USAID | CENTRAL ASIAN REPUBLICS

ANNUAL REPORT OF THE QUALITY HEALTH CARE PROJECT

OCTOBER 2012

October 30, 2012

This report was produced for review by the United States Agency for International Development.
It was prepared by the Quality Health Care Project in the Central Asian Republics.

Recommended Citation: Quality Health Care Project Annual Report, October 2012. Bethesda, MD. Quality Health Care Project in the Central Asian Republics, Abt Associates Inc.

Contract Information: The Quality Health Care Project is funded by the U.S. Agency for International Development under Contract No. AID-176-C-10-00001, beginning September 2010. The Quality Project is implemented by Abt Associates Inc. and its subcontractors AIDS Projects Management Group (APMG), Project HOPE, Scientific Technology and Language Institute (STLI), and Socium Consult.

Submitted to: Kairat Davletov
Project Management Specialist, Office of Health and Education
USAID Central Asia Regional Mission

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.

ANNUAL REPORT OF THE QUALITY HEALTH CARE PROJECT

OCTOBER 2012

TABLE OF CONTENTS

*ANNEXES CAN BE FOUND IN SEPARATE FILE "ANNEXES QUALITY HEALTH CARE PROJECT AR Y2" AND INCLUDE SUCCESS STORIES, POSTCARDS, TRAINING DATA, TB EPIDEMIOLOGICAL DATA, AND AN INDEX OF QUALITY PROJECT POLICY ACHIEVEMENTS FROM YEAR TWO.

ABBREVIATIONS

ACSM	Advocacy, communication and social mobilization
ANC	Antenatal care
ARV	Anti-retroviral drug
BMI	Body mass index
CAH	Community action for health
CAR	Central Asian Region/Republics
CARHAP	Central Asia HIV/AIDS Program - Kyrgyzstan, Uzbekistan, Tajikistan (GTZ)
CCM	Country Coordinating Mechanism (Global Fund)
CDC	Centers for Disease Control
CME	Continuing medical education
CP	Clinical protocol
CPG	Clinical practice guideline
CQI	Continuous quality improvement
CVD	Cardiovascular disease
DOTS	Directly observed treatment, short course
DRG	Diagnosis-related groups
EBM	Evidence-based medicine
EBMC	Evidence-Based Medicine Center
EmOC	Emergency obstetric care
EPC	Effective perinatal care
EQA	External quality assurance
FAST	Find cases Actively, Separate safely and, Treat effectively
FGPNA	Family Group Practice and Nurses Association (Kyrgyzstan)
FP	Family planning
GFATM (**PR**)	The Global Fund to Fight AIDS, Tuberculosis and Malaria (Principal Recipient)
GIU	Grant Implementation Unit (GFATM)
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HIS	Health information system
HSS	Health systems strengthening
IC	Infection control
ICATT	IMCI computerized adaption and training tool
IEC	Information, education, and communication
IMCI	Integrated Management of Childhood Illness
IPCC	Interpersonal communication and counseling
KAFP	Kazakhstan Association of Family Physicians
KfW	German Development Bank
LCC	Locality coordination council
LMIS	Logistics management information system
M&E	Monitoring and evaluation
MARPs	Most at-risk populations
MAT	Medication-assisted therapy
MCH	Maternal and child health
MDR-TB	Multi-drug resistant tuberculosis
MHIF	Mandatory Health Insurance Fund

MOF	Ministry of Finance
MOH	Ministry of Health
MOHMIT	Ministry of Health and Medical Industry of Turkmenistan
MOU	Memorandum of understanding
MSM	Men who have sex with men
NCC	National Coordination Council of the Country Coordination Mechanism for the GFATM
NCD	Non-communicable disease
NGO	Non-governmental organization
NTBC	National Tuberculosis Center
NTP	National Tuberculosis Program
OPHT	Other Public Health Threats
P4P	Pay for Performance
PAL	Practical Approach to Lung Health
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary health care
PIU	Project Implementation Unit (GFATM)
PLHIV	People living with HIV
PMP	Performance monitoring plan
PMTCT	Prevention of mother-to-child transmission of HIV
PRA	Participatory rapid assessment
PWID	People who inject drugs
QI	Quality improvement
RH	Reproductive health
ROP	Regional Operation Plan
SES	Sanitary Epidemiological Service
SLD	Second line drug
SOP	Standard operating procedure
STLI	Scientific Technology and Language Institute
SWAp	Sector-wide Approach
TA	Technical assistance
TB	Tuberculosis
TFM	Transitional Funding Mechanism
ToT	Training of trainers
TSMU	Tajik/Turkmen State Medical University
TWG	Technical working group
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

EXECUTIVE SUMMARY

The USAID Quality Health Care Project (the Quality Project) is a five-year program to improve the health status of Central Asians. In year two, the project worked to improve health services and outcomes in care for tuberculosis (TB), HIV, maternal and child health (MCH), and reproductive health/family planning (RH/FP), as well as services focused on other public health threats (OPHT). The Quality Project introduced evidence-based international standards and modern quality improvement (QI) techniques to build the capacity of public sector and non-governmental service providers, and institutionalize interventions through a health systems strengthening (HSS) approach. The project also worked in year two to empower communities to respond to their own health needs and hold health providers more accountable for high quality health care.

This report covers the second year of implementation in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan and contains year two activities and accomplishments from each Quality Project technical component, beginning with TB, followed by HIV, MCH and FP/RH, OPHT, and finally HSS. Each technical component is broken down into country sections in which goals from the USAID-approved year two work plan are analyzed against accomplishments. The report concludes with an overview of project administrative activities from year two. Major accomplishments of the Quality Project in close collaboration with country partners during this quarter are highlighted below.

Key Quality Project Accomplishments Year 2	
Improved the quality of priority health care services	✓ Decrease in postpartum hemorrhage rate from 4.9% (April 2011) to 1.5% (Nov 2011) in Quality Project pilot facilities in Tajikistan ✓ Decrease in postpartum hemorrhage from 2.6% (Jan-Jun 2011) to 1.4% (Jan-Jun 2012) in Kyzylorda Perinatal Center and 50% decrease in Kochkor Rayon hospital as a result of Quality Project interventions in Kyrgyzstan ✓ Decrease in child mortality rate from 25 (2010) to 20.1 (2011) and infant mortality from 19.2 (2010) to 15.4 (2011) in Naryn Oblast in Kyrgyzstan thanks to Quality Project support ✓ 53% decrease in early neonatal mortality rate in Kochkor Rayon hospital in Kyrgyzstan as a result of Quality Project interventions ✓ In select primary health care (PHC) facilities in Kazakhstan, Quality Project interventions have improved screening of patients with coughs from 44.0% in October 2011 to 99.0% in September 2012. ✓ In Kyrgyzstan the project's ambulatory TB treatment pilot site, saw an increase in the percentage of PHC facilities with TB infection control plans from 0% until 90%. The percentage of PHC facilities implementing triage and fast tracking of coughing patients increased from 0% to 78% and PHC facilities with essential resources for TB infection control increased from 0% to 84.
Increased access to HIV and	✓ For the first time in Central Asia, policies have been approved to

related services for most-at-risk populations (MARPs)	allow access to rapid testing for those who need it most, in non-governmental organization (NGO) settings that are safe and convenient for MARPs to access. ✓ In localities with high concentrations of MARPs, coordination councils facilitated by the Quality Project are giving government and NGO partners a venue to discuss problems and devise solutions to increase HIV services for MARPs. ✓ In Tajikistan, Quality Project-trained community and religious leaders reached over 20,000 individuals with TB health messages. ✓ In Tajikistan, the project established 16 self-support groups at 16 PHC sites and provided these groups with monitoring support
Enhanced health care policies, strategies, and regulations	✓ Through Quality Project technical assistance, anti-retroviral drug stocks are tracked using specialized software, assuring that medication forecasts are accurate and that there is always medication left in stock in the right facilities. ✓ In Turkmenistan prikaz #109 on "Improvement of TB prevention and control in Turkmenistan" was developed and approved with Quality Project support.
Strengthened the capacity of policymakers, health workers, NGO representatives, and community members	✓ 6,296 individuals trained on MCH and FP/RH topics ✓ 4,386 individuals trained on OPHT topics ✓ 7,695 individuals trained on TB topics ✓ 6,374 individuals trained on HIV topics ✓ 3,149 individuals trained on HSS topic ✓ Through Quality Project support, 82% of Turkmenistan's RH specialists trained on FP/RH topics ✓ Increase in active management of third stage of labor (all three steps) from 54% to 88% in Quality Project pilot facilities in Kyrgyzstan. ✓ After training provided by the Quality Project, four HIV NGOs applied for and received government financing for the first time. ✓ Through MAT client groups, those receiving treatment have the skills and the means to provide peer support to each other, helping those who are new to MAT to have a successful transition, and helping long-time clients to maintain adherence and improve their quality of life.
Strengthened health systems to support delivery of priority services	✓ With support from the Quality Project, Issyk Ata Rayon in Kyrgyzstan has introduced outpatient treatment. As a result of these efforts, 60 people in the rayon were diagnosed with TB. ✓ In Kyrgyzstan, a Global Drug Facility grant for pediatric drugs for 2012-2014 was approved, as were a direct procurement Global Drug Facility grant for adult first line drugs (2013-2014) and a UNITAID grant for second line drugs. ✓ As a result of World Bank, World Health Organization (WHO), and Quality Project coordinated efforts the government and

MOH's initiative to introduce medical saving accounts in Kazakhstan, which would have put at risk the poorer and more vulnerable populations, was abandoned and the current single payer system was maintained.

TUBERCULOSIS

In year two, the Quality Project's TB program focused on increasing access to high-quality health care for TB patients, improving the capacity of the health system to plan and provide sustainable better-quality services to TB patients, and assisting partners to use data for better decision-making.

ACCESS

A project priority in year two was assisting partners to shift towards ambulatory treatment of TB in accordance with international standards. Intensive efforts were made to introduce outpatient treatment in pilot sites in Kyrgyzstan and Tajikistan. As a result of these efforts, Kyrgyzstan formally started outpatient treatment for the first time.

The Quality Project's TB infection control work also yielded positive results in year two. In Kazakhstan, Tajikistan, Turkmenistan, Kyrgyzstan, and Uzbekistan national TB programs developed TB infection control guidelines and implemented priority infection control measures in in-patient and outpatient treatment settings. As a result, in year two, 56 PHC facilities and TB facilities in Quality Project pilot sites began implementing internationally recommended infection control measures.

Activities to strengthen community involvement in TB prevention and treatment, as well as those designed to empower providers and patients with the skills and knowledge needed to achieve better outcomes for TB patients resulted in: distribution of more than 180,000 copies of informational/educational materials to the general population, TB patients, and health workers in Kazakhstan, Kyrgyzstan, and Turkmenistan; and the creation of treatment support groups which helped improve treatment adherence in select facilities by up to 88%. In Kazakhstan, Kyrgyzstan, and Tajikistan the project contributed to advocacy, communication, and social mobilization strategies that have been submitted to authorities for formal approval.

CAPACITY

The project provided training, supervision, and technical support to health care providers in order to improve TB case finding, shorten the time to initiation of treatment, and increase laboratory capacity. This was done by utilizing supportive supervision, introducing QI methodologies, and using external quality assurance (EQA) to strengthen laboratory diagnostics.

Laboratory diagnostics were improved in Tajikistan, Kyrgyzstan, Kazakhstan, and Uzbekistan thanks to the adoption of the EQA methodology recommended by the Quality Project TB team. The project assisted Kazakhstan and Uzbekistan to expand their current EQA systems in year two. In Kazakhstan, the project is expanding the EQA system to cover the East Kazakhstan Oblast; in year two an additional 17 laboratories were added to the system. In year three, plans have been made to cover the entire oblast. In Uzbekistan, the project increased the number of microscopy laboratories covered by EQA from 16% (52 out of 317) to 43% (138 out of 317).

DATA

The Quality Health Care Project worked in year two to strengthen the ability of the public health service to collect and use strategic information/data for decision-making. A primary focus of this work was to strengthen drug management practices throughout the region. In addition, the project contributed to a WHO-Europe initiative aimed at realizing the "Consolidated Action Plan to Prevent and Combat M/XDR-TB in the WHO European Region, 2011-2015" by estimating the second line drug needs and cost shortfalls for each country in the region from 2012-2015. All project teams also collaborated with Global Fund to Fight AIDS, TB, and Malaria (GFATM) projects, by providing them with technical assistance on regular activities as well as the development of grant proposals to GFATM and the Global Drug Facility.

In all countries in the region, Quality Project TB teams worked with local partners to help them incorporate second line drugs into their existing drug management systems. Kyrgyzstan and Tajikistan added second line drugs to their logistics management information system (LMIS) and updated their LMIS manuals accordingly. These more comprehensive systems are providing countries with access to available data to ensure that uninterrupted supplies of quality assured anti-TB are available for TB patients.

To improve collection, analysis, and use of strategic information/data for decision-making, the Quality Project provided technical assistance to Uzbekistan in implementation of e-TB Manager by conducting training for IT specialists from the Samarkand and Tashkent Oblasts, and the Republic of Karakalpakstan.

HIV

Across Central Asia, the HIV epidemic is still concentrated within MARPs; people who inject drugs (PWID) still account for the largest risk group in each country. There is also an increase in sexual transmission, and commercial sex workers and men who have sex with men (MSM) demonstrate a higher prevalence than the general population. Other groups, including prisoners and migrant laborers, also show an increased prevalence of HIV. Despite an increasing incidence of HIV, access to a full range of services – from HIV prevention counseling, to diagnostic testing, to care and treatment – remains limited for MARPs in Central Asia. This is, due to systemic barriers to access, including stigma and discrimination; low capacity of health care workers to assess risk, provide counseling and testing, and link MARPs to appropriate specialty care; and poor quality and use of data for appropriate planning and execution of national HIV responses.

The Quality Project's HIV component devoted year two to addressing the following:

- strategic policy and practice barriers in each country to improve access to prevention, testing, care, and treatment for MARPs;
- training frontline health care workers in targeted localities with high concentrations of MARPs to improve capacity to provide services; and
- improving collection and use of national systems data that contributes to regular, uninterrupted supplies of HIV medications and commodities.

ACCESS

To improve MARPs' access to critical care services, the Quality Project supported local and national mechanisms that would increase dialogue and problem-solving between public sector and NGO partners, and provided technical assistance for key policy issues, including the improvement of state social financing mechanisms in Kazakhstan, and the introduction of rapid testing technology to increase MARPs' access to regular, reliable testing in Kyrgyzstan. Significant Quality Project interventions include

the following.

- Creation and facilitation of eight coordination councils in target localities, giving government and NGO stakeholders a forum to identify policy and practice barriers, and devise solutions.
- HIV rapid testing to be introduced for MARPs in Kyrgyzstan after Quality Project advocacy and technical assistance to identify appropriate targets and guidelines for rapid testing introduction.
- Technical assistance provided to guide development of National HIV Programs 2012-2016 for Kyrgyzstan and Turkmenistan, with emphasis on MARP-focused interventions and international best practice methodologies.

CAPACITY

In support of filling shortcomings in capacity observed in year one, the Quality Project focused on training frontline health care workers in facilities that often see MARPs as an initial point of care, and improving these workers' capacity to both communicate with MARPs and initiate HIV counseling and testing. Additionally, the Quality Project focused on capacity building of government and NGO health workers on key issues including medication-assisted therapy (MAT), support for people living with HIV, and capacity to apply for and obtain state social contracting, which was done through a variety of mechanisms, including training, roundtables and field support. Salient results include the following:

- Trained 1,143 frontline government health care workers on foundational HIV skills, HIV counseling and testing, and interpersonal communications skills for working with MARPs
- Increased capacity of NGOs in Kazakhstan to obtain government financing for HIV services, with four NGOs receiving state social contracts for the first time after Quality Project training.
- Increased the capacity of MAT clients to provide peer support, with one functioning MAT client organization each in Kazakhstan, Kyrgyzstan, and Tajikistan.

DATA

In Kazakhstan, Kyrgyzstan, and Tajikistan during year one, the Quality Project observed critical shortcomings in the procurement and supply management of HIV medications and commodities. Building on year one requests from national partners including Republican AIDS Centers and GFATM project implementation units/grant implementation unit, the Quality Project provided ongoing technical support in the field to address the most urgent needs for capacity building and systematization to improve the forecasting, procurement and supply management of anti-retroviral drugs and HIV testing materials, including clinical monitoring and diagnostic test kits. Noteworthy results include the following.

- Anti-retroviral drug forecasting software utilized by six AIDS centers across Kazakhstan, Kyrgyzstan, and Tajikistan, enabling accurate forecasts for medications.
- Technical assistance on procurement and supply management utilized by national partners in Tajikistan and Kazakhstan to guide improvements in quality assurance (Tajikistan) and more efficient procurement of anti-retroviral drugs (Kazakhstan).

LESSONS LEARNED AND NEXT STEPS

Through close collaboration with national partners and stakeholders, the Quality Project was able to achieve several key results in year two. Several activities were severely limited due to USAID's request for changes in scope of work, including slowing down or stopping key activities. Some of these include work on MAT strengthening and rapid testing, and lack of USAID travel approval for international expertise. In year three, all activities will be conducted strictly in line with the President's Emergency Plan for AIDS Relief (PEPFAR) regional operational plan scope of work, and these issues are not anticipated to continue.

MCH/FP/RH

Despite decreasing mortality rates, significant inequities exist in access to quality MCH care in many parts of Central Asia. Complications of pregnancy and childbirth still rank among the leading causes of death and disability in young women and babies. This can be attributed to a lack of access to services, as well as a lack of provider capacity to identify and manage complications. The Quality Project's efforts were targeted at increasing both population access to high-quality services and the institutional capacity to provide those services.

ACCESS

In year two, the project conducted effective perinatal care (EPC) training in Kazakhstan, Kyrgyzstan, and Tajikistan and follow-up clinical mentoring in all countries to increase access to evidence-based perinatal care. The project also trained PHC providers on antenatal care and established and supported birth preparedness schools to provide information through prenatal classes on childbirth, essential newborn care, and danger signs. Results of these interventions included the following:

- The establishment of birth preparedness schools in four rayons of Tajikistan is estimated to increase access to antenatal classes for more than 3,000 pregnant women each year.
- In Tajikistan, the percentage of pregnant women with at least three antenatal care visits increased from 58 to 88 percent and the percentage of women being tested for HIV during antenatal care visits increased from 20 to 74 percent.
- A total of 968 women in remote, mountainous areas of Tajikistan received counseling on FP and 749 women made an informed choice to accept a modern contraceptive method during two FP access and awareness campaigns conducted with Quality Project support.
- Postpartum hemorrhage rates in Quality Project EPC sites in Tajikistan decreased from 4.9% to 1.5%, and transfusion of blood and blood products decreased from 7% to 1%.
- Comparative statistics of Kyzylorda Perinatal Center in Kazakhstan for the first six months of 2011 and 2012 showed a decrease in severe preeclampsia from 14.6 percent of all hypertensive disorders to 8.2 percent, and a decrease in postpartum hemorrhage rates from 2.6 to 1.4 percent.
- At the Bishkek Perinatal Center, severe postpartum hemorrhage as a percentage of all cases decreased from 77 percent in 2010 to 44 percent in 2011, which indicates better management of hemorrhages and a decrease in potentially life-threatening complications.

CAPACITY

Despite the high percentage of institutional deliveries, access to timely and life-saving emergency obstetric care (EmOC) continues to remain elusive for a vast number of pregnant women. Improving the quality of EmOC is a priority area for the Ministry of Health (MOH) in each country, development partners, and the Quality Project. The Quality Project, in collaboration with the United Nations Population Fund (UNFPA), tested a new competency-based EmOC training package in Kyrgyzstan and Tajikistan and conducted training for frontline medical workers in Tajikistan. Operational research on the effectiveness of the EmOC training is planned in Kyrgyzstan in year three of the project. Results of this research will inform the MOH and other development partners' strategy on adoption and nationwide scale-up of the training.

The project continued its efforts to improve child health through training and mentoring in the WHO integrated management of childhood illness (IMCI) approach at the community, primary care, and hospital levels. The project is also supporting the MOH to adapt and use the IMCI computerized

adaption and training tool (ICATT) in Turkmenistan and Tajikistan to enable rapid and cost-effective scale-up of the program nationally.

MOH data from the Naryn Oblast in Kyrgyzstan show a decrease in the child mortality rate from 25 in 2010 to 20.1 in 2011 and a decrease in the infant mortality from 19.2 in 2010 to 15.4 in 2011.

DATA

The project continued to support facility-based QI approaches in Kyrgyzstan and Kazakhstan and introduced QI methodologies to pilot maternity hospitals in Tajikistan. Results reported from Quality Project continuous quality improvement (CQI) sites included:

- In Kochkor Rayon Hospital in Kyrgyzstan, where CQI was started in 2011, early neonatal mortality rate decreased by 53 percent and the postpartum hemorrhage rate decreased by 48 percent.
- In Kyzylorda city polyclinic #16 in Kazakhstan, 90 percent of antenatal care outpatient cards over a nine-month period in 2012 had gravidograms, against a baseline of 40 percent for a similar period in 2011.

OPHT

Heart attack and stroke rates in the Central Asian region are some of the highest in the world, and cardiovascular disease (CVD) is the leading cause of mortality in all Central Asian countries. In addition to public health contributors to CVD, such as prevalent tobacco use and diets high in saturated fats, high CVD mortality is also related to significant gaps in quality of CVD services delivered at health facilities. Quality Project work led to dramatic improvements in service delivery at the PHC level in both Kyrgyzstan and Tajikistan, and at the hospital level in Kyrgyzstan. In addition, the Quality Project's approach, which was based on QI methodologies, has equipped health facilities with the necessary skills to address quality gaps in other priority areas. In all countries, CVD-related activities were discontinued in mid-year of implementation based on guidance from USAID/CAR.

ACCESS

A primary goal in Tajikistan PHC facilities was to increase detection of hypertension, the most important but often "silent" CVD risk factor, knowing that blood pressure is typically measured only when patients request it or have neurologic complaints. In Kyrgyzstan, project staff focused on introducing life-saving thrombolytic therapy for heart attacks at oblast- and rayon-level hospitals. In both countries, a QI approach was used, engaging health workers and managers in designing improvement plans and monitoring progress. As a result of this work, access to life-saving services was increased, as detailed below.

- In Tajikistan, access to blood pressure screening for adult patients visiting PHC facilities improved in all six Dushanbe health centers involved with CVD QI. The number of adults screened increased from 92 per month to almost 3,500 per month (from 6% to 91% of adults seeking care).
- In the Naryn Oblast of Kyrgyzstan, 66% of the adult population now has access to hospitals that provide life-saving thrombolytic therapy for acute myocardial infarction, a service that was not delivered prior to Quality Project work.

CAPACITY

In Kyrgyzstan (hospital level) and Tajikistan (PHC level), the Quality Project used a QI approach to identify the most important quality gaps in CVD service delivery, analyze root causes, and create improvement plans. In all target facilities, internal audits were conducted to track quality indicators and

adjust improvement plans accordingly. Health care provider capacity to provide CVD care was greatly improved, as demonstrated by the following results.

- In Tajikistan, the percent of hypertensive patients receiving treatment in accordance with existing clinical guidance increased from 25 to 87%.
- In Tajikistan, the percent of healthcare workers using the correct technique to measure blood pressure increased from 31 to 88%.
- In Kyrgyzstan, the percent of patients treated for heart attack who were prescribed evidence-based medications at the time of discharge to reduce the risk of a repeat heart attack increased from 0 to 87%.

DATA

Because all CVD improvements in Kyrgyzstan and Tajikistan were achieved using QI approaches, facility-driven data collection and analysis formed the basis for making decisions that affected the quality of service delivery. Improvement decisions based on data from internal audits in Dushanbe included delegation of routine patient screening tasks to nurses, organization of in-service training of PHC providers on ophthalmoscopy, and purchasing laboratory equipment to improve patient access to tests needed to determine overall CVD risk. Salient results included:

- In Tajikistan, 28 PHC managers from seven health centers in Dushanbe are now regularly overseeing QI initiatives, which include basing improvement decisions on the results of internal audits. Similarly, all five hospitals in Naryn Oblast (Kyrgyzstan) gained experience in conducting internal audits of quality of CVD care and making improvement plans based on the results.
- In six Dushanbe health centers, low blood pressure screening rates led managers to reorganize patient flow to require standard intake screening of all patients by nurses prior to their physician visit

HEALTH SYSTEMS STRENGTHENING

The Quality Project implemented HSS activities in accordance with the approved year two country work plans in Kazakhstan, Kyrgyzstan, and Tajikistan, with fewer HSS activities implemented in Turkmenistan and Uzbekistan. HSS work included support of the development and implementation of national health strategies and plans, assistance in developing evidence-based clinical standards for priority health care services, efforts to strengthen medical education, and improvements in health financing. The project increased capacity in health policymaking, evidence-based medicine and QI methodologies, provider payment system design, and using data for decision-making. Over the course of the year, the project began scaling down broad HSS activities in response to USAID guidance and focusing HSS efforts to specifically support the delivery of TB, HIV, and MCH/FP/RH services.

ACCESS

In collaboration with the National TB Program in Kazakhstan, the Quality Project supported the development and approval of a national TB advocacy, communication, and social mobilization program and implementation plan, and presented results of a TB patient satisfaction survey to national stakeholders for use in improving social support to TB patients. In Turkmenistan, policy dialogue encompassed a roundtable on HSS and TB services, development of an MOH order on TB and MDR-TB detection and treatment, and support to development of MCH programs. In Uzbekistan, health policy activities supported development of the "National Strategic Program to Fight HIV Infection 2012-2016" and planning steps for development of a comprehensive strategy for MCH. Quality Project health financing activities focused on improving core health financing, introducing results-based financing or pay-for-performance for priority programs, including TB and MCH, and initiating TB financing reform. In Kazakhstan, the Quality Project provided advocacy support during strategy meetings, resulting in a

decision by the government to maintain the single payer system and not move to medical savings accounts. The project helped strengthen Kazakhstan's case-based hospital payment system and supported the continued development of a P4P system for TB services at the PHC level, including developing indicators. In Kyrgyzstan, policy dialogue helped avoid the introduction of private voluntary insurance or facility self-financing mechanisms, which might reverse gains achieved through existing health financing arrangements. The project's TB financing work resulted in a commitment to introduce a new TB provider payment system, and supporting information system, in July 2012 to be followed by in-depth planning for TB hospital restructuring. Tajikistan achieved a key result with approval of a government decree to introduce new health financing mechanisms. Over the last year, the project's regional and Tajikistan health financing teams invested in policy dialogue, led a study tour to Kyrgyzstan, developed strategies, plans, and technical methodologies, and collaborated with other donors and projects.

CAPACITY

The Quality Project supported policy dialogue through national health sector strategies, including the State Health Care Development in Kazakhstan, Manas Taalimi and the new Den Sooluk strategy in Kyrgyzstan, and the National Health Sector Strategy in Tajikistan. Quality Project staff also participated in working groups to provide technical expertise to policy dialogue in all program areas. In Kazakhstan, the project provided recommendations to improve the functioning of the Country Coordinating Mechanism and strengthened the capacity of NGOs to access government funding for HIV activities. In Kyrgyzstan, the project provided technical assistance to the design of the new Den Sooluk Health Reform Strategy in TB, HIV, MCH, CVD, health financing, individual health services, resource generation, and stewardship. In Tajikistan, the project helped MOH establish a database of more than15,000 health sector legal and regulatory documents. In year two, the project worked to improve the capacity of each nation's medical education system. Collaboration with WHO on a TB textbook for undergraduate medical students is one example of the commitment to upgrading medical education curriculum for priority program topics. Through grantees, the project also provided input to postgraduate trainers to improve models of continuing medical education delivery and course content, including development and delivery of e-learning modules. In Tajikistan, a project-supported pilot post-graduate internship program received accolades from MOH, which recommended that the program be utilized for the training of family medicine doctors nationwide.

DATA

The Quality Project continues to promote evidence-based medicine (EBM) at all health system levels, from policy and strategy development to provider training. In close collaboration with EBM centers throughout the region, the project helped launch and continues to update and improve the Central Asian Region EBM specialists' website (http://www.carebms.net/). The site now has over 140 registered users and is serving as both a platform for access to and broad discussion of newly developed clinical guidelines and a repository for draft and finalized clinical practice guidelines (CPGs). Efforts are underway to ensure sustainability of the website by increasing capacity among local partners to update the site and facilitate forum discussions. Quality Project subcontractor Scientific Technology and Language Institute (STLI) continues to provide external reviews of draft clinical protocols (CPs)/CPGs to ensure evidence is being interpreted and applied appropriately. In Kyrgyzstan and Tajikistan, the Quality Project has been instrumental in facilitating the development of new CPGs on priority health topics, working closely with EBM centers in both countries to strengthen local capacity and ensure sustainability of the CPG development process. A further focus in all five Central Asian countries is incorporating EBM and new CPGs into medical education for sustainability. In Kyrgyzstan, 42 new CP/CPGs were

presented to 189 medical educators in a conference organized to ensure that new clinical recommendations are being incorporated into undergraduate and graduate medical curricula.

LESSONS LEARNED AND NEXT STEPS

The Quality Project faced a number of challenges in its HSS work, including: broader governance issues; politicization of health policy; difficult and often non-transparent policy environments; uncertain, fluid or shifting health policy directions; and inability to implement the legal and regulatory framework. The project mitigated these challenges by providing technical input and expertise to country counterparts in both the development and implementation of health policies and strategies, particularly those focused on priority health issues. The project's continued policy dialogue on health financing activities successfully mitigated attempts to reverse past achievements in implementing output-based provider payment systems in Kazakhstan and Kyrgyzstan and to advance health financing improvements that had long been under discussion in Tajikistan.

Although the project began scaling down HSS activities in response to USAID guidance, national counterparts throughout the region continue to request Quality Project technical assistance for HSS issues. In Kazakhstan, the project shifted its HSS focus to TB, HIV, and MCH per USAID guidance. National counterparts continue to request technical assistance in areas such as health financing. In Tajikistan, the project focused on institutionalizing past work, while continuing capacity building and provision of technical assistance to country partners. The MOH in Tajikistan sent the project a letter asking for assistance in the areas of health legislation and health financing. MOH fears that without project technical assistance, ongoing health financing reforms, which require high levels of technical expertise, will collapse.

1. TUBERCULOSIS (TB)

1.1 KAZAKHSTAN

1.1.1 ACCESS

In year two, the Quality Project's TB team worked at the community and the national levels to increase the population's access to high-quality TB services, focusing on infection control (IC) improvements as well as advocacy, communication, and social mobilization (ACSM) activities.

The Quality Project used the FAST approach (Find cases Actively, Separate safely and, Treat effectively) to TB IC, which improved screening, at the PHC level and thereby allowed for increased identification of patients who were being missed by the system. In PHC facilities, quality improvement (QI) tools introduced by the Quality Project increased alertness of health care workers to TB symptoms; the percent patients who presented with a cough on intake who were asked about TB symptoms increased from 44.0% in October 2011 to 99.0% in September 2012. This work accelerates the identification of infectious sources of TB disease in the community utilizing an approach recommended by the World Health Organization (WHO) TB Expert Committee since their ninth report in 1974.

In addition to strengthening facility level practices, the Quality Project also focused on strengthening links between medical staff, patients and communities by providing technical assistance (TA) on development of Kazakhstan's ASCM program. The program will improve the planning, implementation, and monitoring and evaluation (M&E) of ACSM activities.

The Quality Project worked with partners to reach about five million people in Kazakhstan through the mass media's coverage of World TB Day activities that provided information about TB symptoms and treatment.

The table below details specific accomplishments related to improving access to TB care in Kazakhstan in program year two.

Table 1: TB Component Accomplishments Related to Increased Access, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Introduce new model of ambulatory TB treatment (expand integration into primary health care (PHC))	• Conducted a roundtable, which introduced a new TB ambulatory (outpatient) treatment model in Akmola Oblast with TB CARE I, oblast and district health departments, representatives of TB hospitals, partners. The oblast health department and oblast TB dispenser agreed to initiate a pilot in Akmola Oblast and a joint action plan was drafted. • Further activities cancelled as advised by USAID.	The Quality Project helped lay the groundwork for introduction of a new ambulatory outpatient model of TB care in the Akmola Oblast. TBCAREI has assumed responsibility for introducing the model in year three.

Improve TB infection prevention and control measures	Conducted two TB IC trainings for 32 supervisors representing 75% of PHC facilities in Ulansky and Talgar Rayons (Almaty and East Kazakhstan oblast)	PHC staff increased knowledge on how to reduce transmission of TB and airborne infection at the PHC facility level, developed draft plans on improvement of IC measures in their facilities
Improve national-level TB-related IC policy and guidelines	• Provided technical recommendations and comments on the draft TB IC national manual developed under the Global Fund to Fight AIDS, TB, and Malaria (GFATM), which was completed in year two • Contributed to the organization and implementation of a national roundtable to discuss the manual, and the National IC Program and Implementation Plan. The TB system and Sanitary Epidemiological Service (SES) achieved agreement on consistent approaches to TB IC at the roundtable. A resolution was passed at the roundtable to mandate the development of a national TB IC program, with short/mid-term implementation plans based on the manual and the creation of a technical working group (TWG).	• The TB IC National Manual is the first-ever manual on TB IC in the country, and institutionalizes evidence - based TB IC approaches. • Agreement on consistent approaches to TB IC contributes to the sustainability of evidence-based IC measures; Implementation of internationally recommended TB IC approaches in all levels of health facilities will reduce transmission of TB and airborne infection at the health facility level.
Strengthen community action for health (CAH) across continuum of care	National ACSM program including a detailed implementation plan involving all partners developed and submitted to the Ministry of Health (MOH) for approval.	Once approved, the ASCM program will lead to development of a common vision of work on ACSM in support of the objectives of the national TB control program, by improving the planning, implementation, and M&E of ACSM activities. The program will help coordinate organizations involved in ACSM and contribute to the efficient use of resources.
Mobilize communities in oblasts to support TB	• Organized two roundtables on community involvement	By involving NGO members and leaders in identification of

patients	in TB control in Almaty and East Kazakhstan Oblasts for 27 participants from different non-governmental organizations (NGOs) • Conducted a training introducing participatory rapid assessment (PRA) techniques for 17 NGO members, social workers and medical staff • Conducted a brief assessment of needs and expectations of TB patients regarding TB patient support groups among 40 patients of Talgar Rayon in the Almaty Oblast. Analyzed the results and used them for designing patient support group programs • Patient support group created in Talgar Rayon; four meetings held with participation of 19 patients	existing problems and in collective development and implementation of action plans, community members take ownership of the plan and its results. Coordination with health staff and community leaders/member activities related to dissemination of information and improvement of patient adherence to TB treatment will increase population coverage and access to early detection and treatment of TB.
Contribute to education of general population and patients on TB by developing and disseminating information, education, and communication (IEC) materials	Prepared, printed, and distributed the following IEC materials for health workers, TB patients, and the broader public: • Brochure "What it is necessary to know about TB (4,000 copies); • Guidelines "TB laboratory diagnostics by means of microscopy in the framework of the national TB program" (100 copies); • Collection of TB prikazes (100 copies); • International Journal "TB and lung diseases" (1,500 copies); • TB-related video spots were broadcasted through InterNews Agency and reached the population throughout the Central Asia region (CAR), including Kazakhstan	Key messages carried by IEC to the population and to TB patients contribute to decreasing stigma and discrimination related to TB patients, increasing access to diagnosis and treatment, and improving adherence of patients to TB treatment. Health staff access to the latest evidence-based information on TB detection and treatment contributes to the improvement of the quality of TB care.
Develop ASCM national	• Provided TA to TWG on	ACSM activities are an integral

program	development of National ACSM Program, Implementation and M&E Plan. • Supported participation of National TB Center (NTBC) staff in training on "M&E of ACSM activities" in Tbilisi; the training helped build national capacity to develop and implement monitoring plans. • NTBC presented the National ASCM Program to MOH, received comments, introduced changes, and re-submitted the program to MOH for official approval	part of TB control objectives set forth by the State Health Care Development Program 2010-2015, and are an effective approach to TB control as recommended by WHO. The ACSM program will address the following key challenges: • Improving case detection and treatment adherence; • Combating stigma and discrimination; • Empowering people affected by TB; and •Mobilizing political commitment and resources for TB.
Contribute to World TB Day; educate and involve mass media in discussing TB issues to raise public awareness	• In cooperation with local partners, organized four World TB Day activities • Conducted two trainings on TB prevention, and stigma and discrimination in Almaty and Ust-Kamenogorsk for 29 journalists • Held a competition for students and journalists on best print, video, and audio materials on TB. Eight journalists sent nine printed articles and four video reports about TB issues. The journalists' materials on TB covered an estimated five million people in Kazakhstan.	• World TB Day events are important to advocate for governments to remain strongly committed to implementing TB control policies and allocating funds for TB control. These events also target opinion leaders at the community level to encourage local action. They also allow for dissemination of information on TB symptoms to a wider public. • Media advocacy encourages the media to cover TB-related topics regularly and in a responsible manner so as to raise awareness of possible solutions and problems.

1.1.2 CAPACITY

The Quality Health Care Project in Kazakhstan works to increase the capacity of the NTBC, the country's TB control program, and the PHC system to plan, implement, and monitor health care services for TB patients. In year two, the project provided training, supervision, and technical support to health care providers, focusing on the Almaty and East Kazakhstan Oblasts, in order to improve TB case and drug management and laboratory capacity. In addition, the Quality Project carried out significant work to strengthen the capacity of health care workers at the PHC level.

The Quality Project, the Kazakhstan Association of Family Physicians (KAFP), and MOH representative presented the PHC pay for performance (P4P) system in two oblast-level (East Kazakhstan and Almaty/Talgar) workshops in the context of TB QI. The P4P system resulted in many active discussions and interest in its implementation, especially as some facilities did not understand that they would receive incentives for good performance related to TB work. Increasing their knowledge about government incentives should increase their attention to improving TB care.

As PHC P4P financial incentives create a need for health managers and providers to establish internal M&E systems, the Quality Project and KAFP summarized their experiences with TB QI processes in the Almaty and East Kazakhstan Oblasts in a package of methodological materials and submitted them to NTBC. The expected approval of this methodology will empower PHC health providers with practical tools to improve TB services at the PHC level throughout the country.

Chart 1, below, shows that the trends in 2011 and in quarters one and two of calendar year 2012 were stable in comparison with 2010. The introduction of internal audit tools increased health staff alertness to TB symptoms among patients with cough, and they therefore followed the diagnostic algorithm for TB detection, especially in quarters three and four of calendar year 2011.

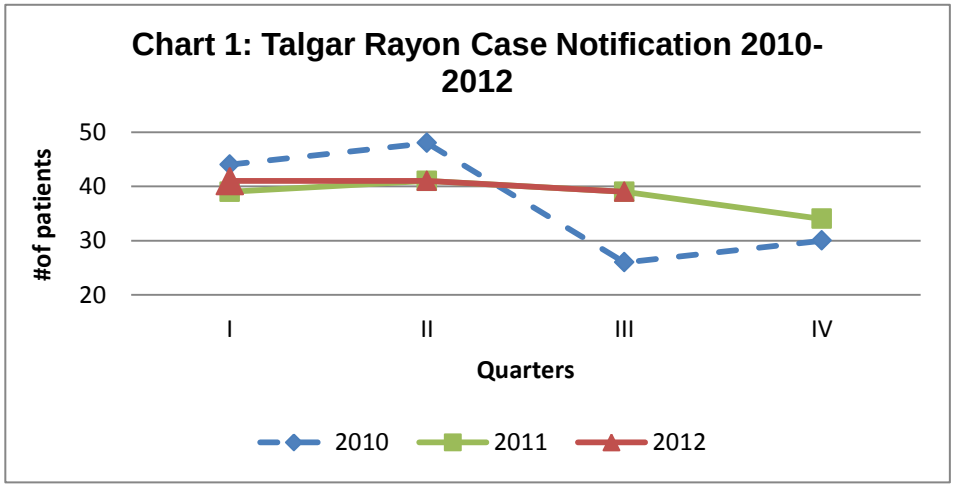
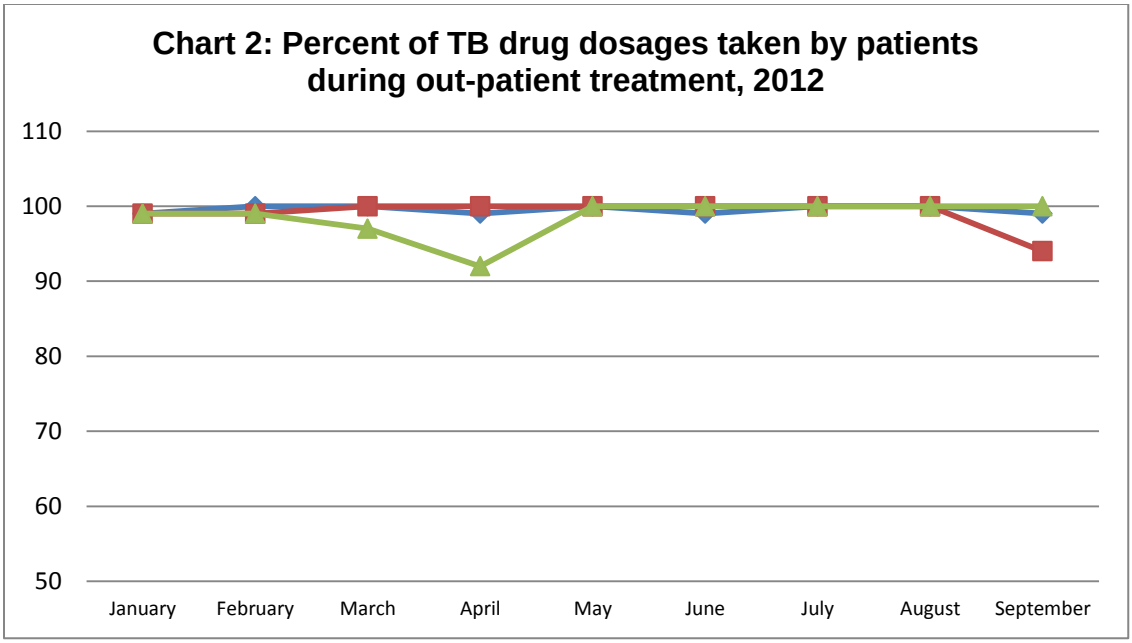


Chart 2, below, shows the percent of prescribed TB drugs dosages that were actually taken during outpatient treatment in the Talgar and Ulansky Rayons and Semey PHC facilities (28 facilities). At all facilities, 94 - 100% of all prescribed TB drugs were taken under direct observation. Based upon these results, it can be assumed that the default rate will be low and the treatment success rate will be high in these facilities. Treatment outcome data will be available at the beginning of 2014.



The major challenges encountered in the Quality Project's capacity building efforts in year two were related to laboratory rationalization and legal changes. In East Kazakhstan, microscopy laboratories need to be rationalized because there are 57 laboratories covering 1.5 million people, which is much more than the one microscopy laboratory per 100,000 patients recommended by WHO and the country's National TB Manual. The Quality Project conducted discussions with the heads of the oblast TB hospital and oblast health department to address the barriers related to rationalizing the laboratory network. In the future, data provided from the implementation of external quality assurance (EQA) will be used to contribute to this rationalization process.

Changes in the legal status of health providers, accompanied by a shift to new payment arrangements continue to negatively impact laboratory work in the East Kazakhstan Oblast. As no appropriate steps (e.g. conclusion of contracts among system participants, revision of fee-for-service lists and tariffs) were made by the oblast health department to ensure a smooth transition, health facilities refused to provide certain services including "free of charge" microscopy tests. Discussions with the oblast health department to address these issues continue through KAFP. Quality Project management will continue addressing these problems to prevent further issues in 2013.

The table below details specific accomplishments related to increasing capacity within the TB care system in Kazakhstan in program year two.

Table 2: TB Component Accomplishments related to Improving Capacity, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen TB-related legal and policy framework	• During TWG meetings, the Quality Project contributed to the development of key national documents (ACSM National Program and M&E Plan; a plan for publications	• TWGs are functioning and formalizing the results of their activities (e.g. creating prikazes, developing working plans, manuals, and involved in guidelines development).

	related to TB issues; a new TB/HIV prikaz and annexes; a draft of the National Strategic Plan for Laboratory Service Development; and the laboratory component of the National TB Register) • Reviewed the national legal base to identify barriers to social support of TB patients and develop recommendations. A report was presented at the national roundtable. Recommendations were received from all partners and a resolution prepared. Based on the roundtable discussions and the resolution, NTBC sent a letter to the government recommending adding a special provision to the National Health Code on the need to provide social support to TB patients with defined monthly benefit, with the purpose of increasing patient adherence to treatment.	• The Quality Project's review of the national legal base to identify barriers to social support of TB patients was the first ever such review in Kazakhstan. The report and roundtable resolution will help oblast governments to better use the existing legal base to provide social support for TB patients. Recommendations provided by partners will help in advocating for further improvement of the legal base for TB patient social support.
Improve and strengthen coordination between TB stakeholders and GFATM	• Several meetings held with the project implementation unit (PIU) of GFATM to clarify plans and come to agreement on joint activities. Quality Project drug management and laboratory specialists provided TA in preparation of technical documents to improve/develop a national electronic database system. GFATM PIU is currently developing this database. • Carried out a legal analysis of Country Coordinating Mechanism (CCM) regulations and provided recommendations on	• Coordination between Quality Project and PIU GFATM helped to avoid duplication of activities and synergize each organization's efforts to implement TB control activities in the country. • The analysis of CCM regulations clarified the roles of CCM members and particularly those of NGOs in the CCM, the CCM

	improvements	supervision functions and potential conflict of interests of CCM participants, enhancing the capacity of CCM to serve as an effective national coordination body responsible for proper and efficient use of GFTAM funds.
Initiate national scale up of PHC TB QI using TB PHC QI rollout package	• Presented the P4P system in two oblast (East Kazakhstan and Almaty/Talgar) workshops in the context of TB QI	• Information about the system stimulated active discussion and interest in implementation. The Almaty oblast health department requested that the Quality Project provide further support in expanding the system through the entire oblast.
	• The Quality Project and KAFP summarized the experiences of TB QI processes in the Almaty and East Kazakhstan Oblasts in a package of methodological materials, which were submitted to NTBC.	• The expected approval of this methodology will empower PHC health providers with practical tools to improve TB services at the PHC level throughout the country.
Strengthen laboratory capacity	• Conducted five smear microscopy trainings for 55 laboratory specialists, two culture diagnostic trainings for 26 laboratory staff, training on advanced diagnostic methods for eight laboratory staff of oblast and regional TB hospitals. As a result of this training, the effectiveness of smear microscopy slightly increased from 1.7% to 1.9% in the first six months 2012 in comparison with the same period in 2011.	• The increased capacity of oblasts and district laboratories to provide smear microscopy and culture examination improved TB and multi-drug resistant TB (MDR-TB) diagnostics in the country.
	• EQA monitoring visits help to maintain microscopy effectiveness. In the Almaty Oblast the effectiveness of microscopy is 5.2%; the level	• The EQA system ensures quality of TB diagnostic procedures in microscopy laboratories.

	recommended by WHO • EQA system implemented in 17 (30%) laboratories out of 57 in East Kazakhstan oblast • Developed four standard operating procedures (SOPs) for Almaty Oblast laboratories • Conducted eight monitoring visits and provided on-the-job training on EQA and culture laboratory to 64 laboratory staff in Almaty and East Kazakhstan Oblasts Monitoring results showed that in the Almaty oblast laboratories increased their ability to grow cultures: growth increased from 23.7% in 2011 up to 27.0% in the first six month 2012. • Advocated for financial support for laboratories; in response local health authorities provided necessary reagents and consumables and equipment to laboratories.	• SOPs provide evidence-based practices for lab technicians to use in performing TB diagnostic tests. • Laboratory capacity was strengthened by Quality Project monitoring and on-the-job training. The improved growth of culture will allow laboratories to confirm or rule out when patients are cured and also provide a basis for DST in some cases • Local health authorities are taking ownership of laboratory success.
Enhance counseling skills of PHC/TB providers to improve TB patient adherence	Conducted five trainings and three monitoring visits on interpersonal communication and counseling (IPCC) for 75 TB and PHC staff in the Almaty, East Kazakhstan, and Akmola Oblasts.	As a result of the training providers strengthened their interpersonal communication skills and learnt to use supportive materials such as flip charts and other health promotion tools to educate people with active TB. By training PHC health care workers in IPCC skills, the project encouraged positive communication between providers and patients, thereby creating conditions for improved treatment adherence.
Strengthen continuum of care by linking PHC-based TB QI sites to TB/MDR-TB case management	• Conducted QI M&E training in Almaty and East Kazakhstan Oblasts for 27 M&E staff of TB facilities.	• TB staff has enhanced their skills to monitor and evaluate TB services in their facilities and provide respective supervision to

	• Trained 30 PHC staff of on the basics of directly observed treatment, short course (DOTS); Following the training, the average adherence of PHC staff to following the TB diagnostic algorithm increased from 42% in February to 77% in September 2012 in the Talgar Rayon.	PHC facilities that they supervise. • PHC workers have enhanced and refreshed their knowledge in basic DOTS. PHC TB QI monitoring shows a need for such basic training.
Improve TB quality of care for current PHC functions in Phase one sites and expand to phase two sites	• KAFP and Quality Project TB team conducted training and expanded QI activities/ monitoring and mentoring to 24 PHC facilities; KAFP branches, with minimal support provided by KAFP headquarters, expanded activities to 16 PHCs • KAFP branches made over 200 monitoring visits to PHC facilities in the East Kazakhstan and Almaty Oblasts supporting TB QI processes at sites; KAFP branches in Akmola and Karaganda supported PHC facilities implementing TB QI processes on their own initiative based on the knowledge they received through KAFP continuous quality improvement (CQI) training conducted earlier within the project. The PHC facilities' capacity has increased in TB detection and treatment, for example, the average percent of saliva collected in sputum samples decreased from 32% in February to 22% in August in the Talgar Rayon.	• The expansion of sites allowed the project to enlarge the network of trained doctors, nurses, and feldshers and consequently facilitate the penetration of new innovative approaches, encouraging QI at individual provider level in rural areas • The use of TB QI processes provided opportunities for the participants to learn about CQI and its relevance for improving TB treatment in a logical, cohesive, and interrelated manner. Specifically the participants were trained on how to provide and use feedback as an important QI factor

1.1.3 DATA

The Quality Project worked in year two to strengthen the capacity of the public health services to collect, analyze, and use strategic information and data for decision-making, assisting with drug management and improving TB treatment. The Quality Project team participated in regular reviews of MDR-TB cases conducted by the National Central Medical Consultation Commission. Thanks to the project's TA, the share of MDR-TB patients who were referred by the commission who then died upon admission to the MDR-TB hospital ward decreased from 56% in 2010 to 20% in 2012.

The project worked with the National TB Program (NTP) to ensure that Kazakhstan's implementation of a logistics management information system (LMIS) for SLDs was effective. The LMIS system helps the country use data to allocate and dispense first line drugs and SLDs to avoid stock-outs, and to make correct calculations for TB drug orders and for estimating the timing for deliveries. As a result of the project's work, PHC facilities showed marked improvements in their reporting: 75% of PHC facilities sent correct LMIS reports for SLD to the national level, as compared to 68% of facilities who did so prior to project intervention. Additionally 71% of PHC facilities now keep updated records, as compared to 0% who did so prior to project intervention.

The Quality Project contributed to the revision of the TB drug reporting forms used by NTP. These revised forms contain more detailed and structured data on TB drugs, allowing for in-depth analysis at all levels of the system. Through these forms, laboratory workers, TB and PHC specialists, health managers, oblast health departments, and oblast and national TB drug coordinators will have access to information on the actual use of TB drugs in health facilities, TB drug side effects, the distribution of drugs to TB patients under DOTS therapy, the workload of medical staff, and individual tracking of TB patients. The revised forms will serve as a powerful TB drug management and clinical tool significantly contributing to improvements in the quality of TB care. The Quality Project also contributed to the revision of the national TB Drug Quantification Manual. The revised manual now uses updated TB drug data for TB drug quantification. The data collected through the revised TB drug reporting forms will inform the TB drug quantification process regulated by the TB Drug Quantification Manual.

The table below details specific accomplishments related to increasing use of data in decision-making within the TB system in Kazakhstan in program year two.

Table 3: TB Component Accomplishments related to Data Use, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen TB drug management	• TB drug management training conducted for 34 drug management coordinators In line with government support; As a result, 85% of MDR-TB patients will be covered by treatment with SLDs in 2013.	• The oblast drug management coordinators improved their ability to forecast drug needs, especially second line TB drugs.
	• Contributed to revisions of the TB Drug Quantification Manual, which was sent to oblasts for comments.	• Revised TB drug quantification manual will help medical workers better calculate needs for first line drugs and SLDS in line with clinical protocols (CPs);

		medical workers will be able to use proper treatment regimens for TB and MDR-TB patients.
	• Reviewed drug management reporting and recording forms, which were tested in the East Kazakhstan Oblast in April 2012.	• Revised reporting and recording forms will help health care workers better forecast the need for first line drugs and SLDs and ensure an uninterrupted TB drug supply for the entire course of treatment.
	• Conducted 17 monitoring visits to Almaty and East-Kazakhstan Oblasts; during the visits it was found that 75% of PHC facilities sent correct LMIS reports for SLD to the national level	• Through the creation of best-practice based materials for LMIS and SLDs, and continuous TA and monitoring, the project provided the foundation for local partners to take on TB drug management efforts without outside support. • LMIS monitoring visits provide the NTP drug management coordinator with an overview of the TB drug stocks in these oblasts and highlight when and if problems are occurring (e.g. where stock outs occur, which store rooms have problems, if drugs expire). As 75% of facilities are reporting correctly, the drug manager will provide additional training to the other 25%.
	• Conducted roundtables to discuss the availability of TB drugs in the open market and irrational prescribing practices (poly-pharmacy, increasing antibiotic resistance) in Almaty Oblast. The roundtable's resolution with recommendations was sent to MOH and oblast health departments.	• Important information that can help policy makers eliminate contributing factors to MDR-TB (e.g. irrational drug use) was discussed with key decision makers.
Develop country capacity to	Conducted operational research	The result of operational

better use information to improve quality of TB treatment	entitled "TB Patient Satisfaction Baseline Survey;" presented the results at the national roundtable on TB patient social support, in order to inform the discussion and decisions of the roundtable; submitted report to NTBC	research was used for revision of IPCC training materials and for planning activities related to the organization of treatment support groups

1.2 KYRGYZSTAN

The Quality Project supported the Kyrgyzstan health care system using a public health approach to TB control: providing TA to MOH, NTBC, and other local partners, including technical review of legislation governing implementation of the national TB program; and by providing tools to support effective and efficient health interventions. A priority in year two was to assist partners to work in accordance with international standards by shifting towards ambulatory treatment of TB by building drug management capacity in the country, and by updating clinical practice guidelines (CPGs). This work was linked with efforts to improve TB-IC practices in Kyrgyzstan. The project also worked extensively with community organizations in order to increase civil society participation in TB prevention and treatment efforts, and to increase TB knowledge in communities.

Turnover in the Quality Project's TB director and lab specialist positions in Kyrgyzstan, and changes in USAID priorities for Quality Project TB work led to some overall delays in implementation during the year. A new lab specialist joined the project in August, and a new TB director began work in September. The two new Quality Project staff are prepared to provide leadership and technical expertise for the project in the future.

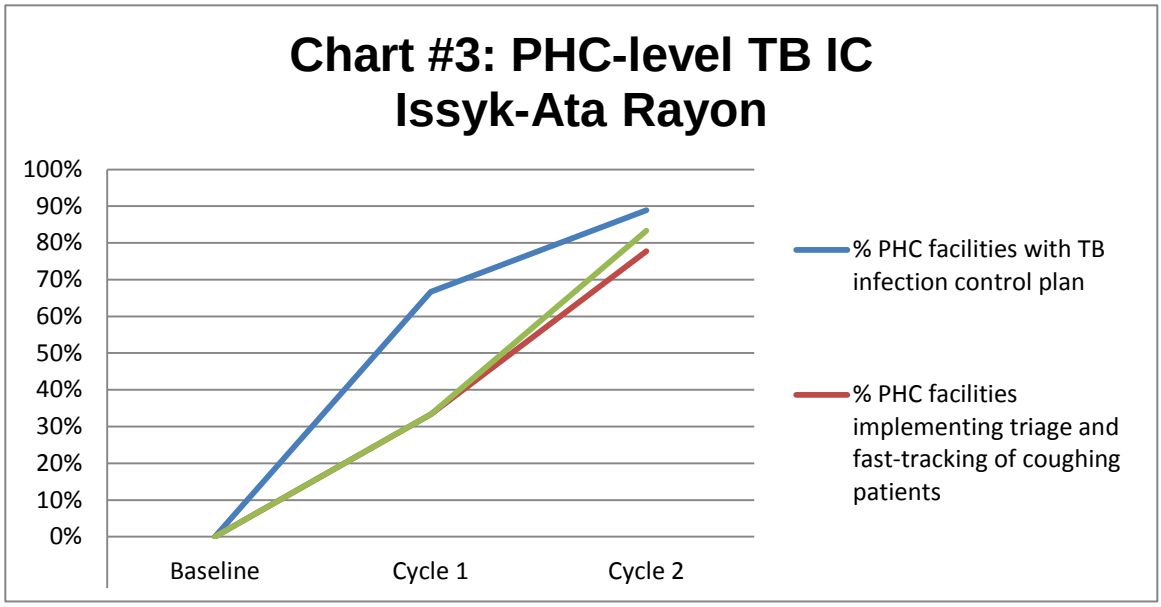
Improving Access

Village health committee representatives visited 91,500 households in Issyk-Kul and 166,245 households in Chui oblasts distributing leaflets containing information about TB.

1.2.1 ACCESS

The Quality Project's efforts to improve TB-IC practices included national-level activities, as well as focused work in support of the Issyk Ata pilot. The Quality Project participated in the development of national TB IC guidelines together with TB CARE I, the International Committee of the Red Cross, Médecins Sans Frontières, and WHO. In the Issyk Ata Rayon, the project focused efforts on improving TB IC measures at the PHC level.

Following Quality Project training on IC in the Issyk Ata Rayon, the number of PHC facilities with TB IC plans in place in the rayon increased from 0% until 90 % (in 16 of 18 family group practices). In addition, the percentage of PHC facilities implementing triage and fast tracking of coughing patients increased from 0% until 78 % (in 14 of 18 family group practices) and PHC facilities with essential resources for TB IC increased from 0% until 84 % (in 15 of 18 family group practices). Chart #3 below highlights these improvements.



The Quality Project, in partnership with the Republican Health Promotion Center, conducted TB prevention CAH activities through village health committees in the Issyk-Kul and Chui Oblasts. Village health committee representatives visited 91,500 households in the Issyk-Kul Oblast and 166,245 households in Chui Oblasts, where they explained TB key messages and distributed TB leaflets.

The Quality Project worked closely with the evidence-based medicine (EBM) unit to prioritize CPGs on MDR-TB, pediatric TB, general TB care at the PHC level, and TB IC. This work resulted in the development of three CPGs that have been submitted for MOH approval.

The Quality Project provided significant assistance to the working group on the TB section of the Den Sooluk National Health Care strategy, as well as the corresponding activity plan and implementation plan.

The table below demonstrates specific accomplishments related to increasing access to TB care in Kyrgyzstan.

Table 4: TB Component Accomplishments related to Increasing Access, Kyrgyzstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen CAH across the continuum of care	• Conducted training of trainers (ToT) for 13 oblast and republican health promotion specialists about TB educational and preventive interventions and training for 34 additional rayon health promotion specialists and 460 village health committees leaders	• Development of capacity among local CAH trainers provides a sustainable mechanism for continued ACSM on tuberculosis; As training is done in a cascade manner, from national to oblast to rayon levels, capacity is developed at all levels of the health care

		system.
	• Provided technical input, printed and distributed 50 manuals for health promotion specialists	• Health promotion specialists have evidence-based materials for use in spreading information about TB treatment and prevention.
	• Designed, printed and distributed via village health committees in Issyk-Kul and Chui Oblasts 150,000 handouts for the population with key TB messages, as well as 15,000 posters on TB symptoms and prevention and 1,000 posters on cough etiquette for medical facilities and other institutions	• Local health facilities have evidence-based materials with which to spread TB prevention and treatment messages to the population
	• Together with other international organizations conducted World TB Day activities, including press conference, a marathon, various contests	• By conducting World TB Day activities, the project increased public awareness of TB issues
	• Helped to establish two TB patient support groups and their families in Issyk-Ata Rayon.	• By establishing TB patients support groups, patients learn they are not alone, share common experiences, and have the chance to ask health care workers a variety of questions, all of which lead to improved adherence.

Improve TB infection prevention and control measures in PHC and hospitals	• Conducted IC assessment in 18 family group practices in Issyk-Ata Family Medicine Center.
	• 24 healthcare workers including 18 clinic directors from Issyk-Ata rayon passed training on "TB IC measures in PHC facilities" with the following results:
	  • Percentage of PHC facilities (n=18) with an IC plan increased from 0 to 89%.
	  • Percentage of PHC
		• The Quality Project used the FAST approach to TB-IC, which improved screening, at the PHC level and thereby allowed for increased identification of patients who were being missed by the system.

	facilities implementing triage and fast-tracking of coughing patients increased from 0 to 78% • Percentage of PHC facilities with essential IC resources increased from 0 to 83%. • The local hospital-level QI team at the Chui Oblast TB Hospital developed a TB IC plan, which is being used to satisfactorily group patients in the hospital by their sputum smear status • Trained 89 TB and PHC physicians on principles of TB/PHC outpatient management, including patient-oriented care, patient adherence, and essential elements of infection control at PHC level.	• As ambulatory pilot training began in quarter three of year two, project staff are following cohort data to measure impact of training and supportive supervision.
Strengthen TB-related legal and policy framework	• Provided close technical support to the secretariat responsible for development of the TB priority program within the National Health System Reform Program "Den Sooluk." Includes developing an ambulatory care model, TB financing reform, implementation of IC measures, and implementation of rapid molecular diagnostics for MDR-TB • Provided close technical support for development of the M&E plan, five-year work plan, and implementation framework for Den Sooluk. • Supported formation of TWGs to develop priority CPGs (TB control at PHC	• Key priorities of USAID on TB are institutionalized in the national Den Sooluk Health Care strategy. This national strategy provides a framework, approach, and sets benchmarks for needed reforms within the TB system that should lead to safer healthcare facilities for patients, decrease in system delay in diagnosing and treating MDR-TB, and improving access to reliable laboratory services. • PHC and NTP will have CPGs, which were designed according to the latest

	level; pediatric TB; MDR-TB; and IC). Provided resource materials to all groups and conducted external reviews of PHC, pediatric, and IC CPGs. • Provided technical input (through TWG and written reviews) into development of the National GeneXpert implementation strategy and associated diagnostic algorithms (currently in final draft stage).	WHO evidence-based recommendations, with the result that patients in Kyrgyzstan will receive more effective TB care.

1.2.2 CAPACITY

The Quality Health Care Project in Kyrgyzstan implemented activities that enhance the capacity of the NTP, the PHC system, and FGPNA to plan TB program activities, improve implementation, and monitor health care services for TB patients. The project provided training, supervision, and technical support to health care providers in order to improve TB case finding and management, drug management, and to increase laboratory capacity. Although GeneXpert implementation was postponed at the request of USAID, the Quality Project achieved meaningful accomplishments in its capacity building efforts in year two.

The Quality Project launched an ambulatory pilot for outpatient treatment of sputum smear negative and non-MDR sputum smear positive TB cases. The Quality Project worked to prepare all levels of medical staff for the introduction of both GeneXpert and fully outpatient TB care in the Issyk Ata Rayon. In total, 162 people in the Issyk Ata Rayon have been diagnosed with TB since April 2012. Since April, 68 patients have begun fully ambulatory treatment.

Quality Project work at the PHC facility level to improve the quality of care in the Sokuluk Rayon (Chui Oblast), Ak Suu Rayon (Issyk Kul Oblast), and Suzak Rayon (Jalal-Abad Oblast) facilitated dramatic improvement in sputum collection over a one-year period, with all rayons going from under 15% of PHC health care workers collecting sputum in full compliance with the sputum monitoring sheet to over 90%. Similarly, the percentage of sputum samples that were not able to be tested due to incorrect collection techniques (blood or saliva in the sample) decreased in the Ak Suu Rayon from 43% to 8%, in the Suzak Rayon from 38% to 18%, and in the Sokuluk Rayon from 15% to 5% over this period. It should be noted that these improvements will also help strengthen the introduction of molecular diagnostics as problems with diagnostic samples are one of the points noted globally as a barrier to the effective implementation of these new diagnostics. Thus, this work has positive benefits on several levels. The percentage of PHC health care workers who could correctly interpret the TB skin test (Mantoux) increased from 0% to 94-95% in all three rayons.

In response to a problem with quality of patient counseling on TB identified and prioritized by healthcare workers during initial QI training, the Quality Project conducted IPCC training for PHC providers in the Issyk-Ata, Ton, and Bazar-Korgon Rayons. The training participants learned to use interpersonal communication skills when providing counseling services to TB patients.

Several challenges linked to the laboratory component of the project were faced in year two, including problems with the integration of GeneXpert MTB/RIF testing in the project's ambulatory pilot. After initial delays in introducing GeneXpert at the request of USAID, implementation of GeneXpert was further delayed by difficulties in finalizing a memorandum of understanding (MOU) with MOH. The MOU was signed by MOH in the last week of September. In addition, approval and completion of laboratory renovations was delayed. Despite these challenges many other aspects of TB service delivery were addressed through training seminars and the rayon is in a much stronger position to provide higher quality care for TB suspects and ambulatory TB patients.

The table below demonstrates specific accomplishments related to improving capacity within the TB care system in Kyrgyzstan.

Table 5: TB Component Accomplishments related to Improving Capacity, Kyrgyzstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen integration of TB care into the PHC system: first phase of full integration TB services into PHC, serving as a regional model for expansion to other Central Asian countries	• Conducted roundtable on ambulatory TB care with representatives from MOH, the Chui Oblast, NTP, and local governments; formed working group for pilot • Trained 89 participants on essentials of ambulatory care and GeneXpert-based diagnostic algorithm; trained 90 nurses on abbreviated (one-day) course. • Conducted two monitoring and supportive visits to all 18 family group practices in pilot rayon • From April-September, 162 TB patients were diagnosed, and 68 were placed on fully ambulatory treatment.	Intermediate results following training and monitoring show improved trends: • percentage of monitored healthcare workers (n_1=64, n_2=48) who demonstrate competency in sputum collection increased from 25 to 69% • percentage of patients with cough > 2 weeks (n_1=110, n_2=98) sent for sputum microscopy increased from 44 to 65% • percentage of TB suspects (n_1=238, n_2=98) managed in accordance with standard diagnostic algorithm (not Xpert-based) increased from 8 to 26% • Percent of directly observed doses of anti-TB medications remained high (94 to 97%)
Improve content of residency and continuing medical education (CME) curricula on TB	Developed and integrated the program on TB counseling into the routine CME curriculum of Kyrgyz State Medical Institute for Retraining and Continuing Education	The inclusion of counseling in CME curriculum means that it will continue to be taught with local funding, beyond the scope of this project, and will reach a large audience of medical workers.

Improve quality of TB care on the PHC level	• Trained 89 TB and PHC nurses on social work and adherence to treatment
	• 14 IPCC trainings were conducted for 245 health care workers
	• Conducted IPCS monitoring visit to Issyk-Ata family group practices and rural PHC practices without doctors, which found significant improvements in doctor patient relations including:
	  • Percentage of providers who verify that a patient understood key information increased from 15 to 52%
	  • Percentage of patients responding that their provider treated them with respect increased from 57 to 100%
	  • Percentage of patients responding that the providers attitude promoted trust increased from 36 to 100%
	  • Percentage of patients who state they were "given sufficient information to make informed health decisions" increased from 20 to 60%.
	• Carried out monitoring visits at all TB CQI sites and guided facilities on developing action plans. Monitoring visits found that the quality of sputum collection technique improved from 15% to 90%. Provider competency in interpretation of Mantoux test increased from 0% to 94-95%.
		• These trainings improve health provider's knowledge and skills related to TB, counseling and how to improve patient adherence to treatment.
		• Monitoring visits to IKO and Jalal-Abad oblast will be conducted in year three.
		• Through regular monitoring and supervision visits, health care worker skills are maintained at a high level, and TB patients receive high quality care.

Strengthen laboratory capacity	• Provided TA to the NTBC in developing the first draft of the National Strategic Laboratory plan, which was sent to supranational lab for external revision. • Trained 15 laboratory workers from Chui Oblast, and Bishkek and NTBC on the EQA system for smear microscopy services. • Trained five lab technicians on GeneXpert from Issyk-Ata pilot and NTBC through the facilitating Cepheid online training • Provided mentoring support to conduct GeneXpert MTB/RIF testing. • Provided close technical support to lab personnel where GeneXpert placed; monitored use and ensured quality control.	• The National Strategic Laboratory plan optimizes the functioning of national TB laboratory service • The follow up monitoring after training showed improvement of lab technician's skills for EQA, with pretest/post-test scores for lab workers increasing from 36% to 76%. • Training, mentoring, and supportive supervision on GeneXpert help health care workers correctly use the equipment so that they can quickly provide an accurate diagnose of MDR-TB.

1.2.3 DATA

In the second year of Quality Project activities, the Kyrgyzstan TB team increased and improved the use of data for decision-making through the strengthening of the country's drug management system, developing SOPs for first and second-line anti-TB drug management, and improving the national LMIS Manual.

The project conducted a workshop on forecasting and quantification of first and second line anti-TB drugs for key partners in order to improve help partners improve their ability to manage data to ensure uninterrupted supplies of anti-TB drugs. Post-test results showed an increase in knowledge from 40 to 82%.

The Quality Project provided TA to NTBC in preparation of a successful application to the Global Drug Facility for a grant for pediatric TB drugs for 460 children in 2012. In addition, the Quality Project provided TA to Project HOPE/GFATM to coordinate the first line anti-TB drugs supply for adults through quantification and registration. These activities help guarantee TB patients uninterrupted provision of TB drugs.

The Quality Project provided assistance to PHCs in remote areas to improve drug storage conditions. A significant amount of work focused on ensuring that the national TB program focuses on quality assurance and standardization of TB drugs in accordance with international recommendations. As a result of Quality Project assistance, pediatric TB drugs were included in the essential drug list approved

by the Kyrgyzstan government in 2012. This approval ensures that regulatory authorities will not block the use of these medications as they have done with other unregistered TB drugs in the past.

While the project's drug management activities have been very successful in year two, some serious challenges have confronted the national program which negatively impact the goal of maintaining uninterrupted supplies of quality assured anti-TB drugs in Kyrgyzstan. After the Quality Project expended considerable time supporting the development of the nationally (NTBC) appointed drug management coordinator, this individual, based in the NTBC, left the country for several months for personal reasons which affected TB drug management in the country. During her absence national and international partners strongly relied on the technical support of the Quality Project drug management specialist. The drug management coordinator has returned to the country to continue their work. Meanwhile, stock outs of TB drugs occurred due to delays in the delivery of drugs ordered by the GFATM principal recipient (PR). The Quality Project assisted in reviewing a detailed inventory of TB drug stocks at the district level in order to reposition stocks, which helped to avoid interruptions of the drug supply. In both cases, the Quality project drug management specialist's expertise was needed to help national partners address the challenges that arose.

The table below demonstrates specific accomplishments related to increasing the use of data for decision-making within the TB care system in Kyrgyzstan.

Table 6: TB Component Accomplishments related Utilizing Data, Kyrgyzstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen TB Drug Management	• Provided TA to NTBC to develop a SOP on drug management for first-line drug/SLD, which was approved by MOH • Developed LMIS Manual • Developed LMIS reporting and recording forms for first-line drug/SLD. • Provided TA to NTBC to develop training materials on forecasting and quantification drug needs for country use • Provided TA to NTBC in preparing successful applications for TB drugs including:	• The SOPs and effective use of the LMIS improves anti-TB drug management, including planning procurement, quantification, distribution, and use of the drugs. • Standardized reporting and recording forms provide decision-makers with reliable information that they can use to take timely management decisions to ensure an uninterrupted supply of anti-TB drugs. • Country TB drug managers will be able to predict and count drug needs, improving overall TB drug management. NTP will provide monitoring visits in year three. • TB patients in Kyrgyzstan will have access to uninterrupted TB drugs from officially recognized sources.

	○ Global Drug Facility for pediatrics TB drugs for 2012-2014 ○ DP Global Drug Facility for adult first-line drugs (2013-2014). ○ UNITAID for SLD (cohort of 220 MDR TB patients) • Pediatrics TB drugs were included into essential drug list (2012). • Provided TA to NTBC in registering seven TB drugs, three of which have been registered, and four of which are currently being processed. • Trained 10 TB drug management coordinators from oblast TB centers and NTBC in Bishkek on calculation of drug needs; prior to this training only 50% of TB drug requests were correct; after the training TB coordinators made 90% of TB drug request correctly. • Provided 40 PHC facilities (with drug storage cabinets.	• Inclusion of pediatric TB drugs in Kyrgyzstan's essential drug list indicates that the country sees the provision of these drugs as a priority • Registration of TB drugs improves availability of TB drugs and allows for procuring of WHO pre-qualified, quality- assured first-line drug/SLD TB drugs. • TB drug mangers can define TB drug needs independently. • 40 PHC facilities in remote areas of Jalal-Abad, Issyk-Kul and Chui oblasts have improved storage conditions for TB drugs.

1.3 TAJIKISTAN

1.3.1 ACCESS

The Quality Health Care Project in Tajikistan coordinates with the Tajik NTP, the PHC system and TB control program to increase access to high quality health care services by at-risk populations within the country. The project provides TA to all levels of the Tajik health care system in order to ensure the legal and technical mechanisms are in place for providing effective health interventions to those in need. Additionally, the project works at the grassroots level to encourage community support for TB diagnosis and treatment.

Patient support groups positively influenced treatment outcomes of TB patients in Dushanbe. Adherence to DOT among TB patients increased from 85% in quarter one of this year to 88.4% at the end of the year; and from 92% in quarter one of this year to 94.3% at the end of the year among MDR-

TB patients. Treatment outcomes in the cohort of TB patients who started treatment in the third quarter of 2011 significantly improved in comparison to the cohort from the same quarter in 2010. The share of defaults decreased from 4.9% in the third calendar quarter of 2010 (the cohort was 61 of new TB sputum smear positive patients) to 0% in the third calendar quarter of 2011 (the cohort was 35 new TB sputum smear positive patients). The share of failures also decreased from 22.9% in calendar quarter three of 2010 to 11.4% in calendar quarter three of 2011.

The Quality Project's work to improve TB-IC has also yielded positive results, with changes being institutionalized throughout the health care system. New administrative measures have been disseminated throughout the country through use of the National TB-IC manual, which was approved in year one of the Quality Project. Ownership of TB-IC training has been taken on at the NTP where, after participating in Quality Project training, the Deputy NTP Director in charge of TB-IC has begun providing TA in pilot sites, where he conducted 52 monitoring visits in year two using TB-IC devices supplied by the Quality Project to monitor air changes and UV lights in PHC and TB facilities.

Challenges this year were encountered in registering second line drugs (SLDs) in Tajikistan. Unfortunately, it was impossible to convince SLD manufacturers to register their SLDs due to the high costs associated with registration. The Quality Project spoke with MOH about the need to proactively lobby for free or low-cost registration for selected manufacturers, which could register SLDs in Tajikistan. In addition, the Quality Project provided the services of the Quality Project regional drug management specialist to GFATM to help ensure that SLDs were incorporated into the national LMIS system and manual.

The table below details specific accomplishments related to improving TB care access in Tajikistan.

Table 7: TB Component Accomplishments related to Increased Access, Tajikistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen community actions for improving social determinants of health that contribute to TB	• Provided cascade training on PRA for 117 community leaders and medical workers, • Trained 82 community leaders and 18 teachers on TB issues • Conducted seminar for 40 religious leaders in Dushanbe and Vakhdat on general TB issues; as a result of these trainings, these leaders referred approximately 40 TB suspects to microscopy exams • Selected nine villages and planned CAH development implementation with stakeholders, to include	By involving community leaders in identification of existing problems and in collectively developing and implementing action plans, community members have ownership of the plan and its results. Increased TB awareness among the population and the resultant decrease in stigma related to TB ultimately results in earlier case detection.

	training on PRA, nine PRA sessions, development of nine Participatory Community Action Plans, and follow up monitoring and TA • Community leaders sent to microscopy 17 TB suspects in Dushanbe and 19 in Vakhdat during year two. • Community and religious leaders reached 12,451 people in Dushanbe and 7652 in Vakhdat at health events.	
Improve social protection for vulnerable groups	• Provided cascade training on organization of patient support groups for 18 medical doctors from PHCs and the City TB Center; as a result 16 self-support groups/patient support groups were established at 16 PHC sites; project staff provided these groups with monitoring support. • These groups improved the conversion rate among TB patients. For example, in Dushanbe the conversion rate among new TB cases from the first calendar quarter of 2011 to the same quarter in 2012 increased from 81% to 82,3%. Among TB patients who were treated in the past, the conversion rate improved from 60 to 80% during the same period of time.	By providing social support to TB patient groups and their families, and by training physicians in how to support these groups, the Quality Project encouraged access to TB care by at-risk individuals, and created a forum for conversation between providers and patients, thereby fostering positive relationships and trust. These conditions combined resulted in increased adherence to TB treatment among TB patients from 85% to 88.4% this year and thereby a decrease in MDR-TB incidence.
Strengthen information flow between provider-patient level	• Held 16 meetings with the healthy lifestyle center to assist them in coordination of community TB actions • Trained 93 PHC health care workers on IPCC skills and provided them	• By the helping members of the MOH plan and implement community TB actions, the Quality Project has created sustainability in CAH activities. • By training PHC health care workers in IPCC skills, the project

	with counseling flipcharts to be used in counseling sessions with TB patients	encouraged positive communication between providers and patients, thereby creating conditions for treatment adherence. Impact will be assessed in year three.
Improve TB IPC measures in accordance with IC National Strategy	• Conducted TB IC monitoring visits to facilities in Dushanbe and Khojend	• The Quality Project used the FAST approach to TB-IC, which improved screening at the PHC level and thereby allowed for increased identification of patients who were being missed by the system. This increased screening has increased overall access to treatment. Monitoring visits at pilot facilities showed that triage of infectious and non-infectious patients and administrative measures are functioning.
	• Provided IPC supplies to country partners	• The provision of IPC supplies allows country partners to conduct IC activities independently.
	• Completed renovations to PHC #1 in Dushanbe and to the drug storage room in the Dushanbe City TB Center	• Renovations reduced the chance of nosocomial infection of patients by improving ventilation.

1.3.2 CAPACITY

The Quality Health Care Project in Tajikistan works to increase the capacity of NTP, the PHC system, and TB control program to plan, implement, and monitor health care services for TB patients in Tajikistan. In year two, the project provided training, supervision, and technical support to health care providers in the Dushanbe, Khojend, and Vakhdat Rayons in order to improve TB case and drug management and laboratory capacity. While GeneXpert implementation was postponed at the request of USAID, halting to some degree the project's ability to build capacity within the country's ambulatory care program, the Quality Project nonetheless saw significant accomplishments in its capacity building efforts.

The Quality Project's efforts to train and provide supervision of members of the National Central Medical Consultative Commission saw significant results this year. The members' ability to assess and diagnose MDR-TB cases was greatly enhanced. Less insignificant information is now being provided during case presentations, which allows the commission to work more efficiently and to review more cases while focusing on pertinent information. As issues in the provision of SLDs have been addressed,

the number of cases considered for enrollment in SLD treatment by the commission has more than doubled in the last quarter.

In addition, the Quality Project's work at the national level, significant work has also been done to strengthen the capacity of health care workers at the PHC level. Impressive improvements in physician capacity are evidenced by the following data:

- The number of TB suspects sent to microscopy by family doctors at Dushanbe city PHC facilities increased by 14.5 % in the second project year as compared with the first year, with a smear positivity rate of 2.9%.
- In Khojend, there was an 8.2% increase in diagnosed infectious TB suspects (smear positive) by PHC facilities through microscopy during the second project year in comparison with the first year of the project.
- Reviews of medical charts in Dushanbe, Vakhdat, and Khojend showed an increase in the percent of patients who were managed by family doctors in accordance with TB diagnostic algorithm. In Dushanbe the rate improved from 65.5 to 89% at PHC facilities who started QI in year one. Among those Dushanbe PHC facilities who joined during the second project year, the rate improved from 65% to 81.4% at the end of project year two. Family doctors in Khojend pilot PHC facilities improved adherence to the algorithm from 45% to 83% this year. One hundred percent of Vakhdat family doctors followed the algorithm. This change is important because it aids in earlier detection of infectious TB cases and reduces over-diagnosis of smear negative forms of TB.
- At Dushanbe health centers, there was an overall increase in DOT performance from 87% in quarter one to 91% in quarter four of the second project year. DOT of the intensive and continuation phases has improved from 30 to 90% at the PHC facilities in Dushanbe in comparison with the first project year.

Table 8: Comparison of DOT performance of TB and MDR-TB patients in Dushanbe

Type of patient	Time period	Number of patients expected	Patients who came and took in drugs	%
TB patients				
1st year pilot sites	July 2011	33	4	12.1
	May 2012	11	7	63.6
	Sept 2012	11	9	82
2nd year pilot sites	Feb-May 2012	33	25	75.8
	Sept 2012	43	38	88.4
MDR-TB patients				
1st year pilot sites	July 2011	12	8	66.7
	May 2012	5	4	80.0
	Sept 2012	5	5	100
2nd year pilot sites	Feb-May 2012	27	26	96.3
	Sept 2012	35	33	94.3

- At Khojend pilot City Health Centers (#1, 4 and 5) there was an increase in the number of patient charts on which family doctors indicated that patients showing signs of TB were sent to microscopy from 26.6% in February 2012 to 67% at the end of quarter four.

The table below details specific accomplishments related to improving the TB care system's capacity in Tajikistan.

Table 9: TB Component Accomplishments related to Improved Capacity, Tajikistan, Year Two		
Work Plan Goal	**Accomplishments**	**Impact of Accomplishments**
Strengthen integration of TB care into the PHC system; improve quality of TB care at PHC level	• Provided ongoing support to initial PHC QI sites through 48 visits; ongoing work in Dushanbe, Vakhdat, and Khojend has shown improvements in the number of TB suspects being screened for TB by 35-38%.	• Supportive supervision visits improved practices, institutionalized change, and measured ongoing results to ensure that Tajik citizens have continued access to a higher level of care.
	• Scaled up identified best practices to 13 new sites in Dushanbe and three new sites in Khojend; in doing so the Quality Project moved from serving a population of about 275,984 to a population of 1,075,683.	• By scaling up best practices gleaned from previous Quality Project sites, the project helped integrate TB care into the PHC system and improve the quality of TB care there so that more individuals have access to quality health care interventions.
	• Met with 50 national and oblast level administrators and policy makers from PHC facilities in Dushanbe and Khojend to share results of TB QI activities. As a result of the Quality Project's work, NTP appointed a specialist to work specifically on the integration of the TB and PHC services.	• By sharing positive results with policy makers and administrators, the project built support for best practices with important stakeholders throughout the country, encouraging them to provide high quality health care to their constituents.
	• Trained 40 PHC providers in the TB diagnostic algorithm and sputum collection; 127 health care providers in ambulatory MDR-TB treatment	• Training of PHC providers in TB techniques built skills for integration of TB care into the PHC system so that patients may receive quality TB diagnosis and treatment at every level of the health care system. By training health care providers about the MDR-TB treatment process and

	• Trained 60 community members on ambulatory MDR-TB treatment	how increased resistance to TB develops, providers became further motivated to ensure that MDR-TB cases do not develop among their patients. • By involving the community in MDR-TB treatment, the Quality Project encouraged patient treatment adherence by explaining the consequences of not adhering to treatment
Revitalize and strengthen the National Coordination Council of the Country Coordination Mechanism for GFATM (NCC) mechanism in order to build national ownership and leadership of NTP	• Participated in all meetings of the CCM; Assisted in review of the GFATM applications. Country won Transitional Funding Mechanism (TFM) grant for TB, HIV, and malaria. • Provided technical support to NCC for TB/HIV issues and on legal issues related to PHC staff responsibilities, TB-PHC integration, and ambulatory care.	• The support provided by the Quality Project helped to strengthen capacities of CCM and NTP to apply for, receive, manage, and implement international grants to prevent the spread of TB infection in Tajikistan. As a result of the Quality Project's work, stakeholders in the TB sector in Tajikistan are coordinating more effectively with GFATM, and the country's TB TWGs are playing a more direct and consultative role in TB grant management. • Legal and technical support assisted the Tajik government in creating a stronger human resources infrastructure and in building the legal basis for changes to the TB and PHC systems. • These interventions worked together to build national ownership and leadership of NTP by ensuring that all stakeholders are involved in the design and implementation of TB prevention and treatment programming and ensuring

		that applications to international donors are well-coordinated, well-designed, and well-implemented.
Strengthen continuum of care by linking PHC-based TB QI sites to TB/MDR-TB case management	• Trained and mentored 60 health care providers in pilot facilities as a follow up to ToT on TB case management; conducted four monitoring visits to Dushanbe clinics • Provided CME training to 250 participants and conducted two seminars on clinical review of failures and defaults with TB hospital and ambulatory health care providers • As a result of this training and supervision, 95% of MDR-TB patients have adequate number of effective SLDs in the continuation phase; treatment monitoring by sputum and culture were done in a timely manner for 95% of MDR-TB patients; there were no stock outs in SLD supply.	• By providing mentoring, monitoring, and training to health care providers, the Quality Project created conditions for sustainable improved TB/MDR-TB case management and higher quality of services
	• Revised four training curricula and materials on TB and MDR-TB case management at the national level	• Quality Project contributions to national-level curricula and materials on TB and MDR-TB ensured that all health care providers receive evidence-based education to improve TB case detection.
	• Participated in regular reviews of MDR-TB cases conducted by the National Central Medical Commission. The share of MDR-TB patients who were referred by Central Medical Consultation Commission who then died upon admission to the	• Quality Project participation in Central Medical Consultation Commission reviews of MDR-TB cases not only ensured that cases were diagnosed correctly, but also built capacity for country partners to review cases independently.

	MDR-TB hospital ward decreased from 56% in 2010 to 20% in 2012. Indicating that Central Medical Consultation Commission members Central Medical Consultation Commission are adhering to selection protocols better than they were pre-intervention.	
Strengthen laboratory capacity	• Prepared SOPs for Quality Management System guidelines and draft guidelines • Developed five culture SOPs • Conducted introductory training for nine health care providers from Dushanbe and Vakhdat on GeneXpert. • Trained ten laboratory technicians from the national and oblast levels in LED microscopy and in advanced methods of TB diagnostics	• Quality Management System guidelines and SOPs strengthen national laboratory capacity by providing health care providers with an evidence-based protocol and system to utilize in laboratory work. • SOPs provide evidence-based practices for lab technicians to use in performing TB diagnostic tests. • Proper training on GeneXpert insures that health care providers correctly utilize the equipment and can accurately and quickly diagnose MDR-TB. • Laboratory capacity was strengthened by Quality Project training, which improved TB and MDR-TB diagnostics in the country.
Improve diagnosis and management of common respiratory illnesses (including TB) through implementation of practical approach to lung health (PAL) strategy	Provided TA in the development of a national guideline on PAL and in the development of five CPGs on respiratory disease. The guidelines and CPGs will be used to pilot a PAL strategy in Dushanbe and Panjakent in year three. (Launch of the strategy was delayed in year two pending MOH approval.)	The development of national guidelines and CPGs provided an evidence-based foundation for training health care providers in diagnosis and management of common respiratory illnesses. These guidelines clarify for PHC workers their roles and responsibilities in respiratory care of patients. By successfully

		implementing a PAL strategy, the Quality Project will increase access for Tajik citizens to quality health care services for diagnosis and treatment of respiratory illnesses, resulting in stabilization in the rate of respiratory disease, and improved TB case detection.

1.3.3 DATA

The Quality Health Care Project's Tajikistan TB team worked in year two to strengthen the capacity of the public health services to collect, analyze, and use strategic information/data for decision-making. The project worked with NTP to ensure that Tajikistan's implementation of a LMIS system for SLDs was effective. The LMIS system will help the country use data to allocate and dispense SLDs to avoid stock-outs, and to make correct calculations for TB drugs orders and for timing of deliveries. As a result of the project's work in Dushanbe, PHC facilities showed remarkable improvements in their reporting: 80% of PHC facilities of Dushanbe sent correct LMIS reports for SLD to the national level, as compared to 0% of facilities who did so prior to project intervention. Additionally 80% of PHC facilities in Dushanbe now keep updated records, as compared to 0% who did so prior to project intervention.

The table below details specific accomplishments related to increasing the TB care system's use of data for decision-making in Tajikistan.

Table 10: TB Component Accomplishments related to Increased Data Use, Tajikistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen TB drug management	• Provided TA in the development of: a national LMIS manual for SLDs; training materials for SLD LMIS; prescription forms for rational use of antibiotics; and to local partners in estimation of TB drug needs, preparation of TB drug orders, and applications • 95% of the cohort of MDR-TB patients who are currently on treatment has adequate number (3 or 4) of effective drugs and their dosages correspond to patient weight in the continuation phase.	Through the creation of best-practice based materials for LMIS and SLDs, and continuous TA and monitoring, the project provided the foundation for local partners to take on TB drug management efforts without outside support. SLD treatment outcomes are now defined in accordance with WHO recommendations. Thanks to Quality Project support, doctors now prescribe and follow the correct regimen for SLD treatment.

1.4 TURKMENISTAN

Due to political challenges in Turkmenistan and the lack of an MOU between USAID and the Turkmen government, it is extremely difficult to conduct activities in Turkmenistan. Despite these challenges, the Quality Project utilized partnerships with UN and local agencies in year two to implement planned activities and to address the needs of the NTP. Year two activities in Turkmenistan were focused on developing techniques and procedures for the Turkmen TB laboratory service, developing and utilizing training materials for LED microscopy, and improving drug management in the country. The project also worked to strengthen the links between the PHC and TB systems and to empower the community, patients, and health care workers through CAH activities.

1.4.1 ACCESS

The Quality Project worked in year two with local and international partners in Turkmenistan to increase access to quality TB health care services for the population. The project conducted training on CQI in pilot PHC settings and on the administrative aspects of TB IC for the TB network and SES representatives. The Quality Project also provided TA to endorse national TB IC guidelines and facility TB IC plans. IC plans for TB facilities for all velayats were developed and submitted to the senior TB specialist of the Ministry of Health and Medical Industry of Turkmenistan (MOHMIT).

Due to the lack of a legal agreement between USAID and the government, the start-up of CQI activities was initially delayed in Turkmenistan. Later USAID requested that the project remove these activities from the project plan.

Policy work on TB-IC, drug management, and laboratory system structure and methods for EQA have been incorporated into national guidelines or practices and thus are contributing to ongoing TB prevention and treatment efforts.

Due to the existing political situation in Turkmenistan, there are strong barriers to working at the community level. Nevertheless, the Quality Project worked with the National Red Crescent Society to find ways to achieve wider access of communities and the general population to health education messages. The two partners conducted a range of activities including seminars for volunteers, training seminars on IPCC, and provided technical support for a "knowledge, attitudes, and practices" survey that the Red Crescent Society conducted for the GFATM grant. In addition, the MOHMIT Informational & Resource Center approved the leaflet "Cough

Fighting Pediatric TB through Improved Screening and Detection

According to the WHO, TB kills over 100,000 children ever year. In support of a renewed global focus on pediatric TB, the USAID Quality Health Care Project is working with health care providers to improve screening and detection of TB among children in Kyrgyzstan.

Current policy in Kyrgyzstan requires skin testing to detect TB in children. As part of staff-initiated quality improvement strategies, in three months the proportion of health care providers in Chui, Jalal-Abad, and Issyk-Kul Oblast health facilities able to correctly place and interpret a TB skin test increased from 2 to 45% and 0 to 58%, respectively.

The Quality Health Care Project will continue to support these positive steps towards improving screening and diagnosis of TB in children through supportive supervision as part of a comprehensive program to strengthen TB care in Kyrgyzstan.

Etiquette," which was designed in coordination with national counterparts. The project printed and distributed 15,000 copies of the leaflet.

The Quality Project developed and coordinated with partners a number of activities related to World TB Day including: support for a students' conference with about 100 participants; the National TB Conference for about 100 health workers from five velayats; financial support for a public advocacy event; and support for the MOHMIT Informational Center's printing and distribution of educational materials about TB.

Program and materials for mini-sessions on the theme "The Healthy Way of life, HIV/AIDS and TB" for volunteers were approved of the National Youth Center. The Quality Project prepared and printed these materials, and also developed quizzes, and slides on TB, HIV/AIDS, sexually transmitted infections and drug abuse for participants of the training.

The table below details specific accomplishments related to increasing access to high-quality TB care in Turkmenistan in year two.

Table 11: TB Component Accomplishments related to Increased Access, Turkmenistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen integration of TB care into the PHC system	Conducted training on CQI in PHC settings for 20 health care workers	Provided a forum for improving the coordination between NTP and PHC. Doctors became more involved in detection, treatment, and prevention of TB at the PHC level.
Improve TB Infection Prevention and Control Measures	• Conducted training on administrative aspects of TB IC for 118 TB network and SES representatives • National TB IC guideline developed • TB IC plans developed for five TB oblast facilities and one PHC facility	• Improved understanding of IC measures in PHC • National policy established on TB IC • Individual frameworks for IC developed for all TB facilities at the oblast level and example framework for PHC facilities

1.4.2 CAPACITY

In year two the Quality Project supported national partners in increasing their use of data for decision-making. The project focused on laboratory quality management, the development of SOPs, and improving the TB legal and policy framework in Turkmenistan.

The project continued to introduce laboratory quality management in Turkmenistan in year two. The Quality Project developed a laboratory database for NTP; this database will maintain and make operational information on laboratory infrastructure, staffing, and performance. National partners have requested that the TB laboratory network serve as the quality management system pilot location where

laboratory quality management will be implemented through collaborative efforts with WHO continuing into year three of the project.

Based on a generic SOP developed by the Tuberculosis Control Assistance Program, and on experience and developments from elsewhere within the region, the Quality Project adapted a series of SOPs for Turkmenistan on topics such as use of the biological safety cabinet, refrigerator, freezer, and thermostat. The Quality Project also led the development and adaptation of 30 additional SOPs on diagnostic procedures for TB laboratories.

The table below details specific accomplishments related to improving the capacity within the TB care system in Turkmenistan in year two.

Table 12: TB Component Accomplishments related to Increased Capacity, Turkmenistan Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Improve the General TB legal and policy framework	• Contributed to NTP MDR-TB work plan development in collaboration with WHO • Provided input at a M&E system strengthening workshop organized by GFATM and United Nations Development Program (UNDP) • Contributed to the development of the national prikaz on TB Prevention and Treatment. Prepared four additional annexes to the prikaz: NTP structure, TB drug management, organization of laboratory services for TB diagnosis in Turkmenistan, and methodology of TB microscopy. • Provided TA to endorse national TB IC guidelines and facility TB IC plans	• Necessary NTP actions for furthering the MDR-TB work plan were defined. • Determined further actions needed for M&E Plan development • National prikaz # 109 was developed and approved. The prikaz is comprehensive and covers all aspects of TB prevention and treatment. Once approved, it will present all aspects of TB care and control in a unified manner and will be in closer accordance with internationally recommended strategies for TB care and control. • IC plans for TB facilities for all velayats were developed and submitted to the senior TB specialist at MOHMIT.
Improve and strengthen coordination between TB stakeholders and GFATM	Conducted regular joint coordination meetings with GFATM, NGOs, and WHO; Two meetings took place with TB partners to discuss and coordinate TB activities.	Quality Project and GFATM developed M&E work plan and M&E national guide for NTP and direction of cooperation in year three

Strengthen Laboratory Capacity	• Developed 30 SOPs on techniques and procedures for TB laboratory service • Adapted training materials for LED microscopy • Conducted training on LED microscopy for 13 people • Provided technical support to WHO in conducting a national level roundtable focused on quality management of laboratory work in March with the participation of 52 MOH officials and representatives from all of the major laboratories across the country. Partners had the opportunity to develop plans related to laboratory quality management issues, laboratory database design and implementation, and SOP development.	• This led to the strengthening of the regulatory framework for laboratory service in TB institutions in Turkmenistan. • Training materials available for Turkmenistan's upcoming implementation of the WHO recommendation for LED, which will replace Ziel Nielsen Microscopy. • Laboratory specialists have increased knowledge about LED microscopy. • At this roundtable, the project and WHO laid the foundation for moving ahead with implementation of the Quality Management System. Implementation will start in year three.
Strengthen CAH across the continuum of care.	• Participated in activities devoted to the World TB Day. Printed and distributed 1000 copies of TB materials • Supported five-day national ACSM workshop for 20 people.	• Population of Turkmenistan informed about TB issues • Protocol for future activities on further development of ACSM strategy provided to WHO and NTP, setting the framework for year three activities.

1.4.3 DATA

TB activities in Turkmenistan in year two also focused on improving the use of data for decision-making within the TB care system. The project provided technical support to national partners to strengthen their ability to manage the forecasting and ordering of TB drugs through a number of activities. The

Quality Project and WHO conducted a drug management ToT, which was focused on strengthening the training skills of participants. The curriculum also included all aspects of TB drug management in line with recently revised national guidelines on LMIS, which are pending endorsement by MOHMIT. This activity set the direction for the further implementation of the LMIS, in accordance with the revised national guidelines for the velayat level. At the request of national partners, the Quality Project trained key staff from every velayat in Turkmenistan in the use of the LMIS. These requests and subsequent training seminars demonstrate that the country is moving towards national implementation of a LMIS, which has been lacking in Turkmenistan.

TB faculty from Turkmen State Medical University (TSMU), the Quality Project national TB drug specialist, and the velayat drug management specialist conducted the first of a series of follow-up trainings on LMIS principles according to the revised national LMIS guidelines in the Dashoguz Velayat. The Quality Project regional drug management specialist collected data on first and second line drugs in Turkmenistan as part of a region-wide analysis of the shortfalls anticipated between MDR-TB cases, available drugs, and necessary funding. Additional training was also provided in year two to help partners understand how anti-microbial resistance arises and how to avoid creating a worse situation with MDR-TB.

The table below details specific accomplishments related to improving the use of data for decision-making within the TB care system in Turkmenistan in year two.

Table 13: TB Component Accomplishments related to Increased Use of Data, Turkmenistan Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen TB Drug Management	• Provided assistance in drug selection/procurement process through the participation in revision of essential drug list and standard treatment protocols, and TWG meetings. Per national partner requests, trained 57 key velayat staff members on TB drug management.	• This assistance in drug procurement and selection processes contributes to the country implementing processes to ensure quality assured drugs are procured. Ensuring that essential drug lists contain the correct drugs helps ensure countries have the most essential drugs available in-country. Availability of updated treatment protocols will help ensure doctors have the correct guidance available to help them successfully treat patients and avoid increasing drug resistance.
	• Conducted refresher training on implementation of LMIS for 56 district TB specialists.	• Medical specialists increased the level of their knowledge about drug management. • Medical specialists have increased the level of their

		knowledge on LMIS
Improve quality of TB reporting	Organized three training courses for a total of 60 TB facility managers on HIS	Increased knowledge among TB facility manager of HIS as related to the presidential decrees of September 2010 on HIS development and introduction of electronic governance

1.5 UZBEKISTAN

Increasing Capacity

In Uzbekistan, Quality Project support led to an increase in the number of microscopy labs performing external quality assurance for smear microscopy from 52 to 138, out of 317 labs in the country. Increased quality and reliability of laboratory diagnosis allows physicians to detect TB patients in a timely manner and treat them successfully.

Although the Uzbekistan Abt office was closed in year two due to the fact that Abt was unable to register with the Uzbekistan government, the Quality Project's TB team was able to negotiate the difficult bureaucratic requirements that need to be fulfilled in order to work in the country. This was facilitated by the fact that Project HOPE is registered in the country. The Quality Project team reached an agreement with MOH to link project implementation of many activities, as well as results reporting, with the Uzbekistan DOTS Center. The Quality Project TB component's work plan for 2012 was approved and signed by the relevant MOH officials as well as the manager of the GFATM PIU's TB component. The Uzbekistan Bank Commission approved the related budget.

In May, all activities except those related to laboratory, CAH, and TB IC were postponed at the request of USAID/CAR pending further guidance on the realignment of project strategies and activities. Several activities focused on QI, drug management, and TB/HIV were also cancelled.

Although the Quality projects team that is still working in Uzbekistan is able to conduct many activities, even beyond the TB sphere because of the Project HOPE registration and positive relations with national partners, the country context still presents real challenges. One example is the reporting of results from project pilot sites. The data given in this annual report is incomplete due to the high sensitivity related to TB/HIV and MDR-TB in Uzbekistan. The Republican DOTS Center was not able to provide TB/HIV and MDR-TB data to the Quality Project. Availability of such data would provide the project team with important information that could be used to work more closely with partners and assist them in the use of data for better decision-making.

1.5.1 ACCESS

The Quality Project's TB team in Uzbekistan implemented activities aimed at increasing the population's access to quality TB services. In year two, the project assisted NTP in developing national TB IC guidelines and implementing priority IC measures in in-patient and outpatient treatment settings. As a result, in year two, 17 PHC facilities and three TB facilities in Quality Project pilot sites began implementing internationally recommended IC measures to reduce the risk of TB transmission risk in health facilities. Access to TB diagnosis and treatment increased as more TB suspects were identified and referred for diagnosis, and eventually for treatment.

In quarter one, the Quality Project and Interagency Expert Council established a multidisciplinary team made up of representatives from both the governmental and non-governmental sectors to work with communities. The Quality Project conducted PRA training seminars for the members, who subsequently conducted PRA meetings in Quality Project pilot sites. As a result of these meetings, action plans were developed jointly with community members and PHC providers to address the problems identified during the PRA meetings. Based on these plans, the communities are now working with the population to organize meetings with health providers, conduct discussions on TB, raise awareness of TB, and render social assistance to the families of TB patients.

The Quality Project adapted and translated into Uzbek two modules on IPCC. The Republican Institute for Health and Medical Statistics approved the modules for use in IPCC training. These modules will help health care providers better relate to their patients and encourage patients to receive testing and treatment for TB and other illnesses.

The table below details specific accomplishments related to improving access to TB care in Uzbekistan.

Table 14: TB Component Accomplishments related to Increased Access, Uzbekistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Improve TB IC measures	Conducted TB IC training for health care workers and SES specialists; trained health workers from pilot sites then developed TB IC plans for their facilities, which are being implemented in collaboration with local SES representatives; Provided follow up monitoring to sites to observe implementation of TB IC measures	PHC facilities follow the TB IC plans to improve TB IC measures and reduce risk of TB transmission. As part of the IC training, the Quality Project introduced cough screening at the PHC level, which allowed for increased identification of patients who were being missed by the system. This increased screening has increased overall access to treatment.
Strengthen CAH across the continuum of care	• MOH approved the TB counseling flipchart, which was developed by earlier USAID and GFATM projects and adapted by the TWG with TA from the Quality Project. • Conducted workshop on the development of a national ACSM strategy at the request of national partners. After the workshop, Uzbekistan formed a TWG with key stakeholders and civil society, which is working on the development of a	• Tools will assist medical workers to improve counseling of patients and help ensure that a more patient centered approach is used in Uzbekistan. • Both a national ACSM and community PRA skills involve community leaders in identification of existing problems and in collectively developing and implementing action plans. Through this involvement community members have ownership of the plan and

	national ACSM strategy to cover TB, HIV, and TB/HIV. • Provided cascade training on PRA for 130 community leaders and medical workers to learn more about the population's needs related to TB detection and treatment • Trained 297 PHC nurses on IPCC. Trained TB nurses are conducting cascade training on counseling for PHC nurses. The PHC nurses began actively identifying TB suspects. With their help, 13 TB patients were detected in pilot sites.	its results. • Increased communication skills among medical workers will decrease stigma related to TB and improve patient-nurse interactions, and will thereby increase patient diagnosis and treatment adherence.

1.5.2 CAPACITY

The Quality Project in Uzbekistan works to increase the capacity of NTP and the PHC system to plan, implement, and monitor health care services for TB patients. In year two, the Quality Project provided training, supervision, and technical support to health care providers in pilot districts of Parkent, Chilanzar, and Samarkand, while involving representatives of several oblasts and cities of Uzbekistan in training courses. In total, the project trained 757 medical workers, laboratory staff, and community members on subjects including the Stop TB Strategy, laboratory EQA of microscopy, TB diagnostic algorithm and sputum collection, and counseling skills. In addition, the project conducted 36 monitoring visits to these pilot districts with representatives of the Republican DOTS Center, the Republican Specialized Scientific and Practical Medical Center of Phthisiology, and National Reference Laboratory. During monitoring visits, project staff and partners evaluated TB prevention, diagnosis, and treatment practices, and provided on-the-job training and recommendations on improvement of practices; all resulting in improved TB control practices, such as implementing cough screening at PHC facilities to detect TB suspects, improved collection of sputum samples and quality of smear preparation, improved management of TB drugs, implementing TB IC measures, and expanding DOT. In year two, the project also held multiple partners meetings, multiple TWG meetings, and World TB Day activities in coordination with WHO, the World Bank, Médecins Sans Frontières, and other TB stakeholders to address identified needs of TB control in country.

The table below details specific accomplishments related to improving the capacity of the TB care system in Uzbekistan.

Table 15: TB Component Accomplishments related to Improved Capacity, Uzbekistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen TB-related legal and policy framework	• Participated in TWGs related to GeneXpert, national ACSM guidelines,	• TWGs are functioning and formalizing the results of their activities (e.g. creating

	and national TB IC guidelines • Assisted MOH with ongoing national restructuring and optimization of the vertical TB system; linked to initiating TB financing reform. • Assisted in development of plan for relocation of patients following closure of TB hospitals, including provision of TA to address TB IC, DOT, drug management, and laboratory operation as related to the country's optimization process; discussed plan with national TB institute lead TB specialist • Provided recommendations to country partners on legal and regulatory changes required for implementation of national TB strategy. • Provided TA in preparation of drafts of new TB order. This is a comprehensive prikaz covering all TB prevention and treatment activities.	prikazes, developing working plans, manuals, and involved in CPG development). • Major optimization process is ongoing countrywide; TB Institute was closed for renovation and has been reopened; TB hospitals are undergoing renovations, and new sites for treating TB patients are being temporarily established. Capacity of quality TB service will increase due to improvement of infrastructure, health staff working conditions and practices, and patient access and comfort. • Quality Project recommendations assisted NTP to plan, implement, and monitor TB control measures nationwide. • The new TB order is currently under review by MOH. Once approved, it will present all aspects of TB care and control in a unified manner and will be in closer accordance with internationally recommended strategies for TB care and control.
Improve and strengthen coordination between TB stakeholders and GFATM	Planned and conducted joint activities with GFATM to address identified needs of TB control in the country: three e-TB manager training events, five activities devoted to World TB Day, and two working meetings	• Trained specialists started to use the e-TB Manager software in Tashkent city, Tashkent oblast and the Republic of Karakalpakstan to improve access to TB case management information at all levels that use this web-based software, thereby reducing time required for corrective

		decision-making. • Approximately 1,000 individuals participated in World TB Day activities; events in the Samarkand and Parkent districts were broadcasted and published in local mass media thereby increasing the general public's knowledge of TB issues.
Strengthen integration of TB care into the PHC system and improve the quality of TB detection and management	• Conducted 36 monitoring visits to pilot districts in partnership with Republican DOTS Center and National Reference Laboratory • Met with ten national and oblast level administrators and policy makers to share results of implementation of TB activities.	• This collaborative and inclusive approach is instrumental in achieving steady and sustainable improvement in the quality of health services. Supportive supervision visits improved practices, institutionalized change, and measured ongoing results to ensure that Uzbek citizens have continued access to higher levels of care. • Close collaboration between the Quality Project and health administrators helps address the weaknesses in TB care that were revealed during supervision visits to the district TB dispensaries and PHC facilities.
Strengthen laboratory capacity.	• Trained twenty laboratory technicians from the national, oblast, and district levels in microscopy. More smear-positive patients detected and treated in several locations, including Tashkent city polyclinics #8, #30, #34, #43, #44, #52. Total number of detected smear-positive cases in these six policlinics increased from eight in year two, quarter two to 21 in the third quarter after the training was conducted.	• Increased quality and reliability of laboratory diagnosis and follow-up of TB treatment allow physicians to detect TB patients in a timely manner and treat them successfully.

	• Trained 58 laboratory technicians from every region of Uzbekistan on EQA. Increased number of microscopy labs from 16% (52 out of 317) up to 43% (138 out of 317), which are now performing EQA for smear microscopy nationwide	• This training increases the laboratory network's ability to ensure reliable and quality diagnosis, but currently is in too early a phase of expansion to have yielded clear results.
Improve TB-related medical guidelines.	• Advocated for clinical guideline revisions that will provide PHC providers with clear guidance on use of new diagnostic methods, including GeneXpert. • In collaboration with partners, drafted guidelines that cover new diagnostic method and expanded scope of PHC services.	Early detection of TB has become available in the areas where GeneXpert machines have begun operating.

1.5.3 DATA

The Quality Project's TB staff in Uzbekistan worked with partners to increase their use of data in decision making, with many positive results in year two. In partnership with the USAID Quality Project, Uzbekistan's NTP secured a grant to receive pediatric anti-TB drugs for the next three years from the Stop TB Partnership's Global Drug Facility. For the first time in the country's history, health facilities will now be able to use the correct dosage to treat the nearly 2,000 children who suffer from TB in Uzbekistan every year. In the past, adult dosages were used to treat children: drugs were broken into pieces to estimate the correct dosage for children. Since dosages were based on estimates, it was difficult to ensure proper treatment for children with TB. To help assure Uzbekistan's successful bid, the Quality Project assisted partners in estimating the quantity of anti-TB drugs needed in Uzbekistan, developed a drug quality assurance plan, and prepared a drug distribution plan to ensure an uninterrupted supply of pediatric formulations for health facilities where pediatric TB cases are treated. Pediatric anti-TB drugs arrived in Uzbekistan in year two.

Improving Data Use

With Quality Project support, Uzbekistan's National TB Program secured a grant to receive pediatric anti-TB drugs for the next three years from the Stop TB Partnership's Global Drug Facility. For the first time in the country's history, health facilities will now be able to use the correct dosage to treat the nearly 2,000 children who contract TB in Uzbekistan every year.

The Quality Project provided TA in implementation of e-TB Manager by conducting training for IT specialists from the Samarkand and Tashkent Oblasts, and the Republic of Karakalpakstan. Training participants learned about e-TB manager software as a tool to help manage TB and MDR-TB programs, how to enter data about MDR-TB cases, and prepare TB drug management reports in the e-TB manager software. Implementation of e-TB manager is ongoing in the abovementioned regions.

The Quality Project provided TA and operational support for managing TB drug LMIS, ensuring uninterrupted supplies of anti-TB drugs and supplies at health facilities in the Parkent, Chilanzar, and Samarkand districts. The project conducted training courses and monitoring visits on a regular basis, and collected information about TB drug management, reporting and recording forms, movement of TB drugs at the PHC and TB facility levels, drug storage conditions, and expiration dates of TB drugs from PHC facilities and district TB dispensaries. Project staff and facility CQI teams discussed ways of improving the drug management system during meetings. For example, in Samarkand district there was an average 15-20 day delay before starting the continuation phase of treatment because there was bad communication between the TB hospital and PHC facilities. After CQI meetings, the time was reduced from 15-20 days to 3-5 days. The project conducted follow up monitoring visits in cooperation with the Republican DOTS Center.

In the third quarter of year two, the project stopped its TB drug management activities temporarily at USAID's request, pending further guidance on realigning project strategies and activities.

The table below details specific accomplishments related to increasing the use of quality data within the TB care system in Uzbekistan.

Table 16: TB Component Accomplishments related to Increased Data Use, Uzbekistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen TB drug management	Trained 139 health workers on TB drug management: Average scores in drug management skills rose significantly: pre-test results for the training were 28%; respective post-test results were 85%. DOT in the intensive and continuation phases has improved at all levels in Quality Project pilots. In year two, DOT in Quality Project sites increased from 29% to 74%.	Trained health workers have increased drug management knowledge and improved drug management skills. Doctors now prescribe and follow the correct regimen for treatment.

1.6 TB TRAINING STATISTICS, YEAR TWO

Country		Kazakhstan			Kyrgyzstan			Tajikistan			Turkmenistan			Uzbekistan			All Countries		
Field of Study Component	**Field of Study Subcomponent**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**
TB	PHC Level	1747	320	1427	919	42	877	679	196	483	18	8	10	388	69	319	3751	635	3116
	Legal & Policy	159	60	99	0	0	0	0	0	0	427	187	240	0	0	0	586	247	339
	Lab	349	92	257	15	0	15	63	7	56	13	2	11	79	17	62	519	118	401
	Drug management	181	24	157	18	4	14	162	46	116	138	47	91	133	26	107	632	147	485
	Hospital level	29	5	24	127	18	109	156	103	53	0	0	0	0	0	0	312	126	186
	CAH	593	162	431	478	41	437	391	156	235	120	49	71	313	33	280	1895	441	1454
Total		3058	663	2395	1557	105	1452	1451	508	943	716	293	423	913	145	768	7695	1714	5981

2. HIV

2.1 KAZAKHSTAN

2.1.1 ACCESS

The main purpose of the Quality Health Care Project's HIV activities in Kazakhstan in year two was to increase access of most at-risk populations (MARPs) to quality health care services in the frame of HIV prevention, care, and treatment through provision of training and technical support to NGOs and representatives of government health facilities.

During year two, the Quality Project coordinated all activities to respond to the needs of national partners including the Republican AIDS Center, oblast AIDS centers, oblast and city health departments, policlinics, and NGOs. The project also coordinated work with the USAID Dialogue Project, GFTAM PIU, CCM, and UNAIDS.

Improving Access

In localities with high concentrations of MARPs, coordination councils facilitated by the Quality Project are giving government and NGO partners a venue to discuss problems and devise solutions to increase HIV services for MARPs.

Despite the increase in sexual transmission of HIV in Kazakhstan in recent years, injecting drug using remains the main driver of the HIV epidemic in the country. Given this situation, in year two, the Quality Project conducted a number of activities including trainings, roundtables, and workshops for NGOs and health care workers to enhance their knowledge about HIV prevention, care, and treatment, in order to improve the quality of health care services and increase the range of services for MARPs, especially for people who inject drugs (PWID). Given US government restrictions on support for needle and syringe exchange programs, supporting medication-assisted therapy (MAT) and gender sensitive programming for female PWID issues were identified as project priorities in year two.

In target localities, the Quality Project, in collaboration with USAID Dialogue Project, negotiated and established official partner agreements with four outpatient clinics; within these agreements three coordination councils were formed in order to support sustainable working relationships between governmental and nongovernmental organizations, with the goal of improving the quality and increasing the range of health care services for MARPs.

In working with local partners in target localities to increase MARPs' access to services, absence of personal identification documents in Kazakhstan was identified as the main barrier to accessing health services in government health facilities. The Quality Project has worked with the Republican AIDS Center to clarify the legal and operational ability of state-funded social workers to provide services to those MARPs who do not have personal identification documents, and the creation of a TWG has been proposed as a means of addressing this complicated policy and technical issue with all stakeholders; the creation of this working group has received approval from MOH.

An additional challenge in enrolling MARPs into relevant HIV care is the low demand for HIV counseling and testing; despite stated willingness of primary care providers to work with MARPs, the number of MARPs presenting for care is low. Continuing to build the capacity of outreach organizations to

effectively reach MARPs and link them to care remains a priority, as addressed in the capacity section, below.

A number of planned activities, including continued support for clinical capacity in MAT (MAT Dialogues), training events including "HIV Prevention, Care, and Treatment in Prisons," and "Minimal and Enhanced Counseling Skills" were not implemented due to lack of USAID approval for the international expertise needed, as previously approved in the year two work plan.

The table below details specific accomplishments related to increasing access to high quality HIV care in Kazakhstan in year two of the Quality Project.

Table 17: HIV Component Accomplishments related to Increased Access, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Provide training for 107 NGO and health care workers on improved prevention, care, and treatment services for MARPS	Trained 27 individuals and prepared four national trainers - two for "Effective Management of HIV Prevention programs for Sex Workers" and two for "M&E for QI training for NGOs"	Cadre of national trainers prepared and available to increase capacity and advocate for increased access to services
Provide training to 132 health care workers, NGO workers, and government stakeholders on issues specifically related to PWID prevention and care, including MAT	Trained 75 individuals on issues related to expanding access to care for PWID, including 32 on MAT	Government and civil society have improved knowledge and competencies in caring for PWID; MOH has announced that MAT programs in Kazakhstan will be expanded.
Provide TA and support to expand resources and services available for PWID	• Roundtable on female PWID issues conducted with 33 participants • MAT client group formed in Pavlodar	• Roundtable resolution on expanding access for female PWID accepted by GFATM PIU and Republican AIDS Center; funding from GFATM provided for five NGOs to increase access to services. • Through training provided by the Quality Project, the client group has improved its fund raising capacity.
Provide support to commemorate World Health Days	• Held five informational sessions for 198 participants in two polyclinics in Almaty on World AIDS Day; • Provided support to World AIDS Day Festival; • On AIDS Memorial Day provided financial support to the Kazakh association of	Local partners (health care workers and general population) raise broad population and policy makers' awareness of HIV issues by marking World Health Days. More information about HIV reduces stigma and discrimination, and increases access of MARPs to services.

	people living with HIV (PLHIV) to implement a number of public awareness activities.	
Improve legal and policy environment for MARPs to access services	• Advocated for MARPs without official residencies receiving health care services. MOH responded by clarifying the legal status of social workers and their roles and relationships with health facilities that serve MARPs through a prikaz on social work in PHC and methodological recommendations. • Developed legal action plan for addressing re-documentation issues for MARPs • Creation of TWG on re-documentation issues approved • Supported the formation of three coordination councils (in Almaty, Temirtau, and Ust-Kamenogorsk) to create a forum for government and NGO partners to identify and find solutions for local barriers in policy and practice that affect MARPs' access to care	Relations and interaction between governmental structures and MARPs improved; access of MARPs to health care services increased

2.1.2 CAPACITY

The Quality Health Care Project's HIV component in Kazakhstan works to strengthen the capacity of organizations and institutions to plan, implement, and monitor services for HIV and MARPs through the provision of TA, training, and mentoring to HIV-focused NGOs and health care staff at entry point facilities. In year two, 113 individuals were trained, four national trainers prepared, and 198 health care workers were involved in informational sessions organized and conducted by the Quality Project. In addition, the Quality Project supported the attendance of two participants from the Republican AIDS Center at the XIX AIDS Conference in Washington, DC, enhancing their capacity to lead the HIV program in the country.

In year two, the Quality Project focused capacity building efforts on areas of high concentration of MARPs, in three cities in Kazakhstan – Almaty, Temirtau, and Ust-Kamenogorsk. The Quality Project provided HIV counseling and testing and interpersonal communication skills training for 129 doctors and nurses. In the course of training the participants enhanced their knowledge and skills in risk assessment

and creation of risk reduction plans. In addition, the Quality Project trained 96 health care workers on basic HIV and service provision for MARPs.

In year one, the Quality Project conducted operational research on "Analysis of legal and other barriers in obtaining funds from the state budget for the activities of NGOs on HIV/AIDS prevention in Kazakhstan." Project staff presented the results of the research in year two to national governmental and non-governmental partners and the Quality Project partnered with the NGO Association Zholdas from South Kazakhstan, which has a history of successfully winning and implementing state social contracts for HIV services, to conduct training for NGOs throughout four oblasts in Kazakhstan (Shymkent, Almaty, Karaganda, and Ust-Kamenogorsk). About 90 participants from 40 NGOs were trained to improve their capacity to apply for, and obtain, state social funding. With expanded funding becoming available, state social orders present a key opportunity for improving the sustainability of services. As an intermediate result of this training, four NGOs working directly with MARPs have received their first funding from the government.

Low interest among governmental structures to work with HIV NGOs is the main barrier for NGOs to expand the utilization of state social financing. With the aim of improving this situation, a framework of educational and advocacy activities to engage government structures has been developed, and its implementation is envisaged in year three.

A number of planned activities were not completed in year two, including mentoring of NGOs and entry point facilities to improve the quality of voluntary counseling and testing (VCT) and prevention services for MARPs, trainings on effective care for IDUs and their sexual partners, and support to the PLHIV community for organizational development, due to limited resources and lack of USAID approval of international expertise needed, as previously approved in the year two work plan.

The table below details specific accomplishments related to increasing the capacity of the HIV care system within Kazakhstan in year two.

Table 18: HIV Component Accomplishments related to Improved Capacity, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Provide TA to the PLHIV community to improve the efficacy of PLHIV organizations, including self-support groups	Supported attendance of seven participants from Almaty at a PLHIV summer camp in Kostanai	PLHIV community has greater capacity for self-support measures, including adherence support, and greater ability to advocate for its needs
Provide training for 235 health care workers at entry point facilities to improve the quality of VCT and prevention services for MARPs	• Conducted four VCT trainings for 129 health care worker • Trained 96 health care workers on HIV basic knowledge • Conducted technical sessions in five localities	PHC workers have improved knowledge and competencies in VCT and prevention for MARPs

Provide training to 185 NGOs and social support workers to improve the social/psychosocial aspect of the continuum of care for MARPs	Trained 11 NGO representatives on interim drug counseling strategy.	Basic counseling for IDUs improved

2.1.3 DATA

The Quality Project's HIV component in Kazakhstan has worked to increase the use of data in decision making as it relates to HIV treatment at the national level by working to institute procurement and supply management systems.

In year one, the Quality Project installed an anti-retroviral drug (ARV) forecasting software at the Almaty and Karaganda City AIDS Centers in order to improve procurement and supply management of ARVs. In year two, the Quality Project continued to provide TA to the Republican AIDS Center and select AIDS Centers on issues of ARV forecasting and procurement. The forecasting software is working effectively, but for true national impact on supply management between oblasts to be realized, a networked version of the software is needed and has been repeatedly requested by the Republican AIDS Center. However, the Quality Project has been unable to fulfill this request, due to restrictions on third country national consultant and travel approval. Per the direction of the President's Emergency Plan for AIDS Relief (PEPFAR) Regional Operation Plan (ROP), all responsibilities for this work will be turned over to the Centers for Disease Control (CDC)/SUPPORT Project for year three.

In year two, at the request of Republican AIDS Center partners and as a result of issues identified during ARV forecasting support activities, the Quality Project conducted an ARV procurement and supply management assessment, providing a report with recommendations to national partners. The Republican AIDS Center has requested the Quality Project to follow-up and present the findings to MOH; however, this activity has not been completed due to international expertise travel restrictions, and does not fit within the year three scope of work outlined in the PEPFAR ROP.

A number of planned activities, including follow-up assistance on and networking of ARV forecasting software and on strengthening of the ARV procurement and supply management system were cancelled due to lack of travel approval for relevant regional and international specialists scheduled to conduct this work.

The table below details specific accomplishments related to increasing the use of data for decision-making within the HIV care system in Kazakhstan in year two.

Table 19: HIV Component Accomplishments related to Increased Data Use, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Provide support to GFATM PR/PIU and other GFATM beneficiaries to increase the efficiency of GFATM spending	• ARV forecasting software installed and being utilized in two AIDS Centers: Almaty and Karaganda • 100% of patients on anti-retroviral therapy entered into the system in two	In Kazakhstan, ARVs are purchased only by the government; thanks to Quality Project interventions the government's purchasing mechanism is functioning more effectively and cost-efficiently.

	regions: Almaty City and Karaganda Oblast. • Assessment of ARV procurement and supply management conducted, report completed.	

2.2 KYRGYZSTAN

2.2.1 ACCESS

Throughout year two, the Quality Project continued to support increased access to care for MARPs through TA to national partners as they create improved policy and systems, including technical input on HIV for the development of the Den Sooluk national health care strategy and implementation plan.

In areas with high concentrations of MARPs, the Quality Project facilitated regular meetings of three locality coordination councils (LCCs), comprised of a total of 70 medical workers and NGO representatives. These LCCs worked to systematically identify barriers to MARPs accessing prevention, testing, care, and treatment, and set goals for improvement of MARPs' access to care within each targeted locality (Jalal-Abad, Kara-Suu, and Bishkek). In all three localities, LCC members agreed that the first priority task be formalization of the referral system to link MARPs to both public sector and NGO services; as a result, each LCC worked to develop a referral directory in agreement with all local service providers, which will eventually be submitted to MOH for approval to assure that all parties involved have both permission and accountability to refer and provide services as described in the directory. The finalization of the directories was put on hold in late August 2012 when MOH announced the restructuring of Republican AIDS Center and all Oblast AIDS Centers. This restructuring presents a significant barrier for the finalization and utilization of the directories, as referral mechanisms will be reshuffled with the new structure; therefore, finalization will be reconsidered when the restructuring is complete, and incoming international partner Health Systems 20/20 are able to provide the prescribed guidance on referral system construction.

On the national level, the Quality Project worked to strengthen national guidance and create mechanisms for increased advocacy among MARPs. As the HIV epidemic in Kyrgyzstan is concentrated among PWIDs, the project prioritized TA that would support expansion of services available for PWIDs as a key intervention. In order to address policy and standards governing harm reduction services, the Quality Project supported a national assessment, in collaboration with other international partners, to determine the strengths and weaknesses in the quality of harm reduction programs being implemented in Kyrgyzstan. Recommendations stemming from this assessment, which noted a need for significant refocusing of programs on HIV prevention services, were incorporated into the new National HIV Program for 2012-2016. In addition, Quality Project TA assisted in the formation of the country's first MAT client organization, which functions as both an advocacy platform for MAT clients and also allows more experienced MAT clients to provide psychosocial support and education to newer MAT clients.

Another major barrier to MARPs' access to services is lack of convenient, reliable HIV counseling and testing. Based on the expressed priorities of the Republican AIDS Center and the GFATM Grant Implementation Unit (GFATM GIU) to introduce oral rapid testing outside the medical setting, the Quality Project provided TA and coordination support for the development of national guidelines on implementation of rapid testing by NGOs. Additionally, TA was provided to GFATM GIU staff to conduct site assessments of 16 NGOs that had submitted letters to the GFATM GIU, expressing interest in implementing rapid testing. These assessments determined readiness to participate in Phase I of rapid testing rollout. In October 2012, the GFATM GIU, in collaboration with national partners, will

conduct trainings for NGO representatives on implementation of oral rapid testing in accordance with national guidelines; the Quality Project will not be involved in the provision of this training, per USAID's request. Additional assistance was also provided to the GFATM GIU to assess the supply chain of test kits, including changes that will need to be incorporated with the addition of rapid testing technology use by NGOs. Recommendations were provided and have been incorporated into GFATM GIU and Republican AIDS Center programmatic plans.

The table below details specific accomplishments related to increasing access to high-quality HIV health care services in Kyrgyzstan.

Table 20: HIV Component Accomplishments related to Increased Access, Kyrgyzstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Provide TA and support to expand resources and services available for PWIDs	• National Assessment of Quality of Harm Reduction services provided recommendations that were incorporated into National HIV Program 2012-2016. • One MAT client organization formed • Mentoring provided to NGOs on strengthening care for female PWIDs; Mentored NGO partners are employing family-based services for young female PWID with children. • Both international and local partners have adopted the training program "Overdose Prevention and Response and HIV Prevention" developed by the Quality Project. The Quality Project has prepared local trainers to provide cascade trainings on this topic.	• National HIV Program for 2012-2016 provides critical, nationally-owned guidance for the redirection and strengthening of HIV prevention services for IDUs. • MAT clients have a venue for group and psychosocial support, and also for advocacy for the improvement of MAT programs. • NGO partners are working to motivate their clients to engage in regular HIV testing; they provided gender sensitive reporting to donor and government organizations. • The training will continue to be implemented in the future, without the need for further USAID support.
Provide support to commemorate World Health Days	Participated in and supported national partners' commemorations of World AIDS Day and the International Day Against Narcotics, both of	Awareness of HIV-related issues among health care workers increased

	which included educational activities for health care workers.	
Improve legal and policy environment for MARPs to access services	• Framework for implementing rapid testing outside of medical settings (e.g. at NGOs) created by national partners to meet international standards, and following international guidelines. NGOs assessed and chosen for Phase I rapid testing rollout in a standardized and transparent manner. Quality Project provided TA for developing guidelines and conducting voluntary counseling and rapid testing assessment.	• The first MARPs-targeted rapid testing program in Central Asia is scheduled for introduction at 11 NGOs in October 2012 (program is financed by GFATM).
	• Three LCCs (Bishkek, Kara-Suu, Jalal-Abad) functioning and identifying key policy and practice barriers to MARPs accessing health services. The Quality Project, in close collaboration with MOH, facilitated the creation of the LCCs and conducted meetings with NGO and government partners to identify barriers and challenges to MARPs accessing health care services.	• Coordination and close cooperation between health facilities and NGOs enhanced access to medical services in target localities. Preliminary work on MARPs referral system complete, but on hold pending restructuring of AIDS centers.

2.2.2 *CAPACITY*

In year two, the Quality Project continued to support capacity building for government and civil society partners to provide higher quality health care services for MARPs.

Based on year one activities showing significant weakness in medical staff capacity to conduct risk assessments and appropriate HIV counseling and testing, the Quality Project prioritized capacity building for HIV counseling and testing in medical settings. A two-part training curriculum was developed to deliver sessions that would both enhance foundational knowledge of HIV and improve interpersonal communications skills for HIV counseling and testing for both doctors and nurses. After piloting the training for primary and secondary care providers in targeted localities, at the request of national partners, the IPCC portion of the curriculum was submitted for, and granted, MOH approval. The

curriculum is now available to be taught through master trainers at the Kyrgyz State Medical Institute for Continuing Education.

Increasing Capacity

- *1,143 frontline government health care workers have skills to communicate with and counsel those most at risk for HIV thanks to Quality Project training.*
- *After training provided by the Quality Project, four HIV NGOs applied for and received government financing for the first time.*

The Quality Project also provided TA in response to a year one request from the Republican Narcology Center to strengthen medical worker capacity to provide overdose prevention interventions for opiate users. These interventions have been shown internationally to be effective in engaging PWID in HIV prevention programs. The project trained 63 medical workers from primary and secondary health care facilities on the use of naloxone and other overdose prevention measures, as well as on how overdose prevention and reduced stigma and discrimination towards opiate users can promote HIV prevention and testing. The project provided additional training for 184 health care workers and NGO representatives on PWID care issues, including training on Hepatitis C co-infection and MAT for special populations (e.g. prisoners, pregnant women). The Quality Project conducted a national roundtable for 29 government and civil society participants on MAT outcomes from Kyrgyzstan's ten years of implementation experience. This roundtable provided a venue for national partners to plan activities for future MAT program implementation, including roles and responsibilities of government and NGO partners.

The Quality Project also provided requested TA to key civil society partners to improve services available for PLHIV. Three national trainings on anti-retroviral therapy support services were conducted for 45 NGO workers, specifically those working in target localities in Jalal-Abad, Osh, and Bishkek. National partners from the Republican AIDS Center facilitated discussions on country level implementation guidelines and availability of ARV and tests. The project provided further support to PLHIV groups in the form of TA to small groups and through one-on-one work with PLHIV organizations to aid in their development and professionalize their services for PLHIV. Participating organizations identified new activities that they would like to implement through this support; particularly the desire to implement high-quality peer counseling and peer navigation in the facility setting. Further follow-up training and mentoring, as agreed between the facilitator and local partners, was planned for July 2012, but was cancelled due to a USAID request to stop work on this topic.

To develop overall NGO partner capacity toward sustainability, the Quality Project conducted two strategic planning workshops for local partners, including 24 representatives from 14 NGOs under the umbrella of the AntiAIDS Association (an International HIV/AIDS Alliance partner), and five representatives from "Plus Center" NGO serving PWIDs. These trainings helped partners revisit their mission, identify strategic objectives and organizational goals, and develop a three-year action plan.

A number of planned activities, including those designed to build the organizational and technical capacities of PLHIV groups, to network ARV forecasting software, and to support clinical capacity in MAT, were not completed due to USAID requests to stop work on these issues, and/or because travel approval was not granted for the international expertise needed.

The table below details specific accomplishments related to improving the capacity of the Kyrgyz HIV health care services.

Table 21: HIV Component Accomplishments related to Improved Capacity, Kyrgyzstan, Year Two		
Work Plan Goal	**Accomplishments**	**Impact of Accomplishments**
Provide training for 137 representatives of NGO and health center facilities on improved prevention	• Trained 141 medical workers and NGO partners on effective management of HIV prevention programs for men who have sex with men (MSM) and commercial sex workers • Trained 53 NGO participants on WHO ARV clinical guidelines and 28 on M&E issues	Government and civil society partners have improved knowledge on delivering better services offered to MARPs, but monitoring visits demonstrated continued need for capacity building.
Provide TA to the PLHIV community to improve the efficacy of PLHIV organizations, including self-support groups	• Trained 53 representatives of PLHIV network and other NGOs working with PLHIV • Provided TA in improving the efficacy of PLHIV organizations, including self-help groups, adherence support, and greater ability to advocate for needs	PLHIV community improved own capacity for self-support measures, but requires further assistance to strengthen ability to advocate for its needs.
Provide training for 315 health care workers at entry point facilities to improve the quality of VCT and prevention services for MARPs	• Trained 203 health care workers from entry point facilities on IPCC, brief interventions for HIV, and basic harm reduction • Curriculum on IPCC for VCT with MARPs was approved by MOH. This training course on IPCC for VCT is now available for family physicians and nurses in Kyrgyz State Medical Institute for Continuing Education.	Health care workers have improved their basic HIV knowledge and enhanced their capacity in providing high-quality provider-initiated counseling and testing for MARPs.
Provide mentoring and on-going technical support to ten entry point facilities and relevant affiliated NGOs on QI of VCT and prevention services for MARPs	• Regularly provided ongoing mentoring and technical support to entry points • Conducted training on CQI for MARPS services for Bishkek targeted entry points (Family Medicine Center #6 and #16).	CQI plans for Bishkek entry points developed and implemented
Provide material support for entry point and NGO partners in localities to improve capacity	Distributed material support packages (basic office and administrative equipment) to	Entry points have used this office equipment for capacity building (training) of their staff.

to care for MARPs	entry points and other health facilities in localities	
Provide training for 100 health care workers on providing effective care for PWIDs and their sexual partners	Developed training modules on basic HIV, harm reduction, and overdose prevention and response	Kara-Suu Family Medicine Center (a targeted entry point facility) started providing ARVs on site for PLHIV and MAT for PWIDs
Provide training to 185 individuals from NGOs and/or social support workers to improve the social/psychosocial aspect of the continuum of care for MARPs	Trained seven representatives of NGOs working with PWID on "Pathways to Recovery" drug counseling strategy	NGO partners are able to provide drug counseling for MARPs.
Provide mentoring to at least six NGOs on improvement of support services for particular MARPs and MARP issues	Regularly mentored three NGOs including on-site mentoring of NGOs working with PLHIV and PWID.	Civil society partners have enhanced capacity in strategic planning and organizational management.
Provide training to 95 government and NGO stakeholders on PWID care issues, including MAT	Trained 184 government and NGO representatives	• Medical professionals from PHC system enhanced their capacity in the HIV prevention value of MAT • Both medical and civil society stakeholders improved their capacity in access to diagnostic and treatment of Hepatitis C.

2.2.3 DATA

The Quality Project engaged in the dialogue with international donor partners and provided TA to facilitate the improved use of data in decision-making, including in national reporting, drug and commodity forecasting, and use of EBM.

With availability of uninterrupted supplies of ARVs being critical to both HIV treatment and to prevention (through reduction of community viral load), the Quality Project continued to prioritize work with partners at the Republican AIDS Center and GFATM GIU to improve the quality of data being collected and used for ARV forecasting. ARV forecasting software, which was installed at Republican AIDS Center in year one, was installed at the Osh Oblast AIDS Center in year two and specialists were trained on data collection and entering and using information for the forecasting purpose. Additional TA was provided to the Republican AIDS Center team to assure the development of an accurate ARV forecast for 2013. National partners have requested this software to be scaled-up at all HIV facilities nationally; however, all responsibilities for this work will be turned over to the CDC/SUPPORT Project in year three, per the direction of the PEPFAR ROP.

With a focus on improving the use of data for decision-making by civil society partners, the Quality Project also provided a capacity building workshop for key NGO partners implementing GFATM grants to improve the use of strategic information, followed by mentoring to four NGOs based in Osh city that were identified as key organizations needing support. On-site meetings held in each NGO allowed for engagement of each organization's key staff in discussions, knowledge sharing, and transfer of skills

related to M&E. During on-the-job mentoring, project staff observed that there are continued issues that need to be addressed in order to increase the capacity of NGOs in development of strategic planning and M&E. These activities will be recommended for further focus in year as the Quality Project assists AIDSTAR in developing a capacity building plan for civil society partners.

Upon request from MOH, the Quality Project also supported the MOH's EBM Unit by providing basic training to two working groups on the development of CPGs/CPs. Through the training, ten medical specialists enhanced their capacity in core issues of EBM: design of clinical research and methodology of CPG/CP development, and evaluation tools of existing CPG/CP. The Quality Project continued building the capacity of the same working groups by conducting further two-day training on methodology development and evaluation of indicators. Draft clinical guidelines have been developed by the local TWG for narcology and sexually transmitted infections. Quality Project experts conducted technical review of them, and MOH approval is expected by the end of 2012.

In year two, the HIV team and partners also participated in preparation of the "Global Report on Realization of the UNGASS Declaration, Dublin Declaration and Universal Access to Diagnosis, Treatment, Care and Support."

The table below details specific accomplishments related to increasing the use of data within the HIV health care system in Kyrgyzstan.

Table 22: HIV Component Accomplishments related to Increased Data, Kyrgyzstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Assess CP/CPGs relevant to HIV, and facilitate the process of updating them, as necessary	• Trained ten doctors on core issues of EBM • Clinical guidelines on narcology and CPs on sexually transmitted infections (gonorrhea and syphilis) were developed.	Health care professionals improved their knowledge of EBM, design of clinical research and methodology of CPG/CP development, and evaluation tools for existing CPG/CP. Improved standards available to guide provision of care for sexually transmitted infections and narcology.
Provide support to GFATM GIU and other GFATM beneficiaries to increase the efficiency of GFATM spending	• Quality Project-supported National Adherence Plan incorporated into National HIV Program 2012-2016 • Provided training and continuing TA and support for use of ARV forecasting software. As of June 2012, 83% of ARV patients were entered into ARV software.	• Strategic plans are in place to improve ARV adherence for the first time in the history of Kyrgyzstan's HIV response. • National partners carried ARV forecasting for 2013, and the forecast has been sent to GFTAM PIU to ensure accurate ARV procurement.

2.3 TAJIKISTAN

2.3.1 ACCESS

The Quality Health Care Project's HIV activities in Tajikistan in year two were focused on increasing access to high quality health care services for PLHIV and for MARPs through provision of training and technical support to NGO and government officials.

As the HIV epidemic in Tajikistan is still driven primarily by injecting drug use, and US government-funded projects suffer restrictions on activities related to needle and syringe exchange, the Quality Project prioritized the expansion and integration of MAT services as a key intervention to reduce transmission amongst PWID. As a result of TA from the Quality Project, civil society is more engaged on PWID issues, actively providing services tailored to female PWID, and the first MAT client support group has been initiated.

The Quality Project has also been involved in increasing access to HIV testing, through advocacy and technical consultations with MOH on rational use of rapid test kits versus traditional laboratory-based testing.

Due to changing priorities within USAID, several activities related to work plan goals were cancelled, with the result that some goals related to expansion of resources and services available to PWIDs and related to improving the legal and policy environment for MARPs were hampered in year two. In particular:

- Assistance on overdose prevention, including continued cascade trainings for medical workers, and assistance to create a strategy for greater involvement of community in naloxone distribution.
- Due to ongoing negotiations on the Global Health Research Center subcontract and the nature of the work it was designed to do, the project team did not assess the legal status of social workers and their roles and relationships with health facilities that serve MARPs.

Despite these changes, the project has achieved much in the way of increasing access for MARPs this year, as detailed in the following table.

Table 23: HIV Component Accomplishments related to Increased Access, Tajikistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Provide support to National Narcology Center to integrate MAT services with other care services for PWIDs and PLHIV	• Supported the Dushanbe Opioid Substitution Therapy site in the National Narcology Center in integrating TB services (DOTS and TB counseling) into its services • Trained nurses from Dushanbe opioid substitution therapy site on DOTS program. • A TB specialist started to provide regular	TB services have become more accessible and convenient to MAT clients, who can now receive TB and substitution therapy in one place.

	consultations for opioid substitution therapy clients.	
Provide TA and support to expand resources and services available for PWIDs	• One MAT client organization formed with technical support from the Quality Project • Trained 45 MAT clients on peer treatment education • Held quarterly roundtables on female PWID issues • Provided limited on-going mentoring for NGOs on strengthening care for female PWIDs	PWID-servicing NGOs have increased technical capacity to serve MARPs, and an expanded range of services is available for PWID and MAT clients.
Provide support to commemorate World Health Days	Provided support to national partners in commemorating World AIDS Day, AIDS Memorial Day, and the International Day Against Narcotics	Local partners raised awareness of HIV issues among the general population with a resultant reduction in stigma and discrimination directed towards MARPs.
Improve legal and policy environment for MARPS to access services	• Supported the formation of two LCCs (in Dushanbe and Vakhdat) to create a forum for government and NGO partners to identify and find solutions for local barriers in policy and practice that affect MARPs' access to care • Produced situation report about the legal, policy, and practice barriers that prevent effective VCT by NGOs using rapid tests • Supported quarterly meetings of MAT advocacy group.	• Plans put in motion to challenge legal barriers to MARPs accessing high quality care. • Coordination between government health facilities and NGOs in target localities increased.

2.3.2 CAPACITY

The Quality Health Care Project's HIV component in Tajikistan works to strengthen the capacity of organizations and institutions to plan, implement, and monitor services for PLHIV and MARPs through the provision of TA, training, and mentoring to HIV-focused NGOs and health care staff at entry point facilities. In year two, the Quality Project focused capacity building efforts primarily on target localities, where high concentrations of MARPs are located and heavily utilize government and NGO services. Project staff have found that health care workers at these localities often have very low knowledge of HIV and harm reduction topics, requiring the project to provide basic HIV and VCT training courses. Over 300 health care workers were trained on HIV and service provision for MARPs, with a focus on

building skills in VCT and IPCC for risk assessment and the creation of risk reduction plans. More in- depth training will be held in year three to build upon these skills.

Improving Data Use

Thanks to Quality Project technical assistance, ARVs stocks are tracked using specialized software, assuring that medication forecasts are accurate and there's always medication left in stock in the right facilities.

In year two, the project also trained 140 individuals on PWID issues, including MAT. The project provided additional TA in the form of mentoring and expert consultations to increase acceptance and understanding of MAT by the mainstream medical community. As a result, the number of MAT clients has continued to rise, and the Dushanbe MAT clinic now has a waiting list for clients, necessitating further action to advocate for an increase in the number of spots available. Project staff provided technical support to the community serving PLHIV, including PLHIV groups as well as NGOs who provide programming for PLHIV. The project provided capacity building to NGOs and government partners on effective management of HIV-prevention programs for commercial sex workers, MSM, and PWID. Other NGO trainings covered ARV adherence support and organizational planning to improve the quality of services provided by PLHIV initiatives to provide advocacy, education, and psychosocial support services in the PLHIV community.

Also in year two, the Quality Project provided TA to NCC, including: management of the NCC website; assistance in preparation of the country application to the TFM on HIV, TB and Malaria; M&E and other assistance to NCC in preparation of reports; and support of the NCC's Grant Management Solution Group, TWG on harm reduction, and the GFATM Office of Inspector General mission.

Two HIV resource centers were opened at Dushanbe city health centers in order to help medical staff learn more about HIV and its stigma, and thereby improve the quality of medical services they are able to provide to PLHIV. These centers have become active bases for dialogue and research. Roundtable discussions between representatives of HIV-focused NGOs and medical practitioners are conducted in the centers, as are short training events for constant improvement of clinical skills and knowledge, and stigma and discrimination reduction activities. City health center managers also now conduct computer literacy and Internet use courses for those physicians who do not possess such skills.

A number of planned activities were not completed due to changing USAID priorities, which included verbal and written requests from USAID/CAR to stop work on certain topics, and also restrictions on travel of experts who were necessary to complete activities. The list of incomplete activities includes:

- Following a USAID request to stop work on rapid testing in Kyrgyzstan, all rapid testing-related activities in Tajikistan were put on hold, and therefore no training on rapid testing was conducted.
- Extended negotiations on the scope of work for the subcontract with the Global Health Research Center led to significant delays in development of MARP counseling materials. Therefore, trainings were not completed as planned.
- Guidance from USAID to cease CQI activities reduced the project's ability to achieve goals related to introduction and support of CQI for MARP services.
- Guidance from PEPFAR that PEPFAR CAR will not focus on migrants also led to failure to meet the project's initial year two goal of working with GFATM's "Friendly Clinics."

- Due to ongoing negotiations on the Global Health Research Center subcontract and the nature of the work it was designed to do, trainings on minimal counseling skills for NGOs and other social support staff were not conducted as planned.

Quality Project work on QI of VCT services in target entry point facilities has been hampered by a lack of rapid test kits in Tajikistan, which prevents facilities from effectively implementing VCT. The Quality Project intends to address the systematic issue of the rational use of HIV test kits under work planned in the ROP in year three.

The Quality Project has also found that paid diagnostics in accordance with MOH prikaz #600 create significant barriers and disincentives for MARPs to receive care. While the prikaz does allow for free services for PLHIV, they have to declare their HIV positive status to medical workers in order to receive these services under the Basic Benefit Package.

Payments to individual medical providers by other international projects continue to undermine the Quality Project's approach to sensitizing physicians and nurses to MARP issues. These extra payments instill a sense that only health care workers who are paid extra are responsible for treating MARPs. This issue requires stronger donor coordination and agreement.

The table below details specific accomplishments related to improving the capacity within the HIV health care system in Tajikistan.

Table 24: HIV Component Accomplishments related to Improved Capacity, Tajikistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Provide training for 97 NGO and health care workers on improved VCT and prevention services for MARPS	Trained 119 individuals; 18 NGO representatives were trained on effective management of HIV prevention programs for MSM and commercial sex workers and on M&E; Health care workers were trained on basic VCT.	• Trainees have increased knowledge and competencies on VCT and prevention for MARPs. • From the initial trainings for health care workers, project staff learned that they need further training on HIV basics. The trainings described in goal #3, below, were the result of this information. In year three, the project will conduct trainings on deeper IPCC and VCT.
Provide TA to the PLHIV community to improve the efficacy of PLHIV organizations, including self-support groups	Trained and mentored 30 representatives from PLHIV organizations	PLHIV community has greater capacity for self-support measures and greater ability to advocate for its needs.

Provide training for 285 health care workers at entry point facilities to improve the quality of VCT and prevention for MARPs	Trained 280 health care workers in a combination of HIV basics and basic VCT	PHC workers have improved knowledge and competencies in VCT & prevention for MARPs.
Provide mentoring and on-going technical support to ten entry point facilities on QI of VCT and prevention services for MARPs	Locality coordinators and local trainers/consultants provided ongoing mentoring to entry points quarterly.	Facilities have begun to implement sustainable systems for quality VCT and preventive services for MARPs.
Provide material support for entry point and NGO partners in localities to improve capacity to care for MARPs	• Worked with other partners to assess the need for printed informational materials on HIV and facilitated the provision of these to entry point facilities • Created and distributed flip chart with basic risk assessment and VCT to providers • Provided targeted support packages to each partner entry point. • Equipped two resources centers with furniture, computers, and other equipment, which facilitate access to evidence-based information on HIV via Internet	• Partners are able to utilize necessary materials (durables and IEC) to improve care for MARPs • Flip charts (counseling booklet) developed; 100 copies distributed • Entry points received targeted support to improve the quality of services and function on particular issues. • The centers provide a place for representatives of HIV-focused NGOs and their clients, to meet and have dialogue with medical practitioners in order to move towards better treatment provision for MARPs.
Provide training for 100 health care workers on providing effective care for PWIDs and their sexual partners	• Trained six health care workers and representatives of NGOs working with PWIDs on "Pathways to Recovery for NGOs" for use as an interim drug counseling strategy • 20 health care workers trained on HIV "Prevention, Care, and Treatment for Female MARPS" training. • Developed a training module on harm reduction for family doctors with Central Asia HIV/AIDS Program (CARHAP) and MOH. Currently discussing	• Trainees are able to provide drug counseling for MARPs. • Health care workers were introduced to harm reduction programs with an emphasis on gender sensitive issues.

	introduction of the module into the curriculum of undergraduate family medicine departments and at the Post Graduate Medical Institute's Family Medicine Clinical Training Centers with MOH	
Provide mentoring to at least six NGOs on improvement of support services for particular MARPs and MARP issues	Four NGOs mentored regularly, including: • Nine representatives from NGOs trained on advocacy and media skills • On-site mentoring by international experts on improving care for female PWIDs • Ongoing educational sessions for MAT clients supported through MAT Client Initiative Group, covering MAT enrollment, adherence, and treatment challenges	NGOs received targeted support to improve the quality of services and function on particular issues.
Provide training to 380 government and NGO stakeholders on PWID care issues, including MAT	Trained 140 individuals to improve capacity to provide services for PWID and MAT clients.	• Government and civil society partners have improved knowledge and competencies regarding medical and psychosocial needs of PWID to prevent HIV. • A wider range of medical professionals outside of the Narcology Center educated about the HIV prevention value of MAT.

2.3.3 DATA

The Quality Project's HIV component in Tajikistan has worked to increase the use of data in decision-making as it relates to HIV treatment at the national level by working to institute procurement and supply management systems. Because GFATM is the primary funding mechanism for HIV services in Tajikistan, and recognizing the global PEPFAR priority of collaboration to improve the function of GFATM grants, the Quality Project focused in two key areas related to GFATM procurements: ARV forecasting, and supply management for all HIV-related medications and commodities.

In year one, the Quality Project installed ARV forecasting software at the Dushanbe City AIDS Center, in order to improve procurement and supply management of GFATM-procured ARVs. The software was well received, and in year two, with quarterly mentoring from Quality Project specialists, national partners have quickly developed competencies in forecasting, and are using the software regularly and

effectively. The National AIDS Center has formally requested a networked version of this software that can be scaled-up to all HIV facilities nationally; however, the Quality Project has been unable to fulfill this request, due to restrictions on third country national consultant approval and travel approval. Additionally, some challenges remain in achieving ideal forecasts related to strained communications between the GFATM PIU and the National AIDS Center; the Quality Project has worked to facilitate this relationship and assure that procurements are based on available data.

At the request of GFATM PIU, the Quality Project also conducted a rapid assessment of supply management, including warehousing and transportation of commodities. The assessment uncovered numerous serious shortcomings in supply management, and the results have been used by PIU to develop a comprehensive quality assurance plan, which is currently awaiting MOH approval.

The table below details specific accomplishments related to increasing the use of data within the HIV health care system in Tajikistan.

Table 25: HIV Component Accomplishments related to Increased Data Use, Tajikistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Provide support to GFATM PR/PIU and other GFATM beneficiaries to increase the efficiency of GFATM spending	• Provided training and networking of ARV forecasting software to city and oblast AIDS centers • Provided quarterly TA to build national partners capacity to utilize software • ARV software being used actively in the National AIDS Center and Dushanbe City AIDS Center; 97 % of all patients in these facilities are currently enrolled in the software. • Quality Project consultant conducted a rapid assessment of supply management, including warehousing and transportation of GFATM products, and provided detailed recommendations.	• ARV stock-outs are reduced, and appropriate medication supplies are available at the right facilities, contributing to reduced mortality of PLHIV on ARVs. • Based on recommendations from the assessment, UNDP developed a quality assurance plan and submitted it for MOH approval.

2.4 TURKMENISTAN

2.4.1 ACCESS

To increase access to critical HIV services, the Quality Project continued to work in coordination with international and local partners, including MOHMIT, WHO, United Nations Office on Drugs and Crime (UNODC), UNFPA, and UNAIDS Turkmenistan to implement activities in three drop-in centers located

at the Abadan HIV/AIDS Center, in the Lebap velayat, at Turkmenabad city's narcology hospital and in the city of Ashgabat's House of Health # 9.

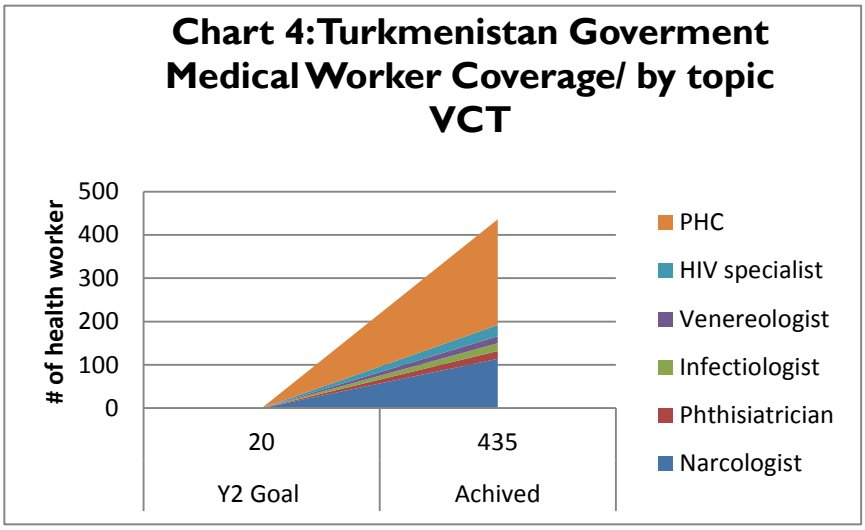
Throughout year two, the Quality Project contributed to the creation and approval of the next National HIV Program (2012-2016), which was approved on April 12, 2012. Project support included participation in the joint MOHMIT-UNDP/WHO HIV National Strategy Approval Meeting, as well as support in the development of the guidelines "M&E of the National Response to HIV," under the auspices of the Joint Initiative of the UN Agencies and MOHMIT.

Following the development of the M&E conceptual framework, a process was initiated for approval of indicators, coordination of information sources, methods of data collection, calculation of indicators, and definition of information flows. This work has been entrusted to MOHMIT and CCM, though the Quality Project will continue to provide technical consultation, as necessary.

2.4.2 CAPACITY

While the next National HIV Program (2012-2016) lays the groundwork for increased access to HIV services, the capacity of health care workers and other key actors in Turkmenistan remains limited. Of particular importance is expanding access to reliable HIV counseling and testing.

In response to this need, the Quality Project conducted "Basics of Counseling on HIV/AIDS and HIV Counseling and Testing" training courses for 435 health workers in the Akhal and Lebap velayats, and in the city of Ashgabat. The targeted audience included both MARP service specialists from AIDS centers and narcology centers, and also PHC workers who regularly encounter PWID and commercial sex workers. As an intermediate result, anonymous testing in the Akhal velayat increased by 1.7%, for the period of January 1, 2011 to September 1, 2012.



In addition, in order to build the small but important role of civil society in Turkmenistan's HIV prevention response, the Quality Project provided training directly to MARPs to increase awareness of HIV risk. The project conducted the trainings "Pathway to Recovery" and "Preventing Alcohol and Drug-related Sexual Risk-taking Behaviors and HIV Transmission" for 61 MARPs in the Akhal and Lebap velayats, and in the city of Ashgabat. These trainings focused on providing evidence-based, international best-practice strategies, and provided MARPs with the skills to utilize "patterns of behavior" to mitigate HIV risk. As a result of the trainings, most participants reported giving informed consent for HIV testing, and are now aware of their status. An additional 13 outreach workers (including PWID and their family members) were trained in the basics of peer consultation.

In order to build sustainable mechanisms for increasing HIV response capacity in Turkmenistan over time, the Quality Project engaged in a joint collaboration with UNODC to develop a draft module for "Integration of social, medical, and legal aspects of HIV prevention and treatment for vulnerable populations," which will be utilized for professional educational systems in Turkmenistan, as well as in other CAR countries and Azerbaijan. This curriculum will be submitted to MOHMIT for approval and will be used at TSMU, the Police Academy, and other institutions of higher education for pre-service education.

2.4.3 DATA

In order to encourage better use of evidence-based data for Turkmenistan's HIV response, the Quality Project participated in the National HIV Group Coordination and Review Meetings. This group is charged with developing the country's HIV prevention, treatment and care guidelines. A total of five HIV protocols were developed and submitted to MOHMIT for approval.

The table below details specific accomplishments related to increasing the use of data within the HIV health care system in Turkmenistan.

Table 26: HIV Component Accomplishments related to Increased Data Use, Turkmenistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Engage in the national strategic response to HIV prevention with key local and development partners	• National HIV Strategy approved by MOHMIT on April 12, 2012; developed with Quality Project TA • Developed HIV prevention, treatment, and care guidelines and five HIV protocols and submitted to MOHMIT for approval. • Draft Module for "Integration of social, medical, and legal aspects of HIV prevention and treatment for vulnerable populations," for professional educational systems in Central Asian countries and the Republic of Azerbaijan developed with Quality Project TA.	• Turkmenistan has a policy in place to guide the HIV response to better target MARPs and expand HIV testing in 2012-2016. • Updated guidelines are available to medical providers to encourage high-quality care for MARPs, including the expansion of HIV testing and improved rates of knowledge of status for MARPs. • Turkmen professionals will now be taught using a standardized, internationally accepted curriculum to encourage integration of HIV services for maximum benefit of MARPs.
Raise awareness of HIV prevention issues among health care workers, including the role of MAT in HIV prevention	Conducted basics of counseling on HIV/AIDS and HIV Counseling and Testing training courses for 435 health workers	In the Akhal velayat anonymous HIV testing increased by 1.7% between January 1, 2011 and September 1, 2012.

	in the Akhal and Lebap velayats.	
Provide training to MARPs and outreach workers to improve knowledge of HIV prevention	Trained 61 MARPs and 49 outreach workers in "Pathway to Recovery," "Preventing Alcohol and Drug-related Sexual Risk-taking Behaviors and HIV Transmission," and HIV Infection Prevention and Treatment among Vulnerable Populations" in the Akhal and Lebap velayats and in the city of Ashgabat House of Health #9 drop-in centers.	MARPs and outreach workers have increased skills to mitigate HIV risks, and MARPs have increased their rates of voluntary, patient-initiated HIV Counseling and Testing.

2.6 UZBEKISTAN

Despite limitations to Quality Project activities due to Abt's lack of registration in Uzbekistan, the project's HIV component managed to work with country and international partners to advance a strategic approach to HIV prevention, care, and treatment for MARPs, as detailed below. However, in quarter four, the Quality Project in Uzbekistan was asked to stop activities in HIV, as USAID developed options for the project's further engagement and support.

2.6.1 ACCESS

In year two, the Quality Project provided technical and financial assistance to the Uzbekistan government to help extend access to high-quality HIV care to MARPs through various policy instruments. Beginning in quarter one of year two, the project assisted the Uzbekistan MOH TWG in assessing the country's "National Strategic Program to Fight HIV for 2007-2011." The Quality Project, along with national partners, found that information gaps existed that did not allow for proper data analysis to guide the decision-making process. The Quality Project offered to provide support for further data analysis and development of survey instruments; however, government approval was not granted for these follow-on activities at the time. Despite limitations in data to assess the effectiveness of the previous program, the Quality Project provided technical and financial support to the Uzbekistan National AIDS Center for the development of a new "Strategic Program on HIV/AIDS for 2012-2016."

Per the Quality Project's USAID-approved work plan for year two and previous USAID requests, the HIV team initiated negotiations with GFATM to collaborate on HIV-related activities in Uzbekistan. As of quarter three, GFATM and the Quality Project had selected specific areas of potential collaboration, including ARV forecasting, TA in procurement and supply management, improving adherence to ARV, and trainings on management of

Better Services for HIV and TB Patients

Irina Brusnetsova, Director of the Tashkent TB Dispensary, has more than 29 years of experience working with tuberculosis (TB) patients. However, she rarely coordinated with other health care clinics that provide broader services for her patients, and she did not have access to information about HIV or other health issues beyond TB to share with her patients.

That changed when Irina participated in a USAID-funded training for health care providers on the importance of treating HIV and TB co-infection. At the training, health care workers learned more about HIV, TB/HIV co-infection, and the importance of adhering to treatment. Worldwide, TB is the leading cause of death for people with HIV. In Uzbekistan, co-infection is a serious public health threat as the country has the highest rates of HIV/AIDS and drug-resistant TB in the region.

"Before this training, when I encountered patients with HIV/TB co-infection, I didn't pay much attention to collaboration with HIV services. Usually, I would refer patients who complained of coughing, fever, weight loss, and sweating to the AIDS Center. Now, I understand how important it is to combine HIV and TB services together. By working together it's possible to overcome multi-drug resistant TB."

Now Irina has new hope when treating her patients. "I provide confidential counseling to patients on HIV and TB treatment adherence, and I also help them to adopt a positive attitude toward life. Indeed, while receiving anti-retroviral therapy and TB treatment, it's possible to live an ordinary life, to work, and be with family.

HIV prevention programs among PWIDs, commercial sex workers, and MSM. However, negotiations were halted after USAID requested that the Quality Project cease HIV activities in Uzbekistan.

The table below details specific accomplishments related to increasing access to care within the HIV health care system in Uzbekistan.

Table 27: HIV Component Accomplishments related to Increased Access, Uzbekistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen the strategic approach to HIV prevention, care, and treatment for MARPs	• "National Strategic Program to Fight HIV Infection in Uzbekistan in 2012–2016" developed and submitted to MOH for approval with project TA • "ID and HIV" national conference in Andijan held for over 200 participants, with support from the Quality Project.	National Program provides a framework for focusing HIV programming on MARPs and their key prevention, care, and treatment needs.

2.7 HIV TRAINING STATISTICS, YEAR TWO

Country		Kazakhstan			Kyrgyzstan			Tajikistan			Turkmenistan			Uzbekistan			All Countries		
Field of Study Component	**Field of Study Subcomponent**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**
HIV	Outreach/NGOs	130	49	81	165	65	100	312	139	173	25	11	14	0	0	0	632	264	368
	System Entry Points	1504	452	1052	384	65	319	908	328	580	1649	554	1095	0	0	0	4445	1399	3046
	Legal &Policy	155	42	113	205	65	140	307	173	134	630	230	400	0	0	0	1297	510	787
Total		1789	543	1246	754	195	559	1527	640	887	2304	795	1509	0	0	0	6374	2173	4201

3. MATERNAL AND CHILD HEALTH (MCH) AND FAMILY PLANNING (FP)/REPRODUCTIVE HEALTH (RH)

3.1 KAZAKHSTAN

In year two, the Quality Project focused on institutionalizing MCH and FP/RH QI and building national capacity to provide quality MCH services and to collect, analyze, and utilize information for decision-making at all levels of the system. Using a project-developed clinical mentoring training package, the Quality Project strengthened the capacity of national mentors in Almaty and Astana MCH centers to mentor health providers across Kazakhstan. In addition, the Quality Project conducted activities as part of the project's final work in Kyzylorda Oblast to:

- Build hospital providers' capacity to implement effective perinatal care (EPC) approaches;
- Enhance the oblast training center's capacity to train health providers;
- Introduce QI processes in major health facilities; and
- Help identify strategic next steps for improvements at the oblast level.

Increasing Access

Quality Project interventions resulted in significant decreases in postpartum hemorrhage rates: from 4.9% (April 2011) to 1.5% (Nov 2011) in pilot facilities in Tajikistan; and from 2.6% (Jan-Jun 2011) to 1.4% (Jan-Jun 2012) at the Kyzylorda Perinatal Center in Kazakhstan.

The Quality Project actively supported the MOH initiative to develop a new MCH/FP/RH Strategic Roadmap (conceptual plan) for the country. The new conceptual plan builds upon the National FP/RH Program developed earlier with Quality Project support and aims to improve FP/RH through a comprehensive approach, which includes the development and inclusion of a FP/RH training module in postgraduate education.

3.1.1 ACCESS

To improve access to quality MCH services, the Quality Project worked with MOH to complete work on revising an antenatal care (ANC) training module, strengthen mentoring skills of national EPC mentors to support ANC/EPC improvements in all oblasts, and improve the quality of services provided by inpatient and outpatient health facilities in the Kyzylorda Oblast.

12 national experts representing Astana and Almaty National MCH Centers, Almaty, Astana and Karaganda Medical Academies, and the Almaty Post-Graduate Institute for Physicians revised the ANC training module over a two-year period with input from rank-and-file practitioners. WHO experts provided external review. The overall process was conceived, organized, and supported by the Quality Project in coordination with WHO and in close collaboration with Kazakhstan Association of Sexual and Reproductive Health. The training module will be used for under- and post-graduate medical education and is consistent with WHO recommendations and national CPs. The module includes the ANC clinical training program and CQI tools and methodology tested and implemented with Quality Project support in Kyzylorda Oblast. The ANC training module has been revised and submitted to MOH for approval.

The Quality Project supported the Kyzylorda Oblast Health Department's efforts to implement the EPC program through training and follow-up mentoring in health facilities. To support two urban maternity hospitals (covering 80% of the oblast's population) and three maternity wards (rural) in Kyzylorda

Oblast to improve perinatal care quality, the Quality Project organized an EPC training followed by mentoring visits to five pilot sites in the oblast. The training was led by international trainers and supported by national trainers and Kyzylorda Training Center staff. An ANC training course was provided to 23 PHC workers. A total of 72 medical workers (obstetricians, midwives, nurses, neonatologists, PHC workers, and teachers from the nursing college) improved their theoretical knowledge and practical skills through the above trainings.

The above interventions were implemented through a coordinated planned process and cost share with the Kyzylorda oblast health department in order to increase the commitment of health managers and practitioners to sustain improvements.

The head of the Kyzylorda Oblast Health Department was quoted by the *Central Asia Monitor* newspaper as saying that the successful collaboration of USAID and Kyzylorda oblast health department to adopt a patient-centered approach and improve service quality is bearing results: with the introduction of EPC the number of abnormal pregnancies has decreased 2.5 times, while post-partum hemorrhages and hospital-acquired infections have decreased twofold in the last three years.

The EPC monitoring data collected by the Kyzylorda Oblast EPC coordinator using standard monitoring instruments is summarized in the table below:

Table 28: MCH and FP/RH Component Accomplishments related to Increased Access, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Improve the quality of ANC and institutionalize improvements and CQI processes in ANC clinical practice	• Quality Project-led working group completed revision of the ANC module; currently undergoing MOH's internal approval process. • Conducted ANC training and follow-up mentoring for 23 health workers from maternity hospitals and women's consultations in Kyzylorda. These interventions resulted in the following improvements at the Kyzylorda City Polyclinic #6: o Referrals of pregnant women to birth preparedness schools increased by 30% compared to the previous quarter. o 90% of outpatient cards over a nine-month period in 2012 had	• After approval, the revised ANC training module will be introduced in under- and post-graduate medical education. The module includes CQI tools and methodology for ANC and FP/RH. • Birth preparedness schools are instrumental to educating women on childbirth, essential newborn care, and danger signs during pregnancy and in the postpartum period. • Gravidograms are used to monitor fetal growth and identify individual women at

	gravidograms, against a baseline of 40% for a similar period in 2011. o Prescription of non-evidence-based drugs decreased.	risk of delivering low birth weight infants. These women can be referred to hospitals where intrapartum and neonatal care can be given to low birth weight infants, thus contributing to a reduction in perinatal mortality. • Non-evidence-based drugs can have potentially harmful effects on the fetus.
Improve quality of perinatal care at hospital level by supporting implementation of EPC in Kyzylorda Oblast	• Conducted EPC training in Kyzylorda and EPC follow-up mentoring with cost sharing by local government. • Identified management of PPH, preeclampsia, and newborn asphyxia as problem areas; addressed these issues during EPC training in Kyzylorda. • In Kyzylorda city maternity hospital and oblast perinatal center, induced deliveries decreased from 4.7% (2011) to 4.3% (2012) and from 8.3% (2011) to 6.2% (2012), respectively. • Comparative statistics of Kyzylorda perinatal center for the first six months of 2011 and 2012 show a decrease in severe preeclampsia from 14.6% of all hypertensive disorders to	• Cost sharing by the oblast health department demonstrates ownership and commitment to implementing EPC, ensuring that interventions in Kyzylorda will continue after Quality Project support has ended. • Maternity hospital staff developed internal protocols and treatment algorithms for these conditions, cutting down response time during emergencies. • Induction of labor without proper indications can cause fetal distress and is associated with worse outcomes and higher rates of delivery by cesarean-section. This decrease suggests an improvement in management of normal deliveries through effective use of partographs and a corresponding reduction in unnecessary or harmful interventions. • These decreases indicate an improvement in the management of preeclampsia and effective active management of third stage of labor to decrease postpartum hemorrhage.

	8.2%, and a decrease in postpartum hemorrhage from 2.6% to 1.4%.	
Improve quality of management of obstetric emergencies	Discussed the issue of strengthening EmOC quality with national EPC mentors; agreement on the necessity to address the issue achieved.	Further activities on revising the EmOC training course are planned in year three.
Improve quality of perinatal care at hospital level by supporting implementation of EPC in Kyzylorda Oblast	EPC and EmOC strategic planning meeting conducted; next steps for EPC rollout and establishing an EmOC referral system within the oblast determined. As a result of the Quality Project's efforts, the strategic plan for EPC implementation in Kyzylorda Oblast includes a referral system for obstetric emergencies aimed at improving access to EmOC.	Following the meeting, a referral system for obstetric emergencies is being organized and made operational.

3.1.2 CAPACITY

In year two, the Quality Project made a focused effort to build local capacity to continue implementation of EPC nationally and provided continuous support to national EPC trainers to assist oblasts in implementing and expanding EPC. The project conducted two MCH clinical mentoring trainings for 16 national trainers in Astana and 13 trainers in Almaty. These trainers conduct regular visits to assigned oblast perinatal centers to monitor EPC implementation on-site using standard clinical mentoring/monitoring tools and provide technical support in the form of refresher lectures, master-classes and skill practicing sessions as needed. The clinical mentoring training focused on developing supportive supervision skills, and encouraged mentors to move away from the existing punitive supervisory system. Participants of the training then conducted ANC and EPC training and follow-up mentoring in the Kyzylorda Oblast.

To advocate for QI approaches in MCH and FP/RH nationally, the Quality Project made a presentation on MCH QI during a national video conference call organized by MOH. All 14 oblasts and Almaty and Astana cities participated in the conference and expressed a keen interest in QI tools. Immediately after the conference call, a number of oblasts, including Kyzylorda, addressed the project with a request to assist with introducing CQI techniques. One city maternity hospital and two outpatient clinics in Kyzylorda Oblast have since successfully introduced and maintained CQI processes with Quality Project support.

In 2009, at the request of MOH and USAID, Kyzylorda Oblast was selected as a site of focused MCH QI interventions. Historically this oblast has long been considered one of the least developed regions in Kazakhstan in terms of population health and particularly mother and child health. Since 2010, the Quality Project has been providing focused assistance to the Kyzylorda Oblast Health Department in implementing and expanding EPC. While the majority of work plan goals related to the intervention in Kyzylorda fall under the access goal, these interventions have also significantly increased capacity. From the very start a strong emphasis was made on building commitment and ownership of health managers

and providers in the process. Concluding its intensive interventions in year two (as described in the access section of the report), the Quality Project and the Kyzylorda Oblast Health Department conducted an oblast-level strategic planning meeting to summarize the achievements and identify next steps in MCH QI. Fifty people, including the head of the oblast health department, the deputy head of the city administration, a MOH representative, and the national supervisor of the oblast, participated in the meeting. Participants discussed the existing problems related to coordination between different levels of service delivery in Kyzylorda and identified the establishment of a referral system for MCH services within the oblast as a critical step to improving the quality of health services and outcomes. To strengthen the Kyzylorda training center's capacity to lead MCH improvements in the oblast, two physicians from the center participated in all training and follow-up mentoring organized by the Quality Project.

In year two, the Quality Project also contributed to the development of a new MCH/FP/RH Strategic Roadmap (conceptual plan) for Kazakhstan. The new plan envisages training of faculty members in postgraduate educational institutions and trainers in oblast training centers to provide pre- and in-service training to health workers. Special FP/RH methodological units will be established at the Astana and Almaty MCH centers and oblast training centers. To improve the population's access to modern methods of contraception, the provision of free contraceptive methods to vulnerable groups (post-partum women, youth) through oblast budgets is envisaged. The Quality Project, in collaboration with the Kazakhstan Association of Sexual and Reproductive Health, assisted a TWG in developing overall approaches and reviewing the current national documents and regulation. The pre-final draft of the Roadmap with short term (2012-2013), and mid-term (2014-2015) implementation plans has been prepared. The project will continue to contribute to finalization of the MCH/FP/RH Strategic Roadmap and its implementation in program year three.

The table below details specific accomplishments related to increasing capacity to provide MCH and FP/RH in Kazakhstan in year two.

Table 29: MCH and FP/RH Component Accomplishments related to Increased Access, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Scale-up implementation of Safe Motherhood at hospital level (including FP/RH services) from pilot sites to national level and institutionalize QI	Conducted two MCH clinical mentoring trainings for 16 national trainers in Astana and 13 in Almaty	29 national trainers/mentors enhanced their theoretical knowledge and practical skills in mentoring oblast-level health providers. These trainers are staff of Astana and Almaty national MCH centers and supervise the entire country through regular site visits and assist in QI.
Develop technical capacity of Kyzylorda MCH/EPC training center under the oblast health department to support Safe Motherhood oblast rollout	Staff of the MCH/EPC training center conducted all ANC/ EPC trainings, follow-up mentoring, and participated in strategic meetings and review of training programs supported by Quality Project.	Technical capacity of Kyzylorda MCH/EPC training center staff to support MCH improvements improved.

Institutionalize and support improvement of FP/RH services in health providers	Pre-final draft of the new MCH/FP/RH Strategic Roadmap (conceptual plan) for Kazakhstan developed with Quality Project TA	The approved roadmap will enable national capacity to plan, consistently implement and consistently monitor MCH/FP/RH improvement.

3.1.3 DATA

In year two, the Quality Project focused its efforts on improving MCH and FP/RH data quality and reliability, institutionalizing revised data collection tools and strengthening the capacity of leading MCH institutions in the country as well as individual health provider capacity to collect, analyze, and utilize information and data for better decision-making at various levels of the system.

The Quality Project provided TA to the MOH and MCH centers to review and finalize EPC clinical mentoring/monitoring tools, including indicators. Project staff also trained national EPC mentors to analyze data collected through these tools to identify appropriate QI steps. Currently the EPC clinical mentoring/monitoring tools (patient satisfaction questionnaire, outpatient record evaluation checklist, samples of standards and indicators for internal QI, data collection forms) are used nationally by all EPC mentors allowing cross-oblast comparisons in QI. While the instruments and the process are in place and operational, more work with MOH is needed to move away from punitive attitudes to positive encouragement in the form of supportive mentoring.

The Quality Project, at the request of the Kyzylorda Oblast Health Department, provided TA in linking EPC implementation to provider-level QI processes, envisaging continuous monitoring of provider performance results based on collected data. The Quality Project trained 23 providers to identify problem areas and develop appropriate internal QI indicators for their respective facilities. As stated earlier, within one year Kyzylorda City Maternity Hospital and two outpatient clinics have successfully implemented these QI approaches.

3.2 KYRGYZSTAN

3.2.1 ACCESS

The Quality Health Care Project supports EPC implementation in all five rayons in the Naryn Oblast, three maternity hospitals in Bishkek city, and thirteen maternity hospitals in the Jalal-Abad Oblast. The project supports 30% of all maternity hospitals in the country, which collectively manage around 38,000 deliveries annually. In year two, the Quality Project provided training to 1,088 providers, including obstetrician/gynecologists, midwives, neonatologists, nurses and health care managers, on evidence-based WHO recommendations and supportive supervision. These activities, combined with a range of other activities conducted in collaboration with MOH and other development partners, have helped close the gaps in countrywide EPC scale-up and achieve 100% coverage of all maternity hospitals in the country.

The Quality Project MCH specialist and family medicine training center trainers conducted training and follow-up monitoring in 19 Family Medicine Centers (38 family group practices) in Bishkek, five family group practices in Naryn and three family group practices in Kochkor, which combined provide ANC to around 19,500 pregnant women a year. Monitoring results showed a decrease in non-evidence-based use of medicines, increase in gravidogram use, and a reduction in specialist referrals. However, the monitoring also uncovered a number of problem areas such as inadequate counseling, lack of functioning birth preparedness schools, and a lack of preparedness to provide emergency care for severe preeclampsia and hemorrhage.

Project monitoring of improvement in delivery of antenatal and perinatal care using medical chart reviews and postpartum women surveys in 16 pilot facilities showed the following improvements:

- Increase in partograph use to monitor labor progress and detect complications in a timely manner from 50% to 73%;
- Increase in active management of third stage of labor (all three steps) from 54% to 88%;
- Partner deliveries increased from 18% to 41.7%;
- Use of non−pharmacological pain relief during labor increased from 22.2% to 41.5%; and
- Use of birthing positions other than the lithotomy (lying) position increased from 12.9% to 32.4%.

The Quality Project provided close technical support to MOH to develop the MCH priority program component of the next five-year health sector strategy (Den Sooluk), which focuses on improving both access to essential MCH services and the quality of delivered services. An integral part of this support was the development of an M&E package for Den Sooluk and early work on development of an implementation strategy.

The table below details specific accomplishments related to increasing access to high-quality MCH and FP/RH care in Kyrgyzstan.

Table 30: MCH and FP/RH Component Accomplishments related to Increased Access, Kyrgyzstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Empower population to access and utilize health services in timely manner and adopt behaviors associated with improved health outcomes	Supported village health committee campaigns on Safe Motherhood by printing and disseminating 29,500 leaflets on danger signs during pregnancy, childbirth, and the postpartum period, and in sick children	While no impact studies on population behaviors have been conducted following the ACSM activities, it is assumed that increased awareness among the population about warning signs during pregnancy and the postpartum period will likely result in increased utilization of MCH services.

Support improved quality of perinatal care for women and newborns at the hospital level	• Conducted EPC clinical mentoring and follow-up training for 318 hospital providers in 16 facilities and 30 specialists from three maternities; and EPC basic training for 28 hospital providers in four maternity hospitals with resulting increase in the number of providers delivering evidence-based care and decreased use of non-evidence-based practices: o Increased use of active management of third stage of labor from 54% to 88%; o Increase in deliveries with partner support from 18% to 41.7%; and o Increased use of partograph from 50% to 73%. • Newborn resuscitation practical training and mentoring provided for 44 hospital providers in Naryn and Kochkor maternities with results including: o Improved compliance with warm chain. o Skin-to-skin contact increased from 71.5% to 89.5% o Percentage of newborns wrapped warmly, but not swaddled increased from 59.5% to 98.5%	• Active management of third stage of labor, partner support at deliveries, and use of partograph are associated with improved delivery outcomes for both mother and newborn. Impacts include: o Reduction in severe postpartum hemorrhage rates in Bishkek Perinatal Center from 77% of cases of postpartum hemorrhage in 2010 to 44% in 2011; o Reduction in cesarean sections for 44% cases of severe preeclampsia in 2011, compared to 68% in 2010 at the Bishkek Perinatal Center; and o Overall cesarean section rate at the Bishkek Perinatal Center rate has decreased from 17% (2009) to 13.5% (2011). • Warm chain, skin-to-skin contact, and wrapping (not swaddling) are associated with reductions in hypothermia in newborns.
Improve quality of ANC for women at PHC level	• Trained 48 providers in Bishkek and conducted follow up monitoring of ANC in Family Medicine Centers of Nooken, Ala-Buka Rayons and in Bishkek, with results including an increase in number of pregnant women taking iron and folic acid.	• More pregnant women received full package of ANC services • Decrease in number of cases of severe preeclampsia and eclampsia reflects improved detection and management of preeclampsia during the antenatal period. Official

	• Drafted and revised CPs on ANC	statistics show a 36% decrease in number of cases of severe preeclampsia in Jalal-Abad oblast from 2.5% of all cases of preeclampsia in 2010 to 1.6% in 2011. • Decrease in frequency of severe anemia among pregnant woman at time of delivery reflects improved detection and management of anemia during the antenatal period; MOH data for Naryn Oblast show a decrease from 58% in 2010 to 46.6 % in 2011 • Increased use of folic acid in the first trimester is known to decrease the incidence of fetal neural tube defects. Data not available.
Improve the continuum of care in the existing Safe Motherhood model, including post-abortion and post-partum family planning	Conducted training on post-abortion and postpartum family planning for 27 health care workers in Jalal-Abad and Suzak maternity hospitals, which resulted in an increase in percentage of women receiving FP counseling/services during postpartum/post-abortion period from 35.4% to 50.2%.	Reliable contraceptive-use data is not available to assess the impact of improved counseling, but it is expected to be associated with higher contraceptive usage, leading to fewer unwanted pregnancies, fewer abortions, and longer birthing intervals with corresponding decreases in preterm births.

3.2.2 CAPACITY

To ensure sustainability of the EPC program, the project is making efforts to develop future cadres of trainers and build the capacity of existing ones. To bolster these efforts, the Quality Project and other development partners supported a national ToT on EPC in May 2012. The participants of this ToT, supervised by experienced national trainers, conducted a basic EPC training in Jalal-Abad for staff of four maternity hospitals hitherto untrained in EPC.

Increasing Capacity

Quality Project interventions contributed to a decrease in child mortality rate from 25 (2010) to 20.1 (2011) and infant mortality from 19.2 (2010) to 15.4 (2011) in the Naryn Oblast in Kyrgyzstan.

Improving management of obstetric emergencies has been identified as key to closing the quality gap and reducing maternal mortality. Therefore, the project supported the development and testing of a short, competency-based training on EmOC. The training emphasizes the use of well-defined algorithms

for management of obstetric emergencies and enables participants to establish clear roles and responsibilities in their facility, thereby reducing reaction time during an emergency.

National trainers on integrated management of childhood illness (IMCI) conducted trainings and follow-up monitoring and mentoring in five hospitals in the Naryn Oblast. Monitoring results showed improved quality of patient triage in all hospitals, a decrease in the use of non-evidence-based medicines and interventions, and an increase in the rational use of antibiotics for pneumonia. Despite the positive trend of improvement in pediatric hospital care, the IMCI monitoring also uncovered a number of problem areas such as inadequate counseling, a lack of essential equipment and supplies, and a lack of preparedness to provide emergency care for children with severe conditions. These findings underscore the need to intensify efforts related to improving the quality of hospital care for children.

The table below details specific accomplishments related to increasing capacity within the MCH and FP/RH health care systems in Kyrgyzstan.

Table 31: MCH and FP/RH Component Accomplishments related to Improved Capacity, Kyrgyzstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Support the institutionalization of EPC training and monitoring with capacity development to ensure program sustainability	Conducted a ToT to prepare 28 national trainers and oblast–level specialists on EPC in collaboration with the United Nations Children's Fund (UNICEF), UNFPA, and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	Capacity of national MCH trainers to provide good quality training and mentoring increased, making countrywide EPC scale-up more sustainable.
Improve management of obstetric emergencies	• Developed EmOC training package • Tested training course on emergency obstetric care (EmOC) and trained 16 providers	Improved care of women with preeclampsia
Improve quality of care for infants and children by expanding IMCI program to hospitals	• MCH team completed rollout trainings on IMCI in five hospitals in the Naryn Oblast. • Trained 86 specialists from Naryn Oblast including pediatricians, internists, surgeons, emergency physicians and other specialists, who might need to provide emergency care to children. These providers have started practicing WHO-recommended approaches	• Improved delivery of evidence-based care to children at hospital level ○ Improved quality of triage of sick children ○ Improved management of diarrheal diseases and respiratory tract infections • Decreased use of ineffective medications and injections

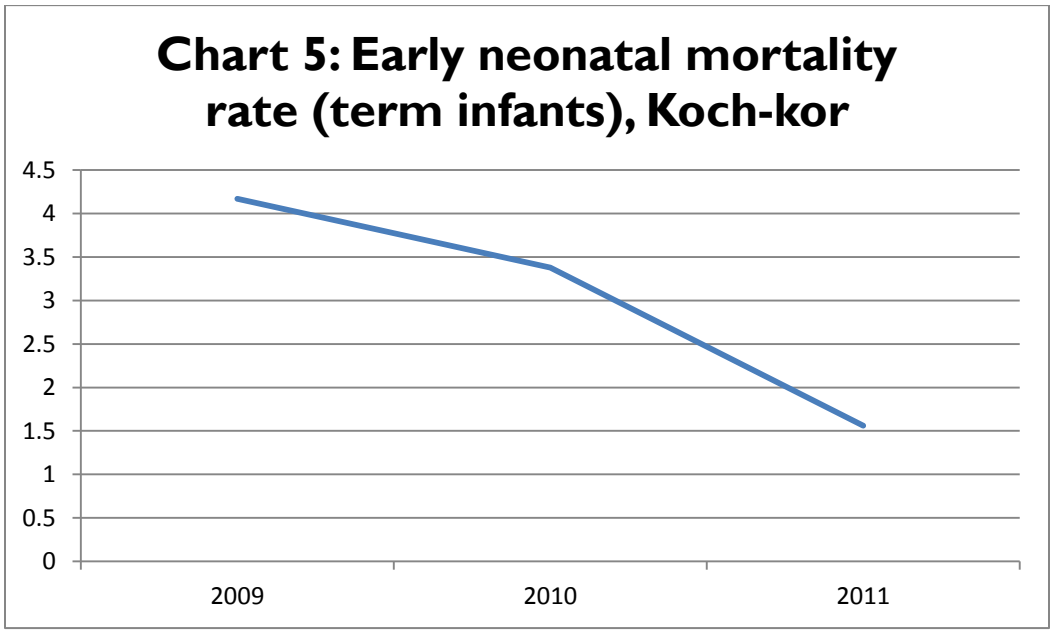
	in diagnosis and treatment of pediatric diseases, with resulting reduced infant and child mortality rates. MOH statistics from Naryn Oblast show a decrease in the child mortality rate from 25 (2010) to 20.1 (2011) and infant mortality from 19.2 (2010) to 15.4 (2011).	

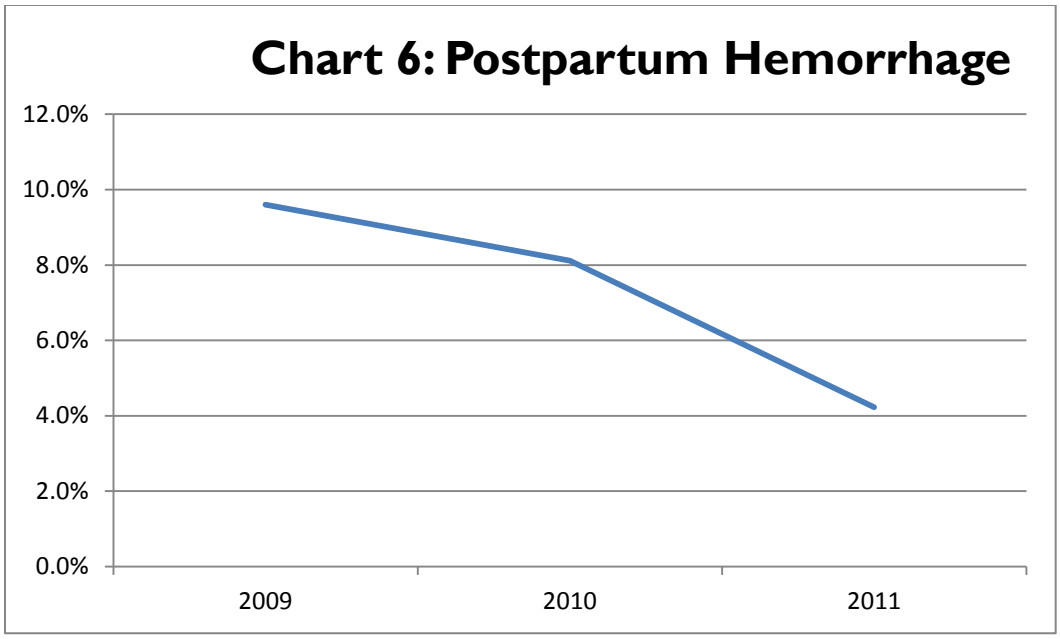
3.2.3 DATA

With the objective of building capacity among hospital and PHC providers to engage in QI activities, the Quality Project supported QI training and monitoring activities. Providers trained on basic principles of QI gained skills to prioritize problems areas for improvement; identify key resources, processes, and outcomes; analyze root causes of problems as a team; develop improvement and monitoring plans; and use patient satisfaction surveys for improvement.

Regular supportive supervision and monitoring of Kochkor facility staff showed that providers are making progress on key problem areas listed on the improvement plan: to strengthen emergency neonatal resuscitation skills and obstetric emergency care preparedness. Following their improvement plans, hospital staff organized and conducted regular refresher demonstrations and practice sessions to monitor provider performance and ensure skill competency.

Now, after more than a year of implementing improvement plans, the early neonatal mortality rate at Kochkor Rayon Hospital has decreased by 53% and postpartum hemorrhages rate by 50%, as demonstrated in charts 5 and 6, below.





The table below details specific accomplishments related to increasing use of data within the MCH and FP/RH health care system in Kyrgyzstan.

Table 32: MCH and FP/RH Component Accomplishments related to Increased Data Use, Kyrgyzstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Develop/strengthen capacity of healthcare managers and health care worker to engage in CQI activities, focusing on MCH issues	• MCH team supported CQI in perinatal and ANC in three maternity hospitals: Bishkek Perinatal Center, Kochkor and Naryn; and PHC facilities in Kochkor and Naryn. These trainings resulted in: increased partograph use in Kochkor from 40% to 70%: increased competencies in neonatal resuscitation (from 30% to 71%) and management of postpartum hemorrhages (from 54% to 80%). • Conducted training on QI focusing on IMCI in hospitals of Naryn Oblast and Kochkor Rayon for 42 health care providers	• Improved continuum of care of women during pregnancy, delivery, and in the postpartum period • QI methodologies institutionalized with increased numbers of facilities actively engaged in conducting internal audits and basing improvement plans on the results • The early neonatal mortality rate at Kochkor Rayon Hospital decreased by 53%, and the postpartum hemorrhages rate by 50% • Internal CQI processes at Bishkek perinatal center following EPC training led to a marked reduction in percent of cases of severe preeclampsia which led to

		eclampsia: from 4.8% in 2010 to 0.4% in 2011.

3.3 TAJIKISTAN

3.3.1 ACCESS

In year two, the Quality Project continued to support MOH in scaling up the Safe Motherhood program and increasing access to antenatal and essential obstetric care. The project scaled up EPC to three new maternity hospitals, which serve an average of 8,300 women each year, and provided follow-up training and mentoring for staff at two existing EPC sites, serving about 15,900 women each year. The Quality Project conducted EPC clinical mentoring in five maternity hospitals reaching a total of 210 providers. Improvements in clinical practice as a result of training and supportive supervision saw an increase in exclusive breastfeeding, skin-to-skin contact, partner support during labor and delivery, and active management of the third stage of labor; and a decrease in postpartum hemorrhage, neonatal hypothermia, induction of labor, and irrational use of antibiotics.

The Quality Project conducted training on national standards and equipped four birth preparedness schools in pilot ANC sites to increase pregnant women's access to quality ANC. These birth preparedness schools are expected to serve more than 3,000 pregnant women each year. The project also conducted CME conferences for family doctors on using ANC standards and trained PHC providers to improve knowledge about modern, evidence-based approaches to the management of physiological pregnancies and to practice ANC counseling skills.

The project supported the National RH Center to conduct FP access and awareness campaigns in remote villages in the Rudaki and Faizabad Rayons. During the campaigns, a team of experts from the National Reproductive Health Center as well as from local reproductive health centers counseled women on the use of various contraceptive methods, provided free supplies of contraceptives chosen by women, and conducted educational sessions on various RH issues. Over the course of two five-day campaigns, specialists from the rayon RH Centers counseled 968 women on modern methods of FP and provided services to 749 women.

The table below details specific accomplishments related to increasing access to care within the MCH and FP/RH health care system in Tajikistan.

Table 33: MCH and FP/RH Component Accomplishments related to Increased Access, Tajikistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Minimize the number of deliveries without skilled attendant	• Provided TA to the Safe Motherhood department in the MOH in discussions about steps to ensure that deliveries are undertaken by skilled birth attendants. • Trained 100 midwives on physiological birth management.	Better preparation of mid-level providers to attend unplanned home deliveries and an increase in access of population in remote areas to skilled attendants at birth.

Improve the quality of perinatal care for women and newborns at the hospital level	• Conducted EPC training in three maternity hospitals for 30 providers, follow-up EPC training in two sites for 50 providers, and clinical mentoring in five sites for over 210 providers. As a result of these interventions, the following improvements were observed: o Skin-to-skin contact immediately after birth increased from 51% to 99%. o Early initiation of breastfeeding increased from 65% to 98%. o The percent of deliveries with partner support increased from 41% to 89%. o The percentage of women delivering in non-supine positions increased from 17% to 95%. o The percentage of women receiving non-medical pain relief increased from 19% to 46%. o Rooming-in of newborns with mothers increased from 61% to 98%	• The percentage of newborns with hypothermia 30 minutes after birth decreased from 6% to 1%. • Postpartum hemorrhage rate decreased from 4.9% to 1.5%. • Transfusion of blood or blood products decreased from 7% to 1%.
Improve the quality of ANC for women at the PHC level	• Trained 100 PHC providers on ANC and counseling; As a result of these trainings: o The percentage of pregnant women with at least three ANC visits increased from 58% to 88%. o The percentage of pregnant women tested for HIV increased from 20% to 74%. o The percent of	• ANC is essential to detect early factors that may heighten perinatal risk, educate pregnant women and their families, and help make pregnancy and childbirth a positive life experience.

	pregnant women receiving counseling on breastfeeding increased from 36% to 68%; • Provided technical support in developing a comprehensive national guide on birth preparedness classes and counseling for pregnant women. The guide is pending MOH approval. • Equipped four new birth preparedness schools and provided them with patient education materials. • The percentage of pregnant women attending at least one birth preparedness class increased from 12% to 75% at project pilot sites	• Birth preparedness schools are instrumental in educating women on childbirth, essential newborn care, and danger signs during pregnancy and in the postpartum period.

3.3.2 CAPACITY

The Quality Project conducted activities aimed at strengthening the capacity of health workers to provide EmOC. To strengthen clinical training skills of midwives and raise their professional status, UNFPA conducted a ToT for midwife trainers. With Quality Project support, these midwife trainers used a competency-based EmOC training package, jointly developed by the Quality Project and UNFPA, to train frontline health workers, including midwives from remote, rural areas without doctors, to manage obstetric emergencies and ensure timely referral.

The project conducted training on new national standards on neonatology in all pilot regions. In addition, the project provided all pilot maternity hospitals with newborn simulators for staff to practice life-saving resuscitation skills on an ongoing basis. The project also equipped each delivery room with basic newborn resuscitation equipment such as reusable silicone bag-valve-masks and silicone syringe bulbs.

The Quality Health Care Project and WHO are providing TA to MOH to introduce innovative adult e-learning technologies for IMCI. With the Quality Project's technical support, the National IMCI Center is adapting the WHO IMCI Computerized Adaptation and Training Tool (ICATT) for use in Tajikistan.

The project provided TA to the National Reproductive Health Center to update a FP methods and counseling training package. MOH has approved the training package and has recommended it for use by the Family Medicine Center. The Quality Project conducted FP methods and counseling training in pilot rayons for 86 midwives and family doctors who work in remote areas. The Quality Project used national trainers who participated in Quality Project-supported ToTs in year one to conduct all ANC and FP training, thus enhancing local training capacity and increasing sustainability.

Despite progress made in implementing the Safe Motherhood program, there is a need for maternity hospital managers to be more involved in the implementation process. There is an acute need for improving basic infrastructure and upgrading knowledge and skills of providers.

The table below details specific accomplishments related to improving the capacity of the MCH and FP/RH health care system in Tajikistan in year two.

Table 34: MCH and FP/RH Component Accomplishments related to Increased Capacity, Tajikistan, Year Two		
Work Plan Goal	**Accomplishments**	**Impact of Accomplishments**
Improve infrastructure and equipment	Renovated room in Vakhdat Health Center and provided equipment and informational materials for birth preparedness school	Improved quality of care in maternity facilities through resource improvement
Improvement of provision of EmOC	Developed EmOC training package and submitted to MOH for approval; used the new package to train 60 providers	The competency-based training is expected to improve providers' skills to handle obstetric emergencies.
Improve quality of care for infants and children	• Trained 100 hospital doctors on national neonatal care standards • Conducted training on community IMCI for 40 health care workers from rural areas • Provided supportive supervision visits to a total of 90 health care workers • Conducted IMCI training for 20 family doctors and nurses	Training on IMCI and national neonatal standards is aimed at reducing morbidity and mortality in neonates and children younger than five years.
Improve acceptance and use of modern contraceptive methods	• Provided TA to MOH in updating training packages on FP and counseling; MOH has incorporated these into pre-and post-graduate curricula. • Provided FP and counseling training to 88 providers • As a result of these interventions, the percent of pregnant women receiving counseling on FP increased from 22% to 62% at project pilot sites. • Supported public awareness and access campaign on FP/RH in two rayons • Printed and disseminated materials on RH at six sites	Reliable contraceptive-use data is not available to assess the impact of improved counseling, but it is expected to be associated with higher contraceptive usage, leading to fewer unwanted pregnancies, fewer abortions, and longer birthing intervals with corresponding decreases in preterm births.

3.3.3 DATA

Even though the Safe Motherhood program has been institutionalized in Tajikistan through the adoption of national evidence-based standards, there remains much to be done to improve the quality of MCH services. Maternity hospitals routinely collect data, but there is a lack of understanding among clinicians and managers of how to analyze the data, draw conclusions from them, and use them for further improvement. In order to address this shortcoming, the Quality Project conducted CQI training in EPC sites. During the training, participants learned to develop QI indicators and prioritized areas of improvement for their respective facilities. Following the training, staff from each facility organized QI committees and developed an internal monitoring plan to track progress on selected indicators. The project will continue to provide technical support to these facilities in year three to institutionalize the QI process. This initiative was supported by MOH and other partner organizations and will be expanded further to different levels of care.

The table below details specific accomplishments related to increasing the use of data for decision-making within the MCH and FP/RH health care system in Tajikistan in year two.

Table 35: MCH and FP/RH Component Accomplishments related to Increased Data Use, Tajikistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Develop/strengthen capacity of healthcare managers and providers to engage in CQI activities (focus on MCH issues)	Conducted CQI training for 17 providers and three national trainers	No impacts yet measured. Providers are expected to track selected indicators to monitor progress and improve clinical practices leading to better outcomes for patients.

3.4 TURKMENISTAN

3.4.1 ACCESS

The Quality Project implemented a range of activities aimed at improving the population's access to quality MCH and FP/RH care in line with the Turkmen government's priorities, which were recently confirmed in the new strategic document "Health Care Development Program for 2012-2016" and in the related "Plan of Action." National EPC and IMCI experts supported by the Quality Project participated in the development of the MCH sections of both the above documents, national ANC prikaz # 24, and the new "Mother and Newborns Program for 2013-2017." The Quality Project also supported the adaptation of a revised WHO protocol on prevention of HIV transmission from HIV-infected mothers to their infants. Final approval of this protocol is subject to translation into Turkmen. MCH trainers supported by the Quality Project contributed to the development of a new draft national family medicine prikaz, which contains a provision on the introduction of IMCI standards throughout the country.

The project provided equipment and training to birth preparedness schools in Ashgabat House of Health #1 and in Rukhabat etrap House of Health in the Akhal velayat in order to increase the population's access to high quality ANC and FP/RH counseling. These Houses of Health provide health services to a significant proportion of the population in Ashgabat and in the Akhal velayat. The MCH Institute recommended that the Houses of Health share their experience throughout the Ashgabat and Rukhabat etraps as a model for providing birth-preparedness classes.

The Quality Project supported the introduction of the ICATT e-learning tool for pre- and in-service training. UNICEF and the Quality Project trained 32 TSMU teachers to use the tool for adapting and integrating IMCI into the medical curriculum. In the context of the overall computerization of the health sector in accordance with the presidential decrees of 2010, ICATT will significantly increase MOHMIT's potential to rapidly scale up the WHO IMCI program throughout the country in a cost-effective and sustainable manner.

The Quality Project conducted all MCH/FP activities in collaboration with other international organizations. MOHMIT is persistent in its approach to strictly coordinate activities of all international organizations regardless of officially signed documents on co-operation. MOHMIT is aware that the Quality Project is funded by USAID and it accepts the project's indirect engagement, but the project is unable to officially work directly with the ministry without an MOU. However, MOHMIT

Embracing Happy and Healthy Births

In Ene Myahri Maternity Hospital, Mahym Muradova successfully and happily gave birth to her second child in May 2011. "I felt safe and confident. The midwife was helping me a lot, and the medical staff was supportive, watching my status and listening to my child." Thanks to collaborative efforts between the Government of Turkmenistan, the USAID Quality Health Care Project, and the UNFPA, health care providers throughout Turkmenistan attended training workshops on providing safe, more comfortable birthing experiences for mothers and babies like Mahym and her infant in year two.

officials do meet with Quality Project staff to discuss current and future activities.

The table below details specific accomplishments related to increasing access to care within the MCH and FP/RH health care system in Turkmenistan.

Table 36: MCH and FP/RH Component Accomplishments related to Increased Access, Turkmenistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Improve the quality of perinatal care and promote institutionalization of EPC training/mentoring	• Twenty-seven national EPC trainers, including TSMU teachers, trained with Quality Project support • Provided technical support to develop indicators on key obstetric conditions at the request of the MOHMIT Deputy Minister; Indictors for nine protocols on key obstetric conditions were approved and are being used by the MOHMIT for routine monitoring. • CP on prevention of mother-to-child transmission of HIV (PMTCT) developed with Quality Project support • The National EPC monitoring and mentoring team provided EPC clinical mentoring to 300 providers in 20 maternity hospitals in the Akhal, Mary, Lebap, Dashoguz, and Balkan velayats.	• National and velayat EPC training capacity improved and EPC training introduced at the pre-service level. • Legal basis for providing high-standard MCH services improved. • Providers' clinical skills and knowledge of EPC improved.
Improve the quality of ANC	• Trained 61 PHC providers on ANC and counseling • CP on PMTCT developed with Quality Project support • National ANC protocol # 246 developed with Quality Project support; approved on September 21. • Conducted monitoring and mentoring in 54 ANC sites	• Quality of ANC services provision improved • Legal basis for providing quality ANC services improved • Monitoring data used to inform the "Mother and Newborn Health Program for 2013-2017"

Improve quality of service delivery to sick children	• In collaboration with UNICEF, trained 32 TSMU teachers on ICATT • Trained 30 TSMU teachers, MCH/HIV specialists, and health managers on IMCI in the context of HIV infection • Trained 160 nurses on Keeping Children Healthy module, which was updated by national IMCI trainers • First draft of National Family Medicine prikaz developed. • Introduction of WHO IMCI standards throughout the country preliminarily agreed upon	• ICATT introduced into pre-service training • MCH/HIV component introduced into pre-service training • Trained nurses are able to educate the population on nutrition, breastfeeding, treatment of diarrhea, and acute respiratory infections in accordance with WHO IMCI guidelines. The module will also be used during post-graduate training of nurses conducted by nursing schools in country. • Legal basis for countrywide adoption of IMCI strategy developed.
Population awareness and practice of key child health interventions increases	• Conducted six Keeping Children Healthy campaigns • New Keeping Children Healthy sites in Barbarab and Erbent engaged in year two	• 28,000 people, including mothers with children under five years of age, reached through Keeping Children Healthy campaigns • 27% increase in targeted population's knowledge of key IMCI/Safe Motherhood messages

3.4.2 CAPACITY

In year two, the Quality Project participated in and organized a number of important events focused on providing technical support to MOHMIT, and on strengthening the capacity of local specialists on FP/RH issues in line with the National RH Strategy approved by MOHMIT for 2011-2015. To support the Turkmen government in achieving a priority goal of further improvement and integration of FP/RH services at the velayat and etrap levels, the project made efforts to upgrade knowledge and clinical skills of Turkmen FP/RH specialists, including obstetrician/gynecologists and family practitioners.

The Quality Project worked to improve the quality of FP/RH services through monitoring and mentoring and training activities. In year two, the Quality Project's regional specialist conducted two FP/RH training courses for 54 health workers, covering 82% of all FP/RH specialists in the country. A month and a half after these trainings, five FP/RH national trainers and a MOHMIT supervisor conducted follow-up monitoring and mentoring visits to 54 FP/RH cabinets, during which FP/RH specialists demonstrated good knowledge of RH topics and skills in providing counseling to pregnant women on

various RH topics. According to a report provided by the MCH Institute FP/RH coordinator, 69% of Turkmen women are satisfied with the quality of RH services provided in RH cabinets located at PHC facilities. Five indicators were reported by the monitoring and mentoring team: 62.2% of women were counseled on possible complications of contraceptive use; 100% of women received free contraceptives; 23.8% and 60.2% of women choosing modern methods of contraception used oral contraceptives and intrauterine devices, respectively.

The table below details specific accomplishments related to increasing capacity within the MCH and FP/RH health care system in Turkmenistan.

Table 37: MCH and FP/RH Component Accomplishments related to Improved Capacity, Turkmenistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Improve FP/RH services provided to the population	• Updated training module for RH workers	• MOHMIT provided preliminary approval for the updated FP/RH training module, which was used by the project in two training courses. The module will also be used for post-graduate training of family physicians.
	• Trained 54 FP/RH specialists during two five–day training courses	• 82% of the country's total FP/RH specialists have improved knowledge of FP/RH topics.

3.4.3 DATA

In response to the government of Turkmenistan's recognition of the importance of health information systems (HIS) capable of generating reliable data, and its persistent efforts to establish a unified HIS that ensures the flow and use of accurate and timely information for evidence-based decision-making and improved management, the Quality Project continued to provide MOHMIT and the MCH Institute with TA in designing plans for M&E activities and developing standardized indicators for assessing data quality and the overall performance of the HIS.

The Quality Project collaborated with UNFPA to facilitate the development of indicators for M&E of the implementation of nine new CPs on key obstetric conditions. A two-day workshop was held followed by several months of periodic support to build capacity among local MCH leaders to develop quality indicators and monitoring instruments.

The data collected by MCH Institute technical specialists during M&E activities supported by the Quality Project informed the draft "Mother and Newborns Program for 2013-2017," thus increasing the government's use of data to improve the quality of MCH services provided to the country's population.

3.5 UZBEKISTAN

The Quality Health Care Project was unable to adequately fulfill year two MCH and FP/RH work plan goals in Uzbekistan due to a change in USAID guidance. All goals within the USAID-approved work plan for year two were based upon the assumption that the project would collaborate with the World Bank.

As this collaboration was cancelled, and USAID requested that the project cease work in quarter three, MCH work in Uzbekistan was extremely limited in year two.

Improving Data Use

Quality Project interventions to improve the use of data in decision-making contributed to a 53% decrease in early neonatal mortality rate and a 50% decrease in postpartum hemorrhage at the Kochkor Rayon Hospital in Kyrgyzstan.

The Quality Project did participate in a large number of coordination meetings with other international organizations; however, the project did not participate in the implementation of plans made at these meetings due to USAID directives. The project met with UNICEF to coordinate health systems and strategic planning work related to MCH, as well as to collaborate on a comprehensive assessment of the integration of newborn and child survival packages into pre-service and in-service health professional and nurse education. The project committed to GIZ and UNFPA to support the revision and support of CPGs on MCH topics. The project made plans with the Institute of Health, the NGO Women's Committee, the Women's Wellness Center, and the RH Center to develop activities directed at improvement of FP. The Quality Project also met with WHO specialists to discuss collaboration in the MCH care area, particularly related to activities for midwives planned by WHO and MOH. Project specialists also met with the German Development Bank (KfW)–funded project "Health Program: RH Improvement of Mother and Child Care" to discuss potential collaboration.

3.6 MCH AND FP/RH TRAINING STATISTICS, YEAR TWO

Country		Kazakhstan			Kyrgyzstan			Tajikistan			Turkmenistan			Uzbekistan			All Countries		
Field of Study Component	Field of Study Subcomponent	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F
MCH/FP/RH	Maternal Health	285	48	237	882	30	852	875	126	749	494	68	426	0	0	0	2536	272	2264
	Child Health	0	0	0	1191	73	1118	157	50	107	1285	126	1159	0	0	0	2633	249	2384
	FP/RH	0	0	0	91	2	89	982	17	965	54	5	49	0	0	0	1127	24	1103
Total		285	48	237	2164	105	2059	2014	193	1821	1833	199	1634	0	0	0	6296	545	5751

4. OTHER PUBLIC HEALTH THREATS (OPHT)

4.1 KAZAKHSTAN

4.1.1 ACCESS

Increasing Access

The number of adults being screened for hypertension each month at six PHC facilities in Dushanbe increased from 92 to 3,498 within one year of beginning QI activities. Prior to the project intervention, only 6% of adults visiting health centers were screened for hypertension, whereas at the end of year two, 91% of patients were screened for hypertension.

USAID and its national and international partners have been working on improving cardiovascular disease (CVD) care in Kazakhstan for over seven years. In the past five years (2006-2011) the hypertension-related mortality rate in Kazakhstan decreased by 55%, which can be attributed to significant work on improving arterial hypertension prevention and treatment conducted in the country. The reported prevalence of hypertension in Kazakhstan remains at 5.5%, suggesting a continued problem with inadequate blood pressure screening and/or registration of patients with hypertension (actual prevalence is 4-5 times higher). CVD remains one of the major causes of death in Kazakhstan and is one of the top priorities of MOH included in the State Health Care Development Program 2010-2015.

In response to USAID guidance in year two, Quality Project significantly reduced its CVD activities, limiting them to PHC training through seminars and a computer-based distance education course on hypertension developed through earlier USAID health development projects and launched under the Quality Project through KAFP. KAFP now has trainers highly experienced in conducting CVD training for PHC providers and was able to respond to oblast health department requests to provide CVD trainings for 609 PHC physicians and outpatient specialists funded by various sponsors. KAFP trained 46 PHC providers in Atyrau through the arterial hypertension computer-based distance education course and 109 PHC providers throughout the country through a three-day clinical module on arterial hypertension.

The table below details specific accomplishments related to increasing access to OPHT-related care in Kazakhstan.

Table 38: OPHT Component Accomplishments related to Increased Access, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Support full national implementation of arterial hypertension CPG for PHC	• Trained 46 PHC on arterial hypertension in Atyrau through an arterial hypertension distance learning e-courses; As reflected by pre-test and post-test results of e-courses on hypertension, the knowledge of healthcare workers increased from 44% to	Healthcare workers acquired the knowledge and skills necessary to prevent and treat arterial hypertension and other CVDs.

	90%. • Conducted several three-day clinical module on arterial hypertension for 36 PHC providers • Trained 609 healthcare workers on arterial hypertension urgency and emergency, resistant hypertension in six cities (sponsored by the pharmaceutical industry).	

4.2 KYRGYZSTAN

4.2.1 ACCESS

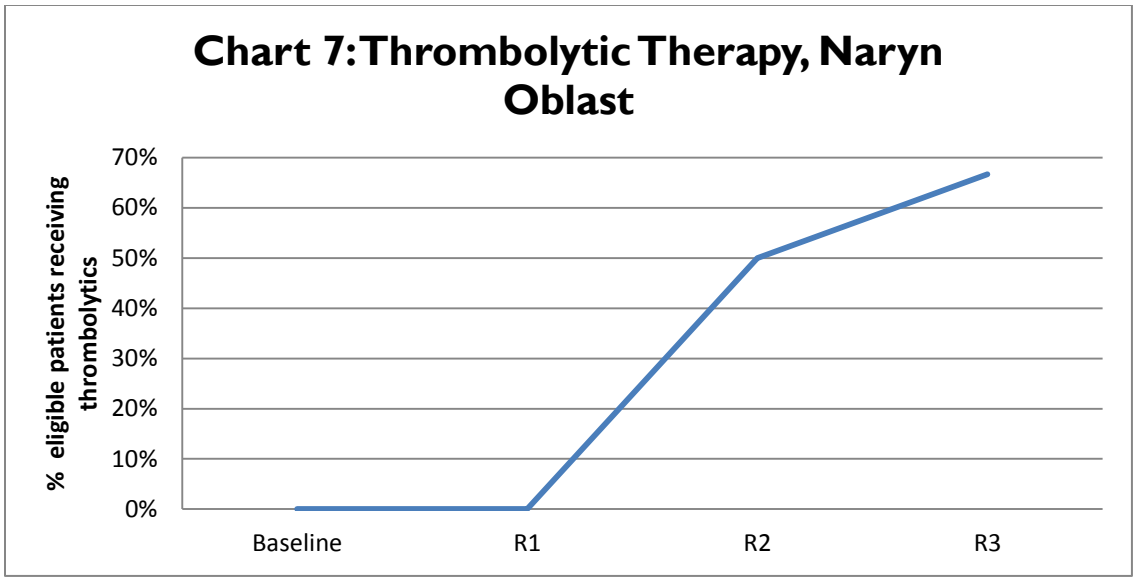
The Quality Project provided strong support to MOH to develop the priority program component of the current five-year health sector strategy (Den Sooluk) on CVD, which focuses on improving quality of service delivery at the PHC and hospital levels. The project undertook work in Naryn Oblast hospitals as a key part of this national strategy to develop a working model for implementation of thrombolytic therapy for patients with myocardial infarction at oblast- and rayon-level hospitals, which can be replicated in other regions.

Improving Data Use

Improved decisions based on data from internal CVD quality-of-care audits in Dushanbe included delegation of routine patient screening tasks to nurses, organization of in-service training of PHC providers on ophthalmoscopy (screening went from 43 to 80%), and purchasing laboratory equipment to improve patient access to tests needed to determine overall CVD risk.

As a result of Quality Project activities in year two, the population of three rayons in Naryn Oblast now has access to thrombolytic therapy, an intervention previously offered only in Bishkek and which reduces infarct-related mortality by up to 23% when used alone and up to 40% when used in combination with aspirin. The introduction of thrombolytic therapy in Naryn Oblast Hospital and two territorial (rayon) hospitals was done in partnership with the National Institute of Cardiology and Therapy and the Hospital Association of Kyrgyzstan.

As part of hospital-level CQI plans initiated in year one, the Hospital Association organized training for physicians from Naryn hospitals on new standards of care for priority CVD topics, including myocardial infarction, outlined in national CPGs. Each facility developed improvement plans, which included obtaining additional training and resources needed to implement thrombolytic therapy. The Quality Project helped facilitate three weeks of clinical, hands-on training for 11 Naryn providers at the National Institute of Cardiology and Therapy in order to develop the skills and confidence needed to implement thrombolytic therapy. The hospitals organized and financed the procurement of thrombolytics. The initial plan was for Naryn Oblast Hospital and Koch Kor Territorial Hospital to implement thrombolytic therapy, but an additional hospital (Ak Talinsky Rayon) also procured and began using thrombolytics during year two, so that by the final round of monitoring, two-thirds of eligible patients hospitalized in Naryn Oblast for myocardial infarction received thrombolytics.



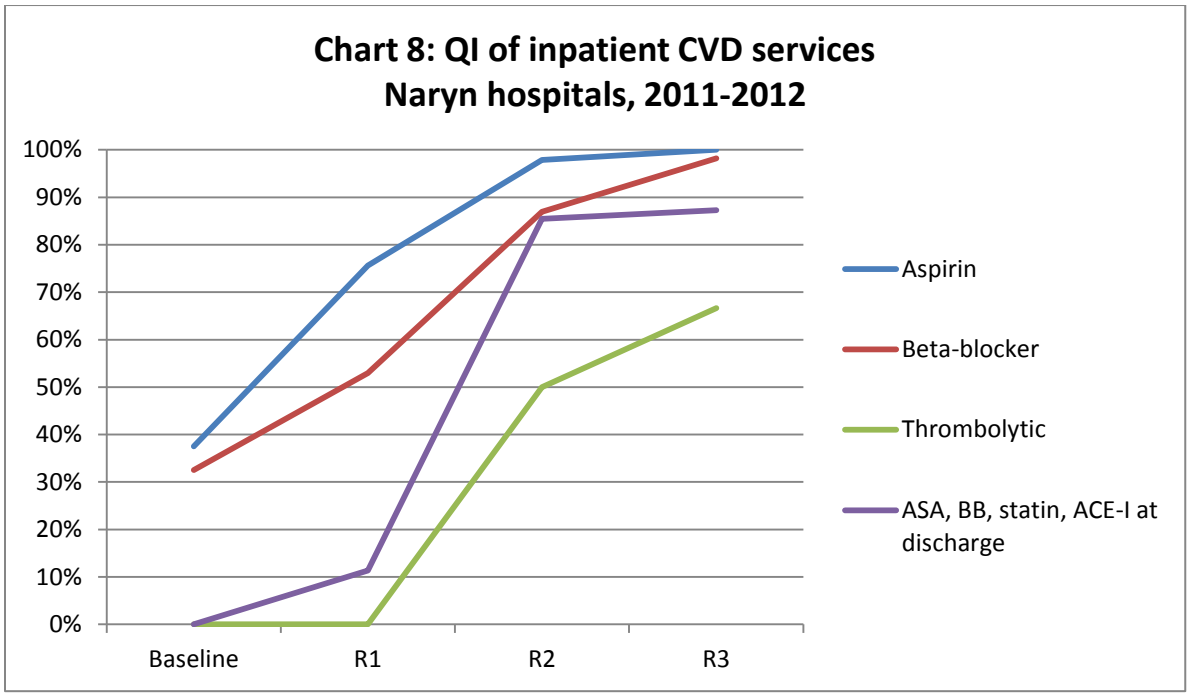
The table below details specific accomplishments related to increasing access to OPHT-related care in Kyrgyzstan.

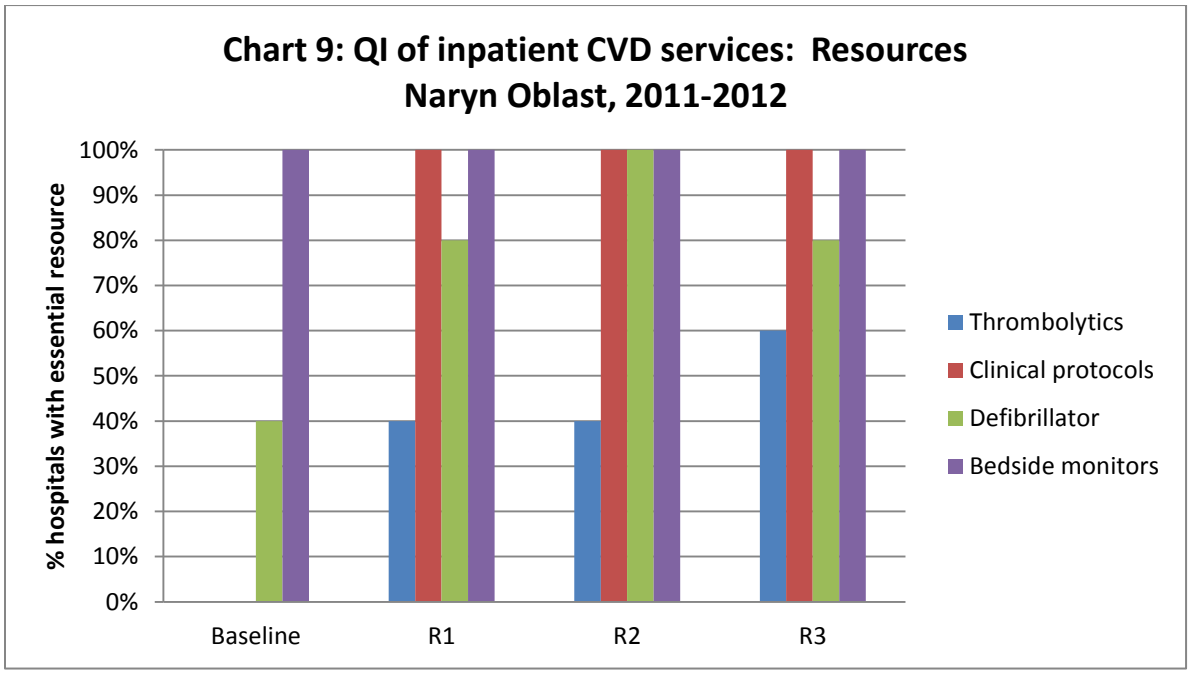
Table 39: OPHT Component Accomplishments related to Increased Access, Kyrgyzstan, Year Two		
Work Plan Goal	**Achievements**	**Impact of Achievements**
Improve quality of services delivered to patients with acute coronary syndrome at the hospital level (introduce thrombolytic therapy)	Thrombolytic therapy being administered in three of five hospitals in Naryn (formerly available only in Bishkek)	66% of Naryn's population lives in regions served by hospitals now offering thrombolytic therapy. Studies show up to 40% reduction in infarct-related mortality when thrombolytics are used together with aspirin to treat myocardial infarction. CVD mortality data from 2012 not yet available.

4.2.2 CAPACITY

Operational research conducted by the Health Policy Analysis Center in 2007 showed that the quality of CVD services provided by hospitals in Naryn Oblast was the lowest in the country. As CVD is the leading cause of mortality in Kyrgyzstan, the Quality Project undertook to improve the capacity of Naryn hospitals to deliver priority CVD services in accordance with standards of care outlined in national CPGs. Following baseline monitoring, training on current standards of care and training on QI methodologies in July 2010, each of five Naryn hospitals developed and began implementing concrete plans related to improving CVD care. Under a Quality Project grant, the Hospital Association of Kyrgyzstan continued supporting each facility during year two, which led to remarkable results in almost every aspect of care including improvements in essential resources, procurement of essential drugs, and adherence to treatment and clinical monitoring standards (see charts 8 and 9 and Table 40 below). Because of a USAID/CAR directive to discontinue all CVD-related activities, the project was not able to

organize a roundtable to present the results of this pilot to key stakeholders to set the stage for scale-up through the national healthcare reform strategy.





The project worked closely with FGPNA in years one and two to develop a new set of CQI indicators to facilitate monitoring and improved delivery of PHC-level CVD services and coordination of CVD care between the PHC level, village health committees, and hospitals. Project staff had planned to coordinate QI cycles in Naryn Oblast that would build upon previous CQI work done on hypertension in 2005 and

2009. One monitoring visit was made to test and refine the indicators in January 2012, but before the CQI work could be implemented, the project was instructed to discontinue all CVD-related work.

Kyrgyzstan has the highest stroke-related mortality in the Eurasian region and the approach to care of stroke patients is severely outdated in most health facilities. Development of CPGs on stroke was prioritized several years ago, but the first CPG (pre-hospital level) wasn't developed until late 2010 and a draft CPG for the hospital level was completed in July 2012. The Quality Project provided an "external" technical review of the guideline with detailed comments on content and organization. The CPG is now under revision and MOH approval is anticipated before year-end.

The table below details specific accomplishments related to improving capacity to provide OPHT health care in Kyrgyzstan.

Table 40: OPHT Component Accomplishments related to Increased Capacity, Kyrgyzstan, Year Two

Work Plan Goal	Achievements	Impact of Achievements

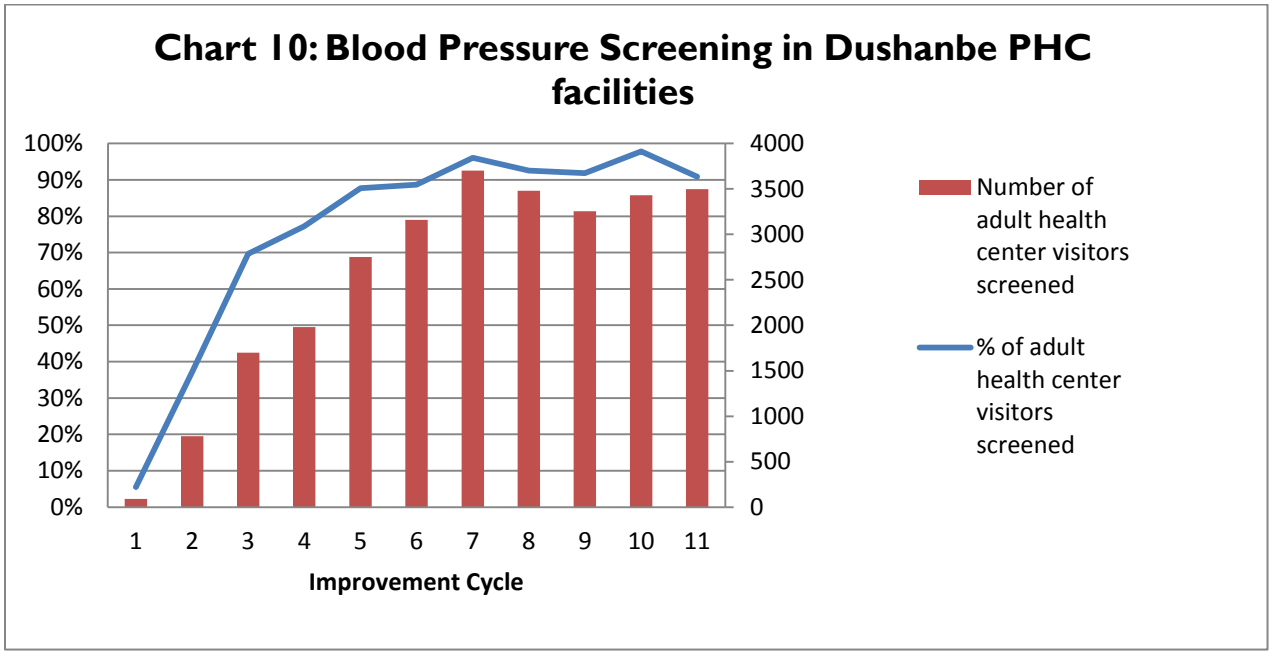
Improve quality of services delivered to patients with hypertension or existing CVD at PHC and hospital level	Hospital level improvements from baseline to fourth round monitoring (one year):
	• Percentage of health care workers demonstrating skill in:
	  ○ EKG interpretation: from 47 to 88%
	  ○ Defibrillation: from 18 to 82%
	• Percentage of patients receiving key intervention:
	  ○ Aspirin: from 38 to 98%
	  ○ Heparin: from 79 to 96%
	  ○ Beta-blockers: from 32 to 98%
	  ○ ACE-I: from 10 to 78%
	  ○ Statin: from 7 to 91%
	  ○ Aspirin, B-blocker, Statin at discharge: from 0 to 87%
	• Monitoring of blood pressure and pulse by protocol: from 38 to 98%
		• Quality of CVD service delivery is much improved in all Naryn hospitals.
		• Patient surveys show improved counseling on CVD topics and improved satisfaction with care.
		• Model of care developed for countrywide scale up
		• Mortality impact cannot be measured until 2012 data available.

Ensure availability of evidence-based guidelines on stroke	CPG reviewed July 2012; awaiting final revision and MOH approval.	Potential to increase quality of service delivery to stroke patients throughout Kyrgyzstan

4.3 TAJIKISTAN

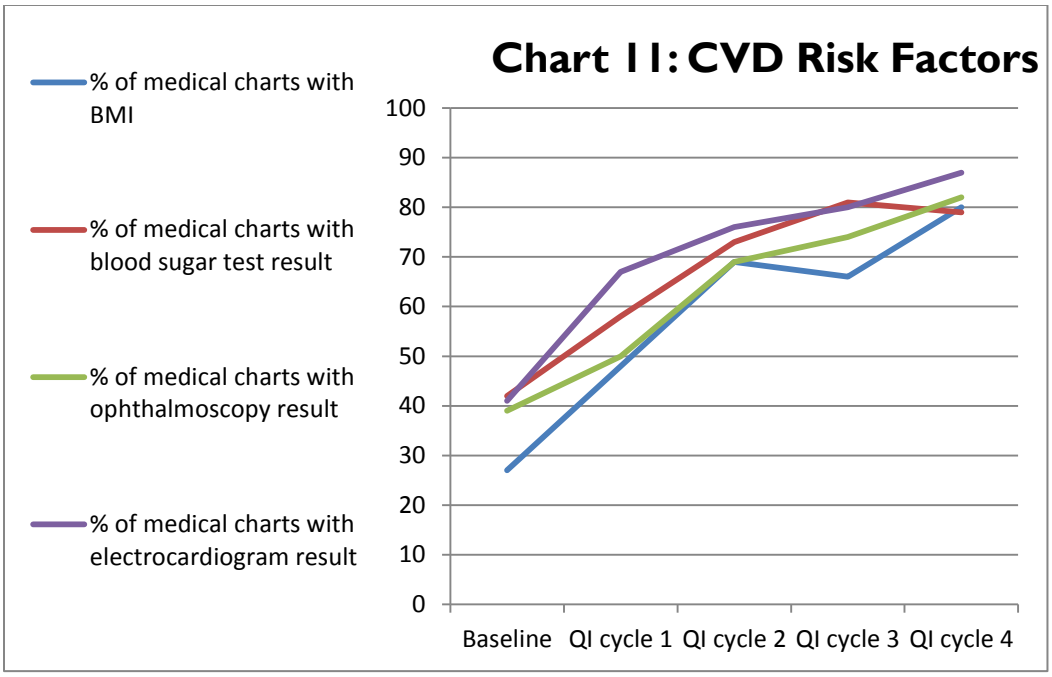
4.3.1 ACCESS

Measuring blood pressure in asymptomatic people is the first critical step in controlling the most important risk factor for CVD. Unfortunately, this simple procedure has never been routine in health centers in Tajikistan. Working closely with the Dushanbe Health Department and the City Family Medicine Center, QI methodologies were introduced in six Dushanbe health centers to improve the quality of services related to the detection and management of hypertension, including improving access to routine blood pressure measurement for all health center visitors. The number of adults being screened for hypertension each month at these six PHC facilities increased from 92 to 3,498 within one year of beginning QI activities. Prior to the project intervention, only six percent of adults visiting health centers were screened for hypertension (92 out of 1669), whereas at the end of year two, 91% of patients were screened for hypertension (3498 out of 3848).



4.3.2 CAPACITY

Once hypertension is detected in a patient, PHC facilities should provide quality care that includes an assessment of overall CVD risk, counseling on important lifestyle changes, individualized pharmacotherapy, and monitoring to ensure the patient is adhering to the treatment plan and responding to medications. In year two, the project worked with Dushanbe QI coordinators to improve the capacity of PHC facilities to diagnose, treat, and monitor patients with hypertension in accordance with evidence-based clinical guidelines. The project saw remarkable improvement in all indicators during year two, including a 42% absolute increase in health care workers providing treatment and follow up of hypertension in accordance with CPGs and a 64% absolute increase in the patients with hypertension receiving counseling on lifestyle changes. In addition, assessment and documentation of important CVD risk factors improved steadily over the course of the year, enabling physicians to provide appropriate, individualized treatment plans to their patients, as seen in chart 11 below.



The table below details specific accomplishments related to increasing capacity to provide OPHT-related care in Tajikistan.

Table 41: OPHT Component Accomplishments related to Increased Capacity, Tajikistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Improve services provided to patients with CVD	• Internal QI activities in six PHC facilities led to the following improvements over one year (numbers reflect baseline and year-end indicator results): ○ Health care workers using correct technique to measure blood pressure: 31 to 88% ○ Percent of charts of hypertensive patients with assessment of ten-year CVD risk: 36% to 74% ○ Percent of hypertensive patients treated in accordance with CP: 25 to 87% ○ Percent of patients counseled on important lifestyle changes: 25 to 70%	• An increased number of facilities are now more effectively detecting and managing patients with arterial hypertension. • Improved control of hypertension is associated with decreased risks of heart attack, stroke, and renal failure. 2012 national statistics on hypertension-related conditions not yet available to document impact of accomplishments. • QI teams now have capacity to lead improvement cycles on other conditions (now leading cycles on TB) • Increased capacity of City Family Medicine Center to coordinate city-wide QI

	○ Other improvements noted in Table 42, below • 28 PHC providers/managers from seven facilities trained in QI methodologies and actively involved in coordinating QI activities • Trained 250 health care providers in four cities on the updated CME CVD curriculum	initiatives

4.3.3 DATA

The project's CVD work also strengthened the capacity of public health services to collect, analyze, and use strategic data for decision-making. As part of the Quality Project intervention, quality teams were formed at each of seven health care facilities to conduct internal audits, calculate indicators, and make action plans on a monthly basis. The improvements noted in the above sections reflect implementation of activities targeted at solving concrete problems identified through the internal audits (see Table 42, below).

Table 42: Improvement in Health Care Worker Decision-Making, with Impacts in Dushanbe Health Centers

Problem	Baseline indicator	Example interventions	Follow-up Indicator
Limited blood pressure screening	6%	• Organize nurse check-in rooms • Change patient flow to require all patients to go through nurse check-in before seeing PHC provider or specialist • Register all patient intake data in journal in check-in room	91%
Limited registration of CVD risk factors in patients with hypertension	BMI: 19% Ophthalmoscopy: 43% Glucose: 43% Urine: 66% EKG: 34%	• Add measurement and recording of body mass index (BMI) to nursing tasks during patient check-in • Conduct in-service training of PHC providers on ophthalmoscopy (mentoring by ophthalmologist) • Purchase biochemical analyzer to improve access to essential screening labs (glucose, cholesterol, potassium) • Equip PHC providers with basic medical equipment (Quality Project funded)	BMI: 65% Ophthalmoscopy: 80% Glucose: 68% Urine: 87% EKG: 77%
Limited adherence to treatment standards	25%	• Use monthly audit and feedback of provider performance to improve adherence.	87%

As a result of the teams' increased capacity to collect, analyze, and base improvement decisions on data, the health centers are in a much better position to tackle other quality issues and have already started working on TB.

> **Increasing Capacity**
>
> *The number of patients receiving life-saving therapy for heart attacks in hospitals in Naryn Oblast, Kyrgyzstan increased dramatically over one year of QI activities: thrombolytics (from 0 to 67%), aspirin (from 38 to 98%), and beta-blockers (from 32-98%).*

4.4 TURKMENISTAN

4.4.1 CAPACITY

CVD activities included in the Quality Project's year two plan were agreed upon with representatives of MOHMIT, the Cardiology Center in Ashgabat, and WHO. However, due to changes in management of the Cardiology Center, collaboration on implementation of the National Strategy for Cardiology Services Improvement was postponed. MOHMIT's attention was devoted to expediting the completion of the "Health Development Program for 2012-2016," which was finally approved in April 2012.

The Quality Project led a one-day CVD roundtable, conducted on April 18, 2012 at which participants discussed evidence-based interventions to reduce the incidence of CVD and effective approaches used in CAR to improve quality of CVD services. The roundtable participants confirmed their interest in long-term collaboration with WHO and the Quality Project and discussed the establishment of an evidence based medicine center (EBMC) to be used as a resource center for the development of evidence-based standards of CVD care. Recommendations regarding these issues were developed and submitted to MOHMIT. Establishment of an EBMC was included in the new "Health Development Program for 2012-2016 Plan of Action" approved by the MOHMIT in April 2012.

The table below details specific accomplishments related to increasing capacity to provide OPHT-related care in Turkmenistan.

Table 43: OPHT Component Accomplishments related to Increased Capacity, Turkmenistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Continue dialogue with TSMU and Cardiology Center to promote evidence-based CVD services	Conducted CVD roundtable for TSMU, Cardiology Center, and velayat departments senior specialists	As a result of a recommendation to MOHMIT to establish an EBMC as a resource for activities related to EBM and international standards of service provision to CVD patients, plans for an EBMC were included in the government's new "Health Development Program for 2012-2016 Plan of Action."

4.5 UZBEKISTAN

The Quality Health Care Project was unable to adequately fulfill year two OPHT work plan goals in Uzbekistan due to a change in USAID guidance. All goals within the USAID-approved work plan for year two were based upon the assumption that the project would collaborate with the World Bank. As this

collaboration was cancelled, and USAID requested that the project cease CVD work in quarter three, OPHT activities in Uzbekistan were extremely limited in year two. In the first two quarters of year two, OPHT staff did participate in dialogue with WHO and other donors involved in development of the "National Non-Communicable Disease (NCD) Strategy and Action Plans;" however, the project did not engage in follow-up activities after quarter three.

4.6 OPHT TRAINING STATISTICS, YEAR TWO

Country		Kazakhstan			Kyrgyzstan			Tajikistan			Turkmenistan			Uzbekistan			All Countries		
Field of Study Component	Field of Study Subcomponent	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F
CVD/NCD		0	0	0	311	45	266	4059	1611	2448	16	6	10	0	0	0	4386	1662	2724
Total		0	0	0	311	45	266	4059	1611	2448	16	6	10	0	0	0	4386	1662	2724

5. HEALTH SYSTEMS STRENGTHENING (HSS)

5.1 KAZAKHSTAN

In year two the Quality Project contributed to the improvement of the health care legal and policy framework in Kazakhstan, with a focus on the project's TB, HIV, and MCH/FP/RH priority programs. Key interventions included:

- Support for implementation of the National State Health Care Development Program 2010-2015: Contributed to the development of the National TB ACSM Program and M&E Plan, the National MCH/FP/RH Strategic Roadmap/Conceptual Plan, and to preliminary discussions on the new National HIV Program; *Please see TB, HIV and MCH/FP/RH sections of the report for further details;*
- Support for improvements of the PHC P4P system;
- Capacity building for NGOs to help them participate more actively in the State Procurement Order and thereby expand services to vulnerable populations while working within the existing legal and regulatory framework;
- Support for national dialogue on the new health financing model to retain the single payer system and the current State Guaranteed Benefits Package;
- TA for revisions of the diagnosis-related groups (DRG)-based hospital provider payment system for services within the Reproductive Health Center; and
- Support to national working groups on TB, HIV, TB/HIV, and MCH/FP/RH; helped strengthen mechanisms for TWG contributions to policy dialogue.

5.1.1 ACCESS

In year two, the Quality Project worked with MOH to improve the PHC P4P system linked to provider level QI and internal audit processes. MOH prikaz #245 from April 2012 approved the PHC P4P system with some revisions recommended by the Quality Project. The revised system expands the range of PHC staff and now includes general practitioners, nurses, midwives, and social workers, who can participate in the system and get financial reward for improvement of health services. The new system also recommends the inclusion of process indicators in addition to result indicators; the TB section recommends process indicators that were recommended by the Quality Project. A KAFP proposal to stop discrimination against elderly individuals in hospitalization was also accepted in the new version of the prikaz. While the PHC P4P system is being launched nationally and is being recognized by health managers and workers as a powerful instrument for provider-level QI, a lot more work is still needed to improve the system, particularly its indicators, and to train health managers and workers to implement it effectively. The Quality Project contributed to discussions with the National Medical and Pharmaceutical Services Quality Control Committee on the P4P system, stressing the importance of selecting correct and manageable indicators as well as rewarding improvements rather than punishing mistakes.

While curtailing broader health system activities, the Quality Project made a significant contribution to policy and technical discussions on the new health financing model for Kazakhstan as a critically important factor impacting overall access to health care for the entire population, particularly MARPs. As a result of World Bank, WHO, and Quality Project coordinated efforts the government and MOH's initiative to introduce medical saving accounts in Kazakhstan, which would have put at risk the poorer and more vulnerable populations, was abandoned and the current single payer system supporting the Reproductive Health Center at its current size was retained. However, the threat of the revival of this initiative remains, and it requires attention. The Quality Project made a final push to contribute to the improvement of the hospital payment system based on the revised DRGs. In 2012 MOH approved the revised DRGs together with an internal QI (audit) process for hospitals. In conditions of significant

autonomy of health organizations in Kazakhstan, the system plays an important role encouraging savings and optimization of the overall hospital system.

The table below details specific accomplishments related to increasing access to high quality health care services through HSS in Kazakhstan.

Table 44: HSS Component Accomplishments related to Increased Access, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Improve TB financing system	• Methodological recommendations on PHC P4P system approved by the MOH Expert Committee of Standardization and Medical Technologies Assessment (Protocol #27 of November 30, 2011) • Technical input and recommendations on PHC P4P indicators including TB indicators, provided to MOH. • MOH prikaz #245 from April 2012 regulating the PHC P4P system, which includes revised TB indicators, approved and implemented nationally.	• Methodological recommendations on PHC P4P system providing a detailed description of the P4P system and empowering health providers with tools to improve quality of health services are used nationally. • Compliant with prikaz #245, PHC providers in the country are involved in improvement of the quality of TB services, measured against indicators regulated by the prikaz.
Refine and solidify single-payer system for Reproductive Health Center	• Shared international experiences on the Reproductive Health Center to inform national policy dialogue on health financing models; • Contributed to national discussions on the Reproductive Health Center, sharing international experiences. • Contributed to discussions on the most appropriate health financing model for Kazakhstan. • Contributed to the national health financing strategic meeting on May 19 at which key partners discussed	• MOH abstained from introducing medical saving accounts in Kazakhstan and retained the single payer system supporting the Reproductive Health Center at its current size

	potential health financing models for Kazakhstan; Recommendations from the meeting were critically important for retaining the current single payer system and the Reproductive Health Center. • Prepared technical materials/presentation on hospital payment (DRGs) within the national TWG on the provider payment system. • Within the national working group, completed input to revisions of DRG-based hospital payment system.	• MOH approved the revised DRGs. • The DRG system now includes the internal QI (audit) process introduced nationally.

5.1.2 CAPACITY

> ***Increasing Access***
>
> *As a result of World Bank, WHO, and Quality Project coordinated efforts, the government and MOH's initiative to introduce medical saving accounts in Kazakhstan, which would have put at risk poorer and more vulnerable populations, was abandoned and the current single payer system was maintained.*

In year two, the Quality Project worked to build the capacity of MOH, NTBC, the National AIDS Center, the Astana and Almaty MCH Centers, and the Astana EPC Center in order to improve the level of health care provided to the population. The project supported the country's medical universities in order to build their capacity to plan and deliver improved, expanded, and sustainable priority health services. The Quality Project, in collaboration with MOH, national partners, GFTAM and WHO, contributed to over 20 key national policy and legal documents enhancing the health system's capacity to provide better quality services and expand access of the population, including MARPS, to such services. TB, HIV and MCH/FP/RH specific accomplishments are reported in the respective sections of the report. In year two, the project provided input to several key health financing policy and technical documents, including providing methodological recommendations on the PHC P4P system, and technical recommendations and analytical documents supporting the Reproductive Health Center and single payer system.

The table below details specific accomplishments related to increasing the capacity of the Kazakh health system to provide high quality health care services.

Table 45: HSS Component Accomplishments related to Increased Capacity, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Contribute to the development of the legal and	Contributed to preparation of over 20 key national documents	• The National TB ACSM Program, Plan and M&E

regulatory base supporting the implementation of the State Health Care Development Program 2011-2015	(prikazes, methodologies, analytical documents, roundtable resolutions, and policy/ technical papers)	system created and ready for national implementation • The PHC P4P system that includes TB indicators encouraging improvement of TB patient treatment and TB patient psychological and social support implemented nationally • The revised DRG system encouraging efficient use of hospital resources for hospital payment is introduced nationally.
Carry out implementation strategy to link TB PHC CQI and P4P in the two-level PHC per capita rate	Conducted policy and technical meetings with MOH, the National Health Services Quality Control Committee, the National TB Institute, the East Kazakhstan Oblast and Almaty Oblast health departments, and individual PHC providers to promote, improve, and support implementation of the PHC P4P system, focusing on TB; provided technical input to the improvement of TB indicators; provided TA to PHC facilities in implementing TB QI processes; drafted a TB PHC QI Package. *Please see details in TB section of the report.*	The PHC P4P system encouraging TB improvement at PHC level implemented nationally *Please see TB section of the report for more detail.*
Contribute health financing input to the development of the "institutionalization package" and final action planning given a decrease in OPHT and MCH funding	• Arranged and delivered four distance learning e-courses on arterial hypertension • MCH institutionalization	• The arterial hypertension computer-based distance education course contributes to institutionalization and sustainability of arterial hypertension training and supports national implementation of arterial hypertension CPG for PHC, particularly in remote areas. • PHC providers were familiarized with innovative e-learning techniques expanding their learning opportunities. • After its approval by MOH,

	package draft developed The package (draft) includes the ANC training module and materials, continuous QI methodology and tools for ANC and ANC/FP/RH patient counseling materials.	the MCH Package will empower PHC providers and outpatient specialists to provide better quality ANC services in line with WHO recommendations.
Contribute to the development of family medicine departments in medical academies	KAFP provided organizational support including fund-raising for faculty members from Almaty, Aktobe, and Astana Medical Academies to participate in seven international conferences and trainings on a range of priority clinical topics including Chronic Obstructive Pulmonary Disease, clinical immunology, and CVDs.	The exchange of academic and professional experience at international healthcare events was key in spreading updated evidence-based medical information among faculty, students and professionals. Clinical trainings conducted throughout year two by family medicine faculty members were largely designed based on the information acquired during the international events and through communication with international colleagues.
Modernize evidence-based standards integrated into undergraduate medical education	Created TB textbook for undergraduate education and the ANC training module for undergraduate and post graduate medical education in collaboration with NTBC and the National Kazakh Medical University	The TB Textbook and the ANC Training Module introduce the most advanced evidence-based standards in medical education in TB and MCH priority areas.
Support KAFP organizational development	• Organized and launched regular Skype all-staff meetings and internal e-trainings • Developed a database of KAFP members • Created a new website www.asvk.kz	• A reliable and positive working climate created and maintained through the new means of communication • Regular exchange of information and peer discussions across KAFP branches established and maintained • The improved members' database allows efficient planning of trainings and resource allocation, consequently improving the quality of KAFP services to its members

5.1.3 DATA

In year two, the Quality Project focused its efforts on strengthening the capacity of TB and MCH providers to collect, analyze, and utilize information/data for better decision-making at the national, oblast, and health facility levels. For this purpose, the Quality Project provided TA to develop, improve, and implement monitoring indicators supporting QI processes in the TB and MCH areas. The Quality Project provided counseling, mentoring, and training to national MCH mentors, and to MCH oblast health providers and managers. In year two, project staff also completed the TB patient satisfaction survey report and submitted it to USAID. The findings were presented and discussed at the national roundtable on TB patient social support and contributed to a roundtable resolution, which included recommendations to improve social support for TB patients.

Please see TB and MCH sections of the report for further information about these accomplishments.

The table below details specific accomplishments related to increasing use of data within the health care system in Kazakhstan.

Table 46: HSS Component Accomplishments related to Increased Data Use, Kazakhstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Improve quality and reliability of MCH/FP/RH data collected through the national HIS to support evidence-based practices and decisions and institutionalize the revised data collection tools	• Contributed to the development of national indicators to monitor EPC implementation in the country, which were approved by MOH and Astana and Almaty MCH Centers • Provided on-going technical support to the national team of EPC mentors to analyze the collected data	• The national EPC mentoring/monitoring indicators are institutionalized in the system; they are used nationally to monitor EPC implementation and support evidence-based practices and decisions • National EPC mentors provide regular (twice a year) mentoring/monitoring visits to all oblasts to monitor and evaluate EPC implementation.
Develop country capacity to better use information supporting evidence-based government policy and funding for HIV/AIDS (National Analytical Center)	• A national roundtable on NGO state social funding and a roundtable on women harm reduction programs resulted in resolutions supporting the NGO social state funding and women harm reduction programs. The resolutions were submitted to MOH and National AIDS Center /GFTAM to advocate for grants from the government and GFTAM.	In the course of 2012, four NGOs received grants through the government funds and five from GFTAM. Currently, in the framework of these grants NGOs conduct research studies concerning business structures' attitude to HIV; provide HIV services to female PWID and PLHIV, and conduct informational activities.

	• As a follow-up to the national roundtable on NGO funding through government sources, the project supported subsequent trainings for 40 NGOs on the state social procurement order.	
Develop country capacity to better use information to improve quality of TB and MCH services	• 29 national EPC mentors enhanced their capacity to analyze and use EPC indicators through Quality Project counseling • Four mentors participated in joint mentoring of MCH facilities in Kyzyl-Orda oblast • Conducted operational research entitled "TB Patient Satisfaction Baseline Survey;" presented the results at a national roundtable on TB patient social support in order to inform the discussion and decisions of the roundtable; submitted report to NTBC	• Improved quality of data collected • The operational research was used for revision of IPCC training materials and for planning activities related to the organization of treatment support groups.
Contribute to the development of EBM centers established under five medical academies (MA)	12 national organizations including the Republican Health Care Development Center, Kazakh National Medical University, Karaganda State Medical University, Kazakhstan School of Public Health, South Kazakhstan Pharmaceutical Academy, MCH Centers, National Center for Healthy Lifestyles, Aman Saulyk Public Association, and KAFP continued to receive subscriptions to G-I-N and CAR EBM Network through Quality Project support.	Key national agencies receive continuous updated EBM information.

5.2 KYRGYZSTAN

5.2.1 ACCESS

Increased access to health care services is one of the strategic objectives of health care reform in Kyrgyzstan. During year two, the project provided technical support to achieve this goal in the following areas:

- Improving health care workers' knowledge and skills through distance learning CME;
- TA to Mandatory Health Insurance Fund (MHIF) to increase accessibility to health services by strengthening existing pooling and purchasing arrangements of MHIF/single payer for the Reproductive Health Center;
- Undertaking the continuation phase of financing reforms in public health/SES and medical and nursing; and
- Designing and implementing a new TB financing system in Kyrgyzstan.

Throughout the year, the Quality Project helped to strengthen the MHIF pooling and purchasing arrangements of MHIF/single payer for the Reproductive Health Center. The existing system of provider payment, developed as part of the financial system Ministry of Finance (MOF)/treasury, requires four financial flows and accounting principles and didn't allow for full implementation of the result-based payment system for inpatient services. In order to allow for the introduction of a result-based payment system, the Quality Project provided TA to MHIF to make final changes for sustainability, including the introduction of basic medical insurance for the entire population, which is significant in that it changes the MOF classification of the health budget from infrastructure to insurance. The advantage of this system is that it allows for differentiation of fund flows by categories (i.e. age, gender, socio-economic), promoting efficiency of budget allocations and increased access to health services, especially for the poor. The appropriate laws and regulations for this were passed by parliament and the government, but have not yet been implemented.

In accordance with Kyrgyz governmental decree and an MOH decision, all TB hospitals have been transferred to new results-based financing methods within the Single Payer System via MHIF. The Quality Project provided ongoing support to MHIF to accomplish all preparatory work including: developing a payment system; improving information software to register treated cases in TB hospitals; and adjusting DRGs in order to estimate treated costs of TB patients. These reforms make it possible for money to be saved within TB hospital care, and thereby redirected to outpatient TB care, allowing funding to be focused on inpatient care for those who need it most, including MDR-TB patients.

The table below details specific accomplishments related to increasing access to high quality health care services through HSS in Kyrgyzstan.

Table 47: HSS Component Accomplishments related to Increased Access, Kyrgyzstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Expand e-learning as CME delivery method	• Created website for delivery of online CME courses • Trained 16 faculty of the post-graduate institute in facilitation of online CME • Conduced first completely institutionalized online CME course	Online delivery of CME now institutionalized with potential for significant cost savings to MOH once scaled up
Maintain and strengthen existing pooling and purchasing arrangements of MHIF/single payer for Reproductive Health Center	• Package of regulatory and operational materials regarding health budget funds flow for MHIF within new classification in the	• Public health insurance differentiates fund flows by category (i.e. age, gender, socio-economic) and promotes efficiency of

	MOF/treasury system is under development and was submitted to MHIF in September 2012. • Package of required documents and guidelines on financial reporting related to basic medical insurance developed and submitted to MHIF in September 2012 • Provided TA to MHIF to develop plan to improve health quality assurance and control within SBGP • Provided TA to MOH to develop concept of health quality	budget allocations as well as access to health services, especially for the poor. • The preparation of these materials has laid the base for MHIF to extend this financing model throughout the country, thus allowing MHIF to use economic incentives for health providers, based on quality and efficiency performance.
Undertake continuation phase of financing reforms in public health/SES and medical and nursing education and document reforms in "institutionalization package"	• Completed finance reform processes in public health and medical education • Provided TA to MOH to implement new financing mechanisms and form budget for SES and medical education based on new per capita and normative financing systems • Provided TA in development of legal and regulatory documents prepared for next steps in SES and medical education finance reform, for review by MOH	• Financing reform in SES and medical education increases efficiency and transparency of budget allocation and increase access to nursing education. The number of students in medical/nursing schools increased from 2,499 in 2006 to 3,445 in 2010. • Implementation of new output-based payment systems for SES providers contributed to a positive change in the role of SES providers, and contributed to further restructuring and optimization of resources. • The reform process in SES and medical education have been institutionalized, with the next steps included in the Den Sooluk Health Reform strategy and implementation plan, which is currently under development.
Design and initiate implementation of new TB financing system in Kyrgyzstan	Based on collected data, the Quality Project: • Developed a new payment system for TB hospitals,	All TB health providers are now paid under new output-based provider payment systems; thus, NTBC can now begin the

	which was approved by MHIF in June 2012 • Calculated DRG rates for five TB clinical groups and drug-resistant TB. • Conducted two trainings for MHIF medical experts in CQI and the new system of TB treatment.	restructuring process for the TB care health system.

5.2.2 CAPACITY

The Quality Project contributed to improving the capacity of the health care system through policy dialogue and technical support in development of the Den Sooluk health sector strategy, implementation plan, and costing. The Prime Minister approved and signed Den Sooluk on May 24, 2012. It must still be signed by parliament. The main objective of Den Sooluk is to improve the health of the citizens, specifically in the areas of CVD, MCH, TB, and HIV/AIDS care. In addition to providing TA during the joint annual reviews and health summits, the Quality Project also facilitated the process of development of the MHIF five-year strategic plan.

To conduct external and internal restructuring of TB services, the project, through Socium Consult, conducted a detailed analysis of each TB facility, which included performance, financial, and economic conditions and patient flows. These data were discussed in each of the TB facilities and at a roundtable, and were followed by staff training. Many TB facilities used the analysis to carry out internal restructuring. External restructuring is planned for 2013. This activity must be preceded by approved mechanisms to reinvest savings that result from increased efficiencies created by the restructuring; this will be a challenge in 2013.

The project also supported increased capacity of providers through provision of evidence-based information to doctors and nurses. Project staff also supported capacity development of local institutions, including the EBM Unit and professional associations, including FGPNA and the Hospital Association of Kyrgyzstan.

The table below details specific accomplishments related to increasing capacity within the HSS in Kyrgyzstan.

Table 48: HSS Component Accomplishments related to Increased Capacity, Kyrgyzstan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Contribute to improving health policy through policy dialogue processes contained in the Manas Taalimi and Den Sooluk health sector strategies	• Provided support and TA to MOH in development of the Den Sooluk Health Reform strategy, which was approved by government decree #309 from May 24, 2012. • Provided TA to MOH to develop a plan of work focused on critical activities	As a result of project assistance, the approved health system development strategy Den Sooluk is based on internationally-accepted evidence-based approaches, which take into account the realities of Kyrgyzstan and is in line with USAID priorities for TB, HIV, and MCH.

	for HIV and TB care • Provided TA to MOH in costing of Den Sooluk/Sector-wide Approach (SWAp) II health sector strategy • Provided TA to MOH in creating implementation arrangements for Den Sooluk program	
Restructure TB hospitals in accordance with changes in TB financing system, and toward the overall goal of improving quality of TB diagnosis and care in the country	• Carried out financial and site-level analysis to provide support to MOH/NTBC in developing a restructuring plan • Conducted a roundtable with MOH, MOF, MHIF, NTBC, NGOs, and oblast TB hospitals to determine roadmap for MOH to optimize and restructure TB health care services • With technical support from the Quality Project, TB system restructuring was included in the Den Sooluk national health care strategy	• According to the analysis of the TB structure conducted by the Quality Project, restructuring which has already taken place has led to a reduction in 105.7 full−time equivalent staff positions. The funds saved through this restructuring (over 4.8 million soms) have gone toward staff salaries and bonuses. • Concrete activities related to TB restructuring will begin in 2013 as part of the health reform strategy. • TB restructuring provides the opportunity to convert and/or reduce the number of TB facilities and shift savings to the PHC system. This will allow PHC facilities to get paid for provision of fully ambulatory TB care, and saved funds can also be channeled into P4P in order to allow the existing health care system to more effectively provide TB care.
Improve quality of service delivery through attestation of PHC providers	284 doctors and 1696 nurses went through the attestation process, overseen by FGPNA.	• The capacity of FGPNA was further developed through their role in the attestation process. • Providers had an incentive to continuously improve their capacity to provide quality health services in preparation for their attestation.

Increase awareness of evidence-based clinical recommendations among health care worker at service-delivery level	Provided technical support for three conferences, which were held for over 600 participants covering the content of 43 evidence-based CPGs. Participants included the majority of clinical faculty from undergraduate and postgraduate institutes, quality auditors from MHIF, and leaders of professional associations.	As a result of these conferences, curricula of undergraduate and postgraduate institutions will be updated to incorporate recommendations from evidence-based CPGs.
Strengthen roles and relationships in the health system	Role of EBM unit strengthened through technical support from the Quality Project in the following areas: • Coordinating CPG development • Contributing evidence base for revision of national essential drug list • Facilitating development of CPG implementation indicators	• EBM unit is now frequently sought by MOH, medical educators, and health facilities to provide official evidence-based assessment of policies and practices. • EBM being accepted by more and more providers and policy makers.
Develop a CPG implementation strategy	With the EBM Unit, drafted a CPG implementation strategy	The strategy will provide MOH with a framework for use in developing policies to promote implementation of new CP/CPGs
Expand role and strengthen sustainability of professional associations	Strengthened the role and capacity of Hospital Association of Kyrgyzstan in the following areas: • TB IC • Coordinating QI activities • Leading QI training (now able to lead training without outside support) • Developing indicators • Developing data collection sheets • Supporting quality teams to calculate indicators and analyze data • Conducting studies to contribute evidence to policy discussions on restructuring of health facilities. Strengthened the role and	• Both professional associations now have experience in supporting health facilities to implement QI activities. This could become a source of income and sustainability for the associations if QI "packages" and support are marketed. • FGPNA and the Hospital Association of Kyrgyzstan are now routinely sought by MOH to contribute to development of policies or tools to improve the quality of service delivery and for discussions on restructuring.

	capacity of FGPNA in the following areas: • TB IC (PHC) • Supporting healthcare facility managers/ administrators through provision of supportive supervision on organizational management to improve the quality of health care services • Supporting MOH to review/update standardized health documents at the PHC level	

5.2.3 DATA

Improvement of the single payer information software was one of the largest components of the preparatory work for changing the country's TB financing system. The Quality Project worked with MHIF's Information System Department specialists for four months to develop this system. All the required changes are currently being made and a new version of the software is being installed in all health facilities that are part of the Single Payer System. This activity software will allow hospitals to register treated cases, estimate costs for each treated case, and determine the payment amount to be provided to each hospital based on actual performance results. Quality Project support was critical because TB hospitals in Kyrgyzstan had no previous experience operating information software; nor had they registered treated cases or created databases of hospital admissions. Previously, registration was manual and largely fragmented. Therefore, the Quality Project specialists sent a significant amount of time not only adjusting the software, but also training TB hospital specialists in its use. Additionally, the project worked with TB hospital managers to convince them of the necessity of purchasing computers, selecting and equipping rooms for operators, and installing telephone and Internet connections to send information on treated cases from the TB hospital to the territorial department of MHIF.

Improving Data Use

The Quality Project provided the MHIF in Kyrgyzstan with vital IT assistance in implementing the country's new TB financing system. The new system has been introduced in 29 TB hospitals.

The project also worked to provide health care workers with tools to improve their use of information. Activities in this area included introduction of a "face sheet" into the patient chart, which will be used to make the collection of key information all in one, easily-accessible location routine, and provision of support on CPG implementation, including development of standard implementation indicators for providers and MHIF. The project also supported improved information use for CPG developers, including provision of external review of CPGs.

The table below details specific accomplishments related to increased use of data for decision-making within the health care system in Kyrgyzstan.

Table 49: HSS Component Accomplishments related to Increased Data Use, Kyrgyzstan, Year Two		
Work Plan Goal	**Accomplishments**	**Impact of Accomplishments**
Implement result-based financing on top of existing SBGP provider payment systems to intensify financial incentives for QI in MCH/FP/RH as a model for other priority programs	Provided technical input to MOH and MHIF in design of the World Bank result-based financing project. Implementation of a system of financial incentives for the TB provider payment systems is critically important to improve health quality. This process will start in 2013 in parallel with the World Bank result-based financing project.	Some elements of result-based financing have been refined for Kyrgyzstan and the MHIF system, and are ready to be rolled out through the entire health care system, including in priority health areas of MCH, HIV, and TB. Result-based financing allows for better collection and use of data on the provider level, and for use of this data by MOH for decision-making purposes. This provides stimulus for health care workers to provide higher quality care.
Improve TB hospital information billing, and accounting system, and unify them with statistics and surveillance systems	• Conducted analysis of current reporting forms and systems in TB (medical, statistical, information) • Provided MOH/MHIF with TA to update their overall information systems, as part of the process of incorporating TB into the Single Payer system. • Conducted trainings to facilitate implementation of the TB hospital payment system, including: o On information billing and health statistics system within the Single Payer System, 63 people from 29 TB hospitals o On budgeting, accounting, and reporting systems within the Single Payer System, 58 financial specialists from TB hospitals o On DRG, medical reporting, and new salary system, over 160 health care workers from TB hospitals	• New information system for TB hospitals has been developed and introduced in 29 TB hospitals. • New information system allows MHIF to automate collection of data on treated cases and calculate costs, facilitating the provision of payments for TB hospitals. • New information system will improve internal management of TB health facilities and allow NTBC to provide day-to-day monitoring and control for their activities managerial decision-making.

Increase QI awareness and skills among healthcare managers	Trained healthcare managers from 12 health facilities (both PHC and hospital level) in QI methodologies	Healthcare managers support quality committees/teams to engage in QI activities on priority topics.
Introduce routine use of a summary "face sheet" in the ambulatory medical record	MOH approved a new standardized ambulatory health record designed with technical support from the Quality Project.	The face sheet standardizes routine collection of essential health screening information, including blood pressure, BMI, smoking status, alcohol abuse, sexually transmitted infections/HIV risk factors, and periodic cancer screening. Eliminates outdated screening requirements that were in old ambulatory record.
Strengthen CPG implementation methods	• All project-coordinated facility-level CQI activities are linked to national CPGs, if available • With FGPNA, developed chronic disease management tools for hypertension, asthma, and diabetes based on new CPGs (all approved by MOH) and a diagnostic aid for TB • Provided training on developing CPG implementation indicators for 23 TB, HIV, and narcology guideline developers; Indicator packages developed for TB, HIV post-exposure prophylaxis, and methadone substitution therapy	• Publication of CPGs with implementation indicators should help unify internal QI process with quality assurance reviews conducted by MHIF. Will also provide tools for healthcare facility managers to conduct internal quality audits. • Job aids and audit with feedback (used in CQI) are methods of guideline implementation with proven effectiveness.
Strengthen capacity of CP/CPG developers to interpret study results, assess strength of recommendations, and formulate clinical recommendations	Technical reviews were conducted on the following guidelines, with written feedback on evidence survey/ interpretation and recommendations given to guideline developers: Pediatric TB, TB IC, and TB for PHC providers, iron−deficiency anemia, syphilis, gonorrhea, type two diabetes, stroke, headache, dyspepsia, and shock.	• High quality CPGs are being regularly developed. • Guideline developers have greater capacity to filter scientific studies based on study design and results. • Guideline developers have increased capacity to evaluate ingrained practice habits in light of evidence.

Improving Primary Health Care

Tajikistan's primary health care system is facing a human resources deficit, as the current crop of doctors retires, and most medical school graduates elect to practice specialized medicine. The USAID Quality Health Care Project is assisting Tajikistan in addressing this issue by preparing a new generation of family doctors through a pilot training course at the Tajik Postgraduate Medical Institute for 12 randomly-selected recent medical school graduates.

At the end of the one-year course, these 12 interns scored higher than all other interns in Tajikistan on their graduation exams, earning on average 53% higher scores on the clinical portion, and 43% higher on the written portion than students who participated in the country's traditional internship training program.

The Ministry of Health commended the Post Graduate Medical Institute and USAID Quality Project-collaborative program and recommended that it be expanded for use countrywide. The Ministry of Health expects that the pilot model will not only strengthen the institution of family medicine in Tajikistan, but will also encourage recent graduates to choose family medicine as their specialty.

5.3 TAJIKISTAN

Tajikistan spends an extremely low proportion of public funding for health, with the result that patients pay correspondingly very high out-of-pocket fees for medical care. The country also suffers from limited institutional capacity for implementation of health systems reforms. Despite these limitations, the government of Tajikistan is eager to progress rapidly with health care reforms and is taking a broad approach to HSS. The government approved a "Health Financing Strategy, 2005-2015," in May 2005. Since that time, USAID, first through its project ZdravPlus and more recently through the Quality Project, has worked with the government to implement this strategy. The health financing strategy stipulates a gradual increase in the health budget, equal access to free health services, establishment of formal health provider autonomy with a clear definition of their roles and responsibilities, formalizing copayments via the Basic Benefit Package, establishing a health purchaser, and creation of new provider payment systems.

5.3.1 ACCESS

In year two, the Quality Project contributed to improving access to TB, HIV, MCH, FP, and OPHT priority services by helping the government more effectively target funding. Project staff served as members of MOH HSS TWG and provided TA on establishing new payment mechanisms for PHC per capita financing and for the hospital payment system. Technical experts believe that these reforms will soon be approved by both MOH and MOF, and that they will increase patient access to high quality services by ensuring that the country's limited funds are spent more efficiently, and are allocated directly to patient care expenditures.

In year two, the Quality Project also assisted MOH in planning the design and implementation of a new provider payment system in Sogd Oblast, as a first step towards the implementation of the new health financing strategy throughout the country. Project staff conducted financial and economic analyses of all health facilities in the Sogd Oblast, and as a result provided MOF with analytical documents regarding health system performance there. The MOH has requested that the Quality Project conduct a detailed analysis of health facilities in Sogd to prepare for further hospital restructuring. This restructuring will allow the health care system to save funds from unutilized or underutilized capital-intensive infrastructure inherited from Soviet times, and reinvest these funds in the health system. These additional funds will again increase the population's access to healthcare provision by freeing up funds to be spent directly on patient care.

Also in year two, the Quality Project designed the first Tajik DRG consisting of 185 groups. This is will be a core element for establishing case based payment for hospitals, and will allow the health care system to use statistical data about the number of treated cases to more effectively allocate funds for patient care.

The table below details specific accomplishments related to increasing access to high quality health care services through HSS in Tajikistan.

Table 50: HSS Component Accomplishments related to Increased Access, Tajikistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Gradually expand current dialogue on specific or targeted programs to broader health policy dialogue	• Held roundtable on HSS related to IC, and strengthening of PHC services to increase case detection and treatment of HIV and TB and began developing plans and next steps based on roundtable. • Provided TA to MOH HSS TWG, with the result that the number and quality of policy dialogue mechanisms significantly increased	• Broader health policy and HSS benefits all programs • A taskforce to review current legislation and propose new medical code created • Total review and reorganization of health administration at the rayon level
Reach technical agreement on health financing reform implementation strategy and plan and obtain governmental degree approving plan	• Involved MOF in planning process for HSS health financing reforms • Provided support to MOH HSS health financing TWG to engage MOF in development of a detailed, step-by-step strategy and action plan for HSS health financing reforms; provided financial and economic analysis of reforms • Utilized action plan to work with MOH to create a decree for introduction of new financing mechanisms in health facilities; Decree #536 was approved on November 2, 2011; Worked with MOH TWG to create a new formula to be used for PHC and hospital financing	The health financing reforms approved through decree #536 will improve the quality, efficiency, equity, and access to health services for the population of Tajikistan via changes in financing mechanisms at both primary and secondary levels of healthcare provision.

Link the Basic Benefit Package to health financing reform	• Provided TA to MOH in further development of Basic Benefit Package. Currently Basic Benefit Package is being implemented in eight pilot districts, as approved by government decree #579, for the period of 2012-2013. • The copayment mechanism within the Basic Benefit Package indicating ten copayment groups is an example of a linkage with ongoing health financing reforms.	The Basic Benefit Package will improve access to health care in that it provides a list of services provided on a free and copayment basis.
Implement phase one of health financing reform plan in Sogd Oblast	• Worked with MOH to finalize detailed plans for phase one implementation in Sogd oblast; plan approved by Sogd inter-sector HSS health financing TWG through oblast health department prikaz • Collected clinical and cost data • Added reports to automated hospital statistical information system (form #66) • Designed and developed information system and software to enable billing and improved financial management • Worked with MOH and MOF to develop a new structure within oblast health departments, which will be responsible for the introduction of the new provider payment system.	By implementing the new provider payment system in the Sogd Oblast starting from 2013, Tajikistan begins putting in place a new health financing system that will increase access to health care by improving the efficacy of fund dispersal.
Improve TB financing system	• MOH requested, and the Quality Project provided, technical and financial support in furthering Basic Benefit Package linkage to the ongoing health financing	The increased emphasis on TB as part of health financing reform should eventually result in improvements in the TB financing system.

	reforms so that they cover specific subcomponents like, TB and HIV. • Since TB financing from the state budget is meager and based on historical budget line items, during August, the project, MOH, and other partners agreed that there is a need to develop a plan for further data collection and analysis of state budget financing in the TB subsector.	

5.3.2 CAPACITY

The Quality Project's capacity building efforts in the Tajikistan HSS component were focused on medical education at the undergraduate, graduate, and post-graduate levels, and on implementing QI approaches among physicians. Project initiatives gained traction as MOH declared the project-sponsored intern program pilot a model for the rest of the country. MOH plans to utilize this experiential learning system in its training programs throughout the country, as resources are available. This program will begin solving the Tajik health system's human resource problems, which include a lack of family medicine specialists, lack of balance between specialists in the hospital and PHC systems, and an over provision of specialists.

In addition, the project worked to build the capacity of health and finance sector specialists involved in health financing reforms. The Quality Project conducted several technical as well as counseling sessions to teach specialists, largely at the oblast and ministerial levels, about the technical aspects of the ongoing reforms so that these experts can continue implementing reforms after the project's HSS component has ceased operations.

In year two, the project also worked with MOH to establish a legal electronic database to be used in strengthening the legal and institutional strength of the ministry. The database will include all legal documents beginning from 1991. More than 15,000 legal documents have already been scanned and archived. Using this electronic database MOH will identify inconsistencies between older health legal documents and ongoing health financing reforms, and work with parliament to annul and void old legal documents, and design new legal documents if needed.

The table below details specific accomplishments related to increasing capacity within the health care system in Tajikistan.

Table 51: HSS Component Accomplishments related to Increased Capacity, Tajikistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Increase awareness and practice of QI approaches	• Enrolled 14 Dushanbe, four Khojend polyclinics, and the Rayon Health Center in Vakhdat in CQI	• Content and/or processes of care improve at CQI sites

	• Trained 47 individuals on CQI in Kanibadam, Istravshan, and Panjakent • Institutionalized QI practices in Dushanbe: Dushanbe City family medicine Center is leading CQI among Dushanbe polyclinics; Gorzdrav uses CQI results for management • Provided 200 doctors' bags to doctors who passed family medicine courses at Project-supported Centers of Excellence	• Basic diagnostic equipment being used for quality care by Center of Excellence graduates
Strengthen pre-service training (undergraduate and graduate medical education)	• Developed model of internship training and piloted it at PGMI training center • Designed and piloted an internship program for Centers of Excellence at Dushanbe Polyclinic #8	By piloting high-quality training programs for Tajik medical students, the project has provided models of excellence, which can be expanded by the government to raise the capacity of all future doctors in the country.
Strengthen CME	• Submitted comments in writing of national CME concept • Participated in discussion of main content of future CME system • Conducted 64 CME conference for 1,636 providers in Vakhdat, Dushanbe, Istravshan, and Panjakent	A strong CME system will allow medical providers to improve their capacity to give high quality medical care to their patients by keeping them up-to-date on evidence-based medical developments. Absence of a national CME system creates difficulties in coordinating educational activities at the postgraduate level, which in turn leads to lack of effectiveness of trainings (i.e. poor attendance, no link between CME and real needs of medical providers).
Improve HR management, including workforce planning, and retention	Equipped a resource center at Tajik State Medical University (TSMU's) Health and Medical Statistics' department	In year three, the European Union will be providing funds to the Tajik MOH's Health Policy Analysis Unit to do health management training. TSMU will be equipped to assist in provision of this training thanks to the expanded capacity gained through the resource center.

5.3.3 DATA

In year two, the Quality Project's HSS component in Tajikistan worked with MOH, MOF, and health care workers throughout the country to expand the use of data in decision making- both at the patient care and policy levels. The impact of this work is reflected in the number of physicians and ministries who now come to the EBMC regularly to collect information about patient treatment, and by the increased reliance of MOH TWGs on the EBMC for construction of CPGs.

The Quality Project has observed that more medical service providers are now using evidence-based information in their routine work, which in turn improves diagnostics and treatment. Patients are reaping the benefits of this change, as rational drug use vastly improves the cost effectiveness of treatment.

Health managers in Tajikistan are paying attention to the introduction of standards and CPs, making it more important than ever to ensure that all new CPs are well designed so that these managers have the tools with which to monitor the content of care provided to patients.

In year two, the project conducted operational research on TB patient needs and satisfaction. The results of this research are being used to design a CAH strategy aimed at empowering individuals and communities to be responsible for their own health, by shifting the nature of the relationship between patients and providers so that individuals and communities can demand good care from health care providers. The project also utilized these results to provide recommendations to MOH regarding the integration of the TB vertical program into general health system (i.e. PHC), and to ensure continuum of care for TB patients.

The table below details specific accomplishments related to increasing the use of data for decision-making within the health care system in Tajikistan.

Table 52: HSS Component Accomplishments related to Data Use, Tajikistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Strengthen content of clinical practice by solidifying methodologies and processes to research medical literature and develop new CPGs	• Prepared five CPGs on upper respiratory diseases, (covered by PAL) and submitted to MOH for approval • EBMC continued to provide expertise to various MOH TWGs involved in design and review of CPGs • Provided assistance through Drug Information Center and EBMC on revising national essential drug list	CPGs and a national essential drug list provide medical workers in Tajikistan evidence-based tools to provide high quality health care to the population.

Increase demand for evidence-based data	• Completed operational research on TB patient satisfaction	• Findings from this research help MOH better understand the main barriers to ensuring continuum of care in the TB service, and to understand how to better integrate the TB vertical program into the general health system (i.e. into PHC). These results are also being utilized to design a CAH strategy.
	• Provided technical and financial assistance to the health financing TWG in conducting data collection in all health facilities in the Sogd Oblast. After data collection, the project also assisted MOH in preparation of a financial and economic analysis of these facilities. MOH submitted this analysis to MOF to aid in further decision-making.	• By providing data for MOF to utilize in decision-making, the Quality Project ensured that health financing reforms are implemented based upon evidence.
	• EBMC expanded its work into the Sogd and Khatlon Oblasts for the first time, providing eight trainings for 238 PHC health workers.	• By expanding its work into new oblasts, EBMC spread the message of EBM to health care workers throughout Tajikistan.

5.4 TURKMENISTAN

5.4.1 ACCESS

During the second year of Quality Project activities in Turkmenistan, three very important health strategic documents were approved by MOHMIT: 1) the "Health Care Development Program for 2012-2016" and the plan of action for its implementation; 2) prikaz #109 regulating TB detection, treatment, and follow-up activities, including for the drug-resistant TB; and 3) the "National Program of Turkmenistan in Response to HIV for 2012-2016." The implementation of all these strategic documents, which were developed with Quality Project technical support, will ensure increased performance of the health system, thereby increasing access to effective TB, TB/HIV, and HIV control, as well as the provision of MCH services. The Quality Project also provided TA in development of the country's new "Mother and Newborns Health Program for 2013-2017," which is currently being considered for approval by MOHMIT.

The Quality Project's HSS component in Turkmenistan had a few problems in completely achieving goals in the year two work plan related to improving access. Although the project held an initial CAH training,

per the year two work plan, no further work could be done on this goal until MOHMIT issues a prikaz to establish a TWG to lead development of national guidelines for CAH. The project will continue to implement CAH activities in year three, with specific plans contingent on MOHMIT's decision on CAH strategy development.

Health financing goals from the year two work plan were also only partially met due to limitations of MOHMIT specialists, who are overloaded with responsibility and do not have the power to make final policy decisions. The only significant impact to health financing development in year two was the first policy roundtable dedicated to health financing of TB programs, which the Quality Project organized in collaboration with MOHMIT and WHO. During the TB health financing roundtable recommendations on preparation of national health accounts as tools for the development of a health financing plan for the National Stop TB program were developed and provided to MOHMIT for consideration.

The table below details specific accomplishments related to increasing access to high quality health care services through HSS in Turkmenistan.

Table 53: HSS Component Accomplishments related to Increased Access, Turkmenistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Gradually expand current dialogue on specific or targeted programs to broader health policy dialogue	• A draft of the new "Mother and Newborns Health" Program for 2013-2017 was submitted to MOHMIT. The Quality Project provided technical and financial support for a two-day national working meeting on the draft and for a meeting at which the draft was finalized.	• Improvements to legal base for EPC/ANC service provision developed
	• Conducted a roundtable, "Development of the Action Plan and Tools on Health System Strengthening for TB facilities"	• Further improvements to TB prevention, diagnosis, and treatment introduced
Introduce a small change to health financing systems	• TB HSS roundtable conducted	• Recommendations on the introduction of national TB accounts submitted to the MOHMIT. These accounts will improve the financial structure for covering the costs of TB services provision.
	• Training of OneHealth software use for the development of the budget for the new "Mother and	• MOHMIT provided with a tool for budget development

	Newborn Program for 2013-2017" for 18 participants supported. TA and printing materials provided.	

5.4.2 DATA

In year three, the Quality Project worked with partners in Turkmenistan to increase the use of data in decision-making through the promotion of EBM, QI, HIS, and improved M&E activities.

The project provided MOHMIT and the MCH Institute with TA in designing plans for MCH and FP/RH M&E activities, including development of standardized indicators for assessing data quality, and the overall performance of MCH HIS. The project and UNFPA also conducted an assessment of the national Safe Motherhood program for 2007-2011 and an assessment of the ANC/PCH systems in collaboration with UNFPA, WHO, and UNICEF. These activities significantly impacted MOHMIT's use of data during the decision-making process, as the data collected was used in the design of the country's new Mother and Newborn Program for 2013-2017.

In year two, the project also worked with country partners to develop a unified HIS to better unify information across the general health services system and thereby increase its efficiency and productivity. The project provided TA in improving HIS data collection efficiency, and ensuring that the system generates useful reports that are then sent to facilities. Project staff worked to gradually increase health managers' awareness of the importance of HIS and the need for accurate reporting. The project provided technical support to improve the use of the TB surveillance and case management software introduced by CDC, and to improve the country's laboratory service reporting system through the development of electronic reporting forms.

The table below details specific accomplishments related to increased use of data for decision making within the health care system in Turkmenistan.

Table 54: HSS Component Accomplishments related to Data Use Turkmenistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Use operational research-generated data to guide project and MOH/country partner activities and/or policy decisions	• With WHO, UNICEF, and UNFPA conducted an assessment of the National Safe Motherhood program for 2007-2011 • With WHO, UNICEF, and UNFPA conducted an ANC/PCH assessment	Data collected used in drafting the national mother and newborns program for 2013-2017
Increase QI awareness and skills among health care managers	Provided QI skills to 18 health care workers who participated in a TB CQI course	Improvements to TB service provision introduced
Promote EBM acceptance at all health system levels and use of effective approaches for helping providers practice according to standards	Organized EBM roundtable on April 16-17	Recommendations on EBMC creation were included in the new "Health Development Program for 2012-2016 Plan of Action."

5.5 UZBEKISTAN

In the first quarter of year two, the Quality Project reached a preliminary agreement with the World Bank to provide international TA in the areas of health financing, hospital planning, EBM, CPG development and implementation, medical education, and QI in such priority areas as CVD and MCH. However, due to USAID's request that the Quality Project alter the USAID-approved year two work plan and not coordinate activities in Uzbekistan with the World Bank, these plans were cancelled. As a result, many year two work plan goals, which were based upon this planned collaboration, were not met. HSS activities in Uzbekistan were ceased in quarter three due to USAID guidance.

Increasing Capacity

The Evidence-Based Medicine Centers in Kyrgyzstan and Tajikistan are now frequently sought by MOH, medical educators, and health facilities to provide official evidence-based assessment of policies and practices.

HSS activities that did take place in quarters one and two focused mainly on policy dialogue, priority program strategy development, and promotion of EBM through the development of new CPGs, updating medical education curricula, and improving capacity for literature review.

5.5.1 ACCESS

The Quality Project's efforts to increase access to high quality health care services in Uzbekistan through HSS in year two were primarily focused on the HIV and TB care systems. The project supported the development of the Uzbekistan national HIV strategy, promoting a sector-wide approach, which included all ministries and agencies. In addition, the project introduced PRA to community leaders in order to expand CAH activities for TB care and prevention in the country.

The table below details specific accomplishments related to increasing access to high quality health care services through HSS in Uzbekistan.

Table 55: HSS Component Accomplishments related to Increased Access, Uzbekistan, Year Two

Work Plan Goal	Accomplishments	Impact of Accomplishments
Introduce PRA as new approach for initiating CAH activities	Conducted trainings for community leaders on PRA methodology for 23 representatives of community based organizations (i.e. Mahalla, Women's Committee, Youth Center)	PRA adopted as tool for prioritizing community health needs and generating specific CAH activities

5.5.2 CAPACITY

In year two, the Quality Project focused on increasing the capacity of the health system in Uzbekistan through provision of technical expertise at MOH TWGs. The table below details specific accomplishments related to increasing capacity within the health care services through HSS in Uzbekistan.

Table 56: HSS Component Accomplishments related to Increased Capacity, Uzbekistan Year Two		
Work Plan Goal	**Accomplishments**	**Impact of Accomplishments**
Improve nature and content of policy dialogue and legal and policy framework in project's program areas	Participated in all relevant TWGs	Improvement of regulatory base of health services in priority program areas

5.5.3 DATA

The Quality Project worked with country partners in Uzbekistan in year two to increase the focus on EBM. In quarter two, based on an MOH request, the Quality Project discussed options for building a national EBM network based through the Medical and Research Institutes. The table below details specific accomplishments related to increasing data use within the health care system in Uzbekistan.

Table 57: HSS Component Accomplishments related to Data Use, Uzbekistan, Year Two		
Work Plan Goal	**Accomplishments**	**Impact of Accomplishments**
Institutionalize improvements in EBM, CPGs, M&E, QI	Developed TB IC plans with SES representatives	Increased capacity among SES representatives
Improve local M&E capacity	In collaboration with SES conducted M&E of TB IC practices at TB and PHC facilities	Regulatory and tertiary institutes more actively engaged in effective monitoring practices (using clear standards and indicators) of service delivery sites

5.6 HSS TRAINING STATISTICS, YEAR TWO

Country		Kazakhstan			Kyrgyzstan			Tajikistan			Turkmenistan			Uzbekistan			All Countries		
Field of Study Component	**Field of Study Subcomponent**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**
Health System Strengthening	Health Financing	350	138	212	271	98	173	193	122	71	16	7	9	0	0	0	830	365	465
	Legal & Policy	50	20	30	6	2	4	36	16	20	110	21	89	0	0	0	202	59	143
	Institutionalization for Sustainability	0	0	0	1591	68	1523	12	6	6	59	12	47	0	0	0	1662	86	1576
	M&E, operational research & HIS	0	0	0	6	2	4	0	0	0	59	4	55	0	0	0	65	6	59
	Priority Program Cross-Cutting	0	0	0	386	170	216	0	0	0	4	0	4	0	0	0	390	170	220
Total		400	158	242	2260	340	1920	241	144	97	248	44	204	0	0	0	3149	686	2463

Reducing Infant Mortality through Improved Neonatal Care

To reduce infant mortality in Kyrgyzstan, the USAID Quality Health Care Project is working to build the capacity of health care providers to recognize facility-level areas for improvement and manage changes in care based on evidence and international standards.

Beginning in February 2011, health care providers at Kochkor Rayon Hospital in Naryn Oblast prioritized strengthening neonatal resuscitation skills to improve perinatal mortality rates. After one year, guided by improvement plans developed by the staff, changes in neonatal resuscitation care resulted in a 53% reduction in early neonatal deaths. While early neonatal deaths are one of two factors that influence perinatal mortality rates, these changes in practice reduced overall perinatal mortality in the hospital by nearly 25%.

The USAID Quality Health Care Project continues to work with staff at Kochkor Rayon Hospital and at other facilities in Kyrgyzstan to reduce infant mortality and institutionalize high-quality care through training workshops and supportive supervision.

6. PROJECT ADMINISTRATION

6.1 PROJECT MONITORING AND EVALUATION

The Quality Project operated without an approved performance monitoring plan (PMP) in year two of the project. The project's M&E team submitted its first version of the Quality Project's PMP on December 14, 2011. Requested revisions to this submission, based on recommendations from Bryn Sakagawa, Senior Health Advisor, Office of Health and Education of the USAID Central Asia Regional Mission and Arman Dairov, Regional Strategic Information Advisor, Health and Education Office, USAID/CAR, were submitted on February 15, 2011. This version of the PMP was not approved; four further iterations of it were submitted. On October 1, 2012 the Quality Project submitted a new PMP based on new USAID guidance.

Despite the fact that the Quality Project did not have an approved PMP, the M&E team did conduct routine monitoring of key technical components throughout year two. Key outputs of activities were used instead of PMP indicators. The project provided USAID with these outputs for year two in August 2012.

In October 2011, the project collected data for the year one of the project and submitted it to USAID, along with global indicator targets for the remaining project years.

In year two, the Quality Project's M&E team completed a significant piece of regional operational research on the needs of TB patients and their satisfaction with the TB care services at all levels of the health care system. The research was conducted in Kazakhstan, Kyrgyzstan and Tajikistan. This survey will enable the project to present the relevant MOH officials and policymakers with the current situation in the regions where the Quality Health Care Project is working. Project staff have already presented results to Kazakh stakeholders, who in turn drafted a resolution for improvements to the Kazakh TB system's care of TB patients.
A follow-up study is planned for project year four to evaluate the impact of Quality Project interventions.

In the first quarter of year two project staff in Kazakhstan held a regional roundtable to present results of the study "State Support for Prevention of HIV through the State Social Contracts," which was conducted in year one. In part as a result of the data presented,

MOH increased funding for social grants for NGOs in 2012. For further details, please see the Kazakhstan HIV section of this report.

Additional studies planned for year three were cancelled as a result of USAID guidance.

6.2 PUBLIC RELATIONS/OUTREACH

In the first quarter of year two, the Quality Project created and launched an event-tracking database to provide USAID staff and USAID/CAR health projects staff with open access to event and activity details by quarter. The database was designed by the Quality Project, with input from other USAID partners, and was reviewed by USAID staff. The Quality Project and other USAID projects have continued to populate the database on a quarterly basis and update it monthly to ensure that up-to-date details are available. The database will serve as an archive, as it will save event information from past quarters.

Also in quarter one, USAID granted final approval of the Quality Project website design, and the website became public shortly thereafter. Project staff have continued to update the website with success stories, press releases, recent photos, and timely updates throughout the year.

In the second quarter, the Quality Project released its first electronic newsletter to promote USAID development assistance as well as project successes. Since this initial publication, the project has produced two additional quarterly newsletters. Drawing on the project's partnerships and connections in the region, the newsletter was distributed each quarter to nearly 400 individuals, representing media, beneficiaries, international organizations, local partners, local government, community-based organizations, and health care NGOs. The Quality Project distributed additional USAID and project successes to this same mailing list during year two, sharing summaries of project work and successes on TB care and details of World TB Day public events and three USAID−approved postcards to select partners and collaborators.

Also in quarter two, the Quality Project hosted a press café to promote USAID's work on improving CVD detection and treatment in Kyrgyzstan, and to raise awareness of this serious public health threat. Building on the experiences of other USAID projects, the press café was organized to deepen relationships with the media in an informal setting and to correct common misunderstandings related to CVD. Press café participants released approximately 25 articles after the event. The articles were featured on Internet news sites, in the press, and on TV.

In the third quarter, the project began submitting regular photos and captions for the USAID/CAR Facebook page. Also in quarter three, the Quality Project Tajikistan CAH Coordinator, Anjir Elnazarova, had an entry posted on the USAID Impact blog about her work training imams to serve as community volunteers in the fight against TB. The Quality Project team also submitted regular updates for the USAID/CAR newsletter throughout year two.

Country teams circulated nine press releases in Kazakhstan, two in Kyrgyzstan, and six in Tajikistan in year two in order to promote significant public events to a larger audience. In-country efforts to promote USAID and project successes resulted in significant independent media coverage of project events and health care messages in year two. In Tajikistan, three newspaper articles, 13 website articles, 16 articles on the MOH website, four radio shows, and 11 television programs about Quality Project work were disseminated to the public. In Kazakhstan, 12 newspaper articles, five website articles, and four television spots about Quality Project work were disseminated. In Turkmenistan, four newspaper articles spoke positively of USAID support in year two. In Kyrgyzstan in year two, the Quality Project was mentioned 97 times in various media outlets.

In year two the Quality Project submitted 14 success stories to share USAID and project successes. These stories can be found in Annex 3 of this report. To better publicize results, in year two the Quality Project developed and utilized a template for USAID-marked electronic "postcards". Twelve postcards were submitted to USAID for approval in year two. Copies of these postcards can be found in Annex 4 of this report.

6.3 PROJECT MANAGEMENT

The Quality Project has experienced a number of challenges in the second year of implementation related to changing USAID priorities and directives, as well as difficult country environments. The Quality Project's TB and HIV programs, in particular, were unable to complete a number of approved work plan activities due to changing USAID priorities, manifested through requests to stop or slow down specific activities and also through restrictions on travel of experts who were necessary to complete activities. In addition, the Quality Project curtailed use of OPHT funding to support CVD/NCD activities in accordance with global USAID guidance regarding use of these funds. In March of 2012, the Quality Project's Chief of Party left post. USAID approved a replacement, Dr. David Elkins in early July and he began work in August. Abt Associates home office staff provided interim coverage for the position.

Due to its inability to be registered, the project office in Uzbekistan was closed on May 31. Fortunately, subcontractor Project HOPE, which is locally registered, has continued to implement the project's TB activities. USAID and the Quality Project leadership are currently discussing other implementation arrangements for HIV, MCH, and OPHT activities. Abt will continue to provide regional management and oversight as well as TA to support HIV, MCH, and OPHT activities, as needed. In Turkmenistan no MOU exists between USAID and the Ministry of Health and Medical Industry of Turkmenistan (MOHMIT), and the government has refused to register agencies for more than a year. Despite these challenges, the Quality Project managed to identify creative strategies to partner with WHO and United Nations agencies to conduct many important activities that resulted in numerous policy documents being drafted for MOHMIT approval and a number of activities being implemented.

USAID completed a Limited Financial Review of the Quality Project in February although no final report has been provided to date. Based on a verbal debrief, the Quality Project immediately put plans in place to address the review's findings, with many of the discussions resulting in immediate process improvements. Many of the changes focus on reducing the level of cash operations throughout the region. A new bank account in Tajikistan, for example, now allows the majority of salaries, operations, and many program costs to be paid by bank wire.

The Quality Health Care Project will be re-focusing its efforts in Central Asia in the third year of implementation based on USAID/CAR guidance. This transition reflects increasingly limited support for MCH, FP/RH, and OPHT and expanding support for TB and HIV. Many new USAID partners are entering the region bringing in new expertise. This expanded number of partners has resulted in a division of tasks, each partner bringing focus to specific areas of concentration and allowing each partner to leverage funding and expertise to produce impact beyond individual projects. The impact of these changes for the Quality Project is far reaching. The Quality Project will also move away from broad HSS work to re-focus efforts on TB financing and other issues in HSS directly related to HIV and TB.

ANNEX 1: QUALITY PROJECT KEY POLICY ACHIEVEMENTS, YEAR TWO

1.1.1 NUMBER OF TWG DISCUSSIONS, ROUNDTABLES, AND MEETINGS ON KEY POLICY ISSUES

Kazakhstan	31	• Contributed to national discussion on Reproductive Health Center; most appropriate health financing model for Kazakhstan, national health financing, and hospital provider payment/DRGs (3) • Contributed to a meeting of the National Health Services Control Committee drawing attention to the PHC P4P QI incentives • Participated in TWG meetings on lab, ACSM, TB/HIV, TB postgraduate manual, and palliative care (5) • Organized a national roundtable on provision of social support to TB and TB/HIV patients • Organized roundtable on "problems occurring due to the access to TB drugs in the open market and irrational prescribing practices" • Contributed to National TB Conference • Contributed to two TB laboratory TWG meetings • Contributed to six ACSM TWG meetings • Contributed to two drug management TWG meetings • Implemented two oblast workshops to promote TB QI and educate about TB QI and P4P • Supported the attendance of two local partners to the XIX International AIDS Conference in Washington, DC • Organized a national roundtable on NGO state social funding focusing on HIV services • Organized a national roundtable on women harm reduction programs • Participated and contributed to one national MCH QI conference call • Participated in two national TWG meetings on MCH/RH/FP Roadmap • Conducted Kyzylorda Oblast EPC strategic planning meeting
Kyrgyzstan	24	• Held roundtable on treatment adherence and social support for TB patients • Conducted roundtable meeting of partners on opiod substitution therapy outcomes • Held roundtable with heads of MOH and MHIF and TB facilities on TB financing reform issues and optimization/restructuring • Participated in roundtable focused on improving the DRG system • Held workshop with MOH specialists on health provider autonomy issues • Held two meetings to discuss referral system in localities with

		national partners • Attended TWG on second-line anti-TB drugs (prepared report on estimation of SLD needs) • Provided TA to working group to address emergency needs for first-line anti-TB drugs • Integral in establishing working group of TB CPG developers; provided CDs of over 150 source documents on TB for all guideline developers; attended all meetings from Oct 2011 through Sep 2012; provided written and verbal feedback on draft documents • Participated in roundtable on national MDR-TB action plan (WHO/TB Care) • Participated in TWG meetings on national GeneXpert implementation strategy • Participated in development partner/NTP meeting on GeneXpert activities and application for TB-Reach grant (round 3) • Participated in TB-CARE roundtable on ambulatory TB care model for Bishkek • Established, funded, and provided technical support to TWG to develop an EmOC training package • Participated in TWG discussions on "Confidential Inquiry into Maternal Death" • Participated in roundtable on perinatal care package, supported by KfW • Participated in TWG discussions on unified monitoring tool for perinatal care • Held meeting with Jalal-Abad health authorities and providers to discuss EPC implementation in the region • Participated in TWG for 29 TB hospitals on information billing using single payer system and submitting medical and statistical reporting forms on treated cases based on ICD-10 • Participated in TWG for financial workers from TB health facilities on financial issues in the single payer system and on an introduction to the output-based wage system for TB health workers • Participated in TWG with MOF, Bishkek City Health Department, and MHIF to transfer TB health care to the single payer system and change fund flows through MHIF, based on chapterless financing for TB providers • Participated in TWG with MHIF on changing fund flows within changing economic classification of health budget financing from infrastructure to social (medical) insurance • Participated in TWG discussions on revision of the standard ambulatory medical record • Participated in TWG on revision of postgraduate medical education to better align with medical education reforms aimed at producing generalist physicians (technical support)

Tajikistan	88	• Organized meeting with HIV NGOs at request of Grant Management Solution Group • Supported NCC's TWG on harm reduction. • Held a meeting with MAT advocacy group, MAT clients, and partner organizations to discuss problems and advocacy issues • Provided technical support for the national conference "Entrepreneurship Development for Women with Disabilities Living with HIV" in cooperation with other projects/donors • Met with Deputy Minister to discuss analysis of law on "Counteraction of HIV/AIDS" • Attended quarterly MAT advocacy group meeting • Held two LCC meetings in Dushanbe and Vakhdat • Attended meeting of NCC TWG on harm reduction • Attended working group discussion on NCC documents presented by Grant Management Solution Group • Attended meeting of TWG on development of MARPs counseling flip chart, including basic risk assessment, and VCT • Provided support to International HIV Conference • Attended meeting with donor organizations on progress in implementing gender-sensitive harm reduction • Held roundtable on MAT and RH • Held quarterly LCC meeting • Held roundtables at City Health Center #4, and #10 in Dushanbe and at City Health Center #1 in Vakhdat • Attended meeting with TWG on M&E at the NCC on preparation of the United Nations General Assembly Special Session (UNGASS) report. • Participated in the regional MAT Dialogue on MAT in penitentiary setting (Bishkek) • Attended TWG to discuss the start-up of a MAT pilot in the penitentiary system • Conducted roundtable with stakeholders (AIDS, sexually transmitted infections, TB Centers, and HIV Department of City Infection Hospital) on service interaction with a focus on referral between services • Attended meeting with GFATM PR (UNDP) to discuss the possibility of procurement of ARVs, pediatric tab formulations • Held meeting with director of Republican AIDS Center to discuss provision of TA and support for use of ARV forecasting software • Held workshop on gender sensitive harm reduction • Provided TA to a GFATM consultant to prepare a report on models of NCC elections in a report on East European and Central Asian countries • Provided TA on preparation of the country application for TFM on HIV, TB, and malaria • Met with directors of Narcology and TB National Centers to discuss the integration of TB services (DOTS and TB

		counseling) in opioid substitution therapy site in Dushanbe • Conducted workshop on advocacy and media Skills for NGOs and initiative groups working with MARPS • Held meeting with the national program officer for RH at UNFPA to discuss the organization of MOH working group for adaptation of EmOC training materials that are being developed regionally by the Quality Project • Attended regular MCH and RH Advisory Council meetings • Held discussion with MOH TWG on development and implementation of EmOC training materials • Met with international partners on scale up of ambulatory treatment model implemented by GFATM in the Kulyab Rayon • Met with GFATM consultant and local partners to assist with writing TFM proposal for the country • Met with Vakhdat Rayon Health Administration, TB and PHC, and Healthy Life Style center managers to discuss ambulatory model of TB treatment • Participated in donor coordination meeting on discussions of joint annual review report finalization • Participated in partners meetings at Republican TB Center on revision and enhancing of algorithm for GeneXpert implementation at the national level • Participated in meeting of main partners with GFATM consultant who has been working on TFM proposal • Participated in partners' forum organized by the National Coordinating Committee to discuss all three components of the country TFM proposal • Participated at meeting organized by NTP on results of joint Green Light Committee and Global Drug Facility mission in the country • Participated in meeting called by Project HOPE on gaps of NTP realization (on DOTS and DOTS-Plus), which are not covered by other partners and can be included into rolling continuation channel phase two • Organized two roundtable events about MDR-TB cases in Dushanbe and Khojend for members of the Central Medical Consultation Commission • Contributed to MOH conference devoted to family medicine giving presentation on the Quality Project's experience in TB and PHC integration • Attended meeting of all partners with penitentiary services to discuss health issues and problems of prisoners • Attended TWG meeting on GeneXpert where the algorithm and selection list were discussed and finalized • Attended meeting organized by USAID/Dialogue Project to discuss intermediate analysis of a qualitative survey on knowledge, attitude and practices on HIV and TB among risk groups

		• Attended meeting to discuss issues of HIV and TB program collaboration in Dushanbe with the City Narcology, TB and HIV Centers, and NGOs working with MARPs and vulnerable groups • The Quality Project-supported Drug Information Center held roundtable discussions on National Drug Policy and on the Essential Drug List for Tajikistan and its difference from the WHO essential drug list • Participated in two working sessions of joint annual review • Held meeting on introduction of CQI at the country level • Participated in and provided TA to the TWG on essential drug list 2012 revision • Participated in the meeting on TB and HIV vertical programs • Participated in TWG on service delivery and resource generation as part of preparation for joint annual review in 2012 • Participated in the first MOH Joint Annual Review of the Health Sector in the Republic of Tajikistan • Met with MOF to finalize the draft of the government decree on piloting health purchasing mechanisms in the Sogd Oblast • Met with the head of the Sogd Oblast Health Department to discuss Decree # 536 • Held a meeting on common health purchasing mechanisms, pooling options, and funds flow due to debate raised by how to provide TA for implementation of Decree # 536 • Participated in four meetings organized by local and international partners, and organized one meeting to present health purchasing mechanisms discussed in the framework of the MOH health financing TWG • Hosted three meetings to discuss a joint position on the conclusion and recommendations on piloting health purchasing mechanisms as envisaged in Phase 1 of the Decree #536 • Organized a meeting with MOH to discuss the development of DRGs • Presented the first Tajik DRG at the MOH health financing TWG • Participated in two meetings of MOH health financing TWG to discuss the shared position of all partners on architecture of health purchasing mechanisms • Held mentoring/counseling session with MOH HSS TWG on introduction of new provider payment mechanism in Sogd Oblast, aiming at implementation of governmental decree #536, and at approving the action plan for the introduction of new provider payment mechanisms in Tajikistan starting in 2013 • Held three meetings with members of the HSS health financing TWG to discuss new financing payments methods for PHC and hospitals based on WHO April 2012 proposal • Provided one TA session to the MOH HSS TWG in

		preparation of an analysis report based on Sogd Oblast financing data collection • From October 2011 to June 2012 provided nine consultations on legal issues related to health purchaser to the MOH health financing TWG • Conducted one meeting with the head of SES to discuss government employees and HR legislation • Participated in MOH HSS TWG to discuss legal issues related to WHO April 2012 proposal • Participated in two meetings at MOH HSS governance sub-working group on legal and policy to discuss the first steps in designing a medical codex
Turkmenistan	19	• Provided financial and technical support to UNODC in organizing a regional workshop with 30 national experts from Kazakhstan, Tajikistan, Kyrgyzstan, and Turkmenistan entitled "Integration of Social, Medical, and Legal Aspects of HIV Prevention, Diagnostics, and Treatment for Vulnerable Groups into the Curricula of Higher Educational Institutions in Central Asia and Azerbaijan." Draft curricula developed. • Provided technical and logistical support during the MOHMIT/UNAIDS workshop: "Development of an M&E System for the National Response to HIV." The workshop was conducted as a part of the process of developing the National HIV Prevention Program for 2012-2016; 18 indicators were developed and thereafter approved by MOHMIT. • Draft "National Guidelines on HIV/AIDS Prevention, Diagnostics and Therapy" developed with technical and financial support by the Quality Project and UNFPA • Participated in a policy TWG meeting related to implementation of the "National Early Childhood Development Program" and Keeping Children Healthy campaigns as part of the "National Early Childhood Development Program" • Provided technical support for two assessments of the National Safe Motherhood Program for 2007-2011 using international WHO standard tools; Data collected used to develop a draft Mother and Newborn Health Program for 2013-2017; Draft program submitted to MOHMIT for approval • IMCI/EPC/ANC trainers participated in the development of the Health Development Program for 2012 -2016, approved in April • Provided technical and financial support to MOHMIT to conduct a roundtable on national strategy on ACSM for TB control • Organized roundtable introducing EBM principles • Organized roundtable on CVD • Provided technical and financial support to MOHMIT to organize national workshop on adaptation of five HIV CPs • Provided technical and financial support to MOHMIT to

		organize a national workshop on the new Mother and Newborn Health Program for 2013-2018 • Attended four TWG discussions on development of the new "Mother and Newborn Health Program for 2013-2017" • Held a M&E system strengthening workshop in collaboration with GFATM and UNDP • Held two discussions of the MDR-TB work plan for NTP • Conducted health financing in TB roundtable; Recommendations on introduction of national health accounts submitted to MOHMIT
Uzbekistan	21	• Attended two TWG meetings on GeneXpert implementation in Tashkent City and Oblast • Attended four working group meetings on development of national ACSM guidelines • With the Interagency Expert Council, conducted two meetings with a multidisciplinary team on working with communities • Attended two meetings on National TB IC guidelines development • Attended one TWG meeting on drug management • Attended four TWG meetings on developing IEC materials • Attended five working meetings with authorities of district medical unions of pilot sites
Total	**183**	

1.1.2 NUMBER OF POLICY DOCUMENTS WITH QUALITY PROJECT DATA/INPUT/REVIEW

Kazakhstan	13	• Contributed to the development of National ACSM Program, Implementation Plan, and M&E Plan • Contributed to the National Strategic Plan of Laboratory Service Development • Reviewed the national instructions for calculation of first and second line TB drugs, drafts • Reviewed and printed a collection of TB prikazes • Contributed to the revised TB/HIV prikaz and annexes • Contributed to TB Social Support Roundtable Resolution • Contributed to Rational Drug Use Roundtable Resolution • Contributed to National TB IPC Roundtable Resolution • Contributed to the National MCH/RH/FP Roadmap, draft • Contributed to MOH prikaz # 245 approving the PHC P4P system • Developed TB PHC QI Methodology (package) linked to PHC P4P system (draft) • Provided technical recommendations and analytical documents supporting the Reproductive Health Center and single payer system • Provided technical recommendations on the revision of DRG system for hospital payment

Kyrgyzstan	8	• Provided TA to MOH in developing a plan of activities and implementation arrangements for Den Sooluk National Health Care Strategy 2012-16 • Provided TA to MOH in drafting legal documents to ensure compliance with current legislation • Supported MOH in revising regulatory documents on health facility managers, including policies related to job requirements, candidate selection, training, hiring, termination, and performance assessment policy paper "About the MOH of the Kyrgyz Republic," which defines the organizational structure of MOH and contains indicators for government assessment of MOH activities • Provided technical support to MOH and the Kyrgyz State Medical Academy to develop an implementation plan for new strategy on medical education reform prikaz on inclusion of forms and instructions for use of SLDs into existing LMIS and into MDR-TB patient ledger • Provided support in drafting of MOH-approved resolution on strengthening of TB surveillance system • Provided TA in technical review of service package on ANC for healthcare managers • Conducted technical review of service package on emergency services for healthcare managers • Revised national Essential Drug List (provided multiple technical reviews in different stages of the revision; met with TWG to discuss evidence base for controversial drugs; supported EBM unit through process).
Tajikistan	3	• Created and provided TA to working group to develop CPG on PAL; CPG and strategy for implementation developed • Provided input into WHO April 2012 proposal on architecture of health purchasing system • Provided input into order of PHC (full capitation) and hospital level (case-based payment) financing in health facilities in the Sogd Oblast
Turkmenistan	32	• Provided TA in drafting the new "Mother and Newborns Health Program 2013-18" • 30 SOPs for TB lab services • National prikaz #246, "On ANC Provision in PCH facilities"
Uzbekistan	6	• Provided TA to MOH in preparation of new TB order for Uzbekistan • Contributed to GeneXpert implementation strategy • Contributed to national ACSM guidelines • Contributed to national TB IC guidelines • Contributed to SOP on sputum smear microscopy • Contributed to SOP on EQA
Total	**62**	

1.1.3 NUMBER OF POLICY ASSESSMENTS OR STUDIES CONDUCTED

Kazakhstan	2	• Conducted brief interview of pharmacists on availability of TB drugs on open market • Conducted baseline survey of needs of TB patients' and their satisfaction with the TB care services provision at all health system levels
Kyrgyzstan	7	• Through Hospital Association of Kyrgyzstan, conducted preliminary research on HIV testing/VCT in TB hospitals • Provided TA in assessment of NGOs that will provide voluntary counseling and rapid testing • Provided TA in evaluation of NGO storage conditions and procurement and supply management of rapid test kits • Developed and delivered presentation on evidence-based evaluation of commonly prescribed medications during pregnancy • Conducted TB patient satisfaction study • Conducted assessment of improvement in social work practices with MARPS led by Tim Hunt (Global Health Research Center of Central Asia) • Contributed to approval of LMIS for SLDs
Tajikistan	4	• Conducted baseline survey on needs of TB patients' and their satisfaction with the TB care services provision at all health system levels • Conducted rapid assessment on procurement and supply management • Conducted health financing and HIS data collection and analysis in all health facilities in the Sogd Oblast (with reference to MOH prikaz #383, from August 3, 2012) • Finalized operational research report: efficiency of service delivery in hospitals in Republic of Tajikistan: current situation
Turkmenistan	1	Conducted ANC/PCH assessment in Akhal, Mary, and Lebap Velayats. Data from the assessment was used in drafting the national mother and newborns program for 2013-2017
Uzbekistan	2	• Conducted TB data collection and analysis in pilot site TB health facilities • Conducted TB IC assessment in 10 PHC facilities of Samarkand district
Total	**16**	

1.1.4 NUMBER OF CPGS DEVELOPED OR REVISED WITH QUALITY PROJECT INPUT

Kazakhstan	7	• Quality Management System guidelines • FP/RH algorithms (short protocols-aides) • TB laboratory SOPs (four SOPs revised)
Kyrgyzstan	17	• CPG on detection and management of TB for PHC providers (primary writing of several sections; technical review of entire document; now in final draft) • CPG on pediatric TB (technical review x 3; now in final draft) • CPG on MDR-TB (technical review; now in final draft)

		• CPG on TB IC (technical review; now in final draft) • CPG on iron-deficiency anemia (technical review) • CPG on gonorrhea (technical review) • CPGs on narcology and sexually transmitted infections (technical and financial support of TWG; in process) • CP on ANC in physiological pregnancy (established and provided technical support to TWG; under development) • CP on ANC in multiple pregnancy (established and provided technical support to TWG; under development) • CP on ANC in pregnancies complicated by pyelonephritis (established and provided technical support to TWG; under development) • CP on preterm delivery (established and provided technical support to TWG; under development) • CP on sexually transmitted infections and pregnancy (established and provided technical support to TWG; under development) • CPG on Hepatitis A/E (technical review) • CPG on clinical depression (technical review) • CPG on stroke for hospital level (technical review) • CPG on dyspepsia (technical review) • CPG on shock (wrote much of initial draft; technical review of final draft) • CPG on community acquired pneumonia
Tajikistan	6	• Adaptation of five HIV CPs • PAL CPG
Turkmenistan	11	• National guidelines on HIV (etiology, clinic, diagnosis, ARV) • Five national HIV CPs • Five MCH/PMTCT protocols
Uzbekistan	1	• Advocated for clinical guideline revisions that will provide PHC providers with clear guidance on use of new diagnostic methods, including GeneXpert.
Total	**42**	

ANNEX 2: TB EPIDEMIOLOGICAL REPORT

It is important to follow the epidemiological situation for TB throughout the region in order to track both the general TB situation in each country, and the progress of national programs. The Quality Project tracks this information to be able to better advise partners on the targeting of their activities and to highlight priority areas which need attention on the national, oblast, and even rayon levels. Yet the reliability of data and varying access to data in Central Asia complicate this process. Kazakhstan, Kyrgyzstan, and Tajikistan share data more freely with partners than do Uzbekistan or Turkmenistan. In Uzbekistan, strict rules and time-consuming procedures must be followed in order to receive country data. Turkmenistan does not share national TB data with the Quality Project because of the lack of an MOU between USAID and MOH. Despite these challenges, some key data is accessible and TB data that is submitted annually to WHO often highlights areas of national programs that require attention.

Regionally, case notification has been slowly decreasing, which indicates that there is some stabilization of the TB epidemic across the region. Despite this promising trend, national capacity to further improve case detection is reaching its limits and new interventions for case detection may be needed to ensure that this trend continues or accelerates.

Annex Table 1: TB diagnosis in Central Asia, 2011

Country	Number of registered new cases and relapses	Case notification rate per 100,000	Percentage of new sputum smear positive cases among new pulmonary TB cases	Case detection rate (%)
Kazakhstan	18,254	113	35%	87
Kyrgyzstan	5,529	103	42	80
Tajikistan	6,290	90	50	47
Turkmenistan*	3,230	64	48	71
Uzbekistan	14,501	52	41	52

*Turkmenistan data available for 2010 only
Source: WHO Global TB report, 2012

In table 1, above, it is apparent that mainly due to population size, most registered TB cases (68.5%) in the region are located in Kazakhstan and Uzbekistan. Yet it is important to highlight that Kazakhstan has almost double the case notification rate of Uzbekistan. This is an indication that the national programs in Uzbekistan and Tajikistan both need to improve their work on identifying TB cases. While three countries achieved WHO targets for case detection rate (70%), the percentage of new smear positive cases is lower than 50% in those counties. This low proportion of smear positive cases along with the high proportion of smear negative cases indicates wide use of X-ray in diagnosis of TB and that the quality of smear examination, including sputum collection, should be improved. To help countries better use this data to manage their programs, the Quality Project TB teams have begun assisting countries to track both the total number of diagnostic smears taken nationally and at the facility level, and the smear positivity rates. This information provides insight into the quality of smear microscopy and where there are weaknesses within the system. It can also give an indication of trends within the overall TB epidemic in the region.

Annex Table 2: Treatment outcomes (cohort of new smear positive cases, 2010)						
Country	**% of MDR-TB cases among new cases**	**Treatment success rate (%)**	**Died (%)**	**Failed (%)**	**Defaulted (%)**	**Not evaluated (%)**
Kazakhstan	14 (11–18)	61	3	7	2	27
Kyrgyzstan	13 (0.0–25	82	4	6	6	2
Tajikistan	17 (11–24)	80	5	11	3	1
Turkmenistan	N/A	N/A	N/A	N/A	N/A	N/A
Uzbekistan	14 (10–18)	81	6	6	5	3
Source: WHO Global TB report, 2012; Towards universal access to diagnosis and treatment of multidrug-resistant and extensively drug-resistant tuberculosis by 2015, WHO progress report 2011						

Along with this data, the project also tracks treatment success rates in each country. However, given the known levels of primary drug resistance throughout the region, the reported rates in all countries except Kazakhstan are suspect as they are generally higher than expected.

In table 2, above, it is demonstrated that despite the high percentage of MDR-TB among new cases, treatment success rates, except in Kazakhstan, are close to the WHO recommended target of 85% treatment success. Historical data reveals that Turkmenistan also usually reports relatively high treatment success rates. Since poor outcomes from the cohorts in the other countries amount to 16-20%, it is clear that the reported treatment success rates are inflated throughout the region. Over time with the expansion of improved diagnostics, the countries in the region should improve their reporting and also increase the proportion of smear positive cases detected, as noted above. By working with partners, the Quality Project is trying to help them address these issues.

The Quality Project also works on improving patient adherence to treatment, which is especially important for Kyrgyzstan and Uzbekistan where high default rates are reported. Improving adherence to treatment throughout the region will help ensure that more patients truly are treated successfully. By ensuring that the smear positive cases and detected properly, the Quality Project can help partners address those cases, which are spreading TB in the region. The project is also working on improving early case detection and initiation of treatment, especially in Tajikistan and Uzbekistan where data indicates this work is important to positively impact the TB situations in those countries.

Another important statistic, which is important to note, is that Kazakhstan reported 27% of new cases as "not evaluated" because these patients were moved to treatment with second line TB drugs and the their treatment outcome results were not available.

ANNEX 3: SUCCESS STORIES

USAID | KAZAKHSTAN
FROM THE AMERICAN PEOPLE

FIRST PERSON

Nurse Grows Healing Relationships with Her Patients

USAID-sponsored training helps nurse encourage her patients to complete their TB treatments

Photo: USAID Quality Health Care Project

We practiced models of effective behavior with different patients and how to use informational materials at the training. Now I use the knowledge and skills I learned in my everyday work with TB patients.

— Elmira Karashalova

U.S. Agency for International Development
www.usaid.gov

Elmira Karashalova works as a nurse at the outpatient clinic in her small village in rural Kazakhstan where her main duty is to administer the daily medication needed for recovering tuberculosis (TB) patients to become fully healthy. When Elmira took over this duty, she often found it frustrating. "Patients do not always remember that they have to take medicine; do not come regularly and don't understand the importance of TB treatment. At first I felt very annoyed and nervous; I criticized patients severely for being late and for missing visits."

Elmira was understandably frustrated by what she saw as her patients' irresponsibility. The effectiveness of TB treatment in Kazakhstan is relatively low, and 30% of patients fail to complete their treatment altogether; a dangerous situation which can lead to the spread of multi-drug-resistant TB.[1]

In order to address this issue, the USAID Quality Health Care Project is training health providers to better encourage patients to successfully complete their TB treatment. By communicating more effectively and empathetically, health care providers encourage patients to complete their full course of treatment, and thereby completely rid themselves of TB infection.

Elmira participated in a USAID-sponsored training on interpersonal communication and counseling skills, and it changed her opinion completely about her responsibility to her patients. "After the training, I realized that my patients' failure to adhere to their treatment regime was directly related to their lack of knowledge about TB, to the absence of family support and to my attitude towards them". Now that Elmira is practicing her newfound communication skills, her patients come regularly to the clinic, not only to receive their medication, but also to share the ups and downs of their lives. One of Elmira's patients summed it up, "When I do not see you, my day just isn't as good."

[1] According to data from the Kazakh National Centre of TB Problems, in 2009 the overall effectiveness of TB treatment in Kazakhstan was only 62.4%.

USAID | KYRGYZ REPUBLIC
FROM THE AMERICAN PEOPLE

SUCCESS STORY

Life-Saving Skills for Kyrgyzstan's Youngest Patients

Building provider capacity to strengthen newborn care in Kyrgyzstan

Photo: Nasgul Abazbekova

Health care providers at Kochkor Rayon Hospital practice their neonatal resuscitation skills regularly to ensure the correct technique.

"Last week, two of my patients delivered newborns that needed immediate medical attention. With the help of my fellow staff members, I performed emergency newborn resuscitation, and the newborns lived. I'm happy that I was able to help these babies survive," declared Taalai S., a nurse in the newborn intensive care unit of Kochkor Rayon Hospital.

Taalai and her co-workers were able to provide life-saving care thanks to support from USAID and Kyrgyzstan's Ministry of Health. Since 2007, USAID and the Ministry of Health have partnered with health care providers, like Taalai, to improve the quality of maternal and child care throughout the country by introducing evidence-based, patient-centered concepts of care, while empowering health care providers to identify needed improvements and develop effective solutions.

In Taalai's hospital, staff identified high rates of newborn death within the first week of life as an important focus for improvement. USAID provided theoretical and practical training sessions to deepen staff knowledge and understanding of modern standards of care and helped hospital staff develop plans to strengthen emergency neonatal resuscitation skills. Following their improvement plans, hospital staff organized and conducted regular refresher demonstrations and resuscitation practice sessions to monitor provider performance and ensure skill competency.

Now, after more than a year of implementing improvement plans, the early neonatal mortality rate at Kochkor Rayon Hospital has decreased by 53%. For Taalai, the hospital's success is due to strengthened efficiency and capacity as well as staff-driven planning. "Our staff works as a team to provide newborn resuscitation, and we're ready to provide emergency care. The improvement plans that we developed are really useful because they allow us to continuously learn and improve our skills."

Through workshops, on-the-job training, and mentoring, USAID is institutionalizing high-quality care practices to ensure that life-saving care reaches even the youngest of patients.

U.S. Agency for International Development
www.usaid.gov

USAID | KYRGYZ REPUBLIC
FROM THE AMERICAN PEOPLE

PHOTO & CAPTION
Keeping New Mothers Healthy

Photo: USAID Quality Health Care Project

Dr. Damira Seksenbaeva, pictured above, is one of hundreds of health care providers trained and mentored by USAID to improve maternal and child health in Kyrgyzstan.

U.S. Agency for International Development
www.usaid.gov

In Kyrgyzstan, 44% of maternal deaths in 2010 were due to heavy bleeding. The vast majority of these were due to bleeding immediately after birth, also known as postpartum hemorrhage. These high death rates are especially concerning since over 98% of births take place in hospitals. To strengthen the ability of health care professionals to take care of new mothers and their babies and thereby prevent the development of life-threatening conditions, the USAID Quality Health Care Project is collaborating with health care facilities to implement evidence-based programs for maternal and newborn care, which were designed by the World Health Organization.

After one year of USAID's support of these programs, maternity hospitals throughout the country have seen significant decreases in rates of postpartum hemorrhages requiring blood transfusion. For example, in the Kochkor Hospital in Kyrgyzstan, providers have nearly halved postpartum hemorrhage rates in their facility, saving the lives of many new mothers. USAID provided theoretical and practical training sessions at the hospital to deepen staff knowledge and understanding of modern standards of care and helped hospital staff develop plans to strengthen emergency preparedness and response skills. Following their improvement plans, hospital staff organized and conducted regular refresher simulative and practice sessions to monitor provider performance and ensure skill competency.

USAID | TAJIKISTAN
FROM THE AMERICAN PEOPLE

FIRST PERSON

Religious Leaders Fight TB in Tajikistan

USAID Trains Religious Leaders to Stop the Spread of TB in their Communities

Photo: USAID Quality Health Care Project

Imam Safarbek Mirzoer applauds the success of another community volunteer during a USAID Quality Health Care Project Community Action for Health meeting.

"Everyone is involved in the fight against TB. It's not just health providers. It is teachers, imams, mothers, fathers, normal people. So we can all join together to fight against the dangers of TB."

—Imam Safarbek Mirzoer, of Vakhdat, Tajikistan

U.S. Agency for International Development
www.usaid.gov

With the fall of the Soviet Union, religion has become an even more important part of Tajik life. Imams, the officiating priests at mosques, play an important role in the lives of their congregations. They lead ceremonies such as weddings and funerals, and provide religious advice. Now, thanks to training from the USAID Quality Health Care Project, some imams are also helping to prevent the transmission of tuberculosis (TB).

The Quality Health Care Project's Community Awareness Program provides participants with two full days of instruction about TB, its causes and treatment.

At the end of the training, participants create action plans to help them reach out to their communities. They encourage known TB patients to get treatment and teach them how to avoid transmitting the disease to others. Facilitators meet with the trainees every quarter to help them stick to their outreach plans. So far, 62 individuals have been trained, and these trainees have already reached approximately 20,000 community members.

Imam Safarov Khudodod has led a Dushanbe congregation of over 800 people for seven years. Before he attended the USAID Quality Health Care Project training, he knew very little about TB.

"Before, we thought that TB was a genetic disease, but now we know it isn't. Many people in my community think that TB isn't curable, so they don't get treatment. Now I share information about TB at all of my meetings with my congregation, even at weddings and births. I have already trained over 5000 people."

Encouraging individuals to complete treatment, and teaching them basic rules of infection control, are key steps in eradicating TB in countries like Tajikistan, where more than half of the population is suspected of being infected.

Imam Khudodod is optimistic about the future of TB in his country. "I think that the next generation will be healthy and will know about TB."

USAID | TAJIKISTAN
FROM THE AMERICAN PEOPLE

BEFORE & AFTER
USAID Renovates Tajik TB Treatment Center

Renovations Undertaken to Fight Tuberculosis Cross-Infection

Tuberculosis (TB) is a serious public health challenge in Tajikistan that can only be overcome if proper infection control techniques are in place in hospitals and treatment centers. Better ventilation and a reduction of cross-contamination of patients and medical staff reduce the risk of transmitting multi-drug resistant TB.

Photo: USAID Quality Health Care Project

BEFORE An inspection found a high likelihood of cross-contamination of TB and multi-drug resistant TB patients at this TB treatment center in Dushanbe, Tajikistan.

Photo: USAID Quality Health Care Project

AFTER USAID sponsored renovations to expand the center's treatment and waiting rooms. Now patients are less exposed to multi-drug resistant TB.

"The renovations have significantly improved working conditions for me and my colleagues. Now, our patients have enough space while waiting to take their medication."

-Dr. Aziz Mirzoev
Tuberculosis doctor
Dushanbe City Health Center #1

U.S. Agency for International Development
www.usaid.gov

USAID | TAJIKISTAN
FROM THE AMERICAN PEOPLE

SUCCESS STORY
Improving Primary Health Care in Tajikistan

USAID helps train next generation of family doctors in Tajikistan

Photo: Quality Health care Project

Trainer X Hisomova explains a concept to intern Timur Mirzohonov at a USAID-sponsored post-graduate medical training program

"These 12 young doctors will strengthen Tajik medical institutions and family medicine. Their enthusiasm proves that family medicine has become a core element of primary health care in our country."

-Dr. Salomiddin Isupov,
Head of the Department of Medical Education and Science;
Tajikistan Ministry of Health

U.S. Agency for International Development
www.usaid.gov

The primary health care system in Tajikistan is facing a significant human resources deficit: the current crop of family doctors will soon retire, while most medical school graduates elect to practice specialized, rather than family medicine. For those graduates who do elect family medicine, the current post-graduate training system is so weak that many end up giving up on their practice before they've even begun.

To address these issues, the USAID Quality Health Care Project is assisting Tajikistan in preparing a new generation of family doctors and laying the foundation for a new approach to family medicine education in the country; thereby improving health care services for all Tajiks.

Last year, USAID began supporting a pilot training course for 12 randomly selected recent graduates at the Tajik Postgraduate Medical Institute. At the end of the year course, the 12 interns earned the highest scores on their graduation exams of all interns in Tajikistan. The twelve received, on average, a 53% higher score on the clinical portion, and 43% higher on the written portion of the exam than students who participated in the country's traditional internship training program. Each of the 12 interns has expressed a desire to continue as part of a further two-year primary health care-focused clinical residency; the first time that so many graduates have elected to do so. These new family doctors will be able to provide a wider range of services to the population, including treatment of maternal and childhood diseases, and diagnosis and treatment of tuberculosis and HIV.

The Ministry of Health has commended the Post Graduate Medical Institute and USAID Quality Project-collaborative intern program and recommended that it be expanded for use countrywide. The Ministry has asked USAID to provide assistance and leadership in scaling the program up. The Ministry expects that the pilot model will not only strengthen the institution of family medicine in Tajikistan, but will also encourage recent graduates to choose family medicine as their specialty.

USAID | TAJIKISTAN
FROM THE AMERICAN PEOPLE

SUCCESS STORY
Training Doctors to Fight Tuberculosis

USAID improves diagnostic and interpersonal skills of Tajik doctors

Photo Christa Gibson

Dr. Erkaeva, a graduate of a USAID sponsored Tajik Center of Excellence, credits her training at the Center with increasing her ability to diagnose and treat her tuberculosis patients.

"Through the course, we started to think about TB as we hadn't before. We have increased the number of people we send to testing. We have organized a treatment center in our facility, so that patients who used to have to travel can now get treatment close to home. I now provide TB education sessions to the community." – Dr. Odinoy Erkaeva, graduate of a USAID funded Center of Excellence

U.S. Agency for International Development
www.usaid.gov

Before Dr. Odinoy Erkaeva began her USAID Quality Health Care Project sponsored training, she felt frustrated by her inability to help her patients. "Before the training, we just sent patients to the tuberculosis (TB) center and never followed up."

Poor adherence to treatment is one of the main reasons that TB and multi-drug resistant TB have spread in Tajikistan and other Central Asian countries. To effectively cure the diseases, patients must take TB drugs for the entire course of treatment and health care providers should observe patients taking their TB drugs to ensure adherence.

In the Konibodom region of Tajikistan, TB outcomes are improving thanks to the many physicians like Dr. Erkaeva who are being retrained by the Quality Health Care Project. For the past five years, USAID has been retraining doctors who graduated from medical school as specialists to instead serve their communities as family doctors. The course emphasizes the importance of building strong relationships with patients and includes three days focused specifically on TB, during which time the doctors learn how to communicate effectively with TB patients in order to convince them to complete their treatment.

In Konibodom, the Quality Project is having a dramatic impact. The number of patients in the region tested for TB increased almost 20% between 2008 and 2010. TB diagnoses have increased, and **90% of new TB patients have been cured**- an especially impressive result when only 76.8% of cases were cured in Tajikistan overall in 2010. These positive statistics are the result of the strong relationships developed between family doctors, TB specialists, and their patients.

Dr. Erkaeva credits the Quality Project for improving her own treatment of TB patients. Since completing the course, she has become the director of her rural health care center where she has implemented a variety of TB-focused programs with positive results. "Now we have a lower number of patients who stop treatment **and most importantly, there have been no TB-related mortalities.**"

USAID | TURKMENISTAN
FROM THE AMERICAN PEOPLE

SUCCESS STORY

Embracing Happy and Healthy Births in Turkmenistan

Safe Motherhood promotes safe and comfortable births for women and infants

[Photo: Quality Health Care Project

"During my time in the hospital, I could move freely, I chose my labor position, the staff talked to me, and they were attentive. The next time I'm pregnant, I will come here to give birth. Thank you very much!"

-Mahym M., a patient of Turkmenistan's Ene Myakhri Maternity Hospital after her successful and comfortable birth.

In Ene Myahri Maternity Hospital, which means "Mother's Gentleness" in Turkmen, Mahym Muradova successfully and happily gave birth to her second child in May 2011. "I felt safe and confident. The midwife was helping me a lot, and the medical staff was supportive, watching my status and listening to my child."

For Mahym, who has given birth before, her time at Ene Myahri was different than her previous delivery. "My first labor was not a pleasant experience." Thanks to collaborative efforts between the Government of Turkmenistan, the USAID Quality Health Care Project, and the United Nations Population Fund, health care providers at Ene Myahri, as well as many health care providers throughout the district, recently attended training workshops on providing safe, more comfortable birthing experiences for mothers and babies like Mahym and her infant.

Beginning in 2006, the Government of Turkmenistan initiated a campaign to implement the World Health Organization's Safe Motherhood program to reduce maternal and infant mortality. To support roll-out and scale-up of this program, USAID and other international partners have provided training opportunities since 2007 to health care providers on evidence-based, patient-centered standards of practice. In the program's first year, participating pilot facilities decreased the use of unnecessary and potentially harmful medications by over 25% and supported partner-assisted births and active management of labor to prevent post-partum hemorrhage in 93.5% and 82.4% of patient cases, respectively. Since 2007, joint USAID-UNFPA programs have trained over 1,700 Turkmenistani obstetricians, gynecologists, neonatologists, midwives, family physicians and nurses in high-quality maternal and infant care.

Today, USAID and its partners continue to support the efforts of the Government of Turkmenistan by expanding training opportunities for health care providers and institutionalizing the Safe Motherhood program through monitoring and mentoring to build local capacity and patient satisfaction.

U.S. Agency for International Development
www.usaid.gov

USAID | TURKMENISTAN
FROM THE AMERICAN PEOPLE

PHOTO & CAPTION
Keeping Children Healthy

Photo: USAID Quality Health Care Project

Mothers in Turkmenistan participate in a training session as part of the Keeping Children Healthy Campaign. The campaign, funded by USAID and its partners, has touched the lives of 28,000 mothers and their young children.

U.S. Agency for International Development
www.usaid.gov

The Ministry of Health in Turkmenistan is committed to investing in its future by improving child health. The government wants to prevent common childhood conditions like diarrhea, acute respiratory infections, anemia, measles, and malnutrition. This commitment is why the government has strongly supported the "Keeping Children Healthy" campaign, a collaboration among USAID, UNICEF and the World Health Organization. The campaign aims to get key health messages to mothers through community health care providers. It looks like the investments are already paying off.

Since 2011, USAID and its partners have trained 760 family nurses how to educate mothers and other caretakers on proper nutrition, exclusive breastfeeding, home treatment for children with diarrhea, health danger signs, and other preventive measures. These nurses, in turn, have reached approximately 28,000 mothers of children under five in eight communities. A comparison of pre- and post-campaign surveys found that, on average, knowledge and awareness among mothers regarding health messages relevant to their child's health increased by more than 30% by the end of the two-month campaign.

Improvements in caretaker knowledge are an essential part of ensuring families can prevent and immediately address children's health issues. USAID and its partners are proud to invest in keeping Turkmenistan's children healthy.

USAID | UZBEKISTAN
FROM THE AMERICAN PEOPLE

SUCCESS STORY
USAID Support Improves Uzbek Lab Services

Eighty-six new TB labs utilize effective quality assurance technique thanks to USAID support

Photo: USAID Quality Health Care Project

Dr. Irisali Bazarbaev, Regional Lab Coordinator for Tashkent, demonstrates to training participants the techniques for proper TB smear preparation at the National TB Institute training center

"USAID support for expanding quality assurance greatly enhances TB control efforts in Uzbekistan."

-Dr. Dilrabo Ulmasova, Director, Republican DOTS Center, Uzbekistan

U.S. Agency for International Development
www.usaid.gov

In Uzbekistan over 20,000 people are diagnosed with tuberculosis (TB) annually. Without proper diagnosis and treatment, these patients not only fail to get better but may also infect others in their communities. Ensuring that lab technicians are correctly reading TB tests is one of the vitally important pieces needed to protect the public from TB.

USAID has been working with the government of Uzbekistan since 2000 to implement a complex set of activities to improve both the diagnosis and the quality of TB laboratory services in the country. In 2011, the Uzbek National Reference Laboratory for TB requested that USAID assist in rolling out External Quality Assurance (EQA) nationally. EQA is a means by which all TB tests are assessed by at least two technicians to ensure an accurate diagnosis. In response to the need for correct diagnoses, the USAID Quality Health Care Project trained 58 laboratory workers from every region of Uzbekistan in the improved lab techniques. Close to 150 microscopy labs across the country are now performing EQA for TB diagnosis.

To ensure that the high quality lab work continues, USAID worked with the National Reference Laboratory to create a set of standardized operational procedures to guarantee quality assurances for TB tests are carried out according to international standards. Dr. Irisali Bazarbaev, Regional Lab Coordinator for Tashkent says, "For the first time in Uzbekistan, we have standard operational procedures on EQA that give a detailed description of procedures in plain language and meet international standards. Thanks to these procedures, laboratories throughout the country are now able to provide quality-assured results to physicians who can then correctly diagnose TB patients."

USAID | UZBEKISTAN
FROM THE AMERICAN PEOPLE

SUCCESS STORY

Fighting TB through Counseling

Community nurses are the link between patients and treatment

Photo: USAID Quality Health Care Project

Himoyat, above right, counsels a patient on the importance of completing TB treatment.

"The USAID training provided us not only with knowledge but also skills which we could immediately apply in our everyday work."
–Himoyat, a community nurse in Tashkent

U.S. Agency for International Development
www.usaid.gov

The number of cases of multi-drug resistant tuberculosis (TB) – a difficult to treat strain of TB – continues to increase in Uzbekistan, with the country having the highest rates of drug-resistant TB in the region. To counter this alarming trend, the USAID Quality Health Care Project and Uzbekistan's Republican TB Center are working with community nurses to strengthen their communication and counseling skills in order to encourage patients with regular TB to finish treatment in order to prevent the development of multi-drug resistant TB. Patients often prematurely stop their TB treatment because they feel better, cannot afford transport costs to reach treatment facilities, must travel for work, or are uninformed about the consequences of uncompleted treatment. Failure to complete TB treatment can lead to the development of drug resistant TB.

In 2011, Himoyat, a community nurse who preferred not to share her last name, and 25 of her peers participated in an on-the-job workshop, led by the head nurse of Himoyat's TB treatment facility, who was previously trained by USAID. Himoyat, who enjoys her work and interactions with patients, learned from the training that community nurses can be a crucial link between patients and treatment. "I now understand that it is important to learn what patients are thinking and planning to do."

Himoyat is using her strengthened communication skills to understand patient concerns and convince them to stay committed to treatment. "One patient of mine would complain about the cost of transport. After the training, I spent more time talking to him, and it turned out that he had the money but wanted to spend it on cigarettes. I explained to him that it is more important to take his TB treatment. Now he comes and takes his drugs regularly."

The training workshop for community TB nurses is part of USAID's comprehensive program to strengthen TB and multi-drug resistant TB control in Uzbekistan through capacity-building and supportive supervision of health care providers.

USAID | UZBEKISTAN
FROM THE AMERICAN PEOPLE

FIRST PERSON
Better Services for HIV and TB Patients

Health care workers team up to treat HIV and TB together


Photo: Umid Asamdinov

Irina Brusnetsova, above right, counsels a patient about TB.

"The USAID training for health providers allowed me to look at the problems of people living with HIV from a different angle."

–Irina M. Brusnetsova,
Head of Tashkent
Tuberculosis Dispensary

U.S. Agency for International Development
www.usaid.gov

Irina Brusnetsova, Director of the Tashkent Tuberculosis Dispensary, has more than 29 years of experience working with tuberculosis (TB) patients. However, she rarely coordinated with other health care clinics that provide broader services for her patients, and she did not have access to information about HIV or other health issues beyond TB to share with her patients.

That changed when Irina participated in a USAID-funded training for health care providers on the importance of treating HIV and TB co-infection. At the training, health care workers learned more about HIV, TB/HIV co-infection, and the importance of adhering to treatment. Worldwide, TB is the leading cause of death for people with HIV. In Uzbekistan, co-infection is a serious public health threat as the country has the highest rates of HIV/AIDs and drug-resistant TB in the region.

"Before this training, when I encountered patients with HIV/TB co-infection, I didn't pay much attention to collaboration with HIV services. Usually, I would refer patients who complained of coughing, fever, weight loss, and sweating to the AIDS Center. Now, I understand how important it is to combine HIV and TB services together. By working together it's possible to overcome multi-drug resistant TB."

This training has resulted in positive change in patients' lives. "I remember one patient, Svetlana, a 30-year old woman who came to me with TB symptoms. She was diagnosed with pulmonary TB and HIV. She received a complete course of treatment for TB and started anti-retroviral therapy for HIV. Now, she is in constant touch with me. She has a great interest in helping others overcome TB. She regularly encourages and leads people from her community to be tested for TB and to complete treatment."

Irina has new hope when treating her patients. "I now provide confidential counseling to patients on HIV and TB treatment adherence, and I also help them to adopt a positive attitude toward life. Indeed, while receiving anti-retroviral therapy and TB treatment, it's possible to live an ordinary life, to work, and be with family."

ANNEX 4: POSTCARDS

1.1.5 QUARTER ONE

USAID | TAJIKISTAN
FROM THE AMERICAN PEOPLE

Thanks to health care providers at Tursunzade maternity hospital, this woman is enjoying her healthy baby boy after safely giving birth.

Life-saving Practices for Improved Maternal Health

At 64 maternal deaths per 100,000 live births, Tajikistan has one of the highest maternal mortality rates in Central Asia. To improve the quality of maternal and child care in the country, USAID is providing technical assistance to Tajikistan's Ministry of Health to build the capacity of obstetricians, neonatologists, and midwives in providing effective perinatal care.

In Tajikistan, the USAID Quality Health Care Project and its partners are working to incorporate evidence-based practices in health care as part of the World Health Organization's Making Pregnancy Safer initiative. Since USAID started working with health care providers at the Tursunzade maternity hospital, life-threatening postpartum hemorrhages have decreased by 60% over six months.

USAID will continue its work in Tajikistan to institutionalize positive changes in maternal and child health care by providing supportive mentoring to health care providers and assisting the Ministry of Health in implementing evidence-based national standards throughout the country.

USAID | TAJIKISTAN
FROM THE AMERICAN PEOPLE

To ensure early diagnosis, family doctors in Vakhdat screen pregnant women for pre-eclampsia at every prenatal visit.

Evidence-Based Care for Improved Maternal Health

High blood pressure during pregnancy is among the leading causes of maternal mortality in the world. In Tajikistan, approximately 14% of all maternal deaths are caused by conditions brought about by high blood pressure (UNICEF, 2005).

To improve maternal and child health care in Tajikistan, the USAID Quality Health Care Project is working with the country's Ministry of Health to conduct training workshops for health care providers on timely diagnosis and evidence-based management of potentially life-threatening conditions among pregnant women. Since USAID started working with health care providers at Vakhdat Rayon Maternity Hospital in May 2011, the rate of severe pre-eclampsia—a condition attributed to high blood pressure—among pregnant women has decreased by 50%.

USAID will continue its work in Tajikistan to institutionalize positive changes in maternal and child health care by providing supportive mentoring to health care providers and assisting the Ministry of Health in implementing evidence-based national standards throughout the country.

USAID | TAJIKISTAN
FROM THE AMERICAN PEOPLE

Health Financing Reforms Promise Savings for Patients

In July 2011, a delegation from Tajikistan's Ministries of Finance and Health traveled to Kyrgyzstan as part of USAID-supported study tour to learn about Kyrgyzstan's comprehensive health care financing reforms.

On November 2, 2011, the Government of Tajikistan approved a groundbreaking decree to introduce new health financing mechanisms at health care facilities in Sogd Oblast. This decree is the culmination of substantial policy dialogue and advocacy over the last year by USAID, the World Health Organization, the European Union, the World Bank, and the Swiss Development Corporation.

Following approval of the decree, the USAID Quality Health Care Project and Tajikistan's Ministries of Finance and Health have started to implement a detailed action plan to introduce new payment systems as part of a step-by-step process to reform health care financing.

Health care financing reforms will improve the accessibility, equity, efficiency and quality of health services for the citizens of Tajikistan. As the state health budget funds only about 20% of health services, health financing reform is critical to reducing out-of-pocket payments and increasing financial risk protection for patients, especially those from the poorest segments of society.

USAID | KYRGYZSTAN
FROM THE AMERICAN PEOPLE

Teaching Effective Care for Healthy Babies

Dr. Halima Subankulova of Bishkek City Perinatal Center works with new mothers and families to ensure good care of infants once they go home.

The USAID Quality Health Care Project and the Government of Kyrgyzstan are working together to implement and institutionalize the World Health Organization's Effective Perinatal Care program in maternity hospitals across the country. Through training workshops and supportive mentoring, USAID is teaching health care providers how to provide postpartum counseling to new mothers and their families to prevent serious health problems among newborns.

Dr. Halima Subankulova (far right) explains to her patient that parents can help protect new babies from many health risks. Health care providers advise mothers and families on how to prevent hypothermia and infections among infants, and how to properly breastfeed. In Bishkek City Perinatal Center, which handles over 7,600 deliveries each year, USAID has trained 30% of health care providers, including Dr. Subankulova, in Effective Perinatal Care. Over the next year, USAID will train an estimated 60% of health care providers in Jalal-Abad and Naryn Oblasts and Bishkek.

The USAID Quality Health Care Project is a five-year program to strengthen public health systems in Central Asia and to improve the health of the region's population.

1.1.6 QUARTER TWO

USAID | KYRGYZSTAN
FROM THE AMERICAN PEOPLE

Institutionalizing Quality Care Through Education

Tursun Mamyrbaeva (right), Deputy Director of the National Center for Mother and Child Protection, speaks to the audience about new pediatric evidence-based guidelines, some of which she played a key role in developing.

Many health care providers throughout Kyrgyzstan are currently using evidenced-based clinical guidelines, thanks to the technical support provided by USAID to the Evidence-based Medicine Unit in the Center for Health Systems Development. To reinforce this promising trend, 189 medical educators joined together for the first time at a conference in December 2011 supported by the USAID Quality Health Care Project to promote the introduction of clinical guidelines into medical education curricula.

An increased emphasis on evidence-based medicine will better prepare graduating physicians will be better prepared to provide modern, high quality, and effective health care services. Currently, 16 evidence-based clinical practice guidelines and 64 clinical protocols have been developed, and work continues to develop more guidelines on tuberculosis, HIV/AIDS, maternal and child health, and cardiovascular disease.

This conference, which is the first in a series, marked a great step forward for Kyrgyzstan in its efforts to institutionalize high-quality health care throughout the country.

USAID | KYRGYZSTAN
FROM THE AMERICAN PEOPLE

Quality Improvement for Cardiovascular Disease Care

As part of the Continuous Quality Improvement initiative, a nurse from Naryn Oblast Hospital is tested on her technique in recording an electrocardiogram.

Cardiovascular disease remains the most serious non-communicable public health threat in Kyrgyzstan. To improve hospital-level care for patients suffering from cardiovascular disease, the USAID Quality Health Care Project has teamed with the Kyrgyzstan Hospital Association and the National Cardiology Center to implement quality improvement activities in Naryn Oblast and develop an improvement model that can be scaled up to other oblasts.

Quality improvement activities underline the importance of evidence-based standards of care, as well as critical thinking skills and internal monitoring to pinpoint solutions to facility-level health care problems. After six months, USAID-supported quality improvement activities carried out by health care providers in Naryn Oblast hospitals have contributed to a 100% increase in the number of providers who are able to correctly interpret an electrocardiogram; a 97% increase in the number of patients who received aspirin within one hour of hospitalization; and a 63% increase in the number of patients receiving beta-blockers within one hour of hospitalization. In total, hospitals in Naryn Oblast serve a population of 177,000 adults.

USAID and the Hospital Association will support scale up and institutionalization of these life-saving changes in practice through supportive supervision of quality improvement activities and mentoring of health care providers throughout Kyrgyzstan.

USAID | TAJIKISTAN
FROM THE AMERICAN PEOPLE

Savlat Khotamova, a nurse from Dushanbe Health Center #1, observes a patient taking her TB medication.

Observing Treatment For Successful TB Control

To effectively treat tuberculosis, patients must take TB drugs for the entire course of treatment, and health care providers should observe patients taking their TB drugs to ensure adherence to their course of treatment, which can last from 6-8 months or up to 12-24 months for multi-drug resistant TB. To strengthen this essential component of TB control, the USAID Quality Health Care Project and the Government of Tajikistan are educating health care providers on the importance of treatment adherence, evidence-based standards, and patient education.

At the start of activities in July 2011, only 26.6% of patients at two Dushanbe health centers were observed taking their TB medication. Six months later, 87% of patients now take their medication at these clinics which indicates better treatment adherence. Forty-five patients benefitted from USAID assistance at these health centers.

By teaching providers about the importance of direct observation and educating patients on TB, USAID is working to reduce the spread of TB and the development of drug-resistant TB. In the future, USAID will work to scale up and institutionalize these changes in practice to improve the lives and health of Tajikistani citizens.

1.1.7 QUARTER THREE

USAID | KYRGYZSTAN
FROM THE AMERICAN PEOPLE

Health care providers in Kochkor Rayon Hospital take part in a training workshop to improve emergency neonatal resuscitation skills.

Reducing Infant Mortality Through Improved Neonatal Care

To reduce infant mortality in Kyrgyzstan, the USAID Quality Health Care Project is working to build the capacity of health care providers to recognize facility-level areas for improvement and manage changes in care based on evidence and international standards.

Beginning in February 2011, health care providers at Kochkor Rayon Hospital in Naryn Oblast prioritized strengthening neonatal resuscitation skills to improve perinatal mortality rates. After one year, guided by improvement plans developed by the staff, changes in neonatal resuscitation care resulted in a 53% reduction in early neonatal deaths. While early neonatal deaths are one of two factors that influence perinatal mortality rates, these changes in practice reduced overall perinatal mortality in the hospital by nearly 25%.

The USAID Quality Health Care Project continues to work with staff at Kochkor Rayon Hospital and at other facilities in Kyrgyzstan to reduce infant mortality and institutionalize high-quality care through training workshops and supportive supervision.

USAID | KYRGYZSTAN
FROM THE AMERICAN PEOPLE

Health care providers in Jalal-Abad Oblast collaborate during a training workshop to develop work plans based on quality improvement methodologies.

Building Capacity for Faster and More Accurate TB Diagnosis

In Kyrgyzstan today, individuals with TB often encounter unnecessary delays between diagnosis and initiation of treatment at health care facilities. These delays result in the progression of untreated TB and may permit infectious individuals to expose others to TB. Timely, proper treatment can rapidly render TB patients non-infectious and reduce this risk. For faster and more accurate diagnoses of TB, the USAID Quality Health Care Project and Kyrgyzstan's Family Group Practice and Nurses Association are working with health care staff to identify needed improvements and incorporate international best practice in TB detection and treatment.

After six months of implementing staff-developed improvement strategies in health care facilities in Chui, Jalal-Abad, and Issyk-Kul Oblasts, the percent of patients with sputum testing positive for TB who are placed on treatment within seven days of sputum collection increased from 52 to 89%.

To complement these positive changes in diagnosis and earlier initiation of treatment, USAID is working to build local laboratory capacity, to ensure treatment success by improving treatment practices, and to enhance patient knowledge about TB and the importance of finishing treatment.

USAID | KYRGYZSTAN
FROM THE AMERICAN PEOPLE

To combat pediatric TB, USAID is working to improve screening and detection efforts to save the lives of children in Kyrgyzstan.

Fighting Pediatric TB Through Improved Screening and Detection

According to the World Health Organization, tuberculosis (TB) kills over 100,000 children ever year. In support of a renewed global focus on pediatric TB, USAID is working with health care providers to improve screening and detection of TB among children in Kyrgyzstan.

Current policy in Kyrgyzstan requires skin testing to detect TB in children. As part of staff-initiated quality improvement strategies, in three months the proportion of health care providers in Chui, Jalal-Abad, and Issyk-Kul Oblast health facilities able to correctly place and interpret a TB skin test increased from 2 to 45% and 0 to 58%, respectively.

USAID will support these positive steps towards improving screening and diagnosis of TB in children through supportive supervision as part of a comprehensive program to strengthen TB care in Kyrgyzstan.

1.1.8 QUARTER FOUR

USAID | KYRGYZSTAN
FROM THE AMERICAN PEOPLE

Dr. Damira Seksenbaeva is one of hundreds of health care providers trained and mentored by USAID in effective perinatal and antenatal care for improved maternal and child health.

Preventing Life-Threatening Conditions Through Improved Maternal Care

In Kyrgyzstan, 44% of maternal deaths in 2010 were due to obstetric hemorrhage, despite the fact that over 98% of births take place in hospitals. To strengthen maternal care skills among health care professionals and prevent the development of life-threatening conditions, including post-partum hemorrhage, the USAID Quality Health Care Project is collaborating with health care facilities to implement the World Health Organization's Effective Perinatal Care and antenatal care programs.

As part of the Effective Perinatal Care program, USAID is working with health care providers to incorporate evidence-based practices in maternal care to prevent postpartum hemorrhage. After one year of USAID support in Kochkor Rayon Hospital in Naryn Oblast, providers have nearly halved postpartum hemorrhage rates in their facility.

To date, the USAID Quality Health Care Project has trained over 1,000 health care providers in Kyrgyzstan in effective perinatal and antenatal care and will continue to provide supportive supervision to institutionalize positive changes in practice.

USAID | TAJIKISTAN
FROM THE AMERICAN PEOPLE

Interns at the Tajik Postgraduate Medical Institute study during their one-year clinical course, which was supported in part by the USAID Quality Health Care Project

Improving Primary Health Care in Tajikistan

Tajikistan's primary health care system is facing a human resources deficit, as the current crop of doctors retires, and most medical school graduates elect to practice specialized medicine. The USAID Quality Health Care Project is assisting Tajikistan in addressing this issue by preparing a new generation of family doctors through a pilot training course at the Tajik Postgraduate Medical Institute for 12 randomly-selected recent medical school graduates.

At the end of the one-year course, these 12 interns scored higher than all other interns in Tajikistan on their graduation exams, earning on average 53% higher scores on the clinical portion, and 43% higher on the written portion than students who participated in the country's traditional internship training program.

The Ministry of Health commended the Post Graduate Medical Institute and USAID Quality Project-collaborative program and recommended that it be expanded for use countrywide. The Ministry of Health expects that the pilot model will not only strengthen the institution of family medicine in Tajikistan, but will also encourage recent graduates to choose family medicine as their specialty.

ANNEX 3: TRAINING DATABASE

Country		Kazakhstan			Kyrgyzstan			Tajikistan			Turkmenistan			Uzbekistan			All Countries		
Field of Study Component	**Field of Study Subcomponent**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**
MCH/FP/RH	Maternal Health	285	48	237	882	30	852	875	126	749	494	68	426	0	0	0	2536	272	2264
	Child Health	0	0	0	1191	73	1118	157	50	107	1285	126	1159	0	0	0	2633	249	2384
	FP/RH	0	0	0	91	2	89	982	17	965	54	5	49	0	0	0	1127	24	1103
CVD/NCD		0	0		311	45	266	4059	1611	2448	16	6	10	0	0	0	4386	1662	2724
TB	PHC Level	1747	320	1427	919	42	877	679	196	483	18	8	10	388	69	319	3751	635	3116
	Legal & Policy	159	60	99	0	0	0	0	0	0	427	187	240	0	0	0	586	247	339
	Lab	349	92	257	15	0	15	63	7	56	13	2	11	79	17	62	519	118	401
	Drug management	181	24	157	18	4	14	162	46	116	138	47	91	133	26	107	632	147	485
	Hospital level	29	5	24	127	18	109	156	103	53	0	0	0	0	0	0	312	126	186
	CAH	593	162	431	478	41	437	391	156	235	120	49	71	313	33	280	1895	441	1454
HIV	Outreach/NGOs	130	49	81	165	65	100	312	139	173	25	11	14	0	0	0	632	264	368
	System Entry Points	1504	452	1052	384	65	319	908	328	580	1649	554	1095	0	0	0	4445	1399	3046
	Legal &Policy	155	42	113	205	65	140	307	173	134	630	230	400	0	0	0	1297	510	787
Health System Strengthening	Health Financing	350	138	212	271	98	173	193	122	71	16	7	9	0	0	0	830	365	465
	Legal & Policy	50	20	30	6	2	4	36	16	20	110	21	89	0	0	0	202	59	143
	Institutionalization for Sustainability	0	0	0	1591	68	1523	12	6	6	59	12	47	0	0	0	1662	86	1576
	M&E, operational research & HIS	0	0	0	6	2	4	0	0	0	59	4	55	0	0	0	65	6	59
	Priority Program Cross-Cutting	0	0	0	386	170	216	0	0	0	4	0	4	0	0	0	390	170	220
TB/HIV		52	18	34	86	9	77	0	0	0	450	276	174	0	0	0	588	303	285
Total		**5584**	**1430**	**4154**	**7132**	**799**	**6333**	**9292**	**3096**	**6196**	**5567**	**1613**	**3954**	**913**	**145**	**768**	**28488**	**7083**	**21405**