

Give & Take

A Journal on Civil Society in Eurasia

Spring 2002
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Independent Public
Health Initiatives



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Mission Statement
ISAR's mission is to strengthen the ability of citizens and social change organizations in Eurasia and their colleagues in the US to influence decision-making, advance social justice and promote environmentally sound stewardship of the earth and its resources.

ISAR History
Established in 1983 by Harriett Crosby and Nancy Graham as the Institute for Soviet-American Relations, ISAR originally served as a clearinghouse on US-USSR citizen exchange and published the journal *Surviving Together* until the end of 1997.

Opinions expressed in articles appearing in *Give & Take* do not necessarily reflect ISAR's views.

More information about ISAR's programs is available on our web site, www.isar.org.

On the Cover: A nurse at Chui-Tokmak Children's Polyclinic on the outskirts of Bishkek, Kyrgyzstan, reviews the health record of a four-year-old girl with the child's mother. Environmental factors, socio-economic conditions, and government inability to respond to public health needs all play a role in the health crisis in the former Soviet Union. Across Eurasia, US organizations like the American International Health Alliance support health-related projects in institutions like the clinic pictured here. Photo by Barry Kinsella, courtesy of AIHA.

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Amidst Crisis of Official Neglect, NGOs Take Initiative on Public Health

In all the former republics, the economic and political problems that followed the collapse of the Soviet Union have taken their most serious toll in the sphere of public health. In Russia, for instance, the death rate now exceeds the birth rate to such an extent that the country's population has dropped by four million, from 148 to 144 million, over the last ten years.

The underfunded public health systems in the FSU cannot respond to the basic needs of the population, much less handle the rising tide of HIV/AIDS, drug-resistant tuberculosis and venereal disease along with the soaring rates of infectious diseases such as diphtheria, cholera and typhoid fever. The effects of these illnesses are compounded by the Soviet legacy of chemical and radioactive pollution that contaminates air, water and soil throughout the region, leading to high rates of childhood disabilities and disease and shortening life expectancy. Further contributing to the problem, more than half the adult population smokes heavily, alcohol abuse is widespread and drug addiction is growing rapidly.

Ultimately, the solution to the grim public health scenario in Eurasia depends on economic improvement and concerted government attention. In the meantime, local nongovernmental organizations (NGOs) have taken steps to assist the least-served segments of the population, from alcohol and drug addicts to pregnant mothers, from young people with cerebral palsy to disabled women and children.

This issue of *Give & Take* salutes such independent initiatives by presenting a sampling of stories from several different countries. The articles in the first section come mostly from Central Asia. We hear, for instance, about journalists brave enough to publicize the repressive region's public health problems; Goldman prize winner Oral Ataniyazova's efforts to improve reproductive health in Karakalpakstan (Uzbekistan); and an NGO in Atyrau, Kazakhstan that has won government support to provide preventive health care.

The middle section offers stories from groups addressing addiction issues and HIV/AIDS. Personal testimonials of reformed alcoholics speak powerfully to the success of the House of Hope on the Hill in St. Petersburg, while an NGO called Oilam in Samarkand has won widespread support from parents and school officials in its attempts to head off drug addiction amongst the young. AIDS, a frightening new phenomenon in the former Soviet states, has galvanized courageous NGOs in traditionally conservative countries like Azerbaijan, Tajikistan and Uzbekistan, to go public with information on sex and reproductive health.

The partnership between La Crosse, Wisconsin and Dubna, Russia, which dates back to the '80s, leads off the last section. Since 1992, cooperation between these Sister Cities has led to improved treatment in everything from diabetes to maternity care to domestic violence. Mobility International and the KRIDI club in Tashkent have helped disabled women in Uzbekistan stand up for themselves and address the limitations imposed on them by society. A joint university project in Kansas has brought indigenous peoples in the Midwest together with counterparts in Siberia to deal with contaminated water sources, a prime cause of illness among native communities in both countries.

These NGO interventions, implemented with very modest resources, demonstrate the staunch, enterprising way private citizens seek solutions to society's toughest problems when traditional structures break down. They also provide compelling examples of how, in the face of apparently intractable problems, FSU/US partner organizations encourage and empower each other by joining forces.



Eliza K. Klose
Editor-in Chief

Belarusian NGO Fined for Taking Unauthorized Aid

Belarusian President Alexander Lukashenko's restrictions on foreign aid have now been upheld by local courts in another move to crack down on the ability of independent NGOs to operate, according to the Radio Free Europe/Radio Free Liberty news service.

In February, a court in Gomel, southeastern Belarus, fined Viktor Karneyenka, leader of the Civic Initiatives organization, one million Belarusian rubles (\$600) for violating President Lukashenko's 2001 decree restricting foreign humanitarian aid. The decree, called "Measures to Improve the Procedure for Obtaining and Using Foreign Gratuitous Aid," banned foreign aid to Belarusian organizations except that which was registered with the Presidential Department for Humanitarian Aid.

The Gomel court ordered Civic Initiatives to forfeit equipment it received through foreign grants. Security officials seized computers, a printer, and a copy machine from the NGO and charged it with engaging in election observation in violation of the foreign aid decree. Last December in Gomel, the officials seized computers from another group, called Hart. The same court ordered the equipment to be forfeited and imposed a fine equal to \$630 on Hart leader Syarhey Adzinets, RFE/RL reported.

907 Repealed: US Aid Can Flow to Azerbaijan

On January 28, the White House lifted Section 907 of the US Freedom Support Act, a provision that for nine years prevented the US government from offering aid to any government institutions in Azerbaijan. The move is expected to open the way to closer relations between the US and Azerbaijan.

Section 907 was added as a result of the 1994 war between Armenia and Azerbaijan over Nagorno-Karabakh. Although tensions remain high, diplomatic negotiations have replaced fighting in the disputed area.

Ambassador William Taylor, US coordinator for assistance to Europe and Eurasia, told the RFE/RL news service that US assistance to Azerbaijan will total \$50 million in 2002. Taylor said the money will be used to reform Azerbaijan's economy, reduce

poverty, assist law enforcement, and strengthen borders. Assistance may also be applied to military reforms. The repeal has been attributed to the US government's goal of supporting the governments of those states that agree to help combat international terrorism.

Although the 907 restrictions did not stop US assistance to nongovernmental organizations, they did limit support for joint activities between NGOs and government institutions, such as schools, universities, and municipal agencies. Thus the repeal of 907 should have a positive effect on the natural expansion and development of the growing Third Sector in Azerbaijan.

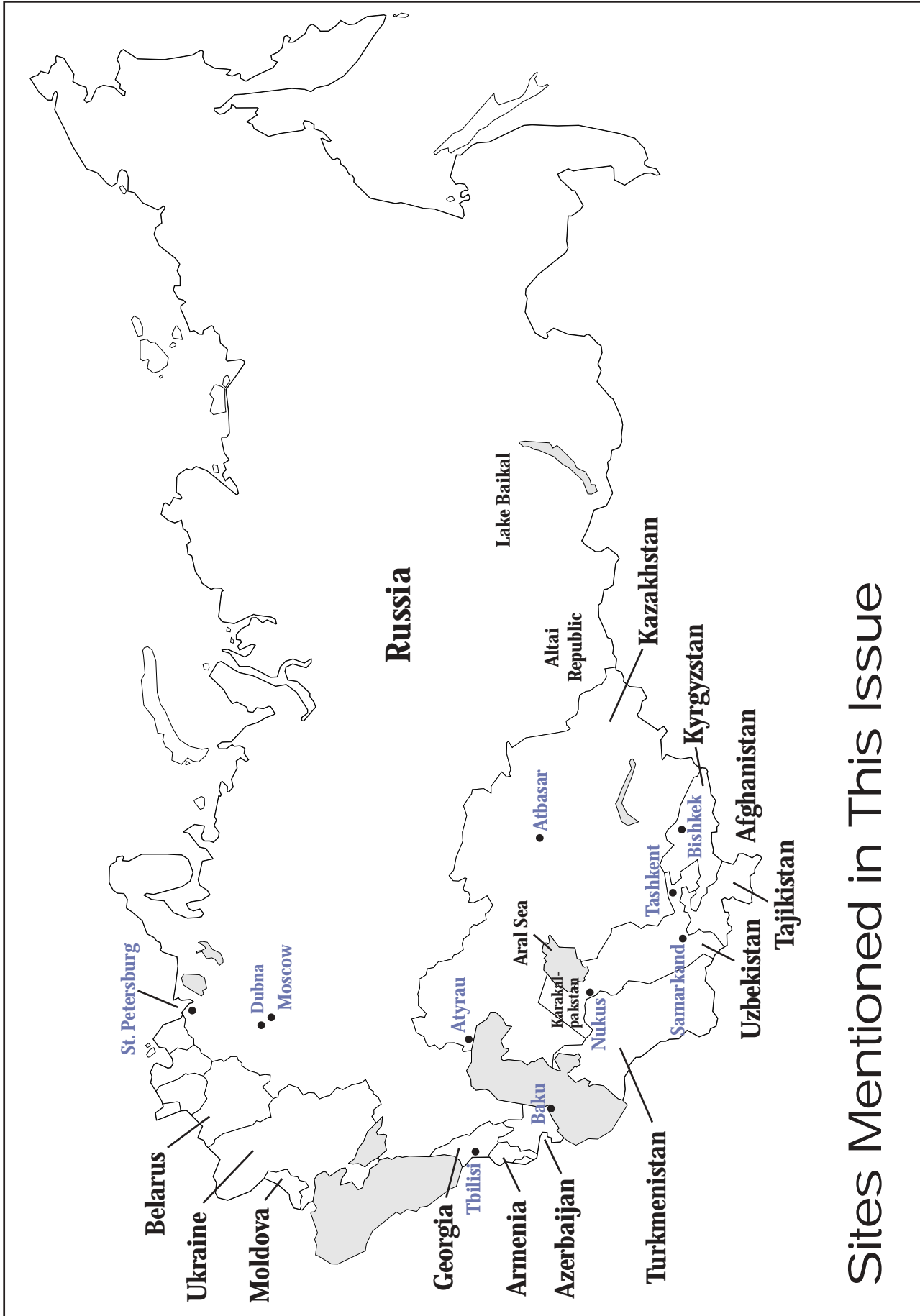
International NGOs Seek Pasko's Freedom

The US-based NGO Committee to Protect Journalists (CPJ) sent three representatives to Vladivostok in March to demand the release of jailed Russian journalist Grigory Pasko.

Pasko, a journalist jailed for sharing information about Russia's Pacific Fleet with Japanese journalists, is serving a sentence of four years of hard labor. He has been declared a prisoner of conscience by Amnesty International, which stated that "the prosecution appears to be motivated by political reprisal for exposing the practice of dumping nuclear waste." CPJ said in a press release that its request to meet with Pasko in prison was turned down by a local military official.

"Grigory Pasko's imprisonment will continue to be an embarrassment to the image of the Russian government until it is resolved, justice is done, and Pasko is free," said Terry Anderson, CPJ delegate. "Pasko is a fine journalist unjustly imprisoned. His case is emblematic of a disturbing current—the constant attempt to crush a developing free press. . . . The Russian Supreme Court has ruled that the secret decree used to convict him is unconstitutional. The courts have further stated without qualification that Mr. Pasko has never revealed national security secrets. The case against him is ridiculous, and clearly just an attempt to silence the truth. The imprisonment of Mr. Pasko is unjust, cruel and wrong."

Visit www.bellona.no for more information.



Sites Mentioned in This Issue

Media Silence Hinders Better Health in Central Asia

by *Jeremy Druker*

IN CENTRAL ASIA, ALTHOUGH LIFE expectancy has plummeted, shortages of medical supplies and personnel have gutted the sector, and forms of disease once thought crushed have resurfaced, the local media have little to say when it comes to public health.

Media silence about Central Asia's health crisis was discussed at a December World Health Organization (WHO) conference that convened health experts from across the continent. The war in Afghanistan has only exacerbated an already dire situation and made the media's shortcomings more acute.

"It's difficult to find information in our society—not only on health but also on politics, everything," said Natalia Shulepina, a journalist who writes for the Russian-language *Pravda Vostoka*, the official daily newspaper in Uzbekistan. "People's health is getting worse and worse, but you can't read why." Shulepina is a rare breed, one of the few journalists from her country who regularly covers health topics (her specialty is the environment's impact on health, a topic she has written a book on). Only a handful of reports appear in broadcast media, she says, and other newspapers, particularly the Uzbek-language press, seldom cover the field.

Not surprisingly, hospital officials and other bureaucrats are tightlipped, but censorship by bureaucrats axing stories that might supposedly cause "panic" or cast a negative light on government policies is also a factor. Shulepina wrote a series of articles on the Aral Sea, which has largely disappeared over the last 30 years because of the catastrophic misuse of water resources that have been diverted to feed massive irrigation schemes upstream. Coupled with chemical dumping, powerful dust storms, and the salinity that has infected the land, the region is an environmental wasteland and will only get worse. Yet Shulepina's special report nearly met a dead end after a censor in the press ministry refused to allow the first part of the series to run. Only after the paper's editor called to complain did the story and then the rest of the series make it into print. "Censorship also makes people not want to write about these topics," she said. As her experience illustrated, weeks of

hard work and research can go up in smoke with one phone call from the ministry.

No Watchdog for Tobacco

Asror Abrorkhodjaev, a journalist at Uzbek Television, said economic pressures also influence what citizens can learn about public health issues. Powerful tobacco companies are not averse to using their influence with media companies to limit health coverage.

Abrorkhodjaev said that even though Central Asia has become a huge marketplace for cigarette manufacturers, the issue of smoking is hardly ever discussed in the media. With little research on tobacco company activities and few local anti-tobacco activists, the industry is left to its own devices. It successfully lobbies the Uzbek government to protect its interests with almost no public scrutiny. When Abrorkhodjaev attempts to tackle tobacco-related issues, he has to walk a very thin line, even though he is a TV veteran and a well-known journalist. Uzbek TV has a major contract with British American Tobacco (BAT), and Abrorkhodjaev has been reprimanded for producing pieces about smoking that show only BAT products (management told him to include the products of other companies also). He said he has to be creative to get health-related stories on the air: "I try to use humor, such as showing how a heavily-smoking journalist is trying to find a way to quit."

Most journalists, however, are not as inspired or inventive. Cholpon Asambaeva, the WHO national coordinator in Kyrgyzstan, complained about the media's lack of interest. "Journalists don't know how to cover health," she said. No specialized reporters cover the health beat; also, most are based in big cities and neglect other parts of the country. Only one 30-minute program on a Kyrgyz private station regularly covers health issues, and print publications weren't much better, she said.

Advertising to Reach a Wide Audience

With the media in such sorry shape, some have taken to communicating their message in other, novel ways. One way is "education using entertainment," as Alisher Ibragimov, health marketing manager at

USAID-funded ZdravPlus, put it. ZdravPlus works with the governments of the five Central Asian republics to improve public health. One strategy has been paid television spots to bring information to a public ill-aware of basic preventive health measures.

In Uzbekistan, ZdravPlus ran a pilot information project to battle illnesses that result from poor diet. In the Ferghana Valley, for example, almost 80 percent of women of reproductive age suffer from anemia, largely for dietary reasons: Foods are not fortified with iron, iron tablets are low-dosage and expensive, and the population eats little meat or fish. Aggravating the problem are cultural norms, said Ibragimov, since many families skimp on more expensive foods to save up for lavish wedding celebrations. “A woman’s position is also traditionally at the bottom of the family food chain,” he said. A young mother thus gets whatever is left over after her husband, family elders, and children have taken their share.

To raise public awareness of anemia’s dangers, ZdravPlus created a three-part soap opera titled “Simple Truth.” With attractive local actors, sensitive family dynamics, and the usual dramatic flourishes, the program looked like any other soap, except for an ane-

mia subplot. At one point, the young heroine faints because of her poor diet—only then do family members and the neighbors discover the hazards of iron deficiency. The program was backed up with radio and TV spots and even a touring theater company that presented a play on anemia.

Most of Central Asia, however, continues to rely on typical information sources for health-related news. Until readers start to demand health coverage and until journalists and media owners see how they can profit from it, the battle will be left to the handful of pioneers like Shulepina.

“We must speak about these problems; there have been many mistakes in ecological policy like the Aral Sea,” she said. Only sheer enthusiasm drives people to write on these topics, she says, which bring little financial return, lack of interest from editors, and possible censorship. “If we don’t speak out, the problems will continue at tremendous levels.” ●

Jeremy Druker is director and editor in chief of Transitions Online. (A longer version of this article was published January 11, 2002 on www.tol.cz.)

Ministering to the Karakalpak People: NGO Confronts Effects of Aral Sea Crisis

*Dr. Oral Ataniyazova started working as an OB-GYN in a rural hospital not far from the Aral Sea in Nukus, Karakalpakstan (Uzbekistan) in the early 1980s. Since then, the independent NGO she founded, **Perzent**, has received worldwide recognition for its services to women and children in a region plagued by what many consider to be the worst large-scale health catastrophe on the planet—the disappearance of the Aral Sea, which has left behind toxins, excessive salt, and a host of health problems that the government and medical community are ill-equipped to handle. In 2000, Ataniyazova won the prestigious Goldman Prize, often referred to as the “Nobel Prize for the environment,” for her ongoing contributions to an isolated society that is impoverished and suffers from disease and neglect. John Deever interviewed her for Give & Take.*

Give & Take: What are the most urgent health issues in your region today?

Oral Ataniyazova: The most urgent health issues we face in Karakalpakstan are connected with the general socio-economic and environmental situation in my region, as brought on by the Aral Sea crisis. The year 2000-2001 took a particularly dramatic toll on the economy and health conditions in Karakalpakstan. During these years, almost all our rice and cotton plantations have been terribly damaged by drought, with consequences to the economy and to living conditions. The situation has affected the whole ecosystem: soil,

plants, animals, agriculture, and people’s lives. We have growing poverty, unemployment, and out-migration. The prognosis for the next few years is uncertain, and the fate and future of the 1.5 million people of Karakalpakstan are at risk if we cannot solve the urgent problem of regulating and distributing water. But we have no coordinating body to do this in Central Asia.

GT: What health-related projects is your NGO working on at this time?

OA: I can tell you about four of Perzent’s most recent projects. First, we have a consultation clinic for couples with reproductive difficulties. Perzent’s quali-

fied medical staff offers women a wide range of consulting and medical services on reproductive health and family planning issues. Every year the clinic examines, consults, and offers up-to-date treatments for sterility, inflammatory processes, and pregnancy complications for more than 2,500 women suffering from various reproductive disorders. Our clinic is now being expanded, adding a diagnostic center

equipped with ultrasound, a laboratory focusing on sexually transmitted diseases, and other equipment. The main idea of the clinic is to change the culture and the relationship between doctors and patients, emphasizing improvement in the quality of consultations.

In the Kanlykol district, we also have a “Safe Motherhood” program, a wide-ranging informational campaign on reproductive health supported by practical activities, including technical support to the regional maternity center, training of medical personnel, prenatal care, and free medical supplies for future mothers. Every pregnant woman

involved in our health education campaign is provided with supplies of vitamins, iron, and folic acid. We make sure to involve their husbands in this campaign also. More than 2,000 pregnant women are aided by these crucial activities in Kanlykol.

Third, we are conducting a reproductive health education campaign involving about 3,000 students in Nukus. Pedagogical Institute students receive training and then hold sessions for 400 teenagers in the Chimbay and Kanlykol districts. Our campaign includes a sexual education component, the only one of its kind in the republic. Discussion and teaching about sexual issues, traditionally taboo in local communities, are included in our program since students in our Training of Trainers courses have taken to this field with great interest and can now discuss sexual issues quite openly. The participants—all of whom will be schoolteachers after graduating—consider the information they have obtained crucial for local populations, especially for youth. Most of the graduates already actively share their knowledge with their communities, and some have joined our trainers team.

Finally, we just translated the book *Where There Is No Doctor* into Karakalpak and will soon publish 5,000 copies of it. This book has become very popular. We are also translating the book *Where Women Have No Doctor* into Karakalpak.



Dr. Oral Ataniyazova won the 2000 Goldman Prize for her work with mothers and children in Karakalpakstan.

courtesy of the Goldman Prize

GT: As an NGO activist you have had many years of experience and have gained some fame and attention for your work. What has been the most challenging part of keeping your organization going and helping it to grow?

OA: Motivation is very important. My motivation was concern about the health effects of environmental factors in my region, and especially how those factors threaten women’s and children’s health. Also, I was moved to act by the fact that local residents of the community are not involved in making decisions about their lives and their futures.

In the almost 10 years I have been developing my NGO and working closely with my community, I unfortunately have not seen the situation improve. Right now I have strong concerns about the future of the Karakalpak nation.

As for challenges, the first and foremost is to *do the right thing*. Other challenges include boosting professionalism, developing a team, connecting with the community, making decisions together, sharing knowledge and experiences, insuring transparency, learning from our own mistakes, and many more.

GT: Tell us about a few of your recent successes.

OA: Well, we are really proud of our agricultural program in Chimbay, which is called “Altin Toprak,” or “Gold soil.” Our “agro staff” members were trained in Australia in permaculture methods. They then adapted these methodologies and created courses that help local farmers manage gardens in salty soil, including the goal of improving soil quality. One of their great successes has been the invention of a local type of drip irrigation.

We trained local people in the community, prepared them as trainers, and started educational courses to help unemployed people develop gardens. Last summer, we trained 200 unemployed people, and 75 percent of them were able to harvest something! Most of these people had not managed to harvest anything from their land for a long time. Local authorities have asked Perzent to train people from all the area farms and to offer our trainings in every district. Even though that will mean serving a population of 80,000 people, we are ready to do this.

We also take pride in how popular our Perzent bulletin—which has developed into Perzent magazine—has become in our country.

GT: Has the changing US involvement in Central Asia since September 11 had any effect on your work, either positively or negatively? If so, what effects?

OA: I would not say US involvement in Central Asia has had any effect on the activities of my NGO. Potentially new investments might bring some pro-

grams to my region in the future, and if so it would be very important to know what the aim of these investments would be. Any organization or agency interested in providing assistance must monitor whether their help is actually reaching the group they are targeting.

GT: What do you foresee for the NGO movement in Central Asia on the whole? What trends in your health-related field would you expect to see continuing?

OA: The situation is different in different parts of Central Asia, but it will probably take a long time to

develop a realistic NGO movement here. We also have noted a growing number of government-supported NGOs. These organizations make it more difficult for real nongovernmental organizations to develop since they attract funding away from the authentic local groups. And, the local economic situation causes many people to strive to develop NGOs not out of motivation to serve the community, but merely to have jobs. Unfortunately, Nukus has only a very few real grassroots NGOs. ●

Atbasar NGO Demonstrates an Ounce Of Prevention Is Worth a Pound of Cure

by Gwyneth Jones and Aimee Eden

DURING KAZAKHSTAN'S TEN YEARS of independence, most of the newly created NGOs took up environmental projects, but these days even in northern provincial towns some independent health NGOs are beginning to appear.

In Atbasar, a small, isolated town in northern Kazakhstan, there are currently four registered NGOs. Ludmilla Petrova formed the fourth NGO, "Angel," in 1998 to work on ecology, health, human rights, and civil society issues. Angel has primarily focused on ecology, but in the last year it has begun to work on health issues.

Petrova is the first representative of the third sector in Atbasar to enter this sphere, which is traditionally considered the responsibility of the state. The Soviet Union provided free health care but little preventive health education. Often viewed as a threat to the government, NGOs have been hesitant to address widespread health problems despite the overwhelming need. Although international organizations have introduced health programs in Kazakhstan's few large cities, locally-based initiatives are virtually nonexistent.

Civic Action Despite Limited Resources

The experienced doctors and nurses of Atbasar still work for state-run hospitals, so cooperation between Angel and the hospital is essential. Petrova views such cooperation as highly beneficial. "We're working

on the same issues, so we should work together. We have the same goal."

To reduce crime, drug use, and other social and health-related problems, Petrova said, NGOs must teach the public about preventive health care and the dangers of drug use. While doing so, her organization has even employed some of those young people who know Atbasar's drug culture firsthand. In Angel's first major project, creating a small beach on Atbasar's local Zhabai River, Petrova enlisted the help of youths from the juvenile correction center. Although many had struggled with addiction, the boys were responsible and hard-working, Petrova said. "Most of the time they have nothing to do with themselves. You can't just say 'don't do that' to kids; you have to organize activities for them and provide them with an outlet for their energy."

Angel's most recent project set out to address the rarely-talked about spread of HIV and AIDS. In Atbasar, intravenous drug use is responsible for 95 percent of the reported cases of AIDS. For World AIDS Day 2001, Angel organized a series of events to educate the community about HIV/AIDS. Targeting youth in schools and discotheques, Angel distributed brochures and condoms, invited local doctors to give presenta-

Often viewed as a threat to the government, NGOs have been hesitant to address widespread health problems despite the overwhelming need. Although international organizations have introduced health programs in Kazakhstan's few large cities, locally-based initiatives are virtually nonexistent.

tions about sexually transmitted diseases and drug addiction, coordinated a poster contest, and produced a radio announcement.

Projects currently in the works include seminars to develop health curricula, first aid workshops, a local blood drive, distribution of health-related educational materials, and an anti-smoking campaign.

“The biggest problem Angel faces right now,” Petrova said, “is the lack of an appropriate location. With a good location, we could house a real, working center.” With no place to house equipment or conduct meetings and community events, the NGO’s work is limited. In Atbasar, it is especially difficult to find a secure, well-heated, neutral, accessible, and affordable space. Petrova’s current office is an apartment with no heat, a major drawback when winter temperatures drop to minus 40 degrees.

Another challenge is finding experienced individuals who are willing to work for an NGO. Unlike larger cities, Atbasar has no institutions of higher learning from which to pull energetic volunteers with spare

time. Most bright young people leave Atbasar after high school to attend college, and many never return.

Finally, consistent funding sources are also in short supply. Like most other NGOs in Kazakhstan, Angel relies heavily on grant money. Unfortunately, local fundraising is not a realistic source of income. Inexperience in fundraising combined with the region’s high unemployment rate and low wages make local sustainability a tremendous obstacle.

Yet despite the multiple challenges facing grassroots NGOs in Kazakhstan, the example of Angel proves that it is possible for locally-based NGOs to work in the field of health, especially when working in cooperation with publicly-run hospitals. As Kazakhstan switches from a state-run health system focused on treatment toward a privatized system focused on prevention, the involvement of the Third Sector will be crucial. As Petrova says, “prevention is the key to a healthy lifestyle and a healthy society.” ●

Gwyneth Jones and Aimee Eden are Peace Corps volunteers in Atbasar, Kazakhstan.

Bolashak—A Pioneer in Public Medicine

Atyrau, a city in western Kazakhstan undergoing an oil and gas boom, has been experiencing recent increases in health problems connected with air pollution. Environmental hazards have had an especially noticeable effect on women and children. Now as never before, NGOs can play an important role in raising public awareness about health and in monitoring and improving the conditions that lead to illness. Bolashak is one such NGO actively working on health issues in Atyrau. Gulmira Izimbergenova, ISAR-Atyrau publications officer, interviewed its president, Zhibek Kuangalievna Bisenova, an NGO activist and health professional, for Give & Take.

Give & Take: Zhibek Kuangalievna, please tell us how you came to join the NGO movement?

Zhibek Bisenova: My first exposure to the work of NGOs came when I participated in the First National Women’s Conference in Almaty, organized by the Almaty Businesswoman’s Association. There I met women activists and attended a seminar organized by [the US-based NGO] Counterpart Consortium. After that, I had a meeting with ISAR-Atyrau that literally turned around my notions of life and changed my worldview.

I’ve come to understand that social problems are not about to be solved by leaders of this or that group. Let businessmen tinker with the economy, let bureaucrats work for the good of the state, and let NGOs lift up and independently resolve our social problems—of

course in cooperation with business and government. With this understanding, ISAR-Atyrau has really helped us a lot. We’ve made sure to use the information that ISAR makes available to local initiative groups.

Other meaningful and substantial contributions to the formation of our NGO came from the Soros Fund Kazakhstan’s trainings and from Counterpart’s November 1999 fundraising seminar in Aktau. These trainings strengthened our understanding of the importance of NGO work.

Most important, NGO work allows people to tear themselves from those obligations that in the past have held them hostage to government structures. I’ve worked a long time in the government and I know what I’m talking about! I was delighted by the simple and effective methods NGO trainers use. No long speeches

like the kind to which we're accustomed. We were given the opportunity to voice our own concerns, even when our opinions might have been uninformed. That touched me deep in my soul. To be honest, at that moment I felt a basic, fundamental connection to the principles of democracy.

GT: Whose initiative was it to found the NGO Bolashak and what were its goals?

ZB: We worked for two years as a commercial organization called Bolashak-1, but we didn't thrive as a business. We eventually realized that our goals didn't match the kind of activities that we were undertaking. NGOs can address social issues more easily and more effectively. So we reorganized as an initiative group, studied mountains of books and materials, and eventually came to understand how to establish the Bolashak Social Fund as an NGO so that we could write grant proposals and become candidates for different grant programs.

Not long ago at a conference of physicians in Astana, the approach to public health that we use was dubbed "public medicine" [*obshchestvennaya meditsina*]. In essence, we appear to be something of a pioneer of public-based medicine in Atyrau.

We offer medical help to the residents of Atyrau Oblast and to children from the Azgir, Taisogan, and Zhilyosky regions. We offer psychological, medical, and legal aid to women and children in crisis. We plan to open an NGO Crisis Center. We share medical and environmental information with the public, and we will soon organize a detoxification center.

Overall, the mission of Bolashak is preventive health care. To deal with the illnesses connected with the environmental conditions in our region, we must offer modern medical aid and up-to-date knowledge to a wide range of people.

GT: Bolashak has been working officially since May 2000. What has been done since that time as a result of your reorganization as an NGO?

ZB: First of all, the local authorities gave us an abandoned building that had sat empty for three years after one of the departments of the special police forces moved out of it. The house had bare walls, no plumbing, no phone lines, not one window left, not even doors, but we were overjoyed to have it. For so long we had been renting a variety of premises.

Using the practical knowledge we had gained at several NGO seminars, we set out to find sponsors. We approached the business community and forged successful relationships with many firms, some of them construction firms, who donated material and financial resources. With their assistance, we installed automatic

water heaters, a complete heating system, and extensive wiring. We completely renovated the second floor and added plumbing. By March of 2001 we were able to begin work under normal conditions.

GT: What has Bolashak accomplished and what are you currently working on?

ZB: We work under some government contracts that we won through competitive bidding. Under those contracts we can take in children at our family health clinics for free. Without such contracts the patients would have to pay us.

We've had some unprincipled competition on the part of government-run Consultation and Diagnosis Clinics. In 1999 and 2000, the Ministry of Health put out a secret order against Bolashak. They said we were preventing many sick people from receiving qualified medical help—at a time when the state clinics were plagued with such long lines that it was doubtful they were offering *any* kind of quality medical services. Today, however, patients know their rights and we have plenty of them coming to us.

Bolashak runs several programs. We work with children who are hard of hearing or who have speech disorders. We have an ophthalmology department. We help a wide range of disabled and dependent people.

As for concrete action campaigns, we led the "Life Without Cigarette Smoke" program at the Tulpar health improvement camp. Bolashak's organizer and trainer Tursynai Kenzhieva interacted with the children in a delightful and non-coercive role-playing session on the dangers of smoking. We've been invited to a TACIS-sponsored roundtable about civil society issues in Astana this July. And our organization took part in shooting a film with the US-based independent studio Planet Vox about social problems and increases in illness tied to increased petroleum extraction. Bolashak staff also prepared a seminar on, "The Role of NGOs in Forming a Healthy Way of Life," which we will be leading among a wide range of groups.

We work very closely with government structures. For example, we helped publish a colorful booklet of NGO activities that was released in Astana at an exhibition at the Presidential Museum in honor of the tenth anniversary of Kazakhstan's independence. We've just won a competition and are partnering with the international NGO International Organization for Migration (IOM) on a project called "Warning Signs of Trafficking in Kazakhstan" for potential victims all across Atyrau Oblast.

NGO work allows people to tear themselves from those obligations that in the past have held them hostage to government structures. I've worked a long time in the government and I know what I'm talking about!

GT: Tell us briefly about your staff. It must be essential to have a unified team to accomplish all that you want to do.

ZB: Bolashak employs a team of mature, experienced doctors. I salute young people who have such enthusiasm and energy, but in a profession like medicine, which requires elaborate credentials to begin with, everyone knows that you only gain expertise through

experience. Our physicians have put in many years of service. Admittedly, there are pluses and minuses associated with this: it's positive that our doctors have the highest qualifications, but it can be difficult to overcome old stereotypes. ●

Gulmira Izimbergenova is information and PR program coordinator for ISAR-Atyrau, Kazakhstan. Translated by John Deever.

Azeri Children Find Health on Horseback

by Tair Agayev

PROVIDING PSYCHOLOGICAL support to children suffering from neurological diseases and motor system disabilities is a priority area for modern medicine everywhere, and a very real problem in Azerbaijan.

According to the Azerbaijani Ministry of Health Protection, in Baku alone there are more than 12,000 children suffering from childhood cerebral paralysis and many other neurological diseases. Without money to pay for rehabilitation, many of these children would be left in social isolation, with worsening physical disabilities and quality of life. An effective method for psychological, social, and physical rehabilitation is hippotherapy, or medical horseback riding. Hippotherapy can make a qualitative improvement in the health of these children.

The **Center for Hippotherapy** in Baku has created a rehabilitation program for children suffering from neurological illnesses. One of their current programs is,

“From Illness to Health on Horseback.” The project offers social, psychological and medical rehabilitation to 40 children ages 5 to 17 who are suffering from a variety of neurological diseases involving movement disabilities, such as muscle disease and multiple sclerosis. The techniques of hippotherapy used in the project are based on the methods of classical hippotherapy, as well as techniques created at the Woodside Medical Horseback Riding Center in the US, such as “Developmental Riding Therapy,” and “Developmental Vaulting.” These methods include special exercises for performing different paces, such as step, trot, faster step, faster trot, and gallop.

According to doctors, horseback riding leads riders into more than 100 different motions. The horse also gives the rider a very positive emotional charge—which is no small feat. Hippotherapy has been shown to improve psychological and emotional conditions, coordination and spatial orientation, balance, and muscle tone.

Along with hippotherapy, psychologists at the center use such methods as game therapy, art therapy and story therapy to enhance social activity among the participants. During the project, the children are examined by an orthopedist and a neurologist to detect any changes in their physical condition. Neurological examinations and medicinal massage are also offered.

Thanks to the dedication of the doctors at the center and the horses they work with, children with neurological disabilities will have a much better chance for rehabilitation and a better quality of life. ●

Tair Agayev is chairman of the Hippotherapy Center. Translated by Tamara Kowalski.



courtesy of Hippotherapy Center

Children at the Hippotherapy Center learn to relate to horses while undergoing physical therapy and muscle rehabilitation.

Environmental Effects on Children's Health: An Adult Responsibility

by *Maria Cherkasova*

LAST SEPTEMBER, 30 ENVIRONMENTALISTS from the FSU participated in an international forum on the effects of environmental pollution on children's health—more than from any other region except North America. There were two reasons for the large number of Eurasian delegates at the conference, titled "Children's Environmental Health II": the impact of pollution on children's health in the FSU and the efforts of the Russian **Center for Independent Ecological Programs** (CIEP) to include Eurasian NGOs in the activities of the Amsterdam-based International Network on Children's Health, Environment, and Safety (INCHES).

CIEP has focused its efforts on ecology and children's health since its founding in 1990 because children are so sensitive to even the smallest doses of toxic chemicals and radioactivity. The rest of the world has now begun to pay more attention to the issue. At the INCHES forum in September, for instance, delegates from all over the world concluded that environmental conditions are the major influence on children's health. Children are not simply undersized adults; they must be treated in accordance with the characteristics specific to their age and developmental stage. Evaluating the level of risk to children from environmental pollution requires special knowledge of the long-term systemic effects on children of toxic exposure. Adults, whether parents or medical professionals, government officials or politicians, must make their environmental decisions based on a thorough understanding of the ultimate consequences of those decisions. Forum participants noted that these long-term and unpredictable consequences place a tremendous moral responsibility on the adult generation.

Sergey Bondarenko, a member of the Russian delegation, described one such direct and unexpected consequence of environmental damage in his conference report, "Cataracts in Children Caused by Radioactive Pollution." The report, based on research from the little town of Uzlovaya in the Tula region, reveals that since the Chernobyl accident children have begun to suffer from cataracts, a clouding of the lens of the eye that generally occurs only in the elderly. I first heard of the problem in 2000 at a hearing in the Russian Duma, or Parliament, on the question of whether or not to

change the law to allow the import of nuclear waste into the country. Sergey Bondarenko presented the information at the hearing in hopes of persuading legislators not to change the law since doing so would threaten to bring huge amounts of additional radioactive materials into the country.

The law passed, but Sergey did not give up his struggle. He joined the INCHES network and introduced Duma members to his NGO, "Children, Environment, Health," whose mission is to protect the rights of citizens, particularly children, who have been affected by the Chernobyl catastrophe. Sergey spoke at the Civic Forum in Moscow in November 2001, which was organized by President Putin's administration. [*See Winter 2001 Give & Take —Eds*]

Sergey recently published a brochure about Chernobyl's impact on children in the Uzlovaya area. Since the accident local children have been diagnosed with fatigue, listlessness, headaches and joint pain, as well as a failure to develop normally. Pregnant women in the region often fail to gain weight properly, and birth defects are more and more frequent. Every tenth child has been diagnosed with thyroid gland abnormalities and official forecasts for the frequency of thyroid cancer have risen; the rise is not expected to peak until 2020.

Despite the negative impacts of Chernobyl, Russia has recently received its first load of radioactive waste from outside the country and has made the development of atomic power a political priority in its long-term energy policy. The Ministry of Atomic Energy is expending enormous energy on trying to find examples of healthy people among the residents of radioactively contaminated regions, and the press has been publishing absurd stories suggesting that Chernobyl might actually have been good for people's health!

Sergey told me about one such article in *Komsomolskaya Pravda*. He said his NGO is planning to write a rebuttal. "It's not likely they will print it," Sergey said. "But we're ready to fight. We're not going to stop standing up to them!" ●

Maria Cherkasova is director of CIEP and coordinator of the Eurasian Division of INCHES. Translated by John Deever.

House of Hope Combats Alcoholism Through Time-Tested Methods

by Alexey Ivlev

ALTHOUGH HEAVY DRINKING IS common in Russia, alcoholism and drug addiction have always carried a tremendous stigma. Addiction was viewed as a crime in the Soviet Union. Police rounded up alcoholics and carted them off to psychiatric hospitals, where they could spend several months, or locked them up in special prisons called LTPs for two years, where they were forced to work without pay. Addicts lost their jobs and apartments.

Not surprisingly, few alcoholics or addicts entered treatment willingly. Even fewer families sought help for the alcohol-related problems of a family member. Those addicts that did make it to a hospital often were subjected to a wide range of seemingly bizarre treatments, such as herbal baths, mudpacks, surgical implantation of slow-release Antabuse, aversion therapy and other punitive methods of treatment.

American physicians would consider some of those treatments unusual, if not sadistic. To Americans, Soviet-style recovery methods for drug addicts and alcoholics seemed more suited to a torture chamber than a hospital. The Soviet treatment paradigm was fundamentally different from that of the West. Most Soviet doctors did not subscribe to the disease model of addiction. Everything they did was based on Pavlovian behavioral control.

AA and the 12-Step Recovery Model

Alcoholics Anonymous and the 12-step recovery model came to Russia with glasnost and perestroika. Gradually, the attitude of Russian professionals and of Russian society toward alcoholism and addiction is changing.

The **International Institute for Alcoholism, Education & Training Inc.** (IIAET) was among those US foundations that carried this message of recovery to Russia. The mission of the IIAET is to assist alcoholics in leading a sober and productive life and to address the

urgent need for proper and effective treatment programs in the FSU.

The IIAET—established by Mr. Louis Bantle, an American industrial leader—funds education and training about alcoholism treatment methodologies so that foreign professionals can visit the US and then take home the methods they study there. The IIAET has been directly involved with patients in recovery for the last ten years.

In 1997 the IIAET started the House of Hope on

the Hill rehabilitation center in the suburbs of St. Petersburg. In March 1997, IIAET purchased an unfinished building on a piece of land outside St. Petersburg. In June of that year, we registered as a nonprofit private foundation.

Today, the House of Hope on the Hill serves as a residential rehabilitation center dedicated to providing effective treatment to



courtesy of House of Hope

The House of Hope on the Hill.

those who suffer from alcoholism. Modeled after American rehabilitation centers, the center has its own joint Russian-American board of directors that reports directly to the International Institute. Situated on two acres in a beautiful part of town, the House of Hope functions as the only free residential rehabilitation center in Russia for men and women suffering from alcoholism. We are totally supported by private contributions.

The people who seek our assistance desperately hope to achieve sobriety, so that's why we call our place The House of Hope on the Hill.

Successes and Challenges

Since 1997, the House of Hope has remained committed to its belief in the spiritual nature, inherent dignity, and worth of each person by providing an effective 12-step-based treatment program that addresses the physical, emotional, spiritual, and social needs of everyone who seeks our assistance. Participants in the House of Hope programs learn that addiction is a progressive disease rather than a moral failing, and are given tools to help change their physical, psychological and social dependencies.



courtesy of House of Hope

House of Hope participants follow Alcoholics Anonymous guidelines.

We currently have three treatment programs: Primary, Relapse Prevention, and Family. We use the “Hazelden Minnesota model,” which includes educational sessions, Alcoholics Anonymous (AA), individual and group therapy, family counseling and after-care. Group and individual therapy and group counseling are provided in the treatment center itself, where we have 20 beds. Clients observe a 24-hour structured

living environment and undergo a clinically supervised therapeutic treatment program. They follow an individual treatment plan tailored to their needs, which includes participation in group and individual sessions, attendance at 12-Step meetings, recreational therapy, and a number of professionally supervised activities.

Like other 12-step programs, we strongly recommend that upon discharge each client immediately find a sponsor, identify an AA group near their homes, and attend as many meetings as possible

in the first year. All of the House of Hope treatment staff members are in recovery for alcoholism themselves—also a unique experiment for Russia.

About a thousand patients have gone through our program. According to our follow-up studies, about 40 percent of them remain sober and continue in the AA program. Over the years, 14 medical doctors and psy-

Hill Graduates Share their Victory over Alcohol

My name is Vladimir and I am 55. In 1999 I was still a colonel with the Ministry of Defense in Moscow. I was facing an early retirement because of my drinking problem. My wife left me and my two adult kids would not talk to me.

I learned about the House of Hope and asked for help. Soon after, I was admitted to the House of Hope to go through its rehabilitation program for my alcoholism and have been sober ever since.

Not only did I manage to keep my position with the Ministry, but I got promoted. My wife came back and the relationship with my two children started to improve.

I don't drink and I go to meetings where I share my experience, strength and hope with other people. Today I am a grateful recovering alcoholic. I'd like to express my deepest gratitude to all the staff at the House of Hope on the Hill for saving my life, my family and my career.

Vladimir V.

My name is Alexey. I am a priest and a monk with one of the biggest Russian Orthodox monasteries in Moscow.

I am an alcoholic.

Two and a half years ago, my bishop referred me to the House of Hope on the Hill to get help for my alcoholism. I have been sober since that time.

When I came back to Moscow from the House of Hope I started going to AA meetings. A year later I managed to start an AA group in our monastery and serve as a treasurer for the group.

Last November I spent some 30 days in training in the US with Fr. Martin's rehab in Maryland and with St. Christopher's Inn rehab, run by the Franciscan Friars of Atonement in Graymoor, New York. I am studying to become a chemical dependency counselor.

Now I refer others to the House of Hope on the Hill, where my life and my faith was saved two and a half years ago.

Fr. Alexey Z.

chologists have gone through our alcohol dependency rehabilitation program after observing the profound changes in the personalities of patients they referred to the House of Hope.

Patients come to us for treatment from all corners of the FSU. Upon returning home, many have started AA groups in their own regions. Last year 258 patients from more than 43 towns in Russia and elsewhere in the FSU graduated from the House of Hope: 167 men and 91 women. In the year 2001 the House of Hope Family program had 42 sessions involving 413 family members. Last year, House of Hope graduates opened four new AA groups in St. Petersburg and 11 new AA groups (totaling 70 meetings a week) in other regions of Russia.

Our current plans include renovation of our main building and construction of new dormitories. In June 2002, the House of Hope will celebrate its fifth anniversary. We expect about 1,000 guests to participate in the event.

Many happy sober people and their reunited families owe their recovery to the House of Hope on the Hill. Because we are the only free rehabilitation center in Russia we are deeply grateful to those people and organizations that have contributed to the House of Hope, where human lives are saved and rebuilt. ●

Alexey Ivlev is director of IIAET training programs and chairman of the board of directors of the House of Hope on the Hill.

Hill Graduates, continued . . .

My name is Vera and I am an alcoholic. I work as a chief accountant for the big electricity company in Saint Petersburg. My secret drinking started to cause me problems at home, at work and in relationships with my 13-year-old son. More than a year ago my boss read about the House of Hope in the newspaper and took me there.

Alcoholism among women in Russia still carries a tremendous stigma. I was full of guilt and shame when I first got to the House of Hope as a resident. They helped me realize and accept that I was not a bad person who wanted to become good. I was a sick person who wanted to recover. That made a lot of difference to me.

I have been sober since I graduated from the House of Hope program. It is a program of attraction, rather than promotion. Five other employees of our company went through the House of Hope for their alcoholism after they saw some real and miraculous changes in me after treatment.

I keep going to AA meetings and try to take each day one day at a time. Every Sunday I go to the open AA meeting at the House of Hope to share my experience with those who are in treatment.

The relationship with my son got so much better since his Mom quit drinking. I am a sober employee today and a sober mother. God, it feels good! There is hope for women alcoholics in Russia after all.

Vera M.

My name is Valeri and I am an alcoholic. But I am a sober alcoholic today.

Four years ago I came to the House of Hope on the Hill as a patient. By that time I had lost my apartment, my family, and my job because of my alcoholism, and I had just been released from prison. I moved from one state institution to another, living in different state-run medical facilities.

Today, four years later, I have a new family. I met my present wife in the rooms of AA. We have an apartment to live in.

I am on the House of Hope staff as an alcoholism counselor and a night college student at the department of psychology. My life has changed dramatically and miraculously.

At the end of last year, IIAET invited me to spend 28 days in the US to further increase my knowledge in the field of chemical dependency treatment. I went to the States in March to spend some time with Fr. Martin's rehabilitation center in Maryland and with St. Christopher's Inn rehab, run by the Franciscan Friars of Atonement in Graymoor, New York.

Sober life is good.

I am deeply grateful to the House of Hope for my sobriety and to the International Institute for starting the place and inviting me for training in the US.

Valeri S.

Drug Prevention Requires Starting Young, Engaging Adult Support

by *Tamila Utarova and Zulfiya Sabirova*

DRUG ADDICTION TREATMENT IS often ineffective, so preventing the first encounter between children and drugs is essential. School-based anti-drug campaigns don't work very well, because teenagers often do not listen, since they feel invincible and want to make their own decisions. Nevertheless, today the social dangers and disastrous health effects of drug abuse are so prevalent here in Uzbekistan that educators and NGOs must take steps to ensure that children understand that unwise choices can bring them unimaginable pain and suffering, sometimes even death.

With support from Counterpart Consortium, the Uzbekistan NGO **Oilam** ("My Family") Club established a coalition of concerned parents, teachers, and local government officials to address the problem of early drug and alcohol abuse before it escalates. The Club targeted students aged 9 to 16 and began by organizing parent meetings in schools. Within four months, the Club had enlisted the help of 552 people, including 178 adults and 374 teenagers.

The Samarkand Oblast's Drug and Alcohol Abuse Clinic supplied NGO activists with the histories of teenagers whose lives and families had been destroyed by drug abuse, as well as statistics totaling drug overdose deaths and crimes committed by drug users. The Club used this information to create powerful teaching materials targeted toward young people. We believe that this data had a tremendous effect on our audiences. When someone merely declares, "Drugs are bad, don't use them," many young people are not convinced that the problem is real or concerns them personally. "Live" statistics make them stop and realize the seriousness and scope of the problem. Such statistics spur them to act.

Seminar participants are usually very skeptical. Typically, in the beginning of our seminars, parents ask, "What can you do? Entire countries, America, Europe, Russia are fighting this evil and cannot do anything about it." Or they say, "You will not succeed, because the root of it all is police inaction and indifference." Or, "One cannot be cured of drug addiction. What new miracle solutions do *you* have?" To overcome such skepticism and *a priori* helplessness, we structure our

workshops and seminars in such a way that participants themselves come up with ideas for drug abuse prevention. After all, the ideas we value most are often our own.

Trying to frighten young people or forbid them to do something usually does not work. Because of this we try to use detailed and thorough explanations of the effect drugs have on the human mind and body. The death of a drug addict may be a relief from suffering, but a torturous and horrifying road leads to this destination. Many drug addicts commit suicide when no longer able to endure the painful withdrawal periods, and some adults and children even die the very first time they try drugs. However, we have found that children ignore the statement "Drugs cause death," because the word "death" can sound abstract or even romantic. They do understand and relate to the word "pain," so the conversation must be precisely focused on the physical pain that drug addicts undergo during periods of withdrawal, not to mention the moral and psychological pain that a drug addict's family must endure. Discussing this after the person has become a drug addict is too late; the conversation must happen before a child's first encounter with drugs. Children who know the truth about addiction and the narcotics business can more actively resist becoming victims.

In seminars, we help children calculate how much money a drug user spends during his short 3- to 5-year life. This calculation—which we call "What's the cost of a drug user's life?"—is a big revelation for most children. It makes an impression when they see that after having spent 5-10 million Som (\$30,000-70,000), a drug user eventually commits suicide or dies from AIDS or a drug overdose. These calculations also make them realize that drug abuse requires money, gained through dealing or stealing—in other words, becoming a criminal—all just to suffer an extremely painful death. Children can comprehend such an explanation.

The death of a drug addict may be a relief from suffering, but a torturous and horrifying road leads to this destination. Many drug addicts commit suicide when no longer able to endure the painful withdrawal periods, and some adults and children even die the very first time they try drugs.

We hold these discussions in the sixth and seventh grades. The results can be seen right away: children listen to our information and statistics breathlessly and with wide-open eyes. In their evaluations they write such things as, “Come again, it was very interesting,” or “I will never use drugs and other poisons,” or “Today, we learned a lot. It turns out that drugs are a really bad and horrible thing.” Our method helps us break through the skepticism of adults and succeed in rallying them around the idea of drug abuse prevention.

Parents themselves need to be educated about drugs and drug abuse. It is not uncommon for parents to dose their sick children with strong pain killers and sedatives without considering the consequences. Other parents tolerate their children’s smoking, saying: “It’s not that bad, everyone smokes. He needs to have at least some way to relieve his stress.” One parent even served

her student daughter some vodka, telling her, “Drink, my little daughter, otherwise, you may get drunk and be raped at someone’s party. This way you will learn to control yourself.” All of this “care” conditions tolerance toward drug consumption (including nicotine, caffeine and alcohol), which can frequently turn into substance use and addiction.

After our seminars, participants offer advice and suggestions on how to make drug abuse prevention campaigns more effective. For example, many parents agree to explain to their children that they will have their children tested for drugs on the smallest suspicion. Such strict rules do not represent mistrust, but rather a parent’s legal right and duty to monitor their children’s behavior within sensible limits. After one seminar a parent said, “We must unite the efforts of Alcohol and Drug Abuse Clinics, city health departments, and appropriate departments of *khokimiyats* in order to set up drug testing rooms in schools and *makhallahs* (neighborhood leadership councils). Parents would then have real opportunities to have their children tested when they suspect them of drug use. At present, we can’t afford such tests from our local pharmacies.” Oilam Club considers this suggestion a very constructive one.

Our goal is to help parents teach their children to refuse drugs in a firm manner. We tell parents that the child must learn “refusal phrases” by heart. He must not

stop to think before refusing drugs; hesitation allows drug dealers time to convince the child. When refusing, the child must use phrases that scare dealers away, such as, “I have to tell my mom and dad everything. . . . I get checked out every day. . . . My teacher always watches us. . . . My coach will notice right away. . . . I won’t be able to hide it, my parents will find out right away, and so on.” Drug dealers don’t want to deal with children under such strict supervision.

Preventive drug education is a long and painstaking process that supposes the existence of trust between children and their parents. It requires a lot of work, energy, time and effort. But such projects are essential if our society is to reduce the use of drugs and have an impact on the narcotics business.

Coalition Building

Oilam Club’s “Preventing Alcohol and Drug Abuse Among Youth” coalition first drew in leaders from three schools, three *makhallahs*, and three higher education institutions. Later, activities expanded dramatically, after a coalition of nine other groups was founded. The Oilam Club works closely with government structures, women’s councils, the academic administration of local universities, the NGO “Soglom Avlod Uchun,” the Red Crescent Society, Manaviyat Halk University, and school principals. Collaboration and raised public awareness is leading to rapid expansion of the project.

In three *makhallahs* and three schools of the Syiob district in the city of Samarkand, volunteers and activists have created small centers dedicated to drug abuse prevention campaigns. A public service announcement aired on local television led to many phone calls to Oilam, thanking us or offering help. We created posters with anti-drug messages and impressive drawings and distributed them to *chaikhanas* (tearooms, a place of gathering for both youth and adults), school lobbies, and other education centers. These and other activities organized for college and school students all led to a noticeable public response to the project. As a result, *makhallah* leaders from other districts asked the club to help them conduct similar activities. Requests came from all over Samarkand Oblast, such as the cities of Jambai, Tailak, Sovietbad, and Urgut. We hope to be able to serve all the people and communities who have come to our NGO for advice and support. ●

Tamila Utarova is director of Oilam Club and Zulfiya Sabirova is a volunteer. Translated by Roza Ibragimova.

Preventive drug education is a long and painstaking process that supposes the existence of trust between children and their parents. It requires a lot of work, energy, time and effort. But such projects are essential if our society is to reduce the use of drugs and have an impact on the narcotics business.

The Threat of HIV/AIDS

HIV IS SPREADING FASTER IN THE FSU than anywhere else in the world. Before the Soviet Union collapsed, and even until the mid-1990s according to some reports, Russia and its neighbors were among the countries least affected by HIV and AIDS. Once the region opened up to the rest of the world, however, it was unprotected and its public uninformed about the dangers of the disease.

Now, with each of the former Soviet countries fighting its own economic and political battles, sexually transmitted diseases (STDs) and HIV/AIDS are spreading rapidly, and the effects will not be fully known for years to come. Governments do not have the funds to tackle the disease, offer their citizens vital medicines, or even inform them of the danger and how to avoid it. Some governments are still not convinced that it is an issue worthy of their attention. The HIV-infected populations have not been infected long enough at this point to be showing signs of severe illness. But they are being infected, and at an alarming rate. When they do become ill, it will be in such large numbers that government and society will most likely be overwhelmed by the situation.

The majority of HIV infections in the former Soviet Union are caused by drug injection. An estimated

one percent of the population injects drugs, and needle sharing among drug users, sexual promiscuity among youth, and high levels of STDs all increase exposure to the disease. Socio-economic instability further exacerbates the situation since it leads to increased drug use and a rise in the commercial sex industry.

In Russia, the HIV infection rate has quintupled since 1997. The population of Kaliningrad has one of the highest infection rates in the world. Experts believe that one percent of the adult Russian population might now be infected, or nearly 1.4 million people. And there are no signs that the spread of the disease is slowing. At this rate, 5 million Russians can be expected to be infected with HIV by 2005. By 2015, AIDS deaths in Russia may reach an estimated 5 to 10 million, and most of the victims will be males aged 15 to 29—a stunning blow to the next generation of workers and their children.

Despite the seemingly hopeless situation, NGOs have recognized the problem and are trying to do what they can to address it. Groups across Eurasia are forming to provide support to HIV/AIDS victims and their families and to inform the general population about AIDS prevention. The following articles describe some of the work being done by NGOs in the Caucasus and Central Asia. ●

—*Tamara Kowalski*

Georgia

Attempts to Head Off an Epidemic: Facing HIV/AIDS in Georgia

by *George Khoshtaria*

GEOORGIA'S RAPIDLY INCREASING number of HIV cases is approaching epidemic levels. According to UNAIDS and the World Health Organization (WHO), more than 3,000 people are infected with HIV/AIDS in Georgia, despite the official figure of 284 cases. Without extensive precautions, the problem will worsen dramatically, perhaps reaching 20,000 cases by 2005.

Georgia is at risk for an epidemic because of its location as a thoroughfare for internally displaced

people, migrants, and tourists from surrounding areas that already have full-blown HIV epidemics. High levels of intravenous drug abuse in the region contribute as well.

The Tbilisi-based NGO **Tanadgoma** is one of the few organizations in Georgia combating the HIV/AIDS problem extensively, with help from international and local donors. The center's task is to keep the pre-epidemic situation from growing into a full-blown epidemic. Our dedicated staff of 12 all have medical and

psychological backgrounds and provide professional help to various groups of the population, including hard-to-access high-risk behavior groups, such as intravenous drug users, commercial sex workers, men who have sex with men, HIV positive people, and youth. The general population is also in need of information and counseling about HIV/AIDS, STDs and other reproductive health issues. Counselor Nino Tsereteli said, "Our efforts aim at changing knowledge and risky behavior of target groups, although often it is not easy to control the effect of the work."

We provide one-on-one and group counseling and a telephone hotline, as well as educational workshops and training for peer educators. We also counsel those who work with at-risk groups, such as teachers and policemen, and we distribute educational materials and condoms. Tanadgoma focuses on reproductive health issues, such as family planning methods, sexuality, drug abuse, safe sex, and the clinical, psychological and legal aspects of HIV/AIDS and STDs.

All of Tanadgoma's services are free of charge, anonymous and confidential, allowing us to maintain

and broaden our network among high-risk behavior groups. "It is crucial to win the trust of our clients and to convince them that we maintain confidentiality. Sometimes this is the hardest job to accomplish, but it creates a strong foundation on which we can build," said outreach worker Lela Kurdgelashvili. "Positive feedback from beneficiaries also strengthens our motivation and commitment."

Tanadgoma began as a Medecins sans Frontieres (MSF) office. When the MSF office closed in December 2000, employees sought a way to continue their work. We turned the MSF Center into a Georgian NGO and named it "Tanadgoma" (Support) Center for Information and Counseling on Reproductive Health. MSF and other international organizations continue to support our work and we plan to continue extending our activities to other the regions, addressing new target groups, and developing and designing innovative approaches. ●

George Khoshtaria is project coordinator for Tanadgoma Center for Information and Counseling on Reproductive Health.

Tajikistan

Tajikistan NGO Brings Taboo Subject to Public Attention

by Shodi Abdurahmonov

TAJIKISTAN, AS REMOTE AS IT seems, has not been able to avoid the spread of HIV/AIDS—and due to its isolation it has been even more difficult to find help there than in other countries. The local NGO **Navnihol** is providing assistance and support to those in the region suffering from health problems, including AIDS, and to provide preventive information to the general population.

Navnihol has representatives in 14 districts of Tajikistan, each of which holds local seminars and lectures on preventive health measures. The organization is working to create medical centers in these regions to further assist vulnerable segments of society, such as

orphans, those with disabilities, and the elderly and bedridden. It has also developed contacts with other organizations, foreign and domestic, to help it to achieve its goals.

Navnihol's "Youth Against AIDS" program conducted a May 2001 joint roundtable on drug addiction and its consequences for teenagers. The program also held one-day seminars in the high schools, which included competitions and quizzes on health issues that are a problem in these districts, such as malaria, typhoid fever, goiter, STDs, and AIDS. ●

Dr. Shodi Abdurahmonov is chairman of Navnihol.

Coping with AIDS in Azerbaijan: An NGO Helps Victims and Families

by Saadet Allakhverdieva

THE AZERBAIJAN NGO **IMDAD-SOS** is one of a handful of Baku organizations that support people living with HIV/AIDS.

The group works to educate the general population on AIDS prevention, and create a positive image for HIV-infected people. The association includes about 250 members who are victims of HIV/AIDS, 100 volunteers, and eight employees.

Informational projects are a crucial part of IMDAD-SOS's work. "A Future Without AIDS," a

The association held two major concert events in coordination with the National Center in Response to AIDS to get its message out. Stars of the Azerbaijani stage and screen performed as well as famous artists and musicians, and victims of HIV/AIDS themselves. About 2,000 young people attended, as did international and governmental representatives and members of other NGOs.

Much of the association's work focuses on victims of HIV/AIDS and their families. In cooperation with

the Azerbaijan National Center in Response to AIDS and the Ministry of Social Protection and Labor, IMDAD-SOS works to earn government disability benefits for AIDS sufferers who cannot receive services for the disabled without the official categorization.

We will soon begin a joint Azerbaijan and Georgian project called, "AIDS Knows No Borders." The project will educate students in schools with

mostly Azerbaijani populations in Georgia about HIV/AIDS prevention. A partnering organization, "Fund to Help HIV-Infected People and AIDS Victims" will help carry out the project in schools with Georgian populations.

All of these projects have helped the association gain valuable experience, new ideas and methods for addressing problems, and have made the organization more effective and more recognized. ●

Saadet Allakhverdieva is coordinator for international relations at IMDAD-SOS. Translated by Tamara Kowalski.



courtesy of IMDAD-SOS

Members of IMDAD-SOS work to inform the Azerbaijani public about the threat of AIDS.

project in the Khyrdamir and Agdash regions, informed regional educators and students about HIV and AIDS. We published a booklet called, "What Does AIDS Mean?" and distributed our handouts and posters to the region's residents. The "All Should Remember" project set out to change societal attitudes toward people living with HIV/AIDS. Project activities included observing the International Day of Remembrance for deaths from AIDS and producing a video film dedicated to the lives and tragic deaths of Azerbaijan's AIDS victims. Not only has the film helped us memorialize those who have died, but we can now use it as a tool for teaching others about AIDS and AIDS prevention.

Uzbekistan

Uzbek Association Addresses Complex Issue of Reproductive Health

by Raisa Tadjibaeva

A FOURTH OF THE APPROXIMATELY 25 million people currently residing in Uzbekistan are women of reproductive age. Forty-six percent of the population is under the age of 16. Uzbekistan's high birth rate and increasing rate of sexually transmitted diseases and HIV/AIDS call for effective sexual education programs for the whole population.

According to Uzbekistan's Ministry of Health, 70 percent of women of reproductive age in the country suffer from genital diseases, and the number of deaths from childbirth remains high. The number of sexually transmitted diseases (STDs) and HIV/AIDS is also at an all-time high. Despite these numbers, official statistics from the region show that the medical infrastructure of Uzbekistan is adequate for the size of the population.

We at the **Uzbekistan Association for Reproductive Health** (UARH) believe that the disparity between the provision of health care and the large numbers of people contracting STDs is caused by a lack of sexual literacy, particularly regarding contraception. Therefore, our organization decided to create an educational program to teach reproductive health.

UARH was created in May 2000 and has eight regional affiliates. Members include specialists such as doctors, teachers, psychologists and lawyers. Our mission is to provide reliable information and services in the sphere of reproductive health, family planning and sexual rights. We try to involve all members of society in our educational activities, including women, men, children and teenagers, taking into account the special characteristics of each group. Our activities have several purposes and use different methods. For example, we held 24 seminars which over 300 women from different regions of the republic attended. The seminars were carried out in the traditional Uzbek way of developing good relationships—at a tea party.

For teaching sexual education to teenagers and youth, we have found that a peer-to-peer method is most effective. Specially-trained young people run the seminars and act as trainers. Having a peer leader makes the members of the group feel much more com-

fortable, allowing them to feel free to become more actively involved. Twelve seminars have already been held with over 200 young participants, and we are now preparing a new series of seminars.

After each seminar we ask the participants for their thoughts on what they learned in the session and record their answers to help us shape our future seminars. For example, a participant named Aziza offered, "The seminar completely changed my ideas about relationships between men and women." Another youth, Ulugbek, said, "Before the seminar I never thought about how AIDS can make each of us ill." And Natasha, another participant, explained, "Now I know that such contraceptives exist and what they look like."

Aside from the seminars, we also conduct research using questionnaires, focus groups and in-depth interviews. We then use the results to publish informational lists and brochures. In the future we would like to expand our research to study the correlation between Islamic values and issues of contraception, the cultural tradition of having many children, and the fairly widespread phenomenon of bigamy. The high incidence of young marriages and inter-family marriages also falls into this category of research. We would also like to study sexual dysfunction and the dominant status of men in the family, especially in rural areas, in regards to reproductive health and family planning.

As can be seen, there are more questions than answers. We do not intend to stop the activities we are already involved in, but would like to add research to our programs as well. Based on the results, we can then create projects intended to encourage more equality in male-female sexual relationships and the protection of reproductive rights. By exchanging information and doing joint projects with other NGOs concerned about sexually-related problems, we are trying to determine the areas of research that would be most useful in addressing reproductive health issues in our society. ●

Raisa Tadjibaeva is director of UARH. Translated by Tamara Kowalski.



La Crosse-Dubna: A Decade Of Partnering for Better Health

by *Sandra J. McCormick*

IN 1992, THE AMERICAN INTERNATIONAL Health Alliance (AIHA) directed USAID grant money toward the development of health partnerships to bring together health care providers in the US and Russia.

Today, ten years later, one of the relationships supported by that grant—between La Crosse, Wisconsin, and Dubna, Russia—has grown and developed into a cornucopia of projects and a model of self-sustaining NGO activity that has gained wide recognition in both countries. The La Crosse International Health Partnership is an example of what people can do when they are committed to their work and their friends in another country.

Establishing Ties between Communities

La Crosse and Dubna are two unique cities. La Crosse, a rural city located on the Mississippi River is a shopping and medical center for rural communities in western Wisconsin, southeastern Minnesota and northeastern Iowa. Health care is La Crosse's major industry with over 5,000 people in the community of 50,000 employed by the two major health providers. Dubna, Russia, 70 miles north of Moscow and on the Volga River, is the home of the Joint Institute of Nuclear Research. It has the largest satellite system in Russia and is the site for controlling the open line between the presidents of Russia and the United States.

In the late 1980s, the La Crosse branch of Physicians for Social Responsibility began identifying cities where school children could jointly work on a river project. It involved floating peace lanterns in a symbolic effort to promote world peace. A connection was made with school children in Dubna and the La Crosse-Dubna relationship was born. Shortly thereafter a Sister City relationship was formed. It has touched the lives of hundreds of people in each community.

In 1992, the two major health care providers in La Crosse, Gundersen Lutheran and Franciscan Skemp, decided to support the Sister City Program by jointly sponsoring the La Crosse International Health Partnership and applying to AIHA for funds to cover costs.

They offered the use of their facilities, personnel, and support services. They encouraged all health care providers in the community to get involved, creating an environment that welcomed participants from both the La Crosse and Dubna communities. A committed partnership grew out of this beginning.

The **La Crosse-Dubna Health Partnership** has flourished, going on to win further support from USAID, World Learning, the International Research and Exchanges Board (IREX), the US Commerce Department's Special American Internship and Training Program (SABIT), and the Eurasia Foundation. Dubna has seen many successes, including:

- The Vallejo Diabetes School, which trained visiting endocrinologists and other health professionals in diabetes self-management and established a model diabetes self-management program in Russia for diabetics and their families. The School became a training facility for a number of cities in Russia, resulting in significantly reduced in-patient care and complications from diabetes, saving the city of Dubna millions of rubles in health care costs.
- A Women's Wellness Center, focusing on education aimed at preventing sexually transmitted diseases, improved prenatal care, prevention of teen pregnancy, smoking cessation, stress management, family-centered birthing and abortion prevention. Dubna's new modern birthing center allows family members to participate in the birth process and mothers and newborns to room together. Patients come to Dubna from as far away as Moscow to deliver their babies and enjoy the new facility. Abortion rates have been reduced from 3:1 (abortions: live births) to 1:1. Sex education classes are taught in the high schools and ongoing prenatal and healthy life style education is available for all women.
- The Rebirth Center, an innovative alcohol prevention, treatment, and rehabilitation project. The Center promoted a new community policy that moved alcoholism from the criminal justice system to the health system and provided a humane approach to the problem. Detoxification,

- Alcoholics Anonymous, Al-Anon and Alateen are new resources for alcoholics and their families, as is an alcoholism prevention curriculum.
- The Health Care Quality Improvement project, designed to reform the delivery of health care, collect data to measure outcomes, and redirect resources to provide more care to more people within a limited budget. Improvements included a reduction in in-patient stays, development of a home care agency to provide in-home services, and a significant reduction in the inappropriate use of medications.
 - Dubna's Domestic Violence Team includes social workers, health care professionals, judges, prosecutors, attorneys, victims' advocates, and police officers. Combating the abuse of women in Russia requires cross-sectoral efforts of this nature. A hotline has been established, counseling is available, and plans for a victims' shelter are underway.
- It is difficult to describe the enthusiasm that built this successful health partnership. If we could capture all of the laughter and tears that have been shared as people have met, worked together, and parted, we could begin to have a sense of its meaning to each participant. Some of the factors that contributed to our success have been:
- Sufficient grant funds to not only initiate projects but to carry them through and allow the participants to assess and experience the results.
 - Leadership that supported the projects in the US and Russian institutions.
 - The vision of Mayor Valery Prokh of Dubna, who identified the value of new approaches and provided the resources for buildings, personnel and other support mechanisms to allow projects to be carried out in a supportive environment.
 - The US Commerce Department's SABIT program, which funded 14 people from Dubna to study health care leadership in La Crosse. The participants' incorporation of the values and concepts that are used in health care management in the US significantly improved the communication and mutual understanding as teams worked together.
 - Leadership Development Training, Resource Centers, and funds for communication and travel funded by AIHA provided ongoing support and linkages to further enhance the work of the teams.
 - A partnership theme based on the creation of an environment of "Hope" for our Russian partners and a commitment that La Crosse would not abandon them.
 - Total community commitment in both Dubna and La Crosse that has reached beyond all imagination. There is no simple formula for success, but it is best expressed and exemplified in the frequently heard statement, "Is there anything I can do to help?" ●

Sandra McCormick has served as project director of the La Crosse International Health Partnership since its inception in 1992.

"Loud, Proud, and Passionate": Uzbek Women Demand New View of Disability

by *Kate Beck*

IN UZBEKISTAN, INFLATION, ALCOHOLISM, poverty, ethnic conflict, and an antidemocratic government combine to make many average citizens feel helpless, vulnerable, and incapable of making positive change. But if young, non-disabled, well-educated populations find daily existence a struggle, it is easy to imagine how marginalized and less-privileged groups such as children, the elderly, orphans, and disabled people must be.

Women in particular must cope with a religious belief system that limits opportunities for education and employment. Lacking even the meager resources, skills and opportunities available to other members of society, such groups face rigid and frustrating barriers. Women with disabilities, then, face discrimination on two levels—first as women, and second as people with disabilities. International development efforts in Uzbekistan that focus on fostering economic growth or



providing relief and medical support do target people with disabilities for rehabilitation and medical aid, but they often deny their deeper needs, such as skills building and economic self-sustainability.

Amazingly enough, despite these adverse conditions, a thriving population of creative, optimistic women have taken matters into their own hands.

Mobility International USA

(MIUSA), a US-based NGO that empowers people with disabilities around the world through international exchange, technical assistance and training, invited 45 women from Uzbekistan to a conference in the US, where they prioritized issues, enhanced their leadership capacity, and formed sustainable networks between women with disabilities and local and international NGOs working in Uzbekistan. The program, funded by the US Department of State's Bureau of Educational and Cultural Affairs, consisted of a one-of-a-kind conference held in Tashkent, Uzbekistan, and an exchange program held in Eugene, Oregon.

courtesy of Kate Beck



Women leaders from Uzbekistan demonstrate that physical disabilities do not prevent them from accomplishing tasks and rising to challenges beyond the limited expectations of many people.

Building Leadership/Building Partnership

In January 2001, a national conference for women with disabilities was held in Tashkent. Dubbed "Building Leadership/Building Partnership," the three-day conference was organized by MIUSA in partnership with KRIDI, the Tashkent Club for Rehabilitation and Integration for Children with Disabilities. Ellen Rubin, a specialist in issues concerning women and girls with disabilities, who is also blind, and Jenny Kern, an attorney with expertise in disabilities issues law who is a wheelchair-user, facilitated the conference. Forty-five women with disabilities (plus assistants and interpreters) attended, many of them from remote areas of the country.

The disability movement in Uzbekistan tends to be fragmented; each different classification of disability has its own separate association. Last year's conference gave women with differing disabilities a unique opportunity to meet, discuss common issues, and use their collective experience and creative capacity to develop solutions.

Many of the women initially doubted such an approach could work. One deaf delegate asked through her sign interpreter how she as a deaf woman could communicate with a blind woman. Laughing, Ellen

asked, "Are we not communicating?" Ellen's query was translated into Russian and then into Russian sign language. The young woman smiled broadly as she understood that the barriers were much smaller than she had thought. The conference was truly a unique opportunity to bridge communication gaps and start people thinking about the value and strength inherent in working together.

The litany of the women's individual and collective accomplishments was inspiring, all the more because no newsletter or other forum for such sharing exists. Many were gratified to discover that they are not working in isolation and that networking is crucial to the growth and effectiveness of the movement. Fundraising sessions were offered by local NGOs and US-based international development agency representatives, including Soros Fund, Winrock International, and Counterpart Consortium. The conference concluded with a joint resolution addressed to the president of Uzbekistan about the strategies and concerns the women identified. Despite the president's failure to respond, the very act of working together to create the document and present it to officials was a milestone for this new informal coalition of disabled women.

Loud, Proud & Passionate!™

Last May, 15 of the conference participants attended an 18-day training in Eugene, Oregon called *Loud, Proud & Passionate!™* The group included women aged 19 to 53 who are deaf or hearing impaired, women with visual impairments, and women with mobility impairments resulting from polio, rheumatoid arthritis, cerebral palsy, and congenital conditions. Delegates took part in an intensive program of workshops, site visits, panel discussions, interactive sessions, and team building activities such as river rafting and a ropes challenge course. Interactive session topics included women's health, domestic violence, legal issues, conflict resolution, utilization of the media and adapted sports.

Several moments illustrate the excitement and sense of pride and confidence that characterized the event. The ropes challenge course, a tool to build teamwork and cohesiveness, is standard to most MIUSA programs. In one challenge course activity called "the Angel," a woman secured in a harness is pulled up thirty or so feet into the air by her teammates. People on the ground control the angel's flight by maneuvering three ropes that pull her in different directions. The angel's job is to direct the women holding the ropes so that she is able to fly within reach of several buckets filled with candy that have been strung high in the trees. To see the women working together, following the instructions of the angel, giving her advice, laughing together as the angel dips and sways above their heads (and occasionally magnanimously dropping candy to those laboring below) was remarkable. The women listened to one another, working to achieve common goals. When one woman who uses crutches found she couldn't grasp the rope and pull without dropping her crutches, her teammates chose to pull the ropes while sitting on the ground so that she might participate equally. The disability movement in Uzbekistan is indeed a force to be reckoned with!



Group photo of 2001 conference attendees' visit to Eugene, Oregon.

courtesy of Kate Beck



Women on the Mobility International exchange took part in many events, such as poetry readings.

Delegates were required to use public transport to travel to workshops and sessions each day in order to foster a sense of independence. Because the Uzbek public transportation system is inaccessible to most people with mobility impairments, many of the women had no experience using public transport. Initially, one of the younger delegates was afraid to ride the bus on her own and asked her homestay mother to drive her in the mornings. After much discussion she agreed to make a trial run on the bus accompanied by a MIUSA staff person. The next day she made the trip by herself, after finding the bus stop nearest her house, identifying the correct bus, strapping herself in and making her way to the session. All morning long she wore a smile of pride and couldn't stop saying, "Wait until I tell my mother!"

In strategic planning at the end of the conference, the women laid out plans ranging from improving accessibility at government offices, medical facilities and schools, to establishing Internet cafes that would function as a business and a place where disabled women could learn computer and Internet skills. Several of the women described fundraising plans they had for strengthening organizations for disabled women (and children and men as well), while others articulated a need for media campaigns aimed at fostering positive,

courtesy of Kate Beck



respectful, rights-based attitudes and public policies toward people with disabilities. Still others will focus their energies on economic development through training in micro-enterprises. Finally, all of the women will continue to strengthen their networks with each other through newsletters and collaboration on projects.

How will the project affect the disability movement in Uzbekistan? The women will take home a sense of solidarity and commonality across disabilities, not to mention mentoring relationships and lasting

friendships. They can share with others a host of new ideas, materials and information which they will adapt, rework or even throw out, according to cultural and environmental factors. What they gained in skills, ideas and know-how will surely assist them in instituting positive change at home. It is inspiring to know that women with disabilities in Uzbekistan have made great strides towards effecting change on a national level. ●

Kate Beck served as an international development and exchange intern at MIUSA in 2001.

Tashkent Club Successfully Integrates Disabled Children into Mainstream

by *Natalya Kurochkina*

THE TASHKENT CLUB **KRIDI**, A voluntary group for parents of children with disabilities, was founded in March 1995. Its main goal is to change people's attitudes toward disabled children. Society will not change until individual attitudes change. Until parents of disabled children or the disabled themselves are allowed to participate in government-funded activities such as social security and education, there is no realistic chance that they will ever be fully integrated into society.

Originally KRIDI was based in the Mirzo-Ulugbek neighborhood of Tashkent and supported only area families. Thanks to the work of the club's activists, which was well publicized in the local media, people from other neighborhoods of Tashkent and other provinces of Uzbekistan learned of our work. Soon, parents and relatives from all over the country reached out to support the club. Since 1997 we have had a citywide office and branches in eight neighborhoods, with activity areas such as music rooms where children can learn rhythm and listen to records, and outdoor areas for therapeutic horseback riding.

Today, the club has a computer database with records of over 3000 families who have disabled children. Our main activities include:

- Helping relatives of disabled children solve problems connected with raising special children, such as health issues, study and learning decisions, psychological and social adaptation, and understanding and defending the social and human rights of the disabled;

- Teaching parents and children to master rehabilitative skills in domestic conditions, to acquire principles of independent living, to become acquainted with disabled young people with work skills, to participate in cultural activities and sports, and to fully join in with normal life;
- Integrating limited-ability children into society;
- Working to form more humane attitudes within society toward the disabled;
- Offering assistance, in the form of wheelchairs, dietary products, clothes (through an agreement with Counterpart Consortium), and acquisition and distribution of medicine;
- Teaching computer literacy;
- Publishing the informational bulletin "Our Times" in both Russian and Uzbek.

In order to include people with limitations in mainstream society, it is necessary to start integrating them early. At the KRIDI Club we have a lot of experience involving children who have limitations at a young age. Our children are mainstreamed into standard kindergartens. As practice shows, disabled children of that age don't sense their limitations and interact with healthy children as equals. And abled children strive to offer them help. But difficulties do arise, as children get older. The goal must be to create positive conditions that benefit typical children and disabled children equally.

Until parents of disabled children or the disabled themselves are allowed to participate in government-funded activities such as social security and education, there is no realistic chance that they will ever be fully integrated into society.

We would like to see the integration of more disabled children into the school system, but only a small percentage of disabled children have the ability to learn effectively in typical schools. Unfortunately, today's multi-story school buildings do not have accessible entryways, classrooms and bathrooms. For this reason most disabled children must study at home. Children not given access to education at all often find their abilities left untapped and their entry into society barred. Worst of all, they have no chance to interact with peers in their age group or others in the outside world. From such children you can expect only a closed-up, reserved personality, a person who will suffer psychologically thinking he is lost to society and worthless.

Our experience has shown the importance of training parents to develop the creative potential of children with disabilities. This can be accomplished through a new kind of school, where parents undergo preparatory training to bring up their children in a

manner that positively develops all aspects of their personality.

For example, working with the international NGO World Concern, KRIDI prepared a group of parents to work with unschooled disabled children in a regular school under typical conditions. Together with teachers, the parents helped the children play a variety of active games, practice using pens and pencils, create artwork like mosaics, and read books. The school emphasizes the importance of giving children the opportunity to feel meaningful, to develop their abilities, to become independent, and to demonstrate that children previously diagnosed as unable to learn still have the power to master some tasks—proof that they deserve to ultimately be integrated into society. ●

Natalya Kurochkina, who has been disabled since birth, is the daughter of Grenada Kurochkina, director of KRIDI. Translated by John Deever.

Water Monitoring Project Links Indigenous Students from Kansas and Altai

by Anne Calhoon, Wendy Griswold, Jennifer Ivie, and Cynthia Annett

THANKS TO A PARTNERSHIP AMONG four universities, indigenous college students from Siberia and the US are learning about a problem they have in common: polluted drinking water. In both the US and Russia, water sources on indigenous lands were kept pristine and healthy for thousands of years, yet today many have become too polluted to drink from directly. From an indigenous perspective, water is considered a sacred element, so testing for pollution means more than simply a scientific endeavor. Working on water quality issues together has helped them identify their shared traditional ecological values and take joint steps to educate young people and improve their drinking water.

Gorno-Altai State University (GASU) in Siberia's Altai Republic formed a partnership with three universities in the US: Haskell Indian Nations University, Kansas State University, and the University of Kansas. In the summer of 2001, students from Haskell Indian Nations University traveled to GASU on a program sponsored by the Haskell Environmental Re-

search Studies Center to detect and correct drinking water problems that affect indigenous people in both the US and Russia.

Drinking water quality and sanitation have been identified by a USAID-sponsored land-use planning team as a priority in economic development of the Altai Republic in the Russian Federation. Poor drinking water quality remains the leading cause of health problems for young children in the Republic, particularly due to high incidences of tularemia and hepatitis. Many American Indians living on reservations today share water-related health problems with their Siberian counterparts.

Few settlements in the Altai Republic have water purification or sewage treatment facilities. Many settlements obtain drinking water from streams, rivers, and lakes that suffer from elevated levels of nitrogen, fecal coliform bacteria and other pollutants. Springs along the major highway in the Republic, the Novosibirsk-Tashanta road, are polluted by lead, nitrogen compounds, and hydrocarbons, as are some ground water

supplies near meat and milk processing enterprises. Even worse, mining operations in the Kuznetsky-Altai ore belt have resulted in elevated levels of mercury, an extremely toxic poison, in the Katun and Ob Rivers.

To begin addressing these issues, the university partners developed a community-based drinking water quality assessment program that teaches people in remote villages and indigenous communities in the Altai to assess the quality of their drinking water. GASU's network of teachers and community groups, linked and informed by a database, are now not only monitoring water resources, but showing American college students how their work can be applied on indigenous lands here in the US.

Faculty and students from GASU and Haskell began by developing a water quality curriculum for school children. Training materials included lessons on how to use simple water quality test kits. Emphasis was placed on technologies that are manageable in remote areas of either Russia or North America.

In the exchange's latest phase last summer, GASU hosted US faculty and students for joint trainings in water quality monitoring in the Altai. Using water testing kits designed for use by school children, the group tested springs, rivers, wells, and municipal sources for turbidity, fecal coliform bacteria, pH, nitrates, phosphorous, and dissolved oxygen. Working closely with children's groups also allowed them to try different educational methods. In the Altai National Reserve, Siberian and American college students held a demonstration workshop for school children who were attending summer camp in the park.

Mikhail Korenman, an assistant professor of chemistry at Bethany College and adjunct assistant professor of International Studies at KSU, said that such demonstrations helped participants see what they will face when sharing water quality testing methods with targeted groups. "It was very important that local people, especially those who represented the state reserve, participated in the testing and discussion of the results," Korenman said. "In the future, they can do the same tests by themselves. It was also very educational for local kids to discuss water quality and how water can be preserved."

courtesy of Wendy Griswold



Students work together practicing water quality testing methods that are later taught to children in indigenous communities in both Siberia and the US.

Exploring the cultural connections between indigenous peoples was an important part of the learning experience. Approximately 30 percent of the Altai Republic's population (and GASU's student body) is made up of indigenous Altaians, and Haskell has a 100 percent tribal enrollment, serving all federally recognized tribes and Alaskan native villages.

Last summer, the partners began a documentation project to compare traditional ecological values. Partners shared cultural traditions, such as songs, dances, and stories about the natural world. In May, a delegation of faculty and students from Siberia will come to Kansas for three weeks. They will perform chemical analyses of water samples from the Altai Republic, create a computerized database for storing water quality data, and finish developing the curriculum. The Altaians plan to attend the Haskell graduation ceremonies and Pow Wow and to visit to area tribal nations. Improving water quality for all peoples is the goal, but building cultural and personal ties will certainly be part of the project's long-term effect. ●

Dr. Anne Calhoon is with the University of Kansas; Wendy Griswold, Kansas State University; Jennifer Ivie, University of Kansas; and Dr. Cynthia Annett, Haskell Environmental Research Studies Center.

Moldovan NGO Guidebook Newly Updated

BIOTICA Ecological Society, a Moldova-based NGO, has published a revised edition of “To What Purpose and How Citizens’ Associations are being Created,” its guidebook on current nonprofit law.

Now published in Romanian and Russian, the book includes public opinion survey results regarding the role of NGOs. Government and business leaders were polled along with NGO members and the general public. It also describes legislation, registration procedures and management of citizens’ associations in Moldova, as well as the current legal and financial environment in which they operate and their current status within society in transition. Financial support for the publication came from the US Embassy in Moldova.

For more information, contact Ilya Trombitsky, BIOTICA Ecological Society, P.O. Box 1451, Chisinau 2043 Moldova Tel./Fax: +373 2 243274 E-mail: paolo@mdearn.cri.md or visit www.biotica-moldova.org.

Central Asian Refugees Turn to Red Crescent

Anatoly and Roza Potemkin, refugees from war-torn Tajikistan, had difficulty finding shelter and health care when they arrived in Kyrgyzstan. “I would’ve had to bury my husband by now,” Roza said, “if it weren’t for the Red Crescent Medical Center helping to maintain Anatoly’s health.”

Such stories are common in Kyrgyzstan, where over 10,000 refugees are registered but unofficial counts double that number. The refugees lack work, shelter and food, but rarely complain, since Kyrgyzstan is helping in every way it can.

The National Red Crescent Society of the Kyrgyz Republic (NRCSK), one of the organizations assisting refugees, participates in a program called “Population Migration.” First offering food and clothes, NRCSK now provides education, job skills and language training, employment opportunities, summer camps for kids, and even support for the preservation of cultural identities and traditions. Most of Bishkek’s

refugees come from Afghanistan, so schooling for Afghan children includes instruction in the Afghan alphabet, literature and history, as well as mathematics and the Koran.

NRCSK helped several refugees set up a women’s group called Rabya Balkhi, a seamstress guild. The women sew national costumes, weave rugs, and teach their craft to girls, even holding sales exhibits. Children who visit Rabya Balkhi can learn computer skills or join a drawing club, and their pictures have been included in children’s art exhibits. “We are grateful to the Red Crescent Society,” said Rabya Balkhi director Vakhida Nadi. “Our women and children have become more open, their souls and faces have warmed up. They have a goal in life now—to become worthy members of the society that gave them refuge.”

This story was written for Give & Take by Nasira Bartabaeva and Elena Pavlyuk, press officers of NRCSK, and was translated by Roza Ibragimova.

Eco-NGO Resource Center Opens in Minsk

On January 22, with financial support from the European Union organization TACIS, a resource center for environmental NGOs opened in Minsk. The Center is connected with the NGO EcoDom, whose leaders are involved in ongoing regional environmental projects. The Center will provide information and educational programs to partner NGOs.

Its ultimate goal is to influence decision-making both on the local and national levels. EcoDom has experience doing so, having worked with the Belarus’ Ministry of Natural resources to create a State Coordination Council for defending nature. Twelve environmental organizations take part in the Council’s work and are able to share their recommendations and remarks with Ministry officials. “Of course, such remarks are not always taken into account,” EcoDom activists admit. “But still this is the obvious way to bring about cooperation between the authorities and NGOs.”

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Center for Independent Ecological Programs: Box 67, Moscow 115407; tel/fax: (095) 118-86-86; cnep@glasnet.ru	13
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IMDAD-SOS: 34 Jafar Jabbarly St., Baku 370010, Azerbaijan; tel/fax: (99412) 94-73-53; cell: (99450) 34-27-555; sos@aidscenter.baku.az; http://imdad.come.to	21
International Institute for Alcoholism, Education & Training, Inc.: 1 Centre Street, Darien CT 06820; tel/fax: (203) 622-9850; IvlevIAET@msn.com	14
KRIDI, Tashkent Club for Rehabilitation and Integration for Children with Disabilities: Buyuk Ipakiyuli St. 248, 700143 Tashkent, Uzbekistan; tel: (3712) 654-830, fax: 65-64-59; grenada@kridi.freenet.uz	27
La Crosse-Dubna Health Partnership: 1352 Nakomis Avenue, La Crosse, WI 54603, tel: (608) 781-4194, fax: (608) 781-4197; smccormick@worldserviceslax.org	23
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