8	4
Alhitoy	14	9	5	6	4	2
Dehnavaki Bolo	11	7	4	8	5	3
Dehnavaki Poen	9	5		10	7	3
Total	73	49	24	46	30	16



TURKMENISTAN

Healthy Generation of the Golden Age

Clinical hospital with physiology center is founded in the center of Ashgabat city, which was constructed in 1986. This is a multi-unit hospital, which provides qualified and timely medical services for a variety of needs. The maternity department of hospital has been operating since 1997. The surgery unit is located in another hospital building and in case of a surgery, women are transported to the second building which can stimulate the infection of incision wounds and also, untimely reanimation care of new-born in case of need.

The community of maternity department doctors raised the problem and initiated efforts to design a project to improve the situation. After they participated in Counterpart's trainings on PCAP and Local Project Management Ashgabat CSSC provided them with a consultation on the project development and implementation. The central clinical hospital of Ashgabat city is the first hospital, which advocated their interest before the Ministry of Health to implement a project. Also, the Ministry of Health supported the professional community and gave them permission to close the hospital for 15 days instead of 10 days as it happened before, when they renovated the inside of maternity department during the project realization. The additional 5 days, helped the community to obtain additional funds and made quality maintenance within the department. This project was the Counterpart's first experience of high-level collaboration with the Government of Turkmenistan.

Improved Waste Management in Turkmenabat City

Irregular waste collection and removal near seven residential buildings in the "Bahar" micro-district of Turkmenabat city, became one of the urgent issues of for its 1,200 residents. The pile of waste was a source of environmental pollution, spread infectious diseases and was a serious fire hazard. Numerous letters to the House Management Department were fruitless and produced no results. With a desire to solve the problem activist *Ms Rejepova* turned to *Lebap* Civil Society Support Center. Having received necessary consultations and technical assistance from the *Center*, she and house residents met with the head of department, showed them pictures and provided other facts on the situation.

As a result of the meeting, the workers of the Housing Department removed the waste from the area. On her part, the activist consulted over 80 residents on proper waste management. After the action, the residents of

these houses suggested that the waste collector is reconstructed and containers are placed in accordance with the sanitary and fire protection requirements by participating in HNCBI Community Action Grant Program. The proposed action plan was supported by the House Management Department.

Having attended a series of Counterpart International trainings on local project management, the activist conducted participatory community appraisal and assisted the community in designing the project “*Let’s improve our micro-district together*” approved by Counterpart Turkmenistan Grant Committee in March 2005. As a result of successful project implementation with involvement of community members and House Management Department 6 waste collecting grounds were prepared and 12 containers with reinforced concrete fencing placed in different places of the micro-district. All these containers were made and transported at the expense of House Management Department. The House Management Department workers regularly clean the territory, but the most important impact is that the experience of the residents of “*Bakhar*” micro-district’s seven houses has been applied in other areas of the city.

Focusing on Children

Disabled children are a consistently underserved societal group requiring special attention and care. NGO *Lukman-Hekim* provides informational assistance and consultations in social adaptation of disabled children in the city of Ashgabat by conducting rehabilitation events and improving the life quality of disabled children. Counterpart trained *Lukman-Hekim* staff in project design, participatory community appraisal (PCAP) and in other capacity building activities. After these trainings, *Lukman-Hekim* conducted a PCAP with the disabled children and their parents to identify and prioritize their problems. The project design skills helped the NGO staff to design a quality proposal entitled, “*School of Health*,” and submit it to the Healthy Communities Grants Program. The Grant Review Committee approved the proposal and the NGO has started implementing the project.

Additionally, the NGO initiated and facilitated the PCAP process in the community, which helped to prioritize problems of disabled children’s social rehabilitation. The PCAP resulted in the establishment of a parental club of disabled children that organizes social events for disabled children. Most of the events took place in the Assembly Hall of the school - Kindergarten #43 for disabled children. The Assembly Hall was in very poor condition. It required significant renovation and the parents have decided to repair it using their own financial and other resources. The events held currently in the Assembly Hall help social adaptation of the disabled children and their integration into the community of non-disabled children and teenagers.

We Care!

Handicapped children are the most vulnerable category of the general population. They often lack proper attention and care in their daily lives. The NGO “*Lukman-Hekim*” supports the kindergarten # 43 of Ashgabat city, which hosts 74 children with infantile cerebral paralysis ranging from 3 to 14 years of age. Working with the kindergarten, the NGO “*Lukman-Hekim*” discovered that many children got sick with viral and bacterial diseases due to weak immune systems and lack of parents’ awareness of proper care for children, including issues like proper feeding, nursing practices, rendering first aid in case of emergencies when professional assistance is unavailable, etc. To improve this situation, the NGO “*Lukman-Hekim*” developed a project, which was approved by the Grant Review Committee and funded by Healthy Communities Grant Program. NGO members took part in the trainings such as Participatory Community Appraisal and Project Design.

The implemented project activities promoted public awareness of first aid and proper care for handicapped children among the kindergarten staff and children’s parents. A total of 243 people were trained at the seminar on prevention of children’s convulsions. Since the project inception time, the kindergarten staff acknowledged reduction of convulsion incidents among children. Two months after the project completion, according to the kindergarten staff, there have been no cases of children’s viral hepatitis reported. The number of children sick with acute respiratory disease and dysentery has also remarkably gone down.

Successful Collaboration with Local Authorities

Drug abuse and addiction among youth is a serious issue for Abadan city of Akhal velaya, where teenagers between 10 and 19 make up 40% of the population of 48,000. According to the most recent data, 98 city teenagers were on the state Juvenile Delinquency Unit's list of drug addicts. Lack of quality information on effects of drug abuse and criminal behavior among youth were identified as the priority health issues during a PCAP conducted in the community by NGO *Family, Mercy and Health*.

The NGO has five years of experience working with teenagers and since 1999 has been working in close cooperation with the Ashgabat CSSC: it received training on Social Partnership, Volunteer Management, NGO Management, and consultations on project concept paper design. In addition, the director of the organization has participated in regional Counterpart trainings and country level forums. To counter drug abuse among the youth of Abadan city, the NGO developed a project aimed to raise awareness among high school senior students and teenagers working in the city. The project envisaged close cooperation with the Juvenile Delinquency Unit. Counterpart Turkmenistan supported the project through its joint Healthy Communities Grant Program by awarding a grant in the amount of \$3,134.

According to the results of a short assessment conducted by the NGO two months after the project completion, 76 of 98 teenagers, or approximately 77%, have rehabilitated and been removed from the official list of drug addicts. The NGO continues its close collaboration with this state organization in working with teenagers. The precedent has not only strengthened social partnership with the government but has also attracted volunteers to participate in anti-drug activities.

Successfully Fighting Tuberculosis among Pregnant Women

After childbirth, women are highly susceptible to infectious diseases, including tuberculosis (TB). According to the local hospital statistics, out of 5,706 are women of reproductive age living in the capital of Boldumsaz Etrap, 103 were registered as consumptives. The lack of information about tuberculosis in Boldumsaz Etrap presented a risk factor for increasing the number of consumptives. Initiative Group *Nur* has been working on TB prevention for the past two years. After the analysis of the above mentioned situation within Boldumsaz Etrap, and in close collaboration with the Etrap TB Department of the *Central Etrap Hospital* (CEH), IG *Nur* developed a project proposal on increasing public awareness on TB and on preventive measures through establishment of a Resource Center in the CEH. In April of 2003, the project was approved by HNCBI GRC and supported in the amount of \$3,616. During the project, 480 women were trained in TB prevention, and 500 pamphlets were distributed to the population of Boldumsaz. Also, the representative office of DOTS Project of *Medesines Sans Frontieres* (MSF) provided visual aids for project trainings. According to the Boldumsaz CEH statistics, the number of women with TB did not increase and the number of consumptive women decreased to 2% since project completion (November, 2003).

UZBEKISTAN

First Child Pre-delivery Preparation Center in Samarkand

The problem of complicated and pathological child deliveries has been acute in Samarkand. Every fourth child delivery process needs to be carried out with medical stimulation. Expected mothers lacked preparation for the child delivery including lack of knowledge on physiology of pregnancy and child delivery, inadequate nutrition and behavior during pregnancy and child delivery. Newly established obstetrical and pre-delivery service centers functioning under state medical institutions do not provide psychological assistance to expected mothers. Usually, doctors who observe the course of the pregnancy do not have time to provide necessary instructions to their patients; they mostly provide medical and emergency assistance.

In May of 2003, within the framework Healthy Communities grant program Association of Medical Students established *Healthy Family Center*. The objective of the Center is helping to women with first pregnancy in preparation to child delivery through provision of psychological aid, educational programs and physiotherapy exercises. The center is located on the base of the *Regional Scientific-practical Center for Obstetrics (Maternity hospital #4)*. This Healthy Family Center is the first independent private Child Pre-delivery Preparation Center in Samarkand. The center is unique since it offers several services for expected mothers in complex i.e. psychological consultations and holding Family Club, seminars for young couples,

medical checkups for pregnant women (in cooperation with maternity house's specialists) and physical exercises. Center specialist helps to solve problems, which occur during the training sessions for pregnant women. For instance, it turned out that 4 expected women had pelvic stationing of fetus and physiotherapy exercises trainer has provided special complex of exercises to change the placement of the fetus. Besides, 2 cases of spontaneous abortion have been prevented. Two women took very hard the forthcoming operational delivery (Caesarian section), which was prescribed due to women's poor vision, however, after attending the sessions at the Center, and getting all necessary physiological assistance, they felt better about planned operations. As a result they even became surprised that birth pangs had not been so acute since women did not afraid of child delivery and they delivered in natural way (without operation). These cases demonstrate how Center is providing real assistance in terms of improving health status of pregnant women. In total 60 women attended the courses of child pre-delivery preparation including 6 couples. *Healthy Family Center* specialists have been trained on a number of workshops conducted by Counterpart International and ZdravPlus. While designing the project the specialists received the consultations at the Samarkand Center for Support of Social Initiatives.

Mobilization of Mahallas "Urikzor" and "Kirkvoldi" Residents in Bagdad District

In mahalla *Kirkvoldi* of Bagdad district the lack of clean drinking water made everyday life difficult and unhealthy for residents. NGO "*Ayel va Zamon*" designed project "*Source of Health*" for Counterpart's "*Healthy Communities*" program. The project aimed to provide 130 households of the *Urikzor* residential area of A.Ikramov mahalla with drinking water through well spring boring of 220 meters in depth, laying 550 meters of water pipe and constructing 6 sewerage pits within the period of 4 months. It was also planned to organize health promotion team and conduct health promotion work among the residents in cooperation with local polyclinics. This team consisting of 10 medical specialists visited the mahalla twice with the program "*Soglingiz uz kulingizda*" (Your health is in your hands) serving 800 people. The preventive sanitary component of the project also envisaged setting up public/community Health House for sanitary education work in the mahalla with the sanitary preventive program to be implemented in cooperation with doctors from the polyclinic covering the residents of all 11 streets in mahalla. One more event of this component was to conduct mass Health Festival.

The implementation of this project encouraged the neighbors of mahalla "*Kirkvoldi*". The residents of both mahallas mobilized their resources and efforts to lay 2000 meters of water pipe instead of the planned 550 meters. In addition, the residents of mahalla "*Urikzor*" became active in decision-making. According to the project plan the well was to be handed over to District Water Supplying Company, but the mahalla residents recognized their ownership of the project results and decided that they should legalize their ownership and register it as a property of mahalla committee. They appealed to the Khokim's Office and provided the minutes of their general meeting to support their request. The Kokand Center for Development of Civil Society provided technical and consultative support while the project was being developed. The staff of the NGO "*Ayol va Zamon*" took part in the trainings "Project Design", «PCAP», «Participatory Monitoring and Evaluation (PM&E)» and others.

Davronbek 2 Follows Davronbek 1 Community Example by Mobilizing Community to Improve Sanitation

In Makhalla Davronbek 1, there was no public sewerage system. Residents of the community used accessible cesspools and cesspits for disposing waste products and liquids. The situation was really unbearable to the residents for both aesthetic and hygienic reasons. Hot weather in the summer led to a lot of importunate flies which spread disease, and terrible odors.. The children suffered the worst because they had to play on the narrow streets of the neighborhood risking falling into one of the cesspits that had no cover. The incidence of infectious disease such as Hepatitis "A", diarrhea, and helminthiasis was significantly elevated according to local sanitary and epidemiology service and had continued to rise over the last several years; from 2003 to 2004 incidence of Hepatitis A, and diarrhea doubled. The most widespread disease was helminthiasis with annual reporting rate nearly 120 cases per 5000 community residents. Most importantly, the financial status of the residents was not sufficient to eliminate these problems.

NGO "*Mohklaroyim*", which had been successfully working with this community over the past 4 years, conducted a PCAP among residents and jointly identified the most urgent problem – absence of safe public sewerage system in the community. After this event, to solve this problem, CAP was developed and the

majority of residents readily approved it. It was decided by all parties that the NGO would develop a proposal to HNCBI, and community leaders would ensure sufficient mobilization and contribution to solve the problem.

In a few months, NGO developed project proposal, collected all necessary support and guarantee letters and submitted this proposal to GRC of HNCBI. This proposal was reviewed by a group of experts and was approved with few comments. Counterpart transferred first installment to grantees account in August 2004, and NGO started utilization. With support of HNCBI, NGO held 4 workshops to 60 community leaders on basic sanitary and hygiene rules, distributed health promotion materials, and contracted local construction firm to set up sewerage system for 490 meters in three streets of the neighborhood. The work successfully started and sewerage system was set up in two streets. Community residents readily assisted to NGO in digging the trench sewerage pipeline, and distributing health promotion materials and information. Also, the community made in-kind contributions of free food for construction workers, and purchased shower, and restroom equipment in each household.

In November 2004, programmatic and financial reports on first installment were accepted by HNCBI. The second installment was transferred, but because of governmental restrictions and regulation, these funds bounced back to Counterpart account. In May 2005, after consultation with Regional Office and USAID, Counterpart decided to complete this project by direct in-kind community assistance, i.e. to continue contracting construction firm. Contract with private firm "*Bunedkor*" was developed and signed. In two months, this private firm completed all construction works, and NGO held two voluntarily workshops on health promotion among residents.

After public sewerage system was established and old cesspools and cesspits were filled up and closed, the landscape of the neighborhood drastically improved, and main source of infections was eliminated. As a result of this project, more than 5,000 people could enjoy living in better and safer housing conditions. Moreover, residents of the neighboring community Davronbek 2 seeing positive effect and advantages of public sewerage system decided to follow health-giving example. In one month, they raised some 2,500,000 million sums (\$2,000), and contracted firm to do similar types of work in their community. Thus, positive example in one community motivated and mobilized neighboring community to make positive change.

ATTACHMENT II – Country Performance Plans: Target and Achieved Indicators

KAZAKHSTAN

Objectives and Results Indicators	Year 2003				Year 2004				Year 2005			
	Target level by 6/30/2003		Target level by 12/31/2003		Target level by 6/30/2004		Target level by 12/31/2004		Target level by 6/30/2005		Target level by 12/31/2005	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Objective 1: Engage communities in identifying and addressing local health care needs												
Indicators												
1. Health related PCAP are conducted in at least 60 communities	14 PCAPs	19 PCAPs	23 PCAPs	40 PCAPs	37 PCAPs	103 PCAPs	47 PCAPs	106 PCAPs	Indicator fully achieved	147 PCAPs	Indicator fully achieved	147 PCAPs
2. Health related CAP are developed in at least 50 communities	14 CAPs	19 CAPs	23 CAPs	40 CAPs	37 CAPs	90 CAPs	47 CAPs	106 CAPs	Indicator fully achieved	145 CAPs	Indicator fully achieved	145 CAPs
3. At least 50 communities have implemented local health initiatives			14 communities	14 communities	21 communities	19 communities	35 communities	31 communities	42 communities	38 communities	Indicator fully achieved	73 communities
4. An average of 50,000 people benefited from health initiatives			15,000 beneficiaries	30,130 (+169,758-Karaganda) beneficiaries	23,000 beneficiaries	42,662 (+170,000 Karaganda) beneficiaries	38,000 beneficiaries	227,383 (including 170,000 in Karaganda) beneficiaries	45,000 beneficiaries	278,927 (including 170,000 in Karaganda) beneficiaries	Indicator fully achieved	324,900 (including 170,000 in Karaganda) beneficiaries
5. Average community contribution to local health initiatives are at least 30% of total project budgets			10% community costshare	10.94% community costshare	15% community costshare	29.85% community costshare	20% community costshare	20% community costshare	26.35% community costshare	27.53% community costshare	Indicator fully achieved	34% community costshare

Objectives and Results Indicators	Year 2003				Year 2004				Year 2005			
	Target level by 6/30/2003		Target level by 12/31/2003		Target level by 6/30/2004		Target level by 12/31/2004		Target level by 6/30/2005		Target level by 12/31/2005	
Objective 2: Develop capacities of NGOs and CBOs to implement community health initiatives												
Indicators 1. At least 50 training workshops are conducted for NGOs/CBOs and community groups	7 training workshops	14 workshops	17 training workshops	32 trainings workshops	24 training workshops	57 training workshops	34 training workshops	60 training workshops	40 training workshops	74 training workshops	Indicator fully achieved	74 training workshops
2. 100 NGO/CBOs and community groups are trained in Counterpart workshops in the following topics: <ul style="list-style-type: none"> ▪ Participatory Community Appraisal and Planning ▪ Project Design ▪ Participatory Monitoring and Evaluation 			30 NGOs/CBOs and community groups trained	448 NGOs/CBOs and community groups trained	50 NGOs/CBOs and community groups trained	471 NGOs/CBOs and community groups trained	80 NGOs/CBOs and community groups trained	493 NGOs/CBOs and community groups trained	Indicator fully achieved	514 NGOs/CBOs and community groups trained	Indicator fully achieved	514 NGOs/CBOs and community groups trained
3. At least 50 NGO/CBOs and community groups trained by Counterpart will have implemented community health initiatives			7 NGOs/CBOs and community groups	14 NGOs/CBOs and community groups	20 NGOs/CBOs and community groups	19 NGOs/CBOs and community groups	27 NGOs/CBOs and community groups	31 NGOs/CBOs and community groups	38 NGOs/CBOs and community groups	38 NGOs/CBOs and community groups	Indicator fully achieved	73 NGOs/CBOs and community groups

KYRGYZSTAN

Objectives and Results Indicators	Year 2003				Year 2004				Year 2005			
	Target level by 6/30/2003		Target level by 12/31/2003		Target level by 6/30/2004		Target level by 12/31/2004		Target level by 6/30/2005		Target level by 12/31/2005	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Objective 1: Engage communities in identifying and addressing local health care needs												
Indicators												
6. Health related PCAP are conducted in at least 60 communities	14 PCAPs	54 PCAPs	23 PCAPs	57 PCAPs	37 PCAPs	68 PCAPs	57 PCAPs	84 PCAPs	Indicator fully achieved	119 PCAPs	Indicator fully achieved	125 PCAPs
7. Health related CAP are developed in at least 50 communities	14 CAPs	24 CAPs	23 CAPs	26 CAPs	37 CAPs	33 CAPs	47 CAPs	44 CAPs	Indicator fully achieved	68 CAPs	Indicator fully achieved	73 CAPs
8. At least 50 communities have implemented local health initiatives			14 communities	21 communities	21 communities	34 communities	35 communities	47 communities	42 communities	57 communities	Indicator fully achieved	64 Communities
9. An average of 50,000 people benefited from health initiatives			15,000 beneficiaries	51,592 beneficiaries	23,000 beneficiaries	113,702 beneficiaries	38,000 beneficiaries	127,580 (+210,258 in Nookat rayon ¹) beneficiaries	45,000 beneficiaries	352,049 beneficiaries	Indicator fully achieved	403,630 beneficiaries
10. Average community contribution to local health initiatives are at least 30% of total project budgets			10% community costshare	35.34% community costshare	15% community costshare	24% community costshare	20% community costshare	24% community costshare	25% community costshare	64.42% community costshare	Indicator fully achieved	50.14% community costshare

¹ A project to prevent infectious diseases in Nookat rayon covered the entire rayon area with the total population of 210,258, who are indirect project beneficiaries.

Objective 2: Develop capacities of NGOs and CBOs to implement community health initiatives

Indicators 4. At least 50 training workshops are conducted for NGOs/CBOs and community groups	7 training workshops	47 training workshops	17 training workshops	48 training workshops	24 training workshops	67 training workshops	34 training workshops	83 training workshops	40 training workshops	95 training workshops	Indicator fully achieved	96 training workshops
5. 100 NGO/CBOs and community groups are trained in Counterpart workshops in the following topics: <ul style="list-style-type: none"> ▪ Participatory Community Appraisal and Planning ▪ Project Design ▪ Participatory Monitoring and Evaluation 		409 NGOs/CBOs and community groups	30 NGOs/CBOs and community groups	427 NGOs/CBOs and community groups	50 NGOs/CBOs and community groups	570 NGOs/CBOs and community groups	80 NGOs/CBOs and community groups	793 NGOs/CBOs and community groups	Indicator fully achieved	1,460 NGOs/CBOs and community groups	Indicator fully achieved	1,460 NGOs/CBOs and community groups
6. At least 50 NGO/CBOs and community groups trained by Counterpart will have implemented community health initiatives			7 NGOs/ CBOs and community groups	25 NGOs/ CBOs and community groups	20 NGOs/ CBOs and community groups	49 NGOs/ CBOs and community groups	27 NGOs/ CBOs and community groups	55 NGOs/ CBOs and community groups	38 NGOs/ CBOs and community groups	127 NGOs/ CBOs and community groups	Indicator fully achieved	128 NGOs/ CBOs and community groups

TAJIKISTAN

Objectives and Results Indicators	Year 2003				Year 2004				Year 2005			
	Target level by 6/30/2003		Target level by 12/31/2003		Target level by 6/30/2004		Target level by 12/31/2004		Target level by 6/30/2005		Target level by 12/31/2005	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Objective 1: Engage communities in identifying and addressing local health care needs												
Indicators												
11. Health related PCAP are conducted in at least 60 communities	14 PCAPs	46 PCAPs	23 PCAPs	71 PCAPs	37 PCAPs	112 PCAPs	47 PCAPs	116 PCAPs	Indicator fully achieved	157 PCAPs	Indicator fully achieved	157 PCAPs
12. Health related CAP are developed in at least 50 communities	14 CAPs	46 CAPs	23 CAPs	71 CAPs	37 CAPs	112 CAPs	47 CAPs	116 CAPs	Indicator fully achieved	136 CAPs	Indicator fully achieved	136 CAPs
13. At least 50 communities have implemented local health initiatives			14 communities	0 communities	21 communities	10 communities	35 communities	25 communities	42 communities	41 communities	Indicator fully achieved	66 communities
14. An average of 50,000 people benefited from health initiatives			15,000 beneficiaries	No projects completed	23,000 beneficiaries	49,535 beneficiaries	38,000 beneficiaries	120,176 beneficiaries	45,000 beneficiaries	180,751 beneficiaries	Indicator fully achieved	202,657 beneficiaries
15. Average community contribution to local health initiatives are at least 30% of total project budgets			10% community costshare	No projects completed	34.86% community costshare	38.24% community costshare	20% community costshare	34.86% community costshare	25% community costshare	35.77% community costshare	Indicator fully achieved	33.52% community costshare

Objectives and Results Indicators	Year 2003				Year 2004				Year 2005			
	Target level by 6/30/2003		Target level by 12/31/2003		Target level by 6/30/2004		Target level by 12/31/2004		Target level by 6/30/2005		Target level by 12/31/2005	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Objective 2: Develop capacities of NGOs and CBOs to implement community health initiatives												
Indicators 7. At least 50 training workshops are conducted for NGOs/CBOs and community groups	7 training workshops	12 training workshops	17 training workshops	27 training workshops	24 training workshops	41 training workshops	34 training workshops	55 training workshops	40 training workshops	68 training workshops	Indicator fully achieved	68 training workshops
8. 100 NGO/CBOs and community groups are trained in Counterpart workshops in the following topics: <ul style="list-style-type: none"> ▪ Participatory Community Appraisal and Planning ▪ Project Design ▪ Participatory Monitoring and Evaluation 			30 NGOs/CBOs and community groups	328 NGOs/CBOs and community groups	50 NGOs/CBOs and community groups	453 NGOs/CBOs and community groups	80 NGOs/CBOs and community groups	605 NGOs/CBOs and community groups	100 NGOs/CBOs and community groups	743 NGOs/CBOs and community groups	Indicator fully achieved	743 NGOs/CBOs and community groups
9. At least 50 NGO/CBOs and community groups trained by Counterpart will have implemented community health initiatives			7 NGOs/CBOs and community groups		20 NGOs/CBOs and community groups	10 NGOs/CBOs and community groups	27 NGOs/CBOs and community groups	25 NGOs/CBOs and community groups	38 NGOs/CBOs and community groups	56 NGOs/CBOs and community groups	Indicator fully achieved	66 NGOs/CBOs and community groups

TURKMENISTAN

Objectives and Results Indicators	Year 2003				Year 2004				Year 2005			
	Target level by 6/30/2003		Target level by 12/31/2003		Target level by 6/30/2004		Target level by 12/31/2004		Target level by 6/30/2005		Target level by 12/31/2005	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Objective 1: Engage communities in identifying and addressing local health care needs												
Indicators												
16. Health related PCAP are conducted in at least 60 communities	14 PCAPs		23 PCAPs		37 PCAPs		47 PCAPs	43 PCAPs	60 PCAPs	64 PCAPs	Indicator fully achieved	64 PCAPs
17. Health related CAP are developed in at least 50 communities	14 CAPs		23 CAPs		37 CAPs		47 CAPs	43 CAPs	50 CAPs	60 CAPs	Indicator fully achieved	60 CAPs
18. At least 40 communities/NGOs have implemented local health initiatives			12 communities/NGOs		18 communities/NGOs		30 communities/NGOs	16 communities/NGOs	40 communities/NGOs	47 communities/NGOs	Indicator fully achieved	43 communities/NGOs
19. An average of 40,000 people benefited from health initiatives			12,000 beneficiaries		18,000 beneficiaries		30,000 beneficiaries	10,633 beneficiaries (this is the quantity of 7 completed projects)	40,000 beneficiaries	14,359 beneficiaries (this is the quantity of 11 completed projects)	Indicator fully achieved	89,258 beneficiaries
20. Average community contribution to local health initiatives are at least 30% of total project budgets			10% community costshare		15% community costshare		20% community costshare	37% community costshare	30% community costshare	44% community costshare	Indicator fully achieved	44% community costshare

Objectives and Results Indicators	Year 2003				Year 2004				Year 2005			
	Target level by 6/30/2003		Target level by 12/31/2003		Target level by 6/30/2004		Target level by 12/31/2004		Target level by 6/30/2005		Target level by 12/31/2005	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Objective 2: Develop capacities of NGOs and communities to implement community health initiatives												
Indicators												
10. At least 50 training workshops are conducted for NGOs and community groups	7 training workshops		17 training workshops		24 training workshops		34 training workshops	24 training workshops	50 training workshops	36 training workshops	Indicator fully achieved	47 training workshops
11. 100 NGO/CBOs and community groups are trained in Counterpart workshops in the following topics: <ul style="list-style-type: none"> ▪ Participatory Community Appraisal and Planning ▪ Project Design ▪ Participatory Monitoring and Evaluation 			30 NGO/CBOs and community groups	113 NGO/CBOs and community groups	50 NGO/CBOs and community groups	125 NGO/CBOs and community groups	80 NGO/CBOs and community groups		100 NGO/CBOs and community groups	140 NGO/CBOs and community groups	Indicator fully achieved	156 NGOs/CBOs and community groups
12. At least 30 NGO and community groups trained by Counterpart will have implemented community health initiatives			5 NGOs/CBOs and community groups		12 NGOs/CBOs and community groups		17 NGOs/CBOs and community groups	15 NGOs/CBOs and community groups	30 NGOs/CBOs and community groups	31 NGOs/CBOs and community groups	Indicator fully achieved	41 NGOs/CBOs and community

UZBEKISTAN

Objectives and Results Indicators	Year 2003				Year 2004				Year 2005			
	Target level by 6/30/2003		Target level by 12/31/2003		Target level by 6/30/2004		Target level by 12/31/2004		Target level by 6/30/2005		Target level by 12/31/2005	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Objective 1: Engage communities in identifying and addressing local health care needs												
Indicators												
21. Health related PCAP are conducted in at least 60 communities	14 PCAPs	14 PCAPs	23 PCAPs	25 PCAPs	37 PCAPs	55 PCAPs	47 PCAPs	89 PCAPs	Indicator fully achieved	105 PCAPs	60 PCAP	105 PCAP
22. Health related CAP are developed in at least 50 communities	14 CAPs	14 CAPs	23 CAPs	25 CAPs	37 CAPs	55 CAPs	47 CAPs	89 CAPs	Indicator fully achieved	100 CAPs	50 CAPs	100 CAPs
23. At least 50 communities have implemented local health initiatives			14 communities	13 communities	21 communities	23 communities	35 communities	44 communities	42 communities	43 communities	Indicator fully achieved	43 communities
24. An average of 50,000 people benefited from health initiatives			15,000 beneficiaries	42,733 beneficiaries	23,000 beneficiaries	54,367 beneficiaries	38,000 beneficiaries	68,347 beneficiaries	45,000 beneficiaries	88,770 beneficiaries	Indicator fully achieved	88,770 beneficiaries
25. Average community contribution to local health initiatives are at least 30% of total project budgets			10% community costshare	12% community costshare	15% community costshare	7.8% community costshare	20% community costshare	10.2% community costshare	25% community costshare	24.4% community costshare	Indicator fully achieved	An average of 14% cost share from anticipated 15%

Objectives and Results Indicators	Year 2003				Year 2004				Year 2005			
	Target level by 6/30/2003		Target level by 12/31/2003		Target level by 6/30/2004		Target level by 12/31/2004		Target level by 6/30/2005		Target level by 12/31/2005	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Objective 2: Develop capacities of NGOs and CBOs to implement community health initiatives												
Indicators 13. At least 50 training workshops are conducted for NGOs/CBOs and community groups	7 training workshops	12 training workshops	17 training workshops	19 training workshops	24 training workshops	27 training workshops	34 training workshops	32 training workshops	40 training workshops	43 training workshops	Indicator fully achieved	43 training workshops
14. 100 NGO/CBOs and community groups are trained in Counterpart workshops in the following topics: <ul style="list-style-type: none"> ▪ Participatory Community Appraisal and Planning ▪ Project Design ▪ Participatory Monitoring and Evaluation 			30 NGOs/CBOs and community groups	123 NGOs/CBOs and community groups	50 NGOs/CBOs and community groups	241 NGOs/CBOs and community groups	80 NGOs/CBOs and community groups	286 NGOs/CBOs and community groups	100 NGOs/CBOs and community groups	378 NGOs/CBOs and community groups	Indicator fully achieved	378 NGOs/CBOs and community groups
15. At least 50 NGO/CBOs and community groups trained by Counterpart will have implemented community health initiatives			7 NGOs/CBOs and community groups	13 NGOs/CBOs and community groups	20 NGOs/CBOs and community groups	23 NGOs/CBOs and community groups	27 NGOs/CBOs and community groups	27 NGOs/CBOs and community groups	38 NGOs/CBOs and community groups	37 NGOs/CBOs and community groups	Indicator fully achieved	43 NGOs/CBOs and community groups

Attachment III – Grant Statistics

KAZAKHSTAN

Community Action Grants

#	Grantee Name	Project Title	Location	Grant Amount, USD	Brief Project Description	Project Results/Outputs/Impacts
1	Children and Youth Club "Ellada"	Healthy life style	Ust-Kamenogorsk	\$4,920.00	Organization of joint actions of HPC "Geolog", Club "Ellada", and Prombaza's community to create conditions for healthy lifestyle	The project benefited 1,500 people, against 210 planned. The costshare by community and NGO was 60% higher than anticipated. Additional donor contributions made up over \$3,600.
2	Initiative Group of Parents of children studying in the Provost boarding school named after Eset Batyr	Our health in our hands	Aktobe	\$5,000.00	Prevention of various diseases among schoolboys through educational and sports activities	In the period between the PCA and the grant award (6 months), the sport camp building intended for reconstruction was partially disassembled, and many of the construction materials were stolen. The community received Counterpart's approval for a change in the project, and the grant funded purchase of sporting goods for the children at the boarding school
3	Public Organization "Akbotas League"	Building of swimming-pool for handicapped children	Almaty	\$4,998.79	Realize disabled children's' rights and youth on recovery and rehabilitation at summer period by building a swimming pool	The project benefited 494 disabled and healthy children. The actual community contribution was 2.6 times higher than expected (\$2,600 instead of 1,000)
4	Initiative Group Birlik	Self-help	Semey	\$2,858.50	To train social workers on basic nursing of disabled and senior people, and develop a manual on nursing of disabled people	The actual number of beneficiaries was 2,000 instead of the planned 1,500. The local authorities and SVA contributed over \$140.
5	Public organization Zhensovet Arna	For healthy generation	Semey	\$4,462.00	To improve health by addressing iodine deficiency	Project objectives and indicators fully achieved. Local authority contribution was by 250% higher than had been planned.
6	PO "Health and Environmental Center for Social Rehabilitation of Rural Population Against Poverty"	Building of a health complex for Azamat community	Almaty	\$4,998.00	Build a bathhouse; to construct a shed; and to conduct preventive lectures on Healthy Life Style for the community	Project objectives and indicators fully achieved. The actual community contribution was 2.2 times higher than expected (\$3,040.2 instead of 1,340). The actual contribution of NGO is \$3,800 instead of \$600 USD.

7	Initiative Group of Karagai Village	Health Complex Densaulyk	Astana	\$4,980.00	Build a health complex Densaulyk (Health) in order to promote healthy lifestyle in the Karagai village community	300 people instead of the planned 250 benefited from the project and the community contributed extra 10%
8	Public Organization "Association of disabled women "SHYRAK"	Steps of Disabled women to the Independence	Almaty	\$4,532.00	Training of disabled women in modern methods of urological and gynecological diseases prevention	Project objectives and indicators fully achieved with delay. As result of the project, the NGO attracted 10 new members. The brochure "Problems of disabled women and how to prevent it" has been designed, issued (340 copies) and distributed among all NGO members.
9	Initiative Group "Sharua"	Densaulyk zor bailyk	Karagandy	\$3,430.00	To raise 50 goats to improve health Terekty village population	Project objectives and indicators fully achieved; 73 people benefited by consuming goat milk, which is believed to help prevent TB. Total community contribution was \$670 against \$550 planned. Local businesses and government contributed \$720. An extra result of the project is design of community's strategic plan to solve village's problems.
10	Group SVA-3 "Avitzenna"	School for patients with arterial hypertension	Ust-Kamenogorsk	\$4,056.00	To increase awareness on the role of blood pressure and prevent fatal complications	Project objectives and indicators fully achieved. The number of beneficiaries 460 was against the planned 230. The community and the IG together contributed \$6,600 (\$1,700 planned). Other donors (local government, businesses and media) shared \$3,500 costs.
11	Initiative Group of parents "Children without boundaries"	Rostok Nadezhdy (Sprout of Hope)	Zhezkazgan	\$1,997.80	To improve conditions of psychophysical adaptation room for 60 disabled children	Project objectives and indicators fully achieved. Project benefited 78 people instead of 117 planned due to summer period. Nevertheless the membership is increased almost 2 times due to the project; after CSSC consultations volunteers from Peace Corp and VSO have been attracted to provide extra trainings for parents.
12	Public Organization "Kaztalovka"	Building of 3 reservoir for portable water	Uralsk	\$4,976.00	Building of 3 water reservoirs for Kaztalovka population	All project objectives and indicators achieved as planned. Statistics of SES (Sanitary Epidemiological station) say that infection diseases incidence decreased 1.4 times in comparison with last summer.
13	Public Organization "Mentally disabled children"	Improvement of coordination of mentally disabled children	Kostanai	\$4,800.00	Elimination of corporal defects of children with mental disorders	Project objectives and indicators fully achieved. 105 disabled children benefited from the project (80 planned). Professional Vocational School, Civil Party of Kazakhstan and local businesses contributed \$1,470. There is a positive dynamics in disabled children rehabilitation.

14	Astana branch of Association of Family Physicians	Volunteer service Dostoinaya starost	Astana	\$4,648.10	Establishment of a volunteer service "Worth Old Age" to assist the elderly in Astana	Project completed with lower number of beneficiaries (90) than planned (150) due to frequent diseases among target group. Nevertheless all planned beneficiaries after official close out of the project are being visited, informed at homes. Volunteer from VSO started to work with target group.
15	Akmola branch of Red Cross and Red Crescent Society	Pover v sebya	Kokshetau	\$4,195.00	Help disabled children and youth to realize their rights for recovery and rehabilitation during the summer period	Project objectives and indicators fully achieved on time. Social workers after the end of the project decided to work on voluntary basis for 2 months. With the help of the project disabled people who couldn't go out of their home in 17 years visited doctors and some joint meetings. The project attracted attention of business structures. Companies such as BankCenter Credit and others made a contribution to the project.
16	Initiative Group "Oilan"	Public consulting and informational center Healthy family	Petropavlovsk	\$4,875.00	Creation of public consultative informational center "Healthy Family"	Project objectives and indicators fully achieved. During the project over 6,800 people visited the Healthy Family Center. The IG contributions exceeded the planned levels by 60%. IG registered Public Association, received an order from local government to provide trainings in other villages of the district on total amount \$ 4,500.
17	Initiative Group "Garmonia"	DOLON	Semey	\$4,965.00	Assistance in providing quality primary health care to Dolon village population through community mobilization on FAP renovation	Project had been designed based on Appreciative Inquiry assessment. Indicators and objectives of the project are fully achieved. All works were done on voluntary base by community. After FAP renovation local authorities allocated finances for heating, electricity and security.
18	Initiative Group "Amina"	Vmeste za zhizn	Kostanai	\$3,854.40	Creation of medical social rehabilitation for oncology patients, their relatives and medical workers of Oncology Dispensary	The project covered 301 oncology patients, relatives and medical workers. The initiative group published information materials and educated the beneficiaries on ways how to overcome psychological disorders caused by cancer or working with oncology patients.
19	Initiative Group "Syptay Batyr"	Provision of portable water in order to improve health of inhabitants of Syptay Batyr Street	Zhambyl	\$4,915.27	Improvement of health of Syptay Batyr Street community through provision of drinking water	Project objectives and indicators achieved with delay. The main problem was the pipes' absence of exact size on local market.
20	Public Organization "ISTOK"	My choice is Health	Semey	\$4,810.00	Decrease of STD incidence among 1,200 pupils of technical professional schools through public awareness on STD issues	Project objectives and indicators fully achieved. The number of beneficiaries increased to 1,500 during the project. The NGO was able to attract additionally \$2,200 of cost shares from other donors, which include local schools, SVAs and local government (departments of health and education).

21	Public organization Zhensovet Arna	Iodine Deficiency and Our Health	Semey	\$4,007.00	To improve health by addressing iodine deficiency	Project objectives and indicators fully achieved. In kind contribution of NGO and community are \$ 3000 and \$ 2450 correspondingly instead of \$2000 and \$700. Local authorities were deeply involved in project implementation.
22	Public organization "ASAR"	Anemia	Semey	\$4,900.00	To decrease anemia incidence among Sarzhal village population	Project objectives and indicators fully achieved. During monitoring many people did not open the door and didn't want to talk about the project. It turned out that people are afraid to lose social compensation if they received seals from NGO.
23	Public organization "Esculap"	Hypertension	Rudnyi	\$2,617.00	To improve quality of life of patients with arterial hypertension in microdistricts # 13,7,20	Project objectives and indicators fully achieved. The number of beneficiaries exceeded that of planned by 60% due to savings in the project budget and the resulting increase in coverage.
24	Public organization "Initiative Women of Semipalatinsk"	Tuberculosis and Family	Semey	\$4,232.00	To decrease tuberculosis incidence among reproductive age women in Beskaragay district's villages	Project objectives and indicators fully achieved. The contribution of local authorities 2.5 times more than it was planned. As a result of the project 20 new cases of tuberculosis identified among women who passed trainings and came voluntary for medical examination.
25	Public organization "Zhambyl Zhastary"	Youth and Healthy Life Style	Taraz	\$3,938.00	To decrease the risk of HIV/AIDS and STD incidence and to promote taking responsibility for their own health and their peers among 1,500 teenagers across 15 schools in Taraz city through educational program "Youth and Healthy Life Style-modeling of Safe Behavior"	Project objectives and indicators fully achieved. Number of beneficiaries is 1,187 instead of 750. Teenagers and their teachers were asking to provide trainings in their schools. Local authorities awarded a grant (social order) to NGO (\$ 4000) to provide trainings in three districts of oblast).
26	Initiative Group "ASYL"	Hand in Hand	Semey	\$5,000.00	To promote physical rehabilitation of children in Semey with cerebral palsy and motion disturbance	The project closed due to new Kazakhstan law (please see project # 33)
27	Initiative Group "KELES"	KELES	Saryagash	\$5,000.00	To build a bath-house in Kaplanbek village	The project closed due to new Kazakhstan law (please project # 29)
28	PO "BIRLIK"	Seminars for social workers	Pavlodar	\$2,831.00	Organize self-help groups in 4 villages and train them to help others to prevent hypertension; public awareness activities	Project objectives and indicators fully achieved. 110 people received the services of this NGO. The community contribution totaled to \$3,400 against the planned \$330. Other contributors were the local branch of NGO <i>House of Mercy</i> and the local government (Department of Social Policy)

29	Public Association "Business Women Federation of South Kazakhstan Oblast"	Improving sanitary and hygiene conditions of villagers and labor migrants of village Kaplanbek	Chimkent	\$2,254.32	Construction of a bath house in Kaplanbek village	Bath house is constructed with delay. Collected fees are used for bath house maintenance. One day per week free of charge is dedicated for oralmans.
30	Public Fund of Support and Development "TAN"	Information Campaign Against Drug Addiction in village Ganushkino	Atyrau	\$2,750.00	To conduct a public awareness campaign on prevention of drug addiction among youth in Ganushkino village	Project objectives and indicators fully achieved. The project benefited youth population of the village, or about 2,000 young people.
31	Public Fund "Perekrestok"	The Right for Life	Kostanai	\$2,626.00	To train social workers and parents on disabled children's rehabilitation and socialization	Social workers and parents trained on rehabilitation and socialization of disabled children. Manual for social worker has been developed, 250 copies distributed throughout the region.
32	Charitable public fund of local community development "Umit"	Partner project: Information Center Mother is better	Irtysk	\$2,687.00	To strengthen mother and child health through information campaign about breastfeeding.	Project objectives and indicators fully achieved. 50 nurses from villages trained. 50 pregnant women trained. At the end of the project, 44 delivered kids. Mothers noted practicality of trainings and necessity of trainings in the future starting from school.
33	Public organization "Initiative Women of Semipalatinsk"	Rehabilitation Training Center for Disabled Children and Their Parents	Semey	\$3,300.00	To develop necessary conditions for disabled kids with locomotor apparatus defects physical rehabilitation	Mothers of disabled kids are trained. Schedule of massage for kids designed. 30 kids received a massage in created cabinet. 15 kids received massage at home.
34	Association of TB Patients of Almaty Oblast	Information Campaign	Almaty	\$4,558.00	Information Campaign and Creation of Business Opportunities for Mothers of Disabled Children; To improve quality of life for 30 disabled children through opening a psychophysical adaptation room and parents' training on topics "Self-service" and "Development of sensor skills"	Project objectives and indicators successfully achieved. 40 disabled kids visit on regular basis a psychophysical adaptation room. NGO received a state order to train social workers in 5 topics, such as: self-service, art-therapy and so on.

Health Grants

#	Grantee Name	Project Title	Location	Grant Amount, USD	Brief Project Description	Project Results/Outputs/Impacts
1	Public Foundation "Help"	Summer School Prevention of HIV/AIDS	Kostanai	\$4,666.50	Increase awareness of children of the boarding school #2 and orphans on prevention of drug use and HIV/AIDS, healthy lifestyles; to organize a group of trainers, develop and print information materials; to implement training program for children, counseling and training of trainers; and to publish materials on results of the summer school activities	Project completed successfully. 250 people benefited. Even though the beneficiary community contribution had not been planned, the community actually contributed almost \$1,000. <i>Street Kids International</i> shared some costs of the project as well.
2	Branch of Association of Business Women of Kazakhstan in Stepnogorsk	Palliative care	Stepnogorsk	\$4,975.00	Train women on prevention of cancer and self-screening; to create a data base of women working in Stepnogorsk enterprises; to select a group of volunteers/nurses to be trained on self screening of breast; and to issue information materials	The actual number of beneficiaries was 21,00 instead of the planned 15,000. The community contributed twice as much as planned. Additionally, the local authorities contributed \$505, even though they had not planned that
3	East-Kazakhstan Branch of Kazakhstan Medical and Pedagogical Association	Reproductive health	Semey	\$2,273.50	Provision of services and information on family planning and sexual and reproductive health to returnees and local citizens	Project is successfully completed with delay. 20 doctors from villages passed TOT on family planning and reproductive health. 1,014 people were trained in sexual and reproductive health.
4	Branch of Kazakhstan Association of Family Physicians	School for chronic disabled	Aktobe	\$5,000.00	Training for disabled people with chronic diseases	145 people trained in self-care and ways to take care of their health. The NGO contribution was as planned
5	Association of Business Women of Kazakhstan	Girls' matters	Almaty	\$4,890.00	Sexual and reproductive health training for schoolgirls	Over 13,000 girls received training in sexual and reproductive health and means of contraception. During the project school teachers and parents asked the Association to conduct the same training for boys as well

6	Drug Information Center	Knowledge is Power	Karagandy	\$4,784.40	Conduct 2 training seminars on basic aspects of the formulary therapeutic committee for 25 deputy chief physicians of Karaganda oblast; to develop training materials, provide training and information materials	The project gave a spin to a policy-level change in the city of Karaganda, which resulted in approval of a new updated list of drugs (policy-level change) and indirectly affected the entire city population of almost 200,000 people. Please see the corresponding success story in Attachment 1 of this report
7	Public Organization of Disabled People "Kenes"	Motion Rehabilitation of Children with cerebral spastic infantile paralysis	Almaty	\$4,860.00	Improve moving abilities of children with various forms of infantile cerebral palsy. It is planned to train one specialist on new methodology "Space suit" and provide continuous rehabilitation of children in Almaty – Center "Kenes"	Project objectives and indicators fully achieved. The project turned out to be more expensive than had been planned and was made possible with additional NGO and beneficiary community contributions, which were \$16,200 (against \$3,800 planned) and \$3,400 (against zero planned) respectively. The project resulted in significant improvement of motion abilities of some children (see corresponding success story in Attachment I).
8	Semey Branch of Association of Business Women of Kazakhstan	Your Health in Your Hands	Semey	\$3,890.00	Provide information to the village on family planning, reproductive health, etc.; These activities will reach 1,250 people, including 470 women, 324 teenagers	Project objectives and indicators fully achieved. The actual number of beneficiaries almost doubled, reaching 4,500 against the planned 2,500.
9	Public Foundation Saktan	Help	Astana	\$3,870.00	Train a network of consultants on AIDS/HIV issues for consulting population on a voluntary basis. Develop methodical and training materials; to educate 88 consultants from 8 primary health care centers during 8 trainings; to conduct a Round Table with the participation of representatives from Public Health Department and mass media	Project objectives and indicators fully achieved. The local AIDS Center contributed to the project implementation. Upon project completion HNCBI grantees requested Saktan to share the materials the Foundation developed during the project
10	Public Organization "Kostanai City Voluntary Society of Disabled People"	Full Life	Kostanai	\$4,738.00	Rehabilitate the disabled through equipping of a therapeutic physical training room with trainers, a apparatus "VITYAZ", a fridge, and extending medical services, and raising the level of medical personnel's skill	420 disabled people benefited from the project. The active partners were the State Public Communal Enterprise, "Kostanai Oblast Centre for Problems of Healthy Lifestyle Formation"; Charity Foundation under the Kostanai Voluntary Community of Disabled People and the Medical College
11	Association of Family Physicians	Education of backfishes of Zhezkazgan city Prevention of STIs	Zhezkazgan	\$1,833.12	Prepare a training program for parents and teachers, and to organize 8 trainings for 160 teenagers, their parents and teachers	A total of over 1,500 direct and indirect beneficiaries. Local authorities contributed \$220.

12	Initiative Group "Densaulyk"	Health of Nation is Wealth of Nation	Karagandy	\$4,778.00	Establishment of Health Room for inhabitants of the TOMAR village; conducting 8 consulting and diagnostic trainings by specialists; conducting 12 lectures and 5 workshops on prevention and self checkup, Healthy Life Style, first medical aid, etc; establishment a volunteers' group; conducting laboratory examination of 250 inhabitants of Tomar village	Project objectives and indicators fully achieved. The number of beneficiaries increased by 25% against that of planned. Local authorities allocated resources from the local budget for one medical worker salary.
13	Public Organization "Akbotu League"	Disabled Children's Rights	Almaty	\$4,996.40	Implement disabled children's' rights and youth on recovery and rehabilitation during the summer period	Having successfully implemented the first HNCBI-funded project (swimming pool construction), Akbotu also successfully implemented the children's right's project.
14	Pavlodar Branch of Association of Family Physicians of Kazakhstan"	Bolashak Information Center	Pavlodar	\$4,467.00	Establish a training and information center on healthy lifestyle	The information center established and functioning. The actual number of beneficiaries made up 482 (20% higher than planned).
15	Drug Information Center	Live longer	Karagandy	\$4,551.00	To decrease hypertension incidence by training 25 family physicians to new evidence-based methods of hypertension diagnostic, treatment and prevention.	The project objectives and indicators successfully achieved. The manual on arterial hypertension is developed, recognized by medical community and by officials on national level and used throughout Kazakhstan. 25 family physicians are trained.
16	Public organization "Onyx"	Training of trainers - teenagers to Peer-to-Peer approach for preventive measures in Aktobe	Aktobe	\$4,600.00	Training of trainers-teenagers to Peer-to-Peer approach for preventive measures in Aktobe	After the project completion NGO became a member of National Association "Peer-to-Peer". Instead of 5 schools, 8 schools (5+ 3 Kazakh schools) have been covered by trainings due to a real success of trainings among teenagers. Trainings materials translated into Kazakh languages.
17	Akmola Branch of Association of Family Physicians	Healthy Heart Club	Kokshetau	\$4,997.00	To establish a club for patients with heart diseases	By the end of the project the club included 247 members. Cost sharing of \$3,600 was provided by the grantee NGO, ZdravPlus, Healthy Lifestyle Center, and GlaxoSmithKline Pharmaceutical Company
18	Semey public organization of diabetes patients	Diabetes and Health	Semey	\$3,405.00	Public awareness about first symptoms, complications, proper nutrition among diabetes patients and "risk group"	Over 6,000 patients attended the Diabetes School in Semey. Even though community contributions had not been planned, during the project they made up \$750

19	Initiative Group “Initiativa and Deistvie”	My Healthy Heart	Semey	\$4,595.00	Public awareness of Semey region population on hypertension symptoms and prevention through creation of Cardio Club “My Healthy Heart”	During the project, over 15,000 people visited the Cardio Club and received information on hypertension prevention. The project was successful in attracting additional funding. Other donor contributions had been planned at \$4,200, whereas the actual number exceeded \$11,000. The funding and in-kind contributions came from the local government, a pharmacy company (Solvey Pharma) and medical facilities.
20	Public organization “TEK”	The system of training members of Ecological and Tourist School Clubs of Katon Karagai region rules of behavior in natural environment	Ust-Kamenogorsk	\$4,831.40	Organization of a series of trainings for members of Ecological tourist center “TEK” on behavior code and first aid in the outdoors	In the frame of project the film is made. Trainings provided with the help of Katon-Karagay National Park. 350 children successfully passed an exam on first aid.
21	Public organization “Vmeste protiv raka” (Together against cancer)	Healthy countrywoman	Semey	\$4,310.00	Public awareness on breast cancer (symptoms, risk factors and prevention) among women from rural area	Project objectives and indicators fully achieved. The project trained 5,000 women. Even though not planned, the community contributions totaled to \$2,100. The local government and SVA contributed \$1,500
22	Kostanai Branch of Kazakhstan Association on Reproductive Health	School of Health for Women over 40 years	Kostanai	\$4,859.00	Establishment of a school providing informational, psychological and medical services for women with menopause	886 women trained. NGO contribution was \$3,200. Other donor contributions totaling \$5,300 from Shering Pharmaceuticals, the local maternity house and the Department of Education
23	Public Organization UMIT	Hope	Chimkent	\$4,900.00	Public awareness on STD and HIV/AIDS among prisoners to decrease number of HIV infected people	Project objectives and indicators fully achieved. Over 5,000 people in prisons improved their knowledge of HIV/AIDS and STIs. The project was supported by the oblast authorities, including the Prison Committee, East-West AIDS Foundation, the Global Fund and ZdravPlus. The planned/actual contributions are \$6,500/\$22,000
24	Initiative Group "Women Intellectual Club "ARUZHAN"	Center of actual information for prevention of diseases of woman reproductive sphere	Ust-Kamenogorsk	\$3,634.00	Establishment of a women’s informational center on reproductive issues	Project objectives and indicators fully achieved. The numbers of planned/actual beneficiaries are 880/1,747

25	Public organization "Knigolub"	Medinform	Ust-Kamenogorsk	\$1,689.70	Organization of a public awareness campaign among library users on the free-of-charge medical guaranteed services	Public awareness campaign on the free-of-charge medical guaranteed services conducted. 23500 bulletins distributed. It is planned to update information using library capacity and volunteers work.
26	Public Organization "Society of Nurses of East-Kazakhstan Oblast"	Consulting Center Sestrichka	Semey	\$4,900.00	To contribute to raising the quality of oncological services for at-home patients in Zhana-Semey microdistrict of Semey city	Project objectives and indicators fully achieved. 285 beneficiaries instead of the planned 240. The total Oncology Dispensary contribution was \$2,500
27	Almaty Branch of Association of Family Physicians of Kazakhstan	Establishment of a club TOMIRIS for women of childbearing age on the basis of Family Physician Ambulance Station of Chapaevo village	Almaty	\$3,245.00	To strengthen health of reproductive age women and their children in Chapaevo village	Project objectives and indicators fully achieved. After project closure local authorities allocated financial resources from the budget to pay salary for one medical worker in the club Tomiris. Family Physician Ambulance Station (SVA) nominated by regional authorities as "best public awareness work".
28	Public Organization "Kostanai City Center of Technical Creation "VYBOR"	Windows of Creativity	Kostanai	\$3,567.00	Work therapy correction and social integration for 25 mental disabled children	Project objectives and indicators fully achieved. The total number of beneficiaries was 65 and included the parents of the disabled children.
29	"Peer to Peer" public organization	Training of HIV infected people	Almaty	\$5,000.00	To provide information to and build skills of 200 patients with HIV (Almaty citizens) on HIV treatment and advocacy	Project objectives and indicators fully achieved. The total number of beneficiaries was 588. Thanks to the project NGO could attract new 6 members (NGOs). The leader received Jonatan Mann award as "best person in fighting AIDS/HIV.
30	Initiative Group "Bobek"	Informational Center Mother is better	Pavlodar	\$2,787.29	To decrease infant mortality rate through educational program for fertile age women about benefits of breastfeeding	The project closed due to new KZ law (see project 32)

31	PF for Condemned People's Right Protection and against Tuberculosis "Ray of Hope"	Tuberculosis is an old problem of a new millennium. Let's stop tuberculosis	Kokshetau	\$4,467.00	Physical, mental and social rehabilitation of released prisoners	Project objectives and indicators fully achieved. The project covered 800 beneficiaries against the planned 300. The Prison Committee granted the NGO with a permission to enter prisons and provided an in-kind cost-share of \$4,500
32	Branch of PF "Youth information system of Kazakhstan"	Become free of poison	Kokshetau	\$4,033.00	To conduct a public awareness campaign against smoking and alcoholism among students of high schools (KIEM, KGU, KUAM)	Project objectives and indicators fully achieved. The project was implemented in collaboration with the local branch of the Center for Healthy Lifestyle
33	PO "Pavlodar Association of anesthetists and resuscitation specialists"	To breathe the new life	Pavlodar	\$2,982.92	To raise public awareness of youth in first aid in emergency situations (artificial breath, indirect massage of the heart)	Project objectives and indicators fully achieved. The project covered 87 beneficiaries. Public Foundation Decenta and the local branch of Red Crescent provided cost-share contributions of \$270
34	Public Organization of Pavlodar Disabled People "Diabetes"	Learn to live with diabetes	Pavlodar	\$4,000.00	To train trainers among patients with diabetes for working in "School of diabetes" in Pavlodar city and oblast	Project objectives and indicators fully achieved. The total number of trained trainers and training participants was 1,870 (1,400 planned). The Pavlodar Emergency Hospital provided an in-kind contribution of \$127. Department of Health submitted the following diabetes statistic: number of complications decreased 1.4 times which is a very good result within 6 months according to specialists' opinion.
35	Association of Family Physicians Zhezkazgan	Alive source	Zhezkazgan	\$2,060.00	To improve quality of informational bulletins and increase quantity of issued copies up to 1,500.	Project objectives and indicators fully achieved. The number of beneficiaries increased due to high demand of bulletins among middle-level medical workers. The bulletins are distributed via Internet as well.
36	Initiative Group "Ganushkino"	Towards the future without drugs	Zhezkazgan	\$2,240.00	To conduct a public awareness campaign on prevention of drug addiction among youth in Ganushkino village	The project closed due to new Kazakhstan law. Project have been finished by PF <i>Tan</i> (please see project #30)
37	Initiative Group of Mothers of disabled children "UMIT"	UMIT	Balkhash	\$4,985.10	To improve quality of life for 30 disabled children through by opening a psychophysical adaptation room and parents' training on topics "Self-service" and "Development of sensor skills"	The project closed due to new Kazakhstan law (please see project # 34)

38	Initiative Group of social workers "AkBosaga"	The right to Live	Kostanai	\$2,196.00	To train social workers and parents on disabled children's rehabilitation and socialization	The project closed due to new Kazakhstan law (please see project # 31)
39	Public Fund "International Peace Fund" of Pavlodar Oblast	Rehabilitation of disabled children (cerebral spastic infantile paralysis)	Pavlodar	\$911.00	Purchase equipment for the disabled	Equipment is purchased. The schedule of training for disabled kids has been designed. Trainings has started since the next day after equipment purchasing.

KYRGYZSTAN

Community Action Grants

#	Grantee Name	Project Title	Location (City, Oblast)	Grant Amount, USD	Brief Project Description	Project Results/Outputs/Impacts
1.	CBO* Chech-Dobo	Pure Water the Pledge of the Health	Osh Oblast Nookat rayon	\$3,635.00	Repair of 1,509 meters of village water pipe line	1,509 meters of pipe line repaired. 1,886 villagers have now access to safe drinking water. No intestinal infections been recently registered.
2.	CBO Jany-Jol	Cleanness is the Health	Osh Oblast, Aravan	\$3,610.00	Renovation of village bath house	Bath house is constructed. The communities of 2 villages use the bath house services, most vulnerable families and veterans use its services for free. There are 210 project beneficiaries.
3.	AWU* Too-Jajloo	Water is the Key to Solve all Problems	Batken Oblast, Leilek rayon	\$3,759.80	To build new water supply system for 1700 inhabitants	The project was accomplished at 80%. Last 50 meters of pipe line to be placed shortly. Presently the community collects funds for the completion of the project. Each community member pays 4 Soms per month for the use of the water.
4.	PA* Aksy-Toguzbai-3	Provision of Pure Drinking Water of Newly Residential Area	Jalal-Abad Oblast, Ak-sy rayon	\$4,210.80	To build new water supply system (pipe line, pumps, faucets) for villagers	Constructed new water pipe line for 367 community members. In 2003 before project completion 55 incidences with acute intestinal diseases were registered, and in 2005- none.
5.	PA Tomo	Veterinary Service is a Pledge of Community's Health	Issyk-Kul Oblast, Aksui rayon	\$570.00	Renovation and equipping of village veterinary clinic	The pool for treatment of small cattle had been constructed, vaccines and small equipment were purchased, vaccination of 3,254 livestock provided The incidences of brucellosis from 15 (in 2002) dropped to 3 (in 2005), community had developed fee for vet-services policy. There are 2041 beneficiaries covered
6.	CBO Ene Jurogu	Mothers Worry about Kids Health	Osh Oblast Nookat rayon	\$2,879.40	To build the wooden floor at the village school	Replaced floor covering in 6 lasses. 369 children benefited from the project. The numbers of catarrhal diseases have been considerably decreased.
7.	Community Ak-Suu Kara-Boltok	Providing Inhabitants of Newly Residential Area with Qualitative Drinking Water	Issyk-Kul Oblast, Aksui rayon	\$3,895.60	Building of new and repair of old water supply system in the village	The project goal was not reached fully. The communities of 3 villages couldn't get the access to the drinking water since the part of the pipe line to be repaired was located in the potato field. Thus the actual number of beneficiaries- 158

8.	Community Kelechek	Cleanness is the Pledge of the Health	Talas Oblast, Kara-Bura rayon	\$4,193.00	Repair of sewerage system in the village	Replaced 260 meters of sewerage pipe, cleaned and repaired 20 wells. Improved the hygienic conditions for 300 inhabitants.
9.	PA Bar-Bol	Reconstruction of Club 4 in 1	Naryn Oblast, Naryn	\$3,521.00	Repair of the building, where FAP, library, post office and village club are located	The FAP was repaired and presently serves 1,580 people. Each community members contributed 125 Soms for reconstruction work.
10.	PA Vdochnovenie	Social Support of Orphans	Issyk-Kul Oblast, Ananievo village	\$1,999.00	Provision of meal to the orphans. Repair of kitchen, set up household for breeding of poultry& rabbits	The premise for the kitchen was repaired and equipped; purchased hens and ground games. 52 kids receive 6 times a week hot lunches. After project completion the local business committed to provide food products to the kitchen
11.	PA Arysh	Clean water supply to the people of 56 th block in the district of Ak Bosogo	Chui Oblast, Bishkek	\$3,240.00	Laying out 400 m of water pipe, mounting of 7 faucets.	The new water pipe line was placed. By now 301 households have access to the drinking water.
12.	NGO Yrys Kenchi	Renewal of Hospital	Chui Oblast, Tokmok	\$4,035.00	Repair of sewage and water supply system in the Oblast hospital	Renovated water and sewerage systems in the hospital. Improved hygienic conditions for 226 patients
13.	CBO Yntymak-Deires	Bogaty	Jalal-Abad Oblast, Aksy rayon	\$3,643.69	Reconstruction of village medical point (FAP)	FAP is constructed. 1,089 community members use the FAP services.
14.	PA Krasnaya Rechka	Floor Covering for Sport Hall at Krasnorechenska's School	Chui Oblast, Issyk-Ata rayon	\$4,181.60	Replacement of floor at the school sport hall	The wooden floor is placed at the school sport hall. Thanks to the active community mobilization part of the classes were renovated. 1428 people benefited from the project
15.	Community Edinstvo	Ranar- therapy center support	Chui Oblast, Issyk-Ata rayon	\$4,977.00	Reconstruction of the building for the rehabilitation of drug addicted. Establishment of rehabilitation center for drug addicted	Rehabilitation center was constructed and provided its services to 28 drug addicts. Since project completion 5 drug addicts stopped consuming narcotics and presently provide consultations and rehabilitation services to other community members
16.	PA Village Development Center Aiyl Kelechehi	Village Medical Point is a Life of Villagers	Osh Oblast, Nookat rayon	\$2,724.70	Reconstruction of village FAP	Village FAP is reconstructed and serving 310 households. As a result of very active community mobilization during the construction of the medical clinic, the villagers initiated construction of a pharmacy using their own funding and resources. Local business people, community and the Kok-Jar village government contributed \$770 for pharmacy building.

17.	Community of pediatricians	First Aid to the Children with Severe Diarrhea	Talas Oblast, Talas	\$1,357.51	Provision of trainings and informational support on first aid for patients with diarrhea	Held 3 seminars for pediatricians and 3 for parents in first aid medical provided for kids with diarrhea. Purchased medical equipment for resuscitation department. 20 health professionals upgraded the skills on resuscitation measures provided to kids with diarrhea and 163 parents are trained on prevention of diarrhea and first aid measures.
18.	CBO Kelechek	Healthy Life Style	Talas Oblast, Bakay Ata rayon	\$1,897.80	Construction of sport yard for villager	Constructed sport yard. Placed sport equipment. 1,020 people benefited from the project.
19.	Naryn affiliate of Public Association of Social Protection of Population (PASPP)	Providing Population, Cattle, Sheep and Gardens with the water in the eastern part of Naryn town	Naryn Oblast, Naryn town	\$3,529.04	Construction of the water canal for the provision of drinking and irrigation water for eastern part of Naryn town	The canal is constructed. Community and local partner's contribution more than 65% of funds. 2437 inhabitants have access to the irrigation water.
20.	CBO Ak-Ilbirs	Water, Water – but No Rain Around	Karakol	\$3,457.50	Construction of water supply system in Kirpichnyi zavod district of Karakol town	Water-pipe system was built. 350 inhabitants have access to the drinking water. Community members maintain the water pipe line.
21.	PA El Kutu-Elette	Rehabilitation of Old Store in the Boz-Chyckan Village Clinic	Jalalabat	\$4,994.36	Construction of village medical point (FAP)	The clinic has been constructed and presently serves more than 7,000 people. Infectious diseases have decreased in 50%.
22.	CBO Darygul	Construction of FAP in the Village of Jaz-Kechyy	Jalalabat	\$3,949.41	Construction of village medical point (FAP)	The FAP is constructed. Rayon local administration took a commitment to provide FAP with the medical personnel, but hasn't accomplished it yet. 2500 villagers will have access to the medical services.
23.	PA Jakshy Jashoo	Healthy Mother is Healthy Child and Healthy Nation	Naryn	\$3,644.60	Repair of water & sewerage systems at the city maternity house	The water& sewerage system is repaired. The maternity house serves 3,037 people. The purchased washing machine was withdrawn from the maternity house due to its disuse. Washing machine was handed over to the PA Kulukan to be placed at the female prison in Chui Oblast.
24.	IG Janyryk	Janyryk	Batken	\$2,100.70	Reconstruction of FAP in Janyryk village	The village medical point (FAP) is reconstructed and provides medical services. For 2005 no cases of child mortality was registered in the communities served by FAP. There are 2150 beneficiaries.

25.	PF Kulukan	Cleanliness	Bishkek	\$4,847.00	Reconstruct of bath house at the female prison	The bath house was successfully reconstructed. The community as women prisoners took the active part in its reconstruction. 610 women have regular access to the bath house. The hygienic condition in the prison has been considerably improved
26.	PA Roots and Crown	Clean Water is Health	Bishkek	\$4,841.00	Mounting water supply system in Dordoi city district	Water-pipe system was built. 1830 got access to the drinking water.
27.	IG of tuberculosis hospital #3, GUIN	Prison Syndrome	Bishkek	\$4,739.50	To improve toilet facilities in tuberculosis hospital	Water-pipe and soil-pipe systems were built. The hygienic conditions were improved for 1451 prisoners
28.	CBO Beksultan	Repair of Public Bath-house in the Village of Ak-Bulak	Nookat	\$3,000.00	Reconstruct of village bath house	Bath house is constructed. 2000 community members have access to the bath house services. After project completion the number of skin diseases has decreased in 40%.
29.	Public Association Young Lawyers of Kyrgyzstan, Naryn branch office	Healthy Prisons - Healthy Communities	Naryn	\$3,783.75	Reconstruct water and sewerage system in the male prison	Water & sewerage systems are reconstructed. 600 prisoners have improved sanitarian and hygienic conditions.
30.	CBO Booruker	Clean Atmosphere in the Clinic	Kerben	\$3,887.00	Reconstruct sewerage system in the hospital	Renovated water and sewerage pipes. 2090 benefited from the project.
31.	CBO Yrys Aldy Yntymak	Healthy Soul-Healthy Body	Kerben	\$1,700.23	Reconstruct heating system in the school	The heating system was reconstructed. The number of catarrhal diseases was dropped down. 226 children have benefited from the project.
32.	Public Association Tomo	Bath-House for Cleanliness and Health	Issyk-Kul	\$945.40	Reconstruct village bath house	The bath house was renovated but presently is not functioning due to broken generator. Community members collect funds for its repair. It is anticipated that bath house will serve 70 beneficiaries.
33.	PA Boo Terek-Kelechek	Heating for the School Named after Duishenbaev	Talas	\$3,871.80	Reconstruction of the school heating system	Heating system was constructed in the school of Booterek village Since project completion the school works with no breaks. The number of catarrhal diseases dropped down. 300 kids benefited from the project.

34.	CBO Aksuu	Healthy Children- Healthy Schools	Kerben	\$3,501.40	Repair of heating system in school of Aksuu village	Heating system in the school of Aksuu village was repaired. There are 1,117 beneficiaries of the project.
35.	IG Tazalyk	Hygiene is the Health	Issyk-Kul	\$4,780.00	Construction of the bath house and installation of equipment	The bath house constructed. The high community mobilization and partner's participation allowed expanding the project and additionally build premises for hairdressing and lounge. 700 villagers benefited from the project.
36.	CBO Aina	Each Infant Should Get Quality Medical Assistance	Issyk-Kul	\$2,645.20	Construction of a village FAP	The FAP is constructed but not functioning. FAP doesn't satisfy the architectural and medical requirements. The rayon health department didn't give permission for its opening. CBO and health department negotiate the options for fixing the problem.
37.	PA Bilim	Reconstruction of Water Supply System	Kerben	\$986.87	Reconstruction of water pipe system in the school	The water pipe system was reconstructed and functioning. 850 children benefited from the project.
38.	IG Bashat	Children are Our Future	Batken Oblast, Batken rayon	\$1,907.16	Repair of the heating system and replacement of window glasses at the school named after Ermatov	The heating is repaired and window glasses are replaced. The conditions for education has been considerably improved for 708 pupils.
39.	IG Daanaker	Family Group Practice of the Future	Batken Oblast, Batken rayon	\$4,723.50	Equipment of rayon medical clinic with medical equipment	The medical clinic was equipped. 10,270 people from 4 villages will use its services
40.	IG Kan	Renovation of Kan Village FAP	Batken Oblast, Batken rayon	\$4,720.00	Renovation and equipment of FAP	FAP was equipped. 2,900 people from 4 villages will use its services
41.	IG Kok-Tash	Kok-Tash FAP	Batken Oblast, Batken rayon	\$3,759.67	Construction of a village medical point	FAP is constructed. 1,002 people have access to medical services
42.	PF Aimira	Cleanliness and Health	Jalal-Abad Oblast, Suzak rayon	\$4,685.00	Construction of a village bath house	Bath house is constructed and serves 1,025 people
43.	IG Tazalyk	Renovation of Bath House	Jalal-Abad Oblast, Aksy rayon	\$4,510.18	Renovation of a village bath house	Bath house is built. Beneficiaries 700 people.
44.	PF Protection of the rights of rural children	Cleanliness is Guarantee of Health	Jalal-Abad Oblast, Bazarkorgon rayon	\$2,827.00	Renovation of bathhouse	Bath house is renovated. One is project innovation is introduction of herbal bathes. The services of the bath house provided to 4,582 Kerben town inhabitants
45.	PF Chatkul	Warm Medical Center - Quality Medical Assistance	Chui Oblast, Sokuluk rayon	\$3,900.00	Renovation and installation of the heating system of the village medical point (FAP)	The heating of FAP was repaired. 3,825 villagers have access to the better medical services

46.	IG Saryk Mogol	Cleanliness is a Health Elixir	Osh Oblast, Alai rayon	\$4,415.72	Construction of a village bath house and implementation of an educational campaign on hygiene	Bath house is constructed. The bath house serves 4,703 inhabitants
47.	CBO Mukur	Renovation of Village Medical Center	Jalal-Abad Oblast, Aksy rayon	\$3,567.50	Renovation of the village medical point	Village medical point is constructed. 2,045 villagers use the bath house services
48.	CBO Juzumjan	Heating for the Village School	Jalalabad Oblast, Aksy rayon	\$2,090.18	Renovation of the heating system at the village school	Heating system is renovated. 108 pupils benefited from the project
49.	CBO Baba-Ata	Healthy Community is Success Guarantee	Jalalabad Oblast, Aksy rayon	\$3,026.21	Construction of a village bath house	Bath house is constructed. There are 934 project beneficiaries.
	TOTAL			\$169,531.90		

Health Grants

#	Grantee Name	Project Title	Location (City, Oblast)	Grant Amount, USD	Brief Project Description	Project Results/Outputs/Impacts
1	Community Ak-Sai Bakai	Repair of Water Supply System	Batken Oblast, Batken rayon	\$3,812.00	Repair of water pipe lines and faucets	The water supply system consisting of 13 faucets is fully functioning. The local authority is responsible for the maintenance of the water pipeline. Each villager pays 5 Soms per month for its maintenance. Since project completion. The number of incidences acute intestinal infection dropped from 31 to 6 cases.
2	Community Progress	Liquidation of Malaria	Batken Oblast, Leilek rayon	\$1,545.00	Gambusiation of rice fields for reduction of malaria mosquitoes	All households of Ak Suu rayon underwent the treatment against of mosquitoes. Gambusia was placed in all water reservoirs and rice fields of Ak Suu rayon. The local sanitarian epidemiological department is responsible for the maintenance of gambusia reservoirs. In 2005 no cases of malaria disease were registered at the target rayon.
3	Community Nurlan	Cleanness is the Pledge of the Health	Jalal-Abad Oblast, Kok-Jangak town	\$3,731.16	Repair of water pipe line, water reservoir and chloral devise in Kok-Janak city	Executed overhaul of the water scoop and the chloride construction; 10214 city citizens provided with clean drinking water.

4	PA Ak Jol Oshpur	Healthy Children Healthy Communities	Jalal-Abad Oblast, Ak-sy rayon	\$4,116.40	Purchase of 8 cows and provide children from vulnerable families with milk products	Within the project 10 cows and 8 calves were purchased and disbursed to the most vulnerable community members. Part of the milk products was provided to the local school on a daily basis. By now 28 vulnerable families have the cow and fresh milk products daily.
5	Children Center Mol Torkoz	Healthy Generation – Future of the Country	Naryn	\$4,445.90	Provide seminars to medical workers and children upon prevention of sexually transmitted diseases, drug and alcohol consumption	Held seminars for 400 pupils, 90 teachers on harm of smoking, alcoholism, drug addiction and sexual transmitted diseases, unwanted pregnancy, different kinds of violence (physical, emotional, sexual) among teenagers and young people in Naryn region. Held completion on best drawing among pupil, held discussions about harm of smoking and alcoholism. Established pupil' club for propaganda of healthy life stile among pupils.
6	PA Ayildyk Teiloo	No Water-No Life	Naryn Oblast, Ak-Tala rayon	\$3,339.10	Repair of 23 faucets, replacement of pipes and bactericide device	23 water-pumps had been repaired; 7 leaks of the water-main in Baetovo village had been replaced; the bactericidal plant had been installed; the well pump had been installed on the water scoop hole in Project beneficiaries -7930 people
7	CBO Asan	Cleanness is the Pledge of the Health	Chui Oblast, Jaiyl rayon	\$622.02	Repair of bath house	The bath-house was fixed up. 5657 in Sosnovka village have access to its services.
8	CBO Yrys Aldy Yntymak	Healthy Community	Jalal-Abad Oblast, Ak-sy rayon	\$1,606.25	Construction of new bath house for village inhabitants	The bathhouse is constructed. 1575 community members use the services of the bath house. Community IG is responsible for the maintenance of the bath house
9	PA Yiman Bulagy	One's Own Trainer	Naryn Oblast, Naryn	\$3,250.00	Provision of 16 trainings on prevention of alcohol consumption and establishment of Anonymous Alcoholics (AA) groups, TOT training of 20 people	The project goal was not achieved. Out of planned five (5) AA groups only one (1) was functioning. Held 15 trainings however participants don't provide as planed consultations. None of anti alcoholic centers at Family Medical Centers was established. The purchased TV& Video set was withdrawn from the grantee due to its disuse.
10	PA Kyrgyzstan Without Drugs	Student Body Without Drugs	Chui Oblast, Bishkek	\$4,947.00	Establishment of student's group working on prevention of drug consumption in 15 high schools in Bishkek city	The project goal is partly achieved <i>students without drug</i> groups created in 14 higher educational schools; the film <i>Drugs-who's problem?</i> had been recorded partially; 28 out of 32 educational trainings were provided for students The project has covered 810 students and teachers.

11	Osh Oblast Society Znanie	Help for the Handicapped Children	Osh Oblast, Osh	\$1,188.00	Provision of first aid and massage trainings for the parents of disable children	60 women having disable children attended 3 months trainings. The gained expertise on massage and physical therapy allowed them to provide assistance to own kids and to the needy parents. There is clear improvement of children' health.
12	Community Luch	Gambusiation of reservoir for reduction of malaria mosquitoes	Batken Oblast, Kadamjay rayon	\$1,360.00	Reconstruction of reservoirs for gambusia breeding in 6 villages, dissemination of gambusia in water reservoirs and rice fields	Population of target communities is well informed about the measures of malaria prevention, all target reservoirs with gambusia maintained by communities. Since project completion none of the cases of malaria were registered. The local authority contributes 500 Soms per months for the gambusia reservoir maintenance
13	PA For People	Prevention of Malaria	Chui Oblast, Bishkek	\$4,303.00	Breeding of gambusia and settling it in reservoirs near airport Manas area, Bishkek city to prevent malaria mass spreading	15 000 gambusia fishes were placed in 2 water reservoirs near airport Manas and 5000 fishes placed in the city reservoirs. Held 4 seminars for entomologists and parasitologists on gambusing reservoirs. 1800 people benefited from the project
14	IG *Kyrgyz Military Medical Group"	Primary Health Care in an Emergency	Chui Oblast, Bishkek	\$4,191.00	Provision of first medical aid to military medical group, police and fair department personnel	Held seminars on first aid to 146 representatives of Ministry of Internal Affairs, police, Ministry of emergence situation. The video reel on provision of first aid was recorded, published manual on first aid.
15	PA Nuyrys	Healthy Children-Healthy Nation	Naryn Oblast, Kochkor rayon, Kochkor village	\$ 4,980.00	Reconstruction of swimming pool, play ground at the school, provision of trainings to teachers and children on healthy life style	Built 4 school sport yards and 1 swimming pool for children. The morning exercises were put to use in 31 schools of Kochkor rayon, trainings were carried on for physical culture teachers using the new methods of physical culture; the medical inspections were carried on in 3 schools to find out the diseases at the early stage. In total 1,636 children benefited from the project.
16	IG of Bishkek Medical college	Healthy Person is Healthy Nation and is Healthy Civilization	Bishkek	\$1,980.00	Provision of nursing services to children and elderly houses	Visiting nursing services were provided to elderly house and children house in Bishkek city The total number beneficiaries covered 108. After project completion the services were continued for the above institutions.
17	IG Kvartet Zdoroviya	Family Doctor - Who is He?	Nookat	\$1,859.00	Increase community awareness about FGP activities and patients rights	Held seminars for community members, equipped informational center of family medicine. By project completion 1,200 people were aware about the obligations and right of health care consumers

18	PF Saem	Rat is Hard Burden	Nookat	\$3,455.00	Deratization of public places and houses in the villages of Nookat Rayon	Purchased 150 kg of poison for rats, 210,000 people of Nookat rayon have benefited from the project. As a project result the harm from the rats was decreased in 60% comparing with 2003. The number of rat's bites decreased in 70%.
19	PF Krepkoe Zdorovie	Brucellosis Prevention in Communities	Talas	\$1,791.00	Provision of trainings to farmers on prevention of brucellosis	Held seminars on brucellosis prevention for 900 community members, and printed booklets in Kyrgyz on brucellosis prevention measures. The number of incidences with brucellosis comparing with 2004 decreased in 40.
20	PF Khava	Clean Lungs	Talas	\$3,193.75	Purchase of cows and provision of milk to the TBC hospital on a daily basis	Built cow-shed and purchased 3 cows. 15 liters of milk delivered 2 times a week to the TBC hospital. Within the project 2 tons of milk was provided to 200 TBC patients. Community members and TBC hospital are responsible for the further maintenance of the cows.
21	PF Ayan	Stop Nasvai	Talas	\$1,728.00	Provision of training to school children about harm of nasvai usage	As a result 1000 students were involved in the training. Within the project the informational booklets and posters were developed. Few schools of Bakaiata rayon included materials from the training and seminars into educational program.
22	Talas Alliance of Reproductive Health	Freedom From Smoking	Talas	\$3,179.40	Decrease of smoking among Talas citizens through promotion of WHO framework convention on fighting the smoking	51 health professionals received the skills on nicotine dependency consultation. Made agreements with 2 schools in introducing the subjects of anti tobacco issues. As project result the smoking is prohibited in all health institutions, in city public places and 2 cafes.
23	IG Zabota	Control of Hypertension	Osh	\$2,718.00	Training on prevention of hypertension and alternate methods of its treatment; establishment of initiative group for provision of consultations for patients	Provided seminars to 72 patients with high blood pressure, created Osh branch of <i>Club of Hypertension Patients</i> . As a project result the number of cases with hypertension strokes has decreased on 64%.
24	PA Tabijat-Jug	Beware of Infection!	Osh	\$4,589.00	Provide 11 trainings on effective measures for fighting rats; development and dissemination of leaflets and booklets; highlight project in local mass media	The project was not finished. Due to inappropriate financial reports and delay in its submitting the second tranche was not disbursed.

25	CBO Dostuk	Cattle to People, Milk to Children	Kerben	\$4,152.38	Purchase of cattle; provision of milk products to selected beneficiaries Improvement of health among children with tuberculosis and anemia in 10 most vulnerable families	10 purchased cows were distributed to the most vulnerable families of the community. Part of the milk was delivered to the local school (632 liters) and rayon hospital (736 liters). Total numbers of beneficiaries 250.
26	Kyrgyz Psychiatric Association	Help Parents with Rehabilitation of Children Invalids	Bishkek	\$4,998.00	Training of parents of mentally ill children on provision of first aid and social rehabilitation skills	139 parents of mentally sick kids attended trainings, established parents self support groups, registered Association of parents having children with special needs
27	PA Health for all	Barrier to Brucellosis	Bishkek	\$3,240.00	Increase population awareness about brucellosis	Established brucellosis prevention village committees. Developed training module for volunteer groups, manual for brucellosis prevention village committees, trained 127 people, broadcasted a video spot about prevention of brucellosis for local TV. Total number of beneficiaries covered 900
28	CBO Stimul	Diabetes as a Lifestyle	Bishkek	\$2,500.00	Establish diabetic school; train patients with diabetes; conduct a round table	School of diabetics is established. 428 people attended the trainings and gained knowledge on prevention of complication of diabetes
29	PA Florins Naitingeil	Smile at Home		\$4,980.00	Establishment of resource center at the medical school and set up visits by nurses to homes with elderly and orphans	Within the project multimedia, laptop, plaster cast, small medical equipment were purchased. Minnesota medical college provided 3 computers and access to internet. NGO became a member of international professional network.
30	IG Lik	Life in Movement	Bishkek	\$4,800.00	Development of educational materials; provision of trainings for patients with arthritis; establishment of arthrology school	Published 750 manuals for patients, and 200 methodical recommendations for doctors, delivered 10 lectures and 8 trainings for patients. As a result the target group of patients (100) has reduction in clinical displays of a particular syndrome: 76 % of patients with rheumatoid arthritis and 84 % of patients with osteoarthritis have reported increase in their physical activity, and 64 % and 77 % respectively - increase in social activity.
31	IG For Healthy Nation	Establishment of Milk Kitchen		\$4,997.00	Establish milk kitchen in Kyzyl-Kija	Milk kitchen is established and started producing milk products. The kitchen serves 2500 people

32	IG Angel	Healthy Woman- Healthy Mother	Talas Oblast, Talas city	\$2,051,19	Organization of round tables and training of women on prevention mammary gland preneoplastic diseases	Trained 40 women of the fertile age and 10 health professionals on early diagnosis of mammary gland preneoplastic diseases. Published booklets on self-diagnosis of breast cancer
33	IG Daryger	Daryger	Talas Oblast, Talas city	\$2,852.37	Training for patients with high blood pressure, publishing of booklets	Provided 18 seminars for 50 patients and 50 people from risk group. Purchased and distributed 100 tonometers among target people. Target beneficiaries gained knowledge and skills on self- control and self-help on hypertension stroke.
34	Save Health	Establishment of Schools for Hypertension Patients	Bishkek	\$4,679.00	Training of medical specialists from Centers of Family Medicine, establishment of 13 schools for hypertension patients	Established 13 schools of hypertension patients. Within the project 13 medical doctors were trained on hypertension issues and 1300 patients were trained.
35	IG Center	Ambulance + Communication= Quality	Chui Oblast, Sokuluk rayon	\$2,121.00	Provision of the radio communication between ambulance vehicles and the first aid station. Purchase of the radio equipment.	The new radio equipment was purchased for better communication of operators at Sokuluk rayon emergency department and 2 ambulances. The time of first aid provision had been shortened to 25 minutes, comparing with 40 minutes before. The savings of fuel amounted to 100 liters per month.
36	Kulukan	Improvement of health for prisoners women	Bishkek, Chui	\$3,920.00	Improvement of medical services through provision of medical equipment to prison medical clinic	The prison medical clinic is equipped 548 women prisoners have access to the improved medical services
	TOTAL			\$117,030.92		

TAJKISTAN

Community Action Grants

#	Grantee Name	Project Title	Location (City, Oblast)	Grant Amount, USD	Brief Project Description	Project Results/Outputs/Impacts
1	CSC Tajikabad	Clean Water Guarantees Health	Tajikabad village, Jamoat Gulhona, Jabbor Rasulov district, Sogd Oblast	\$3,918.78	Project's Goal: Decrease in the rate of gastro-intestinal diseases by improving the quality of drinking water by partial repair of the water supply system's pipes and street water pumps.	Community created working brigades and effectively separated jobs/duties. There was some redistribution along budget lines, due to construction requests, but it did not influence project implementation (almost all construction projects were completed, for each three-four family with a separate water tap constructed). Department of Water provided the assistance to the community with techniques and specialists.
2	IG Khayoti Nav	Health is basis for life	Hayoti Nav village, Jamoat Arab, Pyanj district, Khatlon Oblast	\$4,743.80	Project's Goal: Support of an Initiative group's efforts to improve the health status of the Hayoti Nav village's inhabitants using the community resources to build a new facility.	Medical Point constructed. Since opening about 1,000 persons received necessary medical care. About 25-30 persons visit facility daily and medical staff also make registered home visits. The Central District Hospital provided some furniture and pharmaceuticals.
3	NGO Chashma	Rehabilitation of the Medical Point (Medical House) in Ghorbog village	Chorbog village, Kabadiyan district, Khatlon Oblast	\$3,824.50	Project's Goal: Support and promotion of the Chorbogh community inhabitants' initiative in prevention of infectious diseases, through rehabilitation of the Medical House in the village.	Brigade teams established within 4 months. Finished rehabilitation works for Medical Point (replaced roof, refurbishment of all building). CDH provided essential medical equipments. Medical point serves more than 5,000 people. Now the population has its own medical point and is proud that was able resolve the problem.
4	NGO Atfol	Rural Medical Points Play an Important Role	Anoriston village, Jamoat Michurin, Vose district, Khatlon Oblast	\$4,974.02	To improve the health of the population in Anoriston community, Voce district, through reconstruction of the destroyed Medical House.	New Medical House constructed through the mobilization of 931 community members. Central Hospital of Vose district supported the project by providing of medical equipment and consultations.
5	IG Dehlolo	Healthy People Equal a Healthy Community	Dehlolo village, Muminabad district, Khatlon Oblast	\$4,855.40	Project's Goal: Mobilization of the Dehlolo village citizens for the construction of a Medical House.	Project implemented in collaboration with local authorities. More then 2,600 peoples benefited from the newly established medical facility.

6	CDC Vahdat	Action Towards Strengthening Health	Nahimov sub-district, Jamoat Kalinin, Hojamaston district, Khatlon Oblast	\$4,937.30	Project's Goal: Decrease in the rate of illness and improvement of medical services delivery to the inhabitants of the Nakhimov community through building a Medical House.	First medical facility constructed in 15 years. District provided essential furniture; local Jamoat will perform maintenance. During monitoring visit it was discovered that the NGO paid money to population for performing construction works.
7	Women Association Zarnisor	Clean Water Leads to Good Health	Konchi village, Jamoat Hissor, Gissar district, Dushanbe and Direct Rule Districts	\$4,996.00	Project's Goal: Improvement of the health status of the Konchi village citizens in the Hissar district by increasing the quality of the drinking water through restoration of the water supply system.	20 water taps were installed, small building for water pumps constructed, water tanks were fixed. Collective farm supplied with technical equipment (excavator, welder) and construction materials (two big water tanks for 50 cubical meters, cement). More than 1,600 peoples have an access to clean water.
8	CBO Mushkiloson	Pure is the guaranty of health	Khorog, GBAO	\$2,803.63	Project's Goal is the making better the sanitary situation in community, through building a public toilet and reconstruction of a waste collection site.	Improved sanitary situation through mobilization of community and collaboration with local authorities. Constructed a public toilet created a waste disposal site.
9	PA Alim	Healthy children healthy society	Jamoat Suchan, Community Monem, Shugnan district, GBAO	\$4,360.00	The project <i>Healthy children is the healthy society</i> will solve the issue regarding the school capital repair thereby improves the school conditions and care about the children health. The project is realizing with support of MSDSP AKF, community and PA contributions and will be helpful to 213 people.	School rehabilitated. Constructed new roof and partially repaired school interior. Grant monies were supplemented by the MSDSP with money for construction materials valuing \$2,284 USD. Community contributed wood. WFP distributed food among community population through their Food for Work program. NGO and community completed roof construction and currently school #22 is fully functional with 162 students.

10	NGO Munis	Water is the Source of Health	Jamoat Almosi, Gissar district, Dushanbe and Direct Rule Districts	\$4,970.00	The project implementation will provide water for Toshbulok village (2,250 population). The water will be getting from local springs. The community will be mobilized to lay the pipes from the sources to water tank. Also the grantees will conduct agitprop arrangements among the local population.	Water supply system constructed, Each month the community collected 0.2 Somoni per household. The IG of community completed permanent repair of water source. Community placed the tubes 4 km in length and made the damming of spring from where the water comes. The 2,250 community residents now have access to clean water. Expected long term outcomes include: reduction in rate of infection diseases, money saved, community has opportunity to develop gardens
11	PA Zarrina	Health bricks	Dushanbe	\$5,000.00	<i>Health bricks</i> project is the co-operation of public association, secondary school, local authorities, and sanitary engineering and repair services. \$ 5,000 was awarded for rebuilding of water and sewerage systems in the secondary school for 2,164 people. Besides technical work, the grantee will conduct small session among school children on sanitary science etc.	School sewerage and water supply system rehabilitated and rebuilt, but not working due to problem with central city sewage system. NGO appealed to local authorities and necessary rehabilitation works are underway. Education materials were provided to students along with trainings on personal hygiene, communicable diseases.
12	IG Dashtak	Clean water is the healthy community	Jamoat Undji, Dashtak village, Bobojon Gafurov district, Sogd Oblast	\$4,913.00	Project goal is a reduction the rate of infection diseases by improving the quality of drinking water through rehabilitation the existing water supply system. As the configuration of ground is not flat it is necessary to construct the water tower, which can provide the water in to community.	Community rehabilitated water supply system, constructed a water tower and now 800 community residents now have access to clean water. This has reduced the rate of infection diseases.

13	NGO Fayzbakhsh	Clean water is a guarantee of health and purity	Lolagi village, Fayzabad district, DRD	\$4,735.00	Constructing the water supply system from spring to community (6 km), providing the pure water, reducing the rate of water born diseases.	The constructed water supply system is functioning, 11 water taps installed in community. A water users committee created for maintaining the system, Jamoat Mehrobod appointed the technician to take care on system, Jamoat will be responsible for covering the salary expenses to this person
14	IG Aini	Our health is our responsibility	Kurgonteppa, Khatlon Oblast	\$4,996.00	Reducing the rate of infection diseases through construction the garbage collector, reconstruction the sewage and water supply systems and construction of toilet in community. Providing the seminars on infection diseases prevention.	The new public toilet constructed in community, installed running water system, repaired the existing sewage system and a waste disposal site constructed. The city of Khukumat canceled their agreement to maintain the facilities, but after the efforts of program staff and CSSC the city agreed to maintain the toilets and provide garbage collection
15	IG Navdi	Clean water	Jamoat Aral, Abdurahmon Jomi district, Khatlon Oblast	\$4,975.00	Project goal is reduction disseminate the infection diseases in community Navdi by constructing water supply system (2350 meters of water pipe line will be constructed).	Community constructed water supply and delivery systems using more than 2.5 km of pipes to deliver water. Quality of water corresponds to all sanitary and epidemiologic standards.
16	IG Dehlolo	Pure water is a guarantee of health	Dehlolo village, Muminabad district, Khatlon Oblast	\$4,996.40	Project goal is improving health status by construction water supply system.	Constructed water supply system, reduced rate of infectious diseases. Replaced water pump, Fixed existing water supply system, installed new running water system installed including 11 additional water taps, new electricity system installed). 2600 people now have access to clean water.
17	IG Chimkurgan	Pure is a guarantee of health	Pendjikent, Zeravshan valley, Sogd Oblast	\$4,917.30	Complete the construction of public bathhouse in community, reduce the rate of skin diseases.	Completed rehabilitation work in bathhouse. Bathhouse is functioning and inhabitants are grateful. The local initiative group that organized this received official registration in Sogd Justice Department as a Public Association.
18	IG Khabost	Health is coming to our house	Jamoat Tavdem, Roshtkala district, GBAO	\$4,976.38	. Project goal is to improve the provided medical services by construction the Medical Point.	Constructed medical house through mobilization of community, cooperation with local authorities and offices of international organizations. IG has an excellent reputation in the community.
19	IG Tishor	Health to Community Tishor	Porshnev village, Shugnansk District, GBAO	\$3,693.39	Rehabilitation of the Medical Point in community Tishor	Rehabilitated Medical Point through the community mobilization and collaboration with different partners. Local authority assisted in construction process, GBAO Health Department and Aga-Khan Foundation provided the essential medical equipment, tools, drugs etc.

20	IG Dehkonzhona	Pure Water	Community Dehkonzhona, Khorogh, GBAO	\$4,903.60	Construction the water supply system from spring to community (500 m), reduce the rate of infection diseases. In case of awarding the grant WFP would provide the foods for community (Project Food for Work)	Mobilized community resources for construction of water supply system, now inhabitants have access to clean water.
21	NGO Sadvagd	Clean water to community Sadvagd	Jamoat Teharv, Vanj district, GBAO	\$4,972.25	Construction of water supply system and construction of a fence for protection the water source.	Water supply system constructed, water tanks fixed and now the system works properly. Community mobilized its own resources to achieve the project goal.
22	PA Nukura	Health of Community is our duty	Community Murgab-Somoni, Murgab district, GBAO	\$4,673.00	Project goal is to improve the health through raising the hygienic level of community by constructing the bathhouse..	Completed construction of bathhouse through mobilization of community and in collaboration with local authority.
23	NGO Internationalist	Clean water is a guarantee of health	Kulob	\$4,991.00	Activity for cleaning the bore-well, construction new water supply system, set up the water pumps.	The NGO CARITAS planned to implement a water project very similar to NGO Internationalist, but after some discussion it was decided to divide the community into two parts, and both projects were implemented separately. Counterpart's project covered 50-60 households and provided water to households on the outskirts of the community. Pipe lines were 1500 meters long, 12 water taps installed., Remaining households were covered by CARITAS, Water for the two projects came from different bore-halls. Two Associations of water users were created maintain water supply systems.
24	PA Bonu	Providing population with pure water	Kurgonteppa	\$4,837.00	Project for provision the water with construction water pipe line, water source is 1300 meters away from the community.	Water supply system constructed, water was brought in by central water pipe line from 3 km distance, installed 23 water taps were installed. Water system was not functioning at evaluation due to unpaid debts
25	IG Ravshan	Providing water supply in Zardoluzor makhallya	Pendjikent, Zeravshan valley, Sogd Oblast	\$4,186.50	Project's Goal is the providing water supply in Zardoluzor makhally for the reduction of the level of infectious diseases.	Constructed water supply system by mobilizing community and in collaboration with local authorities. Also, the project implementation was broadcasted by the local mass media. The number of beneficiaries of this project is 738.

26	IG Pastchid	Water is life, pure water is long life	Khorog	\$3,557.85	The project <i>Water is life, pure water is long life</i> will solve the problem regarding the providing water supply for community Pastchid. The project is realizing with support of MSDSP AKF (flour for worker) and community contributions and will be helpful to 298 people.	Construction of water supply system was with support of MSDSP and community. The constructed water supply system is functioning.
27	NGO Sojida	Construction of the water supply system in Ittifokh village	Kurgonteppa	\$5,068.00	The project goal is the providing water to community by construction water supply system system in Ittifokh village	The constructed water supply system is functioning. .(4050 population).
28	NGO Randjbar	Clean water is an important factor of health	Kulob	\$5,073.80	The project <i>Clean water is an important factor of health</i> goal is the providing water supply for community Karagoch. The water will be getting from local springs. The community will be mobilized to lay the pipes from the sources to water tank. The number of beneficiaries of this project is 2250 populations.	The constructed water supply system is functioning and was completed ahead of schedule.
29	IG New world	People's happiness is health	Khujand	\$4,987.20	The project's goal is construction of Medical House in Kakkir village, conducting prophylactic work for providing qualitative and timely medical services delivery to the 2369 inhabitants of the Kakkir village.	Within proposed project the medical point was constructed in the community, which is situated close to Tajik-Kyrgyz border, it is anticipated that the population from Kyrgyz Republic would apply for medical service to this facility as well. UNDP Community Program Manager has since proposed to collaborate to combine sources both Counterpart grant and the UNDP programs' sources and to construct a bigger, furnished medical facility.
30	IG Sebdara	Water is a life-spring	Kulob	\$4,952.60	The project goal is the providing water from local springs to community Sebdara (1,461 population).	The water supply system was constructed through community mobilization and collaboration with local authorities.

31	NGO Internationalist	Clean water is a guarantee of health	Kulob	\$1,729.00	Construction of an additional water system line to reservoir in Jamoat Tu-Tu. This grant is an extension part of NGO <i>Internationalist</i> project <i>Clean water is a guarantee of health</i> .	This grant extended a water line that was part of NGO Internationalist project <i>Clean water is a guarantee of health</i> and implemented in collaboration with CARITAS on water supply system providing.
32	IG Keltosh	Providing water supply in Keltosh village	Dushanbe	\$5,060.10	The main idea of project is to bring water from the spring to community on 3.5 km distance.	Constructed water supply system community mobilization and collaboration with local authorities. Organized a Water User's Committee. 1850 total beneficiaries.
	TOTAL			\$146,577.80		

Health Grants

#	Grantee Name	Project Title	Location (City, Oblast)	Grant Amount, USD	Brief Project Description	Project Results/Outputs/Impacts
1	PA Hidoyat	The Medical Effects of Inter marriages	Jamoats: Kulkent, Navgilem, Chorku, Voruh, Isfara district, Sogd Oblast	\$4,005.01	Project's Goal: Raising the awareness of negative impacts of marriage between relatives among populations of Kulkent, Navgilem, Chorkuh and Voruch Jamoats, Isfara districts in order to decrease the level of child mortality, disability and deformity.	Conducted 4 seminars, 80 people trained as trainers, who in turn conducted. 800 people passed training on medical effects of inter marriages. 4 groups of volunteers compiled information from primary health care workers. Culturally sensitive brochures were designed in local languages and delivered during trainings. The film <i>Inter marriages - STOP</i> was produced.
2	CBO Shifo	Reduction of Anemia and Its Influence on the Health of Teenage Girls	Pendjikent, Zeravshan valley, Sogd Oblast	\$2,050.70	Project's Goal: Reduction of the anemia rate and improvement the health of teenage girls. The Project proposes educational seminars among high school children of the 8 secondary schools in Penjikent city.	24 seminars conducted for 255 teenage girls from 8 schools in Penjikent city. Met with parent unions. 30 minute TV broadcast shown on local TV on how to prevent and treat the anemia. Project impact -- schoolgirls and their parents are interested in receiving and disseminating information about healthy life and nutrition.

3	Public Association Peshgiri	Health is Everyone's Right	Dushanbe	\$4,484.00	Project Goal: Decrease the morbidity of STDs and AIDS among prisoners detained at Correction-and-Labor Center (Prison) #1, through providing the trainings on the methods of primary and secondary STD and AIDS prevention activities to the medical and service staff.	10 doctors worked in prisons for 6 days training on primary and secondary diagnosing of STDs and HIV. 3 days training conducted for 10 prison attendants. 500 prisoners participated in training on self-diagnosing STDs. The brochures on STDs and skin diseases, personal hygiene, drug harmfulness were designed and distributed among 500 prisoners. 500 prisoners filled out the questionnaire before and after the training.
4	NGO Sudmand	Your health is in your hands	Kulob, Khatlon Oblast	\$2,530.00	Grant funds are intended for raising the awareness about accurate using of medicine and perfumery goods through the creation of medical information center, conducting 10 trainings for primary health workers health in 10 districts of Kulob region and publishing bulletin <i>Farmovestnik</i> . The number of beneficiaries of this project is 2 750.	Established Pharmaceutical Information Center support of State Center for Pharmaceuticals Expertise and Certification. Only center in Khatlon region, where health workers can obtain updated information on medicines, proper consultations and access to other information materials. Developed training modules conducted 10 trainings in 10 districts of Kulob Region where 200 persons participated (most of them primary health care workers). First two editions of information bulletin <i>Farmvestnik</i> were published.
5	IG Healthy life style	Our health is in our hands	Khorog, Roshtkala district, GBAO	\$2,280.52	The project goal is <i>The raising of awareness of Roshtkala district peoples on prophylaxis of communicable diseases, safe motherhood and sanitary science</i> . The Project proposes to educate 20 volunteers - social workers of health, who in turn will spread up the information among Roshtkala district population (21,929 beneficiaries) in collaboration with local medical facilities (medical point, SVA), local authorities and Health project of Aga-Khan Foundation.	Separation of sewage system from drinking water. Infectious disease incidents decreased on half. Cases of Acute Intestinal Diseases now rare. The other big attention is put to STI prevention. Encouraged people to have STD/ HIV tests

6	PCF Ansori	Decrease rate children disability cost by genital pathologies	Pendjikent, Zeravshan valley, Sogd Oblast	\$3,913.10	Project will be implemented through the improving of knowledge level of 241 medical workers, conducting the consultations and conversations with patients on this issue.	Conducted 16 seminars for health workers. 296 health workers (83 doctors and 213 nurses and obstetricians) passed those trainings. 190,00 women received knowledge on aspects of healthy life style, 2,236 pregnant women passed antenatal patronage. Implementation resulted in 127 children diagnosed with genital pathologies and referred to hospital for treatment improved the diagnosing skills of medical staff . Reduced of number of intermarriages.
7	PA Madad	Preventive actions thirds disseminating of infection diseases in Penjikent	Pendjikent, Zeravshan valley, Sogd Oblast	\$2,375.00	Grantees will conduct the round tables, seminars, consultations and conversations on public health issues in community Navobod. Community will be mobilizing for cleaning the streets and dumps from garbage.	Implemented included public health education through seminars, round tables, consultations and conversations in community. Conducted trainings on prevention typhoid, dysentery, gelmintoses and intestinal infections and increasing awareness of personnel hygiene. Community inhabitants cleaned all streets, water channels and garbage dumps in the community.
8	WPA Nazira	Girls in the street	Kansay, Sir-Daryinsk, Chayruh-Dayron villages, Chkalovsk city, Kayrakum city, Sogd Oblast	\$4,609.74	The project <i>Girls in the street</i> proposes the improving the level of the knowledge about STD among the 650 schoolgirls. Grant's funds are for conducting seminars, consultations and conversations with schoolgirls, for creation and spread of brochures and video films. The project will be implemented in close co-operation with doctors of Kayrakum Central Hospital and Kayrakum Department of Education.	Grantees conducted the seminars, consultations and conversations with schoolgirls. Grantees created and disseminated brochures and video films. Trainings with teenage girls were successful, participants during the focus discussion showed their increased knowledge on STDs, HIV/AIDS, prevention from unwanted pregnancy, healthy life style, and aspects of getting marriage. Relationship with local authorities created.
9	NGO Ecology & TSP	Radiation and health	Khujand, Sogd Oblast	\$3,141.82	The implementation of the project <i>Radiation and health</i> should be with searching, educational and informational components. The project is cross-sectional 39,000 population of this region.	Conducted monitoring of radiation and workshops/trainings with residents of contaminated areas. Combine efforts specialists for evaluation of the relationship between cancer and radiation. Attempted to decrease exposure of people. Monitoring conducted in Khujand, Gafurov, Chkalovsk, Kairakumm, Adrasman, Taboshar all findings/results put into map and all places with radiation garbage were explored. The mark signs set up in all places with high level of radiation.

10	IG Medicor	The establish of urban follow up consultation for children, who ailed of viral hepatitis	Dushanbe	\$4,988.00	The main goal is the establishing the urban consultation center for follows the children, who ailed of viral hepatitis. The number of beneficiaries is 1, 000 people (health workers: both doctors and nurses and sick child's' parents).	The Consultation Center established and functioning (6 children registered for medical observation). Trainings with doctors in 10 city hospitals on viral hepatitis, trained about 200 doctors and nurses. Plan to have the same trainings in 4 additional policlinics. Within project all doctors of city polyclinics (250 persons) received the updated knowledge and skills on viral hepatitis (diagnosing including laboratory tests, treatment, consecutive follow up), brochures developed and delivered both to parents and health workers. Ministry of Health will establish the Republican Hepatic Center and create a follow up system countrywide.
11	CA Avesta	Healthy community creation	Dushanbe	\$4,990.00	Grant funds are intended to go for raising the awareness of people on prophylaxis of communicable diseases, water sanitary science through the developing and implementing the model on <i>Healthy community creation</i> .	Conducted trainings on healthy life style, Developed information materials based on existing documents and used them during trainings. Developed training module and ran the contest for best picture among schoolchildren. The contest winners were awarded with prize.
12	NGO MARRI	Healthy life style formation	Kurgonteppa, Khatlon Oblast	\$3,244.79	The main goal of project is the improving of knowledge of 140 medical workers on health life style issues through trainings in 5 districts.	Developed and distributed manual for health worker trainees. 140 health workers completed trainings and now have increased knowledge about disease prevention and health life style practices.
13	NGO Yosuman	Protect your self and others	Buston settlement, Matchoh district, Sogd Oblast	\$4,720.50	The project <i>Protect yourself and others</i> promoted to decrease of tuberculosis diseases through the raising of awareness of population on seminars and by spreading of education materials.	Rate of admission to hospital for TB medical care increased. Within 1 year 90 cases of TB identified and treated. , 43 new patients registered with TB,. The project trained mid-level health workers (feldshers, nurses) on TB identification. The health workers raised population awareness of which resulted in 15 new cases registered, Post-project the DOTS program started running and now supports large, population involved TB program.

14	WPA Bonu	Protect your self	Khujand, Sogd Oblast	\$1,857.20	The main goal of project is the spreading of knowledge about radiation harm through the seminars, distributing the information material (booklets, telecasts) and activity with mass media. 300 people are the beneficiaries of this project.	Six seminars conducted in Taboshar city on radiation harm, prevention. Brochure developed, prepared and showed on regional TV, several articles printed in regional newspaper in Tajik language. Held round table at regional Department for Environment, with TV and local Post-project sale of construction materials containing radiation decreased.
15	NGO World of Healthy Children	On going training for medical staff is a guaranty of providing of quality medical service	Isfara district, Sogd Oblast	\$3,702.95	The project <i>On going training for medical staff is a guaranty of provided medical service quality</i> was designed by NGO <i>World of Healthy Children</i> and Isfara district Central Hospital. \$ 3,702.95 USD assigned for improvement the level of knowledge of 670 medical workers in Isfara district through the creation of Resource center and organization of advanced/refresher training courses for doctors.	Created and equipped Resource Center with computer, furniture, and received new medical literature. 10 doctors attended the advanced/refresher training courses and received the updated knowledge on child diseases and practice lessons. Trainer was invited from Khujand Medical Postgraduate University.. Drop in number of patients diagnosed with rakhitis, from 14,300 in 2003 to 13,800 in 2005 because of preventive activities for women in ante- and postnatal period. Medical staff improved their skills, which improved medical services provided to the population.
16	Public Association Peshgiri	Health is Everyone's Right	Dushanbe	\$4,999.00	Providing the trainings to doctors have been working in prison on primary and secondary diagnosing the STD and HIV, using the block-scheme and on instructions for syndrome identifying/diagnosing and treatment the patients with STD, on self prevention and protection others from STD and HIV while working with infected prisoners, safely using the syringes, preparing different types of disinfected solutions for cleaning etc.	10 prison doctors completed 6 day training diagnosing STDs and HIV/AIDS, Doctors trained received instruction on diagnosing, treating, preventing and protecting patients and themselves from STDs while working with infected prisoners 3 day training conducted for 10 prison attendants. 500 prisoners trained on self-diagnosing STDs. Brochures designed and distributed among 500 prisoners. Prisoners filled out a questionnaire before and after the training, pre-test showed that 46% of prisoners did not know about STD and HIV, only 30% knew about STD symptoms, 20% knew about ways of transmission. The post-test showed that 89% of respondents had complete information about about STDs/HIV/AIDS Conducted HIV/AIDS testing which showed 19 persons out of 500 HIV positive; the project specialists started consultations with them. 103 persons were consulted on their diseases (69 tested positive for STDs), 17 soon-to-be released prisoners were registered in civil hospital.

17	IG Varzob	Activity for prevention from dissemination of water born infection	Jamoats: Varzob-kala and Chorbogh, Varzob district, DRD	\$4,344.74	Non-competitive grant to respond disaster in Varzob district. The project idea is an implementation of the education project, trainings on water born diseases (typhoid, diarrhea, dysenteries), personnel hygiene, using the tablets with chlorine for water disinfections (Aqua tabs).	Conducted trainings on water born diseases and personnel hygiene; delivered chlorine tablets for water disinfection. Trained health who conducted household visits with the tablets and informational materials on infection. Distributed enough tablets to maintain clean water for 6 months.
18	PA Red Crescent	Activity for prevention from dissemination of water born infection	Dushanbe, Varzob district, DRD	\$4,404.74	Non-competitive grant to respond disaster in Varzob district. The project idea is an implementation of the education project, trainings on water born diseases (typhoid, diarrhea, dysenteries), personnel hygiene, using the tablets with chlorine for water disinfections (Aqua tabs).	Conducted trainings on water born diseases and personnel hygiene; delivered chlorine tablets for water disinfection. Trained health who conducted household visits with the tablets and informational materials on infection. Distributed enough tablets to maintain clean water for 6 months.
19	NGO Niso	Prophylaxis of anemia	Rasht, DRD	\$2,565.40	The project goal is the activity on anemia prevention, conducting the seminars for 300 women in Rasht valley.	Conducted trainings on anemia and ways to prevent it and avoid complications, included special information on healthy eating.
20	PA Taekwondo	Health without medicines	Chkalovsk city, Sogd Oblast	\$2,359.24	The project aim is to spread up the information on Healthy Life Style by conducting education activity and constructing sport playing place.	Constructed 100 m recreation/sport center. Equipment for 13 different sports installed. About 100 adolescents visit the sport center daily, 3 competitions held between different communities. Informational material on Healthy Life Style was developed and disseminated by NGO.
21	IG Khorogh's doctors	Healthy mother - healthy community	Khorog, Rushan district, GBAO	\$2,574.17	The project goal is to raise the population awareness on mother and child health of Rushan district by conducting the trainings.	Designed the information materials, conducted 10 trainings for 200 participants in 10 communities. Conducted the pre-/post test system and home visits; meetings with local medical workers, local and religious authorities.

22	PA Zebo	Activity on prevention STD/HIV/AIDS among labor migrants	Kurgonteppa, Khatlon Oblast	\$4,309.00	Tajikistan is a provider of labor migrants to Russia, every year thousands of young people go to Russia for work, but most of them due to lack of knowledge on STD and HIV are under risk of getting sick. The project idea is to raise the awareness on STD and HIV among labor migrants by creation the consultation center.	Conducted focus group and 16 trainings for 320 labor migrants. Distributed different types of information materials on STDs, HIV/AIDS. Participants received consultations from specialists, and information on how and where to get infection testing. Facilitated 4 informational meetings at railway stations. Number of people applying to consular for health information increased.
23	PA Sino	Reduce the child traumatism	Kurgonteppa, Khatlon Oblast	\$4,185.80	The main project activity is the reduction of the child traumatism caused by traffic accidents by providing trainings to traffic policy employees on First Aid (40 persons) to drivers (60 persons), conducting the round table with participation of doctors, teachers, policy representatives, TV broadcasting.	Established Educational First Aid Center and conducted trainings for 40 traffic policy employees and 60 drivers, organized TV round table with doctors, teachers, policy representatives. Designed First Aid brochures
24	CF Umed	Correct nutrition - is the guarantee of health	Dushanbe	\$3,416.25	The project idea is to train breastfeed mothers on correct methods and technique of breastfeeding, to train the young mothers who have a lack of milk on how feed the children (preparation the formula from cow milk etc). Providing the training for 150 mothers.	Conducted trainings for 150 women and improved the skills of breastfeed mothers on correct methods and techniques of breastfeeding, trained the young mothers who have a lack of milk on how feed the children.
25	NGO Bonuvoni Navovar	Mother's health-health for world	Dushanbe	\$3,486.00	The project idea is the improvement of women skills by providing trainings on anemia, breastfeeding and prophylactic of rachitic on antenatal stage (during pregnancy), prevention of infection diseases activity and improvement of the children health.	Conducted trainings to improve women's knowledge on anemia, breastfeeding, prophylactic of rachitic on antenatal stage (during pregnancy), prevention of infection diseases activity, personnel hygiene and sanitation. The trainees received information and practiced using their new skills.
26	CSSC Third sector	Participatory Monitoring and Evaluation training	Dushanbe	\$863.48	Grant to CSSC <i>Third sector</i> for conducting the PM &E training for grantees.	CSSC Third sector conducted the PM & E training for 10 participants. The new grantees used the M&E knowledge in project implementation.

27	WPA Nazira	Take care	Chkalovsk city, Kayrakum city, Sogd Oblast	\$4,961.28	The main idea of project is the prevention of breast cancer. The project implementers are going to conduct the training for 12 gynecologists on early diagnosing the breast cancer and trainings for women on self-diagnosing the breast cancer, to provide the information materials for population on breast cancer.	Conducted trainings for 12 gynecologists on early diagnosis of breast cancer, trainings for women on self-diagnosing the breast cancer, provided the information materials for population on breast cancer. Conducted additional trainings for women and a seminar for women staff of CSSC. Doctors from 3 antenatal care clinics conducted the self-initiative trainings for 36 housewives. Project was advertised by local media.
28	IG Farmakon	Man, society and health	Kulob, Khatlon Oblast	\$4,181.00	The project is going to strengthen the capacity of the established Drug Information Center and provide trainings to health workers on effective use of drugs and drug prescription.	Conducted trainings for health workers in 5 districts of Kulob region. 400 medical workers learned effective use of drugs and drug prescriptions, methods of drugs storage in homes. Trainees disseminate their knowledge through volunteer work with the local population. Published and delivered 6 issues information bulletins.
29	Republican Diabetics Association	Diabetes prevention in Dushanbe	Dushanbe	\$4,037.00	The main goal of project is to train the diabetics on healthy feeding (diet therapy), prevention complications among diabetics.	Conducted trainings diabetics on how to prevent complications and control level of blood sugar. Raised awareness about diabetes through the population.
30	PA Zebo	Activity on prevention STD/HIV/AIDS among labor migrants	Kurgonteppa, Khatlon Oblast	\$6,004.77	The project idea is to raise the awareness on STD and HIV among labor migrants by providing trainings, dissemination of information about consultation center and conducting consultations in passenger trains.	Conducted 8 trainings for labor migrants leaving for Russia, 160 participants distributed different types of information materials on STI, HIV/AIDS. Participants received and information on how and where to get infection tests. Facilitated 8 meetings in passenger trains migrants and distributed informational materials. Number of people applying for consular increased.

31	Public Association Peshgiri	Health is Everyone's Right	Dushanbe	\$6,004.77	Providing the trainings to doctors have been working in prison on primary and secondary diagnosing the STD and HIV, using the block-scheme and on instructions for syndrome identifying/diagnosing and treatment the patients with STD, on self prevention and protection others from STD and HIV while working with infected prisoners, safely using the syringes, and preparing different types of disinfected solutions for cleaning.	10 prison doctors completed 6 day training diagnosing STDs and HIV/AIDS, Doctors trained received instruction on diagnosing, treating, preventing and protecting patients and themselves from STDs while working with infected prisoners 3 day training conducted for 10 prison attendants. 300 prisoners trained on self-diagnosing STDs. Brochures designed and distributed among 300 prisoners.
32	NGO Niso	Prophylaxis of anemia	Rasht, DRD	\$6,115.29	The project goal is the activity on anemia prevention, conducting the seminars for 20 medical worker, 300 women and 20 men in Jamoat Navabad Rasht valley.	Conducted trainings for medical workers with pre- & post test, the seminars for 300 women and 20 men. Grantees disseminated the information materials through the population. A lot of training participants changed their food intake.
33	CA Avesta	Education in Family medicine	Dushanbe	\$5,933.78	The main project idea is the improvement of the knowledge level of family medical staff on using the clinical guidelines on Primary Health Care.	Established the Medical Informational and Educational Center on family medicine, opened the library for family doctors. Grantees printed 200 books on clinical guidelines on Primary Health Care and conducted trainings for family doctors.
34	IG Farmakon	Population health is a state riches	Kulob, Khatlon Oblast	\$5,677.97	The project goal is the raising the awareness about accurate using of medicine through the conducting trainings for population of 5 Kulob region districts, dissemination information through the TV broadcasting and the publishing and distributing of the bulletins.	Conducted trainings for 400 community activists in 5 Kulob region's districts and informed about the methods of drugs storage in home. Published and delivered 2 issues of the information bulletins and prepared 2 TV broadcasts regarding the effective using of drugs and drug prescription, the methods of drugs storage in home.
	TOTAL			\$133,317		

TURKMENISTAN

Community Action Grants

#	Grantee Name	Project Title	Location (City, Oblast)	Grant Amount, USD	Brief Project Description	Project Results/Outputs/Impacts
1	NGO Kaspi	Pure water-healthy children, green side	Balkan velayat, Turkmenbashi city	\$2,418.00	The proposal on cleaning the pool for fire safety in the school, which could cause infectious diseases. Involving community representatives, local government representatives and professional people in cleaning the pool and setting of culvert.	Repaired the pool for fire safety and children's health, and after the project completion community mobilized resources and repaired the school toilets.
2	Yangala community	Emeli Guyu	Akhal velayat, Geok-Depe etrap	\$3,346.00	The project proposed drinking water supply to local school and ambulance station by cleaning a water well, installing a new pump and water-pipe repairing.	Now local people have capability to use clean drinking water (Sanitation and Hygiene)
3	Community of secondary school # 6	The cleanness is the guarantee of health	Akhal velayat, Tedjen city	\$ 4,539.00	Improvement of toilet facilities of School	The project was closed because community refused
4	Community of secondary school # 11	Cleanliness makes for health	Akhal velayat, etrap Ak Bugday, village im.Niyazova	\$3,398.00	Proposal describes the improvement of Sanitation and Hygiene through involving community representatives to maintenance of water closet. Trainings on Sanitation and Hygiene will be conducted for community representatives.	Community built up the new toilet within the school and the health of school pupils protected.
5	Community kindergarten # 27 "Arzuw"	Healthy children – happy future	Lebap velayat, Turkmenabat	\$ 4,370.00	Improvement of Kindergarten living conditions	Improved the living conditions in the kindergarten. The number of sick children sick decreased because of improved warming and cooling conditions in each group.
6	Community of etrap Young League	Say no to drugs	Dashoguz velayat, etrap K-Urgench,	\$ 4,998.00	Information awareness of the Kunya-Urgench youth on the problems of drug addiction	The project was closed because community refused
7	Community of Tuberculosis Boldumsaz Hospital	Clean department-healthy society	Dashoguz velayat, etrap Boldumsaz,	\$ 4,390.00	Proposal on the improvement of Sanitary and Hygiene of Tuberculosis Hospital. The planned quantity of beneficiaries is 140	The sanitation and hygiene of hospital improved and now, people are undergoing medical treatment in clean hospital.

8	Community of Taekwondo fighters, school #1	“Healthy Children – Healthy Nation”	Ashgabat city	\$4,890.00	Gym renovation to involve children in Taekwondo practice	The obtained sport inventory and gym renovation increased number of children involved
9	Community of sport school #1	“Sport is health”	city Kunya-Urgench	\$5,000.00	To promote the development of sport and health of Kunya-Urgench city population through procurement of sport inventory for school #1.	People mobilized resources and purchased athletic supplies for school for use of children
10	Community of maternal department	“The cleanness – is the guarantee of next generation health”	Kunya-Urgench etrap Hospital	\$5,000.00	To decrease the risk of infection spread within the maternal department of etrap Boldumsaz hospital through maintenance of water closet.	Decreased risk of infection through repair of maternal hospital wing. Area is now sanitary and hygienic.
11	The parental committee of kindergarten <i>Ayna</i> #36	“From the world of Silence”	Lebap velayat, Turkmenabat city	\$1,850.00	Involving parents, kindergarten mentors, teachers and speech therapist in improving teaching conditions of disabled children in the kindergarten #36.	Trained disabled children in use of hearing aids. Children are able to communicate and hear.
12	Community of invalids with musculoskeletal system affection	“Saglyk”	Ashgabat city	\$4,980.00	Strengthening the health of disabled children by involving them in sport exercises in the gymnasium of school #18. The community purchased sport equipments and provided trainings/exercises for disabled children.	Created community center for invalids and the number of invalids participating in sport activated doubled.
13	Community of <i>Bahar</i> Microdistrict	“We get together to improve our neighborhood”	Lebap velayat, Turkmenabat city	\$2,120.00	Involving population in improvement of sanitary conditions of <i>Bakhar</i> Microdistrict by construction of a garbage dumping area.	Improved sanitation and hygiene of district. Taught community how to advocate for their interests.
14	Community of invalid children’s kindergarten #25 <i>Shohle</i>	“A drop of water is a grain of Gold”	Dashoguz city	\$4,841.00	Improvement the water quality in the kindergarten #25 through establishment of water-desalinating plant. During the project period staff of kindergarten and parents will be trained in Sanitary and Hygiene.	The water desalinating plant was established in the kindergarten and children are using the good quality water. The mobilized community was able to win the second grant.
15	Lebap velayat sport club of disabled	“Assistance”	Turkmenabat city	\$4,552.00	Assistance in the development and promotion of medical sanitation culture and sport among people with physical disability as the effective way of their rehabilitation and adaptation within the community.	The community center furthered the rehabilitation of invalids through sport exercises

16	Community of kindergarten #4	“Our children are our future”	Dashoguz city, Kunya-Urgench etrap	\$4,100.00	To improve sanitary condition of kindergarten #1 Kunya-Urgench city by involving population in construction of new outside latrine and establishment of 12 sinks.	The project was closed because community refused
17	National Federation of Wu-Shu	Sound Health - Healthy Nation.	Ashgabat city	4,120.00	Promotion of healthy life style by involving teenagers in regular physical exercising	The project was closed because community refused
18	National Red Crescent Society of Turkmenistan	To overcome together	Lebap velayat	\$4,914.00	To involve socially active youth in health promotion activities by establishing a medical center and preventing substance abuse (Peer to peer approach)	The NGOs successfully implemented project and now on their own resources, they continue the project trainings and consultation to the extended areas of Lebap velayat.
19	NGO <i>Alpinist Club AGAMA</i>	In the healthy body, there is the healthy spirit	Ashgabat city	\$4,999.00	To promote healthy life style by establishing a technical center under school #42 for conducting training on mountain hiking	The project was closed because community refused
20	Community of school # 15	Let's keep health of children	Dashoguz city	\$4,298.00	To promote healthy life style by establishing an Information Resource Center to conduct workshops, publish and distribute information materials	The information resource center is established and now community is planning to hire specialist to organize computer course for children.
21	Community of Village Health House d/o Hakykat.	Healthy village is Wealth of country	Etrap, Gurban-soltan edge, Dashoguz velayat	\$4,978.72	To improve medical service quality in the Village Health House by supplying medical equipment and inventory	Success of social partnership with the local hospital and improved medical service in the hospital
22	Community of the village Garayk Baba	Let's improve our health	Georogly Etrap, Dashoguz velayat	\$4,717.00	To improve medical service quality in the Village Health House of Garauyk by supplying medical equipment and inventory	Success of social partnership with the local hospital and improved medical service in the hospital
23	Community of sports committee and children sports school	Smithy of Health	Boldum-saz, Dashoguz velayat	\$5,000.00	To involve youth of Boldumsaz in sports exercises by setting up a sports center in the village sports school	The healthy lifestyle in the village is popularized and the number of children participating in sport activities increased
24	Community of sportsmen at the Sport Center	The Sport supports all	Turkmen-abat city, Lebap velayat	\$4,982.00	To involve athletes in improvement of conditions in the sports center for disabled by maintaining a gym, installing air conditioning, a water closet and railing in showers	The working conditions is improved for invalids and community is able now to conduct more rehabilitation activities for invalids
25	Community of Etbash etrap, Atamurad Geneshlik	The radiophone for village	Lebap velayat	\$1,318.00	To improve telephone communication for better accessibility of emergency medical services by installing a wireless telephone in the village	Established telephone access for entire village for emergency cases. Telephone located in the village school and available at all times.

26	Community of school # 1	Lets Improve the Quality of Water and Sanitary Conditions	Garash-syzlyk etrap, Lebap velayat	\$4,936.00	To involve local people in improvement of water quality in the school #1 and sanitary condition of the school	The water pumps are established in the school, and pupils provided with clean drinking water. The mobilized community reconditioned the inside of school through their own resources.
27	Community of sportsmen of Bayrylar	Sports - Health	Turkmen-abat city	\$5,161.00	To involve the community of athletes, children and parents in improvement of the condition of school gym through maintenance and acquisition of new sports equipments	The condition of gym is improved and more teenagers and adults were attracted to sport exercises.
28	Community of the blind and deaf at Turkmen Society of the blind and deaf	Most important is to Strengthen Mind	Ashgabat city	\$4,491.00	To assist in rehabilitation of the blind and deaf	The original project was for the rehabilitation of adults invalids, but by the end of project a separate group of invalid children also utilized the new resources.
29	Community of Orak Chekich region d/o Taze Durmush	Villige Center of drug addiction preventive	Etrap Bayram-ali, Mary velayat	\$4,992.00	Promote healthy lifestyle within the village through establishment of an Informational Resource Center for prevention of drug abuse.	The informational Resource Center was established in the village, the people continue to work on anti-drug activities.
30	Community of handi-capped children's parents	Strength of Spirit	Turkmen- abat city	\$4,983.00	Free-will involvement of people to rehabilitation of handicapped children through opening of a rehabilitation center in the city of Turkmenabat	Established rehabilitation center and trained handicapped children in computer skills.
31	Community of sports school # 8	Healthy Children	Turkmen-abat city	\$4,988.40	Promotion of healthy lifestyle among children and youth by improving conditions in the school gymnasium. Equipment of the medical center of the gymnasium	The improved gymnasium furthered pupils' interest to participate in sports.
32	Community of Bilgushak	Safety of sports is the Safety of Future	Turkmen-abat city	\$4,296.40	Promotion of healthy life style through introduction of kickboxing. Safety trainings, competitions for teenagers.	Increased the capacity of sportsmen and increased the number of people participating in sport activities.
33	Community of maternity department workers of the Scientific-Clinical Physiology Hospital	Healthy Generation of the Golden Age	Ashgabat city	\$5,000.00	Improvement of women's and new born children' health, creating good conditions for treatment and lodging in the hospital.	The community advocated their interest to the Ministry of Health and big cost-share contributions were made during the project implementation

34	Community of Health House #3 district #26	Improvement of the Health House	Mary city	\$5,000.00	Improvement of residents' health through improvement of medical service within the HH # 3 district #26	The project was closed because community refused
35	Community of school #14	Keep Children Healthy	Turkmen-bashi city, Balkan velayat	\$5,200.00	To improve health of children and adults through maintenance of heating system in school # 14.	Instead of repairing one heating system in the school, community were able to repair the whole school, also big community contributions were made during the project realization.
36	Community of the Village Health House d/o Bereket,	Health is our Treasure	Etrap Kunya-Urgench, Dasho-guz velayat	\$4,666.12	To improve medical services by the Health House of Bereket through maintenance of the HH and provision of medical equipments and inventory.	Success of social partnership with the local hospital and improved medical service in the hospital
37	Community of Etrap Health House	Health of population is main wealth of country.	Etrap Gurban-soltan edge, Dashoguz velayat	\$5,000.00	To improve medical services of the Etrap Health House through maintenance of the HH and provision of medical equipments and inventory.	The hospital improved the medical service and now they are able to operate on outpatient basis. Community established good social partnership with hospital
38	Community of kindergarten # 25,	Cleanness and health of children depends from us	Dashoguz city	\$5,000.00	To improve health of children with mental deficiencies by increasing quality of medical services in the kindergarten. Create good Sanitary and Hygiene conditions within the kindergarten.	The mobilized community in partnership with local government authorities established sanitary drain pipe and disabled children living conditions are improved
39	Community of the village of Karahan	Population's health is the Treasure of the Country	Akhal velayat, Kaahka	\$5,000.00	To improve the village people health through widening of medical center and fitting out with medical inventory and equipment.	The project was closed because community refused
	TOTAL			\$172,832.64		

Health Grants Approved

#	Grantee Name	Project Title	Location (City, Oblast)	Grant Amount, USD	Brief Project Description	Project Results/Outputs/Impacts
1	NGO Keik Okara	Women's Reproductive Health Resource Center	Ashgabat city	\$3,579.00	The proposal on creating the Resource Center on women's reproductive health. Carrying out trainings, contest on issue of reproductive health amongst the women of fertile age.	The women's reproductive health resource center is established and center continues to provide training and consultations to the women of fertile age

2	NGO Lukman-Khekim	First aid and training for disabled children	Ashgabat city	\$1,418.00	proposal on trainings for parents and staff personal of kindergarten-school #43 for disabled children on prevention of children infectious diseases, hemistich, first aid during fever and train the disabled children on skills of self cares	The completed project improved the health of handicapped children and decreased the number of sick children
3	NGO Komekchi	Breast cancer awareness	Ashgabat city	\$3,046.00	project proposal on trainings for working on factories women of fertile age to gain knowledge on prevention of breast cancer and skills on self searching the breast	Almost 30% of women in Ashgabat city gained knowledge and information on prevention of breast cancer
4	NGO Information Resource Legal center	Dr. Lamaz methodology training	Lebap velayat, Turkmenabat city	\$2,680.00	proposal on trainings for 32 pregnant women and their husbands on psychological preparation (Lamaze method) for the upcoming baby delivering that will allow to reduce risk of the newborn trauma cases during the delivering process. About 1000 women of fertile age will be informed via informational leaflets.	Trained pregnant women in Lamaze method, helped them easily to give a birth and health babies.
5	NGO GEO	Improving sanitation and ecology in Boldumsaz village	Dashoguz velayat, Boldumsaz etrap	\$1,981.50	proposal on improving of sanitation and ecology in Boldumsaz settlement and propaganda of healthy lifestyle: stop burning the garbage in the community; to change the car parking on place that is not neighboring the school; train people to compost the organic and dry remains; to establish the positive dialogue with local authorities in frame of constructive partnership to solve local sanitation and ecological problems.	Skills provided to the communities during the project implementation were useful after the project completion
6	NGO Uchgun	Anemia prevention resource center.	Dashoguz velayat, Kunya-Urgench etrap	\$2,920.00	proposal on creating the Resource Center on Anemia Prevention. Carrying out trainings, contest on Anemia prevention amongst women of fertile age.	Project activities are continuing (trainings, public awareness)
7	NGO Nur	Tuberculosis prevention resource center.	Dashoguz city	\$3,616.00	proposal on creating the Resource Center on Tuberculosis prevention. Carrying out trainings, contest on the issue of Tuberculosis prevention	The activities on public awareness still implemented by group, and number of people coming in for has trainings doubled compared to previous years
8	Anti Tuberculosis Center of the Women Union after Gurbansoltan Edje	"Protect yourself"	Ashgabat city	\$3,242.00	proposal on increasing the people awareness on TB, who live in the center of tuberculosis infection. The project activities include conducting trainings, publishing information lists and conducting a written survey.	The community successfully started implementation of the project and stopped in the middle for the registration of the project, the registration was unsuccessful

9	NGO Ecological Club GEO	"Health alphabet"	Dashoguz velayat, Boldumsaz etrap	\$4,571.00	proposal on trainings for children of 4-5 forms of school #2 – 5 on personal hygiene and sanitation. NGO <i>GEO</i> will organize a winter camp for children, where they will educate them, also will work with school teachers.	The community successfully started implementation of the project and stopped in the middle for the registration of the project, the registration was unsuccessful
10	NGO Family, Mercy, Health	"Youth Center of Drug Abuse prevention"	Akhal velayat, Abadan city	\$3,134.00	project proposal on increasing the youth awareness of Abadan city on drug addiction, through forming the responsible behavior of youth. Trainings will be conducted for youth and family doctors. Representatives of public health will publish booklets and conduct round table meetings.	Good Social Partnership work with local Underage Inspection furthered the rehabilitation of children and 77 % of children were removed from the official list of drug addicts.
11	Information Resource Center of Tobacco Control	Creation training and consultative centers network on smoking problem for improvement quality of educational works and consultations	Ashgabat city	\$4,511.00	proposal on improving prevention and medical-consultation work on tobacco problems through creating consultation and educational centers. Seminar for network members, seminars for doctors and booklets publishing, which would help to reach the aim of the project	The project was closed because community refused
	TOTAL			34,698.50		

UZBEKISTAN

Community Action Grants

#	Grantee Name	Project Title	Location (City, Oblast)	Grant Amount, USD	Brief Project Description	Project Results/Outputs/Impacts
1	NGO "Ayol va Zamon"	Health source	Boghdod rayon, Farghona Oblast	\$ 4,903.35	Drinking water supply project and providing health education on general hygiene and sanitation related to keeping water sources clean.	Project was completed as described in project description
2	NGO "Soghlom Ayol"	"Pure water – healthy life"	Kokand city, Farghona Oblast	\$4,994.85	Drinking water supply project and providing health education on general hygiene and sanitation related to keeping water sources clean.	Project was completed as described in project description
3	NGO "Hilol"	"Cleanness is a pledge of health"	Quva rayon, Farghona Oblast	\$4,751.52	Drinking water supply project and providing health education on general hygiene and sanitation related to keeping water sources clean.	Project was completed as described in project description
4	IG on creation of Akhangaran branch NGO "Bunedkor Ayol"	Creation children's is sports - an improving complex	Akhangaran	\$5,143.64	To promote improvement of a state of health, physical development of children, by creation during six months of a children's sports - improving complex with a swimming pool in "Guliston" Makhalla of Ahangaran city	Project was completed as described in project description
5	IG "Insan", Nukus	Factor of Health	Nukus	\$4,959.38	To improve health of inhabitants of "Manjuli", Tag-Jap" aul, Chimbay area, by maintenance of 15 families with qualitative potable water during 11 weeks	Project was completed as described in project description
6	NGO "Insan"	«Our Makhalla»	Nukus	\$4,803	Improve health of inhabitants of aul "Kuyin" Collective farm "Tag-Jap", Chimbajskiy area, by maintenance of 19 families with qualitative potable water within 11 weeks	Project was completed by Counterpart as described in project description
7	Veroniks-Improving - preventive Center	«Clean our makhalla of rubbish»	Urgench	\$1,622	Improvement of sanitary-and-hygienic conditions of residing of inhabitants of microdistrict "Dustlik" and inhabited cases along the street N.Kubro of city of Khiva by manufacturing and installation of metal boxes for dust, and increase of knowledge on questions of sanitary and hygiene.	Project was completed by Counterpart as described in project description

8	Socially economic and a legal protection center "MOHLARO YIM"	"Hamkorlik"	Kokand	\$4,862.66	Mobilization of community for improvement of ecological conditions and decrease {reduction} in infectious diseases in Kozogarlik makhallak Kokand city by creation of a coalition of center "Mohlaroyim" in makhalla № 1 City water canal, "MEHRIGIYO" center with the purpose of carrying out of a sewer construction in 70 court yard of street Kogozgarlik and 4 improving seminars for informing a community on preventive maintenance of infectious diseases within 3,5 months	Project was completed by Counterpart as described in project description
9	NGO and Civic Initiatives Support Center, Djizzak Oblast and Initiative group on creation of social adaptation center of Dashtabad region	"Providing potable water for 3000 residents of "Ulugbek" makhalla with purpose to reduce infectious diseases"	Djizzak Oblast	\$4,700	To provide potable water supply through boring a well in Dashtabad region and conducting a training program for "Ulugbek" makhalla active women.	Project was completed by Counterpart as described in project description
10	"Kelajak" Children and Youth Support Center		Khorezm Oblast	\$3,500	To improve sanitary-hygiene living conditions of dormitory for Khorezm Language college students through providing potable water supply and conducting information campaign on healthy life.	Project was completed by Counterpart as described in project description
11	"Public Research Center",	"Providing tap potable water of Boz-auil makhalla #32 residents for health improving"	Nukus city	0	To conduct water supply main line construction in Boz-auil makhalla #32	Because of gas shortage in Nukus project cost rose up to 10,000 USD, it was decided to cancel implementation

12	"Mash'al" NGO	"Healthy body-healthy spirit"	Andijan Oblast	0	To renovate sport hall of special school # 26 in Boz region of Andijan Oblast and provide it with a set of sport equipment and simulators for providing conditions for schoolchildren health improvement through involvement into sport	Because of unstable security situation in Anijan Oblast, it was decided to cancel implementation
13	"Makhalla" Fund	"Healthy generation"	Namangan Oblast	\$4,024	To improve sanitary-hygienic conditions and reduce infection diseases in community of "Ok er" makhalla, Galcha village of Namangan Oblast through laying 2 kilometers of water supply and providing with potable water.	Project was completed by Counterpart as described in project description
14	Navoi City Disabled Society	"To health through sport"	Navoi city	\$3,000	To improve medical-sanitary conditions for involvement of people with restricted abilities into sport activity through renovation of sport premises in "Chemist" stadium of Navoi city, providing with air-conditioning equipment, and to conduct information campaign on importance of sport through creation of video reels, booklets, etc.	Organization requested to provide one more air conditioner to gym instead of remodeling. Three air conditioner were installed.
15	"Salomatlik Soglik Garovi," Tashkent Oblast	"Improving sanitary-hygienic living conditions of "Navbakhor" village inhabitants in Parkent region, Tashkent Oblast"	Tashkent Oblast	0	To install individual pump for high quality water supply and to conduct 10 one day seminars for 200 community representatives on sanitary – hygienic questions and prevention of infections caused by poor water	This NGO refused to implement projects according to Counterpart's new methodology
16	"Ayol va Shodlik" Women and Youth Protection Center, Surkhan-Darya area	"Potable water is a pledge of good health"	Surkhan-Darya Oblast	\$3,295	To provide with potable water supply four makhallas of Angor region of Surkhan-Darya Oblast through renovation of water well and to conduct popularization-awareness campaign	Project was completed by Counterpart as described in project description

17	"UzTEA" English Teachers Association,	"Hepatitis prophylaxis through improvement of sanitary-hygienic conditions of school"	Kokand city	\$2,000	To renovate school dining-hall and provide with water supply elementary class-rooms, to conduct two master classes on hepatitis prophylaxis, to produce performance "Moydodir" for junior schoolchildren, to create a sanitary brigade	Because of Fall 2005 rise in prices, the requested amount was only enough for remodeling the roof of school canteen. The roof of canteen was remodeled.
18	"Intizor" NGO, Bagdad, Ferghana Oblast	"Chasma"	Ferghana Oblast	\$4,500	To provide with potable water three village inhabitants of Bagdad region, Ferghana Oblast through well drilling and 400 meters water-supply constructing and to conduct 10 seminars for community representatives and schoolchildren on sanitary and infectious diseases prevention.	Project was completed by Counterpart as described in project description
	TOTAL			\$61,059.40		

Health Grants

#	Grantee Name	Project Title	Location (City, Oblast)	Grant Amount, USD	Brief Project Description	Project Results/Outputs/Impacts
1	Center Avicenna	Healthy childhood - healthy motherhood	Farghona and Andijon Oblasts	4,055.82	Seminars for nurses on family planning, prevention of STDs, ARI, diarrhea, hygiene, and creating 30 "Mothers' schools" in SVPs of 2 rayons	Project was completed as described in project description
2	Kibray rayon women with disabilities society "Opasingillar"	"Training women with disabilities to skills on emergency aid in acute diseases of children"	Kibray rayon, Toshkent Oblast	\$4,019.23	Train women with disabilities to skills on emergency aid in acute diseases of children	Project was completed as described in project description
3	Women's Center Sahovat	"Prevention of anemia"	Urganch city, Khorazm Oblast	\$2,486.31	Train women on anemia prevention and proper nutrition	Project was completed as described in project description

4	Anti-cancer society of Uzbekistan	"Increasing efficacy of cancer secondary prophylaxis with aim of its early diagnosing in Family out-patient department #33"	Tashkent city	\$2,915.28	Training of GPs in polyclinic #33 on early diagnosing cancer and pre-cancer diseases	Project was completed as described in project description
5	Youth Development Center "Barchinoy"	"A girlie, girl, woman"	Samarkand city, Samarkand Oblast	\$3,351.21	Seminars for girls of Orphanages in Samarkand on reproductive health, rights, STDs and HIV/AIDS prevention, sexual health	Project was completed as described in project description
6	NGO Ayol va Salomatlik	"Educational-informational activities among women of reproductive age and their children on anemia prophylaxis"	Samarkand city, Samarkand Oblast	\$2,208.12	Seminars on anemia prevention and proper nutrition, organizing "Health" medical club in makhalla	Project was completed as described in project description
7	Association of Medical Students	"Creation of C Healthy Family Center"	Samarkand city, Samarkand Oblast	\$3,592.77	Train women and their husbands to healthy pregnancy issues, TOT for nurses and doctors on informing people using interactive techniques on health topics	Project was completed as described in project description
8	NGO Rushnolik	"Hope"	Uzbekistan rayon, Farghona Oblast	\$3,375.48	Seminars and consultations on prophylaxis of short-sightedness for medical workers of SVPs, teachers, children and their parents; opening supporting cabinet in SVP	Project was completed as described in project description
9	Soh branch of NGO Ishonch	"Information in time is a way for healthy lifestyle"	Soh rayon, Farghona Oblast	\$1,548.61	Seminars on reproductive health and reproductive health rights, prevention of STDs for SVP/FAPs personnel and women	Project was completed as described in project description

10	Association of Primary Rural Healthcare Facilities	Public awareness campaign "No AIDS in Farghona Oblast"	Farghona and Andijon Oblasts	\$4,760.84	Public awareness campaign on HIV/AIDS	Project was completed as described in project description
11	"Association of Pediatritions", Bukhara	Prepare the trainers from average medical personnel for training and for prepare the sisterly stuff	Bukhara	\$4,818.66	Preparation of trainers from among the average medical personnel of four pilot areas of Bukhara Oblast for training and preparation of the sisterly staff for work in family during six months	Project was completed as described in project description
12	"Doctors for Children", NGO, Samarkand	Balanced diet - is a basis of preventive maintenance of an anemia	Samarkand	2,205.67	During six months to inform and train inhabitants of Siabskiy area in principles and norms of the correct balanced feed, by carrying out in organizational pairs (the pediatricist, the nurse), prepared on training " A Healthy feed - a first step in struggle against an anemia ", information meetings with inhabitants twenty makhallas of Siabskiy area, with the purpose of decrease in growth of disease by an anemia among women and children	Project was completed as described in project description
13	"Umid", Center, Samarkand	Training to skills of work of the domestic nurse of girls - invalids	Samarkand	\$3,402.07	During six months to impart knowledge and skills of care of heavy patients to 120 girls to the invalids living in Samarkand city and Pajarykskiy area, by carrying out of seminars - trainings for girls and employees of a primary link under " There where there is no doctor " program, with the purpose of integration of girls - invalids in a society and purchases of economic independence by them.	Project was completed as described in project description
14	."Forum" Center, Samarkand	Health protection of mother and the child - a pledge of health of family	Samarkand	\$2,950.93	Create during six months Information-consulting center " Mothers and child " at " Huja kishlak " Urgutskiy area of the Samarkand Oblast and train 60 person (midwives, doctors and pregnant women) under three adapted programs on six three day time trainings for effective activity of obstetrical service and preventive maintenance of healthy motherhood and the childhood.	Project was completed as described in project description

15	Initiative Group "Bayoz", Djizak	Increase of awareness of the population, of Reproductive Health questions	Jizzak	\$2,236.09	Increase of awareness of the population, of Reproductive Health questions	Project was completed as described in project description
16	."Association of Reproductive Health", Fergana	School, free from tobacco	Fergana	\$3,814.44	Anti-tobacco campaign and educational seminars about the harm of smoking among schoolchildren of the gymnasium #12 in Fergana city	Project was completed as described in project description
17	"Micado", Center, Fergana	We are together	Fergana	\$2,314.75	Improve knowledge in health and increase a social - psychological adaptation of 266 children of the boarding school №86 in Fergana city and open there a health center "Chance"	Project was completed as described in project description
18	"Yangi Avlod", Center, Urgench	Creation of a consultation center on children's medicine in Khorezm Oblast	Urgench	\$3,164.95	creation of a consultation center on children's medicine in Khorezm Oblast	Project was completed as described in project description
19	Association on Reproductive Health of Uzbekistan, Namangan branch	"UMID"	Namangan	\$1,955	Carry out in current six months information-educational activity among 200 teenagers representing an ethnic people group, on questions of reproductive health and the reproductive rights, preventive maintenance AID, drug prevention, by means of carrying out of seminars, round tables, a meeting, and also the organization study of consultation on questions on base makhalla committee " Gulistan " with constant group of advisers (12 person) from among leaders of youth of an ethnic people group	Project goal was achieved without Counterpart's assistance by community committee

20	Samarkand regional not state noncommercial charitable association of invalids and patients with a diabetes «Umid-D»	« Training of sick children, teenagers, their parents and medical worker kishlak medical items and to preventive maintenance of complications at a diabetes »	Samarkand	4,223	<p>Training of patients by a diabetes of children, teenagers and their parents to bases of knowledge:</p> <ol style="list-style-type: none"> 1. On preventive maintenance of complications and first-aid treatment, for reduction in quantity of complications on a background of a diabetes for the prevention of urgent conditions as hypoglycemia and hyperglycemia 2. For training to self-checking with a view of rational insulin therapy and good indemnification of a diabetes which conducts to reduction in complications. And informing of the population of area on a problem of a diabetes, on measures of the prevention of complications, modern methods of treatment and preventive maintenance of disease. 	Project was completed as described in project description
21	Association of Medical Students, Samarkand	“Helminthiasis prophylaxis in Rural regions”	Samarkand city	\$1,000	To reduce level of parasite diseases through training nurses of 18 SVP of Bulungur district to prevent parasite infections, conducting 3-day TOT for 10 teachers of raising the level of nurses’ skill center, conducting informing meetings in pilot makhalla, creation of information stands in public centers.	Project was completed as described in project description
22	"Barchinoy" Youth Development Center, Samarkand	“ A boy, youth, man”	Samarkand city	\$1,500	To give knowledge to boy-teenagers of 3 orphanages in Samarkand city on healthy life through conducting 35 trainings for orphan boys on reproductive health, rights, STDs and HIV/AIDS prevention, sexual health, 4 trainings for orphanages tutors, mentors and medicals, clinical examination of orphans.	Project was completed as described in project description
23	Red Crescent Zhondor district division, Bukhara Oblast	“Tuberculosis prophylaxis”	Bukhara Oblast	\$1,500	To carry out prophylaxis work in “Aleli” community of Zhondor district, Bukhara Oblast trough conducting 14 trainings for 280 families on tuberculosis prevention and competent behavior and medical assistance to diseased, and conducting TOT training for volunteer-trainers preparing.	Project was completed as described in project description

24	Nursing Training Center, Bukhara	“Healthcare primary chain nurses preparing for work in a family and community”	Bukhara city	0	To give knowledge to nurses of Bukhara city and Peshkun and Gizhduvan regions in specialty “family nurse” for work in rural medical stations, families and communities through conducting 2 round tables, implementation of educational program on nursing peculiarities, conducting information campaign;	There was an ongoing conflict between this organization and local health authorities, and absence of licensure to provide trainings to health professionals, it was decided to cancel implementation
25	Association of Rural Primary Healthcare Facilities, Fergana	“Healthy family”	Ferghana city	\$2,000	To improve childbirth preparedness quality of 50 pregnant women through establishing “Healthy family” center in Ferghana city and conducting on its base 12 seminars for women first in childbirth, to conduct training course for physicians, nurses and midwives from maternity welfare clinics on recent tendencies in childbirth preparedness.	Project was completed as described in project description
	TOTAL			\$67,316.22		