

PROJECT HOPE

Increasing the Quality of Child Survival and Maternal Care Services in the Navoi Oblast of Uzbekistan

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Project Location: Navoi Oblast, Uzbekistan

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I. THIRD YEAR ACTIVITIES

A. Progress towards Achieving the Project Objectives

Despite the significant delays in Years 1 and 2 due to administrative issues, since January 2000, the project has made excellent progress in its key interventions areas. This was confirmed by the project's midterm surveys (February/March 2002) and the external participatory evaluation (April 2002). Major accomplishments during Year 3 include, by intervention:

Breastfeeding (BF)

- The two pilot rayon maternities were certified as “baby-friendly” and 101 providers were trained in BF from October 1, 2001 – September 30, 2002.
- Training and preparation for certifying the oblast Maternity House and Children's Hospital were initiated. Both facilities should be certified as baby-friendly in the Fall of 2002.

Integrated Management of Childhood Illness (IMCI)

- Project HOPE supported the translations of the clinical IMCI modules into Uzbek and participated in their review at the beginning of Year 3.
- A total of 220 physicians were trained in the 11-day course between October 1, 2001 and September 30, 2002. In addition, 20 MOH staff in Navoi were trained as TOTs, and 13 in monitoring and supervision.
- On April 6, 2002, HOPE opened the first oblast-level IMCI Training Center in Uzbekistan. This Center in Navoi City has excellent training facilities, training equipment, and access to the Internet, and is managed by the MOH. Since the opening of the IMCI Center, two 11-day courses for providers have been completely managed by MOH TOTs in Navoi.
- Formative research on maternal recognition of danger signs, prevention, and home management was completed with the National Pediatric Research Institute and a home-care booklet for new parents, a poster on danger signs, and another poster on feeding of the young child were field tested and are ready for printing in October 2002. These materials will be used/adapted by UNICEF and Counterpart International (Nukus).
- Project HOPE and UNICEF hosted the national Community-IMCI meeting in Tashkent, with assistance and participation from the MOH, the National pediatric Research Institute, WHO/EURO and Kazakhstan, World Bank, and Zdrav Plus.
- HOPE has participated in the training of the faculty of the Samarkand and Bukhara Medical Institutes who will be charged with pre-service education in IMCI and attended the Kazakhstan IMCI-Preservice Education Conference in September 2002.

Reproductive Health

- 148 providers were trained in RH, counseling, and informed consent in Year 3.
- 2 2-day courses were conducted together with staff from the National and the Navoi Reproductive Health center for 69 adolescents on RH.

- 13 OB/GYNs were trained in performing minilap procedures at the oblast and rayon hospitals and minilap kits provided for each facility. All trainees were monitored at their worksites, and 88 minilaporotomies were performed between June and September 2002.

Maternal and Newborn Care

- Project HOPE is an active participant in the national “Promotion of Effective Perinatal Care (PEPC)” working group and Navoi oblast has been designated one of the three national pilot oblasts for PEPC.
- Project HOPE has conducted formative research on maternal care and on the interest of new fathers whose wives had delivered in baby-friendly maternities to be more involved in maternal and newborn care.
- Detailed needs assessments were conducted by a Georgian neonatologist, Dr. S., and an American OB/GYN, Dr. Frank Anderson, from the University of Michigan, followed by a course in newborn care for 29 and neonatal resuscitation for 12 neonatal pediatricians and seminars in maternal care for 26 OB/GYNs.

Table 1: The Program objectives and achievements

Project objectives from the DIP	Activities planned for Year 3	Activities completed in Year 3	Observations
Maternal and Newborn Care			
<p>Improve the quality of antenatal and postpartum care.</p> <p>- Increase the capacity of physicians and midwives to provide quality basic, essential, and emergency obstetric care.</p>	<p>Assess Safe Motherhood needs;</p> <p>Support national safe motherhood and newborn care initiatives at the oblast level;</p> <p>-</p> <p>Assist the oblast MOH in improving antenatal, perinatal, and post-partum care by developing TOT capacity;</p> <p>Roll out provider training at oblast Maternity and in the pilot rayons;</p> <p>Develop community IEC materials and approaches.</p>	<p>Dr. Frank Anderson/University of Michigan conducted a successful training course for OB/GYNs of Navoi oblast. Two specialists from the Tashkent and Samarkand Medical Institutes participated as well. In addition he trained 5 specialists from Oblast Maternity House on using fetal monitors and discussed alternative approaches to use maternal mortality reviews to improve health services.</p> <p>Monitoring of “baby-friendly” clinics showed an increase in postpartum women’s knowledge on caring for their newborn and BF practices.</p> <p>A Needs Assessment for SM/PEPC showed that providers needed more knowledge of danger signs and improve their skills in using standard protocols and dealing with pregnancy complications.</p> <p>Project HOPE, jointly with WHO and UNICEF, supported the MOH in conducting the National PEPC Orientation Meeting in Tashkent on April 19-20, 2002. Representatives from Navoi oblast participated. Navoi oblast was selected as a pilot for the National SM/PEPC implementation plan. An Orientation Meeting took place in Navoi on August 23-24, 2002 with the technical assistance of WHO and the National Steering Committee members.</p> <p>One Project HOPE staff and 7 senior OB/GYNs from Navoi oblast were trained in Tashkent, Andijan and Shumanay on PEPC strategy.</p>	<p>HOPE initiated its Maternal and Newborn Care interventions relatively recently and will work intensively on the related interventions for the remainder of this project. It is expected that not all benchmarks listed in the DIP will be reached for this intervention because of the need to work with national policy and implementation schedules.</p> <p>Focusing first on the other interventions of this project has allowed HOPE to start this activity as it is moving to the forefront of national policy-making and implementation. Because of HOPE’s involvement on the national taskforce, Navoi was selected as one of the three pilot oblasts where SM/PEPC approaches are being developed and tested for national scale-up.</p> <p>According to the recommendations of National SM/PEPC working group, the WHO guidelines and IMPC manual will provide the basis for training courses. These materials need to be translated into Uzbek for more effective provider training.</p> <p>The individuals trained in Tashkent will be trained as TOTs to train, monitor, and supervise the staff at the oblast Maternity House, and the maternities of the two pilot rayons.</p> <p>The Maternity Ward of the Navoi Mining Company requested that Project HOPE include them in all SM/PEPC training to improve services at their hospital.</p>

Project objectives from the DIP	Activities planned for Year 3	Activities completed in Year 3	Observations
<p>Increase the capacity of physicians to provide quality newborn care</p>	<p>Conduct newborn care needs assessment.</p> <ul style="list-style-type: none"> - Provide training in newborn care and neonatal resuscitation to key neonatologist/pediatricians to become trainers in Essential Newborn Care. - Roll-out training courses for neonatologist from two pilot maternities and Oblast Maternity house. 	<ol style="list-style-type: none"> 1. Dr. Andro Shilakadze, consultant from Georgia, conducted the needs assessment from March 19-24, 2002 to get a better understanding of existing newborn care protocols, provider approaches/practices, and needs for training. 2. During his second trip (June 22 – July 1) Dr. Andro Shilakadze and Dr. Anvar Tursunabev from the Tashkent National Newborn Resuscitation Center conducted the Essential Newborn Care and Newborn Resuscitation training course. Both theoretical and practical sessions were successfully conducted. 3. 6 neonatologist and 2 nurses were trained as local trainers. Two of them also attended the WHO PEPC training in Shumanay (Karakalpakistan). 4. All neonatologists from the two pilot maternities and Oblast Maternity house will be trained on Newborn care during the final project year. 	<p>Good progress has been made in this area; however, there is a continuing need for provider training and introduction of newborn care protocols during the final project year. As for the Safe Motherhood Intervention, HOPE is working with national schedules for the planning and implementation of the SM/PEPC Initiative.</p>
<p>Increase provider's knowledge and care of pregnant and postpartum women and neonates with danger signs</p>	<ul style="list-style-type: none"> -Training on management of pregnancy, delivery and postpartum complications. - Training on Essential Newborn care. - Training of providers at pilot rayon maternities, with assistance local trainers and national consultants from the national Newborn Resuscitation Center. 	<ol style="list-style-type: none"> 1. Dr. Frank Anderson, HOPE consultant from the University of Michigan trained key oblast OB/GYNs in Antenatal Care. This training included review and discussion of common obstetrical issues, such as management of normal delivery, complications during delivery: hemorrhage, eclampsia, induced delivery and other. The WHO protocols were discussed and the methodology of maternal mortality review was discussed. 2. Dr. Andro Shilakadze conducted Essential Newborn Care training, including management of newborn danger signs. The WHO protocols of newborn care were presented and discussed during his training. 	<p>In coordination with the SM/PEPC roll-out, TOTs will be established at the oblast level and providers in the oblast and pilot rayon maternities trained during the last project year with national and local trainers.</p>

<p>Increase knowledge of families about danger signs during the pre-natal, post-partum, and neonatal period that require immediate and appropriate care-seeking</p>	<ul style="list-style-type: none"> - “Mothers school” sessions to be given by SVPs providers. - All patronage nurses to be trained on pregnancy and child danger signs. - Mothers Reminder Materials to be given to families with the information provided by maternity ward staff and patronage nurses. 	<ul style="list-style-type: none"> - Formative research was conducted with the Institute of OB/GYN on community knowledge about pregnancy, complications, danger signs, and contraceptive issues. The research results are being used for the development of a brochure for women. - Formative research conducted with husbands of women delivering in baby-friendly maternities. - Almost all (148) SVPs staff conducting “Mothers’ Schools” were trained on counseling. - Patronage nurses were trained on child danger signs. 	<ul style="list-style-type: none"> - The brochures will be available by the end of 2002. - Providers will be trained on PEPC, when WHO PEPC materials have been translated and adopted. - Mother Reminder booklets will be given to families by maternity ward staff and patronage nurses, combined with health education and explanations. These materials will be ready for dissemination in November/December 2002.
<p><i>Improve maternal nutrition during pregnancy and lactation.</i></p> <p><i>Increase provision of iron during pregnancy and lactation</i></p> <p><i>Increase vitamin A provision to postpartum women</i></p>	<p>Training of providers in nutrition counseling during pregnancy and lactation.</p> <p>Training of providers in post-partum counseling on maternal and newborn nutrition.</p> <p>Dissemination of information on “anemia” to the public.</p> <p>Makhalla education sessions on nutrition during pregnancy and lactation.</p>	<p>114 providers trained in nutrition counseling during pregnancy and lactation.</p> <p>42 physicians oriented about vitamin A supplementation in April 2002.</p> <p>250,000 doses of Vitamin A were donated by Sight & Life in 2/02 and are provided to post-partum women.</p> <p>All post-partum women receive vitamin A supplement during second or third day post-partum.</p> <p>Monitoring of vitamin A distribution by HOPE and MOH staff.</p>	<p>Community education on maternal nutrition was included in sessions with the Makhalla meetings and will also be addressed in Year 4 in the “Mothers’ School” sessions and in a brochure developed for this purpose.</p>
<p><i>Promote the use of iodized salt with iodine-deficient pregnant women</i></p>			<p>The government is trying to assure that salt is iodized, but has only had moderate success to date. The importance of iodine will be included in a brochure for pregnant women and in the provider training.</p>

Breastfeeding			
<p><i>Increase the percent of newborns that are BF within 1 hour of birth.</i></p> <p><i>Increase the percent of newborns that are rooming in with the mother after birth.</i></p> <p><i>Increase the percent of infants under six months that are exclusively BF</i></p> <p><i>Increase the percent of women that report breastfeeding on demand.</i></p> <p><i>Increase the percent of women still BF at 20-23 months</i></p>	<p>Certification of two rayon hospitals as “baby-friendly.”</p> <p>Train providers in pilot maternities in BF support.</p> <p>Support the Oblast Maternity Hospital and Oblast Children’s Hospital to achieve baby-friendly certification.</p> <p>Conduct community IEC activities.</p>	<p>The two pilot rayon maternities were certified as “baby-friendly” by UNICEF/WHO in October 2001.</p> <p>101 providers were trained in lactation in the third project year.</p> <p>Counseling and BF brochures provided to all women delivering in baby-friendly facilities.</p> <p>3 BF poster competitions conducted.</p> <p>Breastfeeding support week conducted in both pilot oblasts and Navoi, September 1-8, 2002.</p> <p>Midterm survey results (3/2002) of women that had delivered in the two pilot rayon maternities:</p> <p>93.4% of mothers received newborn immediately for skin contact; 91.4% of mothers were rooming in with newborn within one hour of birth. 58.2% of mothers with infants under 4 months and 41.6% of infants under 6 months were exclusively BF. 98.6% were BF on demand. 98.3% received BF information prior to delivery; 98.7% were counseled at maternity post-partum; and 97% during first health facility visit.</p>	<p>This intervention has been very successful and the project expects to achieve its benchmarks with women that are delivering in baby-friendly maternities in the two pilot rayons.</p> <p>HOPE plans to continue to provide support to the two oblast-level facilities to achieve their certification in Year 4 and will support the oblast in monitoring and supervision of participating facilities and providers.</p>

Project objectives from the DIP	Activities planned for Year 3	Activities completed in Year 3	Observations
Child Spacing/RH			
Increase women's knowledge about contraceptives other than IUD	<ol style="list-style-type: none"> 1. RH trainings for providers in collaboration the Navoi RH Center 2. RH trainings for adolescents with the National RH Center in Tashkent 3. Integrate LAM into BF training courses 4. Improve postpartum counseling provided in maternities and in policlinics 	<p>HOPE conducted 4 courses for 78 of providers on FP/STI and counseling courses in the pilot rayons and 4 courses for 85 providers at the request of the MOH in other rayons of Navoi. Almost all gynecologists (97%), GPs, midwives from pilot sites were trained.</p> <p>Two courses on RH for adolescents were conducted with specialists from the National RH Center. Subsequently, Project HOPE assisted the Navoi RH Center with trainings in other schools. A local NGOs conducted training sessions for students in colleges by HOPE assistance. Altogether more than 120 adolescents were trained in both pilot rayons</p> <p>In both pilot maternities that are baby-friendly, LAM is integrated in BF counseling. Postpartum counseling on child spacing/RH is provided to all new mothers in the two pilot rayons.</p>	<p>Midterm survey results showed substantial improvements in provider knowledge, practices, and in counseling. Surveys with women that had delivered in baby-friendly maternities confirmed that providers are more likely to counsel women on child spacing/family planning.</p> <p>With increased availability of contraceptives due to a donation from UNFPA, the project expects to make good progress towards achieving its objectives.</p>
<p>Increase the number of HF that provide a range of modern contraceptives</p> <p><i>Decrease unmet need for contraception</i></p>	<p>Conduct two minilaporotomy training courses and integrate LAM into all RH trainings.</p> <p>Provider training in RH.</p> <p>Follow-up visits to assist and motivate health providers.</p> <p>Seek to identify/obtain donations of contraceptives.</p>	<p>Dr. Makenjian Musuraliev, Professor from Kyrgyz Medical Academy, a JHIPEGO TOT, conducted two Minilaporotomy trainings with a HOPE/Navoi staff for 13 providers from the Navoi oblast. The two week-training included theory and extensive practice. Each participant passing the course received a set of instruments for minilaporotomy. During training courses 39 clients were sterilized. 88 clients have been sterilized by trained providers to date.</p>	<p>UNFPA provided IUDs, Injectables and pills. Health facilities hold at least 3 different methods, though their quantities are not sufficient.</p> <p>The Project Director also met with KfW which provides contraceptives for other parts of Uzbekistan, but they are currently not considering Navoi.</p> <p>HOPE Center contacted a number of pharmaceutical companies to obtain donated contraceptives, but was not successful.</p>
Increase percent of women who purchased a contraceptive method	<p>During training and education sessions for providers and makhalla committees, the project is emphasizing the possibility of purchasing contraceptives.</p>		<p>A month's supply of the pill is equivalent to half a month's salary, exceeding the ability of most women to purchase this method.</p>

Project objectives from the DIP	Activities planned for Year 3	Activities completed in Year 3	Observations
IMCI			
<p><i>Improve the integrated management of the sick child</i></p> <p><i>Improve the quality of well-child visits</i></p> <p><i>Improve the health system capacity</i></p>	<ol style="list-style-type: none"> 1. Participate in national IMCI Taskforce Meeting 2. Train providers in the 11-day clinical IMCI course. 3. Monitoring and supervision of providers. 	<ol style="list-style-type: none"> 1. Project HOPE is an active member of the National IMCI Taskforce Meeting. 2. Almost all pediatricians (51), General Practitioners (46), and feldshers (20) were trained in the two pilot rayons. The number of trained providers includes some from other rayons and the Medical Institutes. 3. An oblast IMCI Training Center was established in April 2002 to train providers from the other rayons. MOH TOTs at the Center have started to conduct some IMCI training courses without the involvement of HOPE TOTs. a major step towards sustaining the training activities in the oblast 	<p>Due to HOPE's expertise in clinical IMCI and the reputation of its trainers (HOPE and MOH/Navoi TOTs), HOPE was invited and contributed to the IMCI training of the clinical faculty of the Bukhara and Samarkand Medical Institutes and assist them in integrating clinical IMCI into the medical school curricula. Four IMCI training courses for both Medical School staff were conducted, and 18 specialists from each institute trained as IMCI trainers.</p> <p>Orientation meetings were conducted in Bukhara (04/20/02) and Samarkand Medical Institutes (05/04/02). Project HOPE staff participated in Kazakhstan in the "IMCI pre-service implementation" workshop in August 2002.</p> <p>Midterm surveys of providers indicate improvements in provider knowledge and practices in IMCI, including improved assessment, treatment, and counseling of the mother.</p>
<p><i>Improve family and community child health and nutrition practices</i></p>	<p>Development and implementation of IEC approaches.</p> <p>Conduct formative research for mother reminder materials.</p> <p>Develop, pilot-test, and produce mother reminder booklets and posters in collaboration with the National Pediatric Research Institute.</p>	<p>Formative research of mothers understanding of danger signs, care seeking, and home management of common childhood diseases was completed.</p> <p>Based on preferences of study participants, a booklet was developed, as well as a poster on danger signs, and another one on infant/child feeding.</p> <p>C-IMCI Orientation meeting was conducted in August 2002 in Tashkent, jointly by WHO, UNICEF, ZdravPlus and Project HOPE. The Navoi oblast was selected as a national pilot for Community IMCI implementation area. The booklet and posters were presented and approved at the national C-IMCI Orientation Meeting.</p> <p>4 makhalla meetings were conducted and more than 500 people attended these sessions.</p> <p>5 newspaper articles published, and TV provided information on 9 separate occasions to the public.</p>	<p>Mother reminder booklets and posters will be ready for distribution in Oct/Nov 2002. Mothers will be educated in the use of the booklets by patronage and maternity ward nurses. The Pediatric research Institute, with UNICEF assistance, is developing guidelines for the training of these nurses.</p>

Project objectives from the DIP	Activities planned for Year 3	Activities completed in Year 3	Observations
Capacity Building			
<i>Develop local project management skills</i>	One steering committee meeting each quarter to plan, discuss and solve problems	The steering committee met four times during Year 3. Meeting minutes are completed for each meeting and copies are distributed among the members	
<i>Develop a core group of trainers</i>	BF, RH and IMCI TOT courses (see specific sections). Newborn Care TOT team to be trained Minilaporotomy TOT team to be trained Safe Motherhood/PEPC TOT team to be trained	Additional 12 IMCI and 5 RH for adolescents TOTs were trained. 7 TOTs on PEPC/SM program attended the first course for trainers. They will attend Adults Education methods training. 12 neonatologists and pediatrics nurses attended Essential Newborn Care TOT course. 13 OB/GYNs from different rayons were trained as minilaporotomy TOTs. All of these trainers attended both theoretical and practical sessions as well as on methodology of competency based training. The follow-up visits and monitoring are providing regularly.	
<i>Develop a commitment to quality in the health care system</i>	The QI training courses to be conducted in both pilots rayons sites.	This activity has not been initiated yet, due to many other commitments	Walid Abubaker, Project HOPE QI specialist will visit Navoi in November 2002 to conduct QI needs assessment and plan training courses.
<i>Improve analysis skills of counterparts</i>	Local partners to be trained on monitoring, data collection and analysis. Development monitoring guidelines, checklist for IMCI Center that would be used for improving MOH Health Information System.	The IMCI Center's staff was trained on monitoring data collection and analysis. During monitoring local MOH staff will be used continuously.	
<i>Increase number of organizations working with MOH on project activities</i>		13 meetings with different population groups (young women, adolescents, school teachers, kindergarten staff) were conducted together with local NGOs on maternal and reproductive health area. More than 150 people attended these sessions.	Project HOPE invited local NGOs working in health to orientation meetings to facilitate the collaboration with the MOH.
<i>Promote the development of local NGOs</i>	Work with local women NGOs on conducting meetings with the community, training courses for adolescents and increase the health knowledge of the population	8 Round Tables, a local NGOs exhibit, a marathon for the "Child Defense World Day" (June 1, 2002), competition of the "Best Family" were organized. Usually 10-12 NGOs usually participated in these activities.	Local NGOs have increased their capacity and knowledge on the community level

B. Challenges Encountered

The project is facing several constraints and is addressing these as follows:

- *The project ambitiously proposed to work in a relatively large number of interventions. The delays (totaling about eight project months) and the limited number of project staff have made it a challenge to make-up for lost time.* – The project has moved along very rapidly under the current project manager and her leadership. Staff have a strong work ethic and commitment to achieving the objectives. Also, a substantial effort is being made to involve the MOH from the beginning and transfer responsibility for training and monitoring quickly to MOH TOTs, with rapidly decreasing involvement of HOPE staff. This should also strengthen sustainability.
- *Safe motherhood and newborn care components (“Promoting Effective Perinatal Care”) are only now being developed by a new national working group, relatively late into the current CS project.* Project HOPE staff were very busy with the remaining project interventions and were able to focus on them, while awaiting the new MOH approaches. However, staff have participated in the development and planning for PEPC from the very beginning. Navoi was selected as one of the three pilot oblast, giving HOPE the opportunity to contribute with formative research, materials development, TOT development, and oblast- and rayon level implementation and monitoring. Because of its complexity, PEPC will require additional efforts through the end of this project and an extension.
- *Pharmaceuticals and contraceptives continue to be in short-supply and expensive to purchase in the private sector.* All project interventions focus on the rational use of drugs (prescribe only effective and necessary drugs). HOPE has also assisted the MOH with donated pharmaceuticals valued at \$1,078,411, including penicillin, amoxicillin, analgesics, vitamin drops, pregnancy test kits, clinical and OB/GYN surgical instruments, and other relevant drugs) to provide medications to families who cannot purchase these drugs.

C. Project Technical Assistance Needs

The project continues to need additional technical assistance in maternal and newborn care, development of maternal death review policies; and health information systems/data management.

- With the assistance of National Center on Newborn Resuscitation, training courses will be organized for neonatologists in the final year of project.
- Technical assistance on Quality Improvement has been arranged. A QI consultant that has worked for HOPE with its CAR TB programs, Dr. Walid Abubaker, will start working with Navoi on November, 2002.

- National consultants will continue to assist with Safe Motherhood/PEPC training.
- In addition, given the importance of grandmothers on health care decision-making in Uzbek society, the project would like to explore the involvement of grandmothers in community IEC approaches to increase the health benefits for young mothers and children and will seek assistance from a qualified consultant for the Spring of 2003.

D. Substantial Changes from Program Description

While the project has not always followed its Ghant workplan submitted in the DIP, but has seized opportunities, as well as created opportunities, there are no major changes in the program description that require modification to HOPE's Cooperative Agreement.

E. Response to Midterm-Evaluation Comments

The recommendations of the externally-led, participatory midterm evaluation are listed below in bold and italic. Project HOPE/Uzbekistan's response follows after each recommendation.

1.a. Maintain this reputation as project by maintaining quality as new technical interventions are undertaken and as coverage is extended. This may require additional HOPE staff, changes in job descriptions, new or extended networks of NGOs, etc.

Project HOPE continues its emphasis on maintaining quality. HOPE is in process of contracting a midwife to focus on working on RH with adolescents. HOPE is continuously strengthening its relationship with local NGOs and is considering a partnership with the Red Crescent Society for community IEC activities.

1.b. Continue to provide humanitarian aid.

Humanitarian shipments were provided as feasible during the third project year. HOPE has also assisted the MOH with donated pharmaceuticals valued at \$1,078,411, including penicillin, amoxicillin, analgesics, vitamin drops, pregnancy test kits, clinical and OB/GYN surgical instruments, and other relevant drugs) to provide medications to families who cannot purchase these drugs.

2.a. Continue to implement the program according to the values and management style used to date.

Project HOPE/Uzbekistan continues to promote collaboration, local capacity-building, and staff professional development, maintaining the same values and management style as prior to the evaluation.

2.b. Coordinate with KFW to target RH training to those facilities being supplied with contraceptives.

The Project Director has discussed the needs of Navoi with Mavluda Akhralova of the KFW. Unfortunately, Navoi is not yet a target oblast of KFW. Furthermore, facilities were supplied by UNFPA with contraceptives, and the access to contraceptives has improved significantly in the oblast.

3.a. Extend and replicate the project in other oblasts and rayons which have no foreign assistance or limited inputs. In order to achieve equity, certain geographical areas require project assistance. The decision on where to extend should be based on criteria such as population size, commitment and interest of the oblast/rayon MOH and/or NGOs, cost to the project, potential for impact.

Project HOPE was recently awarded the “Expanding Maternal and Child Health and Reproductive Health Services in Uzbekistan and Tajikistan” by USAID/CAR. The project (starting on October 1, 20002, with HOPE as the prime) proposes to use the current project in Navoi as the “laboratory” to develop new and innovative approaches and to scale-up such approaches in Surkandarya and Kashkardarya oblasts in Southern Uzbekistan, where there has been no foreign assistance to date. In addition, Project HOPE has been discussing an extension with its local partners, the MOH, local NGOs, and makhalla (community action committees). The MOH/Navoi has already identified additional rayons for continued collaboration.

3.b. Establish a full-time cadre of master trainers for IMCI in order to scale up. They can be based at the IMCI center.

The IMCI Center has a full-time Director who is a TOT and two full-time nurses. The TOTs are still drawn from different MOH facilities by order of the MOH when trainings are conducted.

4.a. Place more emphasis on the makhalla as a project resource. For example, link breastfeeding support groups/volunteers to makhalla committees, reach men/fathers through the makhalla, etc.

Shortly after the midterm evaluation, HOPE conducted formative research on involving young fathers in maternal and child health, and is planning to explore the involvement of grandmothers. The makhalla are also always linked to these activities. In addition, in a project extension HOPE would like to involve Red Crescent Society volunteers in community outreach and makhalla involvement.

4.b. Reassess the role of breastfeeding support groups in terms of the potential role of this cadre of volunteers. With the influx of additional IEC materials and an interest in broader child health topics, these volunteers could have a greater impact. Discuss the role of the makhalla and formal health system in supervising volunteers.

Mothers and other women from breastfeeding support groups will be trained as volunteers for promotion of well-child-care, care of the sick child, recognizing danger signs of common childhood illnesses, and pregnancy. The use of such support groups is a new phenomenon in the target area and will take some time to establish.

5.a. To the extent possible, identify more literature in Russian and Uzbek for project-related resource centers and libraries. Produce a HOPE brochure and an annual report in the local language.

The project is continuously seeking additional materials in Russian and Uzbek, while professional staff improves their English language skills. A draft HOPE brochure has been produced, covering the CS and the TB project. This brochure was not formalized pending the outcome of HOPE proposal to USAID/CAR (see response to Recommendation 3.a.).

5.b. Further explore the use of mass media (e.g. radio, television, etc.) to disseminate health messages.

The project continues to seek collaboration of the media to inform the public about MCH/RH topics. The local TV station had three programs on the prevention of anemia and healthy nutrition (about 20 minutes for each segment), as well as three-minute spots on the same topics. Several Project HOPE activities such as the Breastfeeding Promotion week, the IMCI and Safe Motherhood Orientation Meetings, the opening of the IMCI Training Center were shown on National TV. The local and Republican newspapers published articles about HOPE’s program in Navoi. “The Health Care System of Uzbekistan” newspaper published the results of the formative research presented in the CAR MCH Forum.

5.c. Identify and request donations of audiovisual equipment for each rayon hospital, especially for Central Rayon Hospitals. Find videos from the Central Asian region (e.g. Kazakhstan), which can be utilized in Uzbekistan. Particular topics of interest are well-child care and anemia.

Audio and video equipment was purchased for the Oblast Maternity House and the Oblast Child Hospital, as well as the two Central rayon Hospitals in the pilot two oblasts.

6.a. Assist the Center for Reproductive Health in Navoi with refurbishment, provision of equipment, and other reproductive health supplies to make it a model center.

Two proposals were submitted to U.S. Foundations, but were not successful. Project HOPE continues to seek additional resources and will also consider this for an extension.

6.b. Open two more Baby-Friendly hospitals.

HOPE expects that the Oblast Maternity House and the Children's Hospital will receive their "baby-friendly" certification during Fall 2002. These two facilities should set a strong signal for the whole oblast.

6.c. Build oblast capacity in (and explore the possibility of establishing a center for) adolescent health.

Two proposals were submitted to U.S. Foundations, but were not successful. Project HOPE continues to seek additional resources and will also consider this for an extension.

6.d. Have project staff participate in more national and international workshops.

Staff has participated in several national and international workshops. See Training Table. The National IMCI/BF Taskforce Committee asked Project HOPE to designate a staff to the National BF Experts team. Dr. Nigora Muratova, the Project HOPE OB/GYN specialist will be serving on this very important Committee.

6.e. Assist in linking emerging NGOs with donors. Involve the MOH and NGOs in proposal preparation and grant writing and/or coordinate with other organizations for this purpose.

Project HOPE assisted local "Tashabus", "Sebuniso" and NGOs to participate in the Eurasia Foundation proposal writing training courses and then in preparing proposals. Two local women NGOs won two programs on health education and nutrition programs.

7.a. Orient policymakers to the role and techniques of supervision in managing quality services, particularly those involved in IMCI. Hold workshops on effective supervision for managers and trainers.

Ten IMCI TOTs were trained in monitoring and supervision are conducting these activities with trained providers.

7.b. Invite trainers and providers from areas beyond the current pilot areas to begin training in breastfeeding, reproductive health, and IMCI. Develop criteria for selection so that there is a critical mass of trained providers at each facility and rayon to develop supervision systems. The approach should be system-wide rather than sporadic training of individuals who will not be supported by the public health system.

The oblast IMCI Center will provide training to providers beyond the current pilot rayons. In addition, HOPE has already trained the providers at the Oblast Maternity and the Oblast Children's Hospital in BF and requirements to achieve international baby-friendly hospital certification.

HOPE trainers have also participated in the training of the medical faculty of Samarkand and Bukhara to support the pre-service training of providers in IMCI.

RH courses were conducted by HOPE and the Navoi oblast RH Center in other than pilot rayons.

The new MCH/RH project for Uzbekistan and Tajikistan, recently awarded to Project HOPE as the prime, will support active exchanges between Navoi and Kashkardarya and Surkandarya oblasts to transfer lessons-learned and scale up the project activities.

7.c. Integrate IMCI training into medical schools in neighboring oblasts by working on this issue with the National Pediatric Institute.

As stated above, HOPE is actively supporting the process of integrating IMCI into pre-service training. The Project HOPE CS Project Manager participated in the Pre-service IMCI workshop in Kazakhstan. Two specialists from Samarkand and Bukhara Institutes participated in this workshop with HOPE assistance.

7.d. Focus more input and attention on training of midlevel providers.

36 fieldshers have already been trained in IMCI. Starting in November 2002, the project will train all patronage/visiting nurses for five days in community-IMCI.

7.e. To increase dissemination of state-of-the-art knowledge while motivating high performance, attract international trainers and provide study tours as opportunities and budget allow.

The project continues to involve international consultants from the NIS region and the U.S. to initiate new training activities and co-host orientation and lessons-learned workshops. Staff are attending technical meetings at the national level and in the region as feasible (see training table). Study tours are planned and budgeted with HOPE's new project in Kyrgyzstan and with the newly awarded MCH/RH project in Uzbekistan and Tajikistan.

7.f. As noted in recommendation 9A below, provide additional training to HIS staff in survey methodology.

HOPE is still looking for relevant opportunities.

8.a. Provide technical assistance using experts from abroad in neonatal and maternal care, as planned. The project can then use its existing mechanisms for transferring the knowledge of such medical specializations to national medical institutions and geographical areas beyond Navoi.

Transfer is facilitated by HOPE's approach of involving the relevant national taskforces and technical institutes of the MOH in all activities. This facilitates coordination, reduces duplication of efforts, and increases opportunities for transfer of lessons-learned and materials to other areas in Uzbekistan and neighboring countries.

8.b. Implement international classification of "live birth" with approval from the MOH.

Project HOPE staff participated in the National Orientation Meeting on "Implementing the International Classification of Live Birth" in August 2002. This process change is addressed by the national SM/PEPC working group, of which HOPE is an active member.

8.c. Conduct training for providers in antenatal, postnatal, and neonatal care after upcoming technical assistance consultation by international expert.

First training activities have been completed and additional trainings are planned for the final project year.

9.a. Conduct an operations research study on drug availability, use, and compliance related to IMCI.

If feasible, within project constraints, HOPE will plan and implement this study during the last project year.

9.b. Conduct qualitative research on the role of fathers during delivery and during post-natal periods to assess how to involve them in bonding and early childcare.

Initial formative research has been conducted with new fathers waiting outside the baby-friendly maternities. It is evident that husbands know very little about maternal and newborn health, but was encouraged to note that a not insignificant number of fathers are interested to learn more and even be present during delivery. Based on the results, lessons for fathers were included into antenatal care education.

9.c. Consider research into adolescent reproductive health issues in Navoi and link it with project objectives.

HOPE submitted proposals to two Foundations to obtain additional funds, but was not successful. The Project still plans to investigate adolescent's knowledge and needs related to RH/STI and sexual behavior to further develop topics for adolescent training courses.

10.a. As noted in recommendation 7F, provide additional training to HIS staff in survey methodology.

10.b. Prepare indicators and questions for final evaluation in order to ensure comparison of key indicators with baseline and/or midterm survey results. Collect and/or compile data from existing sources. For the Child Spacing indicator, which reads, "By project end, unmet demand had decreased by 30%," in the final evaluation sample women with children under age two for unmet need.

The project plans to follow this recommendation.

10.c. Develop indicators for maternal and newborn care using Safe Motherhood guidelines. Specifically define indicators to monitor deliveries and quality of antenatal and post-partum care.

Indicators will be developed with the national SM/PEPC taskforce.

10. Redefine indicators as follows—

- **Change last Breastfeeding indicator from "20 Breastfeeding support groups established" to "20 makhalla establish regular meetings with women's support groups."**

This recommendation has been accepted.

- **Refine the first IMCI indicator to track performance on a set of key IMCI protocols.**

The project will work on this for establishing indicators and benchmarks for provider performance in the new MCH/RH project and will use similar indicators of performance at the end of this CS project.

F. Project Phase-Out Plan

The phase-out plan according to the DIP is as follows:

Project HOPE will not be involved in providing any direct services. All project efforts will be directed at assisting the MOH to channel its human resources towards improved quality of care and supervision. HOPE staff will gradually, over the course of the project decrease their involvement and increase the responsibility of the TOT team to plan and implement training needs assessments, plan curricula, plan and implement training, conduct and evaluate training pre- and post-tests, plan supervision and follow-up visits, and plan refresher trainings.

Good progress has been made on all of these issues, and MOH capacity will be strengthened in the above areas during Year 4. MOH TOTs are conducting most of the training and monitoring activities, particularly in IMCI, breastfeeding, and RH. Local capacity in Safe Motherhood/PEPC is only beginning to be established and will need to be included in an extension phase. Local capability to monitor and assess quality of services and their impact will also be the focus of extension activities to be proposed for the current pilot rayons.

G. Factors that positively and Negatively Impacted Overall Project Management

1. Financial Management

There have been several cost-savings in the Navoi CS project:

- The Project Director is a local staff;
- HOPE is cost-sharing its IEC staff with the National Pediatric Research Institute;
- MOH staff are assuming the major responsibility for providing trainers to many training activities; and
- National and regional consultants are used to support new project activities.

These additional resources are/will be used for additional activities that support the project interventions:

- Establishment and support to the oblast-level IMCI Training Center;
- Reproduction of additional IMCI posters and materials for families of young children;
- Support to additional formative research.

2. Human resources

The Project Manager regularly identifies opportunities (meetings, workshops) for her staff to improve their technical and management capacity (see Training Table)

In addition, from January 2002 through June 2002, an intern, Gal Frankel assisted the project with training in Power Point EPI Info, data collection and analysis, and English as a Second Language.

3. Communication

HOPE participates regularly in the national taskforces, Interagency Meetings with other donors, and communicates health messages through the media. Communications with headquarters is frequent and regular. Dr. Babamuradova and Dr. Schwethelm also presented the project achievement to USAID on October 1, 2002.

4. Local Partner Relationships

Project HOPE/Navoi works very closely with the Navoi oblast MOH, NGOs, and makhallas. At the national level, HOPE participates actively in the national taskforces on IMCI and SM/PEPC, has developed a strong working relationships with the national Institutes (OB/GYN, Pediatrics, Health promotion, Center for Reproductive Health), and coordinates with international and bilateral agencies and CAs.

5. PVO Coordination/Collaboration

HOPE invited Save the Children/Tajikistan and Counterpart/Uzbekistan to participate in the midterm evaluation in April 2002. A Counterpart headquarters staff, Darshana Vyas, and nurse from Nukus, Nurya Yelgondieva, participated during the first week and provided helpful observations and recommendations to the rest of the evaluation team. Counterpart is also interested in adapting HOPE's IMCI reminder materials for families to their setting in Nukus.

J. Issues, Successes, and Methodologies with Potential for Scale-Up

Several project components are ready for immediate scale-up (baby-friendly maternities, facility and community-IMCI, family reminder materials, provider RH training) and will be scaled up with USAID/CAR funding in the oblasts of Surkandarya and Kashkardarya, while other approaches/activities will reach a more advanced stage of development during the last project year.

However, rather than presenting a proposal to USAID Global Health under the expansion category, HOPE will seek an extension of the current project and has already discussed this with Jennifer Adams, HPN Officer, USAID/CAR. It is HOPE's intention to continue to work in Navoi to pilot and test innovative approaches and activities that then can be scaled up in other parts of Uzbekistan and serve as a model to other HOPE and PVO projects in the region (e.g., HOPE's new CS project in Kyrgyzstan). HOPE is also seeking additional opportunities to exchange lessons-learned with other PVOs in the CAR region.

Attachments

- 1. Training Table**
- 2. Year 4 Workplan**

1. Annual Report for year three: Training table by the intervention areas.

Major activities		Number of trained providers & makhalla members					Results of pre-post-tests	
Date	Topic of training	Doctors	Nurses & midwives	Feldsher	Community	Adolescents	Pretest	Posttest
8-9 October, 2001	RH and BF training in Karmana for Makhalla leaders	-	-	-	18	-	-	-
11-12 October, 2001	RH and BF training in Kiziltepa rayon for Makhalla leaders	-	-	-	18	-	-	-
15-18 October, 2001	RH training in Navbakhor rayon for OB/GYN	2	12	-	-	-	62%	88%
21 Nov.-3 Dec., 2001	IMCI training in Kiziltepa CRH	18	-	-	-	-	-	-
1 December, 2001	RH training in school #1 in Kiziltepa rayon for teachers	-	-	-	35	-	61,6%	84,3%
3-5 December, 2001	RH training in Nurata rayon for gynecologists and midwives	4	8	-	-	-	67%	84%
10 December	RH, antenatal care, and anemia training for teachers and makhalla	-	-	-	30	-	-	-
3-4 January, 2002	RH training for adolescents in Navoi	-	-	-	-	26	-	-
5-6 January	RH training for adolescents in Kiziltepa rayon	-	-	-	-	32	-	-

Date	Topic of training	Doctors	Nurses & midwives	Feldsher	Community	Adolescents	Pretest	Posttest
21 Jan. – 2 Feb.	11-day IMCI training in Navoi Oblast Children Hospital	18	-	-	-	-	-	-
5-8 February	RH training for gynecologists, GP and midwives in Navoi rayon	13	9	-	-	-	63%	84%
11-15 February	49 hour course on TOT BF	6	1	-	-		-	-
18-23 February	40 hour seminar on BF in Navoi	15	15	-	-		30%	76%
25 Feb.- 7 March	11-day IMCI training in Kiziltepa	18	-	-	-	-	-	-
12-14 March	RH training for GP, nurses, and midwives in Kanimekh rayon	3	18	-	-	-	58%	86%
8-19 April	11-day IMCI training in Navoi	17	-	-	-	-	-	-
22 Apr. – 3 May	11-day IMCI training in Bukhara	27	-	-	-	-	-	-
29 Apr.- 1 May	18 hours training on BF in Navoi	14	3	-	-	-	53%	93%
2-4 May	18 hours training on BF in Navoi	4	9	-	-	-	53%	87%
3-4 May	RH training for adolescents in Navoi	-	-	-	-	26	-	-
6-8 May	18 hours training on BF in Navoi	1	17	-	-	-	53%	87%
6-17 May	11-day IMCI training in Samarkand	18	-	-	-	-	-	-
10 –15 May	Antenatal Care training	29	8					

Date	Topic of training	Doctors	Nurses & midwives	Feldsher	Community	Adolescents	Pretest	Posttest
16-18 May	18 hour BF seminar for GP in Samarkand Medical Institution	18	-	-	-	-	57%	96%
20-22 May	18 hour BF seminar for GP in Samarkand Medical Institution	18	-	-	-	-	68%	96%
23-25 May	18 hours training on BF in Navoi	1	14	-	-	-	53%	82%
20-31 May	11-day IMCI training in Samarkand	18	-	-	-	-	-	-
27 May – 1 June	Minilaparotomy training in Kiziltepa for OB/GYN	6	-	-	-	-	58.4%	69%
3-7 June	Minilaparotomy training in Karmana for OB/GYN	7	-	-	-	-	65%	84%
10-14 June	IMCI TOT	18	-	-	-	-	-	-
26-28 June	18 hours training on BF	5	13	-	-	-	72%	87%
25 June – 7 July	11-day IMCI training in Kiziltepa	17	-	-	-	-	-	-
2-4 July	RH training for midwives of Navoi city and Kiziltepa/Navoi rayons	-	21	-	-	-	71%	96%
8-19 July	11-day IMCI training in Samarkand	17	-	-	-	-	-	-
10-12 July	RH training for midwives of Navoi city and Kiziltepa/Navoi rayons	1	18	-	-	-	65%	89%
22-27 July	RH training for midwives of Navoi city and Kiziltepa/Navoi rayons	-	21	-	-	-	67%	86%

2. WORKPLAN FOR YEAR 4- Project HOPE/Navoi, Uzbekistan

ACTIVITIES	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Breastfeeding												
Certification of Oblast Maternity House and Oblast Children's Hospital as Baby-friendly	X	X										
Training of providers	X	X										
Assist local trainers to conduct roll-out training courses in SVPs, SUBs, polyclinics						X		X		X		
Breastfeeding community activities (W)			X		X		X		X			
Monitoring of all four baby-friendly facilities?												
IMCI												
Participation in national IMCI taskforce meetings	X		X		X		X		X		X	
Training of providers in clinical-IMCI	X	X		X		X						
Monitoring of trained providers	X	X	X	X	X	X	X					
Training of maternity ward and patronage nurses in community IMCI in the two pilot rayons		X	X									
TOTs for c-IMCI developed		X										
Printing of Mother Reminder booklets, feeding posters, and poster on danger signs	X											
Dissemination of IMCI materials (booklets, posters)		X	X	X	X	X	X	X	X	X	X	X
Training/education of makhalla committees in community-IMCI				X	X	X	X					
Assistance to the IMCI Center			X	X								
Assistance to IMCI provider pre-service training (Bukhara and Samarkand Medical Institutes)		X	X									

Maternal and Newborn Care												
Participation in national SM/PEPC taskforce to plan national approach and oblast-level implementation		X		X		X		X		X		X
Work on SM training courses		X	X									
Safe Motherhood/PEPC training for OB/GYNs and neonatologists in oblast maternity and pilot rayons		X	X	X								
TOT development			X									
Monitoring of providers			X	X	X	X						
Completion of formative research report		X	X									
Completion of community education materials			X									
Dissemination of education materials			X	X	X	X	X	X	X	X	X	X
Reproductive Health												
Monitoring of trained providers in two pilot rayons	X	X		X		X		X		X		
RH training for oblast maternity house staff			X									
Training of RH providers				X		X		X		X		X
Training of adolescent leaders in RH			X		X		X		X		X	
OR/Formative Research												
Father involvement study					X							
Grandmother involvement formative research						X						
Drug compliance study for ARI				X								
Project Management												
Navoi Steering Committee meetings			X			X			X			X
Third Year Progress Report and Fourth Year Workplan development	X											
Develop extension proposal with MOH and community partners	X	X										

Disseminate lessons-learned to USAID/Washington and develop exchange mechanisms with the USAID/CAR MCR/RH Health Initiative in Surkhandarya and Kashkardarya oblasts, Southern Uzbekistan	X	X	X									
Replace key staff moving to the USAID/CAR MCR/RH Health Initiative	X	X										
Orientation of Project Manager at headquarters			X									