



ЗдравПлюс / ZdravPlus

ENSURING ACCESS TO QUALITY
HEALTH CARE IN CENTRAL ASIA

**ZdravPlus Program
Six Month Report
June 6, 2000 – November 30, 2000**

December 2000
Almaty, Kazakhstan



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Memorandum

Date: 30 December 2000

To: Marcus Johnson, Contracting Officer
Jennifer Adams, Office of Social Transition, USAID/Almaty
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Through: Sheila O'Dougherty, Regional Director
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From: Cari Ann VanDevelde, Health Communication Manager

Re: Semi-Annual Report of June 6, 2000 – November 30, 2000

Please find attached the performance data for the period of June 6, 2000 through November 30, 2000. This report is divided into five country sections: (1) Kazakhstan (2) Kyrgyzstan (3) Uzbekistan (4) Turkmenistan and (5) Tajikistan. In each section there is a brief summary of events as well as detailed descriptions of all activities that took place during the six-month period.

If you have any questions or concerns, please feel free to call me at 3272-91-57-75 or email at ca@zreform.almaty.kz.

**USAID/ZdravPlus Program/Kazakhstan
Six Month Report
June-November 2000**

Summary

The USAID-funded ZdravPlus Program builds up on the results achieved through activities within the ZdravReform program as well as a logical continuation of these activities. In the six months of the start-up period, ZdravPlus continued to provide technical assistance to the Kazakhstan Government to comprehensively reform and restructure the health delivery and financing systems at both national and local levels. In addition, ZdravPlus has provided clinical training and health promotion activities.

Zhezkazgan and Karaganda regions have remained the ZdravPlus core intensive demonstration sites. In the start-up period, ZdravPlus has been setting a framework for its activities in the core pilot site, modifying the strategy in response to the changing environment. With this purpose, a number of meetings were held with the oblast health leaders, including the Head of the Oblast Health Department and Head of the Oblast Densaulyk. At these meetings, both broad conceptual issues and concrete plans were discussed. ZdravPlus has also expanded its activities geographically in response to the needs of those regions in Kazakhstan, which demonstrate political will in conducting health care reforms, real commitment and have achieved initial steps to undertake reforms. Thus, during the past six months, Pavlodar oblast approached ZdravPlus Program for assistance in implementing the health reform program which is strongly supported by the Oblast government. Following ZdravPlus training seminars on clinical and health management issues, the Oblast Akim in his letter to ZdravPlus requested ZdravPlus to continue collaboration in future. In response, a draft joint plan of actions between the Oblast Akim Administration and ZdravPlus was developed. Kokshetau of Akmola oblast also is viewed as a new target of opportunity for health reforms, where ZdravPlus has successfully conducted a number of activities including the first enrollment campaign. ZdravPlus has intensified its activities in Almaty Oblast under the WB Health Project where both political leaders and health authorities indicate clear interest in health reform, particularly in the rural PHC sector. In addition, ZdravPlus has established collaborative relations with Atyrau Oblast Health Department which is seeking USAID/ZdravPlus technical assistance in implementing the Health Information Center.

ZdravPlus has also expanded its political geography through a more close collaboration with major health care sector stakeholders outside the National Agency of Health, namely, the National Strategic Planning Agency, Ministry of Finance, Ministry of Labor and Social Protection, National Densaulyk, National Bank of Kazakhstan, Parliament, to name a few. ZdravPlus has been closely collaborating with such national-level agencies as the National Center for Healthy Lifestyles, National School of Public Health, as well as with Republican Centers for TB Problems, STI problems, and Child and Maternity Care. Also, ZdravPlus has undertaken steps in expanding relations with non-governmental organizations, such as Kazakhstan Medical-Pedagogical Academy (KMPA). The activities undertaken in this direction were aimed at building up constituency to the reforms at the national level.

Programmatically, ZdravPlus activities, built up on the ZdravReform Program extensive experience, encompass four major areas: 1) Population, including health promotion campaigns and open enrollment activities; 2) Clinical strengthening and quality of health care, including clinical training, evidence based medicine and clinical protocols (standard clinical guidelines), rational drug management and health quality management; 3) Restructuring of the health delivery system, including formation of family group practices (FGP); 4) Health financing, including health provider payment systems, health management, health purchaser health information systems and quality assurance systems. In addition to the four areas mentioned above, structured monitoring and evaluation activities with the ultimate goal of identifying, documenting and presenting achievements of health reform activities to political leaders, health profession, and public at large, is one of the new directions started under ZdravPlus.

The following report gives the summary of ZdravPlus Program in the six months of start-up activities in Kazakhstan describing the first results and accomplishments achieved under the new ZdravPlus Program.

I. Population Involvement:

One of the goals of health reform is to empower the population to take a more active role in their health care decision-making. Therefore, increasing the rights and responsibilities of the population for their own health care through information and choice has been a central component of the Kazakhstan program. The ZdravPlus Program has concentrated its activities in two major directions: 1) encouragement of free choice by supporting open enrollment campaigns; and 2) increase of public awareness about the health care system and provision of information about health topics for the public to take responsibility for their own health. Thus, a first enrollment campaign in Kokshetau, designed and successfully implemented by a joint effort of ZdravPlus and the Kokshetau health authorities in September 2000, is a vivid example of such activities. According to the Kokshetau Health Department, 78 % of the population chose to exercise their right to free choice of health provider. The success of the ZdravPlus-supported enrollments campaign encourage other regions, such as Pavlodar and Karaganda, to prepare for open enrollment in the coming year using it as a powerful tool of improving the quality of care.

During the start-up period ZdravPlus initiated a number of important health promotion activities that will serve as a model for their subsequent replication in ZdravPlus pilot sites throughout 2001. The Keeping Children Healthy and Health of the Nation campaign, designed and successfully implemented by ZdravPlus in Semipalatinsk and Pavlodar respectively, stand out. The campaigns involved local health authorities, FGP physicians and nurses, mass media, NGOs and the broad public. In the course of preparation, ZdravPlus health Communication Team prepared information and public education materials. These included a brochure, "Keeping Children Healthy", flyers on CDD and ARI, mother poster "Keeping Children Healthy", and radio plays on topics such as CDD and ARI, healthy habits, nutrition, breast feeding and anemia issues. National level institutions such as, the National Pediatric Institute, as well as international organizations such as WHO and UNICEF, were actively involved in the preparation of this campaign. The developed products –

brochure flyers, posters, videos and radio plays are in high demand with the FGPs, Oblast Health Departments, FGPA, local NGOs, and the National Centre for Healthy Lifestyles.

II. Quality of Care:

Clinical training as one of the major prerequisites of quality of care, has been one of the major directions of ZdravPlus activities during the start-up period. Meetings with health authorities both in ZdravPlus core pilot sites and targets of opportunity have shown high demand in clinical training for FGP physicians and nurses on various clinical disciplines. There is a strong indication as well, that strengthening of clinical training of inpatient specialists that would allow to align the case management practices throughout the health care system, has to be addressed. During the start-up period, ZdravPlus in close collaboration with the Kazakh Postgraduate Institute of Physicians, carried out clinical training in Kokshetau and Pavlodar. . In addition, extensive groundwork for beginning IMCI training in Karaganda and Ust-Kamenogorsk took place. This will support the integration of vertical programs into the PHC scope of services. In reproductive health, ZdravPlus' work during the startup period included the development of a phase-out plan for the CMS Hotline. The plan allows the hotline to be financed by ZdravPlus and to be eventually switched over to a local NGO under a grant.

Much of the ZdravPlus activities were centered on the rational drug management issues. Karaganda Oblast, the ZdravPlus core pilot site, has been chosen and approved by the Agency of Health for implementation of the Drug Information Centre. Provision of unbiased drug information to both physicians and patients, improving the process of formulary development, promotion of the most appropriate approaches to case management of specific health problems, drug availability and price assessment are the major goals of the Information Centre. During the start-up period, ZdravPlus carried out an assessment of the pharmaceutical sector in Karaganda oblast and made all preliminary arrangements for the implementation of the Centre.

In addition, ZdravPlus started evidence based medicine (EBM) activities which is a new direction under ZdravPlus The EBM approach becomes the topic of the day since it supports the decisions on standard treatment guidelines (STG) – one of the priorities of the National Agency of Health for the current and upcoming years. Major activities in this direction included a ZdravPlus-funded national level seminar on standard treatment guideline development and the subsequent training of the selected specialists who will be working on STG development within the next year.

III. Improved Use of Health Care Resources:

During the start-up period, ZdravPlus Program continued to provided assistance to improve the use of health care resources by creating a single purchaser of health care services that has the authority to pool funds at the oblast level. In addition, they distribute payments to health care facilities without budget chapters according to new payment systems developed under ZdravReform. ZdravPlus carried out intensive technical work on developing regulations on the new provider payment systems in fulfillment of Government Decree # 806 «On Approval of Rules of Health Provider

Costs Reimbursement» and in accordance with the Joint Plan of Actions of the Agency of Health and ZdravPlus. Specifically, regulations on clinical statistical groups, outpatient specialty fee schedule, and the state procurement order were developed.

The ZdravPlus enhanced technical resources to accomplish the development of a module health information system in Zhezkazgan pilot site. Discussions held in the passed period with key health leaders in ZdravPlus pilot sites, prove the necessity of further refinement of the provider payment systems through the introduction of sex-age adjusters for capitated payment, revision of clinical diagnostic groups and the polyclinic fee schedule. Much of the work both in terms of technical assistance and financial training has been done in the following oblasts; namely Karaganda, Pavlodar, Kokshetau and Almaty oblast. ZdravPlus continued discussions with the East Kazakhstan health and financial authorities on the necessity of pooling healthcare funds at the oblast level.

II. Improved Legislative, Regulatory and Policy Framework:

In the past six month, the policy environment in Kazakhstan has been rapidly changing providing new opportunities to the Program. The major change that took place was the appointment of a new Chairperson of the National Agency for Healthcare, Mr. Doskaliev, a surgeon by background, who brought with him a new team. ZdravPlus has made initial steps in establishing collaborative relations with the new chairperson and the team. Given the situation, both policy dialogue and intensive technical assistance to Agency for Healthcare in developing national-level regulative documents, has been a significant and resource-intensive activity.

Thus, the ZdravPlus Health Policy and Legal Team continued providing technical review and recommendations for draft laws and regulations at the national level, and served as an important source of information and analysis for counterparts in the oblast demonstration sites and targets of opportunity. Through national-level joint working groups (JWG) ZdravPlus has provided input into numerous health sector laws and regulations, improving their technical content and the feasibility of implementation. Major projects include the development of specific rules and regulations governing health financing, in fulfillment of Government Decree # 806. Importantly, key ZdravPlus technical recommendations, including a single payer model, were approved by decision of the National Economic Policy Council under Government RK. ZdravPlus, within a national joint working group, has provided intensive technical assistance in developing a new Social Insurance Policy as ordered by the President RK to the Ministry of Labor and Social Protection. ZdravPlus continued work on broad insurance issues, including health insurance. The ZdravPlus technical document on health insurance “National Health Insurance Systems: A Review of Selected International Experience”, had a positive response from the RK government and was broadly used in discussions on insurance. ZdravPlus also continued to provide assistance in developing regulative base for the pharmaceutical sector to implement rational pharmaceutical management activities.

Finally, the ZdravPlus Program has encouraged and supported the development of health sector NGOs, assisting Family Group Practices in organizing themselves into non-governmental professional associations. Thus, during the six months, new

branches of the Republican FGP Association were formed in Astana oblast, Karaganda oblast, Ust-Kamenogorsk oblast, Kostnai Oblast, Pavlodar Oblast and Aktyubinsk City. They are clear indications that FGP Associations become more active and influential in policy dialogue.

Kazakhstan Six Month Detailed Summary:

SO 3.2 Increased Access to Quality PHC in Select Populations

IR 3.2.1 Select populations are better informed about personal health care rights and responsibilities.

1. ZdravPlus open enrollment activities

- In the start-up period ZdravPlus continued planned activities on open enrollment. Strategically ZdravPlus pursued two major goals: 1) monitoring and supervision of the re-enrollment process in Zhezkazgan and Satpaevo, the ZdravReform-ZdravPlus historical pilot site, where the enrollment process has been institutionalized and brought into practice. In these sites ZdravPlus assistance was limited, presupposing a leading role of the Zhezkazgan and Satpaeva Cities FGP Association; 2) initiation of enrollment activities in Pavlodar and Kokshetau, the ZdravPlus new targets of opportunity. In the reporting period these two sites have been the focus of attention since the authorities of these two regions demonstrate political will in moving ahead with health reforms in general and family practice development in particular. One of the ZdravPlus major achievements in this direction was a successful implementation of a first enrollment campaign in Kokshetau, that was built up on ZdravReform extensive experience in Zhezkazgan Region, Kazakhstan, and covered all aspects of enrollment process: 1) publicizing the rules and regulations of open enrollment, the rights and responsibilities of individuals; 2) advertising the new primary health care system through the ZdravPlus Kazakhstan country billboards that promotes FGPs, mass media channels; 3) advertising FGPs and providing information on each FGP location, qualification of physicians and services provided.
- In June, ZdravPlus started a planning process for open enrollment in Pavlodar. A ZdravPlus technical team visited Pavlodar and carried out a comprehensive analysis of the oblast health care structure. That also included an analysis of documents regulating the up-coming enrollment campaign (postponed till spring of 2001) and the enrollment structure, the required preparatory work and technical assistance to the pre-enrollment information and enrollment campaigns. Some of the conclusions directly related to family practice and the enrollment process development, are: 1) At present, the political situation in Pavlodar oblast is favorable for implementation of health reforms; 2) An action plan, identifying priority directions for further health care reforms already started in the region, as well as fields of ZdravPlus and oblast health authorities collaboration, needs to be developed; 3) TA encompassing training on clinical, economic, legal and management issues for FGPs and health care administration, health information and provider payment systems development, design, preparation and implementation of open enrollment campaigns, provision of FGPs with necessary equipment, is required.
- In early July, ZdravPlus technical specialists visited Kokshetau and carried out a comprehensive analysis of the oblast health care structure. Major conclusions

directly related to family practice and the enrollment process development, are: 1) at present, the political conditions in Kokshetau are favorable for implementing health reforms; these include a relatively high social status of health professionals, good level of financing, satisfaction of population with the level of health care delivery; 2) TA encompassing training on clinical, economic, legal and management issues for FGPs and health care administration, health information and provider payment systems development, design, preparation and implementation of open enrollment campaigns, provision of FGPs with necessary equipment, is required. The open enrollment campaign was one of the major issues discussed. The team developed a tentative plan of the enrollment campaign 2000.

- In mid-July, the ZdravPlus Health Communications Team including Ella Nabokova, Lena Kalyada and Irina Yuzkayeva visited Kokshetau, with a one-day training seminar on pre-enrollment information and enrollment campaign issues. The goal of the seminar was to provide information to local PHC personnel on enrollment campaigns sharing the experience of the ZdravReform-ZdravPlus pilot sites as a first step of preparation towards an enrollment campaign in Kokshetau. The seminar covered about 50 participants including 40 city and oblast PHC physicians, 13 nurses, 13 FGP managers. The trip finished with a meeting with local mass media representatives who were provided with initial information on the enrollment campaign-to-be and their role in population information.
- In August, after two preliminary trips to Kokshetau in June-July, the ZdravPlus Health Communications Team (HCT) started to develop the City Poster Map (for Kokshetau) highlighting spots of all city FGP locations. Also, a registration form for enrolled population, designed by the Project HIS technical team, was completed and submitted for consideration to Ms. Z. Z Zhanaidarova, Head of the City Health Department. At that time the official dates of the Enrollment Campaign- September 21-30, - was set up and announced publicly through the Kokchetau City Mass Media channels.
- In early September, the HCT visited Kokchetau and delivered the poster-map, placed the order for printing registration forms with a local printing company, and visited all (# 13) FGPs and the identified enrollment posts to see the progress of preparation towards the enrollment campaign. September 21, the HCT including Ella Nabokova and Irina Yuzkaeva, visited Kokchetau to attend the Enrollment Campaign Opening. The opening ceremony was shown on the local TV news program. During the campaign the HCT representatives coordinated data collection and monitored FGPs activities aimed at involving the population in the enrollment process. 78% of the population enrolled with FGPs, Kokshetau City Health Department reported. ZdravPlus identified follow-up steps in Kokshetau, including: 1) installation of the population data base software program (developed by the ZdravPlus Health Information Systems team) in each FGP and 2) assisting in organizing a server (probably, to be located in the City Health Department), that would keep complete population information provided by FGPs in Kokshetau.
- ZdravPlus assisted the Zhezkazgan City FGP Association and the City Health Department in reviewing Regulations on the Enrollment Campaign aimed at strengthening the FGP legal base in the region. Some changes and amendments to the Regulations were made. The population database was also refined by ZdravPlus HIS specialists in Zhezkazgan to meet the needs of enrollment/re-enrollment best. ZdravPlus provided limited support in advertising the re-

enrollment campaign. December 4-15, the planned re-enrollment campaign was being implemented. The results of re-enrollment will be available in late January, 2001.

LLR 3.2.1.1 Select client populations have received information on healthier lifestyles.

1. ZdravPlus Health Promotion materials developed for dissemination via FGPs

- During the six months of the start-up period, ZdravPlus has developed a set of public education materials on various health topics for dissemination at the national level as well as through FGPs. The materials include: TB – poster "Fight TB", a brochure "Tuberculosis", a lab safety poster- 3 separate types (Rus); STIs – brochure "Only Between Us", a flyer, inviting to seek treatment in FGPs.(Rus, Kaz); Childhood problems – brochure on ARI (respiratory infections), brochure on CDD (diarrheal diseases), brochure "Keeping Children Healthy".(Rus, Kaz, Kyrg); Family Planning/Reproductive Health – brochure "Everything About Contraception", brochure for youth (Rus, Kaz).

2. Semi FGPs and NGOs contribute to the Keeping Children Healthy campaign

- FGPs nurses and physicians along with local NGOs will contribute to a two-month Keeping Children Healthy campaign in Semipalatinsk, organized and sponsored by ZdravPlus. FGPs will serve as resource centers for preparing materials on children themes. They will be making an active effort to organize mother/grandmother/kindergarten groups to provide a forum for open discussion on child health issues. The campaign will last for two months, beginning November 20.

3. STI public awareness survey in Zhezkazgan

- During the reporting period ZdravPlus continued follow-up activities related to the STI syndromic treatment experiment conducted in Zhezkazgan pilot region during 1999-2000. The experiment was a first in CAR attempt of integrating STI services with PHC and as such drew attention of both the health authorities and broad public. In October ZdravPlus conducted a third survey on STIs in the Zhezkazgan pilot site. The purpose of the survey was to find out the level of public awareness of STI issues after the conducted experiment. The survey was carried out with the help of 7 interviewers, specifically hired and trained by ZdravPlus. In all, 360 questionnaires were filled out. The collected data are being processed by ZdravPlus technical specialists.

LLR 3.2.1.2 Select populations and communities have received information on healthier lifestyles from non-governmental organizations (NGOs) or mass media.

1. ZdravPlus Health Promotion Activities

ZdravPlus major activities in this direction included designing and implementation of two public information campaigns: "Keeping Children Healthy" and "Health of the Region". Both the campaigns, successfully implemented in Semipalatinsk and Pavlodar cities respectively, will serve as model for replication in other regions of Kazakhstan throughout 2001. Preparation and implementation of the campaigns presupposed close interaction with national-level agencies operating in the health sector, namely, the National Center for Healthy Lifestyles, National IMCI Center, local health authorities,

international donor organizations -WHO, UNICEF, NGOs – FGP Associations. ZdravPlus also worked consistently with local Mass Media representatives who gave a broad coverage of the events in newspapers, on TV and radio. Major steps are outlined below:

- In June-July, the ZdravPlus Health Communications Team including Lena Kalyada, Ella Nabokova and Malika Baisekenova started work on developing a package of materials for the public information campaign “Keeping Children Healthy” pursuing the following major goals; 1) population education on various IMCI aspects; 2) population education on precise observance of a vaccination schedule for healthy development of children; 3) population education on basic principles and advantages of correct breastfeeding of healthy and/or sick children under the age of 1 and encourage breastfeeding of infants; 4) Parents education on preventing accidents with children and providing first aid. The team also proceeded with collecting, sorting out and developing major information on the Keeping Children Healthy topic. The team visited the National IMCI Centre and had a fruitful meeting with Head of the Centre Dr. Ayupova. A list of health – related messages as well as the form of presenting the information for public education was discussed. It was agreed to cover the following major topics: ARI/CDD, immunization and nutrition to be presented to the public in the form of flyers, brochures, and videos.
- In August-September, Lena Kolyada, Ella Nabokova, and Irina Yuzkaeva collaborated with IMCI, WHO, UNICEF, and NHLSC on the ARI, and Diarrhea leaflets as well as on the Keeping Children Healthy booklet.
- In October, ZdravPlus Health Communications Team (HCT) conducted a focus group on ARI and Diarrhea leaflets with mothers who have children under 5. These leaflets were prepared for the upcoming health promotion campaign in Semipalatinsk pilot site.
- November 20, the ZdravPlus HCT launched a two-month Keeping Children Healthy campaign in Semipalatinsk. The press conference of November 21 with local authorities and ZdravPlus representatives, marked the beginning of the Campaign and emphasized the social significance of the event. During the two-month period, 2 local TV channels will intensively advertise the campaign, showing two video films on ARI and Diarrhea. Local press will broadly cover the event, publishing articles connected to the main message of the Campaign “Keeping Children Healthy”. After the press conference, ZdravPlus HCT has been requested to present this health promotion campaign at the National IMCI conference, IMCI roundtable in Astana where the Ministry of Education and Agency of Health will be present, and at the Regional Conference for the National Center for Healthy Lifestyles.
- In November, the ZdravPlus Health Communication Team (HCT) launched the “Health of the Region” Campaign in Pavlodar. The campaign was implemented in full accordance with the preliminary developed plan and in a well-organized fashion. The campaign followed a two-week training course “Introduction into Family Medicine”, for 71 family physicians of the oblast, organized and provided by ZdravPlus. The major events of the campaign included: 1) a lecture on marketing in health care for family physicians, delivered by the ZdravPlus HCT specialists; 2) a press-conference held on Nov, 7 at the Oblast Akim Administration. The core participants included B.Tumenova, Deputy Oblast Akim for Health Care Issues, D.Nugmanova, ZdravPlus Clinical Director, A.Katsaga, ZdravPlus Health Finance/HIS Coordinator, S.Musinov, and Head of

Curative-Preventive Department, Agency of Health of Kazakhstan. About 20 Mass Media representatives attended the event. 3) a TV program (round table on air) where the local TV-Station “Irbis” held a roundtable with a phone line on air with D.Nugmanova, ZdravPlus Clinical Director. Within the 15-minute round table D. Nugmanova received about 5-6 phone calls from Pavlodar citizens on Family Medicine issues; and 4) publications in local popular newspapers on specific topics: 4 city newspapers published announcement about the Campaign, two of them published articles describing a Family Medicine Concept. In all, the campaign indicated keen interest of both health professionals and broad public to health issues in general and family practice in particular.

- In early November, a fresh group of volunteers have joined the Peace Corps, Kazakhstan. Some of them intend to work in the health sector. The ZdravPlus Health Communications Team met with them, explained the CHT team objectives and outlined major activities. The HCT also prepared a package of health promotion materials for dissemination at schools and universities, handed over to the new volunteers.

2. Healthy Lifestyles national level activities

- ZdravPlus continued collaborative work with the National Center for Healthy Lifestyles. In September, ZdravPlus participated in the Annual Festival of Health, organized by the National Center for Healthy Lifestyles and held at the Exhibition Center in Almaty. During the festival the ZdravPlus Program organized an information dissemination booth providing materials on various health topics, such as reproductive health and STI’s. In addition, ZdravPlus organized an entertainment event that included an interactive puppet show both for children and adults. The puppet show addressed various health topics, including cleanliness and hygiene, posters etc.

LLR 3.2.1.3 Select population are enrolled in PHC practices.

1. Population database activities in Zhezkazgan

- The ZdravPlus Health Information Systems specialists team, based in Zhezkazgan pilot site and led by Zh. Sidorenko, have completed the population data base program development and are now working on the personified data base that would allow to keep track of individual patients throughout the health care system, monitor the referral patterns and volume of services provided at the FGP level. The population database is meant for replication in other regions of Kazakhstan depending on their readiness to employ the system.

2. Kokshetau computer population data base started

- In September, the ZdravPlus HIS team contributed to the free enrollment campaign in Kokshetau City through: the development of a registration medical form that will be used later on for creating a population data base in the city; training operators on the rules of filling out the enrollment registration form; evaluating the computer hardware and software in the process of preparation toward formation of a population computer DB, based on the enrollment campaign results
- In November ZdravPlus HIS specialists installed the Zhezkazgan population data base software program in Kokshetau. This program would allow Kokshetau to form their own computer population database, based on the results of the first open enrollment campaign conducted in September 2000 (see 3.2.1.).

3. East-Kazakhstan Pilot population data base

- As agreed with the Semipalatinsk Health Department and within the WB Health Project in East Kazakhstan, the population DB in Semipalatinsk (monitored by the ZRP until recently), was shifted under the Department of Medical Statistics (DOMS) (rus: *bureau meditsinskoi statistiki*) under the City Health Department. The ZdravPlus technical personnel provided on-spot training to the DOMS personnel on the DB operation.

LLR 3.2.1.4 Select populations are enrolled in PHC practices that recognize client rights.

No activities to report

IR 3.2.2 Improved quality of health care including infectious diseases and maternal and child health

1. US family physicians consultancy on family medicine

- In late August, US family physicians David and Hilda Kuter returned to Kazakhstan to start another round of consultancy on Family Doctor strengthening. ZdravPlus internal meetings were held to discuss future activities. David participated in the training course “Internal Medicine for Pediatricians” provided by the Family Medicine Faculty of Almaty Postgraduate Institute for Physicians. Arrangements were made for the Kuters to go to Kokshetau, with Head of the Kokshetau branch of the FGP Association, Zaure Zhanaidarova. A work plan was prepared and since September 17th David, Hilda, and trainer-interpreter Azhar Nugmanova have been working in Kokshetau FGPs. Also, Grace Hafner, Regional Deputy Director for PHC operations, at a meeting with Head of the FGP Model Training in Karaganda Dr. Alikhanova, made preliminary arrangements for Dr. Kuter to deliver a training course on family medicine in Karaganda, ZdravPlus pilot site, in spring of 2001. The need for various training courses for both physicians and medical nurses was emphasized. Dr. Alikhanova and her colleagues were also invited to take part in a training course on rational drug management due in January 2001, in Almaty.

2. Peace Corps medical nurse assists the Zhezkazgan FGP Association

- In August-September, the Zhezkazgan City FGP Association welcomed a new Peace Corps volunteer Jessie Welme, a medical nurse, who recently arrived in Zhezkazgan. The volunteer will contribute to the clinical training of medical nurses in several directions: new technologies in the medical nurse practice, medical nurses and NGOs, the role of a medical nurse in family practice, health club activities etc.

3. IMCI

- In mid-June, a team consisting of A. Kuttumuratova, WHO/IMCI Director, Prof. S. Ayupova, National IMCI Center Director, and M. Baiserke, ZdravPlus, made a visit to Ust-Kamenogorsk City and arranged an orientation meeting with representatives of oblast administration, oblast health department, head pediatric specialists of the oblast, SES authorities, head of oblast children hospital, chief oblast infectionist, head of medical college, heads of two raion health departments (Shemonaekha and Glubokoye), and heads of two raion children hospitals. The purpose of the visit was to obtain endorsement for, and commitment to, the WHO advocated Integrated Management of Childhood Illness (IMCI) program, which was started as a pilot with the support of USAID in Semipalatinsk city in 1998 –

1999. In total, 25 invitees participated in this two-day meeting, during which they were introduced to the IMCI. A program specialist from Semipalatinsk, Dr.A. Khaidarova shared her experience and showed the advantages of this program for integration of childcare into the PHC. The outcome of the orientation meeting was very positive, since the proposal for IMCI implementation in East Kazakhstan was met with enthusiasm on behalf of administration and physicians. This meeting lays the groundwork for future improvements in the ability of PHC providers to appropriately diagnose, treat and refer pediatric patients. Several WHO international consultants were also included into a training of trainers for IMCI scheduled for the end of September.

- In September, a 3-day IMCI orientation meeting was held in Karaganda. The meeting was organized, funded and facilitated by ZdravPlus in joint collaboration with the National IMCI Center and the WHO liaison office. The purpose was: a) to introduce the IMCI strategy to the oblast administration, health authorities, medical specialists; b) to build up constituency to the strategy;) to plan training activities for a year period.
- October 9 – 20, IMCI training course in Ust-Kamenogorsk covering 18 trainees including 12 future trainers for East Kazakhstan oblast, and 6 health executives of oblast level was carried out. The course, organized by ZdravPlus in collaboration with WHO, initiated an extensive IMCI program, that will cover with training all family physicians and feldshers in the oblast within the period of 2000 – 2001. The training was facilitated by the National IMCI Centre specialists and IMCI specialists from Semipalatinsk. The 12 selected future trainers are from Ust-Kamenogorsk, Shemoniekha and Glubokovski raions.
- November 20 – December 1 the International IMCI course was being held in Almaty, in collaboration with WHO and USAID's ZdravPlus program and UNICEF. The course included participants from Uzbekistan and Kyrgyzstan. A ZdravPlus' public health specialist also attended the course, in order to increase her knowledge concerning all facets of the IMCI program.

4. Reproductive Health

- October 16, ZdravPlus representatives had a meeting with Dr. Gulya Alimbekova, Executive Director, Kazakhstan Medical-Pedagogic Academy (KMPA), - an NGO engaged in the Family Planning/ Reproductive Health training program. The directions of collaboration were discussed.
- In October, several meetings with USAID and counterparts were held with the new ZdravPlus reproductive health advisor. Issues covered included contraceptive supply for Kazakhstan, as well as future programs in reproductive health.

5. Infant Mortality

- In October, the ZdravPlus team had a meeting in OST, USAID, with Dr. J. Sullivan, Director of MACRO International, on the issues of Kazakhstan Demographic and Health Survey (KDHS), and Infant Mortality Definition in Kazakhstan.
- In November, a meeting was held with UNAID and UNDP to discuss current and planned programs, and possible areas of collaboration with the National Centre for Healthy Lifestyles to introduce the idea of changing the definition of infant mortality from the Soviet definition to the international WHO definition. The workshop had some lively discussion on the pros and cons of changing the definition. It was finally resolved that it would be best to test this out in two pilots, most likely Semipalatinsk and Kyzylorda. Roles of donors (UNICEF,

USAID, WHO), as well as who will be in the government working group, need to be clarified.

6. STIs

- In September, the Zhezkazgan site ZdravPlus coordinator and a Health Quality team member Zh. Tazhikenova carried out an analysis of the Zhezkazgan experiment on STI syndromic treatment in FGP settings conducted by ZdravReform in 1999-2000 in Zhezkazgan. The generated report was presented at the Almaty Satellite Symposium on STI problems (September 29, 2000).
- October 17, the ZdravPlus Health Communications Team (HCT) participated in the Awarding Ceremony of FGPs - winners of the STI Information Campaign Contest in Zhezkazgan. The event crowned an experiment on STI syndromic treatment, carried out in Zhezkazgan 1999 – beginning 2000 year.
- In October, the 2nd Congress of Dermatovenereologists (Skin and STI specialists) in Kazakstan and a Satellite Conference, UNDP/UNAIDS was held. ZdravPlus financed four participants from Zhezkazgan, including Head of the National DermatoVenerology (STI) Center. Zhamal Tazhikenova, ZdravPlus site coordinator for Zhezkazgan, made a presentation of the Zhezkazgan model of the STIs' syndromic case management. Alma Makenbaeva, President of the Family Physicians Association in Zhezkazgan, and Zhanna Kopeeva, family physician, practicing the syndromic case management, assisted in answering questions. ZdravPlus was represented by the Public Health Coordinator, and the Regional Infectious Diseases adviser.

7. CMS Red Apple Hot Line

- September through November, ZdravPlus staff held several meetings with the CMS project and USAID. Discussions centered on how to make the CMS hotline sustainable, and what elements of the program could be integrated into the ZdravPlus project.

8. TB

- In August-October, in compliance with the National TB Eradication Program, a second round of clinical training on the DOTS strategy for physicians, including family practitioners, was conducted in Zhezkazgan. The training was conducted by Project Hope in collaboration with the National Center for TB Problems. 39 physicians, including 16 family group practice physicians, took part in the training course. Both the physicians and the trainers were highly satisfied with the results of the training course.
- In September, the ZdravPlus Clinical Director participated in a Collegium of the Agency of Health, in Astana. The newly appointed AOH Chairperson Mr. Doskaliev was chairing the meeting. The discussion centred around the speciality care/tertiary care issues. Mr. Doskaliev introduced a new Director of TB Institute, Dr. Rakhishev, a thorax surgeon, who, however has little idea about TB-DOTS. Heads of National Clinical Centres (Mr. Sharmanov, Institute of Nutrition; Mr. Ormantaev, Pediatric Institute; Ms. Kayupova, former Director of Obstetrics and Gynecology Institute, who now is a Senator; Representatives of the National Cardiology Centre, took active part in the discussions).
- October 24, the ZdravPlus team had a meeting with the new Director of the National TB Center at the MSF office, who presented the changes made by the Agency of Health in TB Decree#555.
- In November, ZdravPlus participated in the Infectious Diseases Round Table, at USAID. Other participants of the Round Table included CDC, Project HOPE, MSF, WB, and National TB Center. Issues discussed were a) TB Institute

reported the results of the DOTS Inspection Committee, arranged by the Kazakhstan government (AOH). The Committee consisted of two independent groups that visited two regions of Kazakhstan and assessed the implementation of DOTS. The general outcomes are: DOTS in Kazakhstan should be adapted in terms of TB diagnostics and case management. b) Specialists from the TB Center answered questions; c) other organizations gave updates on their activities.

- In November, the Regional infectious diseases advisor, David Burns spent much of a week in Almaty to discuss Kazakhstan and regional issues concerning: STIs; HIV/AIDS; TB and IMCI. He was also able to participate in the infectious disease roundtable.

9. Drug Information Center in Karaganda Pilot Site Start-up

- In June, Dr. Nurgozhin and Dima Brevnov, computer specialist from Karaganda, went to Moscow to visit the Drug Information Centre and Centre for Drug Side Effects. They met with directors of the Centres, and gathered extensive information on how the Centres were set up and financed, what kind of products were produced, information on newsletters, etc. They established valuable contacts including meeting some potential Russian speaking consultants for our proposed establishment of drug centres in Central Asia.
- In August, preparatory work was begun to bring two pharmacy consultants to Kazakhstan and Uzbekistan. The consultants are: for drug policy, Richard Laing, from Boston University, and for drug assessments and drug information: Jim Bates, from JSI.
- In September, the ZdravPlus pharmacy team organized and participated in an assessment visit of James Bates, John Snow Inc., and Richard Laing, Boston University, to Tashkent, Fergana, Astana, and Karaganda. The consultants assessed the drug policy issues in Uzbekistan and Kazakhstan, met key decision-makers and pharmaceutical specialists, and provided a list of activities which can be done. (see Uzbekistan section).
- November 27-30, a ZdravPlus team headed by Grace Hafner, Regional Deputy Director for PHC Operations, made a trip to Karaganda to meet with counterparts to discuss the drug information center and the pricing and availability survey which will be conducted soon. ZdravPlus, Oblast Health Department and Densauyk Information Centre had intensive meetings which resulted in constructive decisions on all major organizational issues. The location of the would-be Drug Information Centre, technical staff and required equipment, legal aspects, sustainability issues were discussed in detail in a broad context of the Centre's ultimate goal of improving quality of care and supporting the development of standard clinical guide-lines. Also, conceptual issues were broadly discussed.

LLR 3.2.2.1 Continuous quality or performance improvement techniques introduced.

1. Clinical Indicators

- In June the ZdravPlus Health Quality technical team held an internal discussion on the issue of quality indicators. The team agreed that a national-level policy dialogue on the necessity to develop unified quality indicators based on new clinical protocols should be initiated.
- In November, during a meeting of ZdravPlus Deputy Regional Director Grace Hafner with Karaganda health authorities and Head of the Model Training Family

Practice Dr. Alikhanova, the necessity of bringing in-patient care clinical indicators in conformity with clinical indicators used in PHC, was strongly emphasized.

2. Licensing and accreditation

- In Semipalatinsk 20 FGPs were re-licensed according to the Licensing schedule of the City Health Department during 2000. Re-licensing process is organised by the Licensing Committee under Semipalatinsk City Health Department.
- In October, Zhezkazgan, the Attestation Commission under the City Health Department, had a meeting at which 17 medical nurses re-confirmed their qualification category. The results of the commission testify to a considerable improvement of professionalism of medical nurses. In total, 45% of medical nurses in Zhezkazgan City are granted qualification categories.

LLR 3.2.2.2 Health Professions education capacity developed and institutionalized.

1. FGP Clinical training

- In June-July, an 8-week training course for Family doctors, funded through AED and implemented by the Association of Family Medicine Trainers was completed. Areas where training occurred included Atyrau, Arkalyk and Kokshetau. ZdravPlus provided technical assistance.
- In September, a number of meetings were held with Rifat Atun, Director of the DFID's (UK) Project "Family Medicine Trainer's Training", and Tatiana Popova from British Council. Discussions centred around the curriculum of the Family Medicine trainers, timetable, and future. DFID has been tasked with preparing an official trainer of trainers program, for 15 future family medicine trainers (this is a 10-month course, similar to what was done in Uzbekistan). There are problems for DFID also, in finding an appropriate training site to act as a "Family Medicine Training Center". For their training activity they need one lecture hall, two training rooms, and one room for coffee breaks. It is unclear whether the DFID training activities can overlap with what the Chair of Family Medicine is already doing in their continuing efforts to provide post-graduate training for future family doctors.
- Throughout October, the ZdravPlus team, headed by D. Nugmanova, ZdravPlus Clinical Director, was preparing towards clinical training seminars for Pavlodar family physicians due in early November. A set of training materials was being prepared. November 1-8, Pavlodar, ZdravPlus conducted clinical training seminars for family physicians. There were 72 participants. The course was centered on an introduction for family medicine, using both a lecture and a workgroup format. The participants were quite enthusiastic and appreciated receiving an overview about family medicine. A consultant from the School of Public Health also delivered some sessions on health management for family practices. A second two-week program will be developed for January.

2. Family Medicine Training Centre

- In June-July, Damelya Nugmonova, ZdravPlus Clinical Director, continued her long quest for locating an appropriate family medicine training center for Almaty. A significant progress was made, especially with the local City Department of Health, and the World Bank/British Council Project (with DFID). Three sites were proposed.
- In October, ZdravPlus Kazakhstan Clinical Director continued to research sites for

the proposed Family Medicine Training Centre. Discussions were also held with a new American Family Doctor, Wayne Quillin, on how the project can best collaborate with him, and possible input that he might provide to the center, once it is started.

- November 20, ZdravPlus Regional Director Sheila O'Dougherty, Udo Drews of Welsh Allyn (medical equipment) and Zhamilya Nugmanova of AIHA, met with Mr. Devyatko, Head of Almaty City Health Department. The issue of organizing a Family Medicine Training Centre with possible procurement of some medical equipment for the training practice by Welsh Allyn, was discussed. It was decided that the issue would have to be discussed with the WB during the donor meeting due November 26. Also, an option, based on the agreed to assumptions, would have to be developed and presented to Mr. Devyatko. The possibilities of establishing a training practice within the existing polyclinic structure would have to be investigated additionally. In general, Mr. Devyatko confirmed the intention to collaborate with ZdravPlus.

3. EBM

- In July, the ZdravPlus Quality team started planning of EBM activities. Yuri Lisitsyn, a ZdravPlus clinical specialist, met with David Burns, ZdravPlus Infectious Diseases Specialist, and discussed a structured approach to EBM implementation in the country including development of strategies and plans for EBM. ZdravPlus Clinical Director, Damelya Nugmonova, had a meeting with the Agency of Health, Head Internist Raushan Kabikenova (and former Deputy Head of Almaty Health Department) who is very much supportive of family medicine. She is also quite interested in Evidence Based Medicine and the related issues. An important discussion was held on the possibility of the first EBM seminar in Almaty being conducted on common lung diseases (pneumonia, COPD, asthma) in adults, which would involve Head Internists, pulmonologists from all Oblasts of Kazakhstan, Central Asia Association of Lung Diseases Specialists, and European Respiratory Society. This suggestion will be discussed further with David Burns and others in ZdravPlus.
- In November, the Kazakhstan Agency of Health organized a 6 day "commission" for the purpose of starting the process of developing standard clinical guidelines (SCG) and revising the Essential Drug List (EDL). ZdravPlus provided most of the funding for holding this "commission". The commission included senior medical school leaders, as well as agency of health clinical experts. Experts from ZdravPlus (Drs Nugmonova, Kuter, Burns among others) made presentations over 2 days and engaged in many lively discussions with the commission. In addition, Dr Nugmonova stayed till the end of the meeting and was able to provide considerable technical assistance in finalizing a document for this first meeting. ZdravPlus staff, led by Dr. Burns, will continue to provide input into the selection of which guidelines will be revised. Also, ZdravPlus made an offer to members of the commission that several English-speaking representatives from the major medical schools could be trained on Evidence Based Medicine (EBM) by ZdravPlus in the future. These trainees for EBM have not yet been selected.

4. Humanitarian donation of medical books

- In August-September ZdravPlus provided assistance to Roza Buldekbaeva, Program Manager – Kazakhstan, Counterpart International (CHAP), by providing a suggested distribution list for a humanitarian donation of medical books, which was provided by CHAP. The books will be useful to all the doctors.

5. ZdravPlus/International Donor programs/organizations collaboration in training

- ZdravPlus, in collaboration with AED and AIHA organized a Collaborative Working Conference “The Primary Health Care Professional for the Year 2010: Collaborating to Develop Education and Workforce Planning Strategies for Central Asia” The conference was held in sanatorium “Alatau”, October 10-12, 2000. The outcome of the regional conference was the creation of a “Coordination Council of Rectors for CAR”
- November 17, Sheila O’Dougherty met with Owen Goldfarb, an USAID-funded Kazakhstan Municipal Management Project/ICMA. The possible lines of collaboration were broadly discussed. It was agreed that: ZdravPlus training consultant A. Chukmaitov would meet with the ICMA training assistant Andrew Bhattacharya to discuss the possibility of joint activities in the training area. ZdravPlus will establish contacts with IMCA representatives in Pavlodar and explore the lines of collaboration;
- ZdravPlus established working relations with the EU Five-Frame Program chief representative in Kazakhstan Ms. Magzieva. Lines of collaboration were discussed tentatively. Namely, Ms. Magzieva is planning to arrange meeting of the EU Five-Frame Program participants with ZdravPlus in January 2001, Almaty. The major topic to be discussed is potential assistance to young scientists working in the health care sector.

LLR 3.2.2.3 PHC practices have essential diagnostic equipment and adequate physical structure.

1. Zhezkezhgan FGPs

- During June-November, due to a more stable financing of FGPs in Zhezkazgan City (the capitated rate # Tenge 28) and paybacks of bad debts to FGPs from the Center for Health Purchasing, FGPs received some additional money allowing to use it for other than salary needs. Thus, 7 FGPs have decided to purchase vehicle to become more flexible and mobile. The City Health Department also approved the use of the FGP capitated budget for current repairs. Thus, in June-August, two FGPs in Zhezkazgan, with ZdravPlus limited support, repaired their clinical premises, administrative office and the laboratory. 4 FGPs have bought vehicles. The Tilman FGP has bought some new diagnostic equipment. All laboratories have purchased the necessary lab reagents and flasks. The necessary furniture – couches, chairs and desks have been bought as well. 4 city FGPs have bought uniform gowns for their personnel. Minor essential equipment (thermometers, tonometers, phoenendoscopes have been bought in the necessary number for all FGPs in Zhezkazgan.

LLR 3.2.2.4 Infectious disease specialists have access to laboratories that meet established standards.

No activities to report-Doesn’t fall under Abt’s SOW

LLR 3.2.2.5 Health care providers have access to clinical and financial management information systems.

1. CIS National Development

- The ZdravPlus technical team provided input into development of the national health information system concept. A section on the health information systems

concept, prepared by the ZdravReform-ZdravPlus specialists, was included into the new Concept of Further Development of Health Care in the Republic of Kazakhstan for the Years 2000-2005, Chapter 15, *Information Support to the Health Care Development*. Thus, the Concept states, that “Organizational and technical measures implemented within the health care system development envisage necessary provision of regular and reliable information, including processes taking place in the health care system for timely decision making related to management at all levels of the health care. The information support is impossible without phased computerization of the branch that will finally lead to significant savings. It is envisaged, that accurate organization of the planning process, forecast and financial-economic interaction at all levels of the health care sector, will provide reliable mutual settlements between health care entities and efficient health care quality management. The existing statistical reporting system requires radical revision based on concise and informative indicators, as well as tracking the health care services provision results and parameters, demonstrating a real demographic situation and health status of the population, improvement of financial-economic monitoring, introduction of new information technologies and simplification of document turnover”.

2. CIS development in Zhezkazgan Pilot Site

- In June-July, Zhezkazgan, QHC computer specialists started the process of installation of client software for FGPs and polyclinics. This will allow health facilities to create registers for health services provided within the facilities and provide this electronic data to the Information Center on diskettes. Up till now, only hospitals were able to do that, while the rest of the health facilities were entering data from paper registers into computers located in the Information Center. This means that now health facilities can directly access databases for health services provided, and this should be very beneficial for improving quality (after some training on analysis).
- The Zhezkazgan FGP Association and ZdravPlus hosted a Delegation of the Ministry of Health of Armenia, June 19th through June 30, 2000 in Zhezkazgan. The main objective of the seminar held there was to share the Zhezkazgan experience in health provider payment and information systems. In addition, the delegation met with the Head of the Zhezkazgan District Health Department, Mr. Kabykenov, and representatives of the Karaganda Oblast Health Department.
- The ZdravPlus Zhezkazgan Site coordinator Zhamal Tazhekenova carried out an analysis of FGP activities based on the statistical data provided by the CIS data base in Zhezkazgan. Zh. Tazhekenova analyzed the volume of health services provided by PHC entities, outpatient speciality care facilities (clinical-diagnostic polyclinics, patient calls to ambulance, the admission level during the first half of 2000). The findings of the analysis were discussed with chief physicians of family group practices. The analysis of the information provided by the CIS, proved the necessity of completing the DB and the software program ASAP to make the information accessible and user-friendly for each health provider.
- In August-September, the ZdravPlus HIS team continued development of a module integrated HIS of regional level (Zhezkazgan region). They participated in a WG developing approaches to the information system in the process of integrating specialty care with PHC (Zhezkazgan region). The ZdravPlus/Zhezkazgan HIS specialists have developed a pilot version of software for the base module of the system – the population database software (Zhezkazgan region).

3. Atyrau CIS development within the Public-Private Regional Initiative.

- In early October, Mary Skarie/USAID and ZdravPlus (A. Katsaga, L. Myglina) within the Atyrau Regional Initiative (Chevron/USAID), made a working visit to Atyrau. During the visit the team had two meetings with the OHD (Mr. Khalel and the OHD staff, Densaulyk staff), visited a number of health facilities (oblast hospital, a city polyclinic, a family practice, a central raion hospital, a rural physician practice) and Chevron representatives (Yerzhan Karymsakov, Business development manager) As a result, a mutual understanding between ZdravPlus/USAID, OHD and Chevron was achieved. Alexander Katsaga prepared a draft plan of actions for Atyrau.
- In November, the ZdravPlus Team/Abt, after a visit to Atyrau in early October, developed a draft plan of actions based on the discussions with the Atyrau Oblast Health Department (Head, Mr. Halel Sagyn), and revised the Atyrau Health Information Systems budget. These documents will be discussed at the next meetings with Chevron and Atyrau OHD on agreement.
- In November, USAID/ZdravPlus continued consistent work on the Atyrau Health Information Center. November 2, ZdravPlus/Abt had a meeting with Mr. Kamyrzakov, Chevron Munaigas Inc., Strategic Development Manager, and discussed general management issues as well as financial issues related to the project. Mr. Kamyrzakov confirmed the company's commitment to the project and the importance of success of such a public-private initiative. At the next meeting at USAID, the possible scenarios of the project budgeting were discussed. Nov. 14, USAID/ ZdravPlus team had a meeting with Head of the Atyrau Oblast Health Department Mr. Saghyn. As a result, the MOU draft was finalised and prepared for signing. ZdravPlus/Abt also finalised working documents, such as a Plan of Actions for Atyrau and the Atyrau Project budget, reflecting potential contribution of the participating parties into the project.
- In November- December, the ZdravPlus technical team prepared specifications for computer hard/software for the Atyrau project and collected bidding proposals from local vendors to start the procurement process.

4. ZdravPlus internal strategy of HIS development

- Throughout November, ZdravPlus had a series of meeting on the HIS development strategy in Kazakhstan. The following agreements were achieved: 1) Given a larger scope of work at a national level within the new program, a national-level coordinator for HIS (Zh. Sidorenko) is assigned; 2) additional programmers are to be hired. Within the next year these programmers will receive a proper training on computer technologies employed by ZdravPlus. ZdravPlus HIS specialists (K. Lyashchuk and Zh. Sidorenko) will be responsible for drafting technical tasks for the health information module system, developed in Zhezkazgan under ZdravPlus. The to-be hired-and-trained programmers will deal in future with technical aspects of the module system.

IR 3.2.3 Improved use of health care resources for primary health care

1. New Provider Payment Systems

- An important Government Decree # 806 “On Approval of Health Provider Reimbursement Rules”, followed by the AOH Order of June 23, 00, “On Implementation of Government Decree # 806 of May 27, 00”, comprises most of the technical recommendations made by ZdravPlus specialists and reflects some intensive work under ZRP on the new provider payment systems development.

The Decree approves new provider payment methods: capitation payment for PHC facilities, outpatient specialty fee schedule for outpatient specialty facilities (polyclinics) and by clinical statistical groups (case-based payment) for inpatient care. Also, according to the AOH Order, Karaganda Oblast Health Department is assigned with the task of developing a polyclinic fee schedule, East-Kazakhstan Health Department will work on sex-age adjusters for capitation, and Astana City Health Department will work on clinical statistical groups for hospital payment.

- During October-December, ZdravPlus health economists during their meetings with health authorities and policymakers in pilot regions of Zhezkazgan/Karaganda, Semipalatinsk/Ust-Kamenogorsk, Pavlodar and Kokshetau discussed the issue of health budget development for 2001. The necessity to improve the capitation payment system and increase PHC funding in absolute terms, were strongly recommended
- December 8-9, ZdravPlus HIS and Health Finance specialists A. Katsaga, O. Zeuss and O. Gubanova had meetings with Pavlodar Oblast Akim Administration, Head of Financial Department under the OHD, and Head of Oblast Department for Health Purchasing Mr. Kreminsky. Major issues included: discussion of Draft Resolution of Oblast Akim on the Open Enrollment Campaign (implementation phases, rules, dates, development of a population data base with subsequent recalculation of capitation funding); and introduction of sex-age adjusters to capitation rate for 2001. During the discussion, ZdravPlus specialists presented several versions of the health budget calculated with the use of sex-age adjusters. The used adjusters were developed based on the Semipalatinsk and Zhezkazgan population databases. Major results: 1) The Draft Resolution on Open Enrollment was finalized and submitted to Oblast Akim for consideration; 2) Oblast health authorities will consider the ZdravPlus-proposed adjusters and make decisions by end of this year. In addition, a Government Decree that would give Pavlodar oblast the status of a pilot site for health care reforms, was drafted.

LRR 3.2.3.1 New provider payment systems designed and operating in pilot sites.

1. AOH/ZdravPlus Interaction on HIS and PPS Development

- In June, ZdravPlus and the Agency of Health WG developed a joint plan of interaction on developing health information and payment systems for September 2000—II quarter 2001. The initial steps in this process will be: development of rules for calculation of sex-age adjusters and the mechanism of their implementation; revision of clinical statistical groups weights and the outpatient specialty fee schedule; regulations on partial fund holding, reporting documentation; and medical statistics procedures of collection and processing of cost accounting information.
- In June, the ZdravPlus technical team visited Pavlodar oblast and carried out a comprehensive analysis of the oblast health care structure, namely, health financing, information systems, fund holding, and the state procurement order. Major conclusions: 1) In general, the oblast health care financing system conforms with both the efficient use of new provider payment methods and the market criteria; 2) The financing and management bodies have potential for further improvement of the system and have political will to actively continue the reforms; 3) It is necessary to economically justify both the fragmentary and global financing rates. In particular, the standard cost accounting method can be used in broader terms. This will allow a more accurate calculation of average regional

rates as well as and more reliable weight coefficients for both the fee schedule and clinical statistical groups. The following problems with hospital services payment were identified: 1) It is necessary to introduce the standard cost accounting method in hospitals and calculate the validity of coefficients set for hospital programs (for example, the weight coefficients of clinical statistical groups for children and obstetric care is higher than 1.0. Would the additional upward adjuster result in distortions?); 2) Revise clinical statistical groups coefficients (insufficient database); 3) Work out a payment method for outlying cases. Since capital repair and costly equipment procurement are included into the base rate, it is necessary to revise the rate and determine the resources accumulation methods (Decree of the Government #806, «On Approval of Rules of Health Provider Costs Reimbursement»).

- In July, according to the AOH/ZdravPlus Plan of Interaction, the ZdravPlus technical team, including a lawyer, two economists and a computer analyst, began the process of drafting regulations on partial fund-holding to be implemented in the AOH selected pilot sites according to the AOH Order “On Implementation of Partial Fund Holding”# 13”of January 12, 00. According to the Order, the regulations have to be developed by August 2000. The identified selected pilot sites for phased-in implementation of partial fund holding are: Astana City, Pavlodar, East-Kazakhstan and Karaganda oblasts. The Order establishes a WG on development of partial fund holding regulations including A. Katsaga, ZdravPlus program manager in Astana.
- In July, the ZdravPlus HIS specialist Zh. Sidorenko had a meeting with Dr. Yermekbaev, Head of Karaganda Health Department, and N. Khe, Head of Densaulyk enterprise, Karaganda, and discussed plans of future work on developing the polyclinic fee schedule. The plan was approved and the parties agreed to carry on with the work according to plan with ZdravPlus technical assistance.
- In August-September, the Health Finance and HIS team continued work on developing regulative documents on implementation of Government Decree # 806 “On Approval of the Health Provider Reimbursement Rules” and other national-level regulative documents. The team has developed and submitted to the AOH Finance Department the following drafts: 1) Rules of Calculating Sex-Age Adjusters and the Mechanism of Their Application” 2) Rules of Formation of Budget Reports (budget registers). The AOH Finance Department is expected to prepare respective orders of the AOH based on these documents. The team also completes The Enrollment Rules draft. The document requires a significant technical work since it necessary to bring the Regulations in compliance with various national regulative acts.
- In August–September, ZdravPlus participated in the AOH JWG working on Clinical Statistical Groups (CSG) issues. The ZdravPlus initiated the issue of an AOH Order on delegating some functions related to the development of changes and amendments to provider payment methods in Karaganda, East-Kazakhstan oblast and the Astana City. This Order would provide more flexibility to the pilot regions in terms of efficient utilization of the resources of pilot regions collaborating with the ZdravPlus Project. The Health Financing and HIS team participated in the AOH JWG on clinical statistical groups that included representatives from Karaganda, East-Kazakhstan and North-Kazakhstan oblasts, and Astana and Almaty cities. The JWG passed a Protocol, stating that the initial CSG system developed by ZRP specialists, is adequate and does not need

revision. The JWG members demonstrated understanding of the DRG system objectives. The HIS team continued work on the outpatient-policlinic fee schedule. Karaganda oblast has been assigned with the task of developing a national fee schedule book in 2001. A WG has been created by Order of the Karaganda oblast health department. The ZdravPlus HIS team (Zh. Sidorenko, a. Katsaga) provided training and consultancy to the WG on the technology of developing the outpatient speciality fee schedule. O. Gubanova, ZdravPlus economist, closely worked with the Karaganda WG, providing assistance in developing required documentation for collecting data from clinical-diagnostic polyclinics and clinical-diagnostic centres. Currently the work on formation of the health services reference book and weights is carried out.

- August-September, the Health Finance and HIS team took part in organizing a process of regular revision of the Republican outpatient speciality fee schedule, based on the Karaganda oblast. The team organized collection of data on the cost of drugs and medical equipment; direct costs of health services; health provider costs for providing health services.
- In September, the ZdravPlus Health Finance and HIS team developed a draft Order AOH “On Implementation of Partial Fund Holding in RK”. The draft was submitted to B. Iskakov, AOH, Head of Department for Co-ordination of Health Facilities.
- In September, ZdravPlus HIS and Health finance specialist A. Katsaga, HIS, prepared an analytical paper outlining the major reasons of insufficient efficiency of new provider payment methods and the required conditions. The report was submitted to Mr. Doskaliev, AOH, Chairperson.
- In December, ZdravPlus (Sheila O’Dougherty, Cheryl Wickham, HIS and Health Finance Specialists) had a meeting with N. Khe, Karaganda Oblast Densaulyk, and A. Gulyaev, Pharmaceutical Coordinator for Karaganda. Major issues discussed, included further development of new provider payment systems in terms of their refinement (sex-age adjusters for capitation payment, DGR revision, outpatient speciality schedule revision, introduction of partial fund holding – as quality improvement tools alongside with free enrollment of population in FGPs, etc. Importantly, a broad issue of monitoring and evaluation at different levels of the health care system (health facility, health purchaser and the health system at large) were discussed. Concrete planning meetings were scheduled for January-February 2001.

2. Pooling of funds issues discussed in East Kazakhstan

- In June –July, ZdravPlus health economists, namely A. Katsaga, O. Zeuss and O. Gubanova, had a number of meetings with East Kazakhstan Oblast Health Department, Semipalatinsk City Health Department and WB Health PIU in East Kazakhstan. Pooling of health care funds at the oblast level and new health provider payment systems (capitation payment for PHC and the DGR system for hospital payment) were the major issues discussed during the meetings.

3. Single payer system approved by RG Government

- Economic Policy Council under Government RK at its meeting of October 5, in Astana, approved a number of financial issues promoted and technically developed by ZdravPlus, including a single payer model (EPC Proceedings, part II).

LLR 3.2.3.2 Absolute increase in level of funding and diversification of funding for PHC

1. Mandatory Health Insurance

- In July-August, the ZdravPlus technical team continued work on Mandatory Health Insurance, reviewing the Final Draft Law on Mandatory Health Insurance, prepared by the national inter-sectoral Joint Working Group in early July.
- The draft MHI Law was discussed at the Economic Policy Council under Government RK, October 5, 2000 (EPC Proceedings # 20-22/005-182) and "...was taken into account". The MHI implementation is postponed till an indefinite period.

2. Semipalatinsk International Conference

- In October-November, ZdravPlus was involved in preparatory activities toward the Semipalatinsk International Conference "New Health Care Financing Mechanisms in Kazakhstan", that took place in Almaty-Semipalatinsk November 2-4. As a co-sponsoring party and member of the Conference Organization Committee chaired by Mr. Albazarov, Deputy Director of the National Surgery Centre, ZdravPlus representatives took part in a series of meetings that took place in Almaty, National Surgery Centre after Syzganov (Headed by Mr. Aliev). A ZdravPlus representative Sasha Katsaga took active part in discussions of the Draft Conference Resolution, providing considerable input. The resolution finally adopted by the Conference goes in line with major ZdravPlus concepts. Some of the major conclusions of the conference, outlined in the Resolution, are: 1) The approved by the Kazakhstan Government direction towards implementation of market-driven technologies and provider payment methods, is correct and complies with modern trends in health care economics; 2) The development of new health provider payment methods used in Kazakhstan, was carried out at a high technical level and meets international standards (capitation rate, DRGs, outpatient specialty fee schedule; 3) However, a number of important issues have to be addressed: a low funding level of the health sector in general; lack of necessary conditions for efficient operation of new provider payment systems, which limits their potential efficiency; the current legal base regulating the health sector, is contradictory, inconsistent, and do not meet international standards. Also, the health insurance issue was broadly discussed. In all, the conference proved to be a good step in developing collaborative relations between ZdravPlus and major national stakeholders of the reforms, namely, Mr. Aliev and his team, who represent the interests of republican level tertiary health care institutions. The next step would be to assist the Conference organizers with publishing a Conference materials book which they requested. In the long term the possibility of conducting joint programs for medical research and science development was briefly discussed.

3. Increase of health care funding in Zhezkazgan Pilot site

- November 16, Almaty, ZdravPlus had meeting with Mr. Kabykenov, Head of the Zhezkazgan and Satpaevo Cities Health Department. Among other issues discussed during the meeting, Mr Kabykenov provided detailed information on the current health care budget situation as well as financial forecast for 2001. According to Mr Kabykenov, because of the revenue surplus in the region in the current year, the FGP capitation rate which is currently 28 tenge, will amount to 40 tenge by end of 2000 and up to 45 tenge in 2001.

LLR 3.2.3.3 Increase in rationalization and restructuring of health sector including PHC, hospital and out patient specialty sectors

1. FGPs formed in Almaty Oblast

- In Almaty oblast 256 FGPs were formed instead of PHC Centers, according to Decision of Akim of Almaty Oblast # 6-177 of June 16, 2000. All FGPs have independent legal status and bank accounts. The newly formed FGPs need training on management and economic issues.
- In Karaganda oblast, according to Oblast Akim Decision # 26 of March 2000, 9 PHC Centers were formed in the rural area of 9 raions. The centers were formed through the merge of rural SVA-FAPs (rural physician ambulatory, -FGP in fact) with clinical –diagnostic polyclinics (CDP), ambulance, and rural hospitals. These PHC Centers are legal entities with their own bank accounts. Chief physicians of PHC centers are physically located at CDPs. SVAs within the PHC centers, are paid by capitated rate with money disbursed from the PHC Centers bank accounts. Oblast Health Department provides strict control of how timely and fully PHC Centers finance their SVAs. According to Head of Karaganda Oblast Health Department Mr. Yermekbaev, reorganization of rural PHC entities was a forced measure caused, primarily, by poor financial and managerial skills of SVAs. Currently, in the oblast there are 122 SVAs within the PHC Centers in rural areas and 75 independent FGPs in cities (Balkhash, Zhezkazgan, Satpaevo, Saran, Shakhtinsk, Karaganda City). Notably, rural population in Karaganda oblast makes up 20 %, and urban population – 80%.

2. Integration of vertical programs with PHC in pilot sites

- Beginning September 1, the Zhezkazgan Regional Health Department initiated implementation of new vertical programs, namely: registration of population-potential donors of blood, prevention of drug-addiction among children, prevention of psychic diseases with children, registration of risk-groups and HIV-prevention, monitoring of diabetes, CVD, oncology outpatients. By decision of the Regional Health Department, these programs will be integrated with PHC. This would require additional information support. For this reason a WG on implementing the mentioned programs would include programmers and specialists from the ZdravPlus Project. Additional training on relevant topics is necessary. So far 19 FGP physicians received training on psychiatric issues provided by the Psyche Service specialists from September 11 through 15. The training course, (the first one of a series of training courses) was coordinated by Head Physician of the Psyche Dispensary Dr. Rasshchupkina.

3. Management training

- ZdravPlus continued close cooperation with the WB Health Project and the Almaty Oblast Health Department in training FGP chief physicians and managers in Almaty Oblast. As part of the preparation process the ZdravPlus team including O. Gubanova, economist, A. Begalina, Semi Health Department, had a meeting with Mr. Duisekeev, Almaty Oblast Health Department, Head, and discussed the issues of the rural health care status in Almaty Oblast, developed the strategy of training and retraining of rural health care personnel within the WB Health Reform Project. Joint plans for training rural health personnel were developed and approved.
- ZdravPlus consultants including Olga Zuess, Olga Gubanova and a Semipalatinsk Health Department specialist Aliya Begalina who was sponsored by ZdravPlus, conducted a three-day consulting session with the WB PIU Health Policy Specialist Kazbek Tulebaev, Almaty, July this year. The issues discussed included organization of financial management at newly established independent

family group practices in Almaty oblast under the WB Project; training of FGP personnel on financial management and employing practice managers. It was agreed to conduct two training seminars on fundamentals of financial management for all FGPs in September this year, to be funded by the World Bank. The ZdravPlus specialists will provide technical assistance in conducting the seminars.

- September 13-15, a training seminar “The Status, Problems and Directions of the Health Care Reform and PHC Development in Rural Areas” was conducted with direct assistance of ZdravPlus. The seminar covered 300 PHC chief physicians of Almaty oblast. The seminar (two rounds) was attended personally by Mr. Duisikeev. September 20, Mr. Duisikeev wrote a letter to ZdravPlus addressed to the Regional Director, where he expressed his high satisfaction with the results of the seminar and a hope for fruitful collaboration in future.
- Throughout October, ZdravPlus was intensively involved in preparation towards a series of training seminars on management for FGPs in Almaty Oblast, arranged under the WB Project and co-sponsored by ZdravPlus. These seminars were to continue the training initiated by the WB project in August this year. A ZdravPlus team of technical experts have prepared a set of training materials for the seminars and are fully prepared for the seminars. The seminars, originally scheduled for November 14-25th in Almaty oblast were postponed, however, for an indefinite period given the uncertainty around the WB Health Project.
- Throughout October, ZdravPlus consultants, headed by Askar Chukmaitov, were preparing towards a series of seminars on management for family practices due November 9-15, in Pavlodar. The set of training materials, prepared by A. Chukmaitov, will be intensively used in future for similar training projects within ZdravPlus.
- November 9-14, ZdravPlus consultants, headed by Askar Chukmaitov, successfully launched a health management training program designed as a module training event. A 4-day seminar on health management for rural family practices. (25 head physicians) covered the following major topics: introduction into health management, problem solving, leadership, human resources management, strategic planning, business planning; directing. The seminar, conducted at the Pavlodar Medical College base, was strongly supported by the Oblast Akim Administration and Oblast Health Department. The trainees demonstrated keen interest to the discussed subjects as well as health reforms and family practice issues. The next steps include a similar seminar for urban FGPs in Pavlodar, tentatively in February 2001. ZdravPlus will also consider a possibility of expanding the training topics given the fact that both the Pavlodar health authorities and the trainees expressed clear interest in financial management. The Pavlodar health authorities also requested ZdravPlus to expand the training program to include health administrators of both oblast and raion levels.

LLR 3.2.3.4 More reliable health purchaser systems in pilot oblasts enable decision-makers to allocate resources rationally.

1. Decision Makers requesting CIS and Finance Management Systems

- In November, Head of the Zhezkazgan and Satpaeva Cities Health Department Mr. Kabykenov at a meeting with Sheila O’Dougherty, strongly emphasized the importance of CIS and financial management systems development in the region and requested additional technical assistance from ZdravPlus (also see 3.2.3.2).

- In December, Head of the Karaganda Oblast Health Department Mr. Yermekbaev at a meeting with ZdravPlus Deputy Regional Director Grace Hafner, made a point that development of CIS and financial management systems is a crucial factor in improving efficiency of FGPs in Karganda oblast and city.

IR 3.2.4 Improved legislative, regulatory and policy framework.

1. Drug Policy development

- In September, a conference “Current Situation in Pharmaceutical Sector in Kazakhstan” was held in Astana. ZdravPlus funded this event together with Agency of Health. The problems discussed included: pharmaceutical inspection; formularies in medical facilities; formulary implementation mechanisms; drug forgery; evidence based medicine information; prescription drugs; licensing of pharmacists etc. A ZdravPlus pharmaceutical specialist Talgat Nurgozhin made a presentation on drug formularies. Within the conference, a workshop of stakeholders of the pharmaceutical sector, opened by Mr. Doskaliev, AOH, Chairperson, took place. Marua Omarova, Head of the Drug Policy Department, AOH, in her concluding remarks approved the idea of a pilot region for rational pharmaceutical management/ discussed during the conference. The overall drug conference conclusion was very positive. The Agency of Health and the audience are now much more advanced in understanding of the new approaches and principles of rational drug use and policy, as compared with the previous national seminar in 1997-98.
- The ZdravPlus pharmaceutical specialist T. Nurgozhin, on request of Mr. Rakhypbekov, adviser to Prime Minister RK on health care, prepared an analytical paper «The Status of Pharmaceutical Service in the Republic of Kazakhstan: Problems and Perspectives”. The paper outlines major problems existing in the pharmaceutical sector of Kazakhstan, factors determining the problem and discusses the ways of resolving the problems. The document was submitted to USAID and after consideration forwarded to Mr. Rakhipbekov.

2. A New Concept of Further Development of Health Care of the Republic of Kazakhstan” finally approved

- In September, “A New Concept of Further Development of Health Care of the Republic of Kazakhstan” was finally approved by RK Government Decree # 790 of May 25th, 2000. The Concept, which was initially, developed by a Joint Working Group (JWG) of the Agency of Health, National Center for Medical and Economic Problems of Health Care and National Densaulyk, underwent several revisions before its final approval. ZdravPlus, as a member of the JWG, provided technical assistance in developing the concept (also see 3.2.2.5).

3. New Social Insurance Concept

- In October, ZdravPlus, in collaboration with the Financial Protection Initiative/USAID, took active part in the JWG under the Ministry of Labour and Social Protection (Minister Baimenov) assigned by the President RK with the development of a new social insurance concept by end of 2000. The first JWG meeting took place in Astana, Ministry of Labour, October 18, 2000. Since then the WG is working on a permanent basis. By now a ZdravPlus representative in the JWG Sasha Katsaga has developed an analytical paper describing the health care sector development background, the legal base and other related issues, and also outlining goals and objectives of the new social insurance concept in relation

to health care. This document will be submitted to the JWG for consideration.

- In November, consultants from ZdravPlus, specialists from USAID/Pragma in a USAID/OST and USAID/OMT supported effort to assist the government of Kazakhstan in developing a Social Insurance Concept. Health care will be an integral part of this concept. The work is being conducted in Astana within and in support of the Ministry of Labor, which under a presidential directive is made responsible for the development of the social policy concept by 15 December 2000. As a part of the joint USAID team, ZdravPlus consultants participate in the work of the inter-ministerial working group led by the Ministry of Labor which coordinate the efforts of various ministries and agencies involved in the policy dialogue around the concept. Meetings with various officials and organizations, information gathering, strategy planning, and day-to-day interaction with the Minister of Labor and his deputies on various issues concerning the concept are all part of the process that should lead to the production of a draft social policy paper. The paper is expected to be disseminated within USAID/Almaty by the end of November.
- 4. *ZdravPlus National Level Policy Dialogue*
 - In October, ZdravPlus Regional Director Sheila O'Dougherty had a first meeting with the new chairperson of the National AOH Mr. Doskaliev. The agenda of the meeting included: 1) Outline of the new ZdravPlus Program (Sheila O'Dougherty); 2) Mr. Doskaliev's vision of health reforms; 3) discussion; conclusions and agreements. Mr. Doskaliev outlined his vision of health reforms, the main points included: in rural areas there's a good health care structure in place--feldsher posts, feldsher-obstetrician posts, rural physician posts, rural hospitals, central rayon hospitals; in urban areas family practices do not operate in a proper way since they do not have true GPs, they are not properly equipped, and underfunded. Implementation of a family practice institution requires gradual approach. First, it is necessary to train family practitioners through a full-fledged training course, then restructure the healthcare delivery system (create new PHC entities). This would require 10-20 years. In general, the parties agreed that they share many common views, including a long-term vision of the health care delivery system; a long-term vision of family practice in the country; the importance of clinical training; in rural areas PHC entities should receive direct financing; in general, the reforms require a gradual cautious approach. Mr. Doskaliev requested ZdravPlus 1) to prepare an analytical paper on the results achieved in pilot sites, describing major goals of the reforms, achievements, obstacles, pluses and minuses; 2) to prepare an analytical paper on clinical statistical groups and the experience of using this payment system in other countries; Special requests was made to give all recommendations in a written form only. The parties agreed to continue discussions at the next meetings. Mr. Doskaliev expressed firm hope for fruitful collaboration with the ZdravPlus Program in future. ZdravPlus prepared the requested documents and handed them over to Mr. Doskaliev during the Semipalatinsk International Conference in early November.
 - In October, ZdravPlus Regional Director had a first meeting with the National Strategic Planning Agency (SPA) representative—Ms. Yermekova, responsible for the development of specific strategies of the social sector, health care including. (Note, Ms. Yermekova went to a US parliamentarian tour last summer). Issues discussed during the meeting included: a new social insurance concept, a new strategy developed by SPA including the health care sector, MHI,

areas of collaboration. Conclusions of the meeting: the parties have common views on the healthcare sector development and its top priorities (PHC). Interestingly, the SPA new strategy reflects many positions common with the ones expressed by Mr. Marchenko, National Bank Director (the necessity to restructure the health care delivery system, determine % from the state budget allocated to health care, channel it through a single payer, accumulate and allocate further by new provider payment systems). Yermekova's comment was that a single payer system would require a monitoring system to ensure transparency in spending money. The parties also discussed MHI. Yermekova's point was that it is unlikely that MHI would be introduced within next year. However if it happens, it will be necessary to thoroughly draft all respective documents (GVT decrees), supporting the MHI Law, beforehand. Ms.Yermekova said that it would be very helpful, if ZdravPlus could provide SPA with TA in evaluating the results of implementation of the Health of the Nation Program.

- In October, ZdravPlus Regional Director had a meeting with Director of the National Densaulyk Mr. Madzhuga. Issues discussed included: a single information system, MHI-- organizational structure, Kyrgyz experience. The parties agreed on the necessity of establishing a single information system serving various purposes. Mr. Madzhuga requested ZdravPlus to provide some information on the Kyrgyz MHI experience. It was agreed that ZdravPlus would provide the information and arrange a meeting with the Kyrgyz MHIF Director and Ainura Sultanovna, Deputy Minister of Health.
5. Major Healthcare Reform Stakeholders visits to ZdravPlus Pilot Sites
- In July, USAID's Kathryn Stratos and Mary Ann Micka met with Head of the Zhezkazgan and Satpaevo Cities Health Department. They discussed a wide range of health issues. In addition the team visited the Zhezkazgan FGPA and discussed specific health topics. They also met with family practitioners to discuss the issue of interaction of health facilities through the information system. Overall, the visit was considered successful, since it gave a good overview of the health care reform in the region.
 - In July, AOH Chairperson M. Omarova, D.Dzhanabaev, Department for Coordination of Health Facilities Activities under AOH and other representatives of the Agency of Health, visited Karaganda and Zhezkazgan demonstration site. Mrs. Omarova and the team had a meeting with local health authorities and City Akim. The Akim stressed positive results of PHC reorganization in the region and a high level of population satisfaction with PHC services. In addition, the team visited two FGPs, two hospitals and the Information Center in Zhezkazgan. Mrs. Omarova was interested in the Information System and the information it can produce for various types of analysis.
 - In September, Head and Deputy Head of the Karaganda City Health Department visited Zhezkazgan, They visited a number of FGPs in Satpaev City, the Densaulyk branch, and got acquainted with MIS. They were particularly interested in the capacities of the MIS.
 - In October, ZdravPlus organized a study tour for Mr. Madzhuga, Director General, and National Densaulyk, to Kyrgyzstan. During the trip, Mr. Madzhuga met with MHI Deputy Director and Deputy Minister of Health. He also visited the Information Centre and had detailed discussions with the ZdravPlus Information specialist Andrei Timoshkin. Mr. Madzhuga was really impressed by the achievements in Kyrgyzstan and verbally reported his conclusions to Mr. Doskaliev, Chairman, AOH RK. The Densaulyk and the health information

systems issues have become particularly important given the fact that Densauylyk is given the function of a national coordinator for the health care information system.

6. Atyrau Officials visit Kyrgyzstan

- In October, ZdravPlus organized a study tour of representatives of the Atyrau Oblast Health Department headed by Head of the OHD Mr. Hael Sagyn, to Kyrgyzstan. The delegation visited ZdravReform core pilot sites in Kyrgyzstan and met with local health authorities and FGP personnel. Issues of PHC development in the broad context of health care reform was discussed. Atyrau head official didn't welcome the information of reforms freely and at times seem confrontational. The other participants followed lead of Mr. Sagyn until Mr. Sagyn was convinced to seek other activities in Kyrgyzstan. Once Mr. Sagyn was no longer an active part of the study tour, other participants gained valuable information.

7. ZdravReform conceptual documents provided to policy makers

- Conceptual documents developed under ZdravReform, were provided to national-level as well as to ZdravPlus pilot sites health policy makers. These documents include: "Conceptual Foundations for CAR Health Reform Model", "A Strategic Planning Approach to the Development of the Health Sector in Kazakhstan" and "National Health Insurance Systems: A Review of Selected International Experience".

3.2.4.1 LLR Policy advocacy groups and health sector NGOs develop capacity to engage decision-makers in policy dialogue.

1. Zhezkazgan City FGP Association

- In July, the Zhezkazgan City FGPA leaders, representing the health profession of the region and the Zhezkazgan ZdravPlus site coordinator Zh. Tazhekenova met with regional health authorities and discussed the issues of further healthcare development in the region. The discussion focused on further refinement and accomplishment of the information systems development and quality improvement issues. A preliminary plan of healthcare development in the region was developed and submitted to ZdravPlus QHCP for consideration.
- In August, the Zhezkazgan City FGP Association continued the dialogue with regional health authorities. The visit of the then Agency of Health chairperson Ms. Omarova to Zhezkazgan within the framework of the President's visit to Zhezkazgan region in early August, triggered a serious discussion between the Zhezkazgan City FGP Association and local health authorities related to regulation of the PHC services market. The Association was concerned with the fact that a larger medical unit based at the *Kazakhmys* copper corporation run by Samsung, was granted a license (handed over by Ms. Omarova) for medical practice including PHC, and was allowed to participate in the free enrollment campaign. The Association discussed the issue with Head of the Regional Health Department Mr. Kabykenov and the City Akim Mr. Ibadildin. On the Association's request the ZdravPlus Project legal consultant Mr. Semiidjiiski analyzed legal acts related to the state procurement order placed with PHC entities and made a conclusion that it is only an organization that is registered as an FGP, receives a capitation rate and avails a license for PHC activities, that can be awarded a state procurement order for PHC services. Both the City Akim and Head of the Regional Health Department supported the FGP Association. The

FGP Association, through mass media channels, launched a local explanatory campaign (local newspapers and TV channels) focusing on FGP activities, the advantages of family group practices, the population's right to free choice of a primary provider, why it is important to exercise the right, etc. In general, the precedent raised the issue of splitting clinical responsibilities and the health services market between PHC entities (FGPs) and other outpatient facilities, like enterprise- based medical units.

- In November, the Zhezkazgan City FGP Association, with the ZdravPlus assistance, received humanitarian aid in form of winter clothing provided by the ADRA humanitarian program. The transportation of the clothing from Almaty to Zhezkazgan was arranged by the Zhezkazgan City Akim which was a good example of collaboration of the FGP Association with local authorities. The clothing, that turned out to be in a fairly good condition, was distributed to needy families via FGPs.
- In November the NGO “Bolashak-2030” from Zhezkazgan, submitted to ZdravPlus a grant proposal entitled “Our Choice”. The NGO works in the public health area, the aim of the project consists in drawing attention to and coordinating of governmental and non-governmental organizations, addressing the issues of child and maternity care, family education, healthy lifestyles etc.

2. The Regional Medical Nurses Association, Zhezkazgan

- In August, the Regional Medical Nurses Association in Zhezkazgan received the first portion of humanitarian aid, provided by Counterpart Consortium. The information on the humanitarian aid was broadly covered in local mass media. It was decided to give part of the humanitarian aid to family practices to be allocated from there to needy families within FGP enrollment populations.

3. Semipalatinsk FGPA

- In September, President of Semipalatinsk Family Group Practice Association T. Lukina, met with the City Akim N. Omarov and discussed the issues of further PHC development. The Akim expressed his support to further development of PHC in the city.
- In November, the Semipalatinsk FGP Association, with the ZdravPlus assistance, received humanitarian aid in form of winter clothing provided by the ADRA humanitarian program. The clothing was distributed to needy families via FGPs. That was the first case in Kazakhstan when humanitarian aid of such kind was distributed by ADRA outside Almaty.

4. New FGPA branches registered

- During May-November, new branches of the Republican FGP Association were formed in Astana oblast, Karaganda oblast, Ust-Kamenogorsk oblast, Kostnai Oblast, Pavlodar Oblast and Aktyubinsk City with ZdravPlus assistance

LLR 3.2.4.2 Policy analysis contributes to enhance policy dialogue and development.

1. Technical working groups

- In August-September, the ZdravPlus Health Finance and HIS team within the Agency of Health JWG, contributed to the development of a new national health information support concept. The team members, A. Katsaga, Zh. Samyshkin, Zh. Sidorenko, K. Lyashchuk carried out evaluation of the current status of the health information system in the country and drafted 1) a Technical Proposal for the AOH “ On Coordination of Activities on the Development of Health Information

Systems”, and 2) and recommendations “Health Information Systems Tasks” Both the documents were submitted to B. Iskakov, AOH, Head of Department for Coordination of Health Facilities Activities, responsible for interaction of AOH with ZdravPlus. .

- In August–September, ZdravPlus participated in the Agency of Health JWG working on Clinical Statistical Groups (CSG) issues (see 3.2.3.1).
- In September, by Order of the Agency of Health an AOH/ZdravPlus Joint Working Group (JWG) on development of a regulatory base for the implementation of partial fund holding in the country was organized. The AOH/ZdravPlus JWG developed a plan of interaction on development of health information and provider payment policies for September 2000—II quarter 2001.
- Throughout October -November, ZdravPlus, in collaboration with the Financial Protection Initiative /USAID, has been actively working in a JWG under the Ministry of Labour and Social Protection (Minister Baimenov) assigned by the President RK with the development of a new social insurance concept by end of 2000. The first JWG meeting took place in Astana, Ministry of Labour, October 18, 2000 (also see 3.2.4).
- In November, ZdravPlus HIS and Health Finance team headed by A. Katsaga, Pavlodar Oblast representatives Ms. Aukenova, Oblast Akimat, Social Department, and Ms. Kazakova, OHD, Head of a Planning Economic Department, had a joint planning session for Pavlodar Oblast. As a result, a Joint Draft Plan of Actions was developed and a list of issues requiring additional consideration was compiled. Before mid of December the joint draft plan will be considered by the Pavlodar Oblast Akimat and Agency of Health. The developed plan reflects the interests of the three parties concerned (Pavlodar oblast, AOH, ZdravPlus) who view Pavlodar oblast as a perspective demonstration site availing formidable potential in terms of comprehensive health care reforms. Notably, AOH sees Pavlodar as a test site for introduction of a “smart card” in health care and partial fund holding development.

**USAID/ZdravPlus Program/ Kyrgyzstan
Six Month Report
June-November 2000**

Summary

Over the last six months, the Kyrgyz health reforms shifted into a higher gear and rapidly began moving into the next phase of reform. This next phase of health reform is characterized by introduction of a single-payer, rationalization of health facilities, introduction of a new, more realistic benefits package, converting informal out-of-pocket payments to formal copayments, a stronger emphasis on human resource needs and development, medical education, and quality improvement at the facility level. The critical mass creating this movement came from the convergence of a number of events. First, the process of institutionalization of the health reforms solidified under the leadership of MOH Meimanaliev and Deputy Minister Ibraimova, both long-standing ZdavReform/ZdravPlus partners. They made significant strides in institutionalizing the Manas Health Reform Program into the MOH/HIF. This institutionalization created a different, more sustainable environment for the provision of technical assistance and training by the ZdravPlus Program. The main focus of ZdravPlus now is not to drive the health reforms, but to build capacity among all stakeholders and partners as they plan and implement the next phase of health reform. ZdravPlus put considerable effort into developing a new operational management approach to support the continued institutionalization of health reform in Kyrgyzstan.

The second factor contributing to Kyrgyzstan entering the next phase of health reforms is the solidification of the health sector institutional structure. The MOH and HIF have largely determined their roles, relationship, and responsibilities following the merger of the HIF under the MOH to create a single health purchaser (single-payer). The HIF is still an independent legal entity with substantial autonomy to develop and implement new provider payment systems, however, it does so under the broad health policy umbrella of the MOH. The new Health Information Center (old Health Statistics Department) was merged under the HIF so that health information systems can be tied to provider payment systems. This financial connection gives providers an incentive to submit good data which the HIC can distribute to all users for the purposes of provider payment, health statistics, quality assurance, and policy analysis, research, and monitoring and evaluation.

Following the cancellation of Oblast Health Departments (OHD), the MOH initiated a process to transfer health purchaser functions of the old OHD to the Oblast HIF and health provider functions to the new Oblast Merged General Hospital. This transfer of functions accomplishes four objectives: 1.) establishes the Oblast HIF as single-payer at the oblast level comparable to the national level; 2.) establishes the purchaser-provider split by transferring health purchaser functions to the Oblast HIF and health provider functions to the Oblast Merged General Hospital; 3.) provides the new Oblast Merged General Hospital with greater autonomy to manage the provision of health services to the population and to begin the process of rationalizing and merging specialty hospitals into one general hospital; and, 4.) creates space for the future development of the Oblast SES into a broader public health entity. This

transfer of functions and solidification of the oblast level institutional structure has largely occurred over the last six months.

Important strides were also made over the last six months in the determination of the appropriate roles and relationships between the MOH and NGO's. During the initial phases of health reform the roles of the NGO's, including the Family Group Practice Association (FGPA), Hospital Association (HA), and Licensing and Accreditation Commission (LAC) were largely to serve as agents of the MOH to initiate the health reforms. As Kyrgyzstan enters the next phase of reforms, the MOH has made it clear that it expects the NGO's to be truly independent and to develop their roles as advocates, providers of services to their membership (FGP's, hospitals, etc.), and entities connecting the population to the health system. Establishing the roles and relationships of NGO's in the broad health sector institutional structure provides an opening for ZdravPlus to support NGO's in realizing their roles and increasing their sustainability.

The third factor contributing to Kyrgyzstan entering the next phase of health reforms is the convergence and good collaboration and coordination among a number of significant donor investments. Over the last six months, the design of WBII was largely completed. The structure of the WBII four components fits extremely closely to the structure of the USAID-funded ZdravPlus Project – helping to ensure that the WB and USAID continue their excellent collaboration over the next 2 ½ - 4 ½ years. Over the last six months, it was a priority of ZdravPlus to contribute to the design of WBII, ZdravPlus staff worked with Kyrgyz technical working groups to contribute to all aspects of project design. The contribution of ZdravPlus to designing WBII, meeting project conditions, and engaging in preparatory activities will continue over the next few months, focusing on the development of the Implementation Plan and Operations Manual for WBII. Very importantly, ZdravPlus is coordinating its activities very closely with the MOH to leverage and maximize contributions, coordinate ZdravPlus and WBII activities, and develop plans for managing any contingencies which may arise.

One of the most important contributions of ZdravPlus was to the design of the Public Health Component which includes two subcomponents -- health promotion and restructuring of the SES. As the SES system is very complicated and SES has not been involved in the health reform process to date, the design of this subcomponent of the project was very difficult. The WB decided to address this design issue by organizing a “joint mission” consisting of representatives from the WB, ZdravPlus, WHO, and DFID. ZdravPlus consultant, Irina Stirbu, worked for three months to develop a background paper and options related to restructuring the SES. The existence of this background information allowed all the members of the “joint mission” and the SES to begin the process of developing plans to restructure the SES from the same place. It facilitated good communication and productive work, allowing the design of the SES subcomponent to move forward in WBII.

In October, Joe Kutzin arrived in Kyrgyzstan to work for two years as a MOH advisor on monitoring and evaluation. Joe is part of a collaboration between WHO and DFID to develop the monitoring and evaluation function in Kyrgyzstan. ZdravPlus will work extremely closely with Joe Kutzin and collaborate on policy analysis, research, and monitoring and evaluation activities. The ADB Project in South Kyrgyzstan

became effective over the last six months. While ZdravPlus initiated the process of collaborating with the ADB Project, more work is needed to develop a coordinated framework -- this interaction will be a priority over the next six months. Finally, the Swiss Development Agency continued its activities in Naryn Oblast, coordinated within the MOH's broad donor collaboration environment. Due to the significant investment of the Swiss in extending the health reforms to Naryn Oblast, ZdravPlus will engage in only limited activities in Naryn, instead focusing on extending the health reforms to Talas Oblast which has no significant donor investment at this time.

The fourth factor contributing to Kyrgyzstan entering the next phase of health reforms is the initiation of a process and plans for the roll-out of the health reform model to the rest of the country – Osh and Jalal-Abad Oblasts outside of the four pilot sites, and Batkien, Naryn, and Talas Oblasts. ZdravPlus engaged in dialogue with the MOH concerning the development of a strategic framework for this roll-out. There is agreement on a major assumption, the elements of the health reform model need to be integrated and coordinated during the process of roll-out to the entire country. It is hard to coordinate all the elements, for example, the provision of equipment is driven largely by the schedules of the World Bank (WB) and Asian Development Bank (ADB) Projects, and the introduction of capitated rate payment depends on the financial planning and status of the HIF as well as the extension of the single-payer pilot throughout the country. .

Although it is difficult to completely integrate all the elements of the process, the MOH and ZdravPlus worked together to develop a strategic framework for roll-out. This framework includes two main premises: 1.) it is important to initiate the roll-out immediately to not lose momentum for reform and allow time for the foundation building phase in other oblasts; and, 2.) the formation of FGP's and the provision of family medicine retraining could and should be coordinated and managed. Coordinating the formation of FGP's and the provision of family medicine retraining will create a synergy increasing the impact of the roll-out. The step-by-step process for roll-out is still being finalized by the MOH in collaboration with the WB Project, USAID-funded ZdravPlus Program, ADB Project, and Swiss Project. The first phase will be initiated and supported by ZdravPlus over the first half of 2001 in order to create a seamless transition into WBII. In general the strategy for the first phase of this roll-out is as follows:

1. In collaboration with the ADB Project in Jalal-Abad Oblast, extend the formation of FGP's and family medicine retraining from the pilot sites of Jalal-Abad City and Baazar-Korgon Rayon to three other rayons in Jalal-Abad – the exact rayons are still being finalized.
2. In collaboration with the ADB Project, extend the formation of FGP's and family medicine retraining in Osh Oblast from the pilot sites of Aravan and Now-Kat Rayon to Osh City. The restructuring of the Osh City health delivery system including formation of FGP's is a large challenge and will take time. It is being initiated together with retraining of primary care physicians at the Osh FMTC.
3. Initiate the formation of FGP's and family medicine retraining in one rayon in Batkien Oblast.
4. Continue the formation of FGP's and gradually extend family medicine retraining to Talas Oblast.

5. Collaborate with the Swiss Development Agency working to initiate the health reform process in Naryn Oblast.

The remainder of the Kyrgyzstan report describes activities undertaken in each of the four ZdravPlus Program components. These activities can be summarized as follows:

I. Population Involvement:

Development of “policy marketing” activities related to the next phase of health reform was a priority over the last six months. In order for the health reforms to continue to be successful, it is extremely important that the population understand and accept them. Public awareness campaigns informed the population about the new benefits package and outpatient drug benefit. A re-enrollment took place in Chui Oblast allowing the population to choose another FGP prior to the introduction of the single-payer pilot. Health promotion activities continued in Issyk-Kul, Bishkek City, Chui Oblast, Jalal-Abad Oblast, and Osh Oblast. ZdravPlus did initial planning for grants to NGO’s that will include significant health promotion activities.

II. Quality of Care:

Family medicine training of trainers and retraining of FGP physicians and nurses continued over the last six months. The long process of broader restructuring of medical education and workforce planning was initiated by the AIHA/AED/Abt regional medical education seminar in Almaty, work to design the medical education subcomponent of WBII, and strengthening of the collaboration between Abt and the AIHA Nevada/Reno Partnership related to medical education. The collaboration between Abt and AIHA Nevada/Reno included a concept to jointly work with a largely informal National Family Medicine Residency Coordination Committee to ensure coordination between the Medical Academy and the Center for Continuing Medical Education. The natural evolution of ZdravPlus to increase the level of activities improving quality at the facility level began. Plans for quality improvement pilots in focus facilities were developed, reproductive health will be the program area driving facility level continuous quality improvement activities. Work with all stakeholders including the FGPA resulted in the development of plans to continue to improve the FGP Clinical Information System.

III. Improved Use of Health Care Resources:

Resource Use IR – The broad health delivery system structure and financing reforms really moved forward and entered a new phase over the last six months. After five years of policy dialogue related to a single-payer and pooling of health care funds, Kyrgyzstan is moving forward with single-payer pilots in 2001 in Issyk-Kul and Chui Oblasts. ZdravPlus, in particular Socium Consulting, did an enormous amount of work engaging in policy dialogue with all stakeholders to develop a both a policy and legal framework and technical elements of the single-payer. In addition to pooling funds, new provider payment systems, and new funds flow through the Treasury System, this policy and legal framework also includes a new benefits package and converting informal out-of-pocket payments to formal copayments. In addition, there was also significant movement forward on facility rationalization and human

resources planning over the last six months. Complete rationalization plans closing a number of facilities were developed for Issyk-Kul and Chui Oblasts.

III. Improved Legislative, Regulatory and Policy Framework:

In addition to the single-payer, priorities for policy and legal activities over the last six months included development of a framework for reproductive health, evolution of the regulatory framework for FGP's, and initiation of policy dialogue related to evidence-based medicine and new clinical guidelines. ZdravPlus provided substantial technical assistance to the technical working groups designing WBII. NGO development activities included providing technical assistance and support to the on-going activities of NGO's and developing a framework for the competitive grants to NGO's. Significant steps were taken in the process of building MOH capacity for policy analysis, research, and monitoring and evaluation. The first in what is expected to be a series of policy analysis paper's was completed in November. It is entitled "Introduction of Health Insurance Payments to FGP's in Issyk-Kul Rayon."

Kyrgyzstan Six Month Detailed Summary:

SO 3.2 Increased Access to Quality PHC in Select Populations

IR 3.2.1 Select populations are better informed about personal health care rights and responsibilities.

1. Open Re-Enrollment of Chui Oblast and Bishkek City

- The month of October was the preparatory period for the Marketing Enrollment Campaign which was designed to update the population database and implementation of the peoples rights for free choice of their FGP. Meetings took place with the Head of Bishkek City Administration Health Department along with Chief Doctors of Chui oblast. Together, they developed a schedule to carry out the implementation of the re-enrollment campaign and coordinated necessary actions.
- Posters were designed and produced to provide information of Family Group Practices throughout Bishkek City and Chui Oblast. In Bishkek, there were 42 enrollment offices and 229 trained registration people, and in Chui 219 enrollment offices, 572 registration people.
- Mass media developed and delivered the information to the public on the Enrollment. Articles, providing information on enrollment were published in *Vecherniy Bishkek*, *Slovo Kyrgyzstana*, *Kyzyl-Tuusuu*. Radio Program *Piramida* and *Evropa Plus* provided direct conversations made with FGPA Chairmen Ainagul Isakova. There were commercials on TV stations *NBT*, *KTR* and *Piramida*. All polyclinics have placed informative posters about the enrollment in strategic places.
- The re-enrollment took place November 9th through the 19th,2000. During ZdravPlus monitoring visits it seemed like the public enjoyed the opportunity for this re-enrollment. At present time data is being collected and analyzed on the changes throughout the system.

LLR 3.2.1.1 Select client populations have received information on healthier lifestyles.

1. Family Planning Health Promotion Activities

- Family planning brochures were distributed through FGPA managers in all oblasts. TV programs and commercials were developed and broadcasted in the Chui and Issyk Kul Oblasts.
- Since June, 2000 much work has been done by Issyk-Kul Oblast (IKO) FGPs, 70 FGPs and their medical personnel worked with families on family planning and reproductive health issues

2. Healthy Children Health Promotion Activities

- Brochures on Healthy Children Program were distributed through FGP managers (25 thousand in Kyrgyz, 20 thousand in Russian, and 20 in Uzbek for Osh and Djalal-Abad)
- In Chui oblast and Bishkek city, a campaign on Prevention of Childhood Diarrhea began. 672 lectures were delivered in schools, kindergarten and institution of higher education. 2500 leaflets with titles: 'Going to a Doctor', 10 000 brochures titled 'Instruction for Mothers' were distributed throughout the public. A radio commercial was advertised in all markets in Chui Oblast and Bishkek city. TV programs and commercials were broadcasted on the following TV channels: Pyramid, KTR, NBT FGP.
- Since June, 2000 much work has been done by Issyk-Kul Oblast (IKO) FGPs on Health Promotion: 70 FGPs and their medical personnel worked in a close contact with their enrollees on the following issues: health promotional work with children on ARI and CDD, on timely immunization, healthy nutrition, pre-natal and post-natal care,

3. TB and Healthy Lifestyle Health Promotion Activities

- Managers and PHC employees distributed TB leaflets, posters, TV programs for the population. Health professionals also broadcasted information regarding healthy lifestyles. There were 10 TV commercial spots and 12 TV programs (15 minutes each) 'Zdorovie +' on KTR, and 8 –5 minute TV programs on Piramida, which were broadcasted for 4 months There were also 18 radio informational programs regarding healthy lifestyles.
- Since June, 2000 much work has been done by Issyk-Kul Oblast (IKO) FGPs, 70 FGPs and their medical personnel worked with different families on the prevention of TB, cardio diseases and high blood pressure

4. Public Satisfaction Survey

- In November, 2000 a survey of public satisfaction with FGP services provided of FGP medical personnel was done in Issyk-Kul Rayon FGPs by Elena Sturova, Karakol Abt office Marketing Specialist, and Fatima Kasmakhunova, Issyk-Kul Site Coordinator. The survey covered 161 respondents and 72 FGP medical employees. The results of the survey and analysis based on the survey data showed that 91% of the population surveyed is satisfied with the services provided by FGPs. 61% of respondents noticed improvements in the quality of services provided after FGP physicians being trained and certified by FMTC in accordance with Family Medicine program. 83% of respondents think that FGPs increased their scope of services provided. 70% of respondents think that FGPs improved health promotional work with their enrollees. 57% of the respondents consider that FGPs managed to build interpersonal trustee relationships with their enrollees. 47 % of the respondents consider that the positive change in health promotional work was done by FGP medical personnel by home visits, lectures and conversation with families on different clinical issues and with the help of

hand out materials, posters and brochures and materials available in the FGP clinic.

LLR 3.2.1.2 Select populations and communities have received information on healthier lifestyles from non-governmental organizations (NGOs) or mass media.

1. “Policy Marketing.”

- The Kyrgyz health reforms are rapidly moving to the next phase which includes introduction of a single-payer, rationalization of health facilities, introduction of a new, more realistic benefits package, and converting informal out-of-pocket payments to formal copayments. While it is essential for the health reforms to move to the next level, over the last six months it became increasingly clear that without the support of the population for these reforms, the probability of success decreases. Therefore, the MOH requested that ZdravPlus develop a public awareness campaign to inform the population about the next phase of health reforms and get them involved in the process. ZdravPlus is currently looking for a “policy marketing” consultant to develop the messages and mediums for this public awareness campaign which will be implemented jointly by the MOH, HIF, and ZdravPlus. In the process, strategies will also be developed regionally and for Kazakhstan and Uzbekistan.

2. Benefits Package.

- In early 2000, ZdravReform staff worked with the MOH/HIF to begin the process of drafting a new benefits package. The Government of Kyrgyzstan agreed with the policy that the benefits package should be realistic and reflect what health services can actually be provided to the population. The MOH/HIF and ZdravReform together implemented a process whereby the population was informed about the draft benefits package through various mass media channels and asked to provide comments and input. Over the last six months, ZdravPlus together with the MOH/HIF completed this process of informing the population about the draft benefits package and proceeded to revise the benefits package (see single-payer benefits package).

3. Publicizing Outpatient Drug Benefit.

- The outpatient drug benefit and payment system is described under the Provider Payment Systems LLR. ZdravPlus supported the HIF in developing and producing information materials on the pilot outpatient drug benefit and disseminating this information to the population. The population knowing about and understanding this new outpatient drug benefit is extremely important – not only is it a new benefit for the population, but also it is essential to rationalizing and increasing the efficiency of the health delivery system. In order to shift resources and the provision of care from the inpatient sector to outpatient and primary health care sectors, drugs must be available in outpatient settings. In addition, the population must begin to access drugs in outpatient settings rather than being admitted to the hospital.

4. Issyk-Kul FGPA Health Promotion Activities

- Issyk-Kul Pilot Site has established cooperative relationships with the local radio station “LW.” IKO FGPA, FMTC Affiliate, Karakol Abt office employees are trying to provide radio broadcast information on Health Care issues for Karakol, Ak-Suu, Djety-Ogyz and Tuip Rayons population. In December we started involving Karakol FGP medical personnel in radio broadcasts on marketing their services for the population and informing population on important health

promotional issues. Since June, 2000 there were 11 radio broadcasts done on a variety of topics: 1. The role of Abt Associates ZdravPlus QHP in IKO Health Reforms. Fatima Kasmakhunova, IKO Site Coordinator; 2. Help People to Change. Healthy Life Styles. Gulshara Orozbekova, FMTC Leader; 3. How to Remain Young. Reproductive Health. Kauhar Sultanbaeva, FMTC Trainer and RH and FP Master Trainer; 4. How to Prevent ARI with Children. Burul Kabylova, FMTC Trainer; 5. The Role of a Nurse in a FGP. Nursing in a Family Medicine. Elmira Aitakunova, FMTC Leader for Nurses; 6. Three Radio Broadcasts on ARI and CDD National Program and Prevention of Children Diseases in IKO. Edil Sadykov, ARI and CDD Coordinator; 7. Reproductive health and Family Planning. You Have Choice in Contraceptives. Gulimkan Kasmalieva, FGP # 1 Physician., 8. FGPA Activities and its Role in IKO FGP Development Issues. Ashirakhmanova G., IKO FGPA Affiliate Administrative Director.

- There were 7 articles published in a local newspaper “Vesty Issyk-Kulya” on the following issues:
 - “Help People To Change” – Orozbekova G., FMTC Leader;
 - “Training Of Nurses in IKO” – Kasmakhunova F., IKO Site Coordinator;
 - “How to Prevent ARI with Children” – Kabylova B., FMTC Trainer;
 - “Candidose Vaginitis” – Sultanbaeva K., FMTC Trainer, RH and FP Master Trainer;
 - 3 articles were written by Edil Saykov, ARI and CDD Master Trainer to the local medical newspaper “Genofond” : a) Diarrhea with Children in Kyrgyz and Russian; b) “ARI with Children,” c) “Laryngotracheitis”
- Karakol FMTC, IKO FGPA and Karakol Abt office are providing training to IKO FGP physicians to work closer with educational establishments: schools, kindergartens, Universities, nursing and teaching schools students on healthy life styles, on TB DOTS program, STI, Reproductive Health and Family Planning issues and other health promotional issues. There were 7 meetings organized in Karakol by FMTC Trainers together with Karakol FGP physicians and ARI and CDD Master Trainer.

LLR 3.2.1.3 Select population are enrolled in PHC practices.

1. National Population Process and Rules.

- A population database exists in Bishkek City and Issyk-Kul and Chui Oblasts based on voluntary enrollment campaigns where the population chose their FGP. Step-by-step, it is being integrated into the capitated rate provider payment system and into health information systems allowing both the health purchaser and health providers to better analyze the utilization of health services by the population. Although productive work on the population database continues, the MOH realized that it was not being used optimally for three main reasons: 1.) It has not been completely institutionalized into the MOH, HIF and Health Information Center (HIC); 2.) A method to continuously update the population database to account for births, deaths, and migration has not been implemented in a standardized way; and, 3.) It has not been completely integrated into the HIF for capitated rate payment to FGP’s. The main conclusion of technical working group meetings is that it is impossible to ensure continuous updating of the population database unless the responsibility for this task lies with the health providers (FGP’s) and not the health purchaser (MOH/HIF/HIC). Therefore, it

was recommended that a process be established as soon as possible to transfer responsibility to the FGP's to maintain and update the population database. As a necessary step in institutionalizing the population database, the technical working group developed roles and responsibilities which will be introduced gradually over the next year. They are summarized as follows:

1. MOH – issue regulations and rules related to maintenance and use of the population database, including transferring responsibility for maintenance and updating of the population database to the FGP's.
2. HIF – use the official, annual population database to create a yearly capitated rate. Then, use the capitated rate and the official, annual population database to pay FGP's for the entire financial year.
3. HIC – through data exchange standards receive a complete population database from FGP's on a regular basis; perform internal audit procedures; link the population database with Social Insurance Fund (SIF) data and append required information following approved rules; and annually create an official population database in a standard format to be used by the HIF for FGP capitated rate payment, and the MOH, HIC, and other stakeholders to produce statistics, policy analyses, research, and evaluations.
4. FGP's – continuously maintain and update the population database showing enrollment in each FGP according to rules and regulations approved by the MOH. Submit the population database to the MOH/HIF/HIC using approved data exchange standards in order to create the official, annual population database.
5. FGPA – as an NGO provide technical assistance as necessary to support FGP's in continuously maintaining and updating their population databases.

2. Chui Re-Enrollment.

In preparation for introduction of the single-payer and to facilitate population desire to change FGP, a re-enrollment campaign was held in Chui Oblast. It is expected that the population database will be updated with this data by January 2001. At that point, the official, annual population database for Chui will be finalized and the process of transferring the database to FGP's for on-going maintenance and updating will commence.

3. Issyk-Kul Oblast.

- Over the last six months, work continued to update the population database for births, deaths, and migration. As with Chui Oblast, it will be used in the single-payer pilot and the process of transferring the database to FGP's for on-going maintenance and updating will commence.

LLR 3.2.1.4 Select populations are enrolled in PHC practices that recognize client rights.

Nothing to report at this time

IR 3.2.2 Improved quality of health care including infectious diseases and maternal and child health

1. Training on Legalizing Primary Care Activities

- IKO FGP physicians participated in 2 seminars arranged by FGPA: 85 IKO FGP physicians participated in a seminar on MOH Prikazy # 202 on legalizing primary care activities, it legalizes FGP activities and gives legal basis on clinical, statistical and managerial issues for FGP personnel and other health care facilities.

2. Infectious Disease Training

- 63 IKO FGP physicians participated in a seminar on Infectious Diseases, provided by National FGPA, sponsored by Abt office, USAID. Infectious Disease training was provided by David Burns. The 63 physicians participated in a 10 day training seminar where several infectious disease were discussed. The participants received lectures as well as practical experience. The physicians were very involved in the both parts of the training asking important questions which validated their understanding of the disease.

3. Reproductive Health.

- The Kyrgyzstan reproductive health plan provides for RH training for a variety of personnel: doctors, nurses and midwives, as well as for teachers in continuing education programs for health personnel. Two considerations have guided the development of training priorities. First, limited clinical training (following-up the training initiated by the SEATS Project) is envisioned until the situation with the availability of contraceptives is improved. Non-clinical training (including training in counseling and communications skills) for nurses and midwives is planned, along with work with the Center for Continuing Education to continue to integrate reproductive health into broader family medicine training and re-training programs. In addition, the plan gives priority to IUD training for non-gynecologists—provided some IUDs are available—since a number of these doctors are currently inserting IUDs without appropriate practical training and guidelines for service provision.
- The second consideration relates to the content of training. Basic (CTU) courses for doctors will be based on the SEATS curriculum, with minor modifications suggested in SEATS' end-line evaluation. In Issyk-Kul, where a different curriculum was used, an assessment of the knowledge and skills of trained providers will be undertaken, with the results used to shape future training in that oblast. Additional curricula will be needed for IUD training and the training of nurses and midwives.

4. Training material for teachers and students

- According to the schedule, FMTC on November 6 started the training process on retraining for FGP doctors. Initial results of testing on an estimation of knowledge concluded that all physicians and nurses were below 70%. To help achieve general increase in knowledge the following modules were developed: cough; bronchitis, asthma, bronchial carcinoma, DOTS, pneumonia, chronic bronchitis, respiratory deficiency, foreign objects, cardiac-vascular diseases, and edema of the lungs

LLR 3.2.2.1 Continuous quality or performance improvement techniques introduced.

1. Reproductive Health.

- Regional Reproductive Health/Health Promotion Director Asta Kenny initiated the expansion of reproductive health activities in Kyrgyzstan through an assessment and planning process. This initial reproductive health (RH) plan for the *ZdravPlus* project was designed with two overarching aims (note:

reproductive health is an important aspect of ZdravPlus in Kyrgyzstan and activities related to this plan are contained throughout the report): These aims are as follows: 1) To build a solid RH program that provides quality services to the population in order to improve women's health and family health and to reduce the incidence of abortion; and 2) To use the RH program as a model of how PHC services can be integrated into a restructured health delivery system under the MANAS program.

- Supporting the objective of continuous quality improvement, the plan includes a pilot project for FGP's in Issyk-Kul Oblast to test an innovative monitoring/supervision system designed to continuously improve the quality of care at the facility level. It relies on staff in the clinic to work as a team to identify and solve problems in the quality of care in their own facility. It also includes inputs on the technical quality of care from an outside supervisor/monitor as well as input from clients. A system for continuous quality improvement is particularly critical in a country such as the Kyrgyz Republic where efforts to streamline the health sector, place increased emphasis on primary health care and bring the system into line with international practices call for radical shifts in providers' knowledge, attitudes and skills. Such changes cannot be brought about in short-term training courses alone, but need continuous inputs, such as those that can be provided through an ongoing supervision/monitoring system. The Family Group Practice Association will take a leading role in the development of quality improvement pilots in focus facilities.

2. EBM/Clinical Guidelines Development

- During the past decade, a few international guidelines have been successfully introduced in Central Asia. One example is the WHO DOTS ("directly observed therapy, short course") program for tuberculosis. For the most part, however, Soviet guidelines are still in very much in use. In fact, according to long-standing policies, physicians are legally bound to follow them. Similar to early and mid-twentieth century guidelines followed in the west, they are often based more on opinion than scientific evidence.
- A primary goal of evidenced-based medicine training in Central Asia is to prepare the way for the introduction of new treatment and prevention guidelines based on current evidence. This training has now been provided to specialists in Kazakhstan and Kyrgyzstan who have recently been charged with updating clinical guidelines. In Kyrgyzstan, evidence-based medicine training has also been given to a subgroup of family medicine faculty and residents physicians who will be responsible for implementing these new guidelines.
- The specialists now engaged in updating clinical protocols in Kazakhstan and Kyrgyzstan have also been introduced to international procedures for new clinical guidelines development. Damilya, Yuri Lisitsin and David Burns, with the assistance of Nurgul Seitkazieva and others, are committed to providing ongoing consultation to these groups over the next two years. The first objective is to develop capacity to formulate entirely new, country-specific clinical guidelines based on the best evidence available internationally.
- Because this process is quite time intensive, no more than 5 or 6 guidelines can be completed in a two-year period. There has therefore been serious discussion in both countries about adapting existing international treatment and prevention protocols for local use. A much larger number of guidelines could be produced, printed, and delivered to practicing physicians in a shorter period of time. The desired result is a quick reference handbook that will fit in the pocket of primary

health care (PHC) physicians. If integrated with each country's new essential drug list, it could also have the benefit of advancing rationale drug use, a parallel effort being led by Grace Hafner.

- A number of strategies are being considered to promote implementation of these guidelines. One very important one will be to provide an introduction to evidence-based medicine to all practicing physicians, as well as well-crafted summaries for each new guideline introduced. Unless physicians understand and agree with the rationale for these changes, it will be difficult for them to alter their longstanding way of doing things.
- It is hoped that similar training and reforms can be introduced in the other Central Asian republics in the near future. Representatives from these countries will be kept informed. Success in Kazakhstan and Kyrgyzstan may go a long way to encouraging these other republics to also adopt these strategies for health reform.

3. Kyrgyz Republic STI (STD) Pilot

- Almost weekly discussions with the National Dermatovenereology (DV) Institute director and key staff over the past two months have been productive. They understand that the Ministry of Health (MOH) is serious about retraining family group practice providers (FGPs) to perform virtually all PHC, including sexually transmitted infection (STI) treatment, and they seem to recognize that this pilot is an opportunity for them to participate in redefining their new role. NOTE: In an earlier meeting with Dr. Shapiro and staff at the KR AIDS Center, his first deputy, L. Bashmakova, said she would participate on the Working Group (WG), but so far has not attended. The DV members seem to be glad to include her but this is hard to read. The AIDS Center role seems to be to coordination, so she may be waiting until there is an agreed-upon budget and start date.
- A number of decisions have been made for the design of the pilot:
 1. *Number of syndromes to be included.* It is now agreed that three—urethral discharge, vaginal discharge, and genital ulcer—will be included in the pilot. The other 4 will be discussed in the training but in part because they are rarely seen in primary care, will be referred to surgery or DV after appropriate questioning to assess the presence of the three primary syndromes in the index patient or partner?
 2. *Persons to be trained.* To preserve the agreed-upon relationship with the DV Institute, they should be trained first and participate in the training of the FGPs. However, we have been clear that only WG members and other DV staff that will actually participate in training FGPs should receive the full training. This would include no more than two local DV per pilot site since it could be counterproductive to have too many “cooks” hovering over each site. All FGP staff participating in the pilot will also be trained. Other interested persons could be offered a half-day overview at a venue in Bishkek and/or at the pilot site(s). These presentations should be given shortly before the launch and have a partly promotional aspect. All interested DV staff, FGPs (including faculty at the Medical Academy and Postgraduate [FM] Training Center), and FGP Association should be invited. MOH deputy director Ainura Ibraimeva and the directors of the DV Institute and the Family Group Practice Association can give introductory remarks.
 3. *Outcome measures.* The working group has discussed outcome measures addressing each of the following priorities.

Priority	Possible Outcome Measures
1. Demonstrate that FGPs are capable of diagnosing and treating STIs.	<p>1) Compare number of STI pts treated by FGPs with the number treated by DVs the previous year in the same district (descriptive only, but useful).</p> <p>2) Quality assessments: as attempted in Zhez., a written exam, a semi-structured evaluation by the DVs, and an [independent] structured chart review. Could also do a lab assessment for sites doing lab work (see below).</p> <p>3) Interviews with FGPs regarding acceptability to them.</p> <p>4) Before and after pt interviews re their satisfaction.</p>
2. Demonstrate cost effectiveness of syndromic approach, with and without simple lab services.	<p>Include 2 or three different categories of pilot sites and perform simple comparative cost analysis. Could include:</p> <ul style="list-style-type: none"> > No lab services (Simple Syndromic) > Simple lab services done within the FGP by a lab assistant or by the FGPs themselves: Gram stains for GC, and/or wet mount for Trich, BV, and Candida (Modified Syndromic, intended to reduce over treatment, especially of vaginal discharge pts. > Same simple lab services done by an experienced, nearby DV office capable of reporting results within one hour.
3. Assess value of risk factors in deciding which women with vaginal discharge should be treated for GC and/or Clda.	<p>Use DNA amplification technique (LCR or PCR) on urine or other appropriate specimen for vaginal discharge pts.</p> <p>>I'm trying through two US</p>

	sources to get free or reduced cost kits—Michael Favorov assured me again this week that this work could be done at the Bishkek National Reference Lab. > Alternatively, Michael said that a PCR kit produced in Russia is now available at a much lower price than US kits.
4. Assess similar risk factors for: > GC and Clda in men with urethral discharge, > Syphilis, chancroid (HSV, etc.) in men and women with genital ulcers > Each of the other syndromes included in the pilot.	Perform the corresponding lab tests on each subject.

MSF—*medicene sans frontiere* (sic?) French NGO working in Osh and elsewhere in Central Asia

FGP—family group practitioner

GC—gonorrhoea

Clda—chlamydia

BV—bacterial vaginosis

Trich—trichomoniasis

- The WG agrees that the first two priorities must be addressed. Inclusion of those addressing the third and fourth priorities must be based on the availability of funds. Discussions this month with WHO, DIFID, and CDC about possibly co-sponsoring the KR pilot have been encouraging

4. HIV/AIDS

- It now appears undeniable that HIV infection is on a steep upward slope among high-risk groups in Central Asia, particularly among injection drug users. For the most part, however, the general population remains largely unaffected. This window of opportunity has long since closed almost everywhere else in the world.
- Current prevention efforts initiated by UNAIDS, Open Society (Soros), and others are laudable but insufficient. The USAID-sponsored behavioral risk assessment planned for five Central Asian cities should be very helpful to the design and implementation of new prevention programs. However, the situation is urgent and additional projects should be initiated as quickly as possible. A "three-pronged" effort is needed. It must include (i) prevention programs tailored for each of the high risk groups (IDU; MSM; CSW; truck drivers and other major CSW client groups; prisoners; and the homeless), (ii) STI treatment and prevention, and (iii) and aggressive HIV/AIDS awareness campaigns aimed at youth and the general population. Strategies that have had verifiable success in other countries must be adapted for use in Central Asia.

5. TB

- TB treatment training for PHC providers remains a high priority. PHC training modules based on the WHO materials for training TB specialists have been drafted for use in Kazakhstan. Minimal adaptation should be needed for use in Kyrgyzstan, Uzbekistan, and elsewhere.

- There is also a need to define the long-term relationship between FGPs and TB dispensaries/specialists in TB treatment, both in the rural and urban settings. In addition, all of the Central Asian national treatment programs (NTPs) need to strengthen their monitoring and evaluation programs. This component, more than any other, determines the quality and effectiveness of the overall program. Project HOPE and CDC are making excellent progress in this area in Kazakhstan. Kyrgyzstan lags behind, and Uzbekistan and the other CAR are just getting started. A new office of monitoring and evaluation that reports directly to both the director of the NTP at the national TB institute, and the MOH is under consideration in Kyrgyzstan, and should be strongly supported.

LLR 3.2.2.2 Health Professions education capacity developed and institutionalized.

1. Family Medicine Training of Trainers

- The year-long TOT programs to prepare FM trainers started in 1997 for doctors and 1998 for nurses. In September 2000, new classes of 13 doctors and 15 nurses from 6 oblasts started their studies. After graduation, they will return to their oblasts to retrain FGP doctors and nurses and to establish a national FM CME network.
- In October of this year, we established a new affiliate FM training center (FMTC) in Jalal-Abad. The FMTC also participated in the planning process for the Swiss Development Project in Naryn. This resulted in plans for them to create a medical training center in Naryn, where another FMTC can be established. ZdravPlus is currently planning on creating a similar FMTC in Talas in 2001. The TOT programs in Bishkek will continue to prepare trainers for these Oblast-level FMTCs at least through July 2002 for doctors and 2003 for nurses.
- ZdravPlus improved the TOT curriculum and added more teaching resources in Russian. Our faculty expanded the doctor's TOT curriculum from 23 modules to 37. ZdravPlus continues to improve the clinical portion of the training through some organizational restructuring and remodeling of the training clinic. The local faculty members are gradually assuming more responsibility for the programs, under the mentorship of the foreign consultants supplied by sub-contractor STLI. After purchasing 2 more computers, creating a network, and establishing Internet access, ZdravPlus provided more computer training for the local faculty. In addition, ZdravPlus plans to publish curriculum and translated lectures in the summer of 2001.
- In the past 6 months people from more than 6 countries visited FMTC program. Plans to create and maintain a website focused on FM in Central Asia are in process.
- Two foreign and two local faculty members participated in the Almaty conference on medical education in October. There we met with representatives from AIHA and the Kyrgyz Medical Academy and agreed to improve the coordination of postgraduate medical education in FM. Since then all the important stakeholders have informally agreed to create a national FM coordinating committee. One of our local trainers from Jalal-Abad attended a TOT conference put on by WHO about "The Integrated Management of Childhood Illness".

2. FMTC Training for FGPs in Osh Oblast

- FMTC held repeated testing for FGP doctor-students, who did not pass tests in spring.

- Prepared and conducted oblast seminar on the base of FGP of Naukat raion for FGP leaders of Osh and Batken oblasts with participation of specialists from Territorial Department of Medical Insurance Fund (TD MIF), OJH.
- Participated in preparation and conduction of oblast seminar on activities planning concerning preparation to project design “Health care II” for representatives from Osh and Batken oblasts, held by specialists of MOH, Main Department of Coordination and Implementation.
- Held oblast seminar for clinical leaders, FGP managers, representatives of MIF, OJH in new normative-methodical documents of FGP, prepared by specialists of FGPA.
- Participated in seminar “Public-Private partnerships in health”, the purpose of which was exchange of experiences between countries-participants (16 countries) about current changes in health sphere, and also between governmental, non-governmental, commercial organizations in health system. Information about health system in Kyrgyzstan, interrelations between FGPA, MOH was given at the seminar. The seminar was in Thailand and organized by Asian Development Bank Institute.
- Participated in the seminar concerning implementation of new information system in registration and report of contraceptives’ use organized by UNFPA. This seminar was devoted to integration of FGP with Family Planning Service. Took part in the seminar about new report forms, where the process of year report giving was worked out.
- Prepared and held seminar for FGP doctors and epidemiologists “In actual infectious and professional diseases” with participation of lecturers from the Department of anti-epidemic service, KSMA, RCIH. Began the training in program of retraining in FM of FGP doctors of pilot raions, Osh t., FGP of Kara-Suu raion, passed LAC.

3. Family Medicine Training for Physicians & Nurses in Osh

- Several physicians and Nurses received 22 hours on the Introduction of Family Medicine in the month of November. The following topics were covered:

Themes of lectures	Hours
Health reform program “Manas”	2
Family medicine and health reforms in Kyrgyzstan and in countries of CIS	2
Philosophy and principals of family medicine	2
Prophylactic medicine	2
Relations between doctor and patient	2
Enlightenment and involving of patient	2
Problems of elderly people	2
Problems of teenagers	2
Introduction into part of medicine, based on evidences	2
Guarantee of quality and continued increase of quality	2
Immune-prophylactic	2

And the following seminars are held:

Themes of lectures	Hours
Skills to changes	40
Planning of Family and Reproductive Health	40

4. Clinical Ordinators Training

- In addition, the FMTC created and implemented a schedule of seminars and modules for clinical ordinators of II training year in specialty of family medicine for October, November, and December 2000. Topics that were covered included: otoscopy and ophthalmoscopy; pointed belly; observation over the healthy child of 1st year of life; prophylactic diseases of children; scheme for examination of adult patient; cough and breathlessness; pain in ears, illness of nose, nasal sinus and gullet; hypertensive disease; anemia; monitoring of mother and fetus by family doctor; and dermatology.

5. Collaboration with AIHA Nevada/Reno Partnership.

- Over the last six months, the collaboration between Abt and the AIHA Nevada/Reno Partnership related to medical education has been significantly strengthened. It includes agreement to jointly work with a largely informal National Family Medicine Residency Coordination Committee to ensure coordination between the Medical Academy and the Center for Continuing Medical Education (CCME). A trainer from the Bishkek FMTC joined staff from the Medical Academy for a study tour to Reno, the effect should be improved coordination between the Medical Academy and CCME.

6. World Bank II.

- ZdravPlus interacted with the Medical Academy and other stakeholders related to the design of the medical education subcomponent of WBII.

LLR 3.2.2.3 PHC practices have essential diagnostic equipment and adequate physical structure.

1. World Bank Project.

- ZdravPlus staff contributed to the design of the second World Bank Health Reform Project. Included in project design is equipping all FGP's estimated to be formed throughout the country as part of a national roll-out of the health reforms. In addition, FGP's will also receive minimal laboratory equipment, allowing them to expand their scope of services by beginning to perform basic laboratory tests.

2. Asian Development Bank Project.

- Over the last six months, the Asian Development Bank (ADB) Project in South Kyrgyzstan became effective. The ADB Project in Osh and Jalal-Abad will renovate and equip FGP's in South Kyrgyzstan (coordinated with the WB Project). ZdravPlus staff coordinated and provided input to the ADB Project regarding the renovation and equipping of FGP's in South Kyrgyzstan.

LLR 3.2.2.5 Health care providers have access to clinical and financial management information systems.

1. Planning Next Phase of FGP Clinical Information System.

- Comparable to the population database, the MOH recognized that while much had been accomplished related to the design, development, and implementation of the FGP Clinical Information System (CIS) there were some issues which needed to be addressed before the system could move to the next level. The main issues are the sheer volume of data involved in FGP services, the need to transfer ownership and responsibility for the system from the health purchaser to FGP's, the amount of information required (even though a number of forms have been cancelled, it is still too complex), and the relationship to HIF quality indicators for PHC. As with the population database, a technical working group met extensively and developed recommendations for next steps.
- The main conclusion of technical working group meetings is that it would be good to establish an "ideal" model FGP CIS and test it in sites in Issyk-Kul, Bishkek, Chui, Osh, and Jalal-Abad. When the "ideal" model is established and the FGP's take ownership of it, it will create demand from other FGP's who will want the system. FGP's testing the "ideal" model can also be model sites for other FGP level quality improvement pilots, in particular reproductive health focus facilities, thus initiating the long process of improving quality at the FGP level. A plan and process was developed and in partnership the MOH, HIF, HIC, FGP's, FGPA, and ZdravPlus will work to strengthen and improve sustainability of the FGP CIS over the next year. The main focus will be improving the capability of FGP's to analyze data and apply results to improving operations and quality in their practice, thus creating demand and ownership of the FGP CIS. The Family Group Practice Associations in all the oblast are taking a leading role in providing services to FGP's related to the continued development of FGP CIS.

2. Accounting in the Health System Framework

- Accounting Specialist Raisa Sivakova provides technical support to the working group meetings with improving accounting in the health system framework of *Health-II* Project. Meetings with healthcare facilities chief accountants where discussions of proposals and changing accounting and financial reporting systems in relation with new payment methods introduction. Currently the Chief Accountant of HIF and MOH are approving changes to improve accounting, balance sheet forms, and correspondence of accounting records. Agreement on the correct method of accounting and financial reporting between facilities' chief accountants and with the Head of the Accounting Methodology Department of the Ministry of Finance has been made.

3. IKO Clinical Information System

- 70 IKO FGPs are filling out clinical information forms for each their patient's visit and IKO FGPs receive information based on clinical information forms data base information, which is located in Information Computer Center in Karakol. Today not all FGPs use this data to improve their quality and it's important in the upcoming period of time to train FGP Clinical Heads and physicians to analyze and use this data for the quality of services improvement.

4. Osh and Jalal-Abad Clinical Information

- Together with specialists of Medical-Information Center they are checking the regularity and quality of CIF filling in all raions. At each FGP seminars concerning the individual found problems and mistakes are being discussed. In pilot raion there are centers of CIF insertion. CIF are developing quarterly report forms as well as 6 month reports of FGP activities which were implemented throughout the oblasts.

IR 3.2.3 Improved use of health care resources for primary health care

1. Shifting Resources to Primary Health Care.

- ZdravReform initiated and ZdravPlus is continuing the development of health policies and new provider payment systems which will, over time, result in shifting resources to primary health care. The HIF is using its employer payroll taxes for health insurance to pay FGP's a capitated rate per enrollee and to pay selected hospitals (largely Central Rayon Hospitals) under a case-based payment system. While by definition this results in shifting resources to PHC, in the past the results of this payment policy have not been analyzed. The existence of the NHA system allows the MOH and HIF to begin to develop these analyses and use them to measure progress in realizing their goals. The first in what is expected to be a series of policy analysis papers was completed in November. It is entitled "Introduction of Health Insurance Payments to FGP's in Issyk-Kul Rayon." The main findings are: 1.) the introduction of HIF capitated rate payment for FGP's in Issyk-Kul Rayon increased the share of public funding for primary health care. The PHC share increased from 15.5% in 1998 to 19.6% in 1999; and, 2.) the introduction of HIF capitated rate payment to FGP's improved equity across the population.

2. Capitated Rate Payment to FGP's.

- The HIF continued to pay FGP's under a capitated rate. It started to pay a few newly formed FGP's in Talas a capitated rate, thus initiating the roll-out of the health reforms to Talas Oblast. In addition, the HIF began the process of refining and improving the capitated rate payment system. ZdravPlus and the HIF will work together to develop plans and technical mechanisms to add adjustors to the capitated rate payment system that will increase the fairness and equity of the system.

LRR 3.2.3.1 New provider payment systems designed and operating in pilot sites.

1. Single-Payer Provider Payment Systems.

- The MOH, HIF, and ZdravPlus worked together to adapt the provider payment systems used by the HIF under the health insurance program to the single-payer including both employer payroll tax and budget monies. The majority of work focused on the hospital payment system with decisions including maintaining the same clinical statistical groups, the formula for calculation of the base rate would combine the two different types of funds and include an oblast level adjustor, and there would be no transition from the old budget system to the case-based system. This means that hospitals in Issyk-Kul and Chui would be paid 100% under the case-based method beginning in 2001. Simulations were used to show the impact on different hospitals. The capitated rate payment system would largely remain the same, combining both health insurance and budget monies. Polyclinics would continue to be paid under a budget until a new provider payment system was developed.

2. Single-Payer – Benefits and Copayments.

- Early in 2000, a new draft benefits package was developed by the MOH with technical assistance from the ZdravReform Program. Over the last six months, the benefits package went through an extensive revision process. It is expected that this benefits package will be approved and introduced with the single-payer pilot

in January, 2001. Converting informal out-of-pocket payments to formal co-payments was one of the biggest policy and technical issues addressed over the last six months. There was general agreement that introduction of the single-payer provided the opportunity to legalize co-payments. However, there was intense debate about how to accomplish this and what type of system should be introduced. Numerous working group meetings resulted in agreement to separate co-payment issues into type of system and level of payment. The options for type of system ranged from simple, national co-payments to complex, oblast level co-payments depending on the type and severity of illness (based on the clinical statistical groups). In order for the population to accept the idea of co-payments and exercise their rights they would have to know how much they would have to pay before receiving services. Therefore, it was agreed that there would be a simple, national level system with three co-payment categories – exempt, insured, and uninsured. It was also agreed that the level of co-payment would be a political decision in the initial stages as exact costs are not known. Over time, change in the health system cost structure and analysis of these costs would allow more precise matching of revenues to benefits and determination of co-payment levels.

3. Single-Payer Seminars.

- Socium Consulting provided three training seminars to introduce the single-payer concept, technical elements, and operational plans to all stakeholders in Issyk-Kul and Chui Oblasts. Participants included the MOH, HIF, Oblast and Rayon Administrations, Department of Finance, Treasury System, and providers. In general, the concepts and technical elements seem to be fairly well understood and participants took ownership of the system and seemed prepared for implementation in January, 2001.

4. Outpatient Drug Benefit and Payment System.

ZdravReform initiated the process of working with the HIF to develop a new outpatient drug benefit and the corresponding provider payment system for this benefit. The rationale for development of the new outpatient drug benefit was twofold:

1. Although the MOH and HIF are moving step-by-step toward the introduction of a single-payer system, maintaining the validity of the successful health insurance program requires showing the insured population that they receive additional benefits. Hence the introduction of a supplemental benefit under the health insurance program – an outpatient drug benefit.
 2. In order to strengthen primary health care and increase the efficiency of the health delivery system, drugs must be available in outpatient settings in general and FGP's in particular. Therefore, the new HIF outpatient drug benefit and payment system was intended to test and evaluate the concept with the idea that savings generated from reduced hospital admissions would be used to extend the outpatient drug benefit.
- Over the last six months, ZdravPlus worked with the HIF on the pilot implementation of the outpatient drug benefit and payment system in two sites in Bishkek City. The pilots are currently being implemented and it is expected that the results will be evaluated over the next six months.
 - IKO Pilot Site is working with IKO FGP physicians on improving their enrollment data base information continuously as it's extremely important in preparing IKO FGPs to start working in a new payment system developed by Socium Consult. IKO is designated as a pilot site for introducing new provider

payment systems: case based principle for inpatient facilities and capitated payment for the primary care FGPs not only for the HIF, but for the budget funds, too. Ivan Krainikov, MIS Specialist, and Guliza Usupbaeva, Information Computer Center Operator, are working closely with 70 IKO FGPs on refinement and updating of their enrollment data base information, because HIF as a purchaser of services will pay FGPs capitated payment based on accurate enrollment data base information. They print out enrollment information to each FGP and HIF on a quarterly basis. The information is used to receive payment for the number of insured enrolled to the FGP.

LLR 3.2.3.2 Absolute increase in level of funding and diversification of funding for PHC

1. National Health Accounts.

- The MOH and the ZdravReform Program together initiated the development of a National Health Accounts (NHA) system in Kyrgyzstan. There are many uses for this NHA system and it is discussed in the Resource Use IR and Policy Analysis LLR. As NHA develops in Kyrgyzstan, the system will be used to generate information to feed into high-level policy dialogue on the level, sources, and uses of health sector funds. Over the last six months, work continued to tie out the detailed NHA data to the overall Treasury System data, begin the process of producing analyses related to the level, source, and use of health sector funding, and begin the process of institutionalizing NHA into the MOH, HIF, and HIC.

2. Household Survey.

- ZdravPlus is collaborating with DFID and the World Bank to add a health-related household module to the monthly survey done by the National Statistics Committee (NSC). DFID is funding the survey and ZdravPlus is providing technical assistance to develop the survey and manage the process with the NSC. It is expected that the module will be added to the monthly survey by spring 2001. The data on utilization, out-of-pocket expenditures, etc. received from the household survey will be analyzed together with the NHA system to provide input to policy dialogue and policy development.

LLR 3.2.3.3 Increase in rationalization and restructuring of health sector including PHC, hospital and out patient speciality sectors

1. FGP Formation.

- As discussed in the Kyrgyzstan summary, ZdravPlus began interacting with the MOH and Oblast Administrations to develop a strategy for rolling-out the formation of FGP's from the pilot sites in Osh and Jalal-Abad Oblasts to all of South Kyrgyzstan, as well as to Talas, Naryn, and Batkien Oblasts. The Family Group Practice Associations in all of these oblast are engaging in policy dialogue, advocacy, and technical development related to the formation of FGP's.

2. Family Group Practice Association (FGPA) Osh oblast helps to form FGPs

- 172 FGPs were formed in Osh oblast. In Alai raion one more FGP was formed. For six months of this year, 59 FGPs of Osh oblast passed licensing and accreditation (total in oblast 102 FGP passed), during the preparation for LAC ZdravPlus provided FGPs with consultative and practical help, and also had seminars on preparation for LAC.

- Activities in reorganization and restructuring in raions and towns of the oblast were conducted. In Alai and Aravan raions Ambulatory Diagnostic Departments, Family Medicine Centers (FMC) were organized at raion polyclinics. In Osh town preparation work in organization of FMC is done.
 - FGP of Aravan raion are preparing to sign agreements with Territorial Department of Medical Insurance Fund. Preparation work in juridical registration of FMC is done in Aravan raion.
 - FGP activities of each raion were looked through at the health meeting of Osh oblast.
3. Family Group Practice Association (FGPA) Jalal-Abad oblast helps to form FGPs
- With the aim of realization of mid term period goals of program “Manas” in health reforms and provision of primary medical care in family medicine principals adult, children polyclinics and women consultations were united in all oblast. On their base, FGPs were organized in towns, in raions FGPs were organized as SVA/SUB and polyclinics of raion central hospitals(RCH). In the oblast, 143 FGPs were organized. All of them were formed on the base of existed material-technical base of medical facilities and on the base of acting normative acts, regulating activity of medical facilities(MF).
4. Hospital Rationalization.
- Over the last six months, the long and difficult process of rationalization of the health delivery system in general and hospital sector in particular began in earnest in Kyrgyzstan. Rationalization is one of the conditions of the second World Bank Health Reform Project (WBII) and is also included in the WB Comprehensive Development Framework. However, notwithstanding the impetus of WBII, the real driver of the rationalization process is the MOH. This is partly because the natural evolution of the health reform process has led to rationalization, and partly because the increasing price of utilities applies constant pressure to reduce the number of buildings and create savings.
 - Rationalization plans were developed for Issyk-Kul and Chui Oblasts – while the plans are still being finalized, there was agreement to close a significant number of buildings. Over the next few months, workshops should be held to develop rationalization plans for the remaining oblasts. DFID provided technical assistance for the first rationalization plan workshop in Chui Oblast. Significantly, the development of rationalization plans has provided a forum for the Hospital Association to really step up and distinguish themselves as able to provide both analytical and advocacy services for their membership. In the Issyk-Kul Oblast workshop, the preparatory data collection and analysis done by the Hospital Association facilitated the development of the rationalization plan. Although rationalization is difficult for the hospitals, they publicly recognized that the work done by the Hospital Association allowed them to be prepared for the MOH rationalization workshop. ZdravPlus is providing some technical assistance and travel support for the rationalization plan workshops.
5. Human Resources.
- In concert with the development of rationalization plans, human resources or workforce planning has also become a high priority of the MOH over the last six months. A collaboration between the WB, DFID, WHO, and the USAID-funded ZdravPlus Program is providing support to the MOH including data collection, analysis, technical assistance, and training. A ZdravPlus staff member is leading the development of a nation-wide personnel database including the collection of

data, entering of data, and the development of analyses. This process is on-going and should continue to contribute to policy dialogue and policy decisions in the important area of human resources.

LLR 3.2.3.4 More reliable health purchaser systems in pilot oblasts enable decision-makers to allocate resources rationally.

1. Health Information Systems Supporting Provider Payment Systems.

- A major emphasis of ZdravPlus over the last six months was the modification of the health information system supporting the case-based hospital payment system. ZdravReform developed the initial health information system that was used by the HIF for the past three years to pay hospitals under health insurance (employer payroll tax monies). ZdravPlus, HIF, and HIC are now working to add an additional module that maintains a unified information system, but allows the development of separate reports for health insurance and budget monies.

2. Accounting, Internal Control, and Auditing – WBII.

- ZdravPlus staff contributed to the technical working group designing the Accounting, Internal Control, and Auditing subcomponent of WBII. This group, led by the MOH Chief Accountant, is designing activities intended to upgrade the MOH accounting system.

3. Single-Payer Accounting System.

- New accounting systems are needed for the single-payer. Socium Consulting provided technical assistance to design a new chart of accounts and other aspects of an improved accounting system to be implemented in the Issyk-Kul and Chui Oblast pilots.

4. Licensing and Accreditation.

- Over the last six months, a new strategy and plans were developed for the role of licensing and accreditation of providers. Licensing will be moved from the Licensing and Accreditation Commission to the MOH. Accreditation will remain with an independent Accreditation Commission, providing a balance of power between health sector institutions – the MOH/HIF as the single-payer and the Accreditation Commission contributing to the determination of which providers are eligible to participate in the system. A collaboration between the WB and USAID will refine the accreditation system. The MOH supported by WB funds will maintain the salaries of the Accreditation Commission over the next six months. A ZdravPlus consultant will work with the Accreditation Commission to establish them as an independent entity with a board, develop their role in the single-payer system, improve their operational and financial management, and refine the accreditation standards and process. The intended result is that the independent Accreditation Commission would begin to charge fees for accreditation and, over time, become self-sufficient.

IR 3.2.4 Improved legislative, regulatory and policy framework.

1. Single-Payer.

- The MOH, HIF and ZdravPlus did an enormous amount of work over the last six months to develop a policy and legal framework for the single-payer. Socium Consulting provided extensive technical assistance and training to move the process forward to the extent that it appears that single-payer pilots will be implemented in Issyk-Kul and Chui Oblasts in January, 2001. They engaged in

policy dialogue with all stakeholders, including the Government, Parliament, MOF, Treasury System, Oblast Governors, and Rayon Akims. Socium's Social Insurance Fund experience allowed them to convince the Oblast Governors and Rayons Akims of the advantages of pooling funds and the MOF and Treasury System of the advantages of a new health sector funds flow. The result of this policy dialogue was the development of a health policies in a number of important areas including pooling funds, transferring funds to the Oblast HIF, provider payment systems, funds flow or distributing funds through the Treasury System, benefits, copayments, facility debts, accounting for special assets, and new accounting standards.

- Policy dialogue and policy development activities led to the development of a legal framework for the single-payer including amendments to laws, and development of new decrees, joint resolutions, and regulations. An interpretation of the law “on Local Self-Management and State Administration in the Kyrgyz Republic”, and an interpretation of the law “on the Base Principles of Budget Norms in the Kyrgyz Republic” were approved by the Legislative Council of the Parliament. In addition, a number of joint resolutions between the MOH and MOF or MOH and Oblast Governors including procedures on budget formation and procedures on budget execution were also approved. Finally, the HIF began the process of developing regulations for provider payment under the single-payer.

2. Health Sector Institutional Structure.

- The existence of an appropriate health sector institutional structure is one of the most important factors influencing the development and implementation of good health policies. Over the last six months, Kyrgyzstan made major strides forward in establishing a health sector institutional structure with clear and appropriate roles, relationships, and responsibilities. This institutional structure definitely increases the sustainability of the health reforms and will allow Kyrgyzstan to continue to build capacity to develop and implement good health policies.

3. Reproductive Health.

- The reproductive health assessment and planning process concluded that reproductive health services should be provided in the context of a coherent policy framework, yet there is no compilation of laws, regulations and policies on RH and there is conflicting information about some aspects of RH policy. Accordingly, the reproductive health plan proposes that current laws and policies be collected and analyzed, providing a foundation for modification of any laws and policies that may present barriers to services in the new health sector environment.
- The process of reviewing the array of services covered under RH to determine how they fit into the reformed health sector was initiated over the last six months. Key issues are: which services should be provided at which levels of the health care system (FGP, polyclinic, Outpatient department, hospital, etc.) and which categories of personnel (gynecologists, family doctors, nurses, midwives, etc.) should most appropriately be providing which services. In addition, clinical protocols/guidelines for the provision of RH services in accordance with current international standards are lacking. Thus, the plan proposes that protocols/guidelines be developed to address these issues and subsequently disseminated and implemented through training, supervision, referral systems, etc.

4. FGPA Regulations Developed

- Sergey Shevchuk, ZdravPlus Lawyer, has developed the 'Regulations and other constituent documents' for registration of Family Group Practice Association throughout Oblasts Kyrgyzstan. The following documents regarding regulating FGPs operation were developed June 20, 2000 for prikaz #202:
 - FGP Regulations (FGP as an entity of the Ministry of Health)
 - Regulations on FGP (as a structural unit)
 - Regulation on FGP Clinical Director
 - Regulation on FGP Doctor
 - Regulation on FGP Nurse, etc.

5. FMTC Draft Regulations

- Oblast Merged Hospital have a Draft of Regulations as an entity of the Ministry of Health and Oblast Health Committee Draft Regulation. The drafts of the constituent documents were developed: *Constituent Agreement on Family Medicine Training Center Creation* and *Family Medicine Training Center Statute*. The Center will provide health services to population at primary level and also training of FGP doctors. The Training Center will be founded by the Republican Continuous Training Center for Health and Pharmaceutical Professionals of the Kyrgyzstan Ministry of Health and Bishkek Administration Health Department. The Ministry of Health prikaz has been developed on additions to the Charter of the Republican Continuous Training Center for Health and Pharmaceutical Professionals. A state re-registration was carried out.

6. Development of the Privatization Concept

- In a working group, the Family Medicine Draft Statute was examined and a comparative table for all drafts was prepared.. The draft of Privatization Concept in the Kyrgyz Republic was developed for 2001-2010. This draft has determined categories of health care facilities: public (and for those that will not be privatized); 2) those that will be privatized; 3)and those with mixed type of ownership. Presentation titled "Legal Basis for FGP Creation and Registration" was delivered to all oblasts about the MOH prikaz # 202, which regulates FGP activities.

LLR 3.2.4.1 Policy advocacy groups and health sector NGOs develop capacity to engage decision-makers in policy dialogue.

1. Technical Working Groups.

- The design of WBII resulted in the creation of technical working groups to design each of the WBII Components. These technical working groups engaged in policy dialogue and pushed the boundaries of the health reform process. ZdravPlus provided technical assistance to these technical working groups.

2. NGO's.

- The activities of the FGPA, HA, and LAC were described throughout the report. Over the last six months, the HA formed a board, elected their President and began to function as an advocacy group for their membership. The FGPA also began to change its role and become more active in advocacy activities. ZdravPlus initiated the planning process for grants to community-based NGO's. It is planned that these grants will be allocated over the next six months and that the community-based NGO's will both implement community level activities and serve as advocates.

LLR 3.2.4.2 Policy analysis contributes to enhance policy dialogue and

development.

1. Development of policy analysis, research, and monitoring and evaluation function.

- As described elsewhere in the report, WHO and DFID are jointly funding an advisor, Joe Kutzin, to work with the MOH to develop a policy analysis and monitoring and evaluation function. The ZdravPlus Research Team is collaborating with the MOH and Joe Kutzin in the development of this function. Over the last six months, the Research Team continued to develop the NHA system, collaborated to design a household survey, wrote the first in a planned series of policy analysis papers (see Resource Use IR), and continued development of a personnel database for use in evaluating human resource needs.

**USAID/ZdravPlus Program/Uzbekistan
Six Month Report
June-November 2000**

Summary

In the last six months, ZdravPlus in Uzbekistan has focused on developing and finalizing plans, increasing staffing to implement our new work load, working with USAID and counterparts to plan roll-out in Ferghana Oblast and to Navoi and Syr Darya Oblasts, and then communicating strategies and decisions to counterparts at national and oblast levels. Significant time was spent on organizational development as new staff members, both expatriate and local, joined the project. In our Ferghana office in August, Melinda Pavin joined ZdravPlus as an Evaluation Specialist and Ferghana Site Manager and Murat Muminov joined as a Policy Advisor. In September, Asta Kenney joined the project as the Regional Reproductive Health and Health Promotion Director and Artur Niyazov, former Program Coordinator for the Commercial Market Strategies (CMS) Project in Uzbekistan, joined our staff as a Reproductive Health Specialist. Both will be based in Tashkent. Highlights and future plans are summarized below by intermediate result.

I. Population Involvement:

ZdravPlus staff provided assistance to the SVP Association to conduct community health fairs at each PHC facility. A request for grant applications was announced and 25 applications received in late November. In addition, the health promotion and community involvement teams developed strategies for future work on mass media campaigns as well as community-based interventions in schools and PHC facilities. In the next six months, we will initiate a multi-media IEC campaign and other grassroots health promotion efforts. We will also award NGO grants in January and monitor grant project start-up and ongoing activities.

II. Quality of Care:

To assist facilities in improving their quality of care, ZdravPlus helped financial managers and doctors identify ways to increase appropriate and effective facility spending, developed a small research study to investigate and ultimately improve drug availability and prescribing, and worked with USAID to develop options to improve sustainable contraceptive supply. Using a defined set of criteria, ZdravPlus selected one facility from each experimental rayon eligible for assistance in developing small-scale quality improvement projects. Over the next six months, we plan to conduct our drug utilization and availability study, begin training PHC personnel on clinical laboratory diagnostics, and provide continued support and training to financial managers and head physicians on organization and management issues.

III. Improved Use of Health Care Resources:

The project continued co-sponsoring the financing and management joint working group and worked with the World Bank to create an additional working group to increase facility autonomy over their staffing schedules. We trained financial

managers and head doctors in rational use of resources within the new national budgeting/financing system. ZdravPlus technical experts began developing a computerized budgeting and financing system for the economics department of the Oblast Health Department. In the next six months, we plan to finalize the database and train counterparts on its use. The database and our continued technical assistance will contribute to development of facility budgets in our three experimental rayons using a capitated rate that is adjusted for the sex and age of the catchment area populations.

IV. Improved Legislative, Regulatory and Policy Framework:

Since June, ZdravPlus has worked with the “Health” Project and Oblast Health Department to begin preparing a legal base for expansion of reforms throughout Ferghana Oblast. In addition, a team made up of regional and national ZdravPlus Program staff conducted investigations in Navoi and Syr Darya Oblasts to assess progress in implementing financing and management reforms and identify areas where ZdravPlus can provide limited technical assistance over the next year. ZdravPlus then participated in several discussions with USAID/Almaty, the visiting World Bank Mission Team, the “Health” Project CPIB, and Ferghana OPIB on rolling out reforms throughout Ferghana Oblast and to Navoi and Syr Darya Oblasts. The meetings succeeded in coming to agreement on ZdravPlus’ involvement in foundation-building activities in Navoi and Syr Darya and developed processes to jointly resolve several outstanding technical issues related to the financing and management component of PHC reform. Over the next six months, we hope to develop the legal foundation for oblast-wide reforms in Ferghana based on a joint ZdravPlus/Project “Health” assessment of the financing and management experiment to date.

Uzbekistan Six Month Detailed Summary:

SO 3.2 Increased Access to Quality PHC in Select Populations

IR 3.2.1 Select populations are better informed about personal health care rights and responsibilities

1. Health Promotion Strategy Development.

- Under the new project, this period was a start-up phase, with the Regional Health Promotion Director arriving in Uzbekistan in September and working with the local Marketing Specialist to develop a health promotion strategy, a work-plan and to explore options for implementing more intensive activities than in the past.

2. KAP Survey Results.

- The results of the April/May health promotion campaign on diarrhea, conducted under the ZdravReform project, became available in June. They showed that the campaign was successful in increasing women’s knowledge about diarrhea, including preventing diarrhea, recognizing signs and symptoms of diarrhea and resulting dehydration, and caring for a sick child. Key indicators from the post-campaign survey are included in the data collection sheet. Staff reviewed several drafts of the proposed Results Framework indicators for health promotion, which will guide the project’s work in this area, and submitted comments and suggestions for consideration. Some preparatory work was undertaken in

developing a KAP survey tentatively scheduled for the first quarter of 2001, but final health promotion indicators are needed before development of the KAP can proceed.

LLR 3.2.1.1 Select client populations have received information on healthier lifestyles

1. Health Promotion Through PHC Facilities.

- Health information was disseminated through counseling, education and materials dissemination activities by PHC facilities. Health corners began to take hold in several SVPs, with the assistance of Peace Corps volunteers. These corners contain posters, brochures and other information on PHC topics. In addition, each SVP/SVA hosted a health fair, with additional assistance from a grant from the New Zealand Embassy in Moscow. Peace Corps Volunteers provided training and technical assistance to nurses from these SVP/SVAs in late July and early August. Brochures, posters and handouts were distributed through the health fairs among the population and clinic personnel. Clinic personnel were actively engaged in the health fair, conducting activities such as skits and games, distributing health information, and preparing healthy salads and recipes for healthy foods. The Oblast Drama Theatre also was involved in the health fairs. These health fairs have been primarily performance-based, with the theater group emceeding the activities and games for children, performing skits on health topics, and teaching and singing health songs.

LLR 3.2.1.2 Select populations and communities have received information on healthier lifestyles from non-governmental organizations (NGOs) or mass media

1. Health Promotion Campaign Planning.

- Options were developed for priority health topics for health promotion campaigns in 2001. These options emerged from consultations with key oblast and republican officials, a review of research on the population's major concerns, and the Abt burden of disease study. Options were discussed with the Ferghana Oblast Health Department in early December. Initial contacts with advertising agencies and research firms were completed, providing the project with information about the experience, resources and prices of different companies with which it may wish to work on health promotion campaigns.

2. NGO Grants Program.

- A third round of NGO grants was developed in Ferghana Oblast and a request for applications was issued in October. The grant program's goal is to finance projects that develop community-based public health interventions to improve the health of the rural populations and strengthen the link between the community and PHC facilities. Grant funds can be expended for health education activities primarily related to 1) reproductive health including topics such as rational family planning, methods of contraception, sexually transmitted illnesses; 2) childhood infectious diseases such as acute respiratory infections and diarrhea; 3) personal hygiene; and 4) nutrition of mothers and children including anemia and breastfeeding. Applications for grants on other preventive health topics also will be considered. Twenty-five applications were received by the deadline in mid-November. After initial review to see that applications met requirements, ZdravPlus sent 21 applications to the grant selection committee in late November for review and

evaluation by December 8. Projects are expected to be awarded and being work in early 2001.

LLR 3.2.1.3 Select populations are enrolled in PHC practices

1. Population Database.

- In June and July, ZdravPlus staff strengthened the population database in Ferghana Oblast, adding some new features, developing software modules, and drafting guidelines to update the population database regularly. The team also conducted seminars for nurses in PHC facilities in the three experimental and three control rayons in Ferghana Oblast to refresh their skills in registering the population to record births, deaths, and migrations since April 1999. ZdravPlus printed additional copies of population enrollment forms, including a new short form for healthy patients visiting PHC facilities. Data collection began. During data collection, ZdravPlus staff visited PHC practices to ensure that forms were being completed correctly and in a timely manner. Population updates will be entered into the database as they are received. In agreement with the Oblast Health Department, the database will be used to calculate year 2001 capitated budgets.

LLR 3.2.1.4 Select populations are enrolled in PHC practices that recognize client rights

Nothing to report at this time.

IR 3.2.2 Improved quality of health care including infectious diseases and maternal and child health

LLR 3.2.2.1 Continuous quality or performance improvement techniques introduced

1. Quality Improvement Projects.

- Potential models for a pilot project to improve the quality of reproductive health care were discussed and preliminary agreement was reached on a model combining facilitative supervision techniques (based on checklists) with input from clients and participation by all staff in a facility in identifying and solving quality problems. Planning was begun for a regional workshop on quality improvement in reproductive health care, tentatively scheduled for January in Kyrgyzstan.

2. Focus Facilities.

- ZdravPlus staff in Ferghana also developed a set of criteria and selected three focus PHC facilities, one in each experimental rayon, to serve as intensive quality improvement sites in the next year. In late October, the Oblast Health Department approved the list of selected focus PHC facilities.

LLR 3.2.2.2 Health professionals education capacity developed and institutionalized

1. Dissemination of Reference Material to Complement Clinical Trainings.

- ZdravPlus staff finalized, printed, and presented five booklets in Russian and

Uzbek on Reproductive Health, Arterial Hypertension, Anemia, Childhood Diarrheal Disease, and Breastfeeding to the Ministry of Health, physician trainers, doctors being retrained at the Tashkent Institute for Advanced Medical Education, booklet authors, and donors. These booklets complement ZdravReform clinical training courses and serve as reference materials for PHC facility health personnel. Their content is taken from WHO, UNICEF, or other international reference materials and adapted to the rural setting in Uzbekistan. The booklets and trainings, along with other Western reference materials provided by the ZdravReform Program to each PHC facility, provide health personnel with materials, guidance, and protocols that are evidence-based.

2. Planning on Nurse Training.

- In July, ZdravPlus staff from Tashkent and a STLI nurse trainer from Bishkek participated in an assessment visit by the Israeli aid agency, MASHAV, to plan future activities related to training of nurses in Uzbekistan. ZdravPlus provided an overview of the reform program in Uzbekistan and its own efforts throughout the region to include nurses and other mid-level personnel in all clinical training programs. This initial cooperation will hopefully result in constructive collaboration with ongoing ZdravPlus activities in this area once MASHAV develops its strategy.

3. Exams for Graduating General Practitioners.

- ZdravPlus staff participated in the review of final exams and oral presentations for the first cadre of General Practitioners graduating from the ten-month training course at the seven regional medical institutes. Forty-one graduates are from Ferghana Oblast, seven from the project's three experimental rayons.

4. Reproductive Health Training Needs Assessment.

- Extensive consultations with reproductive health (RH) experts and organizations active in RH were undertaken to determine how to strengthen the reproductive health training conducted under the ZdravReform project for doctors and nurses in Ferghana, prior to training other providers under the new project, as well as to identify organizations that might be potential training providers. In November, a survey was developed to assess providers' knowledge and skills in RH and to determine their expressed needs. It was implemented at the end of November/early December and results are expected in December.

5. Sterilization Training.

- Two OB/GYNs, one from the maternity house in Quva, the other from the women's consultation center in Yazyavan, received mini-lap (VSS) training from AVSC November 20-25 at Tashkent Center of Prenatal Care. AVSC supported the training and equipment for the doctors, while ZdravPlus financed transportation and per diems. These doctors will be expected to work closely with ZdravPlus-assisted SVPs to strengthen referral systems between the levels of care and to participate in RH trainings to talk with SVP staff about VSS and its availability in those rayons.

6. Coordination on Emergency Training for PHC with AIHA.

- ZdravPlus staff agreed with the Ferghana Oblast Emergency Care Center that the Center will be responsible for providing training on emergency care/first aid for PHC physicians using materials and curricula developed under the ZdravReform Project.

LLR 3.2.2.3 PHC practices have essential diagnostic equipment and adequate physical structure

1. PHC Facility Renovation and Equipment.

- According to an agreement between the Ministry of Health and the Ferghana Oblast Khokim, the khokimyat is working to convert remaining SVA/FAP complexes in the three experimental rayons into SVPs before the end of the year 2000. Laboratory tables, part of the first equipment procurement under the “Health” Project, have already arrived in 74 SVPs throughout Ferghana Oblast. Medical furniture is due to arrive and be installed shortly.

2. Contraceptive Availability.

- UNFPA announced unanticipated cuts in its donation of contraceptive commodities for the region, from 100 percent of the public sector needs to 16-17 percent. A considerable amount of work was undertaken to deal with this situation, from making estimates of the need for contraceptives in Kazakhstan, Kyrgyzstan, and Uzbekistan, to liaison with various donors to determine their potential to contribute commodities and exploring the potential of the SVPs to purchase contraceptives out of their capitated payment. Discussions were also initiated with JSI about the possibility of consultancies in logistics and contraceptive security. At the end of the period, this critical problem remained unresolved.

3. Drug Availability and Use.

- Availability and supply of “emergency” drugs in PHC facilities continues to be problematic. Recently, the Oblast Health Department agreed to gather drug orders for the next five months from each facility and ZdravPlus agreed to pay for transport from Dori Darmon to each facility. Availability and supply of other drugs remains a crucial issue that needs to be resolved in a more sustainable manner nationally and locally in order to improve quality of care. In late August, consultants from ZdravPlus subcontractors, Jim Bates from JSI and Richard Laing from Boston University, visited Uzbekistan to assess drug policy, availability, and use. They made recommendations for future activities in this area. The main goal is to make immediate and practical contributions to improving primary health care. As a first step, ZdravPlus staff went to Ferghana to begin planning for a facility-level drug utilization survey and a price and availability survey in pharmacies. In addition, a national survey on legal and policy framework surrounding the pharmaceutical sector will be conducted. These are planned to start in December. Meetings were held with the Deputy Minister of Health, Ferghana Oblast Health Department, and the Ferghana Oblast Hospital. The Oblast Hospital continues to try and implement the drug formulary developed in the spring with ZdravReform assistance. The major obstacle is insufficient funding from the Oblast Finance Department. However, the oblast hospital director is optimistic and believes that more funds will become available in 2001.

LLR 3.2.2.5 Health care providers have access to clinical and financial management information systems

1. Clinical Information Systems.

- Introduction of clinical information forms proceeded under the close supervision of ZdravPlus Project staff in Ferghana. Additional forms were printed to last until January 2001. Clinical information forms were being redistributed to all SVPs and SVAs in the experimental and control rayons. The MIS team provided additional training as they distributed these forms. This began in the end of

September and continued throughout most of October. As data was collected, quality control checks on collection of clinical information were made in each PHC facility in all six rayons (experimental and control). Additional training is needed to improve compliance and data quality. The MIS team also has collected information on routine reporting requirements of SVP/SVAs. This information is currently being checked against our Clinical Information Form, Population Form, and Patient Referral Form with plans to develop a software program that will provide these reports back to the rural clinics so they can report this information to the Rayon and Oblast Health Departments as required.

2. Reference and Training Materials for Financial Managers.

- ZdravPlus has continued to support the 21 financial managers in Ferghana Oblast. In June, we finalized and printed the *Policy and Procedure Manual for the Administration of PHC Facilities* in Uzbek. We distributed 45 copies of the Manual and discussed the purpose and content of the Manual with financial managers, zavedushies, and head doctors in each PHC facility in the three experimental rayons in June. In addition, we finalized training modules for financial managers on Business Planning and Budgeting and Accounting and Reporting for PHC Facilities in English, Russian, and Uzbek. Modules on Health Reform Overview, Health Financing and Payment Systems, and Human Resource Management, General Administration, and Organizational Management of PHC Facilities soon will be completed in all three languages as well. Once the modules are translated and reviewed for consistency, we will work to institutionalize them over the course of the year, possibly at local business schools for training of new managers in Ferghana, Navoi, and Syr Darya.

3. Ministry of Finance Training for Financial Managers on Facility Autonomy.

- Based on needs identified in a recent joint working group meeting, ZdravPlus organized one-day seminars held October 18-20 in each experimental rayon in Ferghana Oblast on PHC facility autonomy in light of recent changes in the national budgeting and financing system. Representatives from the Ministries of Health and Finance discussed appropriate use of budget funds and accurate accounting practices within the new system, using a facility development fund as a step toward decision-making autonomy and chapterless financing, and managing non-budget sources of facility income (e.g., rent from private dentists). Forty-three head physicians and 17 financial managers participated in the seminars. The seminar was very successful in addressing ongoing implementation issues related to PHC facility autonomy and developing processes to resolve these issues.

4. Training for Managers from Syr Darya and Navoi.

- At the request of the “Health” Project, ZdravPlus Project staff conducted a short seminar for 54 future PHC financial managers from Syr Darya and Navoi Oblasts on health management information systems (HMIS) essentials, followed by a thorough description of initial population data collection process, as the first step of HMIS development in those oblasts. The module was presented as part of the one-month training for financial managers in those oblasts. ZdravPlus Project staff from Tashkent and Almaty then served as external evaluators on an oversight board designed by the “Health” Project to ensure the quality and effectiveness of the training. Prospective managers were able to collectively answer all questions that were put before them by the oversight board comprised of ZdravPlus, World Bank, and Ferghana Oblast representatives. The training schedule borrowed heavily from materials used by ZdravReform to train financial managers in Ferghana. The State Economics University in Tashkent was contracted to provide

the training. Additional training for financial managers and head physicians on health management, financial reporting, and accounting in Syr Darya and Navoi is planned for early December.

IR 3.2.3 Improved use of health care resources for primary health care

1. Facility Expenditure Tracking.

- ZdravPlus worked with financial managers to collect monthly data on PHC facility budgets, actual allocations from the Oblast Health Department, and expenditures (broken down by line item) and analyzed six months worth of data from January to June 2000. The exercise was designed to track funds received versus projected and to monitor how facilities were spending their money in order to improve and refine the payment system and resource use. Findings indicate that facilities in the three experimental rayons have spent less than 50% of their budgets falling under Group 4 or other direct costs, especially in the categories of minor repair and maintenance, supplies, and drugs. ZdravPlus is working with the Oblast Health Department to understand why facilities may be under-spending in these key areas and planning trainings for financial managers and head physicians to increase appropriate spending to improve quality of care. Findings already were used to plan trainings and additional support in close coordination with oblast authorities in order to ensure that facility expenditures are timely, appropriate, and effective.

2. Setting a Capitated Rate for 2001.

- ZdravPlus began the process of developing a strategy and specific plans for refinement of the capitated rate payment system for the year 2001. The initial steps in this refinement process will focus on updating population data and then, once the overall pool of funds for primary care is set, conducting analysis to calculate the capitated rate and refine age and sex adjustors jointly with Oblast Health Department economists.

3. Laying the Foundation for PHC Financing Reform in Navoi and Syr Darya.

- ZdravPlus regional and local staff conducted site visits and assessments to Navoi and Syr Darya Oblasts in August and September. The goals of the visits were to assess progress made toward implementing primary health care reform in these oblasts and make recommendations for possible USAID/ZdravPlus technical assistance. The three-day assessments included a review of relevant documents, interviews with key oblast-level stakeholders, and site visits to experimental rayons. These activities focused on assessing progress in:
 - Developing an oblast-level policy, legal, and regulatory framework for health care reform;
 - Developing and implementing new provider payment systems;
 - Introducing financial managers into PHC facility staff schedules and training them; and
 - Developing health management information systems, registering catchment populations into a population database.
- Meetings were held with the Oblast Health Department, Oblast Finance Department, khokimyat, World Bank-financed "Health" Project Oblast Implementation Bureau staff, oblast computer center staff, and facility staff (head doctors and financial managers). Site visits were made to newly constructed SVPs, converted SVAs, and oblast and rayon computer centers. USAID and the World Bank used the findings of the assessments to inform discussion about the

role of the ZdravPlus Program in providing technical assistance in these two oblasts. Based on the assessment and our subsequent discussions, we have decided to avoid developing a detailed and concrete workplan in writing for our work in Navoi and Syr Darya. Instead, we have decided to hold the oblasts more accountable for reform from the outset, giving assistance once our criteria or specifications are met. At this time, technical assistance activities will be limited to foundation building activities related to the development and implementation of new financing, management, and health management information systems for primary health care. Counterparts in these rayons are currently gathering information needed to set the pool of funds for primary health care. Management training will take place in December with the assistance of an experienced ZdravPlus consultant from Almaty. In addition, ZdravPlus will help train local counterparts to register the population before computers arrive in early spring.

LRR 3.2.3.1 New provider payment systems designed and operating in pilot sites

1. Financial Software for Oblast Health Department.

- After discussions with the Financing Office of the Oblast Health Department, ZdravPlus health financing and management information systems staff developed a computerized system to help formulate the oblast health budget and budgets of individual SVPs and SVA/FAP complexes using a capitated rate payment system adjusted for sex and age. ZdravPlus simultaneously ordered a computer and printer for the Financing Office.

2. Urban Health Reform Efforts.

- ZdravPlus and USAID met with a Ministry of Health representative to discuss their plans regarding urban health reform efforts. While no strategy has been developed, one urban polyclinic in a rayon in Tashkent has been active in supporting a new outpatient department staffed by a general practitioner. ZdravPlus will consider supporting the Ministry of Health as it analyzes this pilot facility and develops an urban health reform strategy.

LLR 3.2.3.2 Absolute increase in level of funding and diversification of funding for PHC

Nothing to report at this time.

LLR 3.2.3.3 Increase in rationalization and restructuring of health sector including PHC, hospital, and outpatient specialty sectors

Nothing to report at this time.

LLR 3.2.3.4 More reliable health purchaser systems in pilot oblasts enable decision-makers to allocate resources rationally

Nothing to report at this time.

IR 3.2.4 Improved legislative, regulatory, and policy framework

LLR 3.2.4.1 Policy advocacy groups and health sector NGOs develop capacity to engage decision-makers in policy dialogue

1. Monthly Meetings with Local Policymakers.

- ZdravPlus staff in Ferghana set up regular monthly meetings on reform implementation issues with oblast-level policymakers. The goal of these meetings is to improve communications between the project and counterparts and to help resolve key issues in a timely and efficient manner.

LLR 3.2.4.2 Policy analysis contributes to enhanced policy dialogue and development

1. Joint Working Group on Financing and Management.

- In early September and again in November, ZdravPlus and the “Health” Project hosted a Joint Working Group on health financing and management issues. Issues discussed included 1) auditing performance of financial managers; 2) under-spending by PHC facilities; 3) incorporating sex/age adjusters into 2000 and 2001 budgets; 4) chapterless financing and increased autonomy; 5) ensuring adequate supply of pharmaceuticals; and 6) coordinating health information systems. Working group members developed next steps for each topic as appropriate, including plans for an internal audit of financial manager performance in October and a training session on appropriate use of facility budgets in collaboration with Ministry of Finance and the Oblast Health Department.

2. Temporary Working Group on Facility Autonomy Regarding Staffing Schedules.

- In close partnership with the “Health” Project, ZdravPlus has been monitoring continued resistance from the Ministry of Finance to adopt chapterless financing for PHC facilities in the three experimental rayons. Together, a strategy to focus on achieving flexibility in staffing schedules, rather than full chapterless financing, was developed and will be discussed with both the Ministry of Health and Finance through a series of working group meetings led by the World Bank Resident Mission.

3. Helping Policymakers Improve Policymaking Processes.

- ZdravPlus prepared a group of policymakers and parliamentarians for a two-week study tour to Boston in July to learn more about health reform and health financing policymaking. ZdravPlus staff discussed the reform model and progress in Ferghana Oblast to the group of five participants and fielded questions prior to their departure. The session was designed to better prepare participants to apply what they learn to their country context upon their return. Participants included representatives from the Ministry of Macroeconomics and Statistics, the Ministry of Health, the President’s Office, and the Oliy Majlis. The goals of the study tour are to introduce participants to policies and laws developed in the U.S. to support health care financing, demonstrate how U.S. strategic policy objectives are developed based on collection, analysis, and use of financial, health, and management information in the health system, and discuss the importance of linking health policy to law and the way that laws are developed.

4. Study Tour to Share Experiences and Lessons Learned in PHC Reform.

- In close collaboration with GTD, ZdravPlus designed a study tour to Bishkek and Karakol, Kyrgyzstan for five “Health” Project representatives from the CPIB and OPIBs in Navoiy and Syr Darya. The goal of the study tour was to allow participants to share experiences so that they could identify ways to improve implementation of health reform efforts in Uzbekistan and improve the legal and policy framework for reform efforts to better institutionalize reforms. Participants

seemed especially interested in how the functions of purchasers and providers of health care services were more clearly delineated in Kyrgyzstan as well as ways to increase monetary incentives for health personnel by more rational utilization of facility resources. In addition, they were impressed by quality control systems and the integration of various vertical programs and levels of the health system into a more general and functional system.

5. Reform Monitoring and Evaluation.

- ZdravPlus received a draft report on the household survey from the research firm that was hired to undertake the survey. ZdravPlus' Regional Policy, Evaluation, and Research Team will take the consultant's work and refine it for broader consumption by various target audiences in early 2001. Last year's facility survey data was given to a local research firm in November for final analysis. An initial report in Russian is due in late December.

**USAID/ZdravPlus Program/Turkmenistan
Six Month Report
June-November 2000**

Summary:

Activities for the new ZdravPlus Health Project during June 23, 2000 and December 31, 2000 focused on orientation of a new half-time consultant and establishment of an office in Ashgabat, Turkmenistan for the first time.

The priority for the ZdravPlus QHC Project in Turkmenistan was to build a productive relationship with the Ministry of Health step by step. The major program activity in Turkmenistan over the first six months was a regional conference funded jointly by Abt and AED. The MOH asked to host this regional conference as a follow-up to the Issyk-Kul Sharing Experiences and Lessons Learned Conference held in August 1999.

The Turkmen State Health Program was established in 1995 and sought to set the strategies and direction of health care reform by increasing the efficiency and quality of the health services. In order to develop a detailed plan for the realization of the program the LUKMAN Health Project was initiated in December 1995 by the MOH with assistance from WHO, UNDP and the Turkish International Cooperation Agency. The final report of this project was published in 2000.

The government is now implementing the changes that are necessary. As is stated in the "Reform Strategies for Primary Health Care (PHC) section of the health plan, "resources need to be shifted from the current emphasis on the hospital-based provision of health services towards strengthening primary health care services.

This change in strategy requires large, comprehensive programs for the training and retraining of Family Physicians and all levels of health professionals. Houses of Health (formerly called Polyclinics) are being reorganized, preventative health is being promoted and changes in basic health care policy are being discussed, developed and implemented. The progress is slow and not well coordinated among academic, clinical, regional policymakers, national policymakers, representatives of rural populations and donor/development agencies.

There is reluctance from Turkmen governmental agencies to allow non-governmental organizations (whether they are large international donor agencies or small grass-roots civil society groups) to become too active. Travel to and from Turkmenistan for local people as well as international workers is a problem at the visa level. Understanding these difficulties, Abt Associates and USAID wanted to include Turkmenistan into the current ZdravPlus/Quality Health Care project at a minimal start-up level and to undertake the development slowly depending on the response from the government.

The months of July, August and Sept were mainly spent meeting key leaders and personnel at the Ministry of Health and other health donor groups and counterparts. A few people were familiar with ZdravReform Project activities in Kyrgyzstan, Kazakhstan, and Uzbekistan but to most people ZdravReform/Abt Associates was

viewed as a new partner organization with USAID. Specific activities for ZdravPlus/ZdravReform over the last six months included:

English Medical Conference: In August a request came from a local organization, "Turkmenistan English Medical Professionals" (TEMP). The organization was planning a one-week medical conference entitled "English Medical Conference". The conference was in a "Camp" setting and they requested that we provide a family medicine specialist who would consult and teach for the week. The conference was designed to offer both continuing medical education for 39 participating health care workers, as well as development of their English- language skills. The conference was extensively supported by local US Peace Corps volunteers, and ultimately financed in part by a grant from USAID. ZdravPlus located an American family medicine specialist living in Almaty who was available. The consultant delivered lectures on issues related to the practice of family medicine outside of Turkmenistan, and served as a general source of information about western health care standards.

Program Orientation: In October, Grace Hafner, Director of Public Health Programs and Mark McEuen, Country Director in Uzbekistan visited Ashgabat for a week. The purpose of the trip was to provide the Turkmenistan program director with assistance on getting her office started and to establish a working relationship between the regional program and the Turkmen site office, as well as the Turkmen USAID office. Another objective was to help the director develop more of a feel for, and understanding of, the ZdravPlus program itself. Meetings were held with two of the four Deputy Ministers of Health reviewing our program objectives. Time was also spent on meeting with other donors, and local counterparts. Some plans for specific activities designed to complement the work plan, were also developed. Additional work was done on the regional conference in December. In general, it was a successful trip, and an opportunity for some team building between the Almaty Regional – Uzbek- and Turkmenistan offices.

Creation of ZdravPlus Office: On November 13, 2000, the office staff moved into the newly renovated, two room office suite at the Project Hope office complex in the basement of the Central Tuberculosis Hospital in Ashgabat. This space is also shared by the Centers for Disease Control program in Turkmenistan.

Regional Conference "Integrating Maternal and Child Health Care into Primary Health Care": Throughout October, November and December the office organized the health reform conference planned for December. The regional conference was designed to be a follow-up to the 1999 conference in Issyk-Kul, Kyrgyzstan. The Ministry of Health and ZdravPlus invited 80 participants and presenters from all five CAR countries to the conference held December 19-21. The conference was funded primarily by GT/USAID with all expenses for ZdravPlus presenters paid by ZdravPlus/USAID funds. ZdravPlus was responsible for the program content. The two and a half day seminar brought together Ministry of Health officials and mid-level health reform managers and implementers to discuss shared experiences and exchange lessons learned on health reform efforts from across Central Asia. In addition to the presentation of information on maternal and child care and country reports from each of the five countries, one and a half day was devoted to small group discussions where participants had the opportunity to listen and be heard in a setting composed of their peers from other countries.

**USAID/ZdravPlus Program/Tajikistan
Six Month Report
June-November 2000**

Summary:

While travel restrictions made program planning difficult, ZdravPlus did make significant progress in Tajikistan program start-up over the last six months. Through e-mail and meetings with WB staff in Uzbekistan, an initial framework for collaboration with the WB Project was established. In general, ZdravPlus plans to collaborate with the WB on implementation of the primary care strengthening, health finance, and health management components. WB PIU staff visited Almaty last summer and met with ZdravPlus staff concerning capitated rate payment systems for primary health care practices and health information systems. Over the next six months, the collaboration between the WB Project and ZdravPlus should be elaborated in more detail. ZdravPlus is also collaborating with the Somoni Health Reform Project supported by WHO.

Global Partners staff Chip Moses and consultant Jens Burgdorff visited Almaty to develop plans for Tajikistan and establish management processes. A six month plan was developed that focuses on family medicine training for physicians and nurses, and support through mentoring for model primary health care practices. Specific activities over the last six months include:

Joint AED/Abt Training: AED/ABT joint Continuing Medical Education training in Dushanbe. In November, there was a one week training for 200 Tajik physicians that covered topics in family practice and general medicine. The conference was attended by 55 physicians from all over Tajikistan, 65 physicians from Dushanbe, and 80 medical students. The training was funded by Abt and AED, and supported by the Ministry of Health, ORA International, Image Residency Program, and Global Partners. Three western physicians living in Dushanbe were joined by 4 western physicians who came from abroad, to teach family practice updates during a one week seminar. The morning hours each day were used for presenting lectures, while the afternoon hours were used for presenting practical, hands-on, seminars on such topics as suturing and cardiopulmonary resuscitation. The conference was very well received, and the trainers were invited to return and present similar conferences in the future. Participants received a Russian version of Murtaugh's "General Medicine" and a basic diagnostic kit—stethoscope, BP cuff, and otoscope.

Physician family medicine training at Post-Graduate Institute: Dr. Moses, Dr. Burgdorff, and Dr. Birdwell met with the director of the Post-Graduate Institute, Dr. Zaripov, and made plans to assist their program in retraining doctors in Family Practice. Their current curriculum was based on the St. Petersburg and Tartu University curriculums with adaptations from WHO expert Martin Kwist. Currently there are two instructors that have been trained in St. Petersburg teaching in the program. The program has recently been changed from 8 months to 6 months. This program involves both overseeing/teaching clinical practice and giving didactic lectures on Family Practice topics.

Nurse family medicine training. ZdravPlus RN consultant, Dorothy Finley, taught a Nurse Tutor program and graduated 8 RNs in Part I of a two-part Course on 14th December after five month of study. The emphasis of the 1st Part was on Educational Principles and RN Practice. This course is in association with Somoni Group and is now based in the Post Graduate Institute where the Nursing Center is being developed. In association with the WHO Nurse Educator consultant, Dorothy Finley is also involved as an advisor in the new four-year FHN curriculum development. The goal is to have a recognized 4 year course implemented by September 2001.

Mentoring at model primary health care practice in Leninsky Rayon. Drs. Burgdorf, Dr. Moses, and Dr. Birdwell visited the WHO pilot clinic in the Leninisky region. The WHO has paid for refurbishing the clinic and has basic clinic supplies available when the clinic opens. ZdravPlus through Global Partners has provided consultation about clinic set up and patient flow. Later a contract was established between Global Partners and the Somoni Health Reform group to teach and consult in the Leninisky clinic. This work has been delayed by the local Leninisky government not providing the needed furniture for the clinic. Since then the Somoni Group has been approached about Abt partially funding the furniture for the clinic.