

Executive Summary

The Khatlon Social Mobilization Project is a multi-sectoral, community-based rural development program that is operated by Ghamkhori (Care), an NGO indigenous to Tajikistan. In its inception, its primary focus was upon the reproductive health and contraceptive needs of low-income rural women, but it now works directly with men and boys as well. Its array of interventions has also expanded, to include disease prevention and safe water use, as well as non-health issues such as domestic violence, rights of the woman and child, and conflict mitigation.

Ghamkhori seeks to achieve sustainable improvements in the well-being of its target communities by increasing the skills and knowledge of health workers and teachers; by developing community-based groups (Mahalla Committees) that can independently assume long-run responsibility for implementation of all activities; and by linking these Committees closely with local government officials and representatives of the Ministries of Health and Education. The KSMP's approach to changing behavior in households and communities is to organize focus group discussions among various demographic groups (women, girls, men, and boys) and to charge the participants with disseminating key project messages and promoting their adoption among the population at large. Multiple communication channels are utilized, in that these messages are also promulgated by Ghamkhori-trained teachers, students, health workers, and through the media. The KSMP also partially supports and operates a Women's Center that offers reproductive health services and support services for women victims of domestic violence.

The current evaluation is aimed at assessing the project's effectiveness, efficiency and overall impact; and at providing a basis for future planning. It was primarily a formative appraisal aimed at reviewing the overall approach and examining its current level of implementation in targeted villages and Kurgan Teppe town. A sample survey was not conducted, since quantitative data on all indicators are available from Ghamkhori's routine monitoring system, which is updated monthly. Instead, the evaluation consisted of a review of project monitoring data and other documents, plus focus group discussions and semi-structured interviews with project beneficiaries and local government officials. The evaluation team visited villages that had completed its 8-month project cycle in the the Vaksh, Bokhtar, and Jomi districts and talked with members of Mahalla Committees, women's and men's focus groups, village volunteers, Ghamkhori-trained teachers and health workers, and with officials of the Jamoats, Hukumats, and Depts. of Health and Education. Interviews were also carried out in Kurgan Teppe town in the KSMP Women's Center and government media center there.

The KSMP was found to be an appropriate, participatory and well-implemented approach to achieving improvements in rural health and well-being. A comparison between the project indicators and quantitative data garnered from the KSMP's routine project monitoring system revealed that positive progress has been made on all three objectives and that most indicators were met or exceeded. The goal of encouraging children to wash their hands after using the toilet and before meals was significantly exceeded, as was the goal of increasing the number of families who report they utilize only boiled water for drinking. The use of improved practices by health workers in their daily work was also found to be above the indicated goal. Results fell slightly short of the goal on installation of hand-washing facilities in schools, and on securing agreement among villagers to reduce the costs of traditional ceremonies. In no area, however, did the project fall seriously short of achieving its measurable objectives.

These findings are consistent with the results of the evaluation team's interviews and discussions in the target communities and the Women's Center. The KSMP's success in improving village sanitation and safe water use, and in meeting the demand for affordable contraceptive services, are beyond dispute; since Ghamkhori was praised in virtually every community and office visited by the evaluation team for these achievements. The team was repeatedly assured that the incidence of diarrheal diseases had actually declined as a result of the KSMP, and the improved access to contraception in KSMP villages was also said to have improved health.

Workers in one health facility said neonatal mortality had declined noticeably, presumably because unwanted births are now rare. Overall, informants rated the project's achievements in reducing diarrhea, typhoid and other infectious diseases as its most valuable contribution to their welfare. Many informants commented that health conditions had now improved to the point that their priority problems are now poverty and joblessness. Requests for Ghamkhori's help with these problems were frequently heard.

Discussions with women's and men's groups suggested that the KSMP's social change agenda may be slower and more difficult to realize. Although the focus group members were familiar with the rights of the woman and rights of the child, and could list many of them, both women and men were found to be reluctant to discuss the issue of domestic violence. In most cases, they assured the team that the problem was now solved. Close probing, however, revealed that even some of the women who have participated in KSMP focus groups still believe that a man is justified in striking his wife if she neglects her domestic responsibilities. Similarly, the project has encountered some unexpected resistance among village elites to the effort to limit and rationalize expenditures on traditional ceremonies. The senior managers of Ghamkhori are aware that social change is slow and difficult to achieve, and so they hope to catalyze a process of discussion and reflection among communities that will lead to long-term change. The KSMP's work with students and other youth is thought of as a way to influence attitudes before they are entrenched.

The KSMP's most important mechanism for achieving social change and long-term sustainability of all project improvements is the Mahalla Committee. All 6 MCs visited were found to be fully staffed and continuing to meet on a regular basis. A great deal of variation was observed in the number and quality of community projects that had been carried out by various MCs. All had actively instigated village improvement projects of some kind and mobilized community members to carry them out. The high-performing MCs reported that they had already completed more than one significant village improvement project involving use of community labor, collection of funds, purchase of materials, etc; while the least active MC interviewed had done little beyond organizing a general clean-up of the village. All the MCs, however, said they were active in promoting KSMP-taught health and social improvements in the village at large, primarily through work with village volunteers in their individual areas of responsibility (health, youth, rights, conflict resolution, etc.).

All MC Chairpersons reported that they attend Ghamkhori-organized District and Regional MC Forum meetings, where they share experiences, resolve problems, and strengthen their ties to local government officials. The Jamoat and Hukumat officials visited by the team also said they had attended at least once, and that their subordinates attend on a regular basis. All government officials interviewed said they felt the KSMP had been successful in strengthening ties between local government and communities; primarily through the mechanism of the Mahalla Committee.

The sustainability of Ghamkhori's improvements rests upon the continuing commitment of its village-level structures and trained workers, many of whom are volunteers. Although the teachers and health workers trained by the project are salaried government employees, the MC members and other volunteers receive no financial remuneration. Although government provides minor incentives to MC members (tax-exemptions, etc.), they do not receive a salary in cash, and their greatest incentive may lie in the prestige that MC members are accorded as community leaders. This incentive may not exist for those village volunteers who are not government employees however, and so their continuing commitment may be less likely. Other sustainability issues that may affect long-term viability of KSMP concern replenishment of needed supplies and commodities. After "graduation" from Ghamkhori, most health facilities rely on UNFPA-funded government supply centers for contraceptive commodities; but uninterrupted availability from these sources is not certain. No provision is made for re-stocking safe motherhood kits supplied to TBAs. These sustainability issues are not unique to Ghamkhori, but they should be considered when the next project cycle is planned.

Based on the findings of the evaluation, the following recommendations are proposed for Ghamkhori's next round of funding:

1. *When a committee must be built from the ground up, the eight-month project cycle may be too brief to fully develop the capabilities and commitment of the committee. It is recommended that the project cycle be lengthened to 12 months in order to address the problems of seasonality and to ensure that Mahalla Committees are fully equipped with the management skills they require to plan their activities and handle public finances.*
2. *It is recommended that the KSMP should research the feasibility of adding an income-generation or skills-development component to their activities for women.*
3. *It is recommended that in addition to its District and Regional MC Fora, Ghamkhori should also establish a Mahalla Committee Forum, to be held every six months for the MCs and officials of each Jamoat. In addition, Ghamkhori's training should equip MCs to be proactive in all dealings with the Jamoat .*
4. *It is recommended that Mahalla Committee members receive systematic training on management of public finances, and in proposal preparation, identification of potential sponsors, and other aspects of fund-raising. In addition, Ghamkhori should follow-up all MCs to identify specific shortcomings and needs for additional capacity-building.*
5. *It is recommended that Ghamkhori raise the public profile and recognition of village volunteers in order to provide motivation for continued commitment to the KSMP.*
6. *It is recommended that the senior management personnel at Ghamkhori receive training in survey research methods and other techniques relevant to effectiveness measurement and formative research for new initiatives.*
7. *It is recommended that a salaried data management officer be added to the Ghamkhori headquarters staff during the KSMP's next funding cycle.*
8. *It is recommended that Ghamkhori review its health worker training program to ensure that it is consistent with the most recent WHO and government protocols. Re-training of some corps of workers may be required.*
9. *It is recommended that Ghamkhori prepare a one-page brief every six months on current activities, to be submitted directly to the Head of the Khatlon Regional Dept. of Health.*
10. *It is recommended that Ghamkhori host a one-day seminar in which INGOs and UN organizations are invited to discuss the issue of working collaboratively with government, and in which Ghamkhori offers pointers on how to collaborate successfully with the Khatlon Regional Dept. of Health.*
11. *It is recommended that Ghamkhori develop a modified set of lessons for junior students on drug addiction, HIV/AIDS and reproductive health; and that teachers be trained to introduce these subjects to younger children.*
12. *Re-stocking of safe delivery kits is a sustainability issue that Ghamkhori should address if it continues its TBA training program.*

1. Background and Rationale

The Khatlon Social Mobilization Project is a multi-sectoral, community-based rural development program that is operated by Ghamkhori (Care), an NGO indigenous to Tajikistan. It is located in the Khatlon Oblast of Tajikistan, which is the poorest of the former Soviet republics. The Khatlon Oblast is in the southern portion of the country, which was particularly damaged by the civil war that devastated Tajikistan during the 1990s. The war resulted in significant loss of life, left many households without a breadwinner, and sent a number of Khatlon families into temporary refuge in Afghanistan and elsewhere. Khatlon is still attempting to recover from the destruction and disruptions of that period.

The KSMP grew out of an initial needs assessment conducted in 1996 by an international consultant under funding from Christian Aid. An essential component of the assessment was a consultation with Khatlon area communities aimed at revealing the priority assistance needs of the area's women. Health issues, and particularly access to contraception, were found to be the problems of greatest concern to local women. The program began in a single pilot village (*kishlok*) as a test of the concept and approach. A training-of-trainers (TOT) workshop was held for key staff members, who then began implementation of the program. The pilot was successful, such that representatives of surrounding villages approached Ghamkhori to request that their villages be included in the KSMP. In addition, participants in the program requested that it be expanded beyond a women's project to include activities aimed at men and boys. In 1997, two staff members were added to work with boys' and men's groups.

In 1999, Ghamkhori submitted a proposal to the European Union's Technical Assistance to the Commonwealth of Independent States (TACIS) funding program for a larger project in Khatlon. Funding was received, and the larger KSMP was initiated in 1999. Ghamkhori became an officially registered non-governmental organization at that time. The new project covered a more extensive geographical area that included the town of Kurgan Teppe and three rural Districts (Vaksh, Bokhtar and Khojamaston, now renamed Jomi). The KSMP serves an estimated population of 32,427 direct beneficiaries. In addition, a much larger number of indirect beneficiaries receive benefits from the KSMP.

The KSMP has also expanded its sphere of interventions and activities beyond the health sector. It now works with teachers and community organizations as well as health workers; and its components now include promotion of women's and children's rights, psychiatric, legal and medical assistance to women in distress, suppression of domestic violence, and mediation of conflicts both in families and between neighbors and ethnic groups. In addition, Ghamkhori retains its original health and family planning focus through activities in water and sanitation, provision of contraceptive services, and prevention of infectious diseases (including sexually transmitted infections and HIV/AIDS). The long-term objective of Ghamkhori's Khatlon Social Mobilization Project is:

To mobilize and empower communities as a whole, and women in particular, to improve their lives.

The specific objectives of the project are:

- To increase the level of self-governance, local initiative and people's representation and improve linkages between communities and local authorities through the creation of Mahalla Committees (MC).
- To sustainably improve the health of rural communities through: i) improved medical service delivery by informal and official local health workers, and ii) improved understanding of and practice in health and hygiene by the local population.

- To reduce the acceptability and the occurrence of domestic violence against women and the equality of gender relations by addressing the present attitudes to gender issues, especially domestic violence, and taking steps to heal psychological wounds from past acts of domestic violence.
- To improve inter-ethnic relations within the target communities through increased minority representation and by increasing mutual understanding and trust between the main and marginalized ethnic communities.

The Khatlon Social Mobilization Project is now nearing the end of a two-year funding cycle (2003-2005). For this reason, a final external evaluation of the KSMP, its progress and achievements, was undertaken in September, 2005. This report summarizes the findings and conclusions of that evaluation, and offers a series of recommendations for the next funding cycle.

1. The Purpose, Scope and Methodology of the Evaluation

Ghamkhori's program and activities have been evaluated previously in 2000 and 2003. The program was found to be operating as planned and on schedule in all target districts. The current evaluation is aimed at assessing the project's effectiveness, efficiency and overall impact; and at providing a basis for future planning. It has been based on a series of key research questions that were discussed and approved by Ghamkhori, ACT Central Asia, and the external evaluator. The key questions were as follows:

Key Research Questions:

A. What impact have project activities had on:

- Household health practice and hygiene (e.g. how has the project changed household health practices? Have households been able to maintain these health practices? What helps or hinders maintaining good practices?)
- Village medical staff practice (e.g. did staff benefit, personally and professionally, from the training provided by KSMP, and how do they think this has impacted their patients? How well do they assess KSMP's contribution to the villages?)
- Access to and use of family planning and midwifery services
- Family relations and women's position in the home (e.g. how has the project impacted family relations? Do they feel it has improved them and if so in what ways?)

B. What are the organizational strengths and weakness of the KSMP and how can the structure, management and procedures of the organization and the interaction of its staff be strengthened and improved to ensure organizational sustainability and accountable leadership?

C. What strategies, approaches or activities can the KSMP improve or adopt to increase the sustainability of its work in terms of community ownership and cooperation with civic authorities?

D. How responsive has the project been to community needs?

E. How havestaff interacted with beneficiaries?

- F. How much has the KSMP sought to coordinate, or where appropriate integrate, its activities with local government services?
- G. How effective has the KSMP been in establishing Mahalla Committees; and have these committees themselves developed and been effective?
- H. What have community members observed about the effectiveness of Mahalla Committees?
- I. How successful has the project been in reducing the acceptability and incidence of domestic violence?

Methodology:

Because the consultant who is responsible for evaluating activities relevant to inter-ethnic relations and conflict resolution was not available at the time of this evaluation, only Objectives 1-3 will be covered in this report. Achievement of objective 4 will be evaluated separately at a later date. For this evaluation, the evaluation team consisted of an independent external evaluator, a Ghamkhori senior manager, and representatives of ACT Central Asia. It was primarily a formative appraisal aimed at reviewing the overall approach and examining its current level of implementation in targeted villages and Kurgan Teppe town. A sample survey was not conducted, since quantitative data on all indicators are available from Ghamkhori's routine monitoring system, which is updated monthly. Instead, the evaluation consisted of a review of project monitoring data and other documents, plus focus group discussions and semi-structured interviews with groups and individuals in communities wherein Ghamkhori has completed its eight-month project cycle. Both villages that "graduated" in Sept. 2004 and others that completed the project cycle more recently (April-May 2005) were visited. The team talked with the following categories of respondent:

- Community members who have attended training classes carried out by Ghamkhori, including womens' and men's group participants,
- Women who have attended midwives' clinics and who have received services from the Ghamkhori Women's Center,
- Members of village Mahalla Committees,
- Volunteers working cooperatively with Mahalla Committees,
- Community medical workers and TBAs,
- Local government and Ministry officials,
- Volunteer teachers
- Pupils taught by Ghamkhori-trained teachers,
- Staff of the Ghamkhori Women's Center (including psychologist and lawyer)
- Ghamkhori field facilitators and headquarters staff
- Representatives of the media.

The discussions and interviews were structured by a series of open-ended question guides developed by the independent evaluator (Attachment II). They were carried out in Kurgan Teppe town (government offices, Women's Center and a media center), and in towns and villages of the three rural districts. In each of these districts, the team met with Jamoat and (where possible) Hukumat officials, with the head doctors of SUB medical centers, with medical workers at SUBs and other government health care centers, with traditional birth attendants (TBAs), with school directors, teachers and students, with members of Mahalla Committees and with mens', women's and girls' groups. The team also met with officials of the District Public Education Departments, district head doctors, and the head of the Khatlon Ministry of Health.

2. The Design of the Khatlon Social Mobilization Project

The design of the KSMP reflects a participatory and rights-based approach to community development and mobilization. It seeks to maximize independent action and decision-making among impoverished communities through creation or strengthening of local committees that represent the community at large. By ensuring that women are included in all its major activities, particularly Mahalla Committees, the project is designed to augment women's public participation and to enhance their role in public planning and decision-making. Its approach to improving the well-being of low-income villages is to organize communities to identify high-priority problems, and then to build community members' capacity to plan, implement and monitor local development initiatives that will address these problems. The KSMP also raises awareness of key issues among the population at large, and makes available the information individuals, households and communities need to improve their practices in the areas of hygiene, sanitation, disease prevention, child spacing, and human rights.

Structure and Staffing of the KSMP

During the eight-month project cycle, the KSMP's activities are planned and carried out collaboratively by Ghamkhori staff, Mahalla Committees, village volunteers and Jamoat officials, through a series of linked structures and personnel. After the first four months, responsibilities are handed over gradually, such that Mahalla Committees and other trained workers are prepared to assume leadership of all activities after the end of the project cycle. The key staff of Ghamkhori and its community-level partners are as follows:

Ghamkhori Senior Managers: Oversight, direction and monitoring for the program are provided by the senior management staff based in Kurgan Teppe town. These managers include: 1) the Director, who is responsible for general oversight for the project; 2) the Deputy Director, who is responsible for routine project management and for supervision of both Women's Center staff and female field Facilitators; 3) the Supervisor, who is supervises all work with male Facilitators and beneficiaries; 4) the Medical/Health Co-ordinator who is a physician in charge of developing all health-related training materials, curricula and lessons and who supervises the activities with medical workers; 5) the Administrator, who oversees all administrative tasks and supervises the two Administrative Assistants; and 6) two Administrative Assistants, one of whom is responsible for translation, travel arrangements and procurement of medicines while the other is responsible for non-medical procurement, logistics and maintenance of computers and other equipment. The headquarters office also has an Accountant, who manages and monitors all financial operations, and a Cashier.

Facilitators: Ghamkhori builds local capacity and knowledge primarily through training activities that are carried out by a group of field Facilitators. There are nine Facilitators working in villages, while four additional Facilitators are based in the Women's Center. The Facilitators spend four days in the field and one day in the office for planning, monitoring and problem-solving. Among the volunteers in villages, six of them train and advise Mahalla Committee members, village volunteers, and members of men's, women's and girls focus groups. The other three train and work with teachers, pupils, and boys' and girl's focus groups. These training activities are concentrated in an eight-month project cycle, after which the village "graduates" from the intensive phase of the program. Thereafter, the Facilitators visit each graduated village once every four months for monitoring and follow-up.

Trained Midwives: Ghamkhori employs three midwives for work in KSMP villages. The midwives examine patients, provide contraceptive services, work closely with medical staff in government health facilities, train TBAs and health workers, and participate with them in house-to-house monitoring of village women. The midwives' role in the monitoring is to refer pregnant women for antenatal care, to assess the condition of newborns and infants, and to raise women's awareness of child spacing and other reproductive health issues.

Women's Center Staff: In addition, Ghamkhori operates a Women's Center in Kurgan Teppe town. The WC offers a variety of services free of charge to women, including gynecological, psychological, and legal services. Staff at the Women's Center are: 1) the Director, who manages the operation and supervises the staff of the WC; 2) a gynecologist who provides reproductive health and contraception services; 3) two psychological counselors who provide counseling, emotional support and rehabilitation; 4) a lawyer who advises women of their rights and helps them to prepare court cases where necessary, and 5) a Therapist (physician) who diagnoses and refers patients with illnesses other than those related to reproductive health. The services of the psychologist and lawyer were planned primarily as assistance to the victims of domestic violence; but women frequently consult these professionals for help in securing their rights in other areas.

Mahalla Committees: After Ghamkhori's intensive 8-month project cycle has been completed, the Mahalla Committee is responsible for coordination of KSMP activities within the village. Mahalla Committees are village development groups that have existed in many villages since Tajikistan was part of the Soviet Union. In Ghamkhori villages, the MCs have been expanded and strengthened, and they have been trained to plan, organize and monitor village improvement projects and activities. Their roles also include the mediation of intra-village and family disputes, as well as raising awareness of the overall population on topics such as safe water use, disease prevention, the rights of women and children, etc. In addition to leadership roles (Chair and Secretary), all MC members are responsible for a particular sphere of activities (such as work with teachers, youth, sanitation, conflict resolution, etc) within the village.

Village Volunteers and Focus Group Participants: To assist the Mahalla Committees in various areas of work, Ghamkhori has trained groups of volunteers in each village. Like Mahalla Committee members, each trained volunteer is assigned a specific area of responsibility. The volunteers are also assigned the responsibility of presenting information and key messages to the village population at large, either during public events or in lessons arranged specifically for the purpose. The same messages and information are presented and discussed during men's, women's, boy's and girl's focus group discussions, which are held weekly during the intensive phase of the project. Focus group participants are also expected to disseminate information to the community at large.

Teachers and Health Workers: Ghamkhori also offers training to a number of government school teachers and health workers who have volunteered to participate in the project. The training is aimed at updating the skills of these professionals and introducing new skills where needed. After their training, the teachers hold lessons for pupils on topics such as hygiene, sanitation, reproductive health, HIV/AIDS, the rights of the child, etc. Health workers trained by Ghamkhori provide reproductive health and family planning services in their facilities. Training is also offered to TBAs. They are urged to refer pregnant women to hospital for labor and delivery, but Ghamkhori also trains them in safe and hygienic birthing techniques for attending women who cannot reach the hospital in time. Training by Ghamkhori has enabled health workers in some first contact health facilities to offer contraceptive services for the first time.

Operational Objectives and Indicators:

To measure the achievement of the specific objectives listed above, a series of indicators has been developed. They are as follows:

Objective 1

- a) After each eight-month cycle, at least 70% will have independently mobilized local resources to clean and maintain drinking water channels and manage waste.
- b) Within 24 months, at least 12 MCs will have successfully lobbied local authorities for support to local infrastructure development or service provision.

- c) At the end of 24 months, over 70% of MCs will be independently monitoring sanitary and hygiene conditions in the village, the school and medical points.
- d) Women members will make up at least one third of all MCs and will actively take part in the solution of problems and management of community affairs.
- e) In at least 70% of the target villages, the MC will have agreed to decrease the usual costs associated with traditional ceremonies and rites.

Objective 2

- a) Three months after completion of each cycle at least 70% of the trained rural teachers will continue to conduct lessons to pupils using interactive methods.
- b) In at least 70% of all the schools in villages where Ghamkhori is working, hand-washing facilities will be installed, containers with boiled water provided on a daily basis during the summer months, and the toilets kept clean.
- c) Three months after completion of each cycle, at least 70% of interviewed children will say that they wash their hands after visiting the toilet and before meals.
- d) At least 70% of the women who have received services from trained TBAs will have been treated and assisted according to the correct procedures.
- e) The number of families using boiled or clean water will have increased by 50%
- f) At the end of the eight-month cycle in each village, at least 80% of surveyed individuals will know about the transmission and prevention of the most acute infectious diseases and STDs.
- g) At least 60% of the trained official medical staff utilize their recently learned knowledge in day-to-day practice.

Objective 3

- a) At the end of the eight-month cycle in each village, at least 10% of the questioned adult rural population will know about the laws of Tajikistan concerning violence against women.
- b) During the 24 months of the project, at least 10 of the MCs will have referred victims of violence to the Women’s Centre.
- c) At the end of the eight-month cycle in each village, at least 50% of questioned men will say that violence against women is unacceptable.
- d) At the end of the eight-month cycle in each village, over 30% of the participants of the focus groups will say that their family relations have improved as a result of Ghamkhori’s work in the village.
- e) Over 75% of women visiting the psychologists and/or lawyer at the Women’s Center will say that their condition has improved and that they received moral support.

3. Major Findings of the Evaluation

Progress in Relation to Indicators

The progress and achievements of the project as measured by its routine monitoring data base were compared with the indicators listed above to determine whether the principal objectives had been met. The results are displayed in the table below:

KSMP Achievements in Comparison with Indicators	
Objective 1	
a. 70% clean water and manage	a. 80% clean water and manage waste

waste	
b. 12 Mahalla Committes lobby in 24 months	b. 9 Mahalla Committees lobby in 16 months
c. 70% monitoring hygiene conditions	c. 70% after 16 months
d. 33% MC members are women	d. 39% MC members are women
e. 70% agree to decrease costs	e. 65% agree to decrease costs
Objective 2	
a. 70% conduct lessons	a. 77% conduct lessons
b. 70% schools have handwashing facilities	b. 62% have handwashing facilities
70% schools have clean toilets (50%) Russian version	60% have clean toilets
c. 70% children wash hands	c. 90% children wash hands
d. 70% correct procedures (TBA)	d. 76% correct procedures (TBA)
e. 50% increase in clean water	e. 155% increase in clean water
f. 80% know STDs	d. 87% know STDs
g. 60% health workers utilize new knowledge	g. 84% health workers utilize new knowledge
Objective 3	
a. 10% know laws	a. 16% know laws
b. 10 MCs referred victims in 24 months	b. 7 MCs referred victims in 16 months
c. 50% say violence unacceptable	c. 68% say violence unacceptable
d. 30% family relations improved	d. 28% family relations improved
e. 75% received moral support	e. 77% received moral support

As the above makes clear, the KSMP has reached or exceeded its objectives in most areas. A clear comparison was difficult on some indicators, since they had been written to reflect three project cycles (24 months), while only two project cycles (16 months) have been completed to date. Overall, a comparison between project indicators and the results of routine project monitoring indicates that positive progress has been made on all three objectives and that most indicators were met or exceeded. Achievements were particularly dramatic with regard to the number of families using boiled or clean water and the percentage of trained medical staff who utilize the knowledge they gained from Ghamkhori in their day-to-day practice. These findings represent outstanding achievements on the part of the project.

Among the indicators for Objective 1, all but one were met or exceeded. Fully 80% of villages were recorded to have mobilized themselves to clean and maintain drinking water channels and manage waste. This figure exceeds the stated goal by 10 percentage points. Nine Mahalla Committees were found to have lobbied local authorities for village service or infrastructure improvements during the two project cycles (16 months) that have now been completed. Since the goal was 12 MCs in 24 months, the project is on schedule with respect to this indicator. The goal has also been met (70%) for the percentage of MCs who independently monitor sanitary and hygiene conditions in village, school and medical points. The percentage of women members of Mahalla Committees was found to be 39%, which exceeds the 33% goal by 6 percentage points. The percentage of MCs that have agreed to decrease the usual costs of traditional ceremonies, however, fell slightly short of the goal (65% in comparison with 70%). Project staff explained that, although ordinary community members were often more than willing to decrease these costs, unexpected opposition was encountered from elite and wealthy families in some villages. Nevertheless, the results are encouraging in that the goal was nearly met.

A similar result was found with respect to Objective 2. At the first monitoring visits four months after village “graduation,” 77% of Ghamkhori-trained teachers were found to be using interactive methods. This exceeds the goal by 7 percentage points; and project staff noted that this percentage would have been higher had not a large number of trained teachers migrated to Russia for employment. The set of indicators for water and sanitation in schools, however, reveal that goals were not fully met. Sixty-two percent of schools had installed handwashing facilities, while the goal was 70%. Since Ghamkhori does not provide any material support for this, the 70% goal may have been overambitious – many schools may lack the resources to install such facilities. The effort to encourage schools to provide containers with boiled water was abandoned when it was noticed that children were using these containers for both drinking and hand-washing; results for this indicator, therefore, were not measured. Only 60% of schools had cleaned toilets adequately. However, the staff pointed out that while the English language version of the indicators called for 70% of schools to have clean toilets, Ghamkhori was working on the basis of the Russian version, which specified only 50%. Since the indicator itself was not clear, it is not possible to judge whether or not it has been met. Nevertheless, it is a significant accomplishment that well over half the schools working with Ghamkhori have installed handwashing facilities and maintain cleanliness in the school’s latrines.

The goal of encouraging children to wash their hands after using the toilet and before meals was significantly exceeded. Ninety percent of the children reported that they do so, while the indicator specified only 70%. The midwives who supervise the Ghamkhori-trained TBAs recorded that 76% of women attended by these TBAs had been delivered using correct procedures, while the goal was 70%. The percentage improvement in the number of families who use boiled or clean water significantly exceeded the goal, in that a 155% change (from 20% at baseline to 51% at the end of the project cycle) was reported, while only a 50% change was called for. The percentage of surveyed individuals who knew about STD transmission and prevention (87%) also slightly exceeded the goal (80%). Among medical staff trained by Ghamkhori, use of chlorine solution to disinfect instruments and surfaces was used as a proxy indicator for utilization of the knowledge the health workers had learned from Ghamkhori. Since 84% were found to be using chlorine solution, and the indicator specified in 60%, there is reason to believe that this goal was also significantly exceeded.

With respect to Objective 3, the first indicator specified that at least 10% of randomly questioned adults should know about Tajikistan’s laws concerning violence against women. The project results indicated that 16% of those questioned knew about the laws. Since the persons questioned were not necessarily those who participated in Ghamkhori activities, it suggests that awareness of laws against domestic violence may be spreading among the community at large. Seven MCs were found to have referred victims to the Women’s Center in 16 months while the goal was 10 in 24 months. The project is thus on schedule with regard to this indicator. Among men randomly questioned in Ghamkhori villages, 68% agreed that violence against women is unacceptable. This exceeds the goal of 50% by 18 percentage points. The goal of improved family relations in Ghamkhori was nearly met, at 28% as opposed to 30%. Finally, 77% of women who visited the Women’s Center’s psychologist or lawyer reported that their condition had improved and that they received moral support; which slightly exceeds the indicator of 75%.

A few indicators were not fully achieved. It is likely that Ghamkhori underestimated the tenacity of elite families in resisting limitations on spending for traditional ceremonies, and that some schools have not yet found the resources to install hand-washing facilities for students. Even on these indicators, however, progress was significant in that results did not fall far short of the goal. In short, project monitoring data suggests that the project has achieved overall success in meeting its goals and objectives. Significant learning has taken place in the target communities, and healthful behavior change has been reported in many households, schools and medical points.

Results of Interviews and Discussions

The Ghamkhori concept and approach aims at achieving positive behavior change through a variety of channels. The most important of these is the creation or strengthening of a series of linked groups and community-based organizations. The sustainability of these structures depends upon their maintaining working links to local governmental authorities for the purposes of strategic planning, monitoring, supervision and technical assistance. The evaluation team interviewed both local government officials and members of community-based groups and organizations trained by Ghamkhori in order to 1) assess the strength and viability of these groups, and 2) determine the extent to which they have established close working relationships with officials of local government (Jamoat and Hukumat) and with key staff members of the District and local Departments of Health and Education. The findings were as follows:

Mahalla Committees: Performance, Relationship with Government, and Sustainability

The evaluation team held six discussions with Mahalla Committees, one of which included members of three neighboring MCs. Two committees had been formed entirely by Ghamkhori, while the rest had existed in some form prior to Ghamkhori. Usually, these pre-existing MCs had only 2 -3 members and met only on an ad hoc basis before Ghamkhori conducted its capacity building program in these villages.

Level of Performance:

All the MCs visited by the team had been constituted as described in Ghamkhori's project plan. All included at least four female members out of a total of 10-14, and all reported that they, the members, had been selected by general election in an orientation meeting organized by Ghamkhori for the community at large. An informal profile of the members revealed that all the MCs included village leaders such as headmen, teachers, religious leaders (Mulla) and health workers. Ghamkhori began encouraging villages to include a Mulla or mosque representative on these committees, after it became clear that the support of these individuals is essential to success (particularly in potentially sensitive areas such as family planning and the rights of women). The committees, in other words, were comprised of the leaders and influential members of the community (in one community, they were described as the "respected members of the village.") Although this might appear to indicate undemocratic domination by traditional leaders, the team concluded that the advantages of obtaining the full commitment and support of these influential figures outweighed this danger.

Each MC had elected a Chair and a Secretary from among themselves. In addition, each member had been assigned a specific area of responsibility as described in the project plan:

- Work with schools and teachers
- Work with village youth
- Work with health points and medical workers
- Monitoring of hygiene and sanitation within the village
- Work on damaging or costly traditions and customs
- Work on conflict resolution (including inter-ethnic)
- Monitoring medical points and schools.

No MC reported having any difficulty recruiting suitable members for these areas of responsibility. In some cases, village residents possessed relevant skills, in that they were teachers or health workers or, in a few cases, had training in areas such as engineering. These individuals had been elected to the committee and were able to assume responsibility for their area without extensive additional training.

All the MCs reported that they had received training from Ghamkhori in committee organization, community mobilization and communication, and problem solving; as well as in technical areas such as prevention of

infectious diseases (including diarrheal diseases, malaria, sexually transmitted infections and HIV/AIDS), basic sanitation, safe water use, advantages of child spacing, conflict resolution, rights of the woman, rights of the child, and Tajikistan's laws on domestic violence. They were tasked with planning, implementing and monitoring activities aimed at addressing the priority problems of the village (as identified by the MC in consultation with village volunteers and Ghamkhori), and with discouraging harmful traditional practices such as staging costly weddings and ignoring violence against women.

The evaluation team observed a great deal of variation in the number and quality of community projects that had been carried out by various MCs that had been trained by Ghamkhori. All had actively instigated village improvement projects of some kind and mobilized community members to carry them out. The high-performing MCs reported that they had already completed more than one significant village improvement project (see box below) that involved utilization of community labor, collection of funds, purchase of materials, and, in some cases, hiring of skilled technical advisers ("masters."). The least active MC interviewed, although it continues to meet once or twice a month as needed, had done little beyond organizing a general clean-up of the village and a whitewashing of the mosque. This MC, however, had not existed in any form prior to Ghamkhori.

A High-Performing Mahalla Committee

One of the most active Mahalla Committees visited by the evaluation team has led its community in successfully implementing three major village improvement projects. The highest priority problem was identified as lack of electrical power in the village due to a broken transformer. The MC estimated the cost of repairing the transformer, identified the households that would benefit from the project, and collected money from them for the repairs. With these funds, the MC purchased the needed parts and hired a "master" to repair the transformer. After this project was successfully completed, this Mahalla committee cooperated with two others to provide safe drinking water to three adjacent villages. The MCs collected funds, and then organized village labor to dig trenches and lay pipes. The third project was a negotiation with the village school to reduce school fees for children from the most vulnerable families in the village. The MC estimates that thus far it has been able to achieve about 80% of its aims.

None of the MCs reported significant difficulties with the management and monitoring of activities, but some had failed to develop and utilize work plans as taught by Ghamkhori. What is more, although Ghamkhori had trained MC members in maintaining household financial accounts, most of the MC members said they had received no training in financial management from Ghamkhori and some said they do not know basic accounting. This is potential problem in those villages that have a significant standing village fund provided by remittances from villagers working temporarily in Russia. A particularly well-organized MC, however, reported that it had received such training, and that its members kept careful accounts and reported to the village at large on a bi-annual basis.

These reports were somewhat contradictory, but this suggests that management training, and in particular the management of public finances, requires more intensive training and support during the Ghamkhori project cycle. In this connection, Ghamkhori facilitators observed that some villages may not actually receive the full training program if the project cycle includes the summer months, since most community members are busy with the cotton harvest at this time. What is more, community-based development is always time-consuming in relation to other development approaches, in that interventions cannot get underway until community organization has been successful, community committees have been trained, and community members have been oriented, mobilized and persuaded that their contribution of time and materials will benefit them in the end.

Recommendation: *When a committee must be built from the ground up, the eight-month project cycle may be too brief to fully develop the capabilities and commitment of the committee. It is recommended that the project cycle be lengthened to 12 months in order to address the problems of seasonality and to ensure that Mahalla Committees are fully equipped with the management skills they require to plan their activities and handle public finances.*

MCs' Relationship with Local Government

The evaluation team's observations and discussions indicated that the establishment of an ongoing relationship between Mahalla Committees and local Jamoat officials is one clear area of success for the KSMP. The team interviewed Deputy Chiefs of 3 Jamoats, all of whom reported that they and other Jamoat officials have attended District or Regional Fora organized by Ghamkhori on a regular basis. There, they were able to discuss common problems with the MC members, share experiences and identify solutions. The Jamoat Deputies expressed appreciation for Ghamkhori's work with MCs, on a number of grounds. One noted that Ghamkhori's program of identifying specialists among the MC members and training them in functional responsibilities has enabled the Jamoat to easily locate individuals who can help to carry out government initiatives and activities in each village. For example, when an area experienced an outbreak of malaria due to blocked drains and stagnant water, the Jamoat was able to work through the MC members who were responsible for sanitation and hygiene monitoring to organize the cleaning of the drainage system and the opening of the drains.

One of the Jamoat officials interviewed by the team indicated that he expects and receives monthly verbal reports from MC Chairpersons, whom he invites to his office for monitoring purposes. Not all Jamoat officials have regularly scheduled meetings with Mahalla Committees in their jurisdiction, although Mahalla Committee members reported that Jamoat officials do respond to formal letters of request when they are asked for assistance with adjudication or development problems. Members of two MCs, however, complained that although Jamoat officials have visited the village in response to requests, and have sometimes promised material or technical assistance, the assistance has not materialized and the village does not know whether or not to expect it. Ghamkhori, therefore, should develop mechanisms to enable MCs to follow up on their proposals to Jamoat, to discuss them and to learn the status of their requests.

Recommendation: *It is recommended that in addition to its District and Regional MC Fora, Ghamkhori should also establish a Mahalla Committee Forum, to be held every six months for the MCs and officials of each Jamoat. In addition, Ghamkhori's training should equip MCs to be proactive in all dealings with the Jamoat .*

Sustainability of the Mahalla Committees

It is widely recognized that community development programs such as the KSMP can be relatively costly in terms of time and resources in relation to concrete achievements such as improvements in infrastructure and equipment. The justification for investing in community development programs such as the KSMP is that their design is aimed at establishing long-term improvements that will be sustained and maintained by the community itself. A critical principal of the KSMP, therefore, is that its structures and activities will be sustained in graduated villages after the end of the eight-month project cycle. The continued commitment of a proactive Mahalla Committee is therefore key to the sustainability of improvements introduced by Ghamkhori.

Although Mahalla Committee members do not receive financial remuneration, they receive some incentives to continue performing as volunteers. They are exempt from some taxation, are prioritized for distribution of fields under land reform measures, and some Jamoats provide summer camps for children of MC members. When humanitarian aid is to be distributed in the villages, according to one Jamoat official, it is distributed through the MC members – who are told “don't forget about yourself.” Despite this advice, the distribution is

usually honest in the view of this official. The greatest incentive, however, may lie in the prestige that MC members are accorded as community leaders with special technical and managerial training. They are highly influential, which enables them to successfully mediate many disputes between spouses, family members and neighbors. Because of its moral and social power, most community members appear to believe that the best agency to handle incidents of domestic violence is the Mahalla Committee. These incentives appear to be sufficient to compensate MC members for their time and effort, since MC member informants were unanimous in their claim that they would continue their work into the indefinite future.

During its visits to MCs, the evaluation team did not find any of those visited to have suffered significant attrition. Nevertheless, Ghamkhori staff noted that the labor drain to Russia has affected the Mahalla Committees just as it has most spheres of life in Tajikistan. When communities select younger men as MC members, these committees are vulnerable to loss of these members to employment opportunities abroad. The MCs observed by the team consisted almost entirely of older men and women; and this may explain their longevity. However, Ghamkhori staff members stated that they had been able to replace most of the MC members who had been lost up to this point. The replacements were often selected by the village from among the cadre of village volunteers (see below), and these individuals had already received some training from Ghamkhori. All replacements were invited to participate in sessions with other MCs that were in the process of receiving training.

Members of Mahalla Committees were asked whether it was difficult to motivate villagers to contribute labor and funds repeatedly for village improvement projects. It has been asserted that, since routine needs (including education, health care and repair of public infrastructure) were fully provided by the State during Soviet times, rural Tajiks may be in the habit of expecting government to provide for every contingency. Although some agreed with this assumption, and reported that it is indeed difficult to recruit labor and resources for project after project, other informants in the MC discussions challenged this supposition. They observed that there is a time-honored tradition of village communal labor (*hashar*) that is performed for the common good. This institution predates even Soviet times, and is still recognized as a valid call to action by rural Tajiks. MCs that invoke village labor on the basis of the *hashar* tradition, therefore, believe they can be assured of continued support of this kind from the village at large.

Community Volunteers: Performance and Sustainability

The evaluation team met with community volunteers who had assumed responsibility for various program areas in collaboration with the Mahalla Committees. According to the design of the KSMP, each MC member who is responsible for a specialty area should have a volunteer counterpart from the community. Often, these specialties correspond to the volunteer's established area of competency, since volunteers include teachers and government health workers. All the MCs visited by the team reported that a full array of volunteers, corresponding to all designated areas of responsibility, were active in their village. Some MCs described the volunteers as their "assistants" or said that the volunteers carry out most of the activities while the MC supervises and assists when called upon. Others said that the MC members work with volunteers in pairs to plan and implement tasks relative to their areas of specialization.

When the MCs that had "graduated" in Sept. 2004 were asked whether they had continued to carry out projects independently, some Mahalla Committees reported that they had done so successfully. Others, however, said they had identified priority projects and mobilized their communities, but were not able to complete their projects due to a lack of materials or expertise. Two had been linked to sources of support through the Jamoat, but others said the Jamoat could offer little more than advice. They requested additional assistance from the KSMP in identifying sources of support and assistance to replace Ghamkhori after the 8-month project cycle.

13. Recommendation: *It is recommended that Mahalla Committee members receive systematic training on management of public finances, and in proposal preparation, identification of potential sponsors, and other aspects of fund-raising. In addition, Ghamkhori should follow-up all MCs to identify specific shortcomings and needs for additional capacity-building.*

Discussions with the volunteers themselves revealed that the majority interpret their primary task as that of disseminating key messages and promoting positive behavior change. This is consistent with the description of volunteers in the project plan. Some volunteers say they address the public on relevant topics or initiate discussion primarily at public gatherings such as weddings and village celebrations. Since villagers gather and gossip in the evenings after it is too dark to work in the fields, this is viewed as the best time to initiate discussion on KSMP topics. Some volunteers do still conduct classes for members of the village population, as described in the project proposal. They noted, however, that it is difficult to gather a group for this purpose since rural Tajiks are often busy with agricultural tasks; particularly during the time of harvest or other seasonal work. Nevertheless, they view it as important that they continue to reiterate what they have been taught by Ghamkhori, because it requires many repetitions to convince people (particularly those who are poor and illiterate) that they should change their views on tradition-bound issues such as women's rights and gender violence. The volunteers interviewed stated that their own behavior could serve as positive examples, but the team did not attempt to confirm this. During their training, Ghamkhori's Facilitators gave them workable techniques for influencing fellow villagers. With regard to violence against women, for example, the Facilitators emphasized that village men should be urged to consider the possible consequences before striking a woman or child of their household. These include potential lawsuits, medical costs, rupture of family relations, and the possible orphaning of children.

The sustainability of this cadre of workers may be more precarious than that of the Mahalla Committees. On one hand, all the volunteers who talked with the team insisted that they will continue to work as volunteers for the indefinite future. Since the volunteers in charge of work with schools are usually salaried teachers, they are likely to continue as volunteers in this sector. Similarly, when the volunteers responsible for village health and disease prevention are themselves employed as health workers, they are unlikely to lose interest and drift away from this area of responsibility. Other volunteers, however, are not salaried workers of government and may even be unemployed. This may constitute a danger to sustainability. Some volunteers may leave for employment in Russia, but even those who remain may have little incentive to continue their KSMP activities over the long run; particularly if Ghamkhori should eventually cease to make its regular monitoring visits.

Status and prestige are powerful motivators for volunteers worldwide. KSMP village volunteers, however, do not have the Mahalla Committee incentive of being viewed as the community's leaders; although some have been "promoted" to Mahalla Committee membership when their specialty counterpart has left the MC.

Recommendation: *It is recommended that Ghamkhori raise the public profile and recognition of village volunteers in order to provide motivation for continued commitment to the KSMP. This could involve public certificate or award ceremonies in which the volunteers are recognized and thanked, or the distribution of t-shirts, hats or sashes that distinguish them as village volunteers.*

Women's, Men's, Boys' and Girls' Focus Groups

Another category of community members who participate in carrying out the work of the KSMP is the participants in focus group discussions for women, men, boys and girls. These group discussions and information sessions are held once a week during the intensive 8-month project cycle; and the groups are encouraged to continue to meet after the project cycle has ended. They, like the village volunteers and Mahalla Committee members, are assigned the task of talking with members of their peer groups in the village at large

about what they have learned from the Ghamkhori Facilitators. In all four districts, the evaluation team talked with members of five women's groups, six men's groups and two girls' groups. Results were as follows:

Women and Girls

The focus group members reported that they had all volunteered to participate in the focus group. Just as described in the project plan, the focus group members had been given a list of topics that would be covered during the 8-month period, and they were asked to suggest additional topics if they thought the priority issues of the village were not included in the list. No significant additions had been suggested by the groups visited, except for sessions on how to bring up children and how to resolve conflicts between mothers-in-law and daughters-in-law. Since these topics were consistent with Ghamkhori's overall agenda they were easily included in the discussions.

When asked to reflect on whether Ghamkhori should introduce any new topics to its focus group program in its second round, however, both girls and women commented that (particularly now that health conditions were improving), poverty is actually the most pressing problem of their villages. This is a problem that has not been directly addressed by Ghamkhori to date. The informants pointed out that most young girls and women work in cotton fields owned either by government or privately. They are paid almost nothing, and in some cases receive only the cotton stalks (for fuel) in compensation for a day's labor. When young women are receiving remittances from a husband in Russia, they are able to maintain themselves and any children they may have. Some husbands, however, find new wives in Russia and cease to support their families at home. Many of the women abandoned in this way now have no way to earn enough income to survive. What is more, if they have not actually been divorced, they are unable to re-marry.

In response to this challenge, informants suggested that Ghamkhori could be of greater benefit to their villages by introducing either a skills training program that could equip young girls or women for some sort of paid work, or else a self-help or savings group that women could use for investments in small business activities. Worldwide, many projects of this kind have failed to achieve success. Tajikistan, however, is better endowed with infrastructure and has a better-educated population than most of the developing world, as a consequence of its history as part of the Soviet Union. For these reasons, prospects for success may be more favorable. It would be best to proceed cautiously -- to make a success of this type of project, Ghamkhori would need the services of a marketing or business consultant who could carry out a feasibility study, identify potential markets, and help Ghamkhori to develop a realistic plan for training young women in income generating activities.

Recommendation: *It is recommended that Ghamkhori explore the feasibility of adding an income-generation or skills-development component to their activities for women during the next project cycle.*

All members of the women's and girls' focus groups described their participation as highly beneficial to them personally and to their households more generally. Asked what topics had benefited them most, they mentioned water, hygiene and sanitation most often. They felt that the incidence of diarrheal diseases in their households and villages had decreased as a result of improved practices they had learned. All said they are now washing their hands with soap (one mentioned that even small children now remind them to buy soap) after using the toilet; and some said they and other villagers had moved the outdoor latrine away from water sources after Ghamkhori had pointed out the dangers of fecal pollution of water. In addition, some women posited that the frequency of goiter was decreasing now that Ghamkhori had taught them to use iodized salt, and others expressed gratitude to Ghamkhori for linking them to ACTED, which had supplied villagers with mosquito nets to combat malaria. Another popular topic was conflict resolution within the family. In particular, sessions addressing the continuing conflicts between mothers-in-law and daughters-in-law were helpful. The Facilitator had introduced techniques such as role-play and role-reversal to promote the message that "the mother-in-law is not always right."

Although the female focus group members were familiar with the rights of the woman and rights of the child, and could list many of them, they were found to be reluctant to discuss the issue of domestic violence. Some said there was no longer a domestic violence problem in their village (“The men are all in Russia – who will beat us?”). Because it is well understood that domestic violence is common in rural Tajikistan, and it is unlikely that such a dramatic change could be achieved in an eight-month project period, the evaluation team was not able to accept these assertions at face value. Although routine project monitoring revealed that 68% of men said violence was unacceptable, there was reason to believe that minor domestic abuse (such as blows that do not cause injury) is viewed as routine, acceptable, and not actually violence. For example, members of two of the women’s groups stated that a man may be justified in striking his wife if she neglects to carry out her domestic tasks, if she is suspected of infidelity, or if she speaks to him rudely or defiantly. In the view of some of the women, the wife herself is partially to blame; because it is usually possible to defuse male anger if she addresses the husband respectfully and curtails the argument before it becomes abusive. Others, however, observed that when vodka is involved, there may be no way for the wife to escape or avoid abuse.

Overall, the evaluation team feels that the women focus group members have not fully understood and internalized GhamKhorī’s “zero tolerance” approach to violence. The Ghamkhorī Facilitators describe domestic violence as being of three types: physical, psychological and sexual. All three types of violence should be unacceptable to Tajik communities, and Ghamkhorī is working on several fronts to promote this view. The results of the evaluation discussions, however, indicate that this is an area of endeavor that will not yield significant immediate (or even short-term) results. Nevertheless, it is of critical importance that Ghamkhorī should catalyze a movement for change among some subsegment of the population (such as younger women and men). Another reason for lengthening the project cycle, as discussed elsewhere in this report, is to ensure that the groundwork for such a movement has been properly laid, and that at least some community members are fully convinced that change is necessary and essential.

Men and Boys

The evaluation team met with six male focus groups. The male focus group members, like the women, stated that they had joined the group voluntarily and some said that their group was continuing to meet regularly even without the leadership of the Facilitators. They too had been given a list of topics to be covered, and asked to suggest any additional topics as needed. Few additional topics had been proposed, although one group had asked for instruction on first aid in cases of automobile accidents and another on information on drug addiction (which is on the discussion agenda for boys and girls but not necessarily for adults). Ghamkhorī added these items to the discussion agenda as requested.

Again like the women’s groups, they felt that disease prevention, safe water use, and sanitation were the highest priority topics and the most important contributions the project had made to their village. Four of the six groups met by the team asserted that, while neighboring villages still suffer outbreaks of diarrheal diseases and typhoid, their own villages had been without these diseases for the past year (though this was not documented by the team). This they attribute to improved practices, particularly consumption of boiled water. Their wives boil water at home, their children now take boiled water or tea to school, and they themselves boil water in the cotton fields over portable heaters. In one village, the men’s group stated that due to the information learned from the Facilitators, rice plots were moved farther from the village to combat malaria, and the garbage collection points had been moved away from the canal.

Some men also said they were now more fully aware of sexually transmitted infections (STIs) and that these infections should be of particular concern to those traveling to Russia for temporary employment. The Facilitators taught them how to protect themselves with condoms, and how to protect their wives if they return after engaging in high-risk behavior. The informants all agreed that they would be willing to use condoms after

returning from migrant labor until such time as they could be tested for STIs or HIV. They were less certain that other men in the village would agree, though they said they had tried to raise awareness of STIs and HIV and to promote low-risk behavior.

Even more than the women, the men's groups were unwilling to admit that there is any continuing problem in their villages with regard to women's rights and domestic violence. They said that they themselves had easily accepted the notion of equal rights for women, and that they do not strike their wives. Some groups asserted that they had managed to spread these changes to the village at large. The evaluation team was somewhat skeptical of these statements, since social change is notoriously slow and difficult to achieve. In fact, in one discussion a man jumped up and said he would not accept the equality of women during his lifetime. The other men quickly silenced him.

The likely explanation of these assertions is that the men were reluctant to reveal and discuss these sensitive problems in the presence of strangers – particularly if they fear that Ghamkhori would be judged to have failed if these entrenched social beliefs and behaviors were not conquered overnight. Nevertheless, it is possible to affirm that the male focus group members are now aware of the rights of women, that Ghamkhori facilitators have familiarized them with the laws of Tajikistan on domestic violence; and it is possible that the focus group members themselves (if not the village at large) have indeed begun to change their views and behavior. They said Ghamkhori had taught them to avoid striking their family members by envisioning all possible consequences – in terms of injury, legal action, impact on the children, etc. In addition, one man said he had learned to avoid resorting to “beating” during arguments by leaving the house for several hours when he felt angry. To build on these beginnings, Ghamkhori should consider adding a more formal anger management training component to their seminars and training sessions for men.

With regard to the rights and gender violence issues, the senior managers of Ghamkhori are aware that social change is slow and difficult to achieve, and so they hope to catalyze a process of discussion and reflection among communities that will lead to long-term change. The KSMP's work with students and other youth is thought of as a way to influence attitudes before they are entrenched.

Review of Ghamkhori's Work with the Educational and Health Systems

Work with Students, Teachers, and Dept. of Education:

Ghamkhori has trained teachers in 24 schools in total. Some of the teachers in these schools have no higher education beyond secondary school. In the past, teachers were better trained and were mostly male; but, as in other domains, employment opportunities in Russia have robbed this sector of trained workers. Ghamkhori's program endeavors to build the teaching skills of these teachers by training them in interactive methods, and its Facilitators also train them in technical areas of water, sanitation, hygiene, disease prevention, reproductive health, women's and children's rights, and prevention of violence. The trained teachers then pass on this information to students using the interactive methods they have learned and practiced.

Ghamkhori's approach to and implementation of its program for teachers and students was discussed with local officials of the Dept. of Education (the Deputy Chief of the Vaksh Public Education Dept. and the Deputy Chair of the Hukumat and Chair of Educational Unit of Jomi). During these meetings, the officials displayed full awareness of Ghamkhori's activities in schools, and expressed approval of its methods and content. In Vaksh, the Deputy Chief noted that the interactive method of teaching is new to Tajikistan, such that even new graduates of teaching colleges do not necessarily know them. Some elements of the interactive method have been adopted by the national education program, but this process is going slowly.

He also observed that, in addition to direct benefits, Ghamkhori is benefiting the educational system indirectly by promoting family planning and child spacing. The greatest problem the educational system is facing, in his view, is the fact that the number of students grows dramatically each year which infrastructure and personnel increase very little. If Ghamkhori can convince communities of the benefits of smaller families, this will slow the growth of the student population. In Jomi, the officials stated that they work closely with Ghamkhori, and in fact coordinate daily with the Facilitator assigned to schools. In their view, Ghamkhori's greatest contribution is to have begun spreading awareness on national laws on women's rights, and making them a reality.

The Interactive Method of Teaching/Learning: The team also discussed the KSMP with the headmasters, trained teachers, and student groups in three schools: one each in the Vaksh, Bokhtar and Jomi Districts. All these informants expressed enthusiasm for the interactive method of teaching/learning, and they described it in more detail for the team. Instead of sitting behind a desk and lecturing as formerly, the Ghamkhori-trained teachers and their students sit in a circle. Topics are presented through pictures, exercises, demonstrations, role-play, drama and discussion. Although the teachers agreed that the new methods required more effort, time and imagination than the old ones, they said they prefer interactive methods because they generate greater interest both in their students and themselves.

One group of teachers observed that students were fearful to speak in the beginning, since the old methods had been based on punishment. Now, however, they speak and discuss easily. The team inquired as to whether girls were as likely as boys to speak out freely in mixed classrooms. Teachers in all three schools replied that girls actually speak more often than boys, and discussions the team held with student groups revealed this to be true. In these discussions, school children said they knew which teachers had been trained by Ghamkhori because their methods and subjects were very different from those of other teachers. They said they prefer the Ghamkhori-trained teachers because their lessons are far more interesting and because they "do not beat the students." This comment indicates that the cycle of violence may often begin during the child's schooling. Ghamkhori's teacher training program therefore includes a component on sensitive and humane treatment of students.

Although only a small number of teachers were trained in each school, some of the trained teachers were found to have begun to instruct and assist other teachers in the adoption of the interactive method. This has been done through exchange visits between classrooms in some cases. In one school, however, the 12 teachers trained by Ghamkhori had held classes for 45 untrained teachers to disseminate these methods. All three schools reported that there is strong interest in these methods among the teaching faculty at large – but this interest is not universal, as there are still some teachers who are slow to accept the rights-based approach and who prefer more authoritarian methods of teaching.

Topics and Impact: The evaluation team's meetings with student groups were aimed primarily at ascertaining 1) to what extent the students had grasped and recalled the material taught by the trained teachers, and 2) what impact this new information has had on the households and communities of these students. For the most part, student recall of information on disease prevention was excellent; particularly in the areas of safe water and sanitation. Senior students were also found knowledgeable about modes of transmission and prevention of HIV/AIDS, but were less clear on the signs and symptoms of gonorrhea and syphilis. In fact, only senior students are taught the more sensitive subjects – prevention of drug addiction, STIs, HIV/AIDS, and other areas of reproductive health. Both teachers and administrators were unanimous in saying they would be comfortable teaching these subjects to junior classes as well; and there was universal agreement that it would be advisable to familiarize younger pupils with these topics before they enter the risk group. Ghamkhori can utilize materials developed by other organizations (UNFPA, Girl Guides/Girl Scouts, etc.) as a guide to developing its own culturally and age-appropriate curriculum and materials for this purpose.

Recommendation: *It is recommended that Ghamkhori develop a modified set of lessons for junior students on drug addiction, HIV/AIDS and reproductive health; and that teachers be trained to introduce these subjects to younger children.*

Both students and teachers in all three schools asserted that they had disseminated key health messages to the broader community. In the case of the students, they said they had told their parents, neighbors and children in other schools about the importance of drinking only boiled water, washing their hands with soap, etc. Some teachers had joined Mahalla Committee members in going house-to-house to urge these practices on householders. Although the schools are unable to provide boiled water for the student body, students say they all bring boiled water or tea to school in bottles – and many displayed their bottles of green tea to the evaluators. All three schools have latrines for student use, but one does not have hand-washing facilities close to the latrine (a closer handpump is in planning at this school, however).

Girls' Enrollment and Attendance Levels: A significant problem Tajikistan is facing at present is declining enrollment and attendance levels of girl students. Much of this decline is tied to high levels of poverty and the lingering effects of the civil war, but informants stated that cultural factors (i.e. the resurgence of conservative Islam) are also important. Encouraging girls' attendance at school is a facet of Ghamkhori's work in schools. In two of the schools visited, the volunteer teachers (often with Mahalla Committee members) go door-to-door informing parents that school attendance is mandatory under law until the 8th form, for girls as well as boys. This information is also presented in Parents' Councils held at the schools. If a student is absent for an extended period, the teacher follows up with a visit to her or his home to find out the cause and urge the parent to return the child to school. In the most religiously conservative village visited by the team, however, a meeting with a group of teenaged girls revealed that all had been withdrawn from school by their parents – against their own desires. In these villages, many parents have been persuaded that it is sinful for a strange man to see their daughters' faces after she is more than nine years old.

Involvement of religious authorities in promoting girls' education is clearly a priority. Ghamkhori now includes Mullahs and other mosque representatives in its trained community groups such as Mahalla Committees. Mahalla Committees, in turn, are encouraged to work closely with the Parent Councils. This relationship needs to be strengthened and the support of religious authorities on this issue should be directly cultivated. Although it is difficult to render a formal recommendation on this sensitive issue, a teacher pointed out that the Mullahs themselves must be persuaded to become examples by allowing their own daughters to remain in school and graduate.

Review of Ghamkhori's Work with the Health System

Improving health status in target villages could be said to be the KSMP's strongest area of emphasis and greatest contribution to its project area communities. The evaluation therefore included discussions and interviews with health officials and health workers at all levels of the system. After interviewing senior officials at the Oblast level, the team visited two SUBs (District Hospitals), two SVAs (health centers) and two FAPs (health posts). The staff of the SUBs and SVAs include physicians as well as nurses and nurse-midwives; while there is no physician assigned to the FAPs.

Khatlon Regional Health Department: Ghamkhori is an active member of both the National and the Khatlon Coordination Committees for NGOs and international organizations that carry out health improvement projects. As a member of these committees, Ghamkhori participates in the organization of campaigns and awareness-raising events such as National Health Day, HIV/AIDS Day, etc. Ghamkhori's closest government partner at the Khatlon level is the Regional Healthy Lifestyle Center for Khatlon. In an interview with the Director of the Center, he reported that he himself participates in topical conferences organized by Ghamkhori, and that his office regularly exchanges information and statistics with Ghamkhori. He feels he and his staff have learned

new skills from Ghamkhori, particularly in the area of behavior change communication (BCC) and the development of health messages for communities. In return, Ghamkhori has been able to use government centers for distribution and the Center has attempted to support Ghamkhori by reducing the barriers NGOs usually face in Ministry and government affairs. He complained that other NGOs, particularly international NGOs (INGOs) and UN organizations, often fail to coordinate with government. He suggested that Ghamkhori could give them guidance on how to work effectively with government.

Recommendation: *It is recommended that Ghamkhori host a one-day seminar in which INGOs and UN organizations are invited to discuss the issue of working collaboratively with government, and in which Ghamkhori offers pointers on how to collaborate successfully with the Khatlon Regional Dept. of Health.*

In a meeting with the Head of the Khatlon Regional Dept of Health, he reiterated this concern. He feels that NGOs in general are not keeping him informed of their activities, and this limits his ability to plan effectively for the Oblast as a whole. There is a new or revived Khatlon Coordination Committee (of which Ghamkhori is a member) but he is not entirely satisfied that his office is fully informed. Ghamkhori himself has authorization to interact with Deputy-level officials, and their registration does not require them to report directly to the Head. Nevertheless, he requested that Ghamkhori submit a brief written report summarizing their activities directly to him on a regular basis. This would ensure good working relations between this office and Ghamkhori, and could provide an example for other organizations to follow.

Recommended: *It is recommended that Ghamkhori prepare a one-page brief every six months on current activities, to be submitted directly to the Head of the Khatlon Regional Dept. of Health.*

A delicate issue was raised during a discussion between the evaluation team and the Director of the Khatlon Regional Reproductive Health Center. She observed that Ghamkhori's Women's Center provides services not only to women from the KSMP's designated target areas, but also from distant and remote areas that are not included in the target areas' record-keeping system. In her view, Ghamkhori should provide information on these clients to their home districts, so that health officials there will be able to maintain valid statistics on contraceptive use, STI incidence rates, etc. Ghamkhori, however, is reluctant to conform to official notification procedures with respect to their clients, since government regulations call for the name and address of the client to be included in the notification. This is a violation of the confidentiality promised by the Women's Center. Ghamkhori believes that women would not come to the Center (particularly for treatment of STIs) without this guarantee; and in any case, clients are inclined to give false names and addresses when they do not trust the institution to maintain confidentiality. The evaluators did not develop a formal recommendation on this, since it is an issue that Ghamkhori must negotiate with government. If, however, information on services provided must be fed back to the clients' home districts, it is suggested that only quantitative information (without names) should be supplied.

Discussions with Health Workers and TBAs

Head Physicians

Discussions were held with the head doctors and health workers at two district hospitals (SUB). At Vaksh, the head doctor said that Ghamkhori's most important contribution to the health system has been the introduction of contraceptive services at the first contact levels of the system. Prior to Ghamkhori's program, rural women had access to no methods other than the IUD, and many SVAs and FAPs could not provide even that. The KSMP's trained midwives have trained health workers in SVAs and FAPs to insert IUDs, offer condoms and provide injectable contraception and oral contraceptive pills. During the eight-month project cycle in the health facility's catchment area, Ghamkhori himself provides these commodities to the facilities; and at the end of this period, facilities are assisted in finding alternate sources. The contraceptives provided by Ghamkhori are free of

charge to clients, while fees are charged for these services at the SUBs. As a result of this program, demand for and use of family planning has increased significantly in KSMP target areas. The health of women and infants may also be improving as a result of this intervention. Workers in one health facility said neonatal mortality had declined dramatically in the preceding 18 months, presumably because unwanted births are now rare.

The sustainability of this improvement may become a significant issue over the long run, although it is not an issue that can be definitively addressed at the level of Ghamkhori. Ghamkhori now helps each health facility to identify an alternate source of contraceptive commodities after it ceases to provide these commodities at the end of the project cycle. In one case, the facility now receives commodities from Save the Children, US, and it never experiences stock-outs. Others must rely on the government center that receives supplies from UNFPA. Thus far, there have been few shortages, although one facility had sometimes been unable to get oral pills. Asked what they do in these situations, the health workers said they would recommend a temporary method until the supply of pills could be resumed. This is a less than ideal solution, but may be the only possible one until supply lines can be ensured.

The head doctor of the SUB visited by the team in Bokhtar observed that Ghamkhori's main value to the health system is in its close contact with communities. The SUB serves a population of 40,000. Its staff is therefore unable to reach into communities to track health conditions and present messages or information. Ghamkhori is a conduit to the community, it provides early information on outbreaks or other health problems, and it has established a working link between SUB and village through the Mahalla Committees.

TBA Training Program

The question of TBA training was discussed with both head doctors and with health workers in the facilities. The legal status of Ghamkhori's TBA training program is ambiguous, since home births are technically illegal in Tajikistan. Nevertheless, Ghamkhori's baseline data revealed that up to 70% of all births were taking place at home in the target villages. Women interviewed during this evaluation said that they have difficulty paying for a hospital birth (user fees are now in effect). In addition, since labor often begins at night when transport is difficult, they may be unable to reach the SUB in time for the birth. Ghamkhori's TBA training program could be said to be a compromise between the legal requirement of hospital birth and the reality of frequent home births. TBAs are trained to refer all pregnant women to hospital, both for antenatal care and for labor and delivery. Particularly in the case of primiparas or women with danger signs, TBAs should refuse to attend these women except in emergencies. In recognition of the fact that many of them will not act on this referral, however, TBAs are trained by Ghamkhori midwives in the techniques of safe and hygienic labor and delivery.

The results of TBA training programs worldwide have indicated that they have little value in saving maternal lives in cases of obstetric emergency. Nevertheless, the effectiveness of TBA training programs in saving the lives of neonates is unknown, and may be significantly positive. In the case of the Ghamkhori-trained midwives, their main function is actually to link pregnant women with the health system through referral. Both SUB head doctors noted this as a significant accomplishment of the KSMP. In Bokhtar, over 90% of births in the past seven months have taken place in hospital as legally mandated; and the head doctor largely credits Ghamkhori for this improvement. Whenever a birth does take place at home, the TBA immediately reports the home birth to the nearest health care facility. The facility then sends a health worker to the home of the new mother, in order to immunize the infant and assess the condition of mother and child.

TBAs were included in the discussions and interviews conducted in all health facilities. The team learned that the TBAs consider their training in safe and hygienic delivery to be the most important skills they had been taught. Some said they had not washed their hands before attending a delivery before being taught to do this by Ghamkhori midwives. Also, they all received safe delivery kits from Ghamkhori with supplies such as single-use gloves, single-use razor blades, and alcohol for cleaning surfaces and implements. Re-stocking of these kits

has proven to be a problem for some of them. They often do not receive cash in payment for assisting at a delivery; and in any case they now attend fewer deliveries since they have been taught to encourage hospital deliveries. Most thus do not have money to purchase alcohol and gloves, etc., once these have been used. Under close questioning, some admitted that they either clean and re-use their gloves or no longer have gloves.

Recommendation: *Re-stocking of safe delivery kits is a sustainability issue that Ghamkhori should address if it continues its TBA training program.*

Facility-Based Health Workers

Midwives and health workers (nurses) were interviewed at each health facility to obtain their views on Ghamkhori's training and to assess their knowledge levels. All said they had been trained by Ghamkhori's own health staff on how to provide contraceptive services as well as on symptoms and prevention of STIs and HIV/AIDS. Both midwives and other nurses in the SVAs and FAPs were trained in safe birth techniques for cases in which a woman in labor was able to reach the SVA or FAP but not the SUB. They were also refreshed on the basics of hygiene and sanitation in the health facility and community and taught how to communicate effectively and sensitively with clients. They had some previous knowledge of most of the training topics, but they reported that the Ghamkhori training had updated their knowledge and provided a more detailed understanding of these topics. In particular, some said that their communication with patients had improved since the KSMP staff taught them the best ways to ask questions and listen.

Informal verbal assessments carried out during these interviews revealed nearly all the trained health workers to be fully knowledgeable about HIV/AIDS and the signs and symptoms of STIs. Their knowledge of the danger signs of pregnancy, postpartum and in the newborn were also good overall – and this is essential knowledge, since they visit all households wherein home births have taken place to vaccinate the infant and assess the condition of mother and child. However, their listing of maternal danger signs did not include any of the signs of pre eclampsia . This is a common cause of maternal mortality, and particularly difficult to diagnose. What is more, one health worker commented that families are reluctant to take pregnant women with pre eclampsia signs to hospital because the symptoms are subtle and difficult to identify. In addition, the health workers' descriptions of the signs of serious lower respiratory infection in infants and children were not complete in that no health worker mentioned rapid breathing or chest indrawing as serious symptoms. Therefore, although the health knowledge of KSMP trained health workers could be assessed as good, there was evidence that they might fail to recognize a few of the key symptoms of serious illness. The national Ministry of Health is now planning to introduce a number of new protocols, including the Integrated Management of Childhood Illness (IMCI). Ghamkhori should be sure its training program conforms to these new protocols.

Recommendation: *It is recommended that Ghamkhori review its health worker training program to ensure that it is consistent with the most recent WHO and government protocols. Re-training of some corps of workers may be required.*

One of Ghamkhori's health-related activities is to encourage a more rational use of antibiotics in the government health care facilities. The nurses and midwives interviewed by the team do not prescribe antibiotics, since only a physician is permitted by law to do so. They said, however, that they and the SVA and SUB head physicians were trained in appropriate use of antibiotics by Ghamkhori and that they all understand that antibiotics should not be used to treat minor illnesses such as the common cold. In their view, antibiotics are being used more cautiously now as a result of this training.

The Ghamkhori Women's Center

The Ghamkhori Women's Center is its focal point for essential services to women in the areas of reproductive health, gender violence and legal rights. The WC has a gynecologist/midwife, two psychological counselors and one lawyer on staff to offer these services. All services at the WC are free to clients. The team visited the WC and talked with its Director, midwife, psychologists, and lawyer, as well as with a small group of women clients who happened to be visiting the Center on the same day:

Interview with the WC Director: The Director was originally trained as a midwife and psychological counselor. She has occupied this post for the past five years. During that period, she has seen the clientele and reputation of the WC grow, and its agenda expand to include work with men as well as women. In her view, the most important work of the WC is in improving health conditions and reducing domestic violence. She noted that the latter is a serious challenge – men now know that women have rights in law and according to the Koran, but many still refuse to accept this. Therefore, Ghamkhori works with influential mosque representatives to try and accelerate social change. For example, a roundtable discussion is held each month and Imams from the city mosque are often invited to make a presentation on domestic violence. This presentation is then broadcast through the media (radio and television) and reported in the newspaper.

The question of whether or not the WC should operate a crisis center was discussed. Victims of domestic violence sometimes have no relatives who will give them shelter until the crisis at home has been resolved. It has been suggested that the WC should provide temporary shelter for such women. Ghamkhori, however, does not support this suggestion on the grounds that it is culturally inappropriate for Tajikistan. There is always an assumption of marital infidelity if a woman remains overnight among non-family members. She would therefore never be accepted back in her home if she had spent even one night at the WC; and most women have no independent means of economic support. In the view of Ghamkhori's senior staff, to encourage them to stay in a crisis center would greatly exacerbate the suffering of women victims of domestic violence.

The Director is now accustomed to managing a large, multipurpose center and does not find it difficult. The Center's professional workers are well-trained and self-managed for the most part. She conducts daily meetings with these staff members to monitor problems as they arise. Financial management of the WC, as well as logistical and supply systems, are handled at Ghamkhori headquarters. The Director makes a weekly list of needed supplies and equipment based on lists submitted by each member of the staff. She then presents the list to Ghamkhori at the weekly Office Day. She said there is seldom a problem with this system, although there have been times when a given contraceptive was unavailable through any of Ghamkhori's normal channels of supply. Under these rare conditions, a temporary replacement method is arranged for the clients.

Interviews with WC Professional Staff

The Women's Center Midwife is a physician/gynecologist by training. She reported that most of her patients come to the WC for contraceptive services or advice on family planning. The WC provides Depo Provera injections, oral pills, condoms and IUDs to patients. Confidentiality is scrupulously maintained, since up to 40% of the women served with contraceptive services have not informed their husbands or in-laws that they are contraceptive users. Although demand for family planning is high in Khatlon, the WC does some outreach and motivation for child spacing. The midwife also sees some women who are victims of domestic violence, but she does not usually provide medical care for them. Instead, she refers them to the trauma care unit at the government hospital and also to the psychological counselor and lawyer there at the WC.

The psychologists and lawyer usually work as a team both in the Centre and on outreach visits. Their main function is to assist victims of domestic violence who consult the WC. In addition to the counseling and advice they provide at the Center, the psychologist and lawyer visit the homes of these women, with permission, to explain the woman's legal rights to her family. During these visits, the psychological counselor may offer to mediate the dispute that led to the abuse. When the abuser is obdurate and the victim wishes to pursue her rights

in court, the lawyer assists her in submitting the required paperwork and pursuing the case in court. The psychologist noted that the perpetrator of domestic abuse is not always the husband. Women have consulted the WC after they were injured or abused by in-laws, brothers, or in one case, adult step-children.

During discussions with women visitors to the WC (below), one woman had expressed the concern that, because her husband had just returned from Russia with money, he would be able to win the court case she was preparing against him. The WC lawyer was asked whether corruption of this kind often prevents female victims from gaining their rights. He agreed that biased judgments, based on bribery, were not unknown but that bribery was difficult to prove because corrupt exchanges are covert. In cases wherein he suspects bribery, the lawyer said he would appeal to a higher level of the legal system (as he has done a number of times). For the most part, he feels that judges are receptive and supportive of the rights of women and most rulings are fair.

Discussion with Clients of the Women's Center

The women found visiting the WC on the day of the evaluation team's visit were primarily family planning clients. They stated that the WC's contraceptive services are much appreciated by local women because contraception is difficult to get in rural areas -- particularly now that these services must be paid for in most government facilities. In addition, the attitude of the WC midwife was described as more friendly and welcoming than that of government health workers. Some of the women in the group, however, were not actually there in search of services. Many times women (particularly those who have been assisted by the WC with problems such as domestic violence) visit the WC just to meet other women in similar circumstances and to discuss their problems in a setting where confidentiality is assured.

Unlike the women informants in rural discussions, the WC clients were eager to discuss the issue of domestic violence. Some who had been victims shared their personal story. In general, they agree with Ghamkhori's strategy of tasking the Mahalla Committee with resolving this problem in individual cases. A representative of the MC visits the house to talk with the family; but if no lasting solution can be found, it is referred to the Jamoat. The services of the WC lawyer have proven valuable to some women victims, but surprisingly, most of the cases described were not actually cases of domestic violence. A more common source of legal action appears to be the fact that divorce is easy and common, and many husbands refuse to cede custody of the children to the wife after divorce. According to the informants, several WC clients have been successful in gaining custody of their children after the WC lawyer helped them to pursue the case in court.

The KSMP Approach to Capacity Building

The KSMP is primarily a training program aimed at educators, health workers, and community groups. Its purpose is build the capabilities of all these functional groups and individuals in terms of their command of technical information and their skill in communicating with and persuading others within the school, health center or community environment. The design and implementation of the program's training plan, therefore, are key to the success of the KSMP.

Capacity building begins with the training of the field Facilitators and Women's Center staff by the Ghamkhori senior managers. Facilitators receive six weeks of intensive training, including technical training in their areas of specialization. Various Facilitators may be responsible for work in schools, in health facilities, or with women, men or youth; and their training will reflect these specialties. After they themselves are trained, the Facilitators will train the appropriate target groups in their assigned villages (4 villages are assigned per Facilitator). To assist the Facilitators in carrying out training programs for community groups and teachers, they are provided with curricula, lessons and teaching aids. They utilize "teaching packages" (one per subject) that include written articles, brochures, audio-visual materials, videos and sample objects such as condoms and

gloves. Videos that are shown during training are mostly collected from other organizations' seminars (USAID, IPPF), although Ghamkhori has produced a few using professional actors.

As noted elsewhere in the report, Ghamkhori-trained teachers, students, MC members and health workers were informally quizzed by the evaluation team and were found to have generally good mastery and recall of the material they had been taught. It was difficult for the evaluation team to assess the extent to which the KSMP could claim credit for this knowledge, however, since the program did not carry out a systematic training needs assessment before developing its training plan and designing its curricula. It is possible that, particularly with regard to health knowledge, there is a high level of knowledge already ambient in the environment. On the other hand, Ghamkhori does carry out pre-and post-tests to assess the effectiveness of each training session in changing the knowledge levels (and self-reported practices) of the trainees. Results of comparisons between pre- and post-tests reveal dramatic improvements in levels of knowledge after training for TBAs, medical workers and villagers. What is more, in one village 68 individuals questioned at random said they knew about women's and children's rights before Ghamkhori carried out any training. After the training program was completed, 919 knew about these rights. Before the KSMP, only 281 of the villagers said they boil water for drinking, while after the project cycle 917 said they did so. These results suggest that the KSMP was successful in changing knowledge (and perhaps practice) not only among trainees themselves but in the target villages more generally.

The Facilitators expressed satisfaction with their training and all said it had equipped them adequately with the skills needed to carry out their jobs. Project beneficiaries also said their training had been adequate to the tasks they were assigned; however, (as noted elsewhere), many asked for additional training in areas that would help them secure employment or earn a small income. The senior managers of Ghamkhori also feel their training and background are adequate to the work. The only exception is the area of survey research, with which they feel they are not sufficiently familiar.

Recommendation: *It is recommended that the senior management personnel at Ghamkhori receive training in survey research methods and other techniques relevant to effectiveness measurement and formative research for new initiatives.*

Supervision, Monitoring, and Management of the KSMP

The evaluation found the monitoring and supervisory systems established by Ghamkhori at all levels to be well-designed and functioning to the satisfaction of all staff. These systems can be described as major accomplishments of the KSMP:

Supervision:

Overall supervision of the project and its staff is the responsibility of the Director. He is responsible for ensuring that objectives and benchmarks are met, and for quality control in all areas. Supervision of most field workers and their activities is carried out by the Deputy Director; although the Supervisor is responsible for supervising activities of male Facilitators and the Medical Health Coordinator supervises the medical staff. These three senior supervisors conduct supervisory visits to field sites once a week. Facilitators say that they are visited by a headquarters supervisor at least twice a month, and more often in the beginning of the project cycle. During these visits, the supervisor fills out an "evaluation list" (structured observation checklist) summarizing her/his observations concerning the performance of each Facilitator. The supervisor and Facilitator then review the checklist together, discuss the Facilitator's strengths and weaknesses; and the supervisor makes suggestions for improvements where they are needed. Facilitators reported that they have the right to challenge these observations. The checklists are reviewed periodically at headquarters to discern any

common problems or patterns of weakness. If any are identified, a refresher training is scheduled for all Facilitators on the weak topic or area.

In addition, the Facilitators in the field and the staff of the Women's Center gather at headquarters every Friday for "Office Day." At that time they present their reports and discuss together any problems or insights that have occurred during the week preceding. They are encouraged to engage in "self analysis," wherein they identify any weaknesses in either their own performance or in the training plan and its curricula. If a consensus arises that a concept or idea has not been fully understood by project beneficiaries, then Ghamkhori's senior staff will be informed at these meetings so they can revise and strengthen the relevant curricula. According to the senior managers, some staff were afraid to engage in self-criticism at first, since the old (Soviet) system of supervision was extremely punitive. Quickly, however, they gained confidence and now they are generally open about problems and shortcomings. The three groups of Facilitators interviewed by the evaluation team in the field reported that their supervision is both fair and helpful.

The Project Monitoring and Information System:

Baseline information about the target villages and their attitudes and practices was collected in January and Sept. 2002. On the basis of these baseline data, a set of measurable indicators of success (see above) were developed. During the life of the program, information is continually updated based on data collected by the field Facilitators. The Facilitators said they maintain day-to-day journals in which they record and comment on their activities for the day (topics discussed, who participated, etc.). These journals help them to prepare their summary reports for headquarters. They are responsible for preparing reports monthly, quarterly, bi-annual and annual summary reports using forms provided by Ghamkhori. In addition, they are often assigned small research initiatives, such as tracking the number of students attending school, or the incidence of diseases.

At headquarters, information from the Facilitator reports is aggregated monthly and analyzed to identify any problems. The results are compared to the two-year workplan to ensure that the project is on schedule with respect to both implementation and results. Maintaining project data is a difficult burden at present, however, since Ghamkhori has no data management officer on staff. The senior managers must now carry out data entry and analysis tasks themselves; and this is not an efficient use of their time.

Recommendation: *It is recommended that a salaried data management officer be added to the Ghamkhori headquarters staff during the KSMP's next funding cycle.*

4. Summary and Conclusions: The Key Research Questions

Returning now to the key research questions that have structured this evaluation, we can conclude the following:

What impact have project activities had on household health practice and hygiene (e.g. how has the project changed household health practices? Have households been able to maintain these health practices? What helps or hinders maintaining good practices?)

The KSMP's strongest, best appreciated and most measurable achievements have been in the areas of household health practices, hygiene and disease prevention. When the project's indicators and objectives were compared to results obtained from its routine monitoring and information system, the KSMP was found to have exceeded its goals in the areas of household use of boiled water for drinking and students who wash their hands after using the toilet and before meals. During interviews and discussions with government officials and project beneficiaries, informants were nearly unanimous in asserting that household hygienic practices had improved in their villages and that incidence of diseases such as diarrhea and typhoid were actually lower than before the

KSMP. This was equally true in the villages that had completed the project cycle a year ago; and this indicates that the improved practices are being sustained. In addition, Ghamkhori was praised for its achievements in combating non-water-borne diseases such as goiter and malaria.

What impact have project activities had on village medical staff practice (e.g. did staff benefit, personally and professionally, from the training provided by KSMP, and how do they think this has impacted their patients? How well do they assess KSMP's contribution to the villages)?

The KSMP's monitoring and information system indicates that 84% of the health workers and midwives trained by Ghamkhori are using alcohol to clean instruments and surfaces. This was used as a proxy indicator to represent use of improved practices in their daily work (the goal for this was 60%). Informal verbal quizzes by the evaluation team revealed that the health workers had good knowledge and recall of the signs, symptoms, prevention and treatment of most illnesses addressed by the KSMP. However, two or three key danger signs of serious illness were not mentioned, and so the evaluation suggests that Ghamkhori review and update its training program to ensure it is consistent with the latest WHO and government protocols.

What impact have project activities had on access to and use of family planning and midwifery services?

The second most significant contribution of the KSMP is that it has made affordable contraception available at the first contact health care facilities (SVAs and FAPs) in its intervention areas. Ghamkhori also provides contraceptive services to town women through the Women's Center. Before the KSMP, only IUDs were provided to rural women, and these were available only at the district hospital (SUB). Ghamkhori has trained staff at SVAs and FAPs to insert IUDs and to give injectable contraceptives, oral pills and condoms. The range of methods has therefore increased significantly, as has ease of access. Ghamkhori also provides these contraceptives free of charge, while a fee is charged at the SUB. Members of women's discussion groups stated that use of family planning had increased as a result; and one health worker added that neonatal mortality had decreased on her facility's catchment area – presumably because unwanted births are now a rarity.

The outstanding issue is sustainability of contraceptive supplies. After the 8-month project cycle, Ghamkhori ceases to provide commodities, and most health facilities must acquire them from government reproductive health centers funded and supplied by UNFPA (the exceptions were being supplied by Save the Children, US). Whether these government supply centers will be able to maintain a steady supply of commodities is at present uncertain, since one informant alleged that they are being sold on the black market. This is, however, an issue that is out of the control of Ghamkhori, and it will have to be addressed at the national level by government.

What impact have project activities had on family relations and women's position in the home (e.g. how has the project impacted family relations? Do they feel it has improved them and if so in what ways)?

The KSMP has had fewer measurable successes on improving women's position in the home and family. On one hand, the project monitoring system gives evidence that the project has raised awareness of women's rights in target communities. The project's most effective approach is its work with men's and boys' groups, since these group members discuss women's rights, domestic violence and other relevant issues with the male population in mosques and informal talk sessions. In addition, the KSMP has a family conflict resolution component. The most effective element of this component is the handling of family conflicts and domestic violence cases by the influential Mahalla Committees. In the view of the evaluation team, these strategies are appropriate and should be continued. Nevertheless, social change is notoriously slow and difficult, and so it may be too much to expect significant measurable changes in social relations over the course of an 8-month project cycle.

What are the organizational strengths and weakness of the KSMP and how can the structure, management and procedures of the organization and the interaction of its staff be strengthened and improved to ensure organizational sustainability and accountable leadership?

Ghamkhori's organization, management and supervisory system were found to be among its strengths. A key element of this is the "office day" that is held each Friday for all employees who work directly with project beneficiaries. This allows field and Women's Center staff members to bring any problems to the immediate attention of the senior management staff, to share experiences, to receive moral support and encouragement, etc. In addition, the senior managers visit the field staff to observe their performance at least twice a month and sometimes weekly. The organizations monitoring and information system were also found to be sound. Nevertheless, information management is at this time a significant burden for the senior managers, since there is no staff member dedicated to this purpose. Data entry is not an appropriate use of the time of these highly skilled individuals, and so the evaluation team recommends the addition of a full-time data management officer to the staff.

What strategies, approaches or activities can the KSMP improve or adopt to increase the sustainability of its work in terms of community ownership and cooperation with civic authorities?

Although sustainability of some improvements was pinpointed by the evaluation team as problematic issues for the project, these observations primarily involved the perpetual re-supply of materials and equipment for safe motherhood kits and of contraceptive commodities at SVAs and FAPs. With regard to community ownership of the KSMP, the team concluded that the evidence of community-level empowerment and participation were on the whole very encouraging. Informants revealed that community-level processes designed to ensure democratic and broadly participatory planning and decision-making had been followed; and all Mahalla Committees said they were continuing to meet and carry out their responsibilities even a year after "graduation" from Ghamkhori. The fact that communities are selected at least partially on the basis of their own requests may help to explain this sustained level of commitment.

All the MCs interviewed said they have continuing ties to local government, and that they request assistance from officials when needed (with varying success). Ghamkhori is continuing to hold District and Regional Mahalla Committee Forum meetings, and officials from all the government offices visited said they and/or their staff attend these regularly. However, the most important interface between local government and communities is the office of the Jamoat; and some villages report closer and more regular contacts with Jamoat officials than others. The evaluation team is suggesting that, in addition to the District and Regional Mahalla Committee Fora, Ghamkhori should organize a Jamoat MC Forum every six months in each Jamoat. The purpose of these seminars would be various, but their overall goal would be to ensure that Jamoat officials are fully aware of the activities and problems of MCs in their jurisdiction, while MCs could update themselves on the status of requests to the Jamoat.

How responsive has the project been to community needs?

Like all NGOs whose funding is designated for specific purposes, Ghamkhori has been unable to offer a fully open set of choices for priority activities to each community. When Ghamkhori begins work in a given community, it presents the Mahalla Committees and womens'/mens' groups with a list of topics and issues that they will address during their activities with Ghamkhori. To ensure that the key issues of the village are represented, Ghamkhori then asks if participants would like to add any topics to the list. Among the informants interviewed, few additional topics had been proposed. Now, however, a consensus appears to have emerged among many KSMP communities that one of their most critical needs is not being met by the KSMP or any other initiative. Poverty, economic hardship and joblessness are not issues that are within the scope of the current KSMP; yet community members, government officials, educators and other informants have reported

that these are currently the most pressing and urgent needs in their villages. The evaluation team is therefore suggesting that the next phase of the project might include and income generation, skills training or micro-credit component for girls and women. Although these kinds of initiatives have often been unsuccessful in other settings, the prospects for success may be greater among Tajikistan's better-educated population.

How have staff interacted with beneficiaries?

The primary contact between Ghamkhori and beneficiaries is through its field Facilitators and Women's Center staff (psychologists, lawyer and gynecologist). The Facilitators have a broad agenda, in that they must organize local groups and committees (including Mahalla Committees), then raise their knowledge levels and train them to promote project messages and practices in the larger community. The three cadres of Facilitators interviewed by the team described their preparation by Ghamkhori as adequate to these tasks. They noted, however, that there is sometimes community resistance to change on sensitive cultural issues. In some villages, men have asked the Facilitators to stop educating women on their rights, and women themselves are often slow to reveal their problems and concerns. The Facilitators, however, said that they take a long, careful approach and do not expect 100% change. The evaluation team received the impression, therefore, that their interactions with community members are characterized by sensitivity and prudence.

The Women's Center staff members also said their instruction from Ghamkhori included awareness of client's feelings and sensitivities. Women clients said the attitude of the WC gynecologist differed significantly from that of government health workers, in that she is friendly, is open to discussion, and answers questions. They reported that the psychological counselor approaches their problems gradually – she does not ask outright if they have suffered domestic abuse; instead, the client's story emerges naturally. In addition, the KSMP's training programs for teachers and health workers encourage them to be to be welcoming rather than stern or punitive to students or patients.

How much has the KSMP sought to coordinate, or where appropriate integrate, its activities with local government services?

The KSMP works cooperatively with government services in the areas of health and education. In state schools that agree to participate in Ghamkhori, a core of teachers is trained first in interactive methods of teaching and then in key technical areas such as infectious disease prevention, water and sanitation, reproductive health, etc. The teachers then have the responsibility of conducting classes for students in these topics using the new teaching methods. Both the methods and the subject matter were applauded by headmasters and teachers who were interviewed by the team. Some said the Ghamkhori-trained teachers are attempting to teach the rest of the faculty about the interactive methods and disease prevention. Interviews with higher level Dept. of Public Education officials indicated that they know and approve of Ghamkhori's work in schools.

Ghamkhori also coordinates with the Khatlon Dept. of Health, primarily by training facility-based health workers and midwives in reproductive health and contraception. The KSMP has made contraceptive services available for the first time in many lower-level government health facilities (SVA and FAP), and has expanded the range of methods available to rural women. The KSMP has also raised the government health workers' awareness of the dangers of HIV/AIDS, especially in those returning from migrant labor in Russia, and has familiarized them with the signs and symptoms of other STIs. Overall, Ghamkhori's contribution to the health system in its intervention areas appears to be significant. On one hand, Ghamkhori collaborates closely with the Dept. of Health's Regional Healthy Lifestyle Center in its planning, implementation and monitoring. The Director of this Center suggested that other NGOs (especially INGOs) could learn how to work with government from Ghamkhori's example; and the team is suggesting a seminar for this purpose. On the other hand, the Head of the Khatlon Dept. of Health complained that no NGO (presumably including Ghamkhori)

keeps him adequately informed of their activities, so the evaluators are recommending that Ghamkhori prepare a one-page brief on its current activities and deliver it directly to the office of the Head every six months.

How effective has the KSMP been in establishing Mahalla Committees; and have these committees themselves developed and been effective?

As noted above, Mahalla Committees have been established in every Ghamkhori village according to the procedure outlined in the project plan. These Committees are elected, but usually include the leaders of the community. Ghamkhori makes a special effort to see that a representative of the mosque is on the committee. For this reason, most committees are able to be effective in persuading community members to donate time and, sometimes, funds to community projects. Some of the Committees visited by the team were found to be very active in doing so, while others had not accomplished much. To some extent this is a product of the prior experience of the Mahalla Committee – some did not exist prior to Ghamkhori. Successful establishment of a capable and independent MC is also influenced by the season in which the project cycle is carried out. Training sessions held in the summer are often poorly attended due to the press of agricultural labor. The evaluation, therefore, recommends that the project cycle be lengthened from eight to twelve months in order to ensure that the MCs are fully trained and capable of acting independently.

How successful has the project been in reducing the acceptability and incidence of domestic violence?

The acceptability and incidence of domestic violence in the villages visited by the team was difficult to assess, since this is such a sensitive area that informants generally maintained that the problem does not exist in their villages. Nevertheless, close questioning revealed that even some women who have participated in KSMP training still believe it is acceptable under some circumstances for husbands to strike their wives. It is clear that the domestic violence problem will not be solved in an 8-month project cycle. Both the senior managers and Facilitators of Ghamkhori recognize this, and have stated that they hope to begin a process of change that may take many years to complete. By raising awareness of the unacceptability of domestic violence with boy students as young as nine, the project staff hope to influence the attitudes and family relationships of the next generation.

ATTACHMENT I

List of Persons Contacted

Kurgan Teppe:

Faisal Nasarov, Director of the Khatlon Oblast Ministry of Health
Raykhona Imomaliyeva, Director of the Regional Reproductive Health Centre
Amirov Nusratullo, Director of the Regional Healthy Lifestyle Center
Murtazoeva Niriniso, Director of Khatlon Media Centre

Women's Health Centre Staff:

Sharipova Mavjuda, Director
Hamzaeva Mutabar, Psychologist
Abdurahmonov Rahmanali, Lawyer
Muhidinova Gulchehra, Gynecologist/Midwife

Vaksh

Abdul Hamid Ibragimov, Deputy Head of Vaksh District Hukumat

Rajabov Hussein, Deputy Head of Yangiobad Jamoat
Mahmadjon Murodov, Secretary of Tojikobod Jamoat
Rajabov Khikmatullo, Deputy Chief, District Public Education Dept.
Bekmuradov Tashmurod, Director of School #17, Yangiobad
Muminov Khushvat, Deputy Director, School #17
Schoolchildren of School #17
Teachers of School #17
Mahalla Committee of Yangiobad Village
Hait Quvvatov, Head Physician, Yangiobad SUB
Health Workers of Yangiobad SUB:
Kuvvatova Mushkinisso, Midwife
Darikoba Gulsara, Health Worker
Chutieva Shahlo, Health Worker
Alikhononva Bozorgul, Health Worker
Members of Yangiobad and Proletar Women's Groups
Members of Yangiobad Girls' Group
Members of Yangiobad and Proletar Men's Groups
Ghamkhori Facilitators, Yangiobad:
Raihongut Kurbonova
Kholova Khurbonai
Sharbatali Abdullo
Rima Rashidova
Indirect Beneficiaries of Proletar village (5)

Bokhtar

Abdul Gaffur, Deputy Chair of Bekhtariyon Jamoat
Olimov Shamsullo, Head Physician, Sovkhoz SUB
Health Workers of Saidov State Farm SVA
Ghamkhori Facilitators, Bokhtariyon:
Olimov Alejon
Kalongul Maxzumova
Barno Toshboltaltaeva
Mavjegul Shoamakhmadova
Mahalla Committees of 4th Dept. and Budyoni village
Members of men's group, Budyoni village
Members of women's groups, Budyoni village
Members of girls' group, Budyoni village
Medical workers of Budyoni Village FAP
Pirkhnov Azamjon, Director of School #41
Mazarov Makhmadah, Deputy Director of School #19
Teachers and students of School #19
Community KSMP Volunteers

Jomi/Khojamaston

Vakheidova Narzegul, Deputy Chief of Hukumat
Nematova Khoseat, Chair of Hukumat Education Unit
Kholoc Kheromon, Deputy Chief of Aral Jamoat
Tagoeva Zaragul, Director of Secondary School #30

Teachers and students of Secondary School #30

Mahalla Committee of Nakhimov village

Members of women's group, Nakhimov village

Members of men's group, Nakhimov village

Health Workers of Nakhimov FAP

Ghamkhori Facilitators:

Bobokhonova Mekriniso

Mukhebova Mathluba

Azizov Boynakhmad

Khasanov Bakhtior

ATTACHMENT 2

Research Instruments

MAHALLA COMMITTEES

Question Guide

1. Can you tell me about the purpose of the Khatlon Social Mobilization Project (KSMP)? What does it seek to accomplish in this village?
2. How was this village introduced to the KSMP?
 - Who first visited the village? With whom did this person meet? Did this person carry out a discussion with villagers to introduce and explain the KSMP and Mahalla Committees?
 - Who participated in agreeing to become a KSMP community? Was there a general meeting to discuss participation? If so, did women participate?
2. How were the members of this Committee chosen, and who are the members?
 - How many are women?
 - If an election was held, how were the candidates chosen?
4. Who is the leader of the MC and how was the leader chosen? Are traditional leaders members of the MC? If so, what is their role?
5. What are the responsibilities of the other MC members?
 - Has an MC member been assigned to each area of responsibility (teachers, youth, medical workers etc.)? Does any of these areas of responsibility lack an assigned MC?
 - Is there a volunteer (not a member of the MC) who has agreed to work with the MC on each of these areas?
 - Please explain how the volunteers and MC members work together on improving these functions or solving these problems.
 - Please give an example of a successful collaboration between the MC and volunteer(s) to solve a specific problem.
6. When the KSMP held its orientation meeting at the beginning of the program, what problem did the community decide was the most important or urgent?
 - What has the MC done since that time to solve this problem?
 - What assistance did the MC receive from Ghamkori when solving this problem?

- Has the MC planned, initiated and carried out any activities independently (without assistance from the KSMP)? If so, please describe.

7. You received training from Ghamkori to prepare you to function as a MC. How useful and complete was this training?

- What was the most useful thing you learned from this training?
- Is there anything you think should be added to the training? What more would you need to learn in order to be a more effective Mahalla Committee?

8. Did your MC develop a work plan?

If yes:

- Who participated in developing the work plan and how was it done?
- Is it a useful plan? Is there anything you wish had been done differently?
- Is the village carrying out the Plan? How well is this working? Are the activities on schedule? Who monitors this?
- Who is participating in carrying out the plan, and what are the jobs of various people who are involved – men, women, youth, etc.?
- What are the main difficulties the MC has encountered in its efforts to carry out its work plan? Have these difficulties been overcome?
- Does the village have enough resources (money, labor and materials) to carry out the plan? What is the source of the money, labor and materials the MC is using to carry out its plans?

9. Has anyone from this MC participated in a District or Regional Mahalla Committee Forum? If so, who participated? How useful was the Forum to this MC?

10. Please describe your relationship with Jamoat officials and other government officials.

- Have Jamoat officials participated in training and other activities of the MC?
- Does the MC have regularly scheduled meetings with Jamoat or other government officials? If so, what is the purpose of the meetings and what usually happens there?

11. What is the most important contribution the KSMP has made to your village?

- a. Who has benefited most from the KSMP? Is there anyone who has not benefited? If so, why not?

12. In villages that have graduated from the KSMP:

- a. Are you, the MC members, still holding regular meetings? How often and what is their purpose?

- b. Have you carried out any activities for improvement of the village since the 8-month project cycle ended in this village?
- c. If so, what support did you receive from Gamkori in planning and carrying out this activity?

13. Does the MC plan to carry out any future village improvement activities without assistance from the KSMP?

If yes:

- a. Please describe the planned activities. Who will do what?
- b. What have you learned from your experience with the KSMP that will help you to carry out additional projects and activities?
- c. How will you and your community do things differently in future as a result of the KSMP?

GOVERNMENT OFFICIALS
Question Guide

1. What is the Khatlon Social Mobilization Project? What does it seek to accomplish in this Jamoat?
2. Can you give us your views on whether or not the KSMP is an appropriate model for reaching communities with essential services?
 - Does the KSMP help your office or Ministry to carry out its own plans, or is it irrelevant to your office's plans and programs?
3. Is the KSMP a useful mechanism for achieving integration with the community – does it help the local government and Ministries to keep in contact with communities and work with them on solving problems? If so, please give an example.
 - Do you feel you have a better understanding of the needs of your constituent communities as a result of your participation in the KSMP? If yes, how did you gain this understanding? If no, what could be done to give you more insight into community needs?
 - Could this be done just as well without the KSMP? If not, then what is the unique contribution of the KSMP?
4. What are the main issues that affect the implementation the KSMP in this Jamoat?
 - What are the constraints and barriers to KSMP's effectiveness?
 - Are there opportunities specific to this Jamoat that can support the implementation of KSMP? If so, what?
5. Has anyone from this office/Ministry participated in training programs or other activities of the KSMP?
 - Who participated and what did they learn?
 - How useful was this training? How has this Jamoat/Ministry used the information or skills that were learned?
6. Does anyone from this office/Ministry attend KSMP's District and Regional Mahalla Committee Fora? How many times has someone here attended?
 - If so, has this participation been useful? In what way?
 - Will your office or Ministry continue to send a representative to KSMP MC Fora in the future?
 - In addition to the District and Regional MC Fora, does this office or Ministry have any regular contact with the MC's in the Jamoat – meetings, debriefings, etc? If not, would regular meetings be useful? How?

7. In your view, what is the most important achievement of the KSMP? Why do you consider this achievement to be the most important?

8. Do you think anything about the KSMP should be changed in the next phase of its operations? If so, what improvements could be made?

TEACHERS

Question Guide

1. How were you selected for training by Ghamkori – did you volunteer, or did someone from the school choose you to participate?
2. How do the teaching methods you learned from Ghamkori differ from the teaching methods you were using before you were trained?
 - Do you feel the new teaching methods are better? (If so, in what ways?)
 - How do your students like the new teaching methods? Why do they like (or dislike) the new methods?
 - Did you experience in problems when introducing the interactive method of teaching? What problems?
 - Do all students – boys, girls, primary and secondary – participate in lessons and class discussions? If not, has Ghamkhori given you any help in achieving broader participation?
3. You also learned some new information from Ghamkori – concerning reproductive health, womens/children’s rights, drug addiction, and prevention of STDs/HIV/AIDS:
 - Was this information new to you or did your know all about these subjects before the training?
 - What was the most important thing you learned from this training?
 - What is the purpose of teaching these subjects to school children? Do you think the children will behave differently in the future as a result of these lessons? If so, why do you think so?
 - Is it difficult or easy to teach these subjects to school children? What difficulties have you faced? Did Ghamkhori advise you on how to handle these problems?
 - How did parents and other members of the community react to these lessons – are they glad children are learning about STDs/HIV/AIDS, etc? Did Ghamkhori give you any help in introducing and explaining this to the community or parents?
4. Do you think the lessons you provide to schoolchildren on sanitation and hygiene have caused any change in the behavior of community members?
 - If so, what behaviors have changed? Did schoolchildren contribute to these changes, and if so, how?
 - What are the barriers to change with regard to sanitation and hygiene – what would have to be different for households to act on the information you are teaching their children?
 - Is there anything Ghamkhori could do to make it easier for households to adopt the hygiene behaviors you are teaching them?
4. Does your school have latrines for the children? Separate boys and girls’ latrines?

- If yes, do children use them consistently and correctly? What did you teach them about latrine use? Do any children resist using the latrine, and if so, why?
 - Is the latrine kept clean and orderly? Who takes care of the latrine? How often is it cleaned?
 - Did Ghamkhori do anything to make latrines more available to the children in the school? What?
5. Does the school have a place where children can wash their hands after using the latrine?
- Do they consistently do this? (If not, why not?)
 - Has hand-washing behavior changed as a result of your lessons?
6. Do students have access to clean drinking water in the school? Please describe the source of drinking water for students.
7. Would you recommend any changes in the way Ghamkhori works in schools? Should they include additional subjects of instruction, and if so, what?

MEDICAL WORKERS

Question Guide

1. How long have you worked as a medical worker in this village?
 - Who hired you and how are you paid?
 - Do you have any difficulty getting your pay? If so, why?
2. About how many patients do you treat in an average month, and what are the most common health problems you treat?
3. Have you received any training from Ghamkori?
 - If so, what were the most important things you learned from this training?
 - Do you feel you are better able to counsel patients and provide clear explanations to them as a result of your training from Ghamkori? What did Ghamkori teach you about talking with patients?
4. Have you had any training in diagnosis and treatment of STDs?
 - If so, did Ghamkori provide this training? How effective was it?
 - What are the most common STDs here? How do you know when a patient is infected with these diseases? How do you treat these diseases?
5. How is HIV/AIDS transmitted, and how can it be prevented?
6. What types of contraception do you dispense to clients?
 - How many clients received condoms from you in the last month? What about other methods?
 - Are community members eager or reluctant to receive contraceptive services?
 - What are the main barriers to providing contraceptive services here? Have you been able to do anything to overcome these barriers? What?
 - When prescribing a contraceptive method, do you explain the possibility of side effects, if any? Do you treat side effects from contraceptive methods at this health facility? Do you encourage clients to come back to you if they experience treatable side effects?
7. About what proportion of your patients are consulting you because they have been victims of domestic violence – one in ten, one in five, etc?
 - What are all the things you do when a victim of domestic violence consults you?
 - Do you think the incidence of domestic violence is increasing or decreasing in this village? Why?
8. If a mother comes to you with her four-year-old child who is coughing and feverish, how will you know whether or not to prescribe antibiotics for this child?

WOMEN'S GROUP DISCUSSION

Question Guide

The discussion group should include women of childbearing age who have utilized services provided by the KSMP or who have participated in focus groups.

1. Has anything changed in this community (or in the homes of individual women) as a result of the KSMP? What has changed and what components of the KSMP caused this change (i.e. focus groups, Women's Centre)?
2. Can anyone in the group comment on the services provided by the KSMP's midwives' clinic?
 - For those who have visited the midwives' clinic, how satisfactory were the services you received? Did you have any problem getting access to these services? Any complaints?
 - For those who have not visited the midwives' clinic, why haven't you made use of this service? What have you heard from other women about the midwives' clinic?
 - Are there any other services you think the midwives' clinic should offer? What?
3. Has anyone in this group ever been attended during pregnancy or childbirth by a TBA trained by the KSMP?
 - If so, did the trained TBA do anything differently from untrained TBAs? What?
 - What is the advantage, or disadvantage, of being attended by a trained TBA?
4. Do you know any woman who has been assisted by the Women's Centre psychological counselor (or have any of you consulted the counselor)?
 - If yes, was the psychological counselor helpful? If so, in what ways?
 - If not, what prevents women from consulting the Women's Centre for psychological counseling?
 - Do you think the women of this community understand the purpose of the counseling, and do they know it is appropriate to visit the Women's Centre for psychological counseling when they have suffered domestic violence?
5. Are you aware that the Women's Centre services include legal assistance from a lawyer?
 - What is the purpose of these legal services, and when should the lawyer be consulted?
 - Have you heard of anyone who has visited the lawyer for advice or assistance? If so, why did she consult the lawyer and what was the outcome?
6. Have any of you ever participated in the women's focus group discussions organized by the KSMP?
 - If yes, what topics were discussed during the focus groups? Are these topics of significant concern to the women in this community?

- What do you think was the purpose of the focus group discussions? Was this purpose achieved?
 - For those of you who did not participate, what have you heard about the focus groups? Do you think they have made any impact on this community? Why or why not?
7. Do you think the frequency of domestic violence in this village is more, less or the same as it was two years ago?
- If less, did the KSMP do anything to contribute to the reduction in domestic violence? What did it do?
 - If more, what is the cause of this increase?
 - Other than domestic violence, have women's household relationships changed as a result of the KSMP? If so, in what way? How did the KSMP have impact on household relationships?
 - Has the role of women in decision-making or planning changed within the village at large? If so, did KSMP contribute to this change? How?
8. Some of you have children who attend classes taught by teachers trained by the KSMP:
- What have your children told you about these teachers and their classes?
 - Do you think KSMP's teacher training is appropriate and beneficial to this community? Why or why not?
9. Have the medical services available to this community improved during the KSMP project cycle, either in quality or availability? If so, please describe.
10. What is the most important and valuable thing the KSMP has done for women?

MALE FOCUS GROUP PARTICIPANTS'

Question Guide

1. How were you selected for participation in the men's focus group – did you volunteer or did someone nominate you?
2. What were you told about the focus group before you entered it – were you told what subjects would be discussed? If so, what were these subjects?
3. Did you and your fellow focus group participants choose any of the topics that were discussed?
 - What topics did you and/or the other men suggest?
 - Were these topics discussed to your satisfaction? Are there additional topics that should have been discussed?
4. Do you think everyone in the group was equally active in the discussions or did some people dominate the discussion? If so, why were these people able to dominate (higher social status? Age? Personality?)

5. What issues or problems were usually discussed in the men's focus group? Were different points of views presented – and can you summarize these viewpoints for us?
6. In addition to talk and discussion, were other techniques used to stimulate thought and interaction? If so, what were these techniques? Were they effective, in your view? Why or why not?
7. Did any of your own views change as a result of your focus group participation? If so, please describe these changes.
 - What was the deciding factor that convinced you to change your opinion (what arguments or examples were effective in causing change)?
8. Do you think the views and opinions of the community at large changed as a result of Ghamkhori's focus groups? How did they change?
9. Imagine that one of your neighbors or family members often strikes his wife and sometimes injures her.
 - If yes: what circumstances are likely to cause him to strike her? Can anything be done to change these circumstances?
 - Would you say anything about domestic violence to a neighbor or family member who often strikes his wife? What would you say? Did you learn anything from your focus group that would help you decide what to do or say?
10. When Ghamkhori brought all the focus group participants together in a workshop, was this workshop helpful or useful to you?
 - If no, what could Ghamkhori do to make them more useful?
 - If yes, what did you gain by participating in the workshops?
11. What was the result of the workshops?
 - Did the workshops result in any formal or informal agreements to change behavior in individual households or the community more generally? If not, do you think formal agreements would be helpful in sustaining behavior changes that the majority of focus group participants consider to be desirable?
 - Did the workshop lead to any consensus about how to handle domestic violence when it occurs in the community? If so, what should be done and by who?
12. Have any of you utilized any other service provided by Ghamkhori (in addition to the focus groups)?
 - If yes: what services, and what benefit, if any, did you receive from these services?
 - If no, what is your view of the range of services provided by Ghamkhori to the men and women of this village – is Ghamkhori helping this village to meet its most important needs with regard to reproductive health, hygiene and sanitation, etc.? Why do you think so?

