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AZ SHIP PROJECT FINAL REPORT 2011-2013

October 2013

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In collaboration with:
Assistance to Healthcare Development | Save the Children

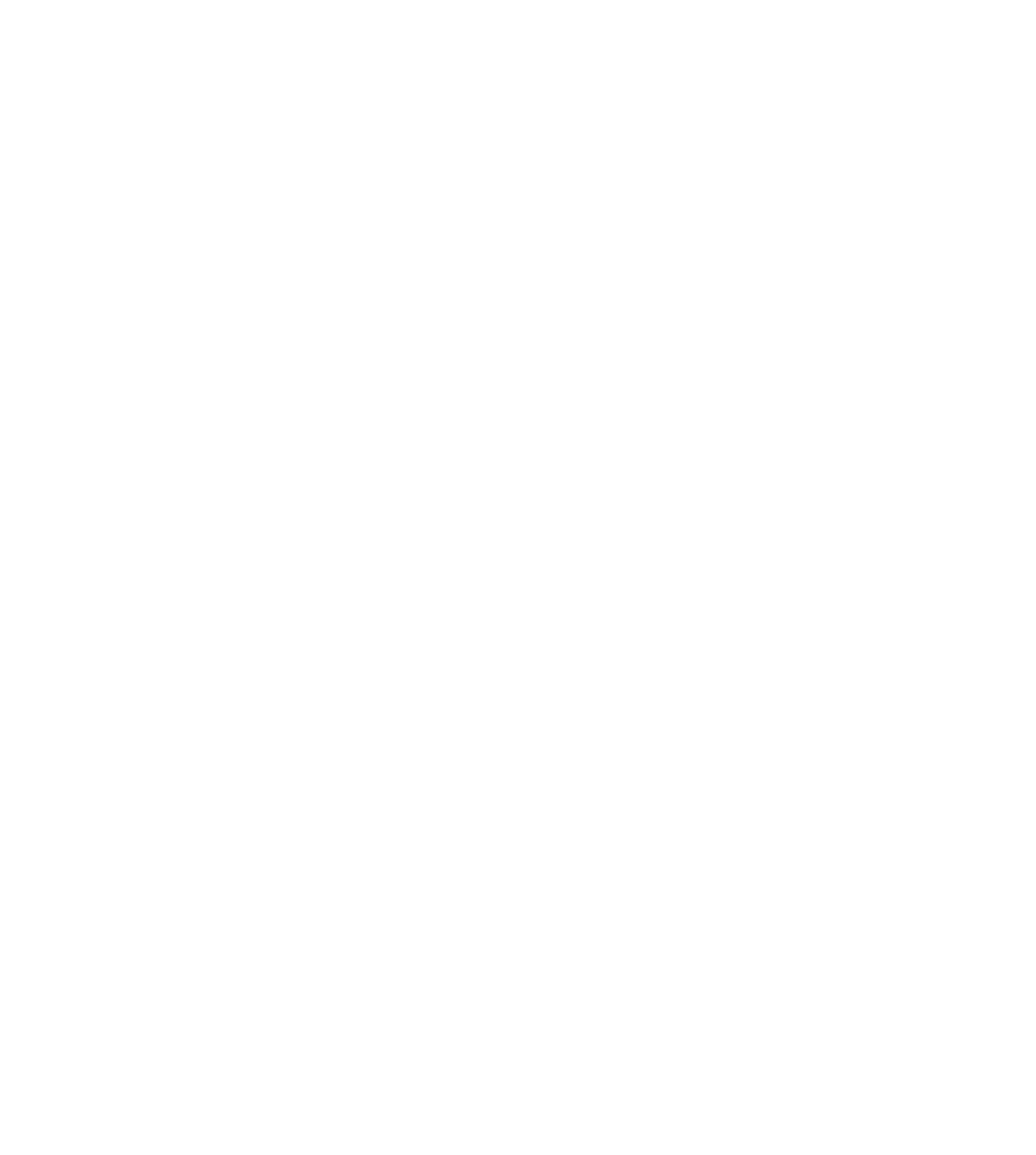


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Acronyms

ACSM	Advocacy, Communication, and Social Mobilization	MNCH	Maternal, Neonatal and Child Health
AHD	Assistance to Healthcare Development	MOH	Ministry of Health
AZ SHIP	Azerbaijan Strengthening Health Systems through Integrated Programs	MOJ	Ministry of Justice
BBP	Basic Benefits Package	NAR	Nakhechivan Autonomous Republic
CAG	Community Action Group	NCD	Non-communicable Diseases
CHAG	Community Health Activists Group	NCPHR	National Center for Public Health and Reform
CPG	Clinical Practice Guideline	NTP	National Tuberculosis Program
DMT	District Monitoring Team	PHC	Primary Health Care
DOT	Directly Observed Treatment	PHCS	Primary Health Care Strengthening Project
DRG	Diagnosis Related Groups	PMP	Performance Monitoring and Evaluation Plan
EBM	Evidence-Based Medicine	PPP	Public Private Partnership
EIDSS	Electronic Integrated Disease Surveillance System	RH/FP	Reproductive Health/Family Planning
GDP	Gross Domestic Product	RIOG	Research Institute for Obstetrics and Gynecology
GFATM	Global Fund to Fight AIDS, TB, and Malaria	SRILD	Scientific Research Institute for Lung Disease
HIS	Health Information System	TB	Tuberculosis
MDR-TB	Multi-Drug Resistant Tuberculosis	WHO	World Health Organization
M&E	Monitoring & Evaluation		



Acknowledgments

The Azerbaijan Strengthening Health Systems through Integrated Programs (AZ SHIP) Project would like to acknowledge the Government of Azerbaijan for the close partnership over the last two years under AZ SHIP and the previous four years under the Primary Health Care Strengthening (PHCS) Project. In particular, the project would like to thank the Ministry of Health and its institutions for their dedication to strengthening the health care system in Azerbaijan. The project would also like to acknowledge USAID and all partners for their collaboration and support.



Executive Summary

The USAID-funded Azerbaijan Strengthening Health Systems through Integrated Programs (AZ SHIP) Project was a two-year project that ended in September 2013. Its four goals were: to strengthen governance capacity of the Ministry of Health (MOH) to direct and implement health reform initiatives; to improve mobilization, allocation, and use of health care resources; to improve quality of health care services; and to empower individuals and communities to exercise their health care rights and responsibilities. In particular, the project focused on improving the delivery of priority health services, including primary health care (PHC), tuberculosis (TB), maternal, neonatal, and child health (MNCH), reproductive health/family planning (RH/FP), and non-communicable diseases (NCDs).

To strengthen the governance capacity of the MOH to guide and carry out health reform, AZ SHIP assisted with the design and implementation of a number of health policies, strategies, and action plans. The project also collaborated with MOH institutions to develop key regulations and provided

recommendations to Parliament on health legislation and policy proposals. Finally, the project provided substantial support to the roll-out of a health information system (HIS) in maternity hospitals and a TB registration and monitoring system in order to improve the collection and utilization of health data for decision making.

In the area of health financing, AZ SHIP successfully advocated for increased public funding for second line drugs for multi-drug resistant TB patients. Although the Government remained reluctant to implement health financing reform, the project helped to lay the groundwork for future reform efforts by providing stakeholders with trainings, tools, and briefing materials on relevant health financing approaches.

To improve the quality of health care services in PHC facilities and hospitals, AZ SHIP provided assistance with the development and institutionalization of evidence-based clinical practice guidelines (CPGs) for TB, MNCH, RH/FP, NCDs, and other priority health areas. The project supported implementation of these new guidelines through provider

AZ SHIP IN NUMBERS

850,000 people reached with messages about TB
 650,000 people reached with messages about FP
 >600,000 patient records in HIS
 4,186 providers trained on MNCH, TB, NCD, and mental health topics
 >3,000 records in e-TB Manager
 2,545 community members trained by peers on health topics
 295 CAG members trained in organizational development
 268 hospitals using HIS
 221 providers trained in quality improvement
 202 providers trained in patient-provider communication
 80 community health events organized
 50 sites using e-TB Manager
 43 journalists trained on health topics
 40 PHC facilities equipped with basic supplies
 30 PHC facilities conducting quality improvement activities
 25 medical trainers prepared
 17 regulatory documents and plans developed
 12 CPGs developed
 12 clinical training packages developed
 1 Monitoring & Evaluation Department established within MOH institution

trainings and the introduction of information systems and monitoring approaches that allow managers to monitor quality and enable providers to improve their performance. Throughout these efforts, the project worked hand-in-hand with local institutions and individuals to build their capacity in quality improvement at all levels of the health system. Lessons learned in implementing quality improvement activities led to development of a national quality improvement framework.

In order to empower individuals and communities to exercise their health care rights and responsibilities, AZ SHIP built the capacity of Community Action Groups (CAGs) to conduct health education activities and improve the quality of health care within their communities. The project also supported a number of community health events and provided PHC facilities with basic equipment and supplies within pilot districts. At the national level, the project collaborated with MOH institutions to conduct two communication campaigns to increase awareness about TB and FP. Finally, the project worked to improve journalism on health topics through trainings for journalists.

Although the conclusion of AZ SHIP marks the end of USAID funding for health in Azerbaijan and many challenges remain in the health sector, the country is well positioned to build on shared achievements to further strengthen the health system in order to improve the health of the population.

Introduction

Azerbaijan Strengthening Health Systems through Integrated Programs (AZ SHIP) was a two-year USAID-funded project. The AZ SHIP team was led by Abt Associates with partners Save the Children and Assistance to Healthcare Development (AHD). AZ SHIP built on and expanded the work of USAID's Primary Health Care Strengthening (PHCS) Project, with an eye towards institutionalization of project activities to the maximum extent possible.

AZ SHIP was designed to contribute to the USAID/Azerbaijan Mission's development objective of increased access to quality health care and social assistance through strengthened practices and systems. The project aimed to accomplish this through four components:

1. Strengthen governance capacity of the Ministry of Health (MOH) to direct and implement health reform initiatives;
2. Improve mobilization, allocation, and use of health care resources;
3. Improve quality of health care services; and
4. Empower individuals and communities to exercise their health care rights and responsibilities.

Activities designed to improve delivery of priority health services, including tuberculosis (TB), maternal, neonatal, and child health (MNCH), reproductive health/family planning (RH/FP), and non-communicable diseases (NCDs), were integrated in each of the project's four component sections.

AZ SHIP employed four core implementation strategies as mechanisms to create synergies between short-term results and long-term impact to improve the quality of priority services, strengthen the Azerbaijani health system, and increase sustainability of interventions:

- Focus explicitly on institutionalization and sustainability from project outset;
- Coordinate and collaborate closely with other donors and projects to leverage resources and investments;
- Mainstream gender considerations into project interventions and activities; and
- Explore public-private partnerships (PPPs) to increase funding for and accessibility of quality services.

This document serves as AZ SHIP's final project report covering the period September 27, 2011 to September 26, 2013. This report includes sections on the project's four components, which each contain sub-sections

summarizing the component's background, approach and activities, and accomplishments and results achieved. The report also includes sections on problems and obstacles, findings and lessons learned, significance of activities, and recommendations. Annexes to the report include the project's Performance Monitoring and Evaluation (M&E) Plan with final indicators against life-of-project targets, lists of project deliverables and training packages developed with project support, a report by partner AHD about the Service Readiness Assessments of primary health care facilities, and lists of community health events and community trainings organized by the project and partner Save the Children.

Component I: Strengthen Governance Capacity of the Ministry of Health to Direct and Implement Health Reform Initiatives

Background

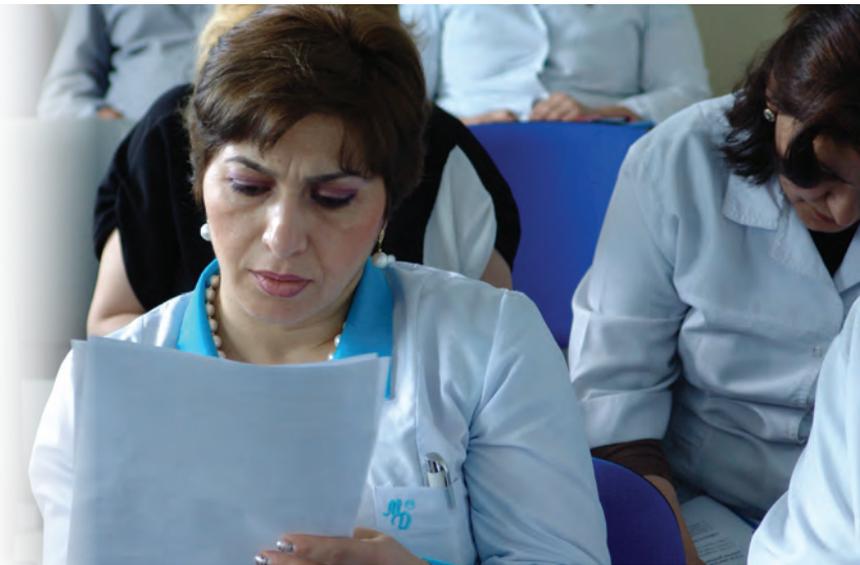
With support from USAID and other donors, Azerbaijan has begun to move away from Soviet-style health policymaking, which was rarely based on evidence and consensus. For example, between 2007 and 2011, the MOH established several interagency working groups and drafted a number of evidence-based health policies and strategies using a participatory process. In spite of this progress, the MOH continued to lack the ability to: develop and realize strategic plans; prepare legal and regulatory frameworks; and collect and effectively use health data to inform their decision-making.

Approach and Activities

To strengthen the governance capacity of the MOH to guide and carry out health reform initiatives, AZ SHIP focused on building the Ministry's capacity in the design and implementation of strategic plans, the development of legislation and regulations to support health reform, and the collection and utilization of health data for decision-making.

Design and Implementation of Strategic Plans

To help Azerbaijan address the growing challenge of NCDs, AZ SHIP played a critical role in the development of the National Strategy on NCD Prevention and Control in Azerbaijan 2013-2020. The project invited an international consultant with extensive experience in NCDs to guide national experts in the preparation of the Strategy. The project also provided technical input throughout the development process.



Health providers participated in AZ SHIP trainings on new TB CPGs.

The Strategy will guide Azerbaijan's efforts to prevent and control diseases such as heart disease, cancers, diabetes, and chronic respiratory diseases, which are the leading causes of premature death and disability in Azerbaijan.

In addition to building local capacity to design strategic plans, AZ SHIP supported the implementation of national strategies developed with assistance from the PHCS Project. For example, AZ SHIP collaborated with the National Tuberculosis Program (NTP) and the Scientific Research Institute for Lung Disease (SRILD) to support implementation of the 2011-2015 National TB Strategy through a variety of activities.

First, the project ensured that trainings for providers on TB CPGs were directly in line with the national strategy's standardized care approach. The project also developed an action plan for integration of TB services at the primary health care (PHC) level. Finally, the project provided technical assistance to develop a strategy to improve the TB laboratory network.

To promote a preventative, PHC-based approach to TB and other common lung ailments, AZ SHIP supported the adaptation of the Practical Approach to Lung Health (PAL) for Azerbaijan. PAL serves a number of purposes – it will improve the diagnosis and treatment of all respiratory diseases, including TB, while strengthening PHC and demonstrating the value of an integrated, evidence-based approach to care. The project gained MOH approval for the approach, developed implementation guidelines, and prepared a PAL manual for PHC providers.

AZ SHIP also supported implementation of reforms related to MNCH care. For example, the project worked closely with the MOH and the Republican Institute of Obstetrics and Gynecology (RIOG) to develop action plans to guide implementation of the new national strategy for perinatal services. AZ SHIP also engaged in dialogue with chief doctors and other senior health personnel, many of whom were initially opposed to the MOH's decision to regionalize perinatal care, in order to advocate for and encourage provider adoption of the policy changes.

“The project’s role in the [health reform] changes... is critical. In addition to the technical expertise, [AZ SHIP] has authority among policymakers. This helps us to move things from recommendation to implementation in a more expedient way.”

– Senior MOH Representative

Development of the Legislation and Regulations to Support Implementation of Health Reform Initiatives

With the goal of institutionalizing quality improvement reform initiatives, AZ SHIP worked with the MOH’s National Center for Public Health and Reform (NCPHR) to update several Ministry orders and regulatory documents on clinical practice guideline (CPG) development, revision, and implementation. AZ SHIP also supported NCPHR to develop a code of ethical conduct for health care workers, create an accompanying training program, and initiate training for staff members of NCPHR.

To support reforms related to TB, AZ SHIP assisted with the development of a regulation on TB prevention, which incorporated new national TB CPGs as well as the results of a Global Fund to Fight AIDS, TB, and Malaria (GFATM) risk group study.

In the area of MNCH, the project assisted the MOH in the development of regulations and structures to support the reform of perinatal services. AZ SHIP helped to develop a structure to reorganize perinatal care and assign different types of care to different levels of the system, with the end goal of making appropriate, high quality basic care more accessible in regions and simultaneously consolidating and improving the quality of referral and tertiary care services. The project also supported the development of job descriptions for perinatal care staff to improve care provision and clarify the referral structure. Finally, AZ SHIP provided technical assistance in the development of guidelines on early postnatal care, the referral of pregnant women for consultation according to their level of risk, and specific responsibilities of PHC level providers.

In addition to working with the MOH on health legislation and regulations, AZ SHIP engaged in policy dialogue at the Parliament level. The project provided recommendations to Parliament on key legislation, such as the

national law on TB, shared policy briefs on priority topics, such as outpatient drug benefit programs, basic benefits packages, TB, and RH, and met regularly with individual members of Parliament to discuss issues such as RH and health finance reform.

Finally, to strengthen local capacity in health governance and other public health areas, AZ SHIP provided recommendations to stakeholders on developing and improving public health courses and establishing a school of public health in Azerbaijan.

Collection and Utilization of Health Data to Inform Decision-making

Under the Soviet healthcare system, data was reported by facilities but rarely analyzed or used for decision-making, even at the central level. To improve the availability, quality, and utilization of hospital data, the PHCS Project worked with the MOH to set up and pilot a health information system (HIS) based on patient discharge information from selected hospitals. AZ SHIP presented the results of the HIS pilot to the Minister of Health, who then issued an order to roll out the system nationwide, starting in maternity hospitals. AZ SHIP supported monitoring of the roll-out process, training of MOH and hospital staff on the HIS, and the development of a new web-based software system.

In an effort to improve the collection and utilization of TB data, AZ SHIP worked closely with the MOH and Ministry of Justice (MOJ) to implement e-TB Manager, a comprehensive TB registration and monitoring system. E-TB Manager facilitates and improves decision-making related to TB programs by putting data on patient treatment, epidemiological surveillance, and drug procurement and logistics all in one place. AZ SHIP provided hardware, technical assistance, and software training to implement e-TB Manager nationwide. AZ SHIP also supported the entry of past cases into the database and full integration of the Electronic Integrated Disease Surveillance System (EIDSS) into e-TB Manager.



AZ SHIP trained local stakeholders to implement e-TB Manager.

Accomplishments and Results Achieved

Due, in part, to AZ SHIP's support, Azerbaijan has a number of plans and regulations in place that will improve health (see Box 1). In addition to these immediate outcomes, the MOH and its institutions have a greater ability to develop good health policy.

One of AZ SHIP's most notable accomplishments was the expansion of the HIS. To date, the HIS has collected and begun to analyze more than 600,000 patient records. Reports from the HIS are already being used by RIOG to monitor the performance of maternity hospitals and identify facilities in need of additional supportive supervision. This data can also be used by the MOH to fine-tune the design of future hospital payment systems based on diagnosis-related groups (DRGs).

BOX 1. REGULATIONS, POLICIES, AND GUIDELINES DEVELOPED WITH AZ SHIP SUPPORT

- Concept Paper on Implementation Strategy for National TB Strategy (2011-2015)
- Action Plan to Prevent and Combat M/XDR-TB in Azerbaijan
- Improvement in Laboratory Services in TB Strategy (2011-2015)
- Azerbaijan Advocacy, Communication, and Social Mobilization (ACSM) Strategy for TB (2011-2015)
- Azerbaijan TB Proposal to the GFATM Transitional Funding Mechanism
- Draft National Strategy NCD Prevention and Control in Azerbaijan (2013-2020)
- District Strategic Plans for Improving PHC, 2013-2015 (Sheki, Agdash, Absheron, Ismayilli, Gakh, Gabala, Zaqatala)
- HIS Guidelines
- Guidelines for Monitoring of Maternity Hospital Performance and Perinatal Care Regionalization
- e-TB Manager Guidelines
- Facility-level Monitoring Tool Packages (hospital and PHC)



Component 2: Improve Mobilization, Allocation, and Use of Health Care Resources

Background

After the collapse of the Soviet-style health system in 1991, public financing of health care in Azerbaijan dropped significantly. According to official 2009 data, only 1.2% of gross domestic product (GDP) was allocated for health as opposed to over 5% of GDP in the years just before independence. Due to this decline in government funding, much of the burden of health care costs falls on individuals and families, who must increasingly pay out-of-pocket for health care services. In addition, funds are distributed inequitably across districts and insufficient funds are allocated for PHC services. In the past several years, the Government of Azerbaijan has started to develop plans to improve health financing but additional support has been needed to strengthen and implement these plans.

Approach and Activities

In order to support better mobilization, allocation, and use of health care resources, AZ SHIP focused efforts on three areas: 1) Advocate for increased health sector funding, including for PHC, priority programs, and preventive care; 2) Support efforts to establish a strategic purchaser and to introduce provider payment systems that create incentives for increased efficiency; and 3) Increase management autonomy and capacity at all levels of the system.

Advocacy for Increased Health Sector Funding

AZ SHIP used a technical and interpersonal approach to advocate for increased health sector funding. The project developed advocacy documents on specific health finance topics and then organized meetings to present these documents and increase stakeholder understanding of the issues at stake and proposed solutions. The project also conducted discussions at multiple levels of the MOH in an effort to build support and find

champions within the system.

Basic Benefits Package

To encourage better allocation of existing and future health sector funding, AZ SHIP advocated for the adoption of a basic benefits package (BBP), which would help the government concentrate scarce resources on priority services. The project developed a summary paper presenting the advantages of developing a BBP, the criteria to consider when defining and prioritizing BBP services, and recommendations for essential PHC, MNCH, TB, and reproductive health/family planning (RH/FP) services for inclusion in a BBP for Azerbaijan. The project followed this paper with a training for MOH, NCPHR, and World Health Organization (WHO) staff to review the use of analytical tools for BBP components, such as burden of disease and cost-effectiveness analysis.

Outpatient Drug Benefit Program

AZ SHIP advocated for the introduction of an outpatient drug benefit program, which would provide a set of free or subsidized medicines at the PHC level to the majority of the population, to reduce population out-of-pocket payments, increase the use of appropriate drugs, and increase the use of lower cost generic drugs. As part of its advocacy efforts, AZ SHIP used data from the HIS to model the potential impact of an outpatient drug benefit program and conducted a small-scale survey on drug prices in Baku and surrounding areas to examine the need for drugs included in the program. The project then developed a report that summarized international best practices in outpatient drug benefit programs and provided recommendations on ways to improve access to outpatient drugs in Azerbaijan.

Public Funding for TB Drugs

To improve funding for TB drugs, AZ SHIP created a tool that allows the MOH to estimate the country's annual demand and cost for first and second-line TB drugs. The project also developed an advocacy paper calling for additional government funds to purchase second-line drugs to treat MDR-TB patients, particularly after donor assistance comes to an end.

Support Efforts to Establish a Strategic Purchaser and to Introduce New Provider Payment Systems

Building on the work conducted by PHCS, AZ SHIP sought to develop a strong foundation in Azerbaijan for the introduction of new provider payment systems that would increase efficiency. This included laying the groundwork for a case-based payment system for hospitals that relies on DRGs. DRG-based financing reimburses hospitals according to the average costs of cases, rather than the number of beds or staff. This approach provides an incentive for hospitals to provide the best possible care, limit unnecessary hospitalizations and reduce length of stay, and avoid over-testing and over-treatment for financial reasons. The project established the foundation for DRGs by: developing technical models to demonstrate the function and processes of DRG-based financing; conducting detailed analyses to assess the impact of DRG-based financing on revenue streams and patient care; and developing DRG coefficients to establish payments for different levels of care.

To support changes to PHC financing, the project developed recommendations for PHC performance indicators to be used in conjunction with per capita payment for PHC facilities.

Increase Management Autonomy at all Levels

In addition to increasing the collection and utilization of data to inform policy, the new HIS developed with support from AZ SHIP strengthens the management autonomy of decision-makers at both national and hospital levels. Timely access to performance data empowers the MOH and hospital directors to better monitor and manage facilities and services. As described in earlier in this report, AZ SHIP played an integral role in building the capacity of stakeholders at multiple levels to use the HIS for decision-making.

Accomplishments and Results Achieved

AZ SHIP's efforts to increase public funding for priority services were particularly successful in the area of TB control. Following advocacy by AZ SHIP (and directly by USAID), the Government of Azerbaijan made a commitment to purchase second line drugs for MDR-TB patients. This procurement, which has already begun, is critical as external donor support to the health sector decreases. Access to free medicine for all MDR-TB patients is expected to have a major impact on reducing primary MDR-TB infection in Azerbaijan.

Although it has been slow to move forward on health financing changes, the MOH is now equipped to begin reform as soon as political capital is available to do so. As a result of support from AZ SHIP, the MOH has a better understanding of effective health care financing approaches, including BBPs, outpatient drug benefit programs, and DRGs. The MOH also has a set of tools and briefing documents about these financing approaches to reference during future planning efforts.

In addition to mobilizing public funding for TB services and setting the stage for better allocation of funding, AZ SHIP's efforts have led to improved use of existing health care resources. The new HIS supported by the project enables hospital directors to use data to better monitor and manage their facilities. For example, data from the HIS can be used to target poor performing departments with supportive supervision. The HIS has been introduced in 268 hospitals across the country, guided by an implementation plan developed with AZ SHIP support.



Component 3: Improve Quality of Health Care Services

Background

Since 2007, Azerbaijan has put in place key building blocks to improve the quality of priority health care services, particularly in PHC and maternity facilities, with USAID support. Evidence-based medicine (EBM) has been nationally accepted, which marks a substantial change from Soviet times, and providers have started to bring their clinical practice in line with international standards. Nevertheless, a number of key health outcomes in Azerbaijan, such as maternal, under-five, and infant mortality rates and the incidence of MDR-TB – key indicators of service quality – remain poor.



*AZ SHIP trained PHC providers
on the new CPG for hypertension.*

Approach and Activities

AZ SHIP used a holistic and multi-pronged approach anchored in evidence-based standards to improve the quality of health care services in hospitals and PHC facilities in Azerbaijan. Building on the foundation of national acceptance of EBM achieved under PHCS, AZ SHIP promoted further institutionalization of EBM by: improving the process for routine revisions of guidelines; supporting the development and introduction of new guidelines; strengthening and expanding systems to monitor the quality of services; and providing equipment and supplies to support the provision of quality services. The project's quality improvement efforts primarily focused on priority health services: PHC, MNCH, RH/FP, NCDs, and TB.

Development and Introduction of Clinical Practice Guidelines

Working closely with NCPHR, AZ SHIP provided technical guidance to national working groups to support the development of CPGs on priority topics. Since the new CPGs typically required substantial changes in provider behavior, the project also designed and supported a number of in-depth CPG trainings for health care providers to encourage adoption of the new standards.

In parallel to its capacity building efforts targeting providers, AZ SHIP worked to strengthen pre-service medical education. The project trained faculty members from the national medical university and the national medical college on CPGs, provided technical assistance to incorporate EBM into the medical university curriculum, and procured modern training models to support skills practice in future trainings.

“The mode of expert assistance [AZ SHIP] is providing us is always collaborative. We work hand-in-hand as one team on developing protocols or training materials. As a result, our staff, including master trainers, are well-prepared to lead the work independently. We own the process now.”

– Senior MOH Representative

Continuous Quality Improvement in PHC Facilities

To improve adherence to CPGs in PHC facilities, AZ SHIP built on the PHCS Project's District Monitoring Team (DMT) approach, which had led to documented improvements in the quality of care in pilot PHC facilities. As part of the DMT approach, teams made up of a mix of health officials and health care providers routinely review facility service delivery practices according to a set of key indicators and provide supportive supervision as needed. AZ SHIP expanded the DMT approach to two additional districts and provided these new DMTs with tools to track facility performance and training in quality improvement and supportive supervision. The project also organized conferences to enable the experienced DMTs to provide mentoring to the new DMTs. In addition, AZ SHIP helped the existing DMTs take on additional responsibilities and add new facilities to their coverage area. Table 1 shows the names and districts of the 30 facilities covered by DMTs established by PHCS and AZ SHIP.

In addition to improving provider adherence to CPGs, AZ SHIP sought to identify and address other obstacles to quality improvement at the PHC level. As part of this effort, project partner Association for Healthcare Development (AHD) developed and implemented a tool to assess the service readiness of 50 PHC facilities in the project's seven target districts. The assessments sought to: 1) identify key areas of weakness in service provision; and 2) measure

DMTS IN ACTION

In addition to tracking provider adherence to CPGs, the DMT in Absheron looked at the impact of CPG implementation on patient health. Reviewing patient record documents, they focused on three health issues: iron deficiency anemia, bronchial asthma, and arterial hypertension. In reviewing adherence to the CPG on iron deficiency anemia and treatment outcomes, the DMT determined that 88% of patients treated according to the CPG improved, while only 38% of patients treated in other ways improved. The DMT also found that treating patients for asthma and arterial hypertension according to the relevant CPGs reduced the overall number of emergency calls made for these conditions, reducing the cost of care.

improvements in care following interventions by AZ SHIP. The assessment looked at key elements of service readiness, including staffing, basic equipment, amenities, medicines and supplies, and infection prevention practices, for services such as NCD care, antenatal care, and family planning. Based on the results of the first service readiness assessment, AZ SHIP provided some facilities with much needed equipment and supplies and trainings in infection prevention. AHD conducted a follow-up assessment a year later to measure changes in service readiness among the facilities.

Table 1. Facilities Monitored by DMTs Established by USAID-funded Projects

District	Facility	Established by
Sheki	Sheki Central Adult Polyclinic	PHCS
	Sheki Central Pediatric Polyclinic #2	PHCS
	Kish DAC	PHCS
	Kichik Dahna PH	AZ SHIP
	Ashagi Goynuk PH	AZ SHIP
Qakh	Qakh Central Adult Polyclinic	PHCS
	Qakh Central Pediatric Polyclinic	PHCS
	Qoragan DAC	PHCS
	Jalayir DAC	AZ SHIP
	Tasmali PH	AZ SHIP
Agdash	Agdash Central Adult Polyclinic	PHCS
	Agdash Central Pediatric Polyclinic	PHCS
	Kukal DAC	PHCS
Ismayilli	Ismayilli Central Adult Polyclinic	PHCS
	Ismayilli Central Pediatric Polyclinic	PHCS
	Ivanovka PH	PHCS
	Topcu DAC	AZ SHIP
	Qubaxelilli DAC	AZ SHIP
Absheron	Absheron Central Adult Polyclinic	PHCS
	Absheron Central Pediatric Polyclinic	PHCS
	Saray PH	AZ SHIP
	Masazir DAC	PHCS
Gabala	Gabala Central Adult Polyclinic	AZ SHIP
	Gabala Central Pediatric Polyclinic	AZ SHIP
	Vandam DAC	AZ SHIP
	Bum DAC	AZ SHIP
Zaqatala	Zaqatala Central Adult Polyclinic	AZ SHIP
	Zaqatala Central Pediatric Polyclinic	AZ SHIP
	Alibayramli DAC	AZ SHIP
	Muganli DAC	AZ SHIP

Monitoring Hospital Performance

To help the MOH and hospital directors monitor and improve the quality of hospital services, AZ SHIP worked closely with the MOH, Department of Health Statistics, and the World Bank to roll-out a HIS to hospitals nationwide. Specifically, AZ SHIP supported monitoring of the roll-out process, training of MOH and hospital staff on the HIS, and the development of a new web-based software system. The Microsoft Access-based system automated a standard hospital patient discharge form (Form #66) which was in use nation-wide. The HIS collects the patient discharge data from hospitals, using standard international medical coding, and aggregates the data at the national level. An easy-to-use analytical and reporting module provides facility-level and aggregate data analysis through a number of standard reports with data displayed in tables or graphs. Customized reports can be generated by facility, department, indicator, diagnosis, or a wide range of other data points. Data is highlighted in reports for management attention when facility indicators fall outside of national averages. Such access to information about hospital performance enables the MOH and hospital directors to identify areas of weakness and provide supportive supervision in a targeted and timely manner.

Improving MNCH and RH/FP Care

AZ SHIP conducted a number of inter-related activities to improve the quality of MNCH and RH/FP services. Under each activity, the project collaborated with RIOG to promote institutionalization of its quality improvement efforts.

At the national level, the project supported the development of CPGs related to priority MNCH and RH/FP topics. The project also supported trainings on MNCH and RH/FP CPGs, such as postpartum hemorrhage and perinatal care, for providers in maternity hospitals and PHC facilities. To build MOH capacity to train providers, AZ SHIP trained trainers from RIOG to conduct the courses. The project also assisted the trainers with the development of training materials, including presentations, clinical cases, pre- and post-tests, and facilitator guides.

In addition to supporting trainings on CPGs, AZ SHIP helped to build provider capacity in other priority areas, such as safe motherhood and perinatal care, pediatric emergency care, and effective communication between physicians and patients. These trainings sought to improve the quality of care on topics that had not yet fully been addressed in CPGs but were urgently needed.

Since RIOG was the first MOH agency to adopt the new HIS to monitor facility performance and inform decision-making, AZ SHIP helped the Institute to produce and analyze reports to track the progress of maternity wards in national and regional hospitals in implementing new standards of care.



AZ SHIP supported the development of training packages on new guidelines like the FP CPG.

Improving TB Care

AZ SHIP took a systemic approach to improving TB care in Azerbaijan, working to strengthen the entire framework of diagnosis, treatment, and prevention. This included developing and updating national TB standards of care, training both TB specialists and PHC providers on TB standards, strengthening TB diagnostics, and improving the quality, collection, and analysis of TB data.

To bring TB care in Azerbaijan in line with international standards, AZ SHIP worked closely with NTP and WHO to support the development of CPGs on priority TB topics.

The project also helped to introduce new TB CPGs to providers by developing training packages and conducting trainings for TB specialists and PHC physicians on topics such as TB case finding and TB medications. The inclusion of PHC providers in TB trainings complemented the project's efforts at the policy level to promote the integration of TB services into PHC. AZ SHIP also conducted trainings on TB CPGs for PHC providers and TB specialists in Nakhechivan Autonomous Republic (NAR), a remote region of Azerbaijan that had not received donor support or technical assistance in the past.

In the area of TB diagnosis, AZ SHIP worked with the MOH and NTP to define clear processes and procedures to improve the TB lab system, including an algorithm for rapid diagnostic testing and drug sensitivity testing. The project also helped to select rapid diagnostic equipment and identify appropriate labs for installation. Finally, the project supported the development of a funding application to the GFATM transitional funding mechanism that included a substantial laboratory strengthening component.

To improve monitoring and management of TB care, AZ SHIP collaborated with the MOH, MOJ, NTP, and Scientific Research Institute for Lung Diseases (SRILD) to implement e-TB Manager, a comprehensive TB registration and monitoring software. E-TB Manager improves the management of TB programs by putting data on patient treatment, epidemiological surveillance, and drug procurement and logistics all in one place. AZ SHIP provided hardware, technical assistance, and training to support the nationwide roll-out of e-TB Manager.

Accomplishments and Results Achieved

As a result of AZ SHIP's efforts, health care facilities nationwide have access to a continually expanding library of CPGs to support best practices in health care provision, including MNCH, TB, NCDs, and mental health (see Box 2). Meanwhile, the MOH has a set of training packages developed by AZ SHIP for use in future training efforts. A complete list of the training packages developed with assistance from AZ SHIP can be found in Annex 3.

BOX 2. CPGs DEVELOPED WITH AZ SHIP SUPPORT

- Newborn Respiratory Disorders
- Shoulder Dystocia
- Management of Pregnancy with Immunological Conflicts
- Pediatric TB
- TB in Pregnancy
- Extrapulmonary TB
- Practical Approach to Lung Health Guideline
- Diagnosis and Treatment of Dementia
- Diagnosis and Treatment of Anxiety Disorders
- Diagnosis and Treatment of Post-Traumatic Stress Disorder
- Physical Activity for Patients With Cancer
- Prevention of Cardiovascular Diseases

AZ SHIP supported trainings for a total of 4,186 providers in priority health areas, including:

- MNCH: 2,052 providers
- RH/FP: 231 providers
- TB: 733 providers
- NCDs: 1,170 providers

The trainings equipped providers with the knowledge and skills necessary to provide care in accordance with best practices. The project’s approach to the trainings – collaboration with local trainers – leaves the MOH with a cadre of 25 skilled training providers who can conduct future trainings as needed.

As part of its efforts to expand and strengthen the DMT approach, AZ SHIP trained 221 health providers on quality improvement and supportive supervision. In total, the project supported DMTs to conduct quality improvement activities in 30 facilities in 7 districts. AZ SHIP’s support to the CPG trainings and the DMTs led to improvements in a number of key quality indicators for priority services. For example, during the course of the project, the DMTs in most of the seven districts registered notable decreases in multiple prescriptions of redundant medications and unnecessary use of antibiotics for respiratory infections, as shown in Figures 1 and 2.

Figure 1: Prescription of Multiple Drugs with Same Effect

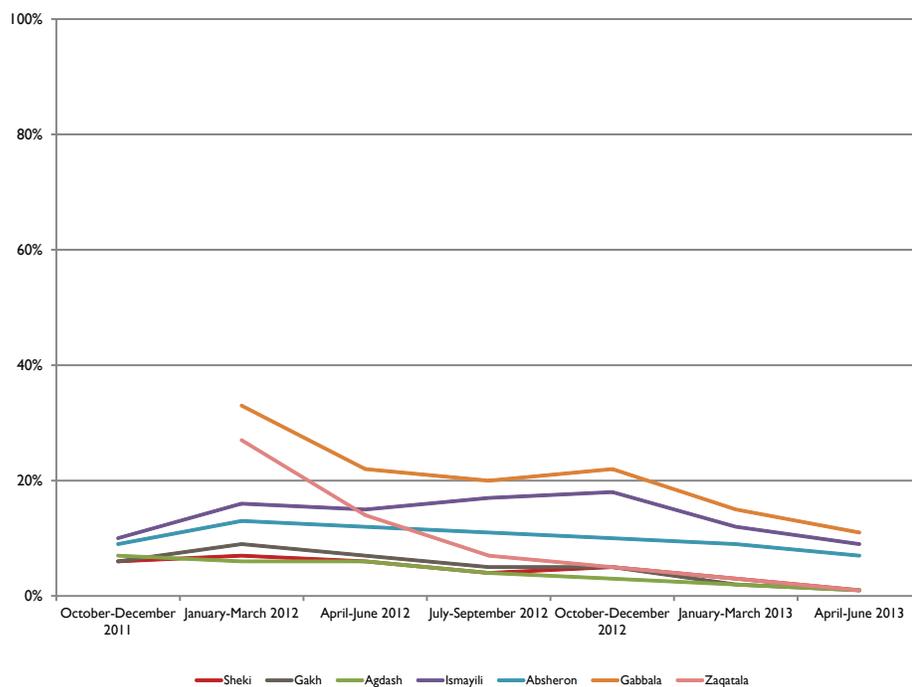
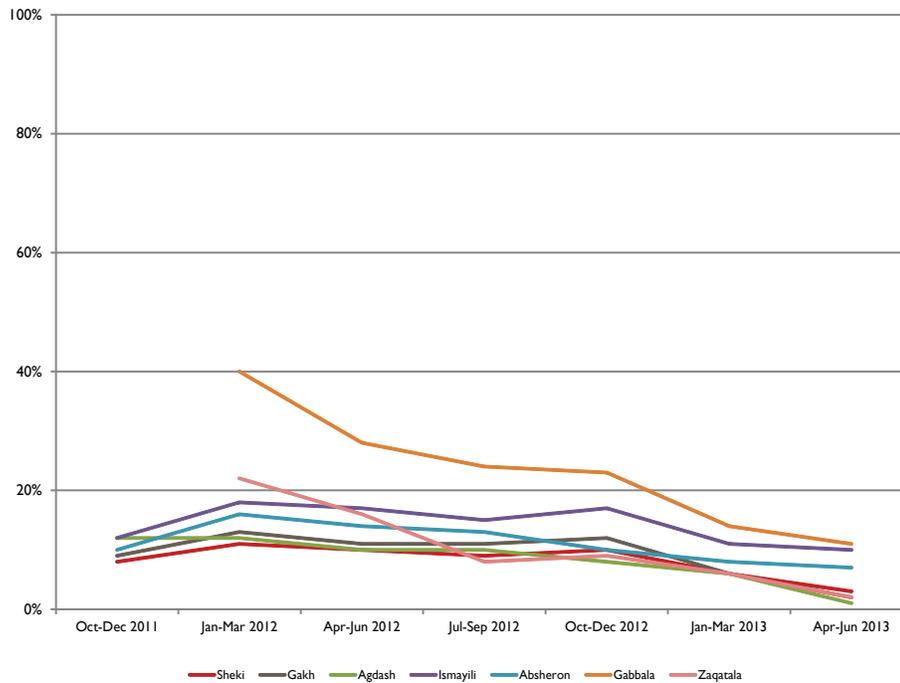


Figure 2: Use of Unnecessary Antibiotics for Respiratory Infections



“...it was only after I received [AZ SHIP’s] technical assistance as a DMT member that I learned how to put new communication approaches into practice.”

– DMT Member

The baseline Service Readiness Assessment of PHC facilities carried out by project partner AHD revealed several obstacles to the provision of quality PHC services, such as the availability of basic equipment. At the time of the baseline assessment, five of the 50 assessed facilities met service readiness criteria. AZ SHIP procured and distributed basic equipment and supplies to 25 of the facilities and provided all of the facilities with training on CPGs related to PHC-sensitive conditions. The follow-up assessment one year later found that 40 of 50 facilities met the service readiness criteria. Additional results from the assessments are available in Annex 4.

At the hospital level, AZ SHIP's support led to substantial improvements in performance monitoring, including use of monitoring results by hospital directors and the MOH. Since the HIS was approved by the Government in 2010 for national roll-out, 268 hospitals throughout Azerbaijan have started to use the system. The database currently contains more than 600,000 patient discharge records and national institutions and hospitals have been trained in data entry and analysis.

RIOG has been able to use the HIS to monitor changes in the performance of maternity hospitals following the introduction of CPGs. For example, the system allowed the Institute to track a significant reduction in the average length of stay consistent with new protocols in maternity hospitals over two years, during which time the overall average length of stay slightly increased for all other hospitals. Another key objective of the perinatal care program was to decrease the percentage of unnecessary cesarean section deliveries. According to the HIS, the percentage of cesarean section deliveries of all deliveries reportedly decreased significantly across all hospitals entering data into the system between 2011 and 2013.

In addition to tracking progress in implementing new standards of care, RIOG is also using the data to ensure appropriate referrals are taking place between secondary

and tertiary levels of care, particularly for high risk deliveries or when delivery complications arise. Ensuring appropriate and timely referrals will further contribute to decreasing maternal and neonatal mortality and morbidity in Azerbaijan.

In the area of TB, AZ SHIP's quality improvement activities have led to better guidance on the provision of TB care, improved provider skills in TB prevention, diagnosis, and treatment, more efficient laboratory services for TB, and stronger monitoring of TB. The newly launched e-TB Manager database currently has more than 3,000 records from 50 sites and allows NTP to more systematically analyze the quality of TB care.

Due to the project's focus on institutional roles and capacity building, AZ SHIP's quality improvement activities will be continued by local stakeholders. For example, AZ SHIP successfully advocated for the establishment of a Monitoring and Evaluation (M&E) Department in NCPHR, which further institutionalizes the Center's role in leading quality improvement processes in the country. Meanwhile, with support from AZ SHIP, each DMT gained legal authority from their district governments to conduct monitoring activities. This institutionalization of the DMT role ensures that their involvement in PHC quality improvement will continue without additional donor support.



Component 4: Empower Individuals and Communities to Exercise their Health Care Rights and Responsibilities

Background

Individuals, families, and communities in post-Soviet societies like Azerbaijan typically played very passive roles in the management of their health and health care. Viewed as authorities, health professionals were rarely questioned. The population had very limited knowledge of behavioral risks and disease prevention. In addition, while citizens were guaranteed nearly universal access to health care services, they had few rights or avenues of recourse if health care services proved inadequate, ineffective, or low quality. While health education initiatives were carried out, modern behavior change communication methods were not known or applied to such efforts.

Approach and Activities

In order to empower individuals and communities to exercise their health care rights and responsibilities, AZ SHIP supported community development activities, journalism on health topics, and national health education efforts.

Community Development Activities

To equip families and individuals in rural areas with information on the benefits of healthy lifestyles and improve the quality of health care at the community level, AZ SHIP and project partners Save the Children and AHD conducted a variety of community development activities in six districts. Working closely with new and pre-existing Community Action Groups (CAGs) and their subsidiary Community Health Activist Groups (CHAGs), the partners built the organizational and technical capacity of CAGs and CHAGs, organized community health events, and implemented community-specific microprojects.

Community Organization Capacity Building

With an eye on sustainability and local ownership, AZ SHIP partner Save the Children conducted trainings to build the capacity of CAGs as community organizations. These trainings focused on useful organizational skills, such as participatory rapid appraisal (PRA), fundraising, and proposal writing. A complete list of the training locations, topics, and participants is available in Annex 5. To support community-based health education, AZ SHIP health educators conducted training of trainers for CHAG members about priority health topics, which were identified by the CAGs through the PRA approach.

Community Health Events

With support from AZ SHIP and Save the Children, the CHAGs and CAGs organized community health events to raise awareness in their communities about priority health topics, including TB, patient rights, helminthes and hygiene, NCDs, oral hygiene, immunization, FP, newborn care, and rational drug use. Annex 6 provides additional information about the community health events supported by the project.

Community Health Microprojects

Under AZ SHIP's microprojects program, CAGs used the results of AHD's service readiness assessments of PHC facilities to prioritize the supply and equipment needs of their community health facilities. The CAGs then submitted applications to AZ SHIP, which procured and delivered the requested materials, such as heaters, stethoscopes, and scales, to each health facility.



Rural PHC facilities received needed equipment and supplies as part of AZ SHIP's microprojects program.

Building Media Capacity

To strengthen health-related journalism and, ultimately, improve the population's health knowledge, AZ SHIP conducted a series of workshops to educate the media on responsible and accurate reporting on health issues. The project collaborated with NCPHR to present roundtables for journalists on family planning, tuberculosis, tobacco, and NCDs.

“We held a lot of ... roundtables and, as a result, I think our media representatives today are better prepared and can highlight health subjects more precisely and accurately in their articles.”

– Director of NCPHR

National Health Education Campaigns

As a complement to its health education efforts at the community level in rural areas, AZ SHIP supported the NCPHR in developing and implementing two mass media campaigns based in Baku.

The first campaign, a TB Awareness and Anti-Stigma Campaign, was conducted in partnership with the NTP and NCHPR in 2012. As this was NCPHR's first experience in developing and implementing a major mass media campaign, AZ SHIP provided extensive technical support throughout the process, including the design of campaign materials, such as booklets, posters, and stickers. The campaign used multiple channels, including a journalism contest, national and local television stations, the underground metro in Baku, newspapers, intercity buses, community events in AZ SHIP's target districts, and lectures in high schools, to raise awareness about TB. To leverage funds for the campaign, AZ SHIP arranged PPPs with the Baku Underground Metro Department, Baku Transportation Department, and “Dayanacaq” newspaper, which provided discounted or free placements of TB posters, videos, and newspaper ads valued at nearly \$10,000.

In 2013, AZ SHIP collaborated with RIOG and NCPHR to implement a family planning communication campaign. The campaign aimed to increase awareness of modern family planning methods among Azerbaijani women of reproductive age (18-49) who are interested in spacing or delaying births.

Materials developed for the campaign included posters and stickers that were displayed in metro stations and trains as well as posters and job aids for use by health facilities.

Accomplishments and Results Achieved

AZ SHIP succeeded in educating and mobilizing individuals and communities to improve health by a number of measures:

- 40 CAGs are committed to the health of their communities.

- 295 CAG members have been trained in organizational development topics.
- 80 CHAG members have been trained to provide peer-to-peer health education in their communities.
- 2,545 individuals have been trained by CAG/CHAG members on health topics.
- Dialogue has been established between CAGs and local health authorities, creating a mechanism for communities to advocate for better health and access to health information and resources.

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- On average, about 200 community members have participated in each of the 80 community health events on priority health topics.
- 40 health facilities have received basic supplies and equipment through the microprojects. These materials have already led to tangible improvements in the quality of health care in the recipient communities, as demonstrated by the service readiness assessment conducted by AHD.

Through its workshops for the media, AZ SHIP trained 43 journalists in total, most on more than one health topic. Media monitoring showed an increase in articles about the priority health topics by the journalists who attended the project workshops.

The TB awareness and anti-stigma campaign reached approximately 850,000 people. A follow-up survey showed that people reached by the campaign had a greater awareness of TB symptoms than those who had not seen the campaign.

The FP campaign reached approximately 650,000 people. An evaluation conducted after the campaign found that more than half of all respondents (Azeri women of reproductive age who ride the Baku metro) reported seeing the campaign ads when prompted with a visual. Of those who had seen the ads, 90% of respondents found the information in the ads useful and 77% saw or learned something new from the ads. The evaluation also found that the campaign may have generated interest in FP among half of the respondents who had seen the ads: after seeing the ads, 51% reported wanting to learn more about FP and 48% expressed interest in talking to someone about FP.

The NCPHR, which worked alongside AZ SHIP on every step of the campaigns, now has a much stronger capacity to design and implement health education efforts by themselves in the future.



Problems and Obstacles

While AZ SHIP was very successful in most of its activities, the project did encounter a few challenges in specific areas, including health financing reform, TB legislation, and community health activities.

Despite initial encouraging signs, the Government of Azerbaijan has lacked the concerted political will to move forward on changes to health care financing. AZ SHIP advocacy efforts were met with support and encouragement but limited forward movement on financing reform has occurred. In particular, the Government was very reluctant to discuss National Health Accounts as a way of supporting health sector policy and finance decisions. The project prepared tools and briefing materials on health financing approaches, such as an outpatient drug benefit program, basic benefits package, and case-based hospital reimbursement, which the Government can refer to when it is ready to move forward with health financing reform.

The law on TB currently in place mandates ineffective, outdated approaches to TB prevention, diagnosis, and treatment. As long as this legislation is in place, there are severe constraints to how much TB care can improve. Unfortunately, progress on amending current legislation on TB has been very slow. The PHCS Project provided recommendations on updating the law in 2011, and AZ SHIP provided an updated set of recommendations to the MOH, NTP, Country Coordinating Mechanism, and USAID in 2013. To date, amendments to the law remain under consideration by Parliament with no set date to move forward.

AZ SHIP faced two challenges with its community health activities. First, the project discovered that local legal regulations related to juridical registration and banking did not allow implementation of micro-grants, the originally planned mechanism to provide material support to communities, in Azerbaijan. Thus, the project had to switch to micro-projects that directly provided supplies and equipment rather than funding.

Second, the two-year time frame of the project made sustainable community development very challenging. AZ SHIP supported a foundation for community health efforts through capacity building of CAGs and micro-projects at health facilities, but two years is simply not enough time to fully develop each individual CAG and ensure its long term future. Thus, those CAGs with especially strong members and existing skill sets will thrive, while those that were weaker to begin with may struggle to be sustainable in the long term.

Findings and Lessons Learned

Provider Training

AZ SHIP found that some health care providers may initially seek to avoid investing time and energy on trainings. This resistance may have resulted from provider experience with trainings that proved not to be useful. If, however, the usefulness of a particular training topic has been established to the first set of trainees, providers are willing and at times eager to participate. In fact, AZ SHIP found it necessary to add additional trainings on some especially popular topics to accommodate provider demand.

Advocacy and Policy

The project learned that the results of advocacy can be difficult to predict. Some efforts, such as implementation of the HIS, met with greater success than anticipated. Others, like the effort to establish new provider payment systems, were not able to attain the commitment of decision-makers.

These experiences suggest that efforts that can drive reform without obviously affecting the established power centers of the health sector may be more successful. Overall, slow but consistent efforts targeted toward a single topic seemed to have the most impact.

Strong institutional partners, such as RIOG and NCPHR, were essential to improving policy. Their role as champions and technical experts provided both political support and granular information about the policy process. Without their partnership, ensuring that policy changes led to improvements in care would have been much more difficult.

The fragmentation of Azerbaijan's health system makes it challenging to link policy to service delivery changes in a rapid way. For example, the national essential drugs list is not binding on district-level drug procurement and use. This makes it difficult to rationalize drug use without extensive nationwide training.

Mass Media

The project found that workshops on health reporting were popular with journalists. The workshops led to increased awareness of priority health topics among trained journalists and increased coverage of the training topics in the media. However, the project was unable to monitor the quality and accuracy of the articles written by the trained journalists, and anecdotal evidence indicates that the workshops were more effective in increasing the amount, rather than the quality, of coverage on priority health topics.

Significance of Activities

Azerbaijan is well positioned to build on shared achievements to further strengthen the health system in order to improve the health of the population. AZ SHIP leaves behind a number of strengthened institutions at all levels of the health system, including the MOH, RIOG, NCPHR, district-level DMTs, pilot PHC facilities, regional and national hospitals, and community action groups.

These organizations have new scopes of work or refined mandates, increased technical and implementation capacity, and in some cases, improved premises and additional equipment to better perform their institutional duties.

Policies, strategies, frameworks, and action plans have been improved and institutionalized through MOH orders and government decrees to support continuous improvements in health governance, health financing, health education, and quality of care.

Evidence-based CPGs for TB, MNCH, RH/FP, NCDs, and other health areas have been institutionalized within the health care system and, as they are implemented

through provider training and monitoring, will dramatically change the nature of clinical practice over time, improving outcomes for patients throughout the country. The increased capacity of institutions and individuals involved in CPG development and national-level trainers ensures that these quality improvement efforts will continue independent of donor support.

Information systems have been established to provide national and facility-level managers with the data needed to monitor and manage performance and to make decisions that improve health outcomes. Strengthened facility-led quality improvement processes serve as a powerful tool for health facilities to continuously improve care using their own resources.

The populations of Baku and surrounding areas have been reached with health education messages about TB and FP, and a number of communities have been equipped with the knowledge and resources to improve the health of individuals and families.



Recommendations

Looking forward, AZ SHIP recommends that stakeholders focus on the following areas in their efforts to strengthen the health system of Azerbaijan.

Health Governance

1. Continue strengthening the role of primary health care. Increasing the role that PHC plays in all forms of care, and TB care in particular, will improve the quality of care while decreasing cost.
2. Maintain and expand the HIS. Increase the number of facilities using it and the number and variety of reports that it provides so that the improvements in MNCH care can be repeated in other specialty areas.
3. Establish a home for public health education and eventually a public health degree program to build national health governance capacity.

Health Financing

1. Continue to advocate for and work toward a case-based hospital provider payment system to improve the efficiency of health care financing.
2. Establish an outpatient drug benefit program to improve access to medicines, increase utilization of primary care services, and encourage more rational use of medicines.
3. Implement a basic benefits package to target health sector resources more effectively, protect the health of vulnerable populations, and address the most serious health issues.
4. Continue toward establishing a national health insurance entity to improve access to care.

Quality Improvement

1. Continue developing CPGs on new health topics and updating existing CPGs to bring quality of care in line with international best practices.
2. Continue support to existing DMTs to maintain quality improvement efforts in PHC facilities.
3. Expand the DMT approach to new districts and new facilities, using established DMTs as mentors, to improve the quality of care in PHC facilities throughout the country.
4. Identify and publicize high performing facilities so that others can learn from their strategies.
5. Continue to engage pre-service medical training institutions to further institutionalize international best practices reflected in new/revised CPGs and in-service training packages and further introduce skills-based training techniques.

Individual and Community Empowerment

1. Plan, implement, and monitor health communication campaigns strategically to increase their impact.
2. Provide ongoing support and capacity building to help CAGs flourish.
3. Involve the youth as CAG members to address youth problems in communities and help develop youth leaders at the community level and nationwide.

4. Revise legislation to allow CAGs to register as legal entities so they can open bank accounts, apply for non-community funding sources, and, ultimately, help address community needs.

TB Control

1. Increase the role of the PHC level in TB care and reduce the amount of inpatient care to improve the quality of care and reduce transmission of MDR TB.
2. Work to improve effective implementation of DOTS, including provider training on CPGs, to ensure consistent supply of necessary drugs.
3. Amend the TB law to allow for DOTS care at the PHC level and issue an MOH decree in support of PHC DOTS care.
4. Continue to support and expand the implementation of e-TB Manager to more systematically track and monitor TB patients, improve drug forecasting and management, and ultimately improve treatment completion and success rates.
5. Establish a rayon-level TB coordinator position to support PHC-level diagnosis and treatment of TB.
6. Provide free access to modern means of TB diagnosis and treatment, including first and second line drugs, to improve and increase access to TB care.

MNCH Services

1. Implement and monitor implementation of new MNCH guidelines and standards at facility level to ensure quality of care is maintained.
2. Provide routine follow-up mentoring and supportive supervision following provider trainings to ensure that new skills translate into practical improvements in care.
3. Fully utilize the information in the HIS to improve the organization and delivery of MNCH services.
4. Continue regionalization and rationalization of MNCH care to improve the quality of care and increase the impact of financial resources.



Annex I: Performance Monitoring and Evaluation Plan (PMP)

Ref.	Performance Indicator	Year 1		Year 2		End of Project		
		Target	Achieved	Target	Achieved	Target	Achieved	% of Target Achieved
Component I: Strengthen governance capacity of the MOH to direct and implement health reform initiatives								
1.1	Number of strategic plans developed by MOH and district health authorities and capacity building activities conducted with AZ SHIP support	9	9	7	9	16	18	113%
1.2	Number of improvements to laws, policies, regulations or guidelines related to improving access to and use of health services drafted with USG support	2	4	7	7	11	11	100%
1.3	Number of health facilities using a health management information system, including e-TB manager, or new procurement/logistics tool	25	133	150	185	283	318	112%

Ref.	Performance Indicator	Year 1		Year 2		End of Project		
		Target	Achieved	Target	Achieved	Target	Achieved	% of Target Achieved
Component 2: Improve mobilization, allocation, and use of health care resources								
2.1	Number of documents and/or reports submitted to the MOH and/or the Parliamentary Committee for Social Policy (including advocacy documents to increase GOA investment in health)	1	2	1	1	3	3	100%
2.2	Number of technical/briefing papers (including options papers), workshops, and/or training activities (including OST) to support introduction of a National Health Insurance Provider and new provider payment systems	9	9	5	7	14	16	114%
2.3	Number of technical papers, workshops, training activities provided to support designing and implementing the outpatient drug program	5	5	2	2	7	7	100%
2.4	Number of technical papers, workshops, and/or training activities that encourage MOH/GOA approval of basic benefit package (BBP)	3	3	1	1	4	4	100%
Component 3: Improve quality of health care services								
3.1	Number of clinical practice guidelines (CPGs) developed and/or updated on priority health conditions with AZ SHIP support	4	4	5	8	9	12	133%
3.2	Number of health providers trained in evidence-based clinical practice guidelines (more than 50% female participants)	450	1544	1000	1722	2544	3266	128%

Ref.	Performance Indicator	Year 1		Year 2		End of Project		
		Target	Achieved	Target	Achieved	Target	Achieved	% of Target Achieved
3.3	Number of districts covered by quality improvement activities*	7 (includes 5 districts started by PHCS)	7	1	1	8	8	100%
3.4	Number of target health facilities adhering to evidence-based clinical practice guidelines	25 (includes 15 districts started by PHCS)	25	5	5	30	30	100%
3.5	Number of health personnel trained in standard quality improvement and supportive supervision monitoring tools	70	182	30	39	100	221	221%
3.6	Number of medical trainers taught with updated, evidence-based CPGs at all target institutions	25	25	na	0	25	25	100%
3.7	Number of health facilities that meet a minimum threshold level of quality	0	0	20	40	20	40	200%
3.8	Number of technical papers presenting findings and recommendations regarding more active roles of professional medical associations (physicians, nurses, and midwives) in self-regulating the quality of care of their members	0	0	1	1	1	1	100%
Component 4: Empower individuals and communities to exercise their health care rights and responsibilities								
4.1	Number of health events/ communication campaigns conducted with USAID support	1	1	1	1	2	2	100%
4.2	Number of people reached by communication efforts on health issues	650,000	850,000	650,000	650,000	1,300,000	1,500,000	115%

Ref.	Performance Indicator	Year 1		Year 2		End of Project		
		Target	Achieved	Target	Achieved	Target	Achieved	% of Target Achieved
4.3	Number of workshops organized to educate the media on responsible and accurate reporting on health issues, particularly those relating to RH/FP and MNCH	3	3	4	4	7	7	100%
4.4	Number of health providers trained in patient-provider communication	60	202	0	0	202	202	100%
4.5	Number of Community Action Groups (CAGs) participating in community-based decision-making and actions	28	40	0	0	40	40	100%
4.6	Number of events (topics) organized to strengthen local group participation in community-based decision making and action on health	5	5	5	5	10	10	100%

Annex 2: Project Deliverables

Progress Reports

- Quarterly Reports: September 2011–September 2013
- Year 1 Annual Report

Other Reports

- Advocacy Paper on Increasing Public Funding for TB Treatment
- Advocacy Paper on Increasing Health Budget for Outpatient Drug Benefit Program (ODBP)
- Advocacy Paper on Adoption of Reproductive Health Law
- Basic Benefits Package (BBP) Use in Azerbaijan
- Proposals for ODBP in Azerbaijan
- TB Law Amendment Recommendations
- Recommendations on List of Medicines Procured by the Innovation and Supply Center for Hospitals Financed by MOH
- Discussion Paper on Establishment of School of Public Health in Azerbaijan
- Assessment of Medical Associations in Azerbaijan
- Baseline Assessment of Perinatal Care and Family Planning Services at PHC Facilities
- Overview of New Provider Payment System Development Process and Recommendation on Further Improvements in Azerbaijan
- Overview of AZ SHIP support of National TB program and Recommendations to Improve TB Care in Azerbaijan
- Family Planning Compliance Report
- Evaluation of Family Planning Communication Campaign
- Evaluation of Tuberculosis Awareness and Anti-stigma Communication Campaign
- Assistance to Healthcare Development Year 2 Report
- Assistance to Healthcare Development Service Readiness Assessment Report



Annex 3: Training Packages Developed with Support from AZ SHIP

MNCH

- Postpartum Hemorrhage
- Thermoregulation of the Newborn
- Family Planning
- Antenatal and Perinatal Care
- Hypo- and Hyperglycemic Conditions in the Newborn
- Hyperbilirubinaemia in the Newborn
- Hypertensive Disorders in Pregnancy
- Normal Delivery

TB

- TB Case Finding, Treatment, and Prevention: Advanced Course
- TB Case Finding, Treatment, and Prevention for PHC Level

Other

- Medical Ethics
- Epidemiology and Biostatistics



Annex 4: Assistance to Healthcare Development Service Readiness Assessment Report

As part of the efforts to improve quality of care at facility level, partner Association for Healthcare Development (AHD) assisted AZ SHIP in developing a facility service readiness/quality index tool that was used to assess the basic capacity of primary health care facilities to provide services as well as certain aspects of service quality. AHD conducted two assessments, a baseline and follow-up in 50 PHC facilities in seven pilot districts. The first assessment provided baseline information regarding a range of inputs required for the provision of quality services. The follow-up assessment sought to measure changes in service readiness following AZ SHIP interventions, such as the provision of supplies and equipment and trainings, implemented in collaboration with local health authorities.

The facilities assessed included seven polyclinics for adults, eight children's polyclinics and 35 rural PHC facilities. The facilities were located in seven districts: Absheron, Agdash,

Gabala, Gakh, Ismayilli, Sheki and Zagatala.

The tool assessed inputs in the following major domains that applied to all services:

- Staffing
- Basic amenities
- Basic equipment
- Standard precautions
- Medicines and supplies

In order to be considered “service-ready,” facilities had to receive a passing mark on 90% of indicators.

Results

The follow-up assessment found significant improvements in service readiness among target health facilities. At follow-up, 35 more PHC clinics met the requirements on service readiness for a total of 40 facilities out of 50 clinics surveyed.

The baseline assessment revealed substantial issues with availability of basic equipment in surveyed PHC facilities. AZ SHIP project provided the clinics with the majority of missing basic equipment, resulting in almost universal compliance with the requirements for basic equipment in the follow-up assessment.

The baseline assessment revealed substantial problems with implementation of infection prevention and control (IPC) measures in PHC facilities. Since the baseline measurement, AZ SHIP provided training on fundamentals of IPC in healthcare settings and certain equipment such as containers for storing infectious waste, which resulted in significant improvement on a range of indicators in this domain. For example, in the follow-up assessment all facilities were correctly disposing of sharps and correctly storing infectious waste.

A general score was calculated for every facility based on the percentage of indicators, for which a facility met service readiness requirements. The average general score among all surveyed facilities increased from

73% to 92%. When examined by districts, a substantial variation was observed during the initial assessment ranging from 89% in Absheron to 68% in Zagatala, whereas at the second visit no significant variation was observed across the districts.

Target facilities received higher average general score than non-target facilities; however the difference was not statistically significant. This is a good result, in many ways. Essential tools such as CPGs are reaching non-target facilities as well as target facilities as a result of government support and project efficiencies. The equipment supplied by AZ SHIP, while important, was not the most important aspect of improving service readiness. Improved skills and knowledge were the key.

The first service readiness assessment revealed substantial problems with availability of critical inputs required for provision of quality primary care services. Only 10% of surveyed facilities were considered meeting international standards for service readiness in PHC. The areas of particular concern included chronic disease care, antenatal care and family planning, basic equipment and infection prevention.

Those areas that could be affected through the provision of basic equipment or training generally showed substantial improvement. Proper storage and disposal of sharps, for example, improved substantially from baseline (2012) to follow-up assessment (2013).

Figure A4: Proper Disposal of Sharps from baseline (2012) to follow-up (2013)

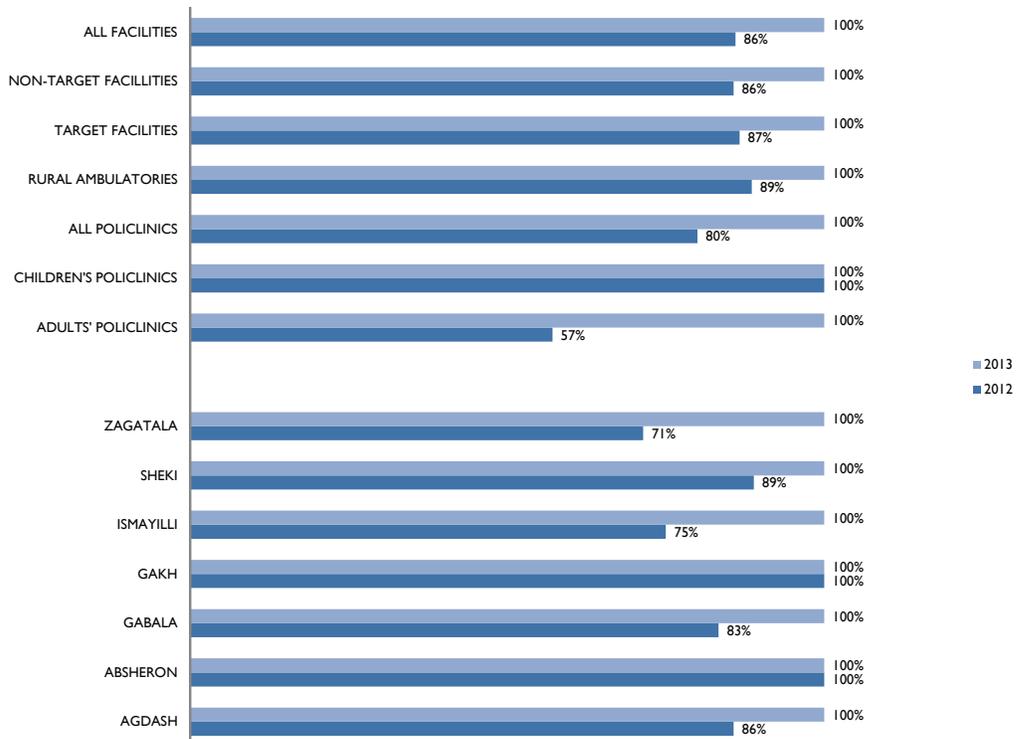


Table A4: Service Readiness Scores of All Assessed Facilities
(facilities with scores of 90% and above were considered “service ready”)

#	District	Facility	Score		#	District	Facility	Score	
			2012	2013				2012	2013
1	ABSHERON	Adults' Polyclinic	89%	93%	26	ISMAYILLI	Adults' Polyclinic	82%	95%
2		Children's Polyclinic	96%	94%	27		Children's Polyclinic	83%	85%
3		Masazir DAC	87%	94%	28		Ivanovka VH	92%	96%
4		Saray DAC	87%	96%	29		Lahij VH	71%	92%
5		Mehdiabad DAC	87%	94%	30		Hajihatamli DAC	73%	92%
6	AGDASH	Adults' Polyclinic	89%	93%	31		Qalajig DAC	62%	88%
7		Children's Polyclinic	87%	85%	32	Gubakhalilli DAC	58%	88%	
8		Kukal DAC	60%	91%	33	Topchu DAC	37%	88%	
9		Laki VH	83%	96%	34	SHEKI	Adults' Polyclinic	86%	98%
10		Golgati DAC	55%	91%	35		Children's Polyclinic #1	71%	98%
11		Shikhli DAC	72%	94%	36		Children's Polyclinic #2	87%	96%
12	Arabo jag DAC	46%	94%	37	Kish DAC		81%	98%	
13	GABALA	Adults' Polyclinic	93%	95%	38		Bash Zayzid DAC	63%	94%
14		Children's Polyclinic	95%	95%	39		Boyuk Dahna DAC	64%	92%
15		Vandam DAC	85%	94%	40		Kichik Dahna VH	79%	98%
16		Bum DAC	60%	92%	41		Ashagi Kunjut DAC	72%	92%
17		Hajjalili DAC	70%	92%	42	Okhud DAC	52%	62%	
18		Nij VH	72%	94%	43	QAX	Adults' Polyclinic	87%	93%
19	ZAQATALA	Adults' Polyclinic	78%	91%	44		Children's Polyclinic	71%	90%
20		Children's Polyclinic	90%	93%	45		Goragan DAC	70%	91%
21		Alibayramli DAC	64%	94%	46		Jalayir DAC	73%	92%
22		Muganli DAC	65%	92%	47		Tasmali VH	69%	94%
23		Makov VH	72%	89%	48		Ilisu DAC	63%	79%
24		Mazikh DAC	42%	88%	49		Zayam DAC	73%	94%
25		Goyam DAC	62%	91%	50		Almali DAC	60%	89%

Annex 5: Community Health Events

During the two years of the project, AZ SHIP and partner Save the Children worked with Community Health Action Groups (CHAGs) to support 80 community health events in target communities in six districts. The events covered priority health topics in the communities, including TB, patient rights, helminthes and hygiene, non-communicable diseases (NCDs), oral hygiene, immunization, family planning (FP), newborn care, and rational drug use.

Table A5: Community Health Events Supported by AZ SHIP and Save the Children

#	District	Community	Health topic	Date	# of participants
1	AGDASH	Ashagi Laki	TB	06/04/12	150
2		Orta Laki	TB	05/04/12	170
3		Arabojaq	Patient Rights	03/07/12	170
4		Ashagi Laki	Patient Rights	03/08/12	250
5		Hushun	Patient Rights	05/07/12	230
6		Kukel	Patient Rights	16/07/12	240
7		Shikhli	Patient Rights	17/07/12	160
8		Tofiqi	Patient Rights	04/09/12	190
9		Arab	Patient Rights	11/09/12	210
10		Arabojaq	Helminthes/Hygiene	02/10/12	140
11		Tofiqi	Helminthes/Hygiene	04/10/12	230
12		Hushun	Helminthes/Hygiene	09/10/12	200
13		Arab	Helminthes/Hygiene	10/10/12	200
14		Kukel	NCDs	23/01/13	140
15		Orta Laki	NCDs	06/05/13	300
16		Ashagi Laki	NCDs	04/06/13	310
17	ISMAILLI	Ivanovka	TB	10/06/12	400
18		Tezekend	TB	10/04/12	190
19		Cilyan	TB	13/05/12	130
20		Hajihetemli	Oral Hygiene	18/09/12	180
21		Mollaisaqli	Helminthes/Hygiene	17/10/12	190
22		Topchu	NCDs	05/02/13	200
23		Qubakhelli	NCDs	12/02/13	200
24		Cilyan	NCDs	19/02/13	190
25		Tezekend	Immunization	26/02/13	190
26		Hajihetemli	FP	12/03/13	170
27		Ivanovka	Newborn Care	17/05/13	350

#	District	Community	Health topic	Date	# of participants	
28	GABALA	Hajalli	TB	17/05/12	270	
29		Vandam	TB	28/03/12	350	
30		Nij	TB	20/06/12	160	
31		Mikhli Govaq	TB	23/05/12	190	
32		Vandam	NCDs	24/07/12	330	
33		Hajilli	Helminthes/Hygiene	05/11/12	240	
34		Nic	Helminthes/Hygiene	06/11/12	190	
35		Bum	Helminthes/Hygiene	20/11/12	180	
36		Nij	NCDs	06/02/13	170	
37		Mikhli Qovaq	FP	13/02/13	180	
38		Vandam	Immunization	20/02/13	410	
39		Ulidash	NCDs	15/03/13	120	
40		SHEKI	Ashagi Goynuk	TB	25/04/12	280
41			Kish	TB	28/05/12	320
42	Bash Zeyzid		TB	24/05/12	340	
43	Boyuk Dehne		TB	26/04/12	290	
44	Kichik Dehne		Patient Rights	04/10/12	270	
45	Bideyiz		TB	03/05/12	250	
46	Ashagi Kungut		Oral Hygiene	30/08/12	290	
47	Bash Zeyzid		Helminthes/Hygiene	21/11/12	270	
48	Kichik Dehne		Helminthes/Hygiene	23/11/12	190	
49	Bideyiz		NCDs	07/02/13	180	
50	Ashgi Kundut		NCDs	14/02/13	170	
51	Kish	NCDs	21/02/13	210		

#	District	Community	Health topic	Date	# of participants
52	QAKH	Qoragan	TB	19/05/12	170
53		Chalayir	TB	16/05/12	180
54		Almali	Oral Hygiene	17/06/12	170
55		Turajli	Oral Hygiene	03/09/12	200
56		Tasmali	Rational Drug Use	06/09/12	200
57		Chalayir	NCDs	11/09/12	190
58		Qoragan	Patient Rights	23/07/12	180
59		Chalayir	Helminthes/Hygiene	28/11/12	170
60		Zeyem	NCD	16/03/13	160
61		Almali	Helminthes/Hygiene	30/11/12	150
62		Tasmali	Newborn Care	16/04/13	190
63		Almali	Immunization	25/04/13	180
64		Turajli	FP	15/05/13	210
65		Zeyem	Newborn Care	16/05/13	230
66		ZAKATALA	Yengiyani	TB	27/03/12
67	Mazikh		TB	16/06/12	210
68	Goyem		TB	12/06/12	190
69	Yukhari Chardakhlar		TB	13/06/12	180
70	Muganli		Patient Rights	03/08/12	210
71	Alibayramli		Patient Rights	05/07/12	180
72	Yengiyani		Patient Rights	16/07/12	210
73	Yukhari Chardakhlar		Helminthes/Hygiene	29/11/12	200
74	Alibayramli		Helminthes/Hygiene	11/12/12	200
75	Yengiyani		NCDs	15/02/13	200
76	Yengiyani		FP	09/04/13	140
77	Yuxarı Chardaxlar		FP	11/04/13	170
78	Muganlı		Newborn Care	23/04/13	210
79	Alibayramlı		FP	26/04/13	190
80	Mazix		Immunization	01/06/13	180

Annex 6: Community Action Group Capacity Building

AZ SHIP partner Save the Children provided training to Community Action Groups (CAGs) to support their development as organizations. A total of 282 people received training in participatory rapid appraisal (PRA), 279 in fundraising, and 295 in proposal writing.

Table A6: Community Action Group Capacity Building Trainings

District	Community	Topic	# Participants
AGDASH	Ashagi Laki	PRA Training	7
		Fundraising	8
		Proposal Writing	8
	Orta Laki	PRA Training	7
		Fundraising	7
		Proposal Writing	8
	Arabojaq	PRA Training	7
		Fundraising	7
		Proposal Writing	7
	Hushun	PRA Training	8
		Fundraising	5
		Proposal Writing	8
	Kukel	PRA Training	8
		Fundraising	7
		Proposal Writing	7
	Shikhli	PRA Training	8
		Fundraising	5
		Proposal Writing	7
	Tofiqi	PRA Training	8
		Fundraising	7
		Proposal Writing	8
Arab	PRA Training	7	
	Fundraising	7	
	Proposal Writing	8	

District	Community	Topic	# Participants
ISMAILLI	Ivanovka	PRA Training	7
		Fundraising	8
		Proposal Writing	8
	Hajihetemli	PRA Training	7
		Fundraising	7
		Proposal Writing	7
	Qubakhelli	PRA Training	7
		Fundraising	7
		Proposal Writing	7
	Tezekend	PRA Training	7
		Fundraising	5
		Proposal Writing	7
	Cilyan	PRA Training	8
		Fundraising	7
		Proposal Writing	8
	Mollaisaqli	PRA Training	5
		Fundraising	5
		Proposal Writing	7
	Topchu	PRA Training	7
		Fundraising	7
		Proposal Writing	7

District	Community	Topic	# Participants
GABALA	Hajalli	PRA Training	7
		Fundraising	8
		Proposal Writing	7
	Vandam	PRA Training	7
		Fundraising	7
		Proposal Writing	7
	Nij	PRA Training	8
		Fundraising	7
		Proposal Writing	7
	Mikhli Govaq	PRA Training	7
		Fundraising	8
		Proposal Writing	7
	Bum	PRA Training	6
		Fundraising	8
		Proposal Writing	8
GABALA	Uludash	PRA Training	7
		Fundraising	5
		Proposal Writing	8

District	Community	Topic	# Participants
SHEKI	Ashagi Goynuk	PRA Training	7
		Fundraising	9
		Proposal Writing	8
	Kish	PRA Training	7
		Fundraising	7
		Proposal Writing	8
	Bash Zeyzid	PRA Training	7
		Fundraising	7
		Proposal Writing	8
	Boyuk Dehne	PRA Training	8
		Fundraising	8
		Proposal Writing	7
	Kichik Dehne	PRA Training	8
		Fundraising	8
		Proposal Writing	8
	Bideyiz	PRA Training	8
		Fundraising	7
		Proposal Writing	7
Ashagi Kungut	PRA Training	7	
	Fundraising	7	
	Proposal Writing	7	
GAKH	Goragan	PRA Training	7
		Fundraising	8
		Proposal Writing	8
	Chalayir	PRA Training	5
		Fundraising	7
		Proposal Writing	8
	Almali	PRA Training	7
		Fundraising	7
		Proposal Writing	7
Zeyem	PRA Training	8	
	Fundraising	8	
	Proposal Writing	7	

District	Community	Topic	# Participants
GAKH	Turajli	PRA Training	7
		Fundraising	7
		Proposal Writing	7
	Tasmali	PRA Training	7
		Fundraising	8
		Proposal Writing	7
ZAKATALA	Yengiyar	PRA Training	7
		Fundraising	7
		Proposal Writing	7
	Mazikh	PRA Training	7
		Fundraising	5
		Proposal Writing	8
	Goyem	PRA Training	7
		Fundraising	8
		Proposal Writing	7
	Yukhri Chardakhlar	PRA Training	7
		Fundraising	5
		Proposal Writing	6
	Alibayramli	PRA Training	5
		Fundraising	7
		Proposal Writing	8
	Muganli	PRA Training	6
		Fundraising	7
		Proposal Writing	6



