

**United Nations Development Programme and
United Nations Volunteer Programme
Country: Uzbekistan**

Project Document

Project Title:	Empowering Communities through Local Volunteerism to address Poverty and Tuberculosis in Karakalpakstan, Uzbekistan
UNDAF Outcome(s):	Strengthened national and local level capacity to develop, implement and monitor strategies for improving living standards and reducing poverty
Expected CP Outcome(s): <i>(Those linked to the project and extracted from the CPAP)</i>	Poor and vulnerable people's access to quality community based social services improved and new sources of income created
Expected Output(s): <i>(Those that will result from the project and extracted from the CPAP)</i>	Regional/local institutions are strengthened to conceive and implement employment generation and poverty reduction initiatives
Implementing Partner:	Council of Ministers Autonomous Republic of Karakalpakstan
Responsible Parties:	UNV, UNDP, WHO, Ministry of Health Autonomous Republic of Karakalpakstan, Mahalla Committee, Women's Committee, Uzbek Association for Reproductive Health

BRIEF DESCRIPTION

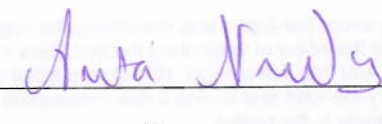
Working in collaboration with the UNDP 'Area Based Development Programme', WHO, national and local authorities, local civil society and the indigenous volunteer group, the Mahalla Foundation, this project will build up and draw upon the support of 3,000 local volunteers in five selected districts of the Karakalpakstan region of Uzbekistan, to tackle high incidences of poverty and Tuberculosis (TB) through an integrated holistic approach.


The situation in Karakalpakstan supports the growing evidence of a link between poverty and TB. The region, still recovering from the effect of the Aral Sea disaster, has higher than average prevalence of both poverty and TB. The project aims to draw upon and develop volunteer and civic engagement of local communities, to facilitate improved communication between the people and local authorities, to enhance the sense of responsibility that local people can and should play in the efforts to improve their health and wealth. The project aims not only to reduce the incidence of infection, but to encourage a higher proportion of victims to seek medical assistance, and to ensure that treatment regimes are followed. Not only is it expected that this project will impact on the prevalence of TB and poverty, but also that it will highlight the role of volunteerism and civic engagement as a development resource.

Country Programme Period:	2005-2009	Total resources required:	618,364 USD
Key Result Area (Strategic Plan):	Promoting inclusive growth, gender equality & MDG achievement	• UNDP (Regular) :	100,000 USD ¹
Atlas Award ID:	00056670	• Other:	
Start date:	January 2009	• UNV JTF	373,204 USD
End Date:	December 2011	• UNV SVF	38,160 USD
PAC Meeting Date	08 July 2008 (UNDP) 21 November 2008 (UNV)	• Norwegian MFA	75,000 USD
Management Arrangements	NEX	In-kind Contributions:	
		• Mahalla Committees	25,000 USD
		• WHO	7,000 USD
		2009 AWP budget:	221,863 USD

Agreed by:

Government:  Date: 06.02.09

UNDP:  Date: 28/01/09

UNV:  Date: 9 January 2009
Flavia Pansieri, Executive Coordinator

¹ UNDP through its existing Area Based Development Programme has already contributed USD 700,000 and linked directly to this project which will benefit from its overall management and implementation arrangement,

Part 1 a. Situation Analysis

- A. Problem to be addressed
- B. MDGs, UNDAF and UNV/UNDP prior and ongoing assistance
- C. Pre-project situation on volunteerism

A. Problem to be addressed

Karakalpakstan is a semi-autonomous region of the Republic of Uzbekistan, located in the north-west of the country. Karakalpakstan represents 37 % (166,600 km²) of the country's territory, 5.6% (1.6 million) of the total population, but only 2.4% of the GDP. Due to the natural disaster of the Aral Sea², the region faces immense environmental challenges such as land degradation, desertification and suffers increased vulnerability to natural and man-made disasters. These challenges have impacted negatively on the livelihoods of the people and their communities as one of the poorest regions in Uzbekistan.

Tuberculosis (TB) is an infectious disease associated with poverty and low incomes³. In Karakalpakstan the disease has reached epidemic proportions and is exacerbating the poverty situation in the area. Case notification in 2006 in Karakalpakstan (120.9 per 100,000 population) was 72% higher than the average for Uzbekistan. Unusually, the number of cases among women is higher than men, with 123.8 per 100,000 compared to 118.7 for men. In Uzbekistan as a whole, the number of cases is 63.7 per 100,000 for women and 88.9 for men.

Karakalpakstan continues to suffer the consequences of the Aral Sea Disaster: the once rich fishery sector has collapsed due to a drastic diminishing of the sea and pollution that has subsequently led to extinction of fish. Likewise the agricultural sector is in decline due to land degradation and desertification. The population's health is declining, in tandem with its economic decline, and the risks of contracting TB are increasing. Documentary evidence indicates a strong linkage between tuberculosis and low living standards at societal, community and patient levels. Reducing TB prevalence is therefore important not only to ease the pain of individuals, but also to improve the socio-economic situation and livelihoods more generally.

Local authorities and community representatives have recognised⁴ both the need for TB to be tackled, and the value of engaging civil society directly in their development efforts. The commitment of the local authorities and the willingness of the communities to address these challenges have also been confirmed. However, civil society is still developing, and volunteer-involving organisations in Uzbekistan have limited capacity to effectively support development.

² In the 1960s the Soviet Union decided to divert the two rivers Sur-Darya and Amu-Darya for irrigation for the cotton cultivation. The massive and wasteful use of irrigation effectively stopped the inflow of water from the two rivers into the Aral Sea, which was a source of fish and income for the inhabitants. Today the Aral Sea is a meager 10% of its original size and split into 3 smaller parts. Salt and chemicals from the dried up seabed is spread by the wind and having a dire consequent on the environment of the whole area and negatively impacted on the livelihood of the people in the region.

³ See: "Addressing Poverty in TB Control: Options for National TB Control Programmes", WHO, 2005, which declares (page 15) that, "TB thrives in conditions of poverty and can worsen poverty. There is a long history of documented linkages ... between TB and poverty at societal, community and patient levels." And also see: "Stop TB: fight poverty. Satellite symposium on TB and poverty. Montreal, Canada, 11-12 Oct. 2002", WHO, 2002, which concludes that, "while TB is not exclusively a disease of the poor, the association between poverty and TB is well established and widespread"

⁴ See ELS Mission report, Oct 2006, esp. page 6

The challenges facing Karakalpakstan in this context are three-fold:

1. As the civil society is still being developed, including local volunteer involving organisations, it is difficult to effectively achieve citizens' engagement and to build consensus as to their development needs. Indigenous volunteer organisations, such as the Mahalla Committees, which are willing to play a key role in facilitating citizens' engagement, currently lack the necessary capacity and knowledge.
2. Lack of knowledge about TB and its treatment and prevention has resulted in many misconceptions arising, and growing stigmatization of the disease.
3. Access to social services is limited, but even those services available are under utilised. In Karakalpakstan, although health care is basically free⁵, there is a lack of confidence in the medical system and its delivery of services.

B. MDGs, UNDAF and UNV/UNDP prior and ongoing assistance

UNDAF

This project addresses Outcome 3 of the United Nations Development Assistance Framework (UNDAF) for Uzbekistan, which aims that, "by 2009, equitable access to quality primary health care services is improved." For the new UNDAF TB will continue to be one of the priority areas.

MDGs

Of its National MDG priorities, Uzbekistan has identified MDG 6, combating HIV/AIDS, TB and other diseases, as particularly important in Karakalpakstan. The national targets to be achieved by 2015 are to: a) reverse the spread of HIV/AIDS and tuberculosis and b) have them halted by 2015.

Prior UNV/UNDP Assistance

Since 2005, the Enhancement of Living Standards (ELS) projects, financed by the European Commission (EC) and implemented by UNDP, have supported various local initiatives and demonstrated approaches to improve living standards. In Karakalpakstan, the ELS framework has pioneered social mobilization and used the MDGs one to seven as a starting point to identify the main problems of 56 rural communities and ways to ensure their contribution to the rehabilitation of social basic infrastructure. Meanwhile, an on-going UNDP-GEF project that supports the establishment of a biosphere reserve in the Amu Darya river delta utilizes community based approaches to support more sustainable forms of natural resource managements (such as forestry, livestock management, fuel alternatives and local tourism).

Indeed, the ELS project found⁶ that local communities identified TB as a key factor hampering their socio-economic development and a major indicator of poverty. The project also found that, while TB incidence is high, awareness on its prevention and care is very low. They also found a lack of confidence in the health care system. As a result, the available facilities for TB diagnosis and treatment were under-utilized or not used at all. Also, a great deal of stigma was found towards people with TB. The inability to provide uninterrupted treatment, especially to low income groups, kept incidence high and undermined the communities' efforts in overall socio-economic development.

⁵ Basic health care is free, but patients may have to pay for their medicines

⁶See Final Narrative Report from the ELS pilot.

Linkages to major UNDP Programme Initiative

As anticipated in its programme document⁷, this TB Project will be an integral part of UNDP's *Area Based Development (ABD) Programme*⁸, which aims to improve both the capacity of the authorities to support local development plans, and the capacity of communities to take part in and contribute to their own socio-economic development.

The ABD Programme, like this project, targets the UNDAF outcome; "*Strengthened national and local level capacity to develop, implement and monitor strategies for improving living standards and reducing poverty*" and the Country Programme outcome; "*Poor and vulnerable people's access to quality community based social services improved and new sources of income created*. The programme's primary output is: *Regional/local institutions are strengthened to conceive and implement employment generation and poverty reduction initiatives*".

This project, as an integrated initiative within the ABD Programme, will strengthen the role and interest of the communities and volunteerism in the selected districts of Karakalpakstan through community mobilization and volunteer activities. This will enable dissemination of improved information through local volunteers to communities about available services and how to access them. In addition, it will help encourage a system of interaction and knowledge sharing within and among communities. This will ensure networking and communication among local people, which will strengthen horizontal networks to include targeted groups into decision making. This will also ensure a mechanism to facilitate dialogue between actors at various levels of decision making which will be an important factor in helping to achieve the UNDAF outcomes.

By integrating itself within the UNDP ABD Programme, this will not be a stand alone project and ensure broader impact in achieving the MDGs. In addition, significant savings can be made through sharing of overhead costs, including office space and equipment, security, transportation, and administration:

- Project Manager co-shared ½ ABD Programme ½ TB Project
- Admin. and Finance Assistance ½ ABD Programme and ½ TB Project
- Cleaner co-shared 2/3 ABD Programme and 1/3 TB Project
- Security Guards co-shared 2/3 ABD Programme and 1/3 TB Project
- Office expenditure (payment for office utilities i.e. gas, water, electricity, etc) co-shared 2/3 ABD Programme 1/3 TB Project
- Communication (tel, fax, internet) co-shared 2/3 ABD Programme 1/3 TB Project

C. Pre-project situation on volunteerism

Volunteerism is still young in Uzbekistan. Since its independence from the Soviet Union, there has been little growth in volunteerism, save for a small number of volunteers posted through UNV/UNDP (including a successful ICT for development initiative under the UNITeS programme in 2002 to 2004), and the volunteerism expressed through the traditional Mahalla committees.

The Mahalla are community-based committees who volunteer to support the welfare and undertake community-based initiatives at the local levels to improve their livelihood. Since 1994

⁷ Refer UNDP Project Document, "*Area Based Development (ABD) Programme*", pages 4, 6, 12, 15

⁸ Area-Based Development (or ABD) can be defined as "targeting specific geographical areas in a country, characterized by a particular development problem, through an integrated, inclusive, participatory and flexible approach", bringing together experiences from earlier community development, integrated rural development, local governance, decentralized planning and emergency response programmes.

the Mahalla has been given increasing responsibilities for the channelling of social assistance from central government. The Mahalla Committee is an officially registered non-government, non-commercial organization under Uzbek Law and is able to receive grants and subsidies and they work directly with the communities and people whom the project seeks to target. Mahallas enjoy the trust of the community members and can maximize the use of existing local and traditional resources by mobilizing communities and local resources for the rehabilitation of social infrastructure. The chairperson and the secretary are elected by the local population from amongst the representatives of certain communities, and their positions are subsequently ratified by local district government.

The Mahalla Committees constitute the lowest tier of self-governance in the country. Its structure positions it very close to the communities and people whom this project seeks to target. The Mahalla Committees are the closest thing to citizens' representation that exists today in Uzbekistan.

Part I b. Strategy

- D. Project approach, national strategy and UN to complement strategy
- E. Intended beneficiaries
- F. Justification of UNV involvement and partnership
- G. Sustainability

D. Project approach, national strategy and UN to complement strategy

The effects of poverty and tuberculosis mutually exacerbate the problems of the other, but most interventions have so far focused only on the health aspect of the problem rather than a holistic combination of socio-economic and health approaches involving the communities themselves. Against this background the envisaged strategy is to support traditional forms of volunteerism through working with the Mahalla Committees, mobilizing Community Volunteers and the engagement of their communities at the district and village levels to reduce the prevalence of TB and engage in small scale community initiatives to improve their livelihoods. This project approach builds on the global best practice of mobilising millions of volunteers under the WHO Global Immunization programme in 1988. The role and contribution of volunteers will be similarly harnessed by mobilising community volunteers in Karakalpakstan to address TB prevalence and increase public awareness.

A multi-pronged approach will be used to address the multiple challenges presented by TB in Karakalpakstan. The challenges are inter-related, and include:

- Lack of general understanding about the basics of TB, its symptoms, its transmissions methods, and its treatment;
- High stigma attached to TB as a disease;
- Lack of confidence in, and use of, health facilities;
- Low percentages of sufferers seeking medical assistance;
- Of those who seek and obtain assistance, a low percentage of sufferers actually complete their treatment regime;
- Shortage of equipment.

The principal output of this project is: Community Volunteers are trained and their capacity developed to reduce the prevalence of TB and thereby address poverty in 5 selected districts⁹ (Kegeily, Karauzyak, Shumanay, Muynak and Nukus).

Achievement of this will be through the following activities¹⁰:

- Conduct survey on the state of TB and poverty in 5 districts
- Design and establishment of community-based TB care system
- Raising awareness on TB and fostering non-discriminatory attitudes in the community through the provision of information materials and workshops

⁹ The 5 selected districts are the worst affected and have the UNDP ABD programme operational in these areas.

¹⁰ Details are provided in Part 1 d - Results and Resources Framework .

- Training of 25-30 trainers that is trainers of trainers (ToT) (initial and in-service trainings)
- Training of 3,000 Community Volunteers in basic TB awareness and prevention, as well as volunteering for development.
- Restoration and provision of basic infrastructure in 5 Community Resource Centres and 2 Primary Health Facilities, identified through the ABD Programme.¹¹

Amongst additional anticipated results of this project, it is expected that the following will be achieved:

- Increased understanding and reduced fear of TB as an illness
- Increased use by community members of health facilities, for TB and other medical complaints
- Reduction in TB prevalence
- Enhanced sense of community ownership for local development
- Improved communications between officials at government offices and health centres, and local people
- Enhanced recognition of the role volunteerism can play in community development

The project will include 1 International UNV (IUNV) Specialist in Community Mobilisation and Primary Healthcare and 5 National UNV (NUNV) Specialists. These will comprise the main project implementation team. In addition the project will activate 25-30 Trainers of Trainers (ToT) on a volunteer basis and an estimated 3,000 Community Volunteers covering all districts and communities targeted in Karakalpakstan.

Community Outreach

This project, as an integral part of the UNDP Area Based Development (ABD) Programme for Karakalpakstan, will build on the lessons learned from the earlier UNDP *Enhancement of Living Standard* project into a community outreach project, giving stronger emphasis on volunteerism as an important driving force. Community members will be mobilised to work together on planning and implementing the improvement of their local health centres, thereby building a sense of empowerment and collective ownership.

This project also builds on UNV's corporate experience in service delivery and involvement in small scale community development initiatives, in other CIS countries, in particular Kyrgyzstan under the *Participatory Poverty Reduction Programme*. Through community outreach activities based on participatory techniques the project will encourage a spirit of trust in the communities, and a better understanding about the importance of preventive measures and treatment, of TB to address poverty.

Capacity Development

This project within the overall framework of the ABD programme will coordinate activities to strengthen the capacity of existing structures of Mahalla Committees at national, regional and local levels. In addition, the capacity of the local community resource centres will be strengthened. This will improve the capacity of the communities in order to further implement community activities on their own initiatives.

¹¹ The restoration and provision of equipment and facilities for the Primary Health Care will be funded by the Norwegian Ministry of Foreign Affairs.

Diverse Partnership

This project has diverse partners from the Government, the UN and the voluntary sector. During the formulation of the project participatory meetings and discussions were held with organisations active in the social sector at community level. The outcome of these interactions was strong commitment to support and contribute to the project.

Among some of the organisations consulted were the following:

- Mahalla Committee
- Women's Committee in Karakalpakstan.
- Ministry of Health in Republic of Karakalpakstan

The project in conjunction with the above mentioned partners will train community members as Community Volunteers and receive adapted¹² health education material developed by WHO and Stop-TB project that they can use in their communities. Hands-on training will be provided to six¹³ community volunteers in each village on volunteerism and volunteer management. Each team of six will include members with different background, and especially women. The teams will normally have representation from, but not be limited to, the following groups:

- members of the Mahalla Committee
- members of Women's Committee in Karakalpakstan
- members of the Farmers Association
- staff of the local Primary Health Centre (PHC) facility
- ex- and current TB patients and their relatives
- teachers

25-30 trained local trainers will train these community members. The trainers will be drawn from the staff members of the Mahalla Committee, MoH (from TB and PHC department) and the Uzbek Association for Reproductive Health (UARH). By using local trainers, local ownership of the project will be assured and sustainability beyond project closure easier to manage.

The training of the trainers of trainers (ToT) will be the overall responsibility of the international UNV Project Advisor on Community Mobilisation and Primary Healthcare. She/He will be closely assisted by a national UNV Volunteer Training Coordination Specialist in this task. Together, they will coordinate and conduct the trainings with input from the Ministry of Health, Medicins Sans Frontiers (MSF) and WHO. UNV HQ will provide technical guidance on volunteerism and volunteer management to the project.

Training sessions for Community Volunteers will be organized in each district by the ToTs with coordination and assistance from the Volunteer project team. During these sessions the Community Volunteers will learn some basic and important issues on TB care and community work and importance of volunteerism and organising volunteers. They will learn how to spread messages and support TB patients in the community by using health education material.

E. Intended beneficiaries

Direct beneficiaries will be people affected by TB and living in extreme poverty, in order to assist them in receiving and completing successfully the treatment, which will be achieved through involvement of Community Volunteers into TB care support systems. The indirect beneficiaries will be all people living in the 5 targeted districts which are the worst affected areas of

¹² The material has been piloted, and adjustments were recommended in the light of the pilot (Assessment Report, May 2008)

¹³ Teams may vary in size, depending on local situations. Six is the likely average team size.

Karakalpakstan. These will also be people who have been targeted previously by the ELS project and now by the ABD Programme. These regions are also of the worst affected areas when it comes to the environment and socio-economic situation. These 5 selected districts of Karakalpakstan will be: Kegeily, Karauzyak, Shumanay, Muynak and Nukus.

Women will be given special attention as they have a higher rate of infection than men in this area. It will ensure gender equity, especially access to assistance and inclusion of women, girls and boys in all aspects of the project intervention.

Local volunteer organizations and groups will also be beneficiaries as the project will incorporate them into the activities and help increase their capacity volunteer mobilisation and management in order to address issues on their own initiative.

F. Justification of UNV involvement and partnership

Linkages to UNV's Business Model

This project is in line with UNV's mission to promote volunteerism for peace and development, as well as to the Business Model, that is, advocacy of volunteerism for development, integration of volunteerism in development planning and mobilisation of volunteers.

Advocacy of Volunteerism: This project is the first major UNV initiative in Uzbekistan to work with an indigenous volunteer infrastructure, the Mahalla Committees, to create space to raise awareness and nurture volunteerism. This creates an opportunity for volunteerism to be recognised as a development resource by partners.

Integration into Development Planning: The project is anchored to both the national MDG priorities and UNDAF Outcomes to address the impact of TB in addressing poverty reduction. In addition, the project is strategically integrated into UNDP's *Area Based Development Programme*, which also covers Karakalpakstan region. If successful, this model will likely be replicated within the ABD Programme.

Mobilisation of Local Volunteers: This project focuses on mobilisation of local volunteers as a catalyst between communities and health service delivery, as well as, working with the Mahalla Committees. In addition, it creates an opportunity for both international and national UNV volunteers to work together with community based volunteers to develop local capacity.

Volunteerism and UNDAF

This project explores volunteerism as a development tool for the first time within the UNDAF in Uzbekistan. The project strategy and mechanism creates opportunities for replication in other country projects and programmes. This will therefore be an important project to demonstrate that volunteerism can be integrated into development planning.

The project is linked to the current UNDAF and aims to contribute to achieving the outcome of "*Strengthened national and local level capacity to develop, implement and monitor strategies for improving living standards and reducing poverty.*" In line with the ABD Programme it is also linked to the Country Programme Outcome to achieve "*Poor and vulnerable people's access to quality community based social services improved and new sources of income created.*"

This project and the ABD Programme in Karakalpakstan will mutually complement each others' activities in addressing poverty and achieving better results than could be expected if either worked alone. The intended outcome of the ABD Programme will benefit from the volunteerism

approach of this project aimed at improving people's health and ensure effective access to services and participation through volunteer activities and vice versa. While the ABD Programme will address more economic issues related to poverty such as improvement of infrastructure and income generation, this project will focus on the social aspect of volunteerism's contribution to development through effective community mobilisation. Being integrated with the ABD Programme, the project is likely to achieve better results and benefit from the former's expertise and experience in the country. At the same time this project will bring added value to the ABD Programme's activities by strengthening its volunteer component and ensuring greater community mobilization and participation.

The project will work with national organisations that involve volunteers such as the Uzbek Association for Reproductive Health (UARH)--an Uzbek NGO operating in Karakalpakstan and affiliated with the International Parenthood Association. UNDP has had positive experience working with this NGO in Karakalpakstan and it is expected that the project will receive valuable assistance from this NGO based on its local knowledge and experience in health issues. Working with this organisation, the project will also help increase their capacity to use volunteers in their own activities.

The project will also incorporate strategies to work with traditional forms of volunteering in the country such as the Mahalla Committees. The Mahalla Committees will also be an important partner in order to help mobilize volunteers from the targeted communities. The capacity of the Mahalla Committees will further be strengthened especially through setting up local resource centres together with the ABD Programme. This strategy will help the Mahalla Committees to later implement their own initiatives in addressing issues of concerns in their communities.

Gender Equality

Gender issues will be particularly taken consideration to and the project will ensure an equal participation in the project. It will pay special attention to why women are more affected than men in this area. The Women's Committee of Karakalpakstan will be a local partner in the project and will also help ensure equal participation for women in the project and its activities.

In order to ensure gender issues are adequately addressed in project implementation, the first priority will be to collect more detailed information and analysis on the gender relations, norms and values prevailing amongst TB patients, in the context of the wider social and economic influences they face. This will be addressed through the national analysis of the situation of women and TB in Karakalpakstan. The second priority will be to pay attention not simply to ensuring gender *equality* in the numbers of young men and women participating in the community volunteers initiative supported by the project, but also to seek to identify and address any imbalances in decision-making power and control of resources between the members of the opposite sex, ensuring all community volunteer groups' activities are conducted according to standards of gender *equity*.

Strengthening Community Networks

Based on UNV's programming framework, the project will work on strengthening the role and interest of the local stakeholders. Based on its expertise in the field, it will enable dissemination of improved information to communities about available services and how to access them. In addition, it will help encourage a system of interaction and knowledge sharing within and among communities. This will ensure networking and communication among local people, which will strengthen horizontal networks to include targeted groups into decision making. This kind of networking will be encouraged, through the training sessions where community volunteers from several communities will be gathered at the same time. The project will also disseminate information about best practices among the communities targeted which will encourage drawing

on experience from each other and share further information. This will also ensure a mechanism to facilitate dialogue between actors at various levels of decision making.

G. Sustainability and Exit Strategy

This project is an integral part of the UNDP Area Based Development Programme (ABD) covering Karakalpakstan region and other areas in Uzbekistan. The ABD programme will provide technical guidance and support in rehabilitation and improve basic Primary Health Centers. This will also help improve the services and add as an incentive to the communities as improved infrastructure will help make the use of the medical centers more attractive.

In order to ensure local ownership, this project builds on existing local and regional structures, such as the Mahalla Committee, the Council of Ministers Autonomous Republic of Karakalpakstan and the Women's Committees. The community volunteers will be recruited from their own communities to limit the overhead cost for the project as well as ensure retaining capacity at the community level. Furthermore, by incorporating the resource centres into this project, capacity and motivation for continued operations will have been strengthened. Experience from the activities organised in pilot communities, many of which continued even after the official trial period, gives further grounds for optimism with regard to the sustainability of project activities.

Because of the known correlation between TB and poverty, development partners have indicated their strong support to the project in the long term, among them the Japanese Government, Norwegian Government, WHO, UNDP, UNICEF and MSF. Thus UNV's role and focus will be to enhance the capacity of local partners such as Mahalla Committee and Women's Committee in volunteer management and placement as community volunteers to address poverty and TB in a holistic approach.

Against this background, it is anticipated that at the end of the project the Council of Ministers Autonomous Republic of Karakalpakstan, the Women's Committee and Mahalla will be motivated and able to sustain key project activities beyond the project period.