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SAVE THE CHILDREN/TAJIKISTAN FIELD OFFICE

**HEALTH CARE IN TAJIKISTAN:
A COMMUNITY-BASED FINANCED APPROACH TO
CHILD SURVIVAL AND REPRODUCTIVE HEALTH**

**QUARTERLY REPORT
SEPTEMBER 21-DECEMBER 20, 1995**

Reporting Period: September 21- December 20, 1995
Date Submitted: January 5, 1995
Implementing Agency: Save the Children/Tajikistan Field Office
Project Duration: September 21, 1995 - September 20, 1996
First Year Funding: US\$ 313,220
Expenditures During Reporting Period:

A. Summary:

- The project agreement was signed on September 21, 1995.
- The Health Program Director and local staff hired, and office established in Vose district.
- The data collection segment was completed for the base line Knowledge, Practice and Coverage (KPC) survey.
- Unicef agreed (per letter) to provide the in-kind contributions of medications.
- Initial contact in villages commenced for organization of village health committees (VHCs)

B. Introduction:

The United States Agency for International Development granted Save the Children/US (SC) US\$313,220 for funding the first year of a four year health project in Tajikistan. The agreement was signed September 21, 1995, and is in effect until September 21, 1996.

The project goal is to achieve a sustainable reduction of Under-5, infant and maternal morbidity and mortality through:

- 1) establishing Village-based Health Committees (VHCs);
- 2) improving the capacity of Primary Health Care Centers (FAPs) in training mothers in health protective behaviors and in providing primary health care services, teaching and sustaining new behavioral health norms in their communities, and establishing village pharmacies; and
- 3) providing training and technical assistance to MOH clinical and managerial personnel.

The primary interventions include the control of diarrheal diseases, prevention and treatment of acute respiratory infection (ARI), immunization/disease surveillance, nutrition, and maternal health/family planning.

The intervention are is in Vose district in eastern Khatlon. Vose district reported an IMR of 58 per 1000 in 1994. The IMR has been steadily rising and is comparable or worse than other regions of Tajikistan. The district has a population of approximately 148,000 of which 75,000 will be targeted by the project. The area is more densely populated than other areas of Tajikistan and has poor access to potable water. The main source of employment is agriculture. The district is divided into nine collective farms. Most of the population of the area was resettled from their places of origin to work on the state farms during Soviet times. A district hospital is located in the town of Vose, and the region has 7 SUBs (small rural hospitals), 30 SVAs (rural health posts staffed with a doctor), and 34 FAPs (rural health post staffed with auxiliary health personnel).

C. Activities During the Quarter:

A Health Program Director (HPD) was hired. During the first weeks of the program, an office and house were established in the town of Vose. Local Ministry of Health (MOH) officials and government officials were recontacted regarding the implementation of the project.

Knowledge, Practice and Coverage Survey

To provide adequate data for designing appropriate interventions, a 30-cluster KPC survey was conducted. Mothers' of children under 24 months were assessed in their knowledge and practices regarding:

- 1) breast feeding and supplementary feeding practices;
- 2) diarrheal disease (symptomology and treatment);
- 3) ARI (symptomology and treatment);

- 4) immunization knowledge and coverage rate per card; 5) child spacing; 6) antenatal care including delivery practices;
- 7) anemia;
- 8) educational level; and
- 9) weight monitoring of children.

In early November, the HPD traveled to Save the Children/Nepal for training in 30-cluster survey technique in preparation for the survey. A local consultant was hired to assist in the training of staff and the conducting of the survey. Thirty interviewers were trained over a three-day period by the HPD for the project and a locally-hired consultant. The survey questionnaire consisted of 42 questions and obtaining information from health cards of mothers and children stored at the local health care facility. The methodology and sampling techniques followed the WHO/CDC recommendations for a 30 cluster survey.

Three-hundred mothers of children less than 2 years old were interviewed in 29 randomly-selected villages (30 clusters) in Vose district from December 7-9, 1995. The data were input into Epi Info Version 6 from December 7-10 and analysis begun. The results will be used to help plan appropriate interventions, develop the detailed implementation plan (DIP), and for comparing trends for the mid-term and final evaluations.

Preliminary findings of the survey include:

- 99% of infants had been breast fed at one time.
- 79% of mothers initiated breast feeding during the first eight hours after delivery.
- 38% of infants less than 4 months of age are exclusively breast fed.
- 53% of infants older than 19 months were still breast feeding.
- 55% of infants 5-8 months were receiving some form of supplementary feeding.
- 27% of mothers treated a recent episode of diarrhea with ORT. However, many mothers gave their children other medicines in addition to the ORT.
- 72% of the mothers whose children had a recent ARI sought treatment.
- 20% of infants were fully immunized (per card).
- The immunization drop-out rate (BCG to measles) was 50%.
- 18% of mothers wanting to postpone pregnancy during the next 2 years used a contraceptive.
- 15% of the children were weighed in the last four months.

- 88% of the mothers lived less than 1 kilometer from a health facility.
- 28% of mothers worked away from the home.
- 0% had Tetanus Toxoid (TT) vaccine during their last pregnancy (per card).
- 72% of mothers delivered their infant at home.
- 61% of the women who delivered at home were assisted by a trained health care professional.

As these findings illustrate, the level of knowledge and coverage surrounding the key indicators are low and the practices are not conducive to optimum health promotion. Diarrheal disease control and supplementary feeding education interventions particularly are needed, as well as support for the local MOH immunization program.

Staff

Ninety percent of the permanent staff was hired by December and on the job training commenced. Initial contact with villages to organize village health committees began in late December after completion of the base line survey. The initial reaction in most of the villages has been favorable. However, many people do not want to volunteer for committee work and want salaried jobs. Many of the villagers also request a tangible input immediately, i.e., shoes, food, medicines.

Other Activities

Negotiations continued with Unicef for the in-kind contribution of essential medications to establish the village pharmacies. In December, a letter was sent from the Unicef Area Office stating that Unicef will provide the medicines. An agreement will be signed forthwith.

Software for the Health Information System (HIS) was obtained and preliminary plans initiated for developing the system. The HIS system will provide total coverage for 20% of the target population (15,000 people). The villages chosen will be scattered randomly through out the intervention area.

D. Activities Projected for Next Quarter:

- Organization of village health committees (VHCs) in 40 villages.
- Finalize Unicef funding and begin procurement process of medicines.
- Develop written procedures for village pharmacies.
- Initiate training of local MOH health care staff (feldshers, nurses, midwives) in essential drugs and health education.

- Assess activities and skills of traditional birth attendants (TBAs) and other traditional healers active in the area. Investigate the appropriateness of the ‘traditional treatments’ mentioned in the KPC survey.
- Collaborate with the DACA Coordinator regarding the develop of the HIS including development of manual recording tools for use in the villages and local health facilities; training of SC staff and MOH personnel in the use of manual recording; installation and use of ProMis II soft ware program for data recording.
- Survey of the cost of medicines available on the local market.
- Training SC/Dushanbe office for accounting staff
- Training for three staff members in Participatory Rapid Appraisal.