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Environmental Policy and Technology Project

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NEW INDEPENDENT STATES

FIELD REPORT

Water and Sanitation Health Education Program

Health Program Summary

Urgench and Beruniy, Uzbekistan

December 1995

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Prepared by:

Central Asia Regional EPT Office in Almaty, Kazakstan

Environmental Policy and Technology Project

For the New Independent States of the former Soviet Union

A USAID Project Consortium Led by CH2M HILL

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Section 1 Introduction

The direction of the Environmental Policy and Technology Project (EPT) was conceived in response to an announcement in October 1993, that the Government of the United States would provide assistance to the Central Asian Republics in fostering regional cooperation in the Aral Sea region. Assistance is administered under the auspices of USAID with a focus to provide:

- 1) potable water and public health education projects to communities most affected by waterborne diseases and increasing infant mortality; and
- 2) technical assistance and training to support regional cooperation in water management.

To accommodate these objectives, the Water and Sanitation Health Education Program was developed as one of three components of the USAID EPT Project in Central Asia. The other components include engineering improvements to upgrade the quality of drinking water and water distribution systems, and regional cooperation in water management. A Memorandum of Understanding was executed between the Government of the United States and the Government of Uzbekistan on April 20, 1994 to affirm commitment to the EPT Project and to "provide water quality improvements and a complementary environmental education program for critical populations in selected areas of Uzbekistan."

1.1 Background

The USAID EPT Project is working with the Government of Uzbekistan on the local and national level and in cooperation with other international assistance organizations to improve water quality and sanitary conditions. The majority of the population living in the Aral Sea region of Uzbekistan is concentrated in the cities of Urgench, Khorezm Oblast, and Nukus, Karakalpakistan and in surrounding collective farms and rural settlements lying southeast of the Aral Sea. These people live under hazardous environmental conditions caused by bacteriological and chemical contamination of their drinking water and from inadequate disposal of human and other wastes. Families in these areas have been afflicted with health problems, such as acute intestinal infections, allergic reactions and chronic diseases caused by irrigation runoff from cotton fields that contain pesticides and fertilizers.

Section 2

Water and Sanitation Health Education Activities

2.1 Needs Assessment

Within the framework of the Water and Sanitation Health Education Program, a rapid needs assessment was conducted in December 1994 in the rayons of Urgench and Nukus. Following deliberations with people living in those areas, it was recommended to:

- Improve collaboration between all organizations and agencies that have responsibility for financing, planning, implementing and evaluating health education programs that seek to improve environmental conditions in Uzbekistan;
- Promote the effective use of health education methods and materials in the target areas; and
- Increase the ability of key staff members in oblast and rayon agencies involved in health, agriculture, and education and the mass media to carry out joint needs assessments and develop and implement health education programs.

Several of the professionals the team consulted during this field visit indicated that they were tired of words and no action. In response to this concern, it was proposed that an inter-agency planning seminar be organized to provide an opportunity to assess water, sanitation and related problems and to determine what could be done about them through local action.

2.2 Inter-Agency Planning Seminar

The Inter-Agency Planning Seminar took place in Tashkent in June 1995 and was attended by 32 participants from Tashkent, Nukus, Khiva, Beruniy, Khazarasp and Urgench. The purpose of the seminar was to involve participants representing various agencies to collaborate with one another and with members of local communities to plan and implement health demonstration projects that would contribute to the improvement of local health and environmental conditions. Such an approach was used because development experience has shown that project sustainability can be achieved only by involving the local community in planning and running demonstration projects and by encouraging governmental commitment to this process.

The seminar format required participants to take a multi-disciplinary and democratic approach to solving health and environmental problems at the local level. Participants took part in exercises that led them to consider the differing priorities of professionals and ordinary people and were introduced to methods of finding common ground between opposing interest groups.

The concept of public participation in resolving water and sanitation issues was foreign to most participants. For many it was the first time they were directly confronted by rural

residents, workers, school children, and representatives of NGOs. Participants were asked to listen to problems as perceived by the community members and to seek their opinions as to how to resolve them through community action. Many participants came to realize their own professional biases and acknowledged public dialogue to be the most democratic approach to problem solving.

Upon conclusion of the seminar, participants recommended that the EPT Project provide technical support and hardware for establishing an adequate and safe water supply, human waste disposal, hand washing and other essential environmental health facilities to the health demonstration sites as required and where local resources are not sufficient.

The locations selected during the seminar for the health demonstration sites are as follows:

Khorezm oblast -

- Cotton processing factory in Urgench
- R. Abdurahimov School, at the Ahunbabaev farm
- Kindergarten "Lola", at the Ahunbabaev farm
- Garage at the Ahunbabaev farm

Karakalpakstan, Beruniy rayon -

- Kindergarten "Lola" No. 9
- Cotton oil factory and a kindergarten
- Rahimov School
- Eschanov School

The health demonstration projects sought to achieve the following:

- Promote learning by doing, i.e. actively participating in the development and completion of a project;
- Encourage multisectoral involvement for the resolution of local problems;
- Instill a sense of shared responsibility for supplying resources and meeting goals;
- Develop projects that will serve as examples for work that can be replicated in other rayons and oblasts through multilateral cooperation;
- Initiate intersectoral cross fertilization of local agencies; and
- Create opportunities for children to educate their parents on appropriate health behaviors.

The Inter-Agency Planning Seminar convened in Urgench was the first activity in the region in many years which helped to health professionals to shift from old approaches to the solution of health problems to the new ones. The momentum gained at the seminar must be supported to develop a critical mass of authorities and citizens in the community committed to the participative process and dedicated to the goals of the health demonstration projects to ensure it is sustainable. Therefore, it was recommended that the health activities of the Environmental Policy and Technology Project:

1. Sustain support of health demonstration projects planned at the seminar by facilitating a strong and active role for the coordinating body in its follow-up activities at the model kindergartens, schools, and farms in Urgench and Beruniy.
2. Advocate and facilitate continuation and expansion of a joint health needs assessment, planning and implementation by instituting inter-agency collaboration and community participation methodologies in water and sanitation action programs in other communities throughout the region.
3. Strengthen the role of the coordinating committee and project implementation teams by:
 - encouraging inclusion of United Nations volunteers and representatives of other international and non-governmental agencies,
 - dividing tasks among coordinating committees members for the demonstration projects in Urgench, Beruniy and Nukus rayons and project implementation teams for each of the health demonstration projects, and
 - defining support activities to be provided to the coordinating committee and model projects by oblast and republic representatives and agencies concerned with water, sanitation and health education for the public.
4. Provide refresher orientation and training courses in health education (including methodology of information, education and communication) at rayon and oblast level for relevant staff of Health Centers, SES, hospitals, schools and agricultural and occupational health facilities.
5. Support the use of participatory educational methodologies at institutes and training centers for professionals involved in health education of the public including medical and sanitary doctors, nurses and other health staff, school teachers, community leaders, agricultural and occupational/industrial specialists.
6. Provide essential equipment and supplies for health education services and training needed by select health education institutions at rayon, oblast and republic levels and key training centers where health education, community involvement and intersectoral collaboration are developed and taught.
7. Provide water and sanitation technical support and limited materials for adequate and safe water supply and human waste disposal. This includes hand washing and bathing, food handling and other essential environmental health facilities at demonstration project sites as might be required and for which local resources are not available.
8. Develop criteria and indices for monitoring and evaluating the implementation and impact of the demonstration projects on health status and behavior with local community representatives and professionals.
9. Convene an Aral Sea Region (ASR) Policy and Strategy Round Table to develop policies and strategies for water and sanitation education and action which might be applicable to all republics of the ASR.

2.3 Follow-up Support Activities

As agreed to during the Inter-Agency Planning Seminar, the EPT public health team conducted a follow-up trip to Urgench and Beruniy in November 1995. The objectives of the trip were to:

- Evaluate the results of the Inter-Agency Planning Seminar;
- Compile a list of equipment needed at the health demonstration project sites;
- Work with health professionals involved in health education to determine how they can perform their duties more effectively;
- Review curricula of primary and secondary schools with the intent to give more hours to lessons on general hygiene, sanitation, and health;
- Collaborate with other donor organizations working in the Aral Sea region;
- Develop monitoring criteria, including behavioral data.

All of the health demonstration sites were visited with local engineers, who investigated the viability of the proposed water and sanitation improvements and drafted corresponding designs. Meetings were held with heads of all the demonstration sites to ensure their commitment to installing the equipment which will be provided by EPT Project. The following criteria defined the terms of equipment delivery:

- Inexpensive and easy to install and maintain in order to encourage further replication and expansion of efforts by the local population, and
- Appropriate technology and complementary use of local resources, so that the population can participate in its installation. It was also agreed that the above mentioned equipment will be installed and maintained by local people through creation of parents and students committees in schools, and by attracting specialists and administrators committed to solving local water and sanitation problems.

While in Urgench and Beruniy, mini-sessions were conducted by the EPT team on the subject of new approaches in health education. The session was dedicated to the role and responsibility of health educators in solving community problems that depend on the health education of population. The participants, which included representatives of the health demonstration projects, were introduced to the steps of "diffusion of innovation" at the individual and community level. This exercise showed the way that innovation is translated from information to practice and it was found to be very useful to the participants.

The mini-session also dealt with the relationship between humans and the environment. The participants identified environmental factors that influence human health and were acquainted with the concept of target groups and the importance of target groups in conducting successful health education campaigns. By listing factors that cause human disease, including vector borne diseases, the participants were able to identify behaviors that favor and do not favor the transmission of certain diseases. This exercise illuminated the need to create acceptable conditions for different target groups to carry out appropriate health promoting behaviors.

Through the needs assessment, inter-agency planning seminar, and the engineering activities directed at improving the water supply, the EPT Project created an atmosphere for subsequent change in the target communities. The follow-up trip defined the steps to the conclusion of the EPT Water and Sanitation Health Education Program and aimed to build a human resource base for the further reform of the health care system by emphasizing the role of the individual in the solution of local problems.

The proposed public health action plan is country specific for Uzbekistan and includes Karakalpakstan, but it will also have an extended impact on the Aral Sea regions which lie within neighboring Turkmenistan and Kazakstan. The initiatives proposed in this health action plan benefit from other EPT led field activities, the numerous meetings with agency representatives and review and consideration of the other related activities.

Section 3 Public Health Action Plan

3.1 Development

The initiatives proposed in this health action plan benefit from other EPT led field activities, numerous meetings with agency representatives and review and consideration of the following documents:

- Needs assessment recommendations
- Planning seminar recommendations and results of follow-up activities,
- EPT delivery orders,
- Evolving CAR National Health Plans, and
- Other CAR NGO, bilateral and multilateral health, water and sanitation programs.

The elements of the public health action plan are:

- A. Health, water and sanitation education
- B. Data development and management
- C. Health policy

3.2 Health, Water and Sanitation Education Strategy

The short term goals of the strategy are:

- To involve the population living in Beruniy and Urgench, health and other professionals in beneficial health and sanitation activities.
- To make potable water more accessible and to upgrade sanitary facilities in the cities Urgench and Beruniy.

The long term goal is to improve the health status of the population living in the Aral Sea region of Uzbekistan. To accomplish this, the objective of the health, water, and sanitation education strategy is to develop highly skilled personnel who will be able to:

- Impart knowledge on appropriate health and sanitary practices to the communities they work in and help to foster healthy behaviors among targeted groups;
- Collaborate with other sectors, including NGOs, to create satisfactory sanitary conditions for given target groups;
- Provide training and support for and collaborate with national, regional, local health and other personnel responsible for public health education;
- Develop education programs on efficient water use for officials and consumers;
- Develop, implement and evaluate programs that promote health behaviors focused, but not limited to water and sanitation issues; and

- Collaborate with other ASR countries in the development and implementation of a regional health and sanitation program.

3.2.1 Health demonstration projects

The health demonstration projects were outlined during the March-April 1995 seminar in Urgench. The health demonstration project sites included kindergartens, middle schools and a nearby farm. Work on the engineering designs and the list of proposed hardware for the provision of potable water and adequate sanitation at the demonstration sites was initiated in October and will have to be reviewed. A possible candidate for conducting this review is a sanitation engineer who worked as an EPT consultant and has already spent a month in Kazakstan. This candidate's experience in various environments and in developing countries will guarantee that the following criteria are applied:

- Use of adapted technology and rapidly achievable,
- Relatively low cost and modest maintenance,
- Absence or very low negative environmental impact, and
- Potential for local population to take part in its realization.

The health demonstration projects are designed to be high impact, relatively low cost activities with an emphasis on involving the local population and administration in implementing, sustaining, and replicating the project. Local participation will achieve the following:

- Provide an opportunity to "learn by doing,"
- Encourage multisectoral involvement for the resolution of local problems,
- Instill a sense of shared responsibility for supplying resources and meeting goals,
- Create demonstration projects that will serve as examples for work that can be done in other rayons and oblasts through multilateral cooperation, and
- Initiate inter-sectoral cross-fertilization and opportunities for children to educate their parents on appropriate public health behaviors.

3.2.2 Core training team

This element of the strategy focuses on the role human resources play in raising the health status of the region's population. Current policy promotes numerous and repetitive but ineffective mass campaigns. The observation made on the sanitary habits of the population (use of pit privies) by health and other administrative personnel designate them as a prime target group for change. In order to influence the population to change their behavior, alternative ways of selecting, producing and delivering public health messages must be introduced. Initiating the necessary transformation will require upgrading the skills and knowledge of the personnel in charge of what used to be called "enlightenment and sanitary propaganda."

Public health and medical personnel are the first in line to bridge the gap between knowledge and basic sanitary and water utilization practices. EPT proposes that a group of

about eight health professionals presently operating at the local and national levels undergo public health communication training. These candidates will be chosen according to criteria to be developed in cooperation with the Ministry of Health (MOH).

Their participation in the training would allow them to sharpen their skills and knowledge in the field of health education and promotion and would provide them with an opportunity to review their respective roles. Furthermore, the group cohesiveness developed during the training session will aim at building a team spirit where each participant will feel competent in his/her new roles and feel supported by others. The participants will be able to become familiar with training methodologies that will allow them to impart their skills and knowledge to others. It is hoped that they will become a training team able to improve the MOH's capacity to improve water use and sanitary conditions as well as other problems that can be mitigated through health education.

The role of the training team is outlined below:

- Induce behavioral changes related to water and sanitation, and
- Coordinate and provide educational support to the professional and community representatives during the installation of equipment and materials to be provided by EPT and ensure the completion of the health demonstration projects.

The latter is a crucial use of the participants once they return from the U.S. based training. By mobilizing specific groups, parents associations for example, to take part in the health demonstration projects, it would provide them with the capability to generate similar projects elsewhere. Additional roles would be:

- Conduct health education planning seminars on water and sanitation in Khorezm and Karakalpakstan Oblasts;
- Introduce behavioral indicators to be collected along with epidemiological data;
- In cooperation with the Aral Sea Region field personnel, develop and monitor an information, education, and communication campaign;
- Develop and conduct social marketing campaigns using water as a valuable commodity;
- In conjunction with the core training teams from Turkmenistan and Kazakstan, integrate their social marketing/mass media campaigns covering the Aral Sea region with that of Uzbekistan.

The technical work on the existing health demonstration projects will have to be synchronized with the return and availability of the participants.

3.2.3 In-service personnel development and upgraded pre-service programs

If the previous two health components can be accomplished within a few months, in-service and pre-service development will be an ongoing process. EPT's role will center on promoting curricula development assistance to health institutions and other selected

learning centers involved in water and sanitation issues. The core training team will play a key role in the implementation of this component through the following activities:

- Provide training in health education for the SES/Health Centers and other interested personnel throughout the country;
- Provide expertise to medical, nursing, sanitation and other relevant schools and institutes to integrate health education and other appropriate public health communication components into their programs;
- Provide expertise to the Ministry of Education to review and adapt health, water and sanitation modules to existing curricula;
- Contribute to national health education/health promotion programs and campaigns;
- Reinforce existing health promotion networks and contribute to information dissemination through specialized literature, mass media and local community information channels; and
- Represent Uzbekistan at national and international forums on health education and promotion.

Institutional reinforcement through pre- and in-service development should be carried out simultaneously. A country specific action plan to upgrade health and other personnel performance must be developed. At the same time, expertise must be provided to develop a regional institution that would monitor and support educational programs intended for the entire Aral Sea region.

3.3 Data Development and Management Activities

A USAID sponsored program in epidemiology is being implemented by the US Centers for Disease Control and Prevention. The purpose of the program is to better utilize epidemiological data. The installation of computers at the oblast and ministry level and the training of epidemiologists increase the capacity for providing rapid feedback of critical information throughout the health care delivery system. However, more attention should be paid to the collection of data at the rayon level. Although critical in rendering the system more efficient, the CDC program does not address the lack of data and understanding of personal behaviors related to the water usage and consumption, sanitary conditions and habits of specific populations.

The EPT Project proposes to help develop behavioral indicators that measure the results of its intervention. The development of such data and their integration in the overall health data system will be done at the rayon level first and eventually extended to the national and regional (Aral Sea region) levels. This epidemiological work will have to be combined with two other interventions:

- A comparative risk assessment that considers the impact of water quality on the health of the consumer, and
- The determination of health related behaviors in conjunction with what are called

the pre-transition environmental health problems (i.e. water supply, sanitation and wastewater, solid waste, food hygiene and vector born diseases).

This research activity will help to:

- Set priorities for further engineering investments,
- Evaluate and control health problems, and
- Provide information for producing public health messages and campaign development.

A single comparative health risk assessment will be conducted in Aral Sea Region which lies within Uzbekistan and the results will apply to two other areas within the basin which share many of the same characteristics. Significant differences in water use and sanitary behavior among the three nation's populations has not been observed by the EPT public health team.

3.4 Health Policy Activities

The health reforms enunciated by the Government of Uzbekistan and have yet to be realized. As the direction of health education and health promotion is being clarified, EPT can play a leading role in helping Uzbekistan to shape its health policy. This distinction is justified as it finds itself to be the lead collaborating organization in the integration of primary health care principles and practices for the improvement of water and sanitation services and health education.

Other policy areas will focus on but will not be limited to:

- Influence of cost free water on consumption patterns and its impact on public health;
- Media use for the promotion of beneficial health habits;
- Multisectoral responsibility for water and sanitation problem resolution;
- Inclusion of existing NGOs and the development of new community groups dedicated to local health, water and sanitation problem solving;
- Regional collaboration;
- Human resource development; and
- Development and organization of community groups (NGOs).

In the policy area, EPT will work with Uzbek and Karakalpak health officials and other agency representatives and will coordinate efforts with other bilateral and multilateral organizations which share an interest in providing leadership for the orientation of the country's health services.

3.5 Technical Support

The proposed health action plan for Uzbekistan is to be implemented during a period of great change in the country; therefore, the plan will have to be constantly adapted to the shifting political and economic conditions while remaining congruent with the country's evolving needs. For these reasons the advice of outside technical experts with global experience was sought during the conception of this plan in addition to regular consultations with officials at the local and national level. An advisory group has been set up and will meet on an ad'hoc basis to provide expertise during the monitoring phase.

The advisory group members are:

- Jean de Malvinsky, MPH, assistant professor of health research and policy, Stanford School of Medicine, Stanford University;
- Paul Bash, PhD, professor of international health (specialist in vector born and communicable diseases, epidemiology), Department of Health Research and Policy, Stanford School of Medicine, Stanford University;
- Donald Johnson, PhD, advisor to World Health Organization (specialist in health education and promotion and institutional development);
- Wilbur Hoff, Dr.Ph, director, Global Traditional Health Resources, Berkeley, California (specialist in training and community health education);
- Jean Shaikh, MPH, deputy director of EPT/Washington.

The proposed activities included in the schedule of public health activities are shown in Table 3-1. The training program design will take place during a six week period and will include, but will not be limited to:

- Health education and promotion, theory and practice;
- Information, education and communication;
- Social marketing, focus group methodology;
- Organizational development and multisectoral collaboration;
- Community participation;
- Program management: conducting a needs assessment, planning, pre-testing, monitoring, supervision, evaluation, and budgeting; and
- Advanced training of trainers: needs assessments, adult training techniques, training technology, adaptation of innovation, behavioral change, performance evaluation, and budgeting.

The training program will be adapted for each participant's working needs be it at the rayon,oblast or ministry level. The intended output of these activities are to develop:

- Individuals who can work independently to affect change;
- Working groups who will upgrade the Ministry of Health's performance in dealing with problems related to water and sanitary conditions;
- Draft plan for the implementation of multilevel campaigns on water and sanitation in

- the Khorezm and Karakalpak regions;
- Draft plan for participating in an ASR campaign in collaboration with Turkmenistan and Kazakstan;
 - Draft proposal that redefines the roles of Sanitary Epidemiological Service/Health Center personnel; and
 - Draft proposal of behavioral objectives to be included in the base line data to be collected and used to measure campaign impact.

The proposed training site is the International Health Program (IHP) located in Santa-Cruz, California. IHP has been involved in cross-cultural training for over twenty-five years. It offers an excellent learning environment with an experienced support staff. IHP, as part of the Western Consortium for Public Health, may draw training resources from UC Berkeley, UC Los-Angeles and the UC Extension System, and San Diego University School of Public Health. The training events have been conducted in many languages, including Russian.

**Table 3-1
Proposed Schedule of Public Health Activities**

ID	Task Name	Duration	Start	Finish	5	Qtr 1, 1996			Qtr 2, 1996			Qtr 3, 1996			Qtr 4, 1996			Qt
					Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
1	Development of training criteria	4d	12/21/95	12/27/95														
2	Selection of people for training	10d	1/3/96	1/17/96														
3	Preparation for the training	20d	1/22/96	2/16/96														
4	Health Education Training (US based)	32d	2/19/96	4/2/96														
5	Risk Assesment in Uzbekistan	45d	4/8/96	6/7/96														
6	Procurement and delivery of equipment for the Health Demonstration projects	60d	1/15/96	4/5/96														
7	Implementation of Health Demonstration Projects	50d	4/8/96	6/14/96														
8	Beginning of Social Marketing & Health Educational Campaign	110d	4/29/96	9/27/96														
9	Regional water and sanitation workshop in Urgench	5d	5/27/96	5/31/96														
10	Health education trainings at national and oblast levels in Uzbekistan	5d	9/11/96	9/18/96														
11	Ongoing Health Education training at the local level	105d	10/7/96	2/28/97														
12	Primary Health Care policy (Water & Sanitation, Health Education)	255d	1/1/96	12/23/96														
13	End-of-EPT project regional workshop on water and sanitation in Tashkent	5d	12/9/96	12/13/96														

Project:
Date: 1/24/96

Task

Progress

Milestone

Summary

Rolled Up Task

Rolled Up Milestone

Rolled Up Progress

Appendix A List of Participants

TASHKENT

1. Rimma Nozhkina Head of Sanitation Department, Ministry of Health
2. Meli Tohirov Head of Laboratory, Scientific and Research Institute of Sanitation, Hygiene and Professional Diseases
3. Haitbai Latipov Chief Doctor, Republican Center of Health

URGENCH

4. Azad Adambaev Deputy Khokim of the Region
5. Bahtier Duschanov Chief Doctor, Regional SES
6. Leninza Askarova Chairman, Charity Foundation
7. Munis Hudaibergenov Deputy Director, Regional Health Department
8. Belposhsha Sabirova Chief Doctor, Health Center
9. Komiljon Hudaibergenov Deputy Director, Department of Education
10. Bahtiyar Jumaniyazov Deputy Chief, Regional SES Department
11. Zamira Palvanova Chairman, Red Crescent
12. Gulbahor Ruzmetova Head of Department, Health Center
13. Hakim Muminov Chief Doctor, Oblast Health Center
14. Sadulla Ibadullaev Head of Oblast Serious Diseases Department, SES
15. Davlatnazar Davletov Head of Procedures Department, SES
16. Gulbahor Ruzmetova Khorezm Oblast TV
17. Holid Matkarimov Khorezm Oblast TV
18. Ludmila Chernitsova Journalist/Khorezm Pravda
19. Yuri Madaminov Nature Protection Committee

URGENCH REGION

20. Atahan Masharipov Chief Doctor, Health Center
21. Kadir Matchanov Chairman, Veterans' Council

KHIVA

22. Hudainazar Matnazarov Chief Doctor, Health Center

HAZARASP

23. Matgon Nazarov Chief Doctor, Health Center

NUKUS

- | | |
|-------------------------|---|
| 24. Allabergen Abbasov | Karakalpakstan TV |
| 25. Saparbai Masharipov | Chief Doctor, Republic SES |
| 26. Kamil Shukirov | Head of Melioration Department, Ministry of Agriculture |
| 27. Yuldash Amanbaev | Deputy Chairman, State Committee of Nature Protection |
| 28. Urazali Ismailov | Chief Doctor, Health Center |
| 29. Alexander Pak | Deputy Minister of Education |
| 30. Batyr Bazarbaev | General Director of ECOSAN |
| 31. Vyacheslav Matkulov | Deputy Director of "Water and Sewage" |

BERUNI

- | | |
|------------------------|-----------------------------|
| 32. Nuraddin Yuldashev | Chief Doctor, Health Center |
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Appendix B Seminar Program

Day 1

- 10:00 AM Opening: Welcome address by local officials
- A. Adambaev, Deputy Khakim of Khorezm Oblast
- S. Masharipov, Chief Sanitation Doctor of Karakalpakstan
- B. Duschanov, Chief Sanitation Doctor of Khorezm Oblast
- 10:30 Review of progress to date
- R. Nozhkina, Chief of Sanitation Department, Ministry of Health
- Paul Dreyer, Director EPT/CAR
- 11:30 Break
- 12:00 Review of accomplishments, problems, and resources
- Seminar participants
- 13:00 Lunch
- 2:00 PM Identification of issues related to water, sanitation and public health
Group nominal process exercise
Questionnaire on expectations
- 3:00 Break
- 3:30 PM Small working groups join to discuss, identify and prioritize health problems and needs in context of schools, collective farms, market places, and work places.
- Work group report their discussions in terms of three categories:
- a) priority health problems and needs;
 - b) resources available;
 - c) key persons/agencies that should be involved.
- Questions and answers from large group
- 5:00 Participant reflections on the day

Day 2

- 9:00 AM Preparation for going to community demonstration project sites
- 10:00 Visit community sites to talk to individuals/groups
- Akhunbabaev Collective Farm (school and garage) - Urgench Rayon
Silk factory - Urgench
School , kindergarten, garage, cotton oil factory - Beruni

Day 3

- 9:00 Groups prepare reports on observations of site visit
- 10:00 Individual groups present their findings:
- *What priorities /problems/needs do people have?
 - *What do the people think should be done?
 - *What resource can the communities offer?
 - *What suggestions do they have for demonstration sites/programs?
- 1:00 PM Lunch
- 2:00 Discuss team findings with large group
Summarize and agree on action plans
- 3:00 Break
- 3:30 Participants break into small groups to prepare action plans
- 5:30 Closing: participant feedback

Day 4

- 9:00 AM Participants travel to community settings and present action plans,
Obtain feedback from community regarding proposed ideas and activities,
Integrate changes,
Obtain commitments from local leaders for community resources etc.
- 4:00 PM Reassemble at seminar
Incorporate community inputs into proposed action plans
Present and discuss in large group
- Closing: reflections on the day
- 7:00 Banquet

Day 5

9:00 AM Where are we now?

Finalize plans for health action/demonstration projects in small groups,
Discuss Coordinating Committee follow-up activities,
Obtain commitments from participating agencies for technical support and resources,

Present completed plans and recommendations to the large group,
Large group gives feedback and compiles recommendations,
Propose follow-up activities to facilitate the implementation of work plans at all levels,
Closing of the seminar.

1:00 PM Lunch