ZdravPlusII Six-month Report
January – June 2009

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KAZAKHSTAN
Six-month Report
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The country environment in Kazakhstan remains fluid and sophisticated with a rapidly swinging health policy pendulum. The health policy pendulum had stabilized over the last few years through retention of the health policy framework contained in the State Health Care Development Program (SHCDP) and successful and consistent implementation of the SHCDP. However, over the last six months, the health policy pendulum swung widely again with the appointment of a new MOH and emergence of the National Medical Holding Company in policy development. Of particular concern is the MOH attempt to dismantle the maturing oblast single-payer system which has developed rapidly over the last five years, solidifying and institutionalizing health financing reform. USAID, World Bank, and WHO are engaging in policy dialogue with the Government and MOH on the benefits of maintaining and continuing development of the oblast single-payer system funding the Guaranteed Benefit Package.

The overall ZdravPlus strategy in Kazakhstan remained the same – support the MOH in SHCDP implementation and collaborate very closely in start-up of the $300 million World Bank Project to further increase the sustainability of USAID investment over the last 15 years. Over the last six months, ZdravPlus achieved progress in realizing the specific Year 5 ZdravPlus strategy of institutionalizing and increasing sustainability of the health reforms by prioritizing the following five activities:

- Maintenance and continued development of the oblast level single-payer health financing system
- Contributing to all activities necessary for a successful start-up of the World Bank Project
- Contributing to the development of SHCHP 2020
- Solidifying the Safe Motherhood program
- Solidifying the ongoing development of PHC/family medicine including arterial hypertension service delivery improvements.

Stewardship

Legal and Policy

State Health Care Development Program (SHCDP)

Over the last six months, ZdravPlus continued to engage in dialogue and contribute to planning of program elements and activities in the final stage of the SHCDP. As resources allowed, ZdravPlus supported implementation of core reform activities included in the SHCDP Implementation Plan for 2009.

Kazakhstan Strategy 2020

ZdravPlus contributed to the development of the health care section of the overarching Kazakhstan Strategy 2020. The National Analytical Center (NAC) has overall responsibility for developing the Kazakhstan Strategy 2020. In May, provided input to NAC technical experts on the health care section including analyses of the current situation in the country, summary of international trends in health care development and strategic goals for the next ten years after the completion of the SHCDP in 2010. Recommendations were consistent with international best practice and Kazakhstan health system development under the SHCDP. ZdravPlus has been invited to participate in a NAC roundtable in Almaty in early July to discuss health care development within the Kazakhstan Strategy 2020 framework.

Kazakhstan Health Care Development Strategy for 2010-2020

The Health Care Development Strategy Development national working group led by the National Medical Holding Company developed a first draft of the strategy. It contained inconsistencies with international best practice and Kazakhstan health system development under the current SHCDP. As a member of the technical working group, ZdravPlus provided conceptual and technical

recommendations consistent with the current SHCDP and the World Bank Project. International donors were asked to comment within an extremely short timeframe and USAID, World Bank, and WHO provided joint general comments. These general comments were largely focused on the importance of maintenance and further development of the oblast single-payer health financing system funding the GBP. ZdravPlus continued providing technical comments and recommendations routinely throughout the reporting period. The current status of the Kazakhstan Health Care Development Strategy for 2010-2020 is that it is on hold until the development of the overall Kazakhstan strategy 2020.

World Bank Health Sector Institutional Reform and Technology Transfer Project (IRTT)

Over the last six months, a major priority of ZdravPlus has been supporting all aspects of World Bank IRTT Project start-up. This $300 million project is consistent with USAID investment in heath system strengthening over the last 15 years and will serve as an institutionalization mechanism for this USAID investment. ZdravPlus activities included dialogue, technical assistance and operational support for further development and revision of all component implementation plans, operational processes and budgets, and development of TORs for international technical assistance.

Health Care Code

In May, the Health Code was approved by the Parliament after a second round of revisions and discussions. The approved Health Code is a step towards harmonization of the existing health legal base and raising it to international standards. The approved Health Code supports the core principles of the current Kazakhstan health financing reform such as oblast pooling, single-payer and provider payment systems. At the same time the revised document includes some new statements reflecting recent changes in the health sector and policy development. The Health Code includes the National Medical Holding Company as a health care system participant and establishes a new centralized drug procurement process through a single distributor initiated by the MOH in 2009. Over the last two years, ZdravPlus invested substantial effort on developing the Health Code and providing technical assistance to the working group in collaboration with the World Bank and WHO to help ensure that the Health Code reflects and maintains progress achieved in health systems strengthening.

Budget Code and Oblast Pooling of Funds and Single-Payer

Kazakhstan can be characterized as a fluid and sophisticated environment with rapid swinging of the health policy pendulum. No where is this better represented than in the health financing policy of the last 15 years. For example, mandatory health insurance was tried and failed and then rayon pooling of funds was tried and failed. Since 2004, USAID/ZdravPlus, World Bank, and WHO have collaborated with the Government, MOH, MOF, Ministry of Economy and Budget Planning, National Analytical Center, and oblast administrations to design, develop, implement, solidify and institutionalize an oblast pooling of funds and single-payer system. It has been successful in funding the Guaranteed Benefit Package (GBP) providing universal coverage for the citizens of Kazakhstan and is beginning to show results in improved equity, financial risk protection, efficiency, and access. Over the last six months, new MOH leadership developed proposals to dismantle the oblast single-payer system.

While the substance of these proposals is also fluid, in general they consist of national pooling of some health funding and oblast pooling of some health funding which would fragment pooling and dismantle the substantial capacity and functioning operating systems of the oblast single-payer system; replacing the current case-based hospital payment system with payment based on CPGs which would likely approach fee-for-service, and introduction of medical savings accounts which would undermine equity.

ZdravPlus engaged in technical dialogue with the MOH and provided technical input to USAID, World Bank, and WHO for further dialogue on the MOH proposals including a joint letter to the Government. The status of the MOH proposals and whether they will be accepted by the Government is not clear. It is expected that further dialogue will occur over the next few months and maintaining the continuously solidifying oblast single-payer system will remain a ZdravPlus highest priority.

Treasury System And Provider Payment

ZdravPlus continued to collaborate with the World Bank to prioritize and address Treasury System rigidities which substantially hamper further development of oblast single-payer provider payment systems and health provider autonomy.

GBP

ZdravPlus continued to engage in policy dialogue with the MOH on the GBP including the importance of retaining and expanding the GBP to improve population equity in accessing public resources and to reflect evidence-based content of clinical practice.

Outpatient Drug Benefit Program (ODBP)

The importance of retaining and upgrading the Outpatient Drug Benefits to increase access to subsidized essential drugs in PHC was emphasized as opportunities presented themselves.

Revision of the National Legal Base

In 2009, the Government initiated a revision of the overall legal base with the purpose of removing outdated or duplicative legal regulations. A national WG including an Expert Committee was formed to accomplish this objective. At the request of the WG member USAID Business Environment Improvement (BEI) project ZdravPlus provided recommendations consistent with the health reforms including recommendations on licensing and accreditation of health providers, certification (attestation) of health workers; SES in relation to EPC; MCH, reproductive health and family planning.

Administrative Reform

As opportunities arose, ZdravPlus provided technical input on the relationship between administrative reform and health systems strengthening particularly related to the appropriate roles and relationships of the national level (MOH) and oblast level in health financing and the oblast single-payer system.

National Integrated Health Information System (HIS)

In April after nearly two years of preparatory work the MOH started organizing the National Medical Information Center (MIC) under the MOH. Kil Natalya, ZdravPlus long-standing collaborator and the former director of Karaganda MIC, has been appointed the Director of the National MIC. The appointment of this highly professional and reform committed leader opens more opportunities for the institutionalization and national roll-out of the Karaganda MIC systems and experiences. ZdravPlus has substantially invested to in Karaganda HIS development and implementation including support of operating systems for new provider payment systems, PHC monitoring, ODBP informational support and priority health programs.

National Family Medicine Conference

KAFP continued advocating for family medicine at the national and oblast levels. Major visibility was given to family medicine by the MOH approving the first National Family Medicine Conference on June 17-18th in Almaty. Over the last six months, ZdravPlus and KAFP were consumed with intensive preparation for this conference which is a ZdravPlus close-out event summarizing the key messages and results in PHC/family medicine.

The First National Family Medicine Conference in Almaty provided a wide forum for more than 180 participants including family doctors and health policy makers representing the MOH and all Kazakhstan oblasts, Kyrgyzstan, and international organizations including Wonca, WHO Europe, Finnish Lung Health Association (FILHA), and American Association of Family Practitioners. The conference also celebrated KAFP's 10th Anniversary and acknowledged the establishment of family medicine in the country. Family medicine principles and patient-centered approaches were advocated to health policy makers, health managers, health professionals, population. The role of PHC/family medicine in the future in the context of Millennium Development Goals and prevention and treatment of TB and HIV/AIDS were emphasized.

A press conference organized at the National Family Medicine Conference had an unprecedented number of mass media representatives and served to attract broad public attention to PHC/family medicine. MOH representatives, USAID representatives, KAFP, American Family Doctor David Kuter, and the first Kazakhstani Family Doctor Victor Tilman participated in the press conference answering numerous questions. That evening all TV channels covered the Family Medicine Conference and press-conference in prime-time news programs. Most journalists emphasized the difficulties for family medicine development in Kazakhstan and international recognition of KAFP. The Government TV channel "Khabar" with the help of KAFP prepared video sports and interviews

which were shown on June 20 in evening news. KAFP participated in a live TV show "Koz karas" ("Look") discussing the advantages and problems of family medicine development in the country.

MCH Legal Base Development

As part of the institutionalization process, ZdravPlus contributed to the development of a MOH document "Guidelines on Training PHC Workers, Maternal and Pediatric Hospitals within the WHO/UNICEF IMCI and EPC Strategies Implementation Framework". In collaboration with WHO, ZdravPlus provided recommendations on the general structure of the document, the training roll-out strategy, and specific recommendations such as the importance of increasing the role of nurses in implementing these strategies.

Family Planning

In January, ZdravPlus supported the national meeting on developing and implementing family planning guidelines in Kazakhstan initiated by the MOH and WHO/Euro and held at the Astana MCH Center. The meeting considered the current family planning situation in the country in the context of the overall strategy aimed at improving the health care system within the SHCDP 2005-2010, decreasing maternal and infant mortality and improving maternal, child and reproductive health. Recommendations on improving the family planning services system structure and family planning at the under- and post-graduate levels were developed, a national working group including ZdravPlus was formed and a MOH Prikaz on improving family planning services, national standards and clinical guidelines along WHO recommendations was drafted. The importance of including contraception methods in the GBP and the Outpatient Drug Benefits particularly for vulnerable population groups was emphasized. The recommendations were submitted to the MOH for approval.

Safe Motherhood

Consolidation and national dissemination of Safe Motherhood (SM) implementation experiences in the country were a major ZdravPlus priority over the last six months. On March 27, a national meeting summarizing and disseminating the results of SM implementation was held at the new Astana MCH Center under MOH auspices. The meeting was facilitated by ZdravPlus international consultants with MOH and Almaty and Astana MCH Center representatives. It provided a forum for discussion involving health policy makers, faculties of three medical academies, and health providers; summarized the results of SM implementation in Kazakhstan; shared implementation experiences in Astana and Almaty; considered key issues such as staff training and clinical protocols improvement; and discussed further implementation using local resources and building local capacities.

The Director of Astana MCH Center Dr. Nukusheva made a speech summarizing the results of introducing EPC in Astana MCH Center and encouraging staff to continue implementation. A representative of Almaty MCH Center focused on the role of the MCH Center in supporting oblasts in implementing Safe Motherhood and specifically described the experience of Kyzyl-Orda Oblast in providing an international EPC training largely from their own funding with some support from ZdravPlus. The importance of approving national standards on preeclampsia and hemorrhage management (as priority labor and delivery problems) was emphasized and a decision taken to approve WHO standards for these conditions. On June 25-26, ZdravPlus participated in the annual MOH National Conference of Obstetricians and Gynecologists organized under Almaty MCH Center, contributing to the discussion with a presentation on innovative EPC technologies in Kazakhstan and disseminating ZdravPlus experiences.

Tuberculosis (TB)

KAFP implemented a number of activities to promote the WHO Practical Approach to Lung Health (PAL) strategy with the major event being the National Family medicine Conference. The conference agenda included TB/PAL topics addressed in the context of PHC/FM strengthening and integration of vertical health programs into PHC. Presentations made by the WHO Euro representative Dr. Martin van den Boom, Shakhmurat Ismailov, Director of the National TB Institute, Tolegen Chubakov, Rector of PGI Kyrgyzstan aroused much interest among the participants and stimulated active discussion.

Institutional Structure, Roles and Relationships

MOH and OHD Roles and Relationships

The internal structure of the MOH, roles of the MOH and oblast health departments and their relationships continued to evolve driven by the continuing national administrative reform and the overall economic crisis compelling further administrative cuts. The major change within the MOH has been the abolishing of the Clinical Department and its merge with the Quality Committee. ZdravPlus has been carefully watching the situation arguing for the appropriate level of centralization and decentralization of health policy development, management and funding functions. Substantial technical input was provided appropriate institutional roles of the MOH and OHDs related to the oblast single-payer system. Appropriate roles and relationships were reflected in ZdravPlus comments on the Health Care Development Strategy 2020 and Kazakhstan Strategy 2020.

KAFP Organizational Development

In the last year of the ZdravPlus grant, KAFP has developed a tentative business plan with revenue estimates for the next five years. In the meantime, KAFP branches continued to be active in fund raising; specifically Aktobe and Akmola Oblast branches were awarded grants to implement teenagers, children, and mothers' health services and population involvement activities.

KAFP membership remained stable (at approximately 1050 members). KAFP continued to strengthen its organizational capacity and build financial sustainability through a number of activities. KAFP and its branch offices:

- Continued collaboration with ExxonMobil, completing the GDA 5 project;
- Remained active in implementing grant projects, including supporting the Cardiology Patient Club in Akmola Oblast (Kokshetau) via a $78,000 grant from the Japanese Embassy;
- Provided 1-day evidence-based training courses to approximately 180 of its members on asthma and gastrointestinal disorders through grants from pharmaceutical companies;
- Conducted activities for World Asthma Day in May; and
- Improved the design and content of the KAFP website.

Policy Marketing and Public Relations

Over the last six months, ZdravPlus focused on promoting the health reforms through a set of visible events implemented in Almaty and Astana. PHC and family medicine, TB and PHC, Safe Motherhood/EPC, EBM approaches and quality of care were the major promotion areas with the target audiences being health policy makers, health professionals, medical students and general population. These promotion events also served USAID outreach purposes.

Safe Motherhood National Meeting in Astana

In March, ZdravPlus in collaboration with the MOH, the Astana and Almaty MCH Centers, and WHO organized a national meeting on the implementation of Safe Motherhood in obstetrical facilities to summarize, promote and disseminate results. Deputy MOH Tatiana Voshchenkova, the MOH Research Department, Quality Committee, Astana and Almaty MCH centers, three medical academies, and USAID Representative in Kazakhstan Steve Kelly attended the event. Journalists were invited to the meeting at the MCH Center base. The meeting was covered by the Astana city newspaper as well as a national news agency, and the event outcomes were posted on the MOH web-site. All participants were provided with electronic sets of WHO and ZdravPlus EPC/FP materials.

Monitoring and Evaluation

National Monitoring

In January, at the request of the National Center for Healthy Lifestyles, ZdravPlus provided comments on a set of priority indicators. These indicators would be employed by Kazakhstan to determine its global competitive rating within the World Economic Forum. ZdravPlus comments emphasized continuing health system reforms including health delivery system restructuring and integration, strengthening PHC, strengthening the oblast single-payer system, development of human resources,

building capacity of national institutes such as the National TB Institute, promoting EBM, quality improvement, monitoring and evaluation, community potential, and mass media. In addition, ZdravPlus provided technical assistance to the World Bank IRTT Project to develop/adjust indicators related to the changes in project implementation schedules and plans.

PHC Monitoring

In the past six months the Karaganda PHC monitoring system institutionalized under the Karaganda OHD and Medical Information Center continued to operate independently with minimal support from ZdravPlus. The Karaganda HIS continued generating data for quality improvement based on the standard menu of PHC indicators and the results were discussed at regular meetings of Karaganda OHD (colleagues' meetings).

AH and FP/SM/RH Monitoring

KAFP and ZdravPlus continued to support monitoring systems for AH and Safe Motherhood programs in pilots. In Karaganda AH sites, annual chart review, screening and patient survey data were collected and analyzed during the reporting period (results are summarized in the AH section of the report). FP/RH/SM monitoring continued with support from health departments and local quality improvement groups. Data collected is being used to develop summary information leaflets for each pilot maternity targeting various audiences – policy makers, health professionals and population.

On March 8-14, 2009 KAFP President attended an advanced course on arterial hypertension in Courmayer in Italy. The course was organized and provided by the European Society of Hypertension (ESH). On the basis of this course KAFP and Almaty PGI FM trainers have prepared a 1-day AH module training, which will be provided in 6 Oblasts of Kazakhstan in July-December 2009 with funding from a pharmaceutical company Berlin-Chemi.

Donor/Project Collaboration and Coordination

ZdravPlus continued to collaborate with all donors and projects that support the MOH in implementing the SHCDP, and that contribute to the development of health policy and the new Health Care Development Strategy 2020. The Project's collaboration with the MOH and World Bank on start-up of the World Bank IRTT Project in 2009 remained a key priority. Collaboration with WHO, UNICEF, and UNFPA on MCH issues continued with a focus on national implementation of the WHO EPC program, family planning, and child health. ZdravPlus collaborated with the WHO, Project Hope, KNCV, GFTAM on TB and HIV.

Resource Use

The core of Resource Use activities during the entire ZdravPlus Project has been establishment and development of the oblast single-payer health financing system. This system solidifies USAID investment in health reform and health financing over the last 15 years, is functioning and institutionalized, and will contribute to increased equity, financial risk protection, efficiency, access, and improvements in quality for Kazak citizens in the future. Limited Resource Use activities were implemented (as described below) to solidify technical elements and operation of the oblast single-payer system, however, the majority of ZdravPlus Resource Use-related effort over the last six months was on the legal and policy front to maintain the oblast single-payer system (as described in the Stewardship section above).

Health Care Delivery System Restructuring and Human Resources Planning

KAFP continued to engage in dialogue on PHC structure, development of the PHC sector, and rural PHC human resource issues. ZdravPlus contributed to revision of implementation plans and start-up for the World Bank IRTT hospital master planning, restructuring and investment activities.

Health Financing

Oblast Single-payer System

Regional health financing seminars which have been the core technical assistance mechanism for during the ZdravPlus Project were delayed till later in the year due to the delayed start-up of the World

Bank IRTT Project (cost-sharing between the MOH, WB IRTT Project and ZdravPlus). ZdravPlus provided limited support to MOH, MOF, OHD, and Oblast Finance Departments to improve technical methodology and further solidify system operations.

World Bank Project Health Financing Component

Although ZdravPlus contributed to the Word Bank IRTT Project start-up, implementation plans, TORs, etc. for all IRTT Project components, special emphasis was on contributions to specification and plans for the Health Financing Component.

Provider Payment System Refinement

ZdravPlus continued supporting the MOH and OHDs (oblast single-payer) in design, development, and refinement of provider payment systems. In February and March, at the request of the MOH, ZdravPlus provided support in collecting and analyzing information on oblast implementation of the new provider payment systems including the two-level capitated rate, case-based hospital payment system, outpatient specialty care fee schedules, and partial fund holding. Each oblast provided information on their implementation status, analyses of their problems, and proposals on further implementation and improvements. ZdravPlus provided analytical comments on the information collected and assisted the MOH in preparing an analytical report/presentation on provider payment system implementation issues for the new MOH leadership. Specifically, the presentation provided a brief description of each new provider payment system including its benefits in terms of rational resource use and provider incentives; conditions for their successful implementation including the appropriate level of budget consolidation (pooling of funds); provider autonomy in managing internal resources and their responsiveness to health needs; impediments in the system to implementation such as the Treasury System rigid regulations. In addition, ZdravPlus also completed further analysis and costing of the case-based hospital payment system parameters including case classification.

Health Information Systems

Over the last six months, the ZdravPlus-supported HIS in Karaganda which has served as a model for national HIS development was further institutionalized. ZdravPlus also provided technical assistance to improve oblast Medical Information Center (MIC) operations and continue to develop the concept for establishment of a National MIC.

Health Management

Through the National EPC Conference in Astana in March ZdravPlus disseminated best management experiences of pilot maternity hospitals in reorganizing their facilities, and changing traditional hospital management practices to respond to EPC requirements centered on the needs of birthing women, newborns, partners and family members.

Service Delivery

Largely through KAFP, ZdravPlus continued solidifying PHC/family medicine introduction and education; strengthening links between PGI/KAFP and Medical Academy FM faculties; supporting development of the PHC Provider Attestation Commission; promoting, consolidating, strengthening and rolling out EBM/QI approaches in clinical practice at PHC and hospital levels through ongoing AH and FP/RH/SP service delivery improvements. Preparation for the first ever National Conference of Family Practitioners approved by the MOH for June 2009 served as the backbone around which family medicine national and oblast level supporters were consolidated and family medicine approaches and advantages promoted to health policy makers, health professionals and the population.

Medical Education

Family Medicine Faculty Development

KAFP and its 15 oblast branches continued to strengthen FM faculties and residency programs in the PGI and Medical Universities. With funding from a private US Family Medicine Foundation and ZdravPlus largely volunteer consultant David Kuter, Almaty PGI and Semipalatinsk Medical Academy FM trainers continued to access a U.S. website and obtain DVDs with modern clinical information. Family medicine teachers have access to this very helpful site on a daily basis when they

need to counsel patients and prepare lectures, training materials, and tests. In May, KAFP HQ and Almaty PGI FM Faculty organized internet sessions. The EBM Center located in Almaty PGI building brought together over 60 teachers and physicians from throughout Kazakhstan including Medical University trainers and residency students. Internet sessions were provided by the Moscow Association of Russian Internists.

The paragraph below summarizes core results of family medicine development in the country over the last decade supported by KAFP:

- Over the last ten years, Kazakhstan has moved from the old Semashko model of with disintegrated services for adults, women and children to a more integrated model providing greater access, equity and higher quality services to the population. The State Health Care Development Program supports the development of family medicine in the country including organization of PHC entities serving mixed populations to improve the accessibility of the population to patient–centered PHC services.
- Today more than 200 practicing family physicians across the country serve both children and adults. The new PHC system is supported by PHC per capita provider payment systems including incentives encouraging PHC providers to improve quality of care. Over 1 billion tenge has been allocated by the Government for the retraining of medical professionals to become family physicians and more than 1,000 doctors have been retrained over the last 5 years.
- Family medicine has been institutionalized in medical education. The number of Family Medicine Chairs in medical academies has tripled since 1996 when the first Family Medicine Chair was organized under Almaty PGI. Now all medical academies in Kazakhstan have Family Medicine chairs totaling 25.
- Around 60 faculty members representing all medical academies in Kazakhstan have undergone FM TOT courses;

Family Medicine Residency Program

KAFP/PGI continued to develop and strengthen the Family Medicine Residency Program by providing training to FM residents and increasing the number of students. Currently 11 family medicine students are undergoing their residency programs at the Almaty PGI FM Faculty. All 11 FM residency students were involved in the preparation of the first National Family Medicine Conference and satellite events in June organized by Almaty PGI, KAFP, and ZdravPlus. ZdravPlus and KAFP organized a 1-month training for six second year residency students in Almaty City Maternity House #1. Head Doctor and Safe Motherhood trainer Akmira Sadykova provided an EPC training which was funded by Family Medicine Faculty of Almaty PGI.

Ob/Gyn Undergraduate and Graduate Training Programs

Institutionalization of WHO/EPC in ob/gyn undergraduate and graduate teaching programs continued through a concerted effort of MOH, WHO, UNICEF, and ZdravPlus. In collaboration with WHO, ZdravPlus contributed to the development of national guidelines on implementing WHO EPC training programs. Within these guidelines and the National Program Aimed at Reducing Child and Maternal Mortality Rates, a team of national EPC trainers was developed. Cost-sharing of the MOH and ZdravPlus enabled provision of a TOT program for the national team on adult teaching methods. The EPC clinical training cycle was implemented in Astana by WHO-certified trainers and funded by the MOH. The national training team now includes 10 ob/gyns, 5 midwives and 5 neonatologists from Almaty and Astana MCH Centers who will provide training to faculty members of all medical academies who, in turn, will continue rollout trainings for practicing doctors.

In June national EPC trainers supported by three ZdravPlus international trainers, provided a full fledged EPC training in Dzhambul Oblast fully funded from the local budget. This process will encourage improvement of CME along WHO EPC guidelines. On the undergraduate level, ZdravPlus completed work with three medical academies (Almaty, Astana and Karaganda) started in November 2008 and continued in March 2009 aimed at revising key ob/gyn teaching topics to be consistent with WHO EPC recommendations. A half-day working group meeting with three medical academies was the next step in integrating the EPC program into undergraduate medical education. It was led by a ZdravPlus international consultant ob/gyn who shared experiences in integrating EPC in medical

education in Moldova. The importance of reconsidering both the curricula and content of teaching materials in line with WHO EPC recommendations was strongly emphasized. By now, three medical academies have revised the following specific topics along the WHO EPC recommendations: pre-term delivery, pre-term eruption of fetal waters, low weight, fetus slow growth, sepsis, hemorrhage, and pre-eclampsia. The working group decided to develop a national manual on obstetrics and gynecology integrating WHO EPC practices, the Astana MCH Center and Astana medical academy trainers will lead the development of this manual.

EBM and CPGs

KAFP

Over the last six months, KAFP promoted EBM as described below:

- KAFP President Damilya Nugmanova and Almaty PGI FM Faculty continued to provide courses on basic EBM principles which trained practicing physicians to make a critical assessment of clinical articles in Russian, gave examples of non evidence-based clinical practice, and warned PHC doctors of overuse of infusions, injections, antibiotics, and other medications. On January 5-16, KAFP provided a 2-week EBM course for 11 family medicine residency students of the Almaty PGI. From March to June 90 hours of EBM and quality assurance training was provided for 5 Master Degree Public Health students of Almaty PGI. The AH CBDE course was used for quality improvement training.
- In June, Florida State University, in collaboration with MOH, Almaty PGI, and KAFP, provided a 2-week international course on health research, EBM, and research grant application preparation for 25 senior scientists of Kazakh research centers and medical academies.
- In June in Almaty PGI, KAFP and ZdravPlus organized a first National Family Medicine Conference satellite event – presentation of a plaque to the EBM Center commemorating the long-term collaboration of the PGI Family Medicine Faculty and USAID ZdravReform/ZdravPlus Projects (1996-2009). The innovative computer-based distance education (CBDE) course on arterial hypertension (AH) was presented to Almaty PGI Scientific Council members. The AH CBDE course reflects EBM approaches in AH management and includes a continuous quality improvement training component. The course targets PHC/family physicians. The AH CBDE course was developed through the collaborative effort of PGI, KAFP, and ZdravPlus including individual consultants from PACTEC.
- For the first National Family Medicine Conference, KAFP prepared a brochure with two EBM articles written by Russian EBM specialists which disclose the waste of government budget for non-evidence based research in medicine.

EBM Promotion

ZdravPlus and KAFP continued to consolidate and promote EBM in the medical education and research communities. Twenty-four leading medical education and research organizations across the country continued to receive access to the Guideline International Network (G-I-N) web site, a clearinghouse of EBM resource materials, with membership provided by ZdravPlus. The new EPC Resource Center in Astana, opened during the reporting period within the GDA project, also joined G-I-N. 4 other EPC Resource Centers opened in Astana through the GDA, also received internet access.

CPG Development

The new AH CPG for primary and hospital care has passed independent expert review organized by ZdravPlus in coordination with the Institute of Cardiology and Internal Diseases. Expert comments and proposals have been received from the Drug Information Center, KAFP and ZdravPlus international specialists. The CPG is currently being finalized taking into consideration the expert opinions. ZdravPlus will continue work with the Cardiology and Internal Diseases Institute to get the CPG approved by the Institute of Health care Development and the MOH.

Quality Assurance

PHC Provider Attestation

Over the last six months, the Attestation Committee under the MOH's Quality Committee underwent structural changes and was split into three separate bodies covering North, Central and South Kazakhstan. KAFP retained its position on the Highest GP and Internist Category Attestation Commission. KAFP members participated in two meetings of this Commission held in March and May.

Accreditation

ZdravPlus contributed to developing the capacity of the MOH and oblast level quality committee by involving its members in all ZdravPlus-supported events related to quality improvement including local EPC policy meetings in Almaty, Astana and Kyzylorda implemented within EPC follow-up and training activities and the National EPC meeting in Astana in March. Through these events MOH quality committee members were informed and educated in WHO EPC approaches and implementation processes.

CPG Implementation/Quality Improvement Projects

Family Planning

Post-partum and post abortion family planning is an integral part of the Safe Motherhood implementation strategy. In the past six months, post-partum and post-abortion family planning services were discussed and their importance re-emphasized during mentoring visits to Astana and Almaty FP/RH/SM pilot sites, Kyzylorda EPC training in March, national Family Planning meeting in Astana and the national EPC meeting in Astana on March 27th (see Stewardship section). All ZdravPlus-supported FP/RH/SM pilot facilities continued providing family planning counseling services to women during prenatal visits and prenatal classes in PHC facilities, and also during consultations in post-partum and post-abortion departments.

Safe Motherhood IIP

Consolidation, further institutionalization of the Safe Motherhood program in medical education and dissemination of results remained a priority activity over the past six months.

EPC follow-up activities in Astana and Almaty

Two ZdravPlus international consultants certified by WHO teamed with local trainers (a neonatologist and midwife from Almaty MCH Center earlier trained through ZdravPlus and effectively implementing EPC practices in Almaty MCH Center) carried out a 5-day long reinforcement mentoring program in Astana MCH Center. The follow-up program enhanced theoretical and practical skills of the Astana MCH staff to implement WHO EPC practices.

Improvement of Neonatal Services

20 neonatologists (4 from Almaty, 6 from Karaganda, 5 from Astana Roddoms and 5 from Astana MCH Center) participated in the reinforcement sessions implemented during the Astana EPC follow-up framework. Two days out of five were devoted to observation of practices in the Astana MCH Center and developing practical skills and 3 days were focused on situational analyses, lectures and discussion of specific neonatological topics. As a result a strong and competent national team of neonatologists has been shaped.

Antenatal care

The Kazakhstan team contributed to the ZdravPlus regional ANC meeting in Bishkek aimed at revising the current PHC/family medicine ANC training programs in Central Asia. The objective of improving the ANC course that can be used in FM residency/intern training, FM retraining, and FM CME was accomplished.

Quality Improvement

Following ZdravPlus-supported QI trainings in Karaganda Oblast in February and March 2008, the Karaganda Oblast Health Department selected key indicators to assess the improvement of quality of services provided in Safe Motherhood pilots. The indicators include free labor position, not on back

delivery, partnership labor and delivery, demedicalization, and the use of partogram. The oblast quality improvement team, headed by the EPC Implementation Coordinator, collects data from each facility for analysis and provides feedback to heads of these facilities for consideration and action.

Monitoring and Evaluation

In the 5th monitoring and evaluation round, all pilot sites in Astana, Almaty, and Karaganda oblasts, and the cities of Pavlodar, Ust-Kamenogorsk and Semipalatinsk, collected EPC implementation data using postpartum surveys and chart reviews.

Arterial Hypertension

ZdravPlus continued to implement, roll-out, consolidate, and institutionalize the AH QI activities of the Cardiology Institute, PGI, Karaganda OHD, KAFP, DIC and other implementing health care providers in the Karaganda pilots and the Kokshetau and Pavlodar KAFP roll-out sites.

Karaganda AH QI Pilots

AH implementation activities in Karaganda continued coordinated by the KAFP Branch and supported by the OHD. The KAFP Branch in Karaganda provided technical support to the OHD and health providers to prepare a presentation on AH QI for a meeting of the Cardiology Board of Karaganda Oblast sharing key approaches on improving quality of care for patients with AH. As on of the final project activities, ZdravPlus provided technical support in data analyses and data presentation. The KAFP branch organized a team meeting in each pilot site, presented chart review, survey and HIS data, and facilitated open discussion of achievements and further steps adapted to each pilot facility's needs.

AH patient classes continued to operate. In the first half 2009, 134 patients attended AH classes (87 patients in policlinic #1 and 47 patients in policlinic #2). Demand for AH patient classes continued for expand. For example, a family physician from Asakarovka village who is interested in teaching AH patients received a full set of materials to run an AH patient school and is planning to start teaching patients with hypertension on outpatient level.

Roll-out of AH QI in Other Oblasts Through KAFP Branches and PGI FM Departments

KAFP and FM faculty supported the replication and rollout of AH QI in a number of sites by both directly supporting AH QI processes and providing training on the AH CPG module collaboratively with the PGI and medical academies. A total of 199 doctors have been trained on the AH CPG since January 2009 (PGI–139 doctors, Semipalatinsk Medical Academy—20 doctors, Karaganda Medical Academy – 40 doctors)

Monitoring and Evaluation

Karaganda OHD has institutionalized the AH monitoring system supported by the oblast HIS which collects the required data based on the menu of selected indicators. It is critically important that the information available in the health care system helps doctors and health managers to see results which can be used to develop improvements. For example, the number of patients admitted to hospitals with AH complications decreased from 30.8% in 2005, to 21.1% in 2006 to 10.4% in 2008.

A follow-up AH patient chart review was conducted with KAFP and ZdravPlus support in Karaganda pilots as part of the QI process. A total of 895 charts from six PHC facilities implementing the AH CPG were randomly selected and analyzed. The analysis below shows significant improvements in clinical practice for a number of indicators:

Karaganda AH CQI Results, 2008

Indicators	2007	2008
% patients who passed ECG, urine test, and blood glucose test	68.2%	84.5%
% patients who passed serum creatine test	57.4%	84.8%,
% patients who passed cholesterol test	56.1%	84.7%.

% patients who received healthy lifer style recommendations:		
Salt reduction	83.8%	92.4%
Diet adherence	83.0%	92.3%
Physical exercise	67.8%	81.3%

A patient survey conducted in Karaganda sites also demonstrated that the number of patients who took first line medication increased from 73.6% to 87.1%, the number of patients who didn't forget to take hypertensive drugs in the last 24 hours also went up from 64.5% to 77.5%. In 2007 73.1% of patients knew what kind of medication to take, one year later in 2008 86.3% of patents said during the survey that they "know very well what kind of medication and how to take" (baseline 2005--58% of AH patients positively replied to that question).

It seems clear that doctor training, patient education and training through AH patient classes and specific education aids such as AH patient reminders contributed to the positive results. This comprehensive approach linked with broader health system reforms produced a positive outcome as according to a chart review the number of patients who reached the target blood pressure level reached 33% in 2008 (compared to the 2005 baseline of 24%).

Population and Community Health

Promoting and Marketing the Health Reforms

In the first six months of the last year of the project, ZdravPlus focused most of its activities on program information dissemination connected to USAID outreach. The information dissemination/outreach events summarized below are organized in a chronological order.

World TB Day

In April, in line with our strategy to take advantage of the international community's efforts to raise awareness of health issues through days such as "World TB Day", ZdravPlus together with the National Medical University, National TB Institute, National Healthy Lifestyles Center, Almaty City TB Dispensary new MDR-department and Project Hope hosted a public event aimed at promoting TB to PHC and future general practitioners, policy makers and general public. Around 70 future physicians and faculty members joined with Kevin Milas, DCM of the US Embassy, heads of hospitals, organizations and clinics that work in TB infection control to learn about issues surrounding TB and national/international strategies to combat it. Students participated in a TB poster campaign and awards were given to the posters with the most effective public message. Doctors spoke about careers in phthisiotherapy and the day concluded with a guided visit to the TB dispensary where the students toured the facility and had a meeting with practicing doctors where TB DOTS treatment and appropriate TB infection control were emphasized. The event received media coverage on two TV channels in Almaty and three articles in widely circulated news publications. Rahat TV aired the story that evening. According to their estimates, 60% of Kazakhstan's television viewing audience watched the coverage of the event.

Global Development Alliance (GDA) 5th Year Celebration in Astana

In April, ZdravPlus and ExxonMobil finished the 5th GDA Project focused on consolidating Safe Motherhood activities in Astana by providing re-enforcement trainings to Astana MCH Center and other maternities' staff, organization of Safe Motherhood Resource Centers in six maternities and outpatient facilities, and integration of WHO EPC strategies into medical education. On April 29th USAID and ExxonMobil hosted a press event at the Astana MCH Center to unveil a plaque at one of the 6 new Safe Motherhood Resource Centers established through the GDA and celebrate 5 years of GDA partnership. All 6 Resource Centers opened under GDA 5 have been provided with books, CDs, information education materials, computers, and internet access to serve as reference materials enabling continued development and institutionalization of the Safe Motherhood program. These centers opened in MCH Center, Roddom #1, Roddom #3, Perinatal Center, FGP Demeu, and the

Medical Academy. The event concluded the 5 years of GDA projects by celebrating achievements and summarizing health reform strategies and results. Media coverage included 1 national and 2 oblast newspapers and a national news agency website as well as a spin-off article profiling the Safe Mother Program in Astana.

Marketing the GBP and Patient's Rights

A poster promoting GBP, patient's choice of provider and rights for information regarding health and health services has been developed, reviewed by NGOs (Aman Saulyk, Consumers' League, KAFP) and approved by the MOH Quality Committee for publication. A limited number of hard copies will be published and distributed through the NGOs for further dissemination to the general public. E-copies will be distributed to health departments and NGOs for dissemination.

Health Promotion

Business Women's Association of Kazakhstan (BWAK)

The Red Apple Hotline grant was closed on at the end of April, a month earlier than planned as discussed with USAID. The hotline was working with USAID funding support for 8 years from April 2001 through April 2009. It has played a significant role in providing prompt family planning information to the population and also educating targeted risk groups such as youth on family planning and reproductive health issues. The Red Apple hotline established a country wide network with the branches located in Almaty, Astana, Karaganda supported a through USAID ZdravPlus grant and other sites supported directly by BWAK from other funding sources. During 8 years of operation the hotline answered 520,000 calls. In the currently difficult economic environment BWAK led by its President Raushan Sarsenbayeva are looking for both government and non-government sources of funding to maintain the Red Apple branches in the future. BWAK has continuously worked with the MOH and oblast health departments to develop tender proposals to the MOH that would include continuation of the hotlines under oblast health departments. As of May 2009 the BWAK reports on the status of its branches:

- In South Kazakhstan Oblast, the hotline branch will continue operating with UNICEF/UNFPA funding;
- In Pavlodar Oblast, the hotline will continue operating under the Health Academy funded by BWAK local branch;
- In Zhambyl Oblast, a state procurement order has been received this year to organize a hotline;
- In Astana City, the Astana BWAK Branch has submitted a proposal for a state procurement order to maintain the Red Apple Hotline in Astana which is now being considered by the MOH.
- In Karaganda Oblast and Astana City, BWAK sent letters/proposals to Almaty and Karaganda health departments encouraging them to maintain the hotlines with no response to date.

Kazakhstan Association of Family Physicians (KAFP)

KAFP branch in Aktobe Oblast (Director – Tatiana Ostretsova) has received three small grants (from 3,000 to 5,000 USD) from the Aktobe Oblast Akimat for health promotion. Akimats received these funds from the MOH as direct transfers from the national government for health promotion. KAFP HQ and ZdravPlus Office marketing group provided electronic and hard copies of the patient/population education materials on IMCI, EPC, Arterial Hypertension, and other materials for this branch. The KAFP IPC trainer in Aktobe provides interpersonal communication skills training for rural physicians and nurses.

Support to Service Delivery and Quality Improvement Programs

Nine family planning booklets developed by ZdravPlus and the USAID Tiahrt Poster, translated into the Kazakh language were printed for dissemination in quality improvement sites. These brochures will be provided to all FP/RH/SM pilots for patient counseling by providers.

KYRGYZSTAN
Six-month Report
January - June 2009

The overall ZdravPlus strategy in Kyrgyzstan remained the same – support Kyrgyz partners in implementation of the Manas Taalimi Health Sector Reform Strategy and the sector-wide approach (SWAp) which aligns donor/project investment and donor/project coordination around Manas Taalimi. USAID parallel financing is critical to Manas Taalimi/SWAp and USAID/ZdravPlus remained the only parallel financier contributing to implementation of all 8 components (Population Involvement, Health Financing, Individual Health Services, Public Health, Content of Clinical Practice, Priority Programs, Human Resources and Medical Education, and Stewardship). The priority of ZdravPlus work over the last six months was completing and institutionalizing activities to the extent possible.

Stewardship

Legal and Policy

Manas Taalimi

In May, ZdravPlus contributed to the Manas Taalimi/SWAp Health Summit technical reviews in all 8 Manas Taalimi Components. In general, technical progress in implementation of Manas Taalimi activities was excellent. The major policy issue remained the unmerging of general hospitals which would increase fixed costs and decrease efficiency, going backwards on the hard-fought efficiency gains of the last ten years, reducing the effectiveness of the single-payer/MHIF provider payment systems and making the State Guaranteed Benefit Package and service delivery improvements less sustainable. The MOH reiterated again that there would be no further unmerging of general hospitals. ZdravPlus/STLI consultants also provided clinical expertise in the review of the content of procurement packages at the request of the World Bank.

Health Financing

In January, the Parliament approved a package of legal documents amending a number of laws to resolve the long-standing issues in the single-payer system funds flow for the SGBP. ZdravPlus lawyer contributed to the development of the entire legal package which required years of dialogue to develop consensus and formulate solutions. Although significant level of effort will be required to implement these changes, over time they will enable the single-payer system/MHIF to continue to improve health purchasing mechanisms and will allow increased autonomy and accountability of health providers. The previous arrangement significantly constrained the ability of the single-payer system/MHIF to implement true output-based financing, a full “money follows the patient” approach, and expansion of health provider autonomy and accountability. The solution is based on retaining the single-payer system/MHIF funds flow for the SGBP within the Treasury System but shifting it from economic classification 2216 to classification 27116 on “social insurance.” Four laws amended are the Basic Principles of Budget Law, Law on Health Protection, Law on Medical Insurance, and Law on Single-Payer. The next step is improving the regulatory framework and developing and implementing plans to realize the new funds flow mechanisms.

ZdravPlus continued to contribute to the development of legal and regulatory documents and plans for the separation of the MHIF as mandated by the President. The Manas Taalimi Mid-Term Review specified a set of conditions under which it was believed that MHIF separation would not undermine the successful health financing reforms but many if not most of these conditions have yet to be met. The status and timing of this separation is not clear although it is still expected to occur and it is likely further policy dialogue will be required in the future. Policy dialogue continued on other health financing improvements including new financing mechanisms for public health (SES), TB, other vertical systems such as psychology and oncology, the High-Tech Fund, and nursing education.

Service Delivery and Quality Improvement

ZdravPlus STLI consultants worked with the national coordinator for quality improvement to develop a national strategy on QI that defines the institutional roles and relationships necessary for a coordinated approach to improve the content of medical practice. In addition, focusing on

cardiovascular disease, STLI consultants have worked with associations and institutes playing key roles at every level of this QI strategy:

- EBM center and tertiary institutes develop evidence-based clinical practice guidelines and/or protocols on priority themes;
- Educational institutes (KSMIRCE, KSMA) develop pre-service and in-service educational modules based on new CP/CPG recommendations;
- Professional associations (FGPA) coordinate quality-improvement activities at the service-delivery level follow in-service training to insure implementation of the new recommendations.

Although many of these important players have existed for several years, there has been a lack of national-level vision and coordination to produce the synergy necessary to realize significant improvements in the delivery of evidence-based care. This appears to be improving following several national-level roundtables on QI held in 2008 and the development of overall consensus on key roles and relationships.

ZdravPlus/STLI also played a key coordinating role between the Center for Health Systems Development and Information Technology, the National Medical Information Center, and KSMIRCE to prepare for the delivery of computer-based CME courses to practicing physicians, including defining roles and relationships between these institutes.

Legal Framework

ZdravPlus continued to work closely with MOH and counterparts on the development of the health system's legal and regulatory framework, and provided technical assistance in preparing a number of regulatory documents including:

- A draft Law of the Kyrgyz Republic, titled "On Public Health."
- A draft order of the Ministry of Health of the Kyrgyz Republic, titled: "On further improvement of the licensing system in the Kyrgyz Republic"
- Comments and recommendations on draft technical regulations on the safety of drinking water;
- Comments and recommendations on draft regulations on the National Register of sources of ionizing radiation;
- Comments and recommendations on technical regulations on radiation safety;
- Comments and recommendations on regulations on the certification and registration of medical and pharmaceutical workers in the Kyrgyz Republic;
- Comments and recommendations to the Regulation titled "State system for monitoring and evaluation of state programs on HIV/AIDS in the Kyrgyz Republic;"
- Comments and recommendations to the Regulation titled "On the Monitoring and Evaluation Division of the Republican AIDS Association;"

In addition, the ZdravPlus legal expert gave a presentation for health care management staff from health facilities around the nation titled "Legal Aspects of Health Care in the Kyrgyz Republic."

Institutional Structure, Roles and Relationships

A priority in the last year of ZdravPlus, as described throughout this 6-month report, institutional structure, roles, and relationships were clarified and solidified in a number of areas which contributes to further institutionalization and sustainability of the health reforms. A particular focus was continuing to work with professional associations to further refine and implement the sustainability plans they developed in 2008 with ZdravPlus support.

Policy Marketing

Over the reporting period, the MOH Press Center (MOH PC) continued to disseminate press releases on the reforms to policy makers, health care professionals, and the general population via mass media outlets. The MOH PC organized:

- Fifteen TV and radio broadcasts on outcomes of health care reform implementation;
- Ten broadcasts on the prevention of infectious and chronic diseases;
- Press conferences and broadcasts on the development of health sector NGOs;
- A press conference presenting the WHO Country report on trauma in KR;
- Press conferences and coverage of events dedicated to World Kidney Day, World Health Day, World TB Control Day, World Antismoking Day, and World Nursing Day;
- Participation of officials from the MOH and MHIF in live broadcasts on National Radio and TV Company on the issues of health care system reform and private medicine.

To increase the public's professional image of nurses and awareness of nurses' changing role in the health care system, the MOH Press Center organized a competition for the best media piece on nursing. Fifteen journalists from around the country participated in the competition. Thirty-three articles, videos and radio spots were submitted to members of the competition's jury, which included representatives of the FGPA, MOH, ZdravPlus, and others. Prizes were awarded during the celebration of World Nurse Day on March 12. The winner – a video produced by Naryn Oblast TV Company – was shown at the event.

Monitoring and Evaluation

ZdravPlus continued to collaboration with the WHO Health Policy Analysis Project (HPAP) to provide technical input on the Manas Taalimi M&E framework and provide clinical expertise to special research studies documenting the health reforms. For example, ZdravPlus/STLI consultants contributed to the design of a hospital utilization study coordinated by the Health Policy Analysis Unit. This study was requested by the MOH to assess the frequency and nature of inappropriate hospital admissions following a recent report by a foreign consultant on hospital utilization which estimated that as many as 30% of hospital admissions are inappropriate (i.e. cases that should be managed on the outpatient level). In addition, quality improvement monitoring of indicators in programs such as Safe Motherhood, hypertension, and asthma continued to become more institutionalized into general health service delivery.

Donor/Project Collaboration and Coordination

As described throughout this report, ZdravPlus collaborated closely with other USAID projects, SWAp joint financiers, and SWAp parallel financiers including UN agencies and other bi-lateral projects on the implementation of Manas Taalimi/SWAp.

Resource Use

Health Delivery System Structure and Human Resources

On health delivery system structure, ZdravPlus collaborated with other development partners on a report on the status and next steps in hospital rationalization in Bishkek and Osh Cities. Although the oblast level health delivery system has been restructured and rationalized, little has been done in Bishkek and Osh Cities. This is a very political issue whose importance is increasing again as the gap in SGBP funding appears to be increasing (after remaining stable for a few years) due to inflation, the financial crisis, and no efficiency increases in Bishkek and Osh Cities.

The Family Group Practice Association and Hospital Association led a variety of activities and ongoing dialogue on health delivery system structure issues such as the abundance and placement of narrow outpatient specialists still dominating Family Medicine Centers, inappropriate expansion of General Practice Centers. ZdravPlus/STLI supported the Department of Neurology of the Republican Hospital to formulate concepts of appropriate equipment needs and allocation of resources among the network of hospitals involved in the care of patients with neurologic disorders.

ZdravPlus participated in MOH working group activities on the development of registration procedures for health care and pharmaceutical workers. As a result of the working group's efforts, the

MOH approved and issued a prikaz on registration sanctioning adjustment and improvement to registration procedures. The working group developed, tested, and installed the electronic block for health care and pharmaceutical workers registration in MOH HR Department. The block was developed in such a way that it can be integrated with the National Database on personnel. The process of registration in the electronic version began in June 2009. ZdravPlus also continued work to institutionalize the personnel database into overall country health information and management systems.

ZdravPlus and the MOH HR department conducted working group meetings for the representatives of professional associations on the procedures for NGO certification and registration.

Health Financing

Program Budgeting and Budget Formation

ZdravPlus/Socium Consult provided technical assistance to the MOH, MHIF, and MOF to refine the health program budgets and form the health budget for 2009.

MHIF Purchasing

Over the last six months, ZdravPlus supported the MHIF as they continued to implement, improve, monitor, and build capacity for health purchasing mechanisms and provider payment systems for the State Guaranteed Benefit Package (SGBP) and Additional Outpatient Drug Benefit (AODB). No major issues have arisen and there are no major deviations from Manas Taalimi plans for 2009. The MHIF also worked to adapt the case-based hospital payment system and clinical information form to enable payment for services provided at home last winter if another energy crisis were to occur.

MOH Purchasing

Over the last six months, purchasing for health programs for which the MOH is purchaser (Public Health, High-Tech Fund, and Other including vertical systems and education) progressed well. The new health financing mechanisms and provider payment systems for public health and vertical systems with significant public health ramifications (infectious diseases) are generally specified the same and consist of: 1.) a program budget formation to ensure allocation of a set budget amount and reinvestment of savings; 2.) facility budget formation based on appropriate factors such as capitation for public health and case classification based on WHO DOTS categories for TB; 3.) a payment system of a global budget giving providers flexibility to allocate resources; 4.) support for restructuring and a new salary payment system for staff. ZdravPlus/Socium Consult conducted a workshop in Bishkek in April for 158 representatives of SES, TB facilities, and mental health facilities entitled “Results of New Financing Mechanisms for SES, TB, and Mental Health s for the year 2008 and Calculation of Budgets for 2009.” In May ZdravPlus/Socium Consult conducted a seminar in Osh for 15 representatives of medical colleges entitled: “The Introduction of Capitation Financing for Medical Colleges.” Work also continued on the process of gradually moving health services provided in vertical systems to the SGBP, next steps are movement of oncology and hemotology services.

Health Information Systems

ZdravPlus continued to support the Republican Medical Information Center (RMIC) to implement improvements to the HIS. During the first half of 2009, RMIC conducted monitoring of indicators of achievement for the Manas Taalimi National Health Reform Program. The RMIC made changes to “MedStat” software, including improvements to the database on health system staff, and outpatient clinical information forms. The RMIC then conducted testing of the software changes at FMC #8 in Bishkek. At the time of this report, the RMIC has initiated installation of the updated software in Bishkek FMCs.

RMIC instituted registers of newborn, infant and maternal mortality in Batken and Talas oblasts. During the reporting period, the RMIC monitored the effectiveness and use of the registers in Bishkek and Chui oblast.

ZdravPlus continued to engage in dialogue on the ongoing expansion of vertical system information and reporting requirements which are substantially increasing provider reporting burden particularly on PHC, especially dangerous given the rural human resources crisis. More dialogue will be needed

and ZdravPlus will continue to advocate for more rapid roll-out and expanded use of general HIS to produce reports for vertical systems rather than continuing to introduce parallel and duplicative information systems for vertical systems.

The ZdravPlus IT specialist in Issyk-Kul continues to provide assistance to the Oblast MIC for installation and operation of the Enrolled Population Database and Outpatient CIF software, providing consultations to representatives of FMCs throughout the oblast. To improve services, the MIC Specialist for IKO agreed with some rayon FMC directors to install computers with Population Enrollment Software in FMC Reception Offices. This has assisted in improving the speed and accuracy of patient information searches. When a patient registers to see a doctor, the receptionist prints out the patient CIF form, and later the physician fills in his/her diagnosis and prescriptions.

Service Delivery

Medical Education

Undergraduate Medical Education Reform and Family Medicine Residency Training

ZdravPlus continued to collaborate with other donors/projects to support the further development and initial implementation of the medical education reform concept. ZdravPlus also led the May Manas Taalimi/SWAp Health Summit technical review of the Human Resources and Medical Education component that demonstrated movement in medical education reform after a few years of false starts.

ZdravPlus/STLI consultants continue to provide ongoing clinical training to three 1st-year and 15 2nd-year family medicine residents. ZdravPlus/STLI consultants assisted with a one-day family medicine (FM) symposium for approximately 35 6th-year medical students and six 2nd-year FM residents from KSMA to promote FM as a specialty and provide basic skills training. ZdravPlus/STLI consultants gave an overview of typical family medicine practice and led workshops on knee exams and airway management and basic life support.

ZdravPlus/STLI consultants also conducted a six-hour advanced life support course for 48 medical students from KSMA and a modular course held over 16 weeks on advanced pediatric life support for 15 faculty, residents, and students. In addition, an 80-hour TOT was conducted on basic emergency care for 13 teachers from nursing colleges in Bishkek, Tokmok and Karabalta. Following this course, the faculty are able to incorporate training materials and teaching approaches to improve their curricula on emergency care for nurse and feldsher students.

Continuing Medical Education (CME)

ZdravPlus/STLI consultants continue to provide ongoing support to and mentoring of postgraduate FM trainers to plan and develop in-service training courses. Following a course for FM trainers on the essentials of cardiovascular disease led by the National Institute of Cardiology and Therapy, ZdravPlus/STLI consultants assisted these same FM trainers in adapting the material to create a five-day CME course on CVD and cerebrovascular disease for FGP physicians, including presentations, interactive workshops, teachers' notes, and printed materials for course participants. Funded through the FMSA grant, this was the first time FM trainers have developed a new CME course based entirely on CP/CPGs developed within Kyrgyzstan (rather than an international vertical training program or WHO materials), which not only reflects the maturity of the FM trainers and their capacity to develop high quality training materials, but also the general capacity within the country to promote the implementation of evidence-based practices. CME with ZdravPlus funding the FM trainers through a grant to the Family Medicine Specialist Association and Manas Taalimi budget funding for participant costs started late due to late approval of the Kyrgyz national budget and delays in allocating budget funding but is expected to progress well in the second half of 2009.

A new course on CVD and cerebrovascular disease for ambulance feldshers has been developed and was approved by the MOH. The course content is consistent with practice guidelines contained in the corresponding course for FGP physicians. A TOT is planned for July and the trainers will begin leading the course in September. Coordination of CVD training among various levels of health service delivery will ensure the goals of continuity of care are met within this priority health theme, which is responsible for over 50% of all adult deaths in Kyrgyzstan. As with FM trainers, the ability to respond

to national health priorities by developing CME curricula based on national practice guidelines reflects the maturity of the network of KSMIRCE's primary health care trainers funded through the ZdravPlus grant to the NGO of family medicine specialists.

Since January, master trainers and administrative staff at the emergency medicine training centers in Bishkek and Osh have been educated by ZdravPlus/STLI consultants in teaching, development of training materials, and management. Within the framework of the KFW project to strengthen emergency medical services, ZdravPlus/STLI consultants are in the process of developing training programs for doctors and nurses working in the newly created emergency departments; and for ambulance doctors, feldshers, drivers, and dispatchers. In addition, the following courses have been conducted since January 2009:

- One six-hour seminar on advanced life support for intensive care doctors (10 participants)
- One three-hour seminar on intubation for doctors working at the ambulance station in Bishkek (34 participants)
- One 40-hour basic course on emergency care for Bishkek gynaecologists (19 participants)

Computer-based Distance Education

ZdravPlus/STLI consultants continue to work with FM trainers to develop and implement computer-based CME. Over the past 6 months, ZdravPlus/STLI consultants assisted KSMIRCE in taking key steps toward the institutionalization of computer-based CME including the writing of a concept paper on CBCME to be submitted to MOH, planning for the opening of a CBCME unit within KSMIRCE, appointing a CBCME coordinator, and working with other institutes to deliver the courses to practicing physicians (see above under Stewardship). In addition, a presentation was developed to present the CBCME strategy to the MOH.

CBCME courses now reside on a server at the National Medical Information Center, which is accessible through a free, high-speed connection by four oblast-level family medicine centers. Where such access does not exist, steps are being taken to make "offline" courses available. ZdravPlus/STLI worked with consultants from PACTEC (Almaty) to solve some key technical issues that were preventing delivery of these offline courses and now the stage is set to deliver 20 used computers with installed CBCME courses to pilot rayons. In addition, steps are being taken to make sure that computer support is available within FMCs where computer-based training is implemented by using a cascade training approach coordinated through the IT unit of the Center for Health Systems Development. At this time, we anticipate distribution of computers for offline CBCME to each rayon-level FMC within Talas and Issyk-Kul oblasts between June and September 2009.

These developments reflect significant progress toward the goal of implementing a cost-effective and high-quality system of continuing medical education that is based on adult-learning principles and is learner-oriented, offering flexibility in terms of timing and pace of course participation. Participation in CBCME courses will be logged and tracked through the KSMIRCE CME database (developed with ZdravPlus support) just as traditional CME courses are.

EBM and CPG Development

ZdravPlus continued to collaborate with other donors/projects to support the EBM promotion and CPG development. ZdravPlus led the May Manas Taalimi Health Summit technical review of the Content of Clinical Practice Component which demonstrated strong progress in EBM/CPGs over the last six months.

ZdravPlus/STLI consultants provided key support to the new director of the EBM Unit of the Center for Health Systems Development (CHSD) to develop indicators that measure achievement of EBM goals included in the Manas Taalimi strategy (development of EBM capacity; development of evidence-based clinical protocols (CPs) and CPGs). In addition, we provided input to the development of strategic goals and work plans for the EBM Unit, including clarification of the role and methodology of CP development (in contrast to CPG development); setting CP/CPG development priorities and limits; and developing and planning EBM training for specific groups of personnel (undergraduate medical educators; health managers; and guideline developers).

Over the past six months, ZdravPlus continued assisting in institutionalization of evidence-based medicine in Kyrgyzstan largely through the EBM Unit of the CHSD. In 2009, the EBM Unit is providing technical and methodological support to more than 15 working groups. Eight CPGs have been developed, including hypertension, diabetes, breast cancer, adult pneumonia, pediatric pneumonia, ulcer, and epilepsy. All are now in the process of review and approval by the MOH.

With ZdravPlus technical assistance, the EBM Unit revised the methodology on CPG development, which was presented to professional medical associations at a round table held by the CHSD on May 14. ZdravPlus and the EBM Unit worked together to implement a mechanism for better justification and support of recommendations, the main component of which is to support arguable recommendations with a table representing sources of recommendations and their level of scientific evidence during discussions at the Expert Council. As a result of this work, the Expert Council now includes a clinical pharmacologist, who provides justifications, supported by the evidence tables, on arguable recommendations regarding drug prescriptions, their dosage etc. This work was also supported by ZdravPlus/CitiHope. To increase staff capacity within the EBM Unit, the CHSD sent the head of the Unit to a training on biostatistics and design of clinical research, held in Moscow in June, 2009.

ZdravPlus/STLI also conducted external content reviews of a CPG on acute coronary syndrome (KR), CP and CPG on type 2 diabetes mellitus (KR), CPG on hypertension (KZ), and CPs on community-acquired pneumonia for primary and secondary levels (KR). These reviews included detailed feedback on content, interpretation of evidence, and organizational issues. Where needed follow-up meetings were arranged with the guideline developers.

ZdravPlus/STLI consultants led an EBM “journal club” for 2nd year FM residents, teaching the basic principles of EBM, including formulation of clinical questions, conducting literature searches, basic statistics, study design, and assessment of study quality.

Quality Assurance

In January, the Medical Accreditation Committee (MAC) conducted a Supervision Council meeting on accreditation to discuss results of accreditation evaluations in the fourth quarter of 2008. Categories were awarded to five health care facilities. The highest category of accreditation was not awarded, however all five facilities did receive the first category of accreditation.

Over the reporting period MAC conducted accreditations of 25 health care facilities in Bishkek and Tokmok cities, and in Issyk-Kul, Chui, and Naryn oblasts. These included 13 FMCs, one laboratory, five hospitals, two health resorts, one dental clinic, and four independent FGPs. MAC also conducted inspection control of 15 previously accredited facilities in order to confirm that their standards were consistent with their level of accreditation. Most of the accredited facilities complied with MAC recommendations and standards. MAC also published a collection of standards for accreditation of CPGs, a collection of standards for accreditation of laboratories, and a collection of standards for accreditation of health resorts.

In May MAC conducted a training for representatives of the MOH of Tajikistan titled “The System of Accreditation of Health Care Facilities, the Experience of the Kyrgyz Republic.” Participants took part in the process of accreditation of health care facilities in Issyk-Kul and Naryn Oblasts. During the accreditation, participants of the courses worked with a MAC expert, who demonstrated how to conduct the assessment of health care facilities in accordance with accreditation standards and use reporting forms.

In May and June the FGPA conducted attestation exams concerning the qualification categories of family practitioners and family nurses in FGPs, FMCs and FAPs in Osh, Batken and Issyk-Kul oblasts. 105 doctors and 350 nurses passed the attestation.

In February and March, the KR Hospital Safety Index Assessment Project, funded by WHO, was implemented. The Project was implemented in the Osh Oblast Merged Clinical Hospital, the National Mother and Child Health Center, and the National Center of Traumatology and Orthopedic Surgery.

Results of the assessment were presented at an April 7 roundtable dedicated to hospital safety, as well as a presentation at the MOH.

Infrastructure

In June the Hospital Association conducted surveys of Infection Department activities in Territorial Hospitals of Jalalabat Oblast. The surveys included:

- Analysis of infrastructure;
- Economic analysis of Infection Department activity;
- Observation of sanitary norms and procedures in Infection Departments;
- Analysis of coordination between primary health care delivery sector and territorial hospitals.

Public Health (SES)

With ZdravPlus technical assistance, the Ton Public Health Coordination Council (PHCC) developed an action plan for 2009 that includes activities on the prevention of brucellosis, hypertension, and iodine deficiency. Because the PHCC is the legal successor of the District Emergency Antiepidemic and Antiepizootic Commission, it will also consider emergency issues as needed.

In January the Ton PHCC finalized and approved an integrated action plan on hypertension. The plan is based on the VHC hypertension health action conducted in Issyk-Kul during the first quarter of 2009, as well as ongoing hypertension PHC CQI activities. The results of the implementation of the integrated plans on hypertension and brucellosis were discussed at the first meeting of the PHCC, held in April 2009. Members discussed problems that arose during the course of action plan implementation, and made amendments and additions to plans. The meeting also resulted in decisions to 1) more actively involve representatives of rayon SES in activities related to educating the population on prevention of brucellosis, 2) assist in organizing the timely vaccination of animals, and 3) establish commissions on the control of sick animals within each village administration. Members of the PHCC were pleased with implementation of action plan on hypertension, and thanked VHCs for good work on detection and referring sick people to FGPs.

As it is identified in the PHCC charter, the groups meets once per quarter. The next meeting is expected at the end of June.

PHCC were formally established in At-Bashy and Jayil rayons in January. In March the MOH issued a Prikaz on expansion of the Ton pilot to these two rayons. Over the reporting period ZdravPlus assisted the At-Bashy and Jayil PHCCs in developing integrated action plans, and conducted monitoring of plan implementation for brucellosis in At-Bashy, and for tuberculosis in Jayil rayon. ZdravPlus is working to support the MOH in future expansion of the PHCC model by developing a step-by-step manual for use on the rayon level.

ZdravPlus completed the implementation of a three-part public health self-study course for rayon-level SES personnel in late 2008, which included condensed modules from the CDC's Applied Epidemiological Training Program, and training in computer skills, the Epi Info statistical program, and Decree 318 (which defines Public Health reporting requirements for SES staff). In February and June 2009, ZdravPlus monitored participants' use of these new skills in all three rayons. SES and KUZ specialists in Ton, Jayil and At-Bashy, demonstrated a continued ability to use the knowledge and computer skills in daily practice.

In March, the ZdravPlus-developed course for rayon level SES personnel was approved by the MOH and adopted by KSMIRCE. The course will be included in future KSMIRCE CME training for SES personnel.

Quality Improvement

ZdravPlus/STLI consultants continue to closely support the Family Group Practice Association to coordinate FGP-level QI activities. With partial budget funding, QI processes are now ongoing in at

least two pilot rayons in each of five oblasts and all rayons in two oblasts (Naryn and Talas), where the Swiss Red Cross is funding QI. In most rayons, FGPs are completing QI cycles on antenatal care. In Talas and Naryn oblasts, QI cycles are being conducted on hypertension using revised quality indicators based on the newly developed clinical protocol.

The FGPA continued implementation of CQI rounds on hypertension, bronchial asthma/COPD, and antenatal care. Over the past six months, oblast- and rayon-level CQI coordinators conducted four rounds of CQI on asthma/COPD and hypertension in 131 FGPs and 129 FAPs in Aravan, Bazar-Korgon, Batken, Ton, Chui rayons, and in Talas and Naryn oblasts.

During the first half of 2009, the FGPA CQI coordinator conducted monitoring on hypertension and bronchial asthma/COPD activities in Bazar-Korgon, Suzak, Batken, and Kadamjai rayons in southern Kyrgyzstan, and in Ton rayon in northern Kyrgyzstan. Follow-up monitoring on hypertension showed improvements in detection of cases, as screening of adult patients is now routinely conducted. Doctors are also improving in registering risk factors, and strictly observing clinical treatment protocols. Data show that cardiovascular complications, including heart attacks and strokes, have decreased in some rayons.

Comparing results following the first and fourth CQI rounds, results have improved dramatically for asthma/COPD. FGP and FAP workers are now assessing peak expiratory flow (PEF) in nearly all patients suffering from asthma and COPD, and are able to calculate maximum predicted PEF and assess variability of PEF among patients with asthma. FGP and FAP providers have started to diagnose asthma independently.

Trainings for CQI on Antenatal care were conducted in new rayons of the Republic: Nookat in Osh Oblast, Kadamjai in Batken Oblast, Tup in IKO, Nooken in Jalalabat Oblast, and Kemin in Chui Oblast. The FGPA conducted three rounds on antenatal care in 51 FGPs in Aravan, Bazar-Korgon, Batken, Ton and Chui rayon's; and two rounds in 39 FGPs in Alai, Suzak, Ak-suu and Panfilov rayons. Due to delays in SWAp funding issues, just one round was provided in 59 FGPs in Nookat, Nooken, Tup, Kadamjai and Kemin rayon's.

During the CQI rounds, "curators" (doctors and/or nurses working in the clinical facility) check the availability of equipment required for providing services, observe the relevant clinical performance of medical workers, and review the medical records in accordance with set standards. Simultaneously, written population satisfaction surveys are administered. After analyzing data, a quality meeting of FGP/FAP staff is held to discuss current levels of care and to develop activity plans to improve quality.

Population satisfaction survey showed that in most of FGPs counseling with pregnant women is conducted satisfactorily. 70% of surveyed patients reported they have access to prenatal schools and received urine and blood tests during scheduled visits at their FGPs (according to clinical protocols, such tests should be provided five times during the pregnancy). About 20% of surveyed women reported that physicians did not recommend taking folic acid and potassium iodide, and that they did not know that an ultrasound should be conducted between 18-20 weeks of pregnancy.

Safe Motherhood and Family Planning

According to the work plan on EPC program implementation, the initial EPC training is followed by performance monitoring and clinical mentoring every six months. From January 12 to February 19, a WHO-certified ZdravPlus consultant provided clinical mentoring visits in 15 Project maternities (2 days per maternity), with a focus on facility readiness to implement emergency obstetric and neonatal care. Reviews of sites and providers were carried out together with health care workers to assess current status and determine staff readiness to provide emergency obstetric and neonatal care. In addition, reinforcement training was provided in the use of the National Standards of Emergency Obstetric and Neonatal Care tool (developed together with national experts) and specific cases were reviewed. Half-day debriefing meetings on current status and progress were held for oblast heads, policy makers, and academics to emphasize achievements and to solicit support for continued improvement.

The revised WHO antenatal care (ANC) curriculum was presented at the ANC training conducted for PHC providers in Jalalabat Oblast in February, including 21 family doctors and feldshers. The same training was conducted in Issyk-Kul oblast from February 16-22 for 22 participants from Naryn and Issyk-Kul pilot sites.

Faculty training on the integration of WHO EPC standards in pre- and post-service medical education was conducted in March in Osh city for 22 obstetrics and neonatology trainers from southern medical schools. ZdravPlus WHO-certified facilitators led the training, which for the first time included modules on PMTCT. The same training was replicated in Bishkek from April 6-10 for 22 obstetrics and neonatology trainers from northern medical schools. The trainings were conducted with joint support from ZdravPlus, UNFPA and UNICEF.

The MOH in collaboration with ZdravPlus and UNFPA conducted a policy-level meeting on EPC implementation in April in Bishkek. The objectives of the meeting were to:

- Provide an overview of EPC and what we are trying to achieve – connecting the Kyrgyzstan experience to other European and FSU countries;
- Highlight the achievements and experiences of EPC implementation in Kyrgyzstan;
- Discuss the MDG target goals and how the EPC strategy contributes to it;
- Discuss and provide inputs for health summit JAR review meetings; and
- Discuss next steps to 1) scale up and nationalize; 2) institutionalize; and 3) sustain continuous improvements in evidence-based effective perinatal care in the country.

Heads of hospitals and maternities, medical faculty and policy makers, and NGOs working in MCH from throughout the country participated in the meeting. The Maternal and Child Health working group, included MOH Maternal and Child Health Unit, as well as donors and implementing partners including ZdravPlus, UNFPA, UNICEF, WHO, KfW, and ADB also took part. The meeting was opened and facilitated Dr. K. Mambetov (Deputy MOH/State Secretary) and Dr. A. Eshkhodjaeva (MOH, Head of Maternal and Child Health Unit). Both voiced commitment to nationwide expansion of EPC in Kyrgyzstan and appreciated the donors' collaborative input. Dr. A. Eshkhodjaeva noted that with political and policy-level support as documented in the Kyrgyz Millennium Development Goals, SWAP, State Perinatal program, and National Reproductive Health strategy, as well as the coordinated effort of international partners, the potential to scale up the effort to improve the quality of maternity and newborn care to WHO standards remains strong. The meeting included presentations on positive data on maternal and child health outcomes from throughout Kyrgyzstan.

In April ZdravPlus in collaboration with UNFPA provided a TOT on EPC in order to build national capacity to implement EPC training, mentoring and policy development. At the end of the training, participants are expected to be able to repeat the theoretical training with other providers within and outside their facility, and provide ongoing mentoring and monitoring support to their colleagues. Nineteen eligible candidates were selected for the training, and teams of obstetricians, neonatologists, and midwives were all trained together. Each participant showed a high level of knowledge and confidence to replicate the theoretical training and discussion of practical cases. They also provided specific plans for locations, dates, and audiences for follow up training or re-training.

EPC clinical training in new sites was planned and realized in connection with the training of national EPC trainers. The new trainings sought to consolidate the training skills and knowledge of newly-trained trainers under the supervision of WHO-certified trainers while launching a group of new EPC sites with large numbers of births in oblasts where EPC was not yet introduced (including one maternity in Jayl Rayon and one in and Suzak Rayon.) Two intensive EPC trainings were conducted simultaneously from April 27 till May 8, covering 32 participants in Suzak Rayon and 23 in Jayl Rayon. WHO-certified trainers observed the new national trainers during their first trainings.

From May 25 to June 5, an intensive training course on EPC was conducted in the National MCH Center. The training was requested by the MOH to strengthen providers' practices. The training included a week of practice to allow trainees to put the new WHO methodologies to work.

Infectious Diseases: Tuberculosis (TB)

ZdravPlus continued to work to strengthen the implementation of the DOTS strategy at the national and regional levels. ZdravPlus held follow up visits on strengthening of DOTS implementation in Jayil Rayon and provided limited assistance during TB month in the rayon by providing materials for population information campaigns together with the Global Fund and Project HOPE.

In February 2009, ZdravPlus conducted a rapid assessment of infection control in select TB facilities with assistance from an internationally recognized TB consultant. Four facilities in Kyrgyzstan were chosen, including the TB Department of the Tokmok City Hospital, the TB Unit under the Tokmok City FMC, the Karabalta TB Hospital, and the TB Unit from Jayil Rayon FMC. The TB Infection Control assessment report is in final editing and will be submitted to USAID in August.

Infectious Diseases: HIV/AIDS

In February, ZdravPlus supported rayon-level seminars in Issyk-Kul conducted for deputy directors of rural schools on the topic of Sexual and Reproductive Health (SRH), including HIV/AIDS. Community Action for Health (CAH) trainers informed deputy directors about VHC activities on HIV prevention, and also about new SRH campaign for high school students – conducted by Health Promotion Units and CAH trainers – which educated students on the HIV/AIDS situation in Kyrgyzstan, modes of transmission, and HIV prevention measures.

A training seminar on Sexual and Reproductive Health for HPUs took place in March in Issyk-Kul and Jalalabat Oblasts. Following their training, HPUs and CAH trainers visited rural schools in March and April to teach 10th grade students. The Swiss Red Cross provided bags with materials on SRH and HIV/AIDS, as well as SRH posters for all rural schools. During the seminars, trainers selected three student trainers who in their turn provided information for 9th and 11th grade students in their schools. Over 3,500 10th grade students in Issyk-Kul Oblast and 2,080 students in Jalalabat Oblast benefited from the training.

Monitoring of programs on infection control in pilot hospitals was conducted jointly with the Preventive Medicine Scientific and Production Association and Kyrgyz-Swiss-Swedish Health Reform Support Project and Hospital Association in Naryn and Talas oblasts. The Hospital Association conducted blood safety assessment in hospitals of Chui, Osh, Batken and Jalalabat oblasts. This activity was conducted with the aim of beginning to better organize the activities of Transfusiology Departments (TD) in territorial hospitals. Also, the activity proposes addressing the rational use of Transfusiology Departments, as well as the quality of their services. The following were surveyed:

- Economical preparedness (financial capacity of hospitals to maintain TD);
- Staff awareness (informing the staff on blood safety);
- TD infrastructure;
- Proper implementation of blood safety normative documents;
- Organization of TD.

The preliminary data show that there is a sufficient normative base regulating blood safety, and that trained staff with specialization in transfusiology are available. However, staff frequently combine TD work with work in the other departments. Blood screening for HIV and other infections transmitted upon blood transfusion is conducted in the hospitals. The tendency towards reduction of blood transfusion cases in some hospitals is noticeable, but at the same time there are cases of un-justified transfusions. The survey also recognized a reduction in the number of blood donors and a lack of TD labs with sufficient equipment.

Population and Community Health

Marketing the Reforms

The MOH Press Center (PC) organized a press tour of journalists to Nooken and Bazar-Korgon rayons of Jalalabat Oblast in order to promote mass media coverage of the activities of VHCs. Thanks to this tour, journalists and the populations they report to learned more about the experience of VHCs, particularly with regard to the hypertension health action. More than 20 journalists from the southern region of the country participated in the tour. The PC distributed press releases and informational materials, and journalists took part in a roundtable meeting organized at the Jalalabat Oblast Administration building. Journalist said the most interesting part of the tour were site visits, which enabled them to see VHCs in action, and to learn more about their activities.

The PC also actively promoted the activities of NGOs and other organizations working in health including UNICEF, Peace Corps, the Republican Aids Center, USAID, UNFPA, WHO, ADB, Global Fund and others. Over the past six months, the MOH PC developed five video spots on the topics of the Safe Motherhood Program, VHCs, urological services, and International Nurses' Day. In addition, the MOH PC continued to administer the MOH website and respond to day-to-day information requests from mass media, NGOs, and other groups.

Health Promotion – Village Health Committees (VHCs)

The following Community Action for Health (CAH) events took place in Issyk-Kul Oblast during the first half of 2009:

- Hypertension Health Action
- Sexual and Reproductive Health Action (see description above, under "Infectious Diseases: HIV/AIDS)
- Healthy Teeth Health Action monitoring
- Nutrition training and research
- VHC "Appreciative Inquiry" and strategic planning sessions
- VHC self-assessments
- Seed potato distribution

The following Community Action for Health (CAH) events took place in Jalalabat Oblast during the first half of 2009:

- Hypertension Health Action
- Sexual and Reproductive Health Action (see description above, under "Infectious Diseases: HIV/AIDS)
- VHC self-assessments
- Nutrition training and research

Issyk-Kul Oblast

The VHC hypertension health action began in January and ran for three months. USAID/ZdravPlus donated 172 semi-automatic blood pressure meters to all IKO VHCs for the purpose of the campaign, which allowed VHCs throughout the Oblast not only to educate households about hypertension prevention and treatment, but also to measure the blood pressure of every adult over the age of 18. All patients found to be at risk of hypertension were referred for professional diagnosis at their local FGP/FAP.

In February, HPU specialists received training in Bishkek on the topic "appreciative inquiry" – an organizational development process used to engage VHC members in planning and strengthening their committees. In February, HPU specialists visited VHCs and engaged each committee in the

appreciative inquiry process. Following these exercises, HPU specialists visited VHCs in April to help them conduct self-assessment seminars. During the assessment, schoolchildren also surveyed a random sample of villagers in each village to on how well they believed they had been served by their VHC. In May, HPU specialists and CAH trainers participated in a strategic planning seminar in Bishkek. Village-level strategic planning visits started at the end of May and finished in late June.

School parliaments continued to support the Healthy Teeth Health Action, on which they were trained last year. With support from rayon dentists, trainers made jaw models so that student-trainers could better demonstrate proper oral hygiene and care.

In April, Issyk-Kul Oblast VHCs received and distributed 1550 sacks of seed potato provided by the World Bank. Within the framework of a World Bank program, poor families received one sack of seed potato to cultivate and then sell for profit. VHCs were responsible for selecting the most needy families in their villages and will also monitor results of the program.

In May, HPU specialists visited villages to monitor schoolchildren in the 4th, 7th, and 10th grades on the Healthy Teeth Campaign. According to HPU findings, schoolchildren are better informed on oral hygiene.

In June, training seminars on nutrition were conducted for CAH trainers, HPU specialists, and FGP/FAP staff. A VHC-implemented survey on nutrition began in mid-June and will be conducted over a three-month period with funding from the World Bank.

Jalalabat Oblast

Jalalabat Oblast VHCs conducted the hypertension Health Action (see description under Issyk-Kul Oblast, above) during the first quarter of the year. The MOH Press Center organized comprehensive coverage of this event (see “Marketing the Reforms,” above).

In May and April, HPUs coordinated self-assessments of 108 VHCs (see description under Issyk-Kul Oblast, above).

In June, training seminars on nutrition were conducted for CAH trainers, HPU specialists, and FGP/FAP staff. A VHC-implemented survey on nutrition began in mid-June and will be conducted over a three-month period with funding from the World Bank.

TAJIKISTAN
Six-month Report
January - June 2009

In the first half of 2009, ZdravPlus saw increasing traction with the MOH and the Government of Tajikistan as a whole. Provider training and quality improvement activities expanded, steady progress continued in all components of health sector reform, ZdravPlus represented USAID in the Health Sector Strategy process by leading development of the Health Financing Chapter, and the project was able to contribute to successfully ameliorating the impact of a poorly designed fee-for-service decree. The Centers of Excellence model was adopted by both the Government of Tajikistan and donors other than USAID as a key approach to building health sector capacity.

The project adhered to its broad health systems approach in order to increase access to quality health care in Tajikistan. The approach continued to produce results driven by national level – or top-down – stewardship, resource use, and service delivery activities creating synergies with facility-level – or bottom up – development of Centers of Excellence to serve as service delivery models, build capacity and ownership, and provide results to demonstrate reforms and trigger roll-out.

In the Resource Use Component, the project continued implementation of PHC per capita financing; continued dialogue on case-based hospital payment system, pooling of funds, and establishing a health purchaser; and began supporting the MOH, MOF and Development Partners in developing the health financing chapter of the new Health Sector Strategy for 2010-2020. A new regulation that allows separate accountancy and human resource management for PHC network, and separation of PHC asset capital was approved in February by the MOH and the MOF. In addition, ZdravPlus facilitated discussions on draft M&E indicators for the PHC payment system; the indicators were finalized and approved by MOH prikaz in May. In January and February, ZdravPlus specialists in collaboration with MOH, MOF and PIU WB conducted on-the-job trainings to start up implementation of the Basic Benefit Package in new pilot rayons, Norak and Sarband in Khatlon oblast.

In the Service Delivery Component, FM doctor training of trainers, re-training of doctors and CME continued. ZdravPlus launched a family nurse training program with fourteen nurses currently being trained in family medicine who will then go on to train others. A new Center of Excellence was established in Khorog. The Evidence-Based Medicine Center expanded its activities and influence. The Drug Information Center added two additional staff members, funded entirely by the Tajikistan State Medical University; the DIC has been asked to assist in updating the Tajikistan Essential Drugs list.

Maternal and Child Health efforts saw progress in the implementation of Safe Motherhood technology in pilot maternity houses. This included a decline in non-evidence based interventions, and an increase in the percentage of labor and deliveries managed according to WHO standards. To support institutionalization of these improved practices, ZdravPlus established reference centers in three pilot maternities. A draft clinical practice guideline on IUDs was approved by the MoH in March, and will improve access to this reliable form of contraception.

Population Health efforts were highlighted by a very successful contest held in honor of Children's Day. It honored the mothers in Dushanbe who demonstrated the most knowledge about child health, and emphasized the important of taking personal responsibility for one's health as a key part of family medicine. In addition, ZdravPlus provided training and support as the Centers of Excellence expanded their patient support groups for individuals with diabetes or hypertension. Community screening for high blood pressure and high blood sugar continued, as did childbirth classes.

Stewardship

Legal and Policy

Health Sector Strategy

Together with development partners, Tajikstan started to develop a new Health Sector Strategy (HSS) for 2010-2020. USAID committed ZdravPlus to provide technical assistance in developing the health

financing chapter of the HSS. Over the last six months, ZdravPlus substantially invested in initiated the process through dialogue with both the MOH health financing working group and the development partner/MOH Secretariat managing HSS development.

ZdravPlus participated in intensified dialogue on Health Financing Chapter content in May with a week-long process consisting of two health financing working group meetings with development partners. The meetings resulted in agreement on basic assumptions and an outline for the Health Financing Chapter. Ongoing dialogue and meetings with stakeholders continued to further develop the Health Financing Chapter outline and begin writing the chapter.

The structure of the chapter is developed in line with existing Health Financing Strategy for 2005-2015 and current health reform activities (including PHC per capita financing and case based payment system for hospitals). It has been agreed that the health financing chapter will be organized according to health financing functions and include sections on fund collection, pooling of funds, health purchaser, health purchasing, health management and fudiciary risk mitigation, and basic benefit package.

In May, ZdravPlus developed a questionnaire to facilitate discussions at oblast and rayon levels. To faciliatate discussions at the national level and serve as an introduction to the Health Financing Chapter, ZdravPlus developed a brief health financing situation analysis for the Health Sector Strategy Steering Committee.

Health Financing

In December 2008, the Government issued Decree #600 similar in approach and methodology to the 2005 Fee-for-Service (FFS) program which was cancelled by the President. In March 2004, the Government approved piloting a BBP with FFS in Dangara and Varzob rayons. In July 2005, the Government approved national implementation of FFS with price lists developed by the health facilities, but the President cancelled the FFS with price list in October 2005 and directed the MOH to refine the program. This was followed by intensive dialogue between Government, MOH, and development partners. As a result of these discussions, in June 2007, the Government approved a new BBP including formal copayments with a simple eight copayment categories (developed based on a price list with about 420 services) in four pilot rayons. In August 2008, a Government Decree made minor refinements to the BBP/formal copayments including increasing it to 10 formal copayment categories and extending piloting from 4 to 8 rayons. The program was in effect for 2008 and 2009.

In December 2008, Government Decree #600 approved national implementation of FFS with a price list developed by MOH. The price list upon which both formal copayments and FFS are based upon has dramatically increased the number of services from 420 to 1200. The Decree raised concerns of the international community and ignited extensive and heated dialogue between the Government and development partners. The major issue discussed was that, contrary to the BBP/formal copayments, Decree #600 went back to FFS which had already failed; included retrospective determination of payment with many payment categories rather than prospective deterimination of payment with a few categories meaning the population knew what they had to pay before accessing services; contained all the internationally documented flaws of FFS including supplier-induced demand and cost increases; and would be non-transparent, complicated and difficult to administer. The FFS Decree would not facilitate health reform, containing health care costs, equity, financial risk protection, and access to services for vulnerable populations.

Over the last six months, ZdravPlus provided technical input to support USAID in the dialogue. Following a development partner letter and heated exchanges, agreement was reached to amend the regulatory framework to be consistent with the BBP/formal copayments. Following this agreement, ZdravPlus worked with the MOH to develop the amended regulatory framework. The amendments into the program have been approved by a joint MOH and MOF Prikaz dated June 16, 2009. The key amendment is 12 simplified copayment categories instead of 1200. Ten of the 12 copayment categories are similar to the current BBP program with additional two categories: gynecology and high-tech cases. Each category consists of 100%, 80% and exempt options. 80% copayment is applied to patients with referral from PHC level. The Prikaz also indcidacates that the FFS will be piloted in 13 hospitals – 12 National, Oblast and Dushanbe City Hospitals and one CRH. Finally, together with

technical representatives of other donors, ZdravPlus developed a new BBP/formal copayment strategy for Tajikistan which in essence is further aggregating the price list to less formal copayment categories over time rather than further disaggregating the price list into FFS.

ZdravPlus continued dialogue with the MOH, MOF and other partners on the next steps in implementing PHC per capita payment systems. In January ZdravPlus developed an improved regulation and methodology for per capita payment system implementation. The new regulation was approved by a joint MOH and MOF decree in February. In addition, substantial dialogue continued with MOH, MOF, other health sector stakeholders, and development partners on the critical health financing function of pooling of funds, establishment of a health purchaser, mandatory health insurance, and development of a case-based hospital payment system.

Institutional Structure, Roles, and Relationships

Over the last six months, ZdravPlus Project developed a set of regulatory documents for PHC Network including regulations on PHC Network, PHC Network Managers, on central accountancy, and HR management. These regulations are submitted to the MOH for approval. The changes will strengthen the role and responsibility of the PHC network manager in finance and human resources management.

The DIC and EBMC are now an integral part of TSMU, continuing to creating linkages with various administrative and clinical departments of the University. The TSMU is interested in strengthening the centers which is confirmed by the fact that TSMU hired new staff for both centers.

Monitoring and Evaluation

ZdravPlus collaborated with WHO and the World Bank in ongoing dialogue with the MOH on establishing and building capacity for monitoring, evaluation, and policy analysis in the new MOH Health Policy Unit (HPAU). ZdravPlus facilitated discussions on draft M&E indicators for the PHC payment system. The indicators were finalized and approved by MOH prikaz in May. The approved 15 indicators are devided into three groups: input, process, and result indicators. These indicators will be used by HPAU and partners to monitor and evaluate implementation of PHC per capita payment system.

Resource Use

Health Care Financing

PHC Per Capita Payment System

ZdravPlus continued to collaborate with the WB PIU and other partners to provide extensive support to the MOH, Oblast Health Departments, Oblast Finance Departments, rayon authorities, and PHC providers for implementation of the PHC per capita payment in pilot rayons. In January, ZdravPlus developed an improved regulation for PHC per capita payment system implementation. The new regulation allows separate accountancy and human resource management for PHC network, and separation of PHC capital assets. The new regulation was approved by a joint MOH and MOF prikaz in February. In addition to approving the new regulation, the prikaz includes expansion of the new payment system to all rations in Khatlon and Sugd oblasts (total 44 rayons) with implementation start up in April 1, 2009.

In February and March, ZdravPlus in collaboration with MOH and PIU WB, conducted trainings for all 44 rayons to prepare them for implementation of the PHC payment system. PHC Managers, CRH Head Doctors, PHC and CRH Accountants, CRH economists and rayon finance department specialists participated in the trainings. In April and May, ZdravPlus, MOH and WB PIU specialists traveled to rayons and provided on-the-job training. In May and June, trainings on financial management and accountancy were conducted in Khatlon and Sugd oblasts. These trainings targeted PHC and CRH accountants and economists, and oblast level finance departments. In summary, the combination of approval of the legal and regulatory framework, capacity building, and initial implementation steps for the PHC per capita payment system roll-out to the majority of the country has solidified the reform although much work remains to implement and institutionalize the roll-out.

ZdravPlus engaged in dialogoue and initiated some analysis on the next steps in PHC per capita payment system implementation. After the horizontal roll-out of the simple, variable cost system, the next step is vertical expansion or including fixed costs in the capitated rate including protected budget line items (salaries and utilities).

Hospital Payment System

ZdravPlus continued working to design and develop a new case-based hospital payment system. ZdravPlus and MOH conducted several meetings with MOH on development process for the case-based hospital payment system. As a result, the MOH issued a prikaz on case-based hospital payment system development. The prikaz established an updated list of the hospital payment working group members, identified Khatlon oblast as pilot oblast, and approved an activity plan for development and to prepare for implementation.

ZdravPlus specialists started to work on designing, developing, and modeling a case-based hospital payment system in Khatlon Oblast. This work is based on clinical and cost accounting data from 11 hospitals. An initial analysis of the clinical data and 2008 budget shows that the cost of a case varies greatly across CRHs. For example, cost of a case in Yavan CRH is 82 Somoni and cost of a case in Kumsangir CRH is 437 Somoni. This reinforced the need for pooling of funds and implementation of a new case-based hospital payment system to increase equity and efficiency.

ZdravPlus modeling suggested starting with 23 payment groups (DRGs) and gradually refining and expanding the groups. The DRGs were presented to the MOH working group to faciliatate discussions on this approach. In addition, a presentation at the health financing workshop in June generated significant interest in continuing to develop this system.

It is essential to pool health budget funds at oblast level in order to introduce the case-based hospital payment system. ZdravPlus anlysis shows that about 75% of the hospital budgets are used for salaries and social payments (59% salaries plus 15% social payments), and 17% is used to purchase drugs and other materials. To establish a health purchaser, build capacity, and test the payment system, ZdravPlus suggested a first step of pooling and payment using the 17% variable costs. In line with the Health Financing Strategy for 2005-2015, the funds can be pooled at OHD level which is envisioned to be health purchaser in the reform health financing system.

Basic Benefits Package

In January and February, ZdravPlus specialists in collaboration with MOH, MOF and PIU WB conducted on-the-job trainings to start up implementation of the Basic Benefit Package in new pilot rayons, Norak and Sarband in Khatlon oblast. Along with other donors and projects, ZdravPlus continued to support implementation of the BBP in pilot rayons.

Health Information Systems and Cost Accounting

ZdravPlus adapted the improved health information system for Tajikistan in collaboration with the MOH Medical Statistics Department. This program supports a new provider payment system for inpatient care as well as improved management at the facility level. The implementation of a new automated hospital clinical database improves routine health statistics, prepares for implementation of a new case-based hospital payment system, and improves internal hospital management by enabling the hospital to have day-by-day information on the number of patients seen by clinical departments, the number of free and occupied beds, and patient movement within the hospital. The program was initially piloted in 16 hospitals. To date, more than 620,000 clinical cases have been entered into the hospital clinical database for these pilot hospitals (please see table below).

In November 2008, the MOH issued a decree on the national rollout of the improved health information systems program. In the last six months, ZdravPlus specialists, in collaboration with MOH Medical Statistics and Information Center and WB PIU technical staff, conducted six oblast-level workshops for all rayons in Khatlon and Sugd oblasts, and RRS. Additionally, technical specialists from ZdravPlus, WB PIU and Khatlon and Sugd Oblasts Medical Statistics and Information Centers continued working with rayons to install and train on the program. New rayons have started entering clinical data and submitting information to the oblast level. ZdravPlus plans to continue providing

technical assistance to the MOH to ensure proper rollout to all hospitals in Tajikistan. PIU WB will provide new computers to the rayons this summer.

Pilot Health Facility Number of Cases

Pilot Health Facility	Number of cases
Dyakov Republican Clinical Hospital	144,443
Kurgan-Tube Oblast Hospital	50,508
Khujand Oblast Hospital	67,562
Leninsky (Rudaki) CRH	40,412
Khuroson CRH	19,650
Vaksh CRH	24,625
Kolkhozabad CRH	24,435
Bokhtar CRH	24,394
Kurgantube City hospital	24,880
Jomi CRH	55,642
Yovon CRH	30,363
Kumsangir CRH	22,348
Jilikul CRH	28,044
Kabodiyon CRH	22,442
Shahrituz CRH	41,556
Total	621,304

Service Delivery

Centers of Excellence (COE)

ZdravPlus continued cooperation with other projects in expanding the CoE experience to other regions, which resulted in the establishment a new CoE Training Center in Khorog. Currently 12 trainees from GBAO are enrolled in the 6-months re-training course.

Dushanbe City Health Center #1 (CHC #1)
ZdravPlus continued to support the 6-month FM re-training course for providers from Dushanbe Health Centers. During the reporting period 29 specialists completed the 6 month course and 9 specialists completed the 2 month refresher course. The Dushanbe CoE is a leader in incorporating the newest standards (such as the revised IMCI and MCH standards) into practice and the CoE is piloting new methods of routine monitoring of service delivery. Joint reporting (specialists and family doctors) increased understating and cooperation between family doctors and specialists which in turn improved the quality of medical service.

Konibodom City Health Center #1 (CHC #1)
PGMI and ZdravPlus conducted multiple trainings and mentorings with participation of specialists (gynecologists, surgeons, cardiologists) and family doctors. Close collaboration between family doctors and narrow specialists brought good results in improving clinical services at CHC#1. There is a clear understanding now of which conditions need to be managed by family doctors, which need to be managed together with narrow specialists, and which need to be referred to the narrow specialist. During the reporting period 12 doctors (including 4 from Isfara) completed the 6-month training course.

Istrafshan City Health Center #1 (CHC #1)
The second group of trainees, 12 doctors, completed the re-training course with the involvement of local trainers under the supervision of the Dushanbe trainer. The local trainers are more confident after six months of teaching, and show good results as trainers and in practice as FM providers.

Penjikent City Health Center #1 (CHC #1)
The first group of trainees, eight doctors, successfully completed the 6-month course and established the first family medicine department in Penjikent. An award ceremony was conducted with participation of the USAID Head of Mission in which the first eight graduates were presented with diplomas on completion the course.

Medical Education

Undergraduate and Graduate Medical Education

ZdravPlus continued dialogue with partners on beginning implementation of the new Concept on Medical and Pharmaceutical Education, particularly the 7-th year of education (called internatura). It is unclear yet how the internatura will be set up. The MoH plans to start the internatura in September 2009, but it has not yet developed the program and content for study. ZdravPlus will be continuing to provide support to both PGMI and TSMU to design and plan the internatura.

Post-Graduate Medical Education and Family Medicine Physician and Nurse Development

Training of FM Trainers at Dushanbe CHC #1
ZdravPlus continued to take a leading role in supporting the introduction of Family Medicine in Tajikistan, working in close collaboration with the MOH, the Post Graduate Medical Institute (PGMI), World Bank, and the Swiss-funded Sino Project to support the training and development of Family Medicine Trainers (both for family medicine doctors and nurses) at the Family Medicine Clinical Training Center. The current family physician and family nurse ToT programs are not programmed to finish within the current ZP contract. However Swiss-funded Sino Project has indicated that they will support the course until its completion.

Ten FM doctor trainees from the ToT course successfully completed the training and started to work in Konibodom, Istravshan, Tursunzade, and Khorog. Providing training by local trainers is the next step in institutionalizing the training process, and sustainable re-training and CME activities. Over the last six months, ZdravPlus also supported a new FM doctor Training of Trainers (TOT) program for 20 FM doctor trainees at the PGMI Family Medicine Clinical Training Center. It took into account the additional need for trainers required at COEs, the MOH's new Training Centers based in Rasht and Kulob, Vahdat regions and the training needs of other donors such as Swiss Funded Project Sino, AKF. The ZdravPlus international consultants noticed that current group is very strong, with good basic education and skills which allows a bigger focus on teaching skills.

ZdravPlus also continued FM trainer faculty development to continouously increase trainer capacity. Activities included conducting roundtables for family medicine trainers aiming to improve trainers' teaching skills. Topics included arrhythmia and tachycardia. Trainers from all institutions (PGMI, TSMU, Republican FM Center (RFMC) with its branches, medical colleges) participated in the round tables.

Training Family Nurses
Based on repeated MOH request, ZdravPlus launched a family nurse ToT program, where 14 trainees from different regions are currently studying. To facilitate the program, ZdravPlus helped to create a training center. This included minor rehabilitation of classrooms, and provision of equipment such as furniture, books, and computers. ZdravPlus supported an international nurse, in cooperation with the PGMI nursing department, in revising revision of all modules for the ToT program. All trainees were selected through an interview process. This is very important as the trainees will evetunally become trainers. After completing the course it expected that family nurse trainers will be working in CoEs in Istravshan, Konibodom, Khorog and Tursunzade.

Continuing Medical Education (CME)
The number of family doctors in Tajikistan is growing and there is a need for a system to ensure their professional development. Such a system does not currently exist for FM practitioners, so a defined system is needed to meet the specific needs of primary care practitioners. ZdravPlus, in cooperation with Project Sino, continued dialogue with the MOH to design a CME Concept consistent with international standards. It will consist of educational activities that serve to maintain, develop and

increase the knowledge, skills and professional behaviours. In line with recent changes to the roles and responsibilities of the PGMI and RFMC, PGMI will be responsible for clinical education activities and RFMC together with the FMA will be responsible for organizing, monitoring and overseeing the standard of CME in Tajikistan although dialogue is ongoing to finalize this separation of functions.

In order to improve and update the knowledge, skills and experience of primary care practitioners ZdravPlus supported and organized monthly CME conferences for family doctors, other PHC doctors, and current FM trainees in Dushanbe and Sugd Oblast with content similar to in the FM training / re-training programs.

During the reporting period the CME topics were:

- “Diabetes Diagnosis and Treatment"
- "Vascular Diseases of the Brain"
- “Regular medical check-up in FM practice.”

ZdravPlus adopted a human resources management database developed in Kyrgyzstan, to help project future needs and resource utilization. It will also be used to monitor CME efforts and will become an essential part of the future CME system for tracking credit hours. The database was installed in Republican FM Center for piloting.

Evidence-Based Medicine (EBM) and Clinical Practice Guidelines (CPGs)

EBM Center

ZdravPlus continued to assist the TSMU Evidence-based Medicine Center (EBMC) in introducing and promoting evidence-based medicine among policy makers, health professionals, students, teachers, and academicians.

During the first half of 2009, ZdravPlus continued to provide technical assistance to the AH CPG working group. EBMC and AH working group presented on the monitoring process for implementing the new AH CPG. The presentations were conducted for health care staff in Dushanbe, Istarafshan and Konibodom COEs. The EBMC center, in collaboration with the DIC, also conducted a round table at the PGMI on including the new AH CPG into the teaching program. 30 faculty members of the PGMI Family Medicine and Therapy departments participated in the round table.

EBMC initiated and conducted a round table at the MOH on the approved CPG development, revision and implementation methodology. 17 key MOH staff participated. The EBMC also presented the new methodology and revised AHn CPG to the teachers at the TSMU.

In February, TSMU EBMC established a working group on applying an EBM approach to the educational process. The working groups has met twice and discussed issues and approaches to introducing EBM into educational process at TSMU. In collaboration with the DIC, the EBMC continued conducting educational seminars on the principles of the EBM at the TSMU. The EBMC also conducted two meetings with the Neonatology Journal Club, where they presented international neonatology practices and discussed practices in Tajikistan. The EBMC conducted trainings for research fellows and doctoral students at the TSMU, providing participants with information on EBM, research methods and biostatistics. The Center also initiated and conducted several presentations for the medical students, members of Student Scientific Society, on the principals of EBM.

All TSMU EBMC materials and products are regularly posted on the CAR EBM Centers Network website at http://ebmrctj.carebmc.net.

Drug and Pharmaceutical Issues

Drug Information Center (DIC)

The DIC as an integral part of the TSMU continued working with students, health care professionals and medical education institutions to provide independent, objective and evidence-based information promoting rational drug use in Tajikistan. TSMU management is committed to strengthening the drug information center. In January, TSMU hired two additional staff members for the Center - an expert-pharmacist and an expert-clinician. The new staff members are fully funded by the University.

The DIC prepared and printed a number of RDU-related medicine information bulletins and flyers to continue educating both health professionals and the general public (please see table below).

Information Materials Disseminated by DIC from January - June 2009

Categories	# Drug Bulletins	# RDU-related materials
Policymakers	230	330
Medical Students/Teachers	1175	1695
Health Professionals/Family Doctors	830	590
Population	640	990
Subtotal	**2875**	**3605**
Total	**6480**	

In May, the MOH requested that the DIC assist with revision of the Tajikistan Essential Medicines List (EML). The DIC in collaboration with EBMC will provide methodological and data support to facilitate evidence based decision making to update the national EML.

To promote RDU to a wider audience, the DIC continued to publish RDU materials on a regular basis free of charge in the popular national medical newspaper 'Avicenna'. 18,000 copies of the newspaper are published weekly. During the reporting period, the DIC published three articles in the newspaper. Two articles were prepared and are expected to be in the newspaper in July.

The DIC presented and disseminated an antimicrobial therapy reference book at the Dushanbe COE. Over 60 health professionals participated at the presentation. In March, a round table on evidence based drug information was held with FM TOT students at Dushanbe COE. In May, the DIC conducted two seminars for Family Nurse TOT students on RDU related issues.

The DIC conducted a round table and delivered five seminars on rational drug use for students of the TSMU. The lectures included discussion of rational antibiotic use, rational choice of medicines, generics, content of drug information, and the EML. More than 60 students attended these seminars. Over the reporting period, the DIC held five meetings with 24 students-volunteers. As a result, the volunteers conducted two RDU promotion campaigns in two high schools in Dushanbe. The DIC also conducted four round tables and six presentations on RDU and medical education for faculty at several TSMU clinical departments.

Quality Improvement

MCH

Safe Motherhood

ZdravPlus continued to provide technical assistance in training and clinical mentoring of the health providers providing maternal and newborn care services during the first half of 2009. Following the Effective Perinatal Care (EPC) trainings held in Dushanbe in 2006, Konibodom in 2007, and Istaravshan in 2008, ZdravPlus organized follow-up clinical mentoring and monitoring visits to eight Safe Motherhood (SM) pilot maternities by a team of international consultant and national experts.

The monitoring team observed progress in the implementation of SM technologies at all pilot maternities, which has led to: 1) a significant decline in use of unnecessary, non-evidence-based procedures and medications; 2) active management of the third stage of labor and reduction of the number of of postpartum hemorrhages; 3) an increase in partner participation in labor and delivery; and 4) an increase in the percentage of labor and deliveries managed according to WHO standards. The clinical mentoring and monitoring team developed a list of recommendations tailored for each maternity, covering technologies successfully implemented in the facility, practices that require improvement, and next steps in SM implementation.

To institutionalize and support the diffusion of EBM knowledge and practice in obstetric and newborn care, ZdravPlus organized and equipped Reference Centers in three Dushanbe and Yavan pilot maternities. The Reference Centers contain key evidence–based literature and materials to increase

access to the information and tools required to improve quality of care and clinical practice related to obstetrics and newborn care.

Family Planning

ZdravPlus, in collaboration with the JSI Eastern Europe and Eurasia Family Planning Activity, continued supporting the MOH working group on development of the Manual for IUD Clinical practice to adapt WHO recommendations on IUD services to Tajikistan and remove the barriers to better quality, less expensive services. In March 2009 the draft CPG was finalized and translated to Tajik. In May 2009, the manual was approved by the MOH. Under joint support of ZdravPlus, JSI, and UNFPA, the CPG will be printed and disseminated to PHC facilities providing family planning services.

ZdravPlus in collaboration with the JSI Eastern Europe and Eurasia Family Planning Activity provided 100 IUD kits to the MOH to provide tools and enhance the practical skills of midwifes and other PHC providers providing family planning services in remote areas of Tajikistan.

Hypertension

ZdravPlus supported the Association of Cardiologists and the EBM Center (members of the MOH AH working group) in implementation of arterial hypertension clinical practice guidelines at the Dushanbe CoE. Key staff of the health center were introduced to the indicators for monitoring implementation of the arterial hypertension clinical practice guidelines. That became the basis for the CoE's monitoring group to develop an action plan for internal monitoring of the guideline implementation at the department level. This will be complemented by external monitoring that will be done by EBM center at the end of each year. The same approach will be recommended to the other CoEs.

Support for prevention and early detection of hypertension constinued. In the Dushanbe and Konibodom CoEs, ZdravPlus technically supported creation of a process for screening blood pressure among individuals over 18 years of age during community education events, with the goal of recognizing high blood pressure on an earlier stage.

Tuberculosis

During the reporting period, an assessment of tuberculosis control efforts in Tajikistan was deisgned based on similar efforts from an international consultant who assessed Kyrgyzstan and Kazakhstan. As designed, the assessment includes a desk review of prekazes and and existing reports on the state of tuberculosis control, as well as site evaluations of health care facilities and interviews with patients and providers. All data was collected during the reporting period, and the data is currently being analyzed.

HIV

CME course "Prevention of HIV/AIDS on PHC level" was developed and delivered. The course is a result of last year's activity in cooperation with the CAPACITY Project on refining the information on HIV and AIDS. The PGMI FM department developed the CME for PHC practitioners with updated information.

Population and Community Health

Promoting and Marketing the Health Reforms

ZdravPlus continued promoting family medicine as an example of quality health care and a key pillar of health reform in Tajikistan. The reporting period saw an increased commitment to institutionalization of community health efforts. For example, based on the experience of Dushanbe CoE, it was decided that support groups for patients with diabetes and hypertension will be established at all CHCs.

Health Promotion

Mahalla Meetings

With ZdravPlus technical support, a number of community education meetings were held on topics such as ARIs, hepatitis, typhoid, family planning, TB, anemia, hypertension, diabetes and immunization. 76 community education meetings, attended by 2240 people, were conducted by the Dushanbe COE. 31 meetings attended by 1110 people, were held by the Konibodom COE, 26 meetings attended by 1153 people were held by the Istrafshan COE, and 26 meetings attended by 1120 people were held by the Penjekent COE.

World TB Day

ZdravPlus supported a round table, conducted jointly with the MoH and Project HOPE, on the TB program in Dushanbe. Also an award ceremony for a competition for the best educational materials on TB that was conducted by the City Healthy Lifestyle Center.

World Children's Day

ZdravPlus supported the second annual "Dushanbe's Best Mother" contest, devoted to World Children's Day. In the contest, which was organized jointly by the City Health Administration Dushanbe's best mother was chosen from 14 finalists among 5,000 participants assigned to 14 health centers. The contest tested mothers' knowledge of such child health topics as immunization, diarrhea, acute respiratory infections, breastfeeding, and tuberculosis, and mental and physical development.

The contest supported efforts of the Dushanbe City Health Administration to increase the public's knowledge about family medicine and how it improves health. It aimed to make people aware of the importance of using health information to make informed decisions and take responsibility for their own health. It also supported the MOH's efforts to promote family medicine as the most effective approach to primary health care. The representative of the State committee on women and family affairs mentioned at her welcoming speech that the winners and all finalists will be involved into different activities on a city level as well on a national level as woman leaders to promote learning about child health to better take care of children.

Community Outreach for Patients with Arterial Hypertension

In collaboration with the Association of Cardiologists ZdravPlus developed educational materials for running support groups for patients with hypertension. The materials were presented during Open House events at Centers of Excellence in Dushanbe, Konibodom and Istarafshan.

The Association of Cardiologists has now opened support groups for patients with arterial hypertension at the Cardiology Center in Dushanbe. This demonstrates their recognition of the importance of educating the population on both PHC and hospital levels. At present, 35 patients participated in patient support groups in Dushanbe and 20 in Konibodom.

The Dushanbe CoE is now fully committed to early detection of hypertension cases. At present, the Dushanbe CoE has checked 873 people for high blood pressure during community education meetings. 97 had high blood pressure readings. In the Konibodom CoE, 600 people were checked and 36 of them had high blood pressure readings.

Birth Preparedness Classes

ZdravPlus continued to provide technical assistance in building the capacity of health care staff providing the birth preparation classes. A new birth preparedness school was established at the Konibodom FM CoE. The school was provided with equipment needed to conduct classes, as well as printed materials for couples and CD/DVD videos on partner care for women and children during pregnancy, delivery, and the postpartum period.

ZdravPlus also continued supporting the birth preparedness schools established in five reproductive health centers in Dushanbe. To further improve the conditions for provision of the birth preparedness classes the pilots were provided additional equipment such as delivery balls and floor-mats. Also, all sites were provided leaflets "Your Pregnancy, Your Child" and brochures on contraceptive methods. Over the reporting period about 1871 women attended the birth preparedness classes in Dushanbe.

To further promote family planning and increase clients' awareness of contemporary contraceptive methods, ZdravPlus provided Tiahrt-compliant posters in Tajik and population education materials covering various contraceptive methods to 22 family planning sites located in Dushanbe, Khatlon and Sugd Oblasts.

Support Groups for Patients with Diabetes

Since the opening of a support group for patients with diabetes at the Dushanbe Center of Excellence, in November 2008, 69 patients participated in classes (42 with diabetes and 27 from high risk group). Three patients who were not able to come to the clinic were provided with classes at home. 22 patients have passed the full course.

Jointly with the Sugd Oblast Endocrinology Center, ZdravPlus conducted Open House events at CoE in Konibodom and Istravshan. This included a meeting with journalists to discuss diabetes in Sugd oblast and introduced the patient support group for diabetes. Since April 2009, 19 patients participated in the patient support groups in Konibodom; four of them were diagnosed with diabetes for the first time (two during blood sugar screening). In Istravshan, 45 patients participated in diabetes support groups. The support groups encourage patients to pay more attention to lifestyle changes, medication, and monitoring their blood sugar levels. Some patients came with their family members to check their blood sugar; this shows their understanding of the importance of prevention and early diagnosis of diabetes.

ZdravPlus, in collaboration with GorZdrav and the City FM Center, conducted a session on the experience of the Dushanbe CoE with establishing patient support groups and educating the population. ZdravPlus provided the other City Health Centers with education materials on diabetes and Arterial Hypertension.

TURKMENISTAN
Six-month Report
January - June 2009

Over the last six months, ZdravPlus continued work with partners and progressed in realizing the overall project strategy of focusing on service delivery improvements in priority programs especially IMCI and Safe Motherhood while also building the foundation for future expansion of health system reform including broader strengthening of PHC, health financing, and health information systems. In close collaboration with the MOHMIT and MCH Institute, ZdravPlus continued to focus on implementing core programs within the context of the 2000-2010 Presidential Health Program, the National Safe Motherhood Strategy for 2007-2011, the "Mother and Child Health Improvement Strategy" for 2008-2010, and the conceptual document "Economic and Social Development of the Country through 2020," approved by the President of Turkmenistan in October of 2008.

The political environment in Turkmenistan remained challenging, and the Project continued to contend with lengthy waiting periods in obtaining MOHMIT approval for most activities. In January, two deputy ministers were replaced, with the result being that ZdravPlus and other international organizations/projects had to wait for prikazes until the beginning of March. However, most activities have been completed as planned and ZdravPlus will focus on close-out activities for the remaining 6 months of the project.

In the Project close-out year, ZdravPlus focused heavily on institutionalizing core activities, particularly in the service delivery component, which was achieved through close collaboration with Turkmen partners including the national MCH Institute. Achievements of the first four years of the project were solidified by empowering national counterparts to play the leading role in mentoring practitioners and monitoring facility-level improvements in health outcomes and quality of care. ZdravPlus continued to link closely with international donors and projects, including WHO, UNICEF, UNFPA, World Bank, PC, and other USAID Projects.

Stewardship

Legal and Policy

ZdravPlus in coordination with USAID Turkmenistan, WHO, UNICEF continued to engage the MOHMIT in policy dialogue over the reporting period. These efforts generally focused on service delivery activities including the implementation of the WHO IMCI and Safe Motherhood strategies, and the expansion of health information systems (HIS) – particularly the potential for connecting HIS to the country's health financing system.

Stewardship activities during the first half of 2009 included:

- Inputs to discussions regarding the design and development of a monitoring and evaluation system for health care providers from SM pilot sites (as a member of the SM Program Implementation Working Group);
- Contributions to the WHO/UNICEF/MOHMIT efforts to improve the monitoring and evaluation system for IMCI-trained health providers. The dialogue with the MOHMIT, MCHI, WHO and UNICEF resulted in consensus that there is a greater need for Turkmen health workers to participate in a short-term retraining and thorough monitoring in order to strengthen their knowledge and skills in using the WHO IMCI protocols. Dialogue with the MOHMIT, MCH Institute and the TSMI during the February IMCI Review Meeting resulted in top-level health system managers expressing their desire to collaborate more closely with USAID/ZdravPlus to enhance the efficiency of donor support and its impact on health sector development, management and monitoring;
- Interaction and communication with the MOHMIT, TSMI Post-graduate Faculty, Medical Schools and the MCH Institute on promoting the sustainability and institutionalization of the WHO IMCI and SM strategies;

- Inputs to discussions on the design of the HIS monitoring and evaluation system;
- Contributions to WHO/UNICEF/MOHMIT planning to improve the capacity of members of the National TB Prevention Working Group; to the work of GF Round 9 CCM (in the capacity of an associate member), and on TB prevention;
- Promotion of Prikaz #90, which covers new infection control procedures and guidelines for Turkmen maternity facilities;
- Contributions to efforts led by the WHO to expand policy dialogue on EBM and develop national guidelines or methodologies on clinical practice guideline/protocol development, and participation in two WHO-organized workshops related to the issue; and
- Commitments to increasing capacity of EBM/SM/IMCI Resource Centers (RC) within the MCH Institute with the goal to ensure access to evidence-based materials for all staff of the MCHI and velayat-level MCH staff. The center would have a variety of resource and reference materials linked to ZdravPlus IMCI/MPS-EPC/ANC training, providing information and tools that practitioners utilize to keep up to date on IMCI/MPS-EPC/ANC technologies and improve quality of care and clinical practice.
- The Project was invited to participate in other policy meetings organized by the MOHMIT, for example, discussions on immunization.

Institutional Structure, Roles, and Relationships

Over the last six months, ZdravPlus focused heavily on building capacity in Turkmen institutions, continuing to create linkages within the health system and across Project activities, and institutionalizing core activities particularly in the service delivery component through close collaboration with strategic partners including the National MCH Institute (MCHI), the Turkmen State Medical Institute (TSMI), and the MOHMIT Health Information Center. In addition, ZdravPlus continued to strengthen working relationships with the MOHMIT, MCH Institute, Velayat Health Departments, and pilot facilities.

Monitoring and Evaluation

Safe Motherhood Follow-up

ZdravPlus supported the MCH Institute in its efforts to continue developing the design of a monitoring system for the National Safe Motherhood Program. In February and March, the Deputy Director of the MCH Institute visited the Project's Mary and Lebap Velayat Safe Motherhood (SM) pilot sites. The purpose of the visit was to 1) evaluate the implementation of WHO MPS-EPC standards and prenatal care recommendations introduced during the EPC and prenatal care trainings; 2) observe prenatal care services; and 3) to determine the degree to which the approaches have been standardized at the hospital and PHC levels.

The evaluation of MCH hospitals in Mary City, Sakarchage Etrap and Yoloten Etrap; Turkmenabat city roddom; and Farap and Sayat etrap hospital roddoms showed that the implementation of MPS-EPC standards has continued successfully. For example, MPS-EPC-trained health care workers are using individual delivery rooms, liquid soap, and individual towels. They are also actively managing the third stage of labor and encouraging early and exclusive breastfeeding. The evaluation also uncovered areas that require improvement, including encouraging delivery with partners, using partograms, and making available the equipment needed for adopting free positions during labor. A series of mentoring visits on March 28-April 28 led by a WHO-certified consultant also served to promote and reinforce MPS-EPC standards in these facilities (please see details under Service Delivery, below). The MCH Institute Monitoring Team continued its activities in April, May and June. Some results of these activities were presented by the MCH Institute during the May SM Review Meeting. A final monitoring report will be available in late summer.

IMCI Monitoring and Evaluation

From March through June, national and velayat IMCI trainers conducted routine monitoring and evaluation of IMCI pilots in all five velayats according to the WHO IMCI M&E standards, on which

the trainers were mentored during the IMCI Randomized Evaluation conducted by WHO, ZdravPlus, UNICEF and the MOHMIT in July, 2007.

Together with the MCHI, ZdravPlus developed a general plan of physician and nurse IMCI clinical mentoring and monitoring for March-July 2009 serving as a core institutionalization strategy to strengthen the MCHI's role in leading IMCI training, mentoring, and monitoring activities in the future. Since it was not feasible to mentor and monitor all 1700 trained practitioners, national and velayat IMCI trainers set and achieved the goal of monitoring approximately 500 health workers. According to the IMCI National Team report, about 400 family physicians and nurses participated in IMCI refresher training. According to MCHI trainers, the core issue for all five velayats is that of healthy nutrition. Health workers do not focus much on the topic and need to improve in this area. IMCI trainers' monitoring and refresher training activities have proven an effective instrument for improving and promoting IMCI standards and ensuring the success and sustainability of the strategy.

Resource Use

Health Financing

Over the past six months, ZdravPlus continued to look for and take advantage of opportunities to expand the dialogue on health financing reform or develop new health financing or provider payment system methodologies. ZdravPlus collaborated with WHO to support a Health Financing Workshop in April. Participants included MOHMI, Ministry of Economy and Finance, other agencies, health policy-makers, and health managers. Presentations were given on health financing functions including collection of funds, pooling of funds, health purchasing, and benefits. Discussion was productive and may trigger additional dialogue over the next 6 months.

Health Information Systems (HIS)

Implementation of the ZdravPlus-developed HIS continued in 10 previously approved hospital-level pilots and was expanded to an additional four pilot hospitals in 2009. The database computerizes patient data and increases the ability of the MOHMIT to record and analyze hospital information by automating hospital discharge form #66 and aggregate hospital report form #14.

ZdravPlus supported HIS monitoring activities in all 14 pilot hospitals and provided technical assistance and continuous on-the-job training to the health facilities seeking continued Project guidance. We continued supporting MOHMIT efforts to improve monitoring of the automated hospital information system and database in fourteen ZdravPlus pilot hospitals and to expand the system to other health facilities on the request of the managers of those facilities. The Project has trained all etrap statistics departments in installation and use of the database and in producing analytical reports.

Monitoring results show that the statistics departments in all fourteen pilot sites are using automated forms #66 and #14 appropriately, and that the heads of all pilot hospital statistics departments supervise data entry and coding of diagnoses effectively. Prikaz #92 (which describes the MOHMIT's goal to computerize statistics departments in all primary and hospital care facilities in order to improve data collection and statistical reporting) requires the heads of velayat hospitals to seek funding (some have succeeded) and purchase a computer in order to meet the requirement of the MOHMIT. Many have expressed their satisfaction with the advantages of preparing reports electronically. At the beginning of the reporting period ZdravPlus provided three new computers to Republican Niyazovsky Clinical Center Statistics Department. Specialist there are considered by the MOHMIT to be the "core" team of statisticians, able and authorized by the MOHMIT to conduct trainings and monitoring of the work of all Turkmen statisticians. Two more computers have been provided to Balkan Velayat Maternity, as well as the Lebap Velayat's Sayat Etrap maternity.

Two reporting forms were updated at the end of 2008 according to a request from the MOHMIT Information and Statistics Departments (and with the support of ZdravPlus regional HIS staff). These include Form #7 (daily report of number of beds and movement of patients in hospitals), and Form #16 (consolidated report of number of beds and patients in hospitals). Beginning in 2009, we also

worked with Information and Statistics Department staff to roll out the new system to non-pilot hospitals that have shown an ability to work productively with the system with more limited support.

ZdravPlus-developed HIS software was also introduced to a number of Turkmen health facilities that are not referred to as ZdravPlus pilot sites – evidence of the fact that the MOHMIT intends to continue activities on developing new health financing or provider payment system methodologies. We believe there are three indications of substantial institutionalization and ownership of the hospital information system: 1) practically all Turkmen statisticians were trained in ZdravPlus and joint ZdravPlus/IREX HIS Training courses in 2006-2008; 2) the MOHMIT and hospitals independently are beginning to expand the system with limited ZdravPlus support, and 3) the Medical Institute Health Management Center has taken responsibility for HIS and database training.

Service Delivery

Physician and Nurse IMCI

During the reporting period ZdravPlus has been followed a strategy recognizing the great need for short-term retraining and thorough monitoring of IMCI-trained health workers in order to strengthen their knowledge and sustain their skills in using the WHO IMCI protocols. (See IMCI Monitoring and Evaluation," above.)

ZdravPlus also worked with the MCHI, IMCI trainers, and program partners to design and produce an IMCI Development and Strategy paper. The paper will be both retrospective and forward-looking in nature, and will discuss: 1) the key components of IMCI implementation in Turkmenistan to date; 2) the gains achieved over eight years of IMCI implementation; 3) past and future integration of IMCI training in undergraduate and postgraduate medical education; and 4) the institutional structure, roles, and relationships of stakeholders in the continuation and sustainability of the program.

On February 28, together with the MCHI, ZdravPlus supported an IMCI planning and institutionalization workshop in Ashgabat in order to bring stakeholders together to discuss progress to date and build consensus on the future of IMCI implementation in Turkmenistan. Participants were unanimous in their opinion and recommended the expansion of the 14 IMCI pilot etraps all over the country. The TSMI Family Medicine Head reported that, according to the MOHMIT's recommendation, the post-graduate FM Faculty invite 40 family physicians monthly from other etraps in order to train them on WHO IMCI technologies. They also requested IMCI training modules, since the MOHMIT does not have funds to provide WHO IMCI training modules to their health workers.

Hospital IMCI

ZdravPlus continued to support the MCHI in implementing hospital IMCI in Year 5 of the Project. In Year 4, ZdravPlus trained 40 hospital pediatricians and supported UNICEF trainings for 60 more. Twenty health workers received certification as H-IMCI trainers. In Year 5, ZdravPlus concentrated on H-IMCI sustainability in policy discussions with the MOHMIT and MCHI during the IMCI and SM workshops. We also supported the MCHI in its development of a standard H-IMCI M&E system. The Project provided limited support for UNICEF-funded H-IMCI training for childhood infectious disease specialists. Thus, Turkmenistan is moving ahead in ensuring linkages between services provided on the PHC and hospital levels.

PHC/Laboratory Training

At the end of 2008 ZdravPlus received a request from the MOHMIT Clinical Department to include Laboratory/PHC training in the SOW for 2009. In order to meet the MOHMIT request and to solidify achievements made during the course of the five-year project, the Project together with Turkmen specialists conducted monitoring activities between February and May in all five velayats. During their visits, monitoring teams of lab trainers and family physicians assessed the availability and proper use of lab equipment, reviewed lab records, and analyzed the degree to which family physicians and laboratory specialists were working cooperatively. The visits aimed to improve referral patterns and strengthen linkages between PHC and laboratory services and to improve diagnosis of diseases.

Safe Motherhood Program

Following the approval of the National Safe Motherhood Program in December 2006, four MPS/EPC training courses, and eight ANC training courses conducted in collaboration with the WHO in 2007 and 2008, during the first half of 2009 ZdravPlus continued Making Pregnancy Safer and Effective Prenatal Care (MPS/EPC), and antenatal care (ANC) activities.

Initial EPC Training, ANC Training, Reinforcement Training and On-The-Job Mentoring

As institutionalization in Turkmenistan is still directly related to roll-out creating a critical mass of Safe Motherhood implementation, even with limited budget and close-out looming ZdravPlus prioritized another initial EPC training in Year 5. Three WHO-certified ZdravPlus consultants provided an 11-day training in April in Dashoguz for Ob/Gyns, neonatologists and midwives from Dashoguz velayat. They recommended to the MCHI Team that participated in the MPS-EPC training course in the capacity of facilitators to focus their work on the following areas:

- Provide regular trainings for health providers on appropriate management of the partogram, neonatal resuscitation, and emergency care for pregnant and post-partum women;
- A midwife should manage normal deliveries using a partogram; and
- Health workers should adhere to ethical norms in treating women, fetuses, and babies, as well as partners and family members.

In March and April, a WHO-certified ZdravPlus consultant led reinforcement trainings and on-the-job mentoring on the use of new MPS/EPC technologies for 12 ZdravPlus pilot maternity hospitals. Ob/Gyns, neonatologists, and nurses from the Mary MCH Hospital, Sakarchaga and Yoloten pilot roddoms, Akhal, Dashoguz, Mary, Lebap including Sayat and Farap etraps' maternities, as well as MCH Institute and Ashgabat city roddoms were involved in the training. Later in June, MCH Institute experts from Ashgabat conducted follow-up monitoring of skills for newly-trained Gubadag, Kunyaurgench, Boldumsaz Ob/Gyns, neonatologists and midwives. More than 400 Ob/Gyns, pediatricians, family doctors, nurses, health facility administrators from five velayats of Turkmenistan and MCH Institute specialists from Ashgabat benefited from EPC and ANC reinforcement training and presentations led and made by ZdravPlus.

Mentoring activities conducted during the training focused on providing intensive care for newborns, introducing new EPC standards for delivery and a newborn care, and effective prenatal care practices and the changes that must be made in order for the practices to be implemented in each facility. Reinforcement topics presented by ZdravPlus and MCH Institute specialists included: "Hypertensive Conditions During Delivery," "Normal Delivery," "Discharge of Amniotic Fluid and Delivery Management," "Postpartum Hemorrhage," and "Newborn Care."

To build capacity, a team of two from the MCH Institute who received SM training in 2007 and 2008 participated in the on-job trainings in 2009 in the capacity of facilitators. They supported ZdravPlus staff and consultant during work in the velayat facilities and the participation of the MCH Institute specialists had a very positive impact on the trainings. ZdravPlus enjoyed overwhelming support from heath department heads in each of the five participating velayats, who shared their concerns openly regarding the quality of prenatal care in the country. Local health authorities and participants alike underscored the importance of such trainings and expressed interest in participating in similar activities in future.

Along with the achievement and progress made in introducing new WHO MPS/EPC technologies, ZdravPlus recommended areas improvement including: 1) more effectively promote partnership deliveries and free visits in postpartum wards; 2) be more persistent in promoting the correct hand washing technique; and, 3) conduct regular trainings on neonatal resuscitation and appropriate use of obstetric technologies.

Policy Meetings and Related Institutionalization Activities

Two joint Safe Motherhood Interim Evaluation Meetings were conducted in February and May of the current reporting period with participation of the MOHMIT, ZdravPlus, MCHI, UNICEF, and UNFPA. The first meeting was called to review where the country was in implementing WHO National Safe Motherhood standards through 2008. During the second meeting, achievements and

problem areas for the period of 2007-2009 were reviewed and evaluated. The evaluation was based on MCHI monitoring activities, and the Deputy Director of the MCHI gave USAID/ZdravPlus credit for the very large proportion of Turkmen Ob/Gyns, neonatologists, midwives, and family physicians (484 individuals in all) who have been trained during the course of five 11-day MPS/EPC (188 participants) and twelve ANC training courses (296 participants). A large number of velayats and Ashgabat maternity specialists were trained during ZdravPlus consultant mentoring activities in spring of 2008 and 2009: about 500 and more than 400, respectively.

The ZdravPlus Regional Director for MCH participated in the Safe Motherhood review meeting on May 1. Kyrgyzstan's experiences in introducing MPS-EPC standards were presented to Turkmen Specialists. The outcomes of introducing MPS-EPC standards in ZdravPlus pilot maternities in Turkmenistan were also discussed, including indicators and monitoring instruments for prenatal and antenatal care.

A very significant outcome of the MPS/EPC training in 2008 critical to institutionalization was that the WHO MPS-EPC standards were introduced in pre-service medical education beginning with the 2009 academic year. The TSMI students' conference conducted by ZdravPlus on April 4 2009 proved that the WHO MPS-EPC course adapted for students by the WHO MPS-EPC trainers and the teachers of the TSMI is being implemented effectively. The student conference was broadcast on the Turkmen Altyn Asyr Channel on May 10 and May 17.

Participants also discussed the need for more intensive integration of SES Departments in the implementation of the National Safe Motherhood Program. The MOHMIT Clinical Department Head informed participants that Prikaz #90 on sanitary-epidemiological control in maternities had been signed and is being translated from the Turkmen to Russian and English. He also stated that the prikaz gave all the health workers the freedom and authority to implement all WHO MPS-EPC techniques.

One example of successful institutionalization is the MOHMIT has initiated a training program planned to start July 13th for PHC, hospital, and maternity facility managers and velayats and etrap SES managers with the goal of updating them on the WHO MPS-EPS standards. 30 managers (directors and deputies) in each velayat will be invited to a one-day course and 30 Ob/Gyns and neonatologists will be invited to a two-day training course. A total of 300 health workers will be covered. SES is responsible for the implementation of the program which will update health workers on the new Prikaz on "Epidemiological Control in Maternities" approved on April, 2009.

Public Health: Tuberculosis

In collaboration with Project HOPE and counterparts, ZdravPlus continued to provide limited support to the MOHMIT and the TSMI TB Faculty in their efforts to improve quality of services provided to the population within the DOTS Program. ZdravPlus participated in a WHO/MOHMIT meeting on TB activities held at the beginning of 2009 to discuss the national TB control program, the WHO's TB work plan for 2009, and improving TB activity collaboration among governmental and international organizations. ZdravPlus also participated in a February meeting of the TB working group organized by Project Hope to discuss World TB Day activities, including the content and design of informational materials and a video spot to be aired around TB Day. ZdravPlus provided support through WHO and Project Hope for printing materials and prizes for the winners of the students' activities, dedicated to the International TB Day.

A scientific conference dedicated to World TB day, organized by the MOHMIT with financial support from ZdravPlus and Project Hope, was held at Niyazovsky Hospital in March. Acting U.S. Ambassador Mr. Richard Hoagland, the USAID Turkmenistan Representative, and the Head of the MOHMIT Clinical Department participated in the conference. The leaders congratulated participants and expressed their intent to continue to collaborate on the issue of TB. TB Faculty and others participants delivered presentations on the results of the implementation of the DOTS Program in Turkmenistan. The MOHMIT and TSMI TB Faculty expressed their appreciation for the commitment of Project HOPE and the ZdravPlus Project to the success of the DOTS program.

ZdravPlus also provided funds for the adaptation of the WHO Guidance on TB Case Finding and DOTS Treatment for PHC workers, and covered expenses for printing of a limited number of the books. On April 2 and May 13, ZdravPlus participated in the CCN Meeting dedicated to the development and approval of the technical proposal to Global Fund 9 application.

Population and Community Health

Keeping Children Healthy

In collaboration with the MOHMIT and local health authorities, ZdravPlus continued to contribute to health promotion activities by providing technical assistance through the MCH Institute. Two KCH campaigns were conducted in Dashoguz Velayat's Kunyaurgench and Boldumsaz etraps between March and May 2009. Two more campaigns began in Balkan Velayat's Makhtymkuly and Etrek etraps in June. The closing day for these last two campaigns is planned for the beginning of August. Balkan Velayat's Makhtymkuly and Etrek etraps nurse contest winners will be invited and awarded personally. The Houses of Health where these winners are working will get prizes as well. KCH campaign coordinators from Makhtymkuly and Etrek are supervising the campaigns.

KCH campaigns were dedicated to the issue of prevention and treatment of diarrhea and ARI for children under five years of age. The campaigns focused on a target audience of pregnant women and mothers with children under five, who received recommendations on how to recognize and respond to danger signs of illness. As always, the information is being provided by pilot etrap nurses. Mothers received updated pamphlets with key IMCI messages on diarrhea and ARI, as well as infant feeding pamphlets with ANC messages – all designed and printed by ZdravPlus. In addition, colorful campaign posters were distributed and posted throughout public spaces in each campaign etrap.

During the opening ceremony for the KCH campaigns, a national IMCI Trainer came to the site to provide a short training for family nurses on the topics of diarrhea in young children, danger signs of diarrheal disease, and diarrhea prevention. The campaigns carry over two months, during which time family nurses visit their sites and arrange discussion groups to educate mothers on key IMCI messages and to disseminate educational materials. A short training for family nurses on ANC messages is being conducted as well. Since last year, KCH campaigns have worked not only to educate mothers with children under five years old, but pregnant women as well.

During the award ceremonies being planned for August, participants will be presented with the outcomes of a survey conducted by ZdravPlus from May to July. The objective of the survey was to ensure that the KCH campaigns resulted in a significant increase in population knowledge and skills on IMCI key messages, and these educational campaigns remain an effective mechanism for working with the population. At the beginning of 2008, the MOHMIT developed the Mother and Child Health Improvement Strategy for 2008-2010. According to this strategy Turkmen velayat authorities are to initiate KCH campaigns in all 66 etraps of the country.

Other Activities

ZdravPlus provided limited support to the MOHMIT SES Department through funding for a limited amount of educational materials for Immunization Week (held in April 2009). As a member of the MOHMIT Coordination Committee on issues of infection control and immunization, ZdravPlus participated in committee meetings held in order to summarize implementation of the 2009 Plan of Immunization and to discuss issues of drug control and elimination of malaria.

ZdravPlus also participated in the WHO 60th Anniversary Road Safety Workshop, the WHO Population Involvement Strategy Development Workshop, and a WHO/MOHMIT meeting dedicated to the development of the final Draft Version of the Child and Adolescent Health Improvement Strategy. Work on development of Child and Adolescent Health Improvement Strategy should be finalized by the end of 2009 and submitted to the Turkmen government for approval.

On May 6 over 200 representatives from Turkmenistan's Government, donor community, local and international businesses, and civil society organizations gathered in Ashgabat to celebrate the 15th

anniversary of USAID work in Turkmenistan. ZdravPlus contributed to the event, participating in an exhibition of multiple USAID projects in the country.

Two GFATM Coordination Committee Meetings were held in April and May. ZdravPlus participated in the CCMs as an associate member.

UZBEKISTAN
Six-month Report
January - June 2009

The difficult registration situation significantly worsened over the last six months as the MOH was directed to not work with unregistered organizations. Extensive and intensive dialogue with USAID resulted in agreement on a revised SOW and approval of an expanded subcontract for local partner Optimal Solutions with the MOH verifying in writing that they can work with Optimal Solutions. Although the implementation process during the last six months was definitely influenced by the worsening registration situation, ZdravPlus was still able to accomplish most of the planned activities.

General uncertainty was inserted into the health system strengthening process due to a new Minister of Health. Replacement of the longest-serving Minister of Health in Central Asia has and will continue to impact UZ health policy direction. A number of MOH staff were also replaced and the MOH in general was distracted and not focused on plans and activities. At this point, future directions are not yet clear.

The overall ZdravPlus strategy in Uzbekistan remained the same – accomplish project objectives by supporting Uzbek partners in implementation of the World Bank (WB) Health 2 Project and the Asian Development Bank (ADB) Women and Child Health Development (WCHD) Project under the framework agreed upon with the MOH/Joint Project Implementation Bureau (JPIB). Synergies continued to be created between the broader health system reforms of WB Health 2 (health financing and strengthening PHC through the introduction of general practice) and the ADB WCHD focus on priority MCH programs. As planned, a number of major reform programs and activities were further institutionalized over the last six months including nationwide roll-out of the rural PHC per-capita financing and management reforms; incorporation of general practice, EBM, and improved teaching methodology into undergraduate and post-graduate medical education; solidification of quality improvement (QI) projects and safe motherhood, and expansion of the patronage nurse training program. The shift to documentation and dissemination of experience and lessons learned and initiation of close-out activities occurred in the first six months of the last year of ZdravPlus.

A major activity over the last six months was initial technical input to WB Health 3 design. Input included situation analysis and potential Health 3 strategy, priorities, and activities was provided for financing and management, HIS, medical education and service delivery.

Stewardship

Legal and Policy

Over the last six months, ZdravPlus continued to support health policy development enabling further strengthening, solidification, or institutionalization of the health financing reforms including the rural PHC model roll-out, urban PHC model, and new hospital information system for the case-based hospital payment system, and service delivery improvements including medical education reform, introduction of general practice, promotion of EBM, and Safe Motherhood and PHC/Hospital IMCI. Mechanisms for policy dialogue with the MOH included collaboration with WB Health 2 and ADB WCHD Projects through the JPIB and through support for working groups.

The legal and regulatory framework is generally established for USAID/ZdravPlus plans and activities so limited legal and regulatory work was done over the last six months. A preliminary analysis of the legal and policy documents relevant to the F&M reforms (within the rural PHC roll-out and urban PHC and case-based hospital payment system pilots) was accomplished, with suggestions on the future legal and policy support required for further solidification and advancement of these new financing and management approaches. In connection with this work, a complete inventory of all of the pertinent legal and policy documents issued during the period of January 2005 till to date was completed and a content analysis finished. An extensive review and further analysis of these documents, together with corresponding findings and suggestions, is currently underway. The findings and outcome of this analysis will be documented in the form of an end-of-the-project report and

passed on to the World Bank (WB), for needed policy actions within the Health 2 Project and reflection as future policy support requirements in Health 3 design.

Institutional Structure, Roles, and Relationships

Limited activities occurred over the last six months due to both the stage of the project (last year) and the difficult registration situation. ZdravPlus engaged in limited dialogue on financing and management reforms given the introduction of a Treasury System in Uzbekistan.

Policy Marketing and Public Relations

No explicit policy marketing activities occurred over the last six months but continued implementation, solidification, and institutionalization of the health reforms is inherently policy marketing and there were no major changes in Government direction even given the change in MOH leadership.

Monitoring and Evaluation

ZdravPlus provided limited technical assistance to support the JPIB in maintaining the monitoring tables for the rural and urban PHC finance and management reforms. Collection and analysis of data continued for Safe Motherhood sites.

Donor/Project Collaboration and Coordination

ZdravPlus collaborated with other USAID projects including Project HOPE TB and CAPACITY Project, WB Health 2 and ADB WCHD Projects, WHO, and planned EU Tasis/UNICEF MCH Project. ZdravPlus participated in the February-March WB mission contributing updates on status of activities and technical input on a number of issues. As mentioned above, ZdravPlus engaged in dialogue with the JBIP and WB on general directions and specific activities for WB Health 3 design.

Resource Use

Roll-out of Rural PHC Finance and Management Reforms

ZdravPlus continued to provide technical assistance to implementation and institutionalization of the rural PHC finance and management reforms. For example, ZdravPlus reviewed per capita normative calculations and the allocations made to the rural PHC facilities (SVPs) from the regional health budgets in Jizzak and Karakalpakstan. A number of suggestions and alternative estimates were forwarded by ZdravPlus specialists, with a view to improve the per capita allocations in these regions.

In line with our increased emphasis on supporting further solidification and institutionalization of the practical skills required for appropriate implementation and refinement of the new provider payment, a practical guideline in Uzbek language on Business Planning and Budget Formation for the reformed rural PHC facilities was completed and updated consistent with the recently-introduced national Treasury System in Uzbekistan. It has been handed over to the MOH, for review, needed fine-tuning and subsequent publication and dissemination among the SVPs and other relevant rayon and oblast managers. In addition, ZdravPlus continued to provide technical assistance and capacity building to solidify institutionalization of HIS and health management programs.

Urban PHC Reform Pilots

ZdravPlus provided limited technical assistance to implementation of the urban PHC per-capita payment system. As part of the WB mission in March, written recommendations on the appropriate restructuring requirements for the PHC polyclinics within the urban PHC reform pilots were provided. These recommendations were included in the mission Aide Memoire enabling the JPIB/MOH to incorporate needed adjustments in the ongoing urban pilot model.

Case-based Hospital Payment System (HPS) Reform Pilots

Over the last year, the MOH approved introduction of the new hospital HIS and database which automates the patient discharge form #66 enabling increases in HIS efficiency, improved data for hospital level decision-making, and implementation of the new case-based hospital payment system. Over the last six months, ZdravPlus provided technical assistance and training to the 15 pilot Central Rayon Hospitals in Ferghana Oblast to install, operate, maintain, and build capacity of hospital staff to manage the system. The strategy is to initiate the health information systems required and do limited case-based hospital payment system design in preparation for its development and implementation in WB Health 3.

ZdravPlus provided written recommendations on needed restructuring of the rayon hospital network within the case-based hospital payment system pilots. These recommendations along with possible budget formation and financing procedures under the national Treasury System were discussed with UZ partners and incorporated into the WB Health 2 March mission.

Service Delivery

Undergraduate and Graduate Medical Education

Training Pre-Service Medical Educators and Introducing New Modern Teaching Principles

Improving medical education of health care workers lies at the heart of health systems strengthening, but is often a neglected aspect of reform. Medical education improvement has been a core element of the ZdravPlus strategy with a high level of effort because it is an UZ priority and comparative advantage given the capacity of medical institutes is relatively high, and enabled leveraging of resources through close collaboration with WB Health 2/JBIP on introduction of general practice and improvement in medical education. The ZdravPlus project has always emphasized this long term objective, achieving a number of milestones.

In collaboration with the MOH, WB Health 2 and ADB WCHD projects, ZdravPlus continued supporting medical institutes to upgrade medical education in the country. In line with updating priority clinical modules in the medical curriculum, ZdravPlus invested in improving the teaching process including introduction of adult learning techniques (ALT), teaching medical faculty on Evidence Based Medicine (EBM), interpersonal communication and counseling skills and laying the groundwork for adoption of international standards of medical education accreditation.

Over the last six months, ZdravPlus worked with UZ partners and WB Health 2 on introduction of Problem Based Learning (PBL) into undergraduate education. The first part of this activity was held from January to July 2008, with the main objective building capacity and practical experience in PBL by linking it to an EBM approach, particularly to critical appraisal of medical literature. The second part was realized by June 2009. ZdravPlus specialists developed and provided training materials on PBL course development and assessment and continuously supported a specially created working group of the two leading Tashkent medical institutes in the development of 3 initial PBL modules on general practice introduction, abdominal pain in adults and cough in children. In May 2009 in order to expand this initiative and test it with a student group, this working group successfully conducted a demonstration of the pediatric PBL module for the rest of the medical institutes in the country. Further steps were defined by the working group including presenting these 3 modules to the Council of Rectors.

In collaboration with the MOH and ADB WCHD project, ZdravPlus provided technical support for training of medical institute teachers in the Hospital IMCI course, which includes an introductory lecture in EBM at the start of the course. Based on feedback from this training the training materials were adapted then distributed to the rest of the faculty involved in pediatric teaching, and then successfully introduced straight into the majority of the trained pediatric departments.

Postgraduate Medical Education

Activities to upgrade the GP Trainers

The backbone of the healthcare reforms in Uzbekistan is the initiative to develop general (family) practitioners who are able to handle the bulk of the PHC problems presenting to them. This initiative began in 1998 with the establishment of rural SVPs to strengthen PHC and GP training centers to support them with training to improve capacity under a collaboration of WB Health project, USAID/ZdravReform, and DFID. Later ZdravPlus supported GP trainer faculty development and capacity building, standardizing and regular updating process of all the written teaching materials, coordinating a working group of the trainers, and compiling a comprehensive training manual with clear teaching methodologies and practical examples. This revision exercise also allowed a number of improvements to the course including eliminating duplication of training materials and freeing up space for additional important subjects such as standard WHO modules including Integrated Management of Childhood Illnesses (IMCI), breast feeding, reproductive health (including a translated version of the JHPIEGO Pocket Guide), Safe Motherhood/Antenatal Care, two modules developed with WHO support on anemia and rational nutrition, hypertension, additional information on EBM, Laboratory work in general practice, and a module on Quality Improvement (QI) with a practical improvement project linked to final course assessment.

Over the last six month, ZdravPlus continued GP faculty development and ongoing GP curriculum upgrading. In collaboration with WB Health 2 Project, ZdravPlus supported regular upgrading training courses and biannual meetings for GP-trainers. In addition, ZdravPlus supported development of two more courses on WHO monitoring of child growth and development and emergency care.

GP Training Course Essential Documents

ZdravPlus continued work to produce a set of standards/learning outcomes for any GP training program planned for the country. This became necessary when it was learned that an alternative course was about to be developed which would have missed many vital components for the training of a GP and would have allowed start-up of many poor quality programs. The outcomes developed are based squarely on the work done for the 10-month GP training course and RCGP and US requirements for general/family practice programs. Each module has an introduction with international and national priorities. At this stage, ZdravPlus has finalized a basic set of standards which are planned to undergo further review and adaptation before being submitted for official approval.

As noted throughout this report, a priority in for ZdravPlus Year 5 is information dissemination and the institutionalization process. Another manual is also in the review process which explains in detail the various examination methods, their types, instructions and key points. It is to be used as information for the training of GPs and could also be used more widely by the medical institutes.

Continuous Medical Education (CME)

ZdravPlus specialists reviewed the short-term training curriculum for GPs on major chronic cardiovascular and respiratory conditions, which the TIAME GP CME Department has now begun to teach in centers across the country. Further work to develop an antenatal care CME course for GPs is ongoing.

Based on a request of the Cabinet of Ministers, the MOH strategy is evolving and they are working on a new concept for improving the quality of SVP MCH activities in the country. ZdravPlus specialists helped the TIAME GP CME Department to present a new idea to create 1-3 best practices or SVP models. The idea is based on ZdravPlus experience in implementation of QIPs and mentorship and involves an overall vision of “The Best General Practice.” This idea raised a great deal of interest in the MOH and further work to describe and plan it more carefully will be needed.

Promote EBM and Develop CPGs

EBM Promotion and Training

Training in the principles of EBM continues. Over the past six months, with support from ZdravPlus, the EBM Center based at TIAME provided training to 50 “ordinator” and “magistratura” doctors-in-training studying postgraduate specialty medicine. In addition, in collaboration with the WB Health 2

project the next group of 20 teachers of Tashkent Medical Academy were trained in a 5-day EBM introductory course.

Development/Training in CPGs

The WB Health 2 project initiated development of the GP handbook for practicing GPs in the country that aimed to help them with updated information in their day-to-day practice. A group of GP trainers is involved in this work. In order to include the most updated materials in priority areas such as women and child health and philosophy of general practice, ZdravPlus provided technical support in development of these chapters of the handbook.

CAR EBM Network Web Site

The EBM methodologist in Uzbekistan continues to provide input to the CAR EBM network website including content and news of local, regional and worldwide relevance.

Quality Improvement

General Practice

Urban PHC Model - Tashkent City Polyclinic #57 (formerly Polyclinic #17)

Recent reforms of the Uzbekistan health system have led to the introduction of general practice at more than 3000 new rural health facilities called SVPs throughout the country, allowing the limited but developing numbers of general practitioners to strengthen PHC and handle many types of patient conditions. The next crucial step is to improve PHC and patient care at the urban level.

In mid-2007, ZdravPlus began to work with Tashkent Polyclinic #57 to develop general practice in the context of the ongoing urban financial reforms and the re-training of their staff as GPs. ZdravPlus support has taken two directions. First, two senior staff members were identified to become future mentors. Under the supervision and mentoring of a well qualified local doctor working at the Tashkent International Medical Clinic (TIMC) they have begun to be trained in the practical daily tasks of a GP. They also visit the TIMC every other week to gain more experience. The second direction has been to develop a QI Project within the polyclinic on hypertension based on earlier ZdravPlus experience with QI Projects in rural areas. This involves the clinic staff working as a team to improve the care of hypertension, one of the major contributing risk factors for cardiovascular disease.

Over the last six months, both of these general directions continued to develop. The urban QIP has demonstrated it is an effective approach to improve health services by linking QI strategy, CME, and establishing internal mentorship at the facility level. The results informed a new MOH vision of expanding best practices at the national level based on mentorship and supportive supervision.

In 2008, all nursing staff of the polyclinic was trained in Basic Nurse Assessment Skills (BNAS). During the last six months, ZdravPlus provided limited technical assistance to continue to develop nursing skills and the polyclinic received population materials from the ZdravPlus project on different health topics.

SVP PHC QI Projects – Hypertension, Anemia, and IMCI

Scale-up of QI Projects in Ferghana Oblast

During ZdravPlus, the QI Projects in Ferghana have expanded from the 3 initial pilot sites to cover almost all the PHC facilities in 10 rayons (of 15) in Ferghana Oblast and also 3 clinics in Tashkent Oblast. They mainly focus on the management of hypertension, anemia and IMCI.

Earlier work and efforts of ZdravPlus in Ferghana Oblast has been sustained. Achievements and lessons learned of the initial QI pilots were discussed and accepted for further scaling-up to the whole oblast. As a result, Ferghana OHD included the standards and indicators from these 3 QI Projects into the official oblast statistics for quarterly analysis and discussions within the oblast and rayon QI teams. This institutionalization shows local ownership of QI Projects and activities from the Oblast Health Department (OHD) and sustainability of the QI strategy in this region without donor support.

Scale-up of QI Projects Nationally

Efforts to integrate QI Projects and mechanisms into the health care system of the country began with localized projects in 3 rayons of the Ferghana oblast in 2003. As these initiatives began to show success, there were soon requests to expand the work to other areas. The spread of the principles of QI gathered new momentum with the advent of WB Health 2 and ADB WCHD projects, in which substantial funds were earmarked for QI activities. It has taken three directions as described below.

First, WB Health 2-funded GP training program used the QI training module to teach future GPs about QI. The GPs also established QI projects at their clinics throughout the country doing so in the course of their practical training. Second, QI methodology was designed into new courses and activities being implemented in MCH, such as Hospital IMCI and Making Pregnancy Safer (Effective Perinatal Care). Third, in order to develop understanding and create momentum for the QI initiatives built into the latest MCH training courses, the ADB WCHD project and the WB Health 2 projects both agreed to collaborate with ZdravPlus in training the health care leaders/managers in each oblast in the basic principles of QI.

Over the last six months ZdravPlus provided limited support and worked to institutionalize the QI activities and mechanisms. In summary, the implementation of QI Projects in the Ferghana PHC facilities has acted as a catalyst for change in both CPG implementation and in disseminating and developing understanding of QI principles across all levels of the healthcare system.

Women's Health - Making Pregnancy Safer/Effective Perinatal Care (MPS/PEPC)

The core ZdravPlus strategy was to collaborate with the ADB Women and Child Health Development (WCHD) Project with ZdravPlus providing technical assistance and training through international and local consultants difficult for ADB WCHD Project to procure and ADB WCHD Project providing equipment and operating costs which could expand and improve the scope of implementation. This strategy of collaborating and leveraging funds was also critical to address the substantial reduction in ZdravPlus UZ funding. There were significant delays in ADB WCHD Project implementation in the early years of ZdravPlus making the realization of this strategy problematic. However, over the last two years the pace of ADB WCHD Project has quickened enabling procurement of modern equipment to supply 6 oblasts, reconstruction of the maternal and neonatal facilities, and the ability of the project to support more participants to attend the trainings.

ZdravPlus implemented this strategy by delivering training and developing an initial pilot site with the same trainers used in other Central Asian countries to showcase the latest developments of the Effective Perinatal Course (EPC) and provide a model for other sites to follow. The objective was to support further roll-out of the EPC program by the ADB WCHD project, ensuring the highest quality possible at the expense of speed and numbers. It was important that any and all MPS training in Uzbekistan be provided and incorporated into practice to a very high standard.

In 2008 ZdravPlus conducted two EPC training courses in Ferghana and Kashkadarya Oblasts as part of a broader national implementation plan and in collaboration with the MOH and the ADB WCHD Project. ZdravPlus engaged three international consultants to carry out a two-week EPC training program for obstetric and pediatric staff for 3 facilities in each in those two oblasts. In late 2008 and May 2009, ZdravPlus international consultants conducted clinical mentoring and monitoring visits to these pilot sites. At the end of the evaluation, ZdravPlus presented results to each facility, the OHD, and the MOH. Despite some gaps and issues that require further attention, the results are good and it was stated that the implementation of EPC in Ferghana is of the highest quality observed in the region. Over the last six months, ZdravPlus continued to engage with the MOH, JPIB, and ADB WCHD Project on evolution of plans for expansion of MPS/EPC and institutionalization of the Safe Motherhood program.

Reproductive Health

ZdravPlus is working on a plan to disseminate ZdravPlus information and training materials on reproductive health to OHDs and reproductive health and GP centers by the end of the project.

Child Health - Hospital Pediatric Care

Under ZdravReform and ZdravPlus I, a number of short "update" courses were taught to doctors and nurses in the Ferghana region in order to bring them rapidly up to date before the full effects of the 10-month GP re-training course were felt. First and foremost amongst these was the WHO's IMCI program which was then scaled up through integration into the national GP re-training program. This together with more local initiatives in certain areas around the country carried out with the coordinated help of other donors (UNICEF, WHO, USAID/ZdravPlus and Project HOPE) ensured that the principles of IMCI began to take hold in practice.

However, with the passage of time it became clear that efforts to implement IMCI were hindered if the hospital level of care was not similarly updated. To counter this threat, ZdravPlus began to develop a course for hospital staff based on the newly published WHO manual, "Management of the Child with a Serious Illness or Severe Malnutrition", the forerunner to the latest publication, "Pocketbook of Hospital Care for Children" and WHO teaching materials.

After the success of the initial training of 100 staff at 15 hospitals in the Ferghana oblast, the course was included in the ADB WCHD Project for roll-out to key hospitals in six oblasts. This has led to significant improvements in care practices (e.g. less unnecessary drug prescriptions, better use of oxygen therapy), and has led a number of hospitals to improve the functioning of their systems (e.g. availability of basic WHO-recommended medications, oxygen present in admissions departments). In addition, USAID and ZdravPlus invested substantially in dialogue to resolve the internal donor conflict on IMCI resulting in acceptance of the country monitoring experience in community and hospital IMCI and quality improvement strategy by the new EU/UNICEF project.

At the end of 2008 and early 2009, ZdravPlus contributed to monitoring visits which were conducted to assess the impact of the trainings held in 6 pilot ADB oblasts (81 facilities). This helped to demonstrate some of the main achievements and identified a number of major issues for further improvement which led to plans for further QI activities for 2009. Agreement was reached to carry out a series of round table meetings in each oblast to discuss the current strengths and weaknesses of the program and to make strategic plans for future QI activities. ZdravPlus contributed technical assistance to this process.

ZdravPlus continued work with the Ferghana OHD to support the QI process by improving the link between hospital and PHC IMCI activities especially with regard to referral patterns and with a focus on quality of care provided during and after discharge from the hospital level. The pilot site for these activities was in Buvayda Rayon. Results and lessons learned were disseminated to MOH/JPIB/ADB Project for further planning of national scaling-up process.

Tuberculosis (TB)

ZdravPlus TB-related activities have consisted of engaging in dialogue on integration of TB into PHC, developing and incorporating updated TB materials into medical and nursing education and training programs, improving interpersonal communication and counseling skills, and collaborating in development of multimedia IEC materials. With the advent of the patronage nurse training program, ZdravPlus took the opportunity to reach agreement to embed a brief TB training session into the Basic Nursing Assessment Skills module and supported the development and printing of a modern leaflet for nurses on TB recognition and next steps. As a result, 10,000 nurses will be trained to recognize and take action with patients who show signs of TB. Over the last six months, ZdravPlus provided limited technical assistance to solidify institutionalization of these updated TB materials in medical and nursing education and training. All TB activities have been done in collaboration with other donors/projects including USAID TB Control Project, WHO, WB Health 2 Project, and ADB WCHD Project.

HIV/AIDS

In collaboration with USAID CAPACITY Project, WB Health 2 Project, and ADB WCHD Project, ZdravPlus has supported the introduction of HIV essentials into different medical and nurse education and training programs. Specifics include incorporating a three-day HIV course into the10-month GP

re-training course and incorporating WHO recommendations into the hospital IMCI, EPC, and patronage nurse training courses. All materials were revised and approved by the MOH. Over the last six months, ZdravPlus provided limited technical assistance to solidify the courses and process as they are taught in 2009 for new groups of trainees and students of medical institutes.

Population and Community Health

Health Promotion

Patronage Nurse Training Program

The patronage nurse training program began as a ZdravPlus-developed strategy to resolve two implementation questions – how to adapt or evolve community-level health promotion activities such as Mahalla Initiative Groups which had become difficult in the more restrictive UZ environment and how to implement the nursing training included in the ADB WCHD Project. The answer to both questions was design and development of a national training program for patronage nurses (those who visit the patients in their homes) focusing on both improving clinical capacity and establishing patronage nurses as a viable channel for health promotion and education information for the population and communities. Rather than create a new extended training program for these nurses, it was agreed that they would receive training using an ongoing modular system carried out using a cascade method. This had previously been piloted by ZdravPlus in the Ferghana area with acclaim for the teaching methods, the course content, and the provision of a nurse's bag. Training centers were suitably refurbished and equipped, and ZdravPlus set about developing a useful and practical curriculum consisting of 2-3 day modules 2-3 times per year. The cascade mechanism involves training trainers in Tashkent, and then supporting them as they move back to the regions to train the nurses in their local environments.

In collaboration with ADB WCHD Project, ZdravPlus conducted a study on the effectiveness of patronage nurse visits. The final report on the study was presented to the MOH who, after examining the findings and recommendations, suggested that a working group be established to develop a formalized set of standards for patronage nurse visits. Based on the findings of the study a plan of activities for the coming years was prepared, including the development of a national training program for patronage nurses to be implemented using a cascade method. Working closely with the ADB WCHD Project, ZdravPlus began this process with a series of events to upgrade the capacity of the selected trainers to be able to understand and use participative teaching methods and adult learning techniques. Following these preparatory activities, the highly anticipated core module on Basic Nursing Assessment Skills was developed, tested and taught through the cascade mechanism. This was accompanied by the provision of a bag containing useful basic diagnostic equipment and a number of excellent brochures and books in the Uzbek language. To appreciate the size of this undertaking, 10,000 thousand of these nurses' bags and accompanying books were distributed to the participating patronage nurses throughout the country. In total the trainings have been cascaded to nearly 16,980 nurses working in 162 towns and cities throughout the country.

As the patronage nurse training program started to mature, individual modules were developed on interpersonal communication skills and breastfeeding and they have been taught to the nurses. Over the last six months, ZdravPlus provided technical assistance to solidify and institutionalize the patronage nurse training program. In January 2009 ZdravPlus was requested to provide technical assistance for the development of a training course on reproductive health and safe motherhood. After the training module was developed and approved, a training of trainers for master nurse trainers and trainers of the National Reproductive Center was conducted. In addition, ZdravPlus assisted the ADB WCHD Project/JPIB in designing and developing a patronage nurse booklet for counseling the population on safe motherhood, newborn care, child development, nutrition, STIs and HIV/AIDS. A number of useful ZdravPlus materials were included in designing the booklet, including: the Tiahrt poster, a handout titled "Your Pregnancy Week-by-Week," and brochures on Safe Motherhood, STI and HIV/AIDS.

ZdravPlus also continued to contribute to a system for ensuring quality of training which was put in place by establishing an assessment team who were tasked with visiting the selected nurse training centers to gauge the level of skills shown by the recipients. This information is then fed back through

the system to guide future directions and decisions with regard to improving the effectiveness of the program. The results of the first assessment showed that 72% of nurses were using interpersonal communication skills during the counseling of patients, 66% demonstrated good knowledge on counseling patients on breastfeeding issues, and 80% of the patients questioned were satisfied by the counseling they received from the nurses.

Over the last six months, ZdravPlus has focused on institutionalization including making every effort to involve the teachers at the existing nurse colleges in each of the modules with the aim to upgrade their knowledge and skills in the expectation that the content of the modules will be incorporated into the training programs of the nurses at the undergraduate level.

Institute of Health (IOH)

Over the last six months, ZdravPlus worked on training courses for staff of the IOH including the following topics “Community Education”, “How to Organize Health Campaigns”, “How to Develop IEC Materials”, and “How to do Mahalla Health Initiative Groups.” Work on developing a training program on Health Promotion Skills to be used for the training of IOH staff is

Regional
Six-month Report
January - June 2009

TB Infection Control

Over the last six months, the conceptual paper "A Health Systems Approach to TB Infection Control in Central Asia" was completed and approved by USAID. Dialogue with USAID resulted in agreement that the country assessments would focus narrowly on facility-level TB infection control (IC). Based on work in Kazakhstan and Kyrgyzstan, an international consultant developed a framework and methodology for the Kazakhstan, Kyrgyzstan, and Tajikistan country assessments. The Kazakhstan and Kyrgyzstan country assessments were largely completed over the last six months and reports will be submitted to USAID over the next month. Data collection has been largely completed in Tajikistan and producing the report is in process. The Turkmenistan and Uzbekistan reports will require adaptation of the general framework and methodology due to access issues in the more difficult political environments. Outlines for both of these reports will be developed over the next month or so with the reports completed in the fall.

Other Regional Activities

ZdravPlus strategy development was minimal in the last year of the project. Some strategies including institutionalization and USAID outreach and promotion were refined. A few regional program activities continued for example, regional development and testing of computer-based distance education. Due to budget underfunding and a very tight ZdravPlus Year 5 budget, regional exchanges were limited although some activities did occur, for example, visits by Tajik reformers to Kazakhstan and Kyrgyzstan to learn about health financing reforms and health information system improvements.

General Information Dissemination and Close-Out

Over the last six months, ZdravPlus largely completed the shift from implementation to information dissemination. The majority of implementation activities were finished by June 2009. Priority activities over the next few months will be work on final reports, products and archiving. ZdravPlus close-out was initiated and will intensify over the next few months. Planning with USAID commenced for ZdravPlus close-out events. A regional close-out event will not be held. Due to budget underfunding and a very tight ZdravPlus Year 5 budget as well as the comprehensive nature of the ZdravPlus project, country close-out events will consist of a series of events portraying project messages and results rather than only one close-out event. Some of these close-out events were held over the last six months, for example, the National Family Medicine Conference in Kazakhstan which was a high visibility event illuminating 15 years of PHC/family medicine development in Kazakhstan.

USAID Public Outreach and Promotion

ZdravPlus has continued to implement USAID outreach and promotion activities as outlined in the July August 2008 bi-monthly report. ZdravPlus attempts to conduct all USAID outreach and promotion activities in a way that both markets USAID and creates synergies with program activities.

Kazakhstan

Medical Students Recognize TB Day

Continuing with our strategy to take advantage of the international community's efforts to raise awareness of health issues through days such as "World TB Day", ZdravPlus together with the National Medical University, the National TB Institute, the National Healthy Lifestyles Center, the Almaty City TB Dispensary's new MDR-department and Project Hope hosted an event in April. Around 70 future physicians and faculty members joined with Kevin Milas, DCM of the US Embassy, heads of hospitals, organizations and clinics that work in TB infection control to learn about issues surrounding TB and national/ international strategies to combat it. Students participated in a TB poster campaign and awards were given to the posters with the most effective public message. Doctors spoke about careers in phthisiotherapy and the day concluded with a guided visit to the TB

dispensary. Due in part to the attendance of high profile speakers, the event received media coverage on two TV channels in Almaty and three articles in widely circulated news publications. Raxat TV aired the story that evening. According to their TV viewership estimates, 60% of Kazakhstan's television viewing audience watched the coverage of the event.

Safe Motherhood National Meeting in Astana

To summarize, promote and disseminate Safe Motherhood implementation results, ZdravPlus in collaboration with the MOH, the Astana and Almaty MCH Centers, along with the WHO organized a national meeting on the implementation of Effective Perinatal Care in obstetrical facilities. The Vice Minister of Health Tatiana Voshchenkova, the Research Department of the MOH, Quality Committee, Astana and Almaty MCH centers, three medical academies, and USAID Representative in Kazakhstan Steve Kelly attended the event. Journalists were invited to the meeting at the MCH center base. The meeting was covered by one city paper as well as a national news agency, and event outcomes were posted on the MOH web-site.

GDA 5 Year Celebration Astana

Celebrating 5 years of Global Development Alliance (GDA) partnership, USAID and Exxon Mobile hosted a press event at the Astana MCH Center to unveil a plaque at one of the 6 new Safe Motherhood Resource Centers established through the GDA. All 6 resource centers have been provided with books, CDs, information education materials, computers, and Internet access to serve as reference materials continuing development and institutionalization of the Safe Motherhood program. These centers opened on the base of MCH, Roddom #1, #3, Perinatal Center, FGP Demeu, and the Medical Academy The event concludes the 5 years of GDA by celebrating achievements and summarizing health reform strategies and results. Media coverage included 1 national and 2 oblast newspapers and a national news agency website as well as a spinoff article profiling the Safe Mother Program in Astana.

Post Graduate Institute Plaque Unveiling

A plaque marking years of succesful cooperation between PGI and USAID was unveiled in a ceremony attended by USAID representatives, medical students, KAFP associates, PGI professors and journalists. Following the unveiling, a presentation explaining the institute's new Computer Based Distance Education arterial hypertension program was delivered. An article written in Aikyn Megapolis described the event, highlighting the new technology in continuing medical education as well as USAID's contributions in the feild.

First Family Medicine Conference in Kazakhstan

KAFP hosted its first FM conference in June, with 200 doctors participating from all over Kazakhstan. Over the three day conference, family physicians listened to presentations on health research, and new methodologies in clinical practice and drafted a paper on PHC policy for Kazakhstan. The conference highlighted accomplishments made by family practice in Kazakhstan and served to generate increased promotion and advocacy. A press conference was held after the opening ceremony with John Morgan from USAID CAR and several ZdravPlus partners. Approximately 14 news agencies were present at the news conference. The following week coverage of the event was in national, regional and local TV including: Chanel 31, Interfax News Agency, KTK, Rahat, Khabar, Kazakhstan and Almaty. Articles were printed in Megapolis and Panorama.

Kyrgyzstan

Village Health Committees

In February a media tour focusing on Village Health Committee work in southern Kyrgyzstan was conducted through collaboration with the Kyrgyz MOH Press Center. Sixteen journalists from different media agencies attended the two day tour through villages in Jalalabad Oblast, where VHC members were conducting their hypertension health action campaign. Journalists were given free access to meet with health workers, community members and USAID ZdravPlus staff. The tour resulted in TV segments on three different channels, radio interviews on two stations and three different websites. The media tour in Jalalabad resulted in publicity in three websites one targeting communities in the southern oblasts.

Community Action for Health (CAH) Campaign for Reproductive Health and HIV and AIDS Awareness
CAH successfully reached out to high school students in three Rayons, Bazar-Korgon, Nooken and IKO through a series of activities generating both oblast and national level press coverage. At the end of March and again in June, CAH visited schools to discuss HIV prevention and reproductive health at several area high schools. The event was covered by two different websites: ipress News, and Khabar as well as by regional TV station; J-Abad TV. The USAID ZdravPlus Kyrgyzstan Health Promotion Specialist held an interview about CAH goals on Kyrgyz national radio concluding this segment of the campaign.

"Best Nurse" Journalist Competition
The competition generated thirty three media pieces covering Best Pracitces in nursing. The 33 submissions from 15 journalists all over the country were closely rated by a special commission made up of the MOH Press Center staff, MOH staff and the Family Group Practice Association to pick the top entry. The winner came from the Naryn Oblast Television agency for best video journalism and a reporter from Chui Oblast won for best written article on nurses. Three websites covered the awards mentioning the USAID ZdravPlus project.

Tajikistan

Panjekent Center of Excellence Graduation
A ceremony marking the graduation of the first group of family doctors from Panjekent from the full family medicine training course was held at the newly opened Center of Excellence. Local journalists and a TV station were on hand to capture the event building on previous publicity generated from the center opening in November 2008. USAID Country Director Carolyn Bryan along with the national head of Family Medicine training in Tajikistan attended the ceremony giving the event a higher profile that both attracted media coverage and highlighted the importance of family medicine. The ceremony was aired on an Oblast TV station and a local radio station. Media attention from Centers of Excellence in Tajikistan not only raise institutional recognition but also help to inform the community on the concept of family medicine and how to use this new resource in their community.

Publicity and Outreach Workshops for Partners
Two workshops were conducted in Dushanbe aimed at increasing capacity of USAID partners to increase awareness and generate publicity in their communities. ZdravPlus staff worked with the Evidence-Based Medicine Center and Drug Information Center to empower them with information on how to raise the visibility of their activities and USAID support for these activities. Information on strategy development, media resource identification and press release writing were discussed. Press release writing was identified as a skill that was needed by all partners in publicizing their events to media agencies. Work sheets and guidelines on aspects of a press release were distributed and discussed. MOH Press Center representative, Fatima Yakubova, attended the partner's workshop to discuss tips for working with journalists and how to utilize the center to help increase publicity. The session was filmed and will be added to a segment on donor organization support in Tajikistan to be aired on national TV at a later date.

Educational Seminars on Financial Management and Accounting for PHC and Hospitals
Together with the WB, ZdravPlus conducted two seminars for health care professionals, financial specialists, accountants and economists in May and June. Both seminars were received television news coverage. The seminar conducted in Khujand, Kurgantuyub received Oblast coverage on "Safina TV" while the second seminar conducted in Khalton was covered by both Khalton Oblast and a local television news station.

Monthly Medical Journals
Since January 2009, the Drug Information Center in Dushanbe has been publishing articles in a monthly medical informational newspaper "Pharmacological Bulletin of Tajikistan" with a circulation of 500 targeting medical professionals and pharmacologists.

Turkmenistan

Safe Motherhood Student Conference

In April a conference was held at the Turkmenistan State Medical University to discuss safe antenatal practices. Students learned about the improved service delivery procedures that are being implemented in pilot maternity wards around Turkmenistan. Generating high level publicity in Turkmenistan can often be challenging. This conference was covered by several news agencies including one National TV channel and websites. Participants were interviewed on national TV while standing in front of the USAID ZdravPlus banner giving viewers a strong link between event success and implementers. Public Television in Turkmenistan consists of three TV channels; coverage on one results in outreach to a broad audience.

Uzbekistan

Due to the nature of the political conditions in Uzbekistan, the USAID ZdravPlus Project continues implementation but is restricted from publicizing any activities. USAID outreach is limited to the marked materials that are continuously being developed and disseminated during trainings, round tables, policy discussions and monitoring visits.

USAID Publicity Highlights

Events listed below highlight major public events over the past 6 months of the USAID ZdravPlus II Project. Each event listed below attracted significant media coverage for USAID on TV and generated articles or segments appearing in several additional media outlets, including online journals, newspapers and or radio. For additional information on past coverage, please refer to attached the attached outreach reports by country: The Public Events –Marketing USAID tables.

Village Health Committee media tour in Jalalabat Oblast, Kyrgyzstan, Feb 2009.

Effective Perenatal Care Training, Kzyl-Orda and Astana Kazakhstan, Mar 2009.

Open door event: Implementation of arterial hypertension clinical practice guidelines, opening AH patient support groups, Dushanbe, Tajikistan, Mar 2009.

Round table "Implementation of the TB program in Dushanbe", Dushanbe, Tajikistan, Mar 2009.

World TB Day Conference, Medical Students Conference, Almaty, Kazakhstan, Apr 2009

First graduation of Family Doctors in Penjikent, Tajikistan, Apr 2009.

First Family Medicine Conference in Kazkhstan, Almaty, June 2009.

Public Events- Marketing USAID Kazakhstan

Event/ Activity	Date	Location	Target audience	Type of Coverage (list all that apply)			Public Material	Photos Collected
			Students, Health Care Professionals, Policy Makers etc	Radio	TV	Print Media	Any material with USAID marking	
January 2009								
Due to cancellations on behalf of partners or MOH there were no activities in January to report								
February 2009								
The World Bank Project Official Start-Up Ceremony	27-Feb	Astana	National Policy Makers					x
American Chamber of Commerce monthly publication Health feature	Feb	Kazakhstan	Business Community US and Kazakhstan			x		
March 2009								
EPC training	March 10-18	Kzyl-orda	Regional Ob-Gyn professionals, midwifes, neonatologists, City policy makers, managers		Kogan TV	X	USAID ZP marking CD, handouts	X
ANC training	March 10-14	Kzyl-orda	Regional Ob-Gyn professionals, midwifes, neonatlogies, City policy makers, managers		X	X	USAID ZP marking handouts	X
Information campaigns of WTBD by KAFP branches, TB conference for PHC specialists jointly with TB dispensers, HLS regional branches, lectures in schools, colleges	Feb 24-March 24 2009	Astana, Semey, Kokchetau, Ust-kamenogorsk, Karaganda	Broad population, health professionals			X		

EPC mentoring visits of WHO experts to ZP pilot sites followed by final National meeting on EPC technology implementation results and session with MA on revising teaching programs accordingly with EPC technology	23-27 March	Astana	Health Professionals and authorities, National Policy Makers, health professionals, managers, international organizations, MA faculties	X		X	Leaflets	
Karapuz.kz social campaign for reproductive health in Almaty	Mar 28-30	Almaty - MegaCenter National University of Almaty, Detskiy Mir	Broad population, pregnant women, youth, students		31 channel Muz TV	Web site coverage	Booklets and brochures with USAID ZdravPlus marking,	X
April 2009								
World TB Day Conference, held jointly with National TB Center and Medical University	7-Apr	Almaty, Medical University	Final year med students, TB specialists, University teaching staff		Tan TV, RahatTV	Newspapers: Aikyn (Kaz), Panorama, Express and K paper, Zan (kaz)	Booklets and brochures with USAID ZdravPlus marking, USAID	X
GDA closing ceremony with new RH resource centers presentation	29-Apr	Astana, NMCH Center	Ob/Gyn, PHC specialists, managers, administration, policy makers			Panorama paper (Rus), Astana Akshamy (kaz), Interfax-Kazakhstan, Kazinform.kz, magazine	Booklets and brochures with USAID ZdravPlus marking, USAID, GDA Success story	X
There were no outreach activities in Kazakhstan May 2009								
June 2009								
Post Graduate Institute appreciation plaque unveiling, celebrating new AH CPG courses	15-Jun	Almaty, TBC	KAFP, PGI			Aikyn, Megapolis	ZdravPlus brochures with USAID marking	X
Press-conference of First FM Conference dedicated to 10th anniversary of KAFP	17-19 June	Almaty, TBC	Policy makers, Health Care Practitioners, Donors	31Chanel, Interfax Agency	31Chann,KTK,Rahat, Khabar,	Megapolis, Panorama	ZdravPlus brochures with USAID marking	X

				Web	Almaty, Kazakhstan			
National Conference of Obstetricians – Gynecologists	June 25-26	Almaty MCH Center,	Obstetricians – Gynecologists in Kz				FP/RH materials with USAID marking	
ANC training for outpatient gynecologist and PHC worker	June 29-July3	Almaty, KMPA	Out patient gynecologists, PHC workers				FP/RH materials with USAID marking	

Public Events- Marketing USAID Tajikistan

Event/ Activity	Date	Location	Target audience	Type of Coverage (check all that apply)			Public Material	Photos Collected
			Students, Health Care Professionals, Policy Makers etc	Radio	TV	Print Media	Any material with USAID marking	
January 2009								
Training for researchers "Biostatistics in medical research"	Jan 12-14	Dushanbe	Researchers of the TSMU				Handouts, Bulletins of the EBMC	X
Journal club for neonatologists	Jan 21	Dushanbe	Neonatologists				Bulletin of the EBMC	
Education event: Typhoid, ARI, Hepatitis	Jan. 12-16;19-22; 26-28	Dushanbe (CoE)	Schoolchildren, educators				Handouts, ZP Brochures	X
Education event: FM introduction and ARI	Jan 9, 23, 30	Konibodom	Community members and leaders				Handouts, ZP Brochures	
Publication of an article "Medicines and alcohol" in the weekly newspaper Avicenna by DIC	Jan 8	Dushanbe	Population			X	article	Scanned
Publication of an article "Medicines and children" in the weekly newspaper Avicenna by DIC	Jan 22	Dushanbe	Population			X	article	Scanned
Publication of an article "DIC activities" in the new monthly journal "Tajikistan's'	Jan 3	Dushanbe	Health care professionals, population			X	article Issue #1 (3)	Scanned

pharmaceutical vestnik"								
Education event: Introduction into Family Medicine	Jan. 10, 23	Penjekent	Population				Handouts, ZP Brochures	
Training Introduction of new AH CPG	Jan 30	Dushanbe (CoE)	PHC health professionals			X	CPGs, AH algorithm, ZP AH brochures and posters	X
February 2009								
Teachers Training "EBM and medical education"	Feb. 5-6	Dushanbe	TSMU teachers				Handouts, Bulletins of the EBMC	X
Training for researchers "Scientific research results introduction"	Feb. 17	Dushanbe	Researchers of the TSMU				Handouts	X
Presentation "Main principles of EBM"	Feb. 26	Dushanbe	Nurses of ToT				EBMC information materials	
Education events: Introduction into Family Medicine , ARI	Feb. 13, 21, 27	Penjekent	Population				Handouts, ZP Brochures	
Education events: Typhoid, Hepatitis, Hydrophobia, Goiter, Mother and child health, Family planning	Feb 3,7,14,13	Dushanbe	Population				Handouts, ZP Brochures	
Education events: AH	Feb 6, 13, 20, 27	Konibodom	Population				Handouts, ZP Brochures	
Education events: ARI, Family planning, TB, Hepatitis	Feb, 18, 19 , 20, 26	Istravshan	Population				Handouts, ZP Brochures	
Article publication "Rules of correctly medications taking" in the weekly newspaper Avicenna by DIC	Feb. 5	Dushanbe	Population			X	Article	
March 2009								
Education events: TB, Family planning, rabies	March 4,6,10,12, 13, 14, 19. 28	Dushanbe	Population (764 attendees)				Handouts	
Education events: FM Introduction, AH, TB	March 3,6,13,20,27	Konibodom	Population (180 attendees)				Handouts, ZP Brochures	

Education events: helminthism, Family Planning, AH, Diabetes and Diarrhea	March 4,12,27,31	Istravshan	Population (284 attendees)				Handouts, ZP Brochures	
Education events: Goiter, Family Planning	March 5,6	Penjekent	Population (in total 108)				Handouts, ZP Brochures	
Open doors event: Implementation AH CPG, opening AH patient support groups	March 18	Dushanbe, CHC#1	Population , MoH, Gorzdrav, FM Association, Association of cardiologists, representatives of Konibodom, Istavshan CoEs, 14 CHC of Dushanbe, TSMU DIC and EBM Centers, USAID (35)		TV 1	internet coverage, news papers	ZP Brochures, DIC and EBM Center's bulletins	X
Educational session: EBM and Rational Drug Use	March 31	Dushanbe	Teachers and doctors of TSMU general surgery #1 department (in total 40)				Bulletins of DIC (6 numbers), bulletins of EBMC (5 numbers), 1 DIC's flyer	X
PHC per capita payment system implementation seminars in 41 rayons of Sogd and Khatlon oblasts	March 12-13, March 16-17	Khujand, Kurgantyube	Health care professionals, Financial specialists, Policy makers		TV 1, TV "Safina"			X
Round table "Realization TB program in Dushanbe"	March 26	Dushanbe	MOH, PHC professionals, journalists, USAID, WHO, GF It's joint activity with project HOPE, National TB Center and MOH Press Center	"Sadoi Dushanbe"	TV 1			X
April 2009								

Competition for the best TB information materials for population to be displayed in the patient waiting area	Apr. 1	Dushanbe	HLS centers of Dushanbe, Heads of CHCs. , Journalists		Safina; Shabakai Aval - News; TVT Program Subkh"			X
Educational session "Introduction to EBM"	Apr. 9-10	Dushanbe	Students of TSMU				EBMC's flyers	X
Training "Main principles of scientific researches and results introduction"	Apr. 13-18	Dushanbe	Researchers and masters of the TSMU				Handouts, EBM Center's bulletins	X
Round table "Methodology of CPG preparation"	Apr. 27	Dushanbe	MOH working groups leaders				Methodology of CPG's design, EBM Center's bulletins	X
Open doors activity "Opening support group for patients with diabetes and AH"	Apr. 6	Istravshan	MOH, PHC professionals, journalists,		Local TV, News		AH CPGs, ZP brochures, Posters,	X
Open doors activity "Opening support group for patients with diabetes and AH"	Apr. 8	Konibodom	MOH, PHC professionals, journalists,		Local TV, News		AH CPG, ZP brochures, Posters,	X
Conference "Introduction AH CPG"	Apr. 9	Khujand	FDs, cardiologists, gynecologists from Khujand, Chkalovsk, and Spitamne districts				AH CPGs, ZP brochures, Posters,	X
Education events: Rational use of antibiotics for teachers and school children	Apr. 30	Dushanbe	school #14, DIC volunteers (46 attendees)				Handouts - DIC flyers (4)	X
First Graduation ceremony for Family Doctors in Penjikent	April 27	Penjekent	USAID, MoH, PGMI, Penjikent Health Center, medical workers	Local Radio	Local TV			X
May 2009								

Round table "AH CPG as health care and medical education quality improvement instrument"	May 5	Dushanbe	Tajik State Med University Professors in clinical departments				AH CPGs, EBM Center's bulletins	X
Round table "Strategy for EBM implementation in TSMU"	May 12	Dushanbe	TSMU Working Group (professors, heads of faculties)				EBM Center's bulletins	X
Report "CPG as health care quality improvement instrument " presented at the TSMU annual conference	May 15	Dushanbe	TSMU professors and teachers with participation of Minister of Health				EBMC's flyer	
Workshop "EBM in family nurses practice"	May 20	Dushanbe	Nursing ToT trainees (Shakhrinau , GBAO Konibodom , Istravshan, Dushanbe Rasht, Kulob)				EBMC's flyer and bulletins	X
DAAD conference "Introduction to EBM"	May 24	Dushanbe	DAAD scholar and health professionals, representatives of GTZ and KFW				EBMC's flyer	X
Award ceremony within competition "Best Mother 2009"	May 29	Dushanbe	Mothers finalist, representatives of all CHCs , State Committee on women's and family's affairs; Head of Gorzdrav, MoH, USAID			X		X
Round Table for FM Trainers on "Arrhythmia - Tachycardia"	May 23	Khujand	FM Trainers from PGMI and Sugd Oblast FM Training Center				Handouts	

Training "General classification of antibiotics. Rational prescription of AB"	May 5-8	Dushanbe	TSMU students				Handouts - DIC bulletins and flyers	X
Conference "Rating a Patients' quality of life and ways to improve it"	May 15	Dushanbe	MoH, TSMU, Heads of departments, professors, students (over 200 participants)				Handouts - DIC bulletins and flyers	X
Training: "The Development of Medicinal Products"	May 27	Dushanbe	Professors of the TSMU Pharmacology Department				Handouts - DIC bulletins and flyers	X
Article publication "Training at CHC"	May 1	Istravshan				News paper "Paemi Istravshan"		
June 2009								
Educational seminars on financial management and accounting for PHC and hospitals (joint activity with WB)	June 12-13	Khatlon	Health and finance professionals, Accountants, Economists		Oblast TV and TV Safina			

Public Events- Marketing USAID Turkmenistan

Event/ Activity	Date	Location	Target audience	Type of Coverage (check all that apply)			Public Material	Photos Collected
			Students, Health Care Professionals, Policy Makers etc	Radio	TV	Print Media	Any material with USAID marking	
January 2009								
There were no activities in January								
February 2009								
ANC Training Course	Feb 23-27	Ashgabat, MCHI	Ob-gyns, Family physicians, Family nurses, Neonotologists				Hand outs, training materials distibuted to the participants.	
HIS program	Feb - Mar	Lebap, Mary velayat, Ashgabat ZdravPlus pilot hospitals	Statisticians				verbal mention USAID Zplus	IMG_0566
IMCI Interim Review Meeting	Feb 28	Ashgabat	MoH, MCH Institute, velayat departments, Medical Institute				IEC materials, USAID Calendars were distributed to the participants	
March 2009								
ANC Training Course	March 2- 6	Dashoguz velayat	Ob-gyns, Family physicians, Family nurses				Hand outs, training materials distributed to the participants.	
ANC Training Course	March 9-13	Lebap velayat	Ob-gyns, Family physicians, Family nurses				Hand outs, training materials distributed to the participants.	IMG_0775; IMG_0907
ANC Training Course	March 16-20	Mary velayat	Ob-gyns, Family physicians, Family nurses				Hand outs, training materials distributed to the participants.	
KCH Opening Ceremony, diarrhea	March 16	Boldumsaz etrap, Dashoguz velayat	Etrap hospital administration, family physicians, nurses, MCHI trainers: IMCI, SM				Health Promotion materials were distributed to family nurses	IMG_0952

KCH Opening Ceremony, diarrhea	March 17	Kunyaurgench etrap, Dashoguz velayat	Etrap hospital administration, family physicians, nurses, MCHI trainers: IMCI, SM				Health Promotion materials were distributed to family nurses	
WHO MPS/EPC Mentoring and Monitoring visit/ Ion bologan visit	March 29-April 17	Ashgabat city, Mary, Lebap, Dashoguz, Akhal, Balkan velayats' roddoms (13)	MCHI, Ob-gyns, obstetricians, neonotologists, neonatal nurse, feldshers, health authorities				verbal mention USAID Zplus	
IMCI Monitoring and Mentoring	March-July	5 velayats' 14 ZdravPlus IMCI pilot etraps	Family physicians, family nurses and feldshers				verbal mention USAID Zplus	
Laboratory Training Program Monitoring	March - Sept	5 velayats: 15 PHC facilities	Laboratory workers, family physicians				verbal mention USAID Zplus	
April 2009								
TSMI Safe Motherhood Student Conference	April 4	Ashgabat	MOH Informational Center, Medical Institute students.		National Channel	website	ANC training modules, USAID calendars	IMG_1097; IMG_1147; IMG_1192
WHO MPS/EPC Training Course/ZdravPlus UNFPA cost share	April 20-30	Dashoguz velayat	MCHI, Ob-gyns, obstetricians, neonotologists, neonatal nurse, feldshers, health authorities				Hand outs, training materials distibuted to the participants.	
Safe Motherhood Review Meeting/ ZdravPlus UNFPA cost share	May 1	Ashgabat	MoH, MCH Institute, velayat departments, Medical Institute			The Times Central Asia	verbal mention USAID Zplus	FB3A9935
There were no outreach activities in May 2009								
June 2009								
Keeping Children Healthy, Opening Ceremony, ARI	June 8	Magtymguly etrap, Balkan velayat	Etrap hospital administration, family physicians, nurses, MCHI trainers: IMCI, SM				Health Promotion materials were distributed to family nurses	IMG _ 1662

Keeping Children Healthy, Opening Ceremony, ARI	June 9	Etrek etrap, Balkan velayat	Etrap hospital administration, family physicians, nurses, MCHI trainers: IMCI, SM				Health Promotion materials were distributed to family nurses	

Public Events- Marketing USAID Uzbekistan

Event/ Activity	Date	Location	Target audience	Type of Coverage (check all that apply)			Public Material	Photos Collected
			Students, Health Care Professionals, Policy Makers etc	Radio	TV	Print Media	Any material with USAID marking	
January 2009								
5-day training EBM and basics of clinical epidemiology	Jan 6-10	Tashkent City, TMA	Total 30**:** UG teachers of TMA				manuals and training materials	X
17-day TOT course on ALT	Jan 5-24	Tashkent City, TashPMI	Total 26: UG teachers of TashPMI				manuals and training materials	X
Workshop on IPCS methods for head nurses of Tashkent city policlinics and hospitals (Jointly organized with MoH and Nurse Association)	16-Jan	Tashkent City	Health Care Professionals (OHD, CRH, and Hospitals head nurses)				IPCS Training handouts	
TOT on Basic Nurse Assessment Skills for patronage nurse trainers	Jan.20-24	Namangan City, Namangan oblast	Health Care Professionals (OHD, CRH, SVP nurses, teachers of Medical colleges and Nurse Retraining centers)				BNAS Training Curriculum	X
Training on Antenatal Care	Jan 26-29	Tashkent city	Total 20: GP trainers, obstetricians and gynecologists from MI				manuals and training materials	X
PBL&EBM course- Designing PBL course and case	Jan 29-30	Tashkent City, TMA	Total 23**:** UG teachers of TMA and TashPMI				manuals and training materials	X
3 day training on EBM	Jan 29-31	Tashkent City	Total 73: Clinical coordinators and magisters				manuals and training materials	X
February 2009								

H-IMCI TOT	Feb 23 - March 4	Tashkent city	Total 23: UG teachers of TMA, TIAME and TashPMI	Due to the current situation, at this time there is no publicity for USAID ZdravPlus events and final products in Uzbekistan	manuals and training materials	
2-day QI training	Feb 5-6	Termez, Surkhandarya oblast	20 health managers		manuals and training materials	
17-daysTOT course on ALT	Feb 23 - March 13	Tashkent city, TashPMI	20 medical teachers of TashPMI		manuals and training materials	
Draft concept paper for the Finance and Management and Service Delivery components of the WB Health 3 Project	Feb 9-20	Tashkent city	WB and Uzbek design team for Health 3		in the process of finalizing	
Development of GP handbook	February	Tashkent city	GPs and GP-trainers		in process of development	
Development of a national GP general training requirements and standards	February	Tashkent city	GP-trainers		in process of development	
Development of the next PBL&EBM training module on assessment tools	February	Tashkent city	UG-teachers of TMA and TashPMI		in process of development	
Development of the manual and training materials for patronage nurse training on "Reproductive health and safe motherhood" (approved by MOH)	February	Tashkent city	Patronage nurses		finalized ready for distribution	
Preliminary analysis of the Finance and Management Reforms relevant Government Legal and Policy documents issued between June 2005 and February 2009	February	Tashkent city	Health Care Professionals (National and oblast/city/rayon health, finance and treasury dept managers)		in the process of finalizing	
March 2009						
H-IMCI TOT	Feb 23 - March 4	Tashkent city	Total 23: UG teachers of TMA, TIAME and TashPMI	Due to the current situation, at this time there is no publicity for USAID ZdravPlus events and final products in Uzbekistan	manuals and training materials	
17-daysTOT course on ALT	Feb 23 - March 13	Tashkent city, TashPMI	20 medical teachers of TashPMI		manuals and training materials	
Development of GP handbook	March	Tashkent city	GPs and GP-trainers		in process of development	
Development of a national GP general training requirements and standards	March	Tashkent city	GP-trainers		in process of development	

Development of the next PBL&EBM training module on assessment tools	March	Tashkent city	UG-teachers of TMA and TashPMI		in process of development
Patronage nurse training on “Reproductive health and safe motherhood” materials development, trasfer to CD for distribution	March	Tashkent city	Patronage nurses		finalized
April 2009					
Development of GP handbook	April	Tashkent city	GPs and GP-trainers	Due to the current situation, at this time there is no publicity for USAID ZdravPlus events and final products in Uzbekistan	in process of development
Development of a national GP general training requirements and standards	April	Tashkent city	GP-trainers		in process of development
Development of the next PBL&EBM training module on assessment tools	April	Tashkent city	UG-teachers of TMA and TashPMI		in process of development
PBL working groups regular meetings	April	Tashkent city	UG-teachers of TMA and TashPMI		3 PBLmodules development
Child growth and development monitoring training course	April 6-10	Tashkent city	GP-trainers		
TOT for patronage nurse trainers on "Reproductive Health and MCH"	April 7-11	Gulistan City, Sirdarya oblast	Rayon head nurses, patronage nurses, teachers of Oblast nurse retraining center and medical colleges.		Reproductive Health and MCH training curriculum
TOT for patronage nurse trainers on "Reproductive Health and MCH"	April 13-18	Djizak city, Djizak oblast	Rayon head nurses, patronage nurses, teachers of Oblast nurse retraining center and medical colleges.		Reproductive Health and MCH training curriculum
TOT for patronage nurse trainers on "Reproductive Health and MCH"	April 20-25	Tashkent city	Taskent city and Tashkent oblast rayon's head nurses, patronage nurses, teachers of Republic nurse retraining center and medical colleges.		Reproductive Health and MCH training curriculum
TOT for patronage nurse trainers on "Reproductive Health and MCH"	April 27 - May1	Bukhara City, Bukhara Oblast	Rayon head nurses, patronage nurses, teachers of Oblast nurse retraining center and medical colleges.		Reproductive Health and MCH training curriculum

Development training module on health promotion basic techniques designed for training of Republic IoH staff and its oblast branches	May	Tashkent city	Republic IoH staff and its oblast branches		in process of development
April May June 2009					
Due to the current situation, at this time there is no publicity for USAID ZdravPlus events in Uzbekistan					

ABBREVIATIONS

ADB	Asian Development Bank
AED	Academy for Educational Development
AFPZ	Association of Family Physicians in Zhezkazgan
AH	Arterial Hypertension
AIHA	American International Health Alliance
AKF	Aga Khan Foundation
AMCREI	Association of Medical Clinical and Research Education Institutions
ARI	Acute respiratory infection
BBP	Basic Benefits Package
BWAK	Business Women's Association of Kazakhstan
CAFE	Central Asian Free Exchange
CAR	Central Asian Region
CARINFO	Central Asian Region Information
CBO	Community based organization
CI	Counterpart International
CDC	US Centers for Disease Control and Prevention
CDD	Control of Diarrheal Diseases
CHD	City Health Department
CHL	Center for Healthy Lifestyles
CHSD	Center for Health Systems Development
CIF	Clinical Information Form
CME	Continuing Medical Education
CNE	Continuing Nursing Education
COM	Cabinet of Ministers
COPD	Chronic Obstructive Lung Disease
COR	Council of Rectors
CPG	Clinical Practice Guidelines
CPIB	Central Project Implementation Bureau
CQI	Continuous Quality Improvement
CRH	Central Rayon Hospital
CSG	Clinical Statistical Group
CSSC	Civil Society Support Center
DBMS	Database Management System
DFID	Department for International Development (United Kingdom)
DIC	Drug Information Center
DHS	Demographic Health Survey
DOTS	Directly Observed Treatment Short Course
DRG	Diagnosis Related Groups
EBM	Evidence Based Medicine
EDL	Essential Drug List
EDIN	Eurasia Drug Information Network
EDL	Essential Drugs List
EKG	Electro Cardiogram
EKO	East Kazakhstan Oblast
ERD	Economic Relations Department
F&M	Financing and Management
FAP	Feldsher/Midwife Ambulatory Post
FD	Family Doctor
FGP	Family Group Practice
FGPA	Family Group Practice Association
FM	Family Medicine
FMA	Family Medicine Association
FMC	Family Medicine Center
FMCTC	Family Medicine Clinical Training Center
FMNTP	Family Medicine Nurse Training Program
FMRP	Family Medicine Residency Program
FMTC	Family Medicine Training Center
FP	Family Planning
GBAO	Gorno Badakshan Autonomous Oblast
GBP	Guaranteed Benefit Package
GBP	Gorodskoi Vrachebnii Punkt (Uzbekistan)
GDA	Global Development Alliance
GP	General Practitioner
GPTC	General Practitioner Training Center
GRC	Grant Review Committee
HA	Hospital Association
HAI	Health Action International
HCGP	Healthy Communities Grants Program
HCQCC	Health Care Quality Control Committee (Kazakhstan)
HDS	Health Delivery System
HF	Health Finance
HIC	Health Information Center

HIF	Health Insurance Fund
HIS	Health Information System
HLS	Healthy Lifestyles
HM	Health Management
HOH	Houses of Health
HPAP	Health Policy Analysis Project
HPC	Health Purchasing Center
HPS	Hospital Payment Systems
HR	Human Resources
HSA	Health Savings Account
ICD-10	International Classification of Diseases Version 10
IDC	International Diseases Code
IEC	Information, Education, and Communication
IKO	Issyk-Kul Oblast
IMCI	Integrated Management of Childhood Illnesses
IOH	Institute of Health
IPCS	Interpersonal Communication Skills
IUD	Intrauterine Device
JICA	Japan International Cooperation Agency
JPIB	Joint Project Implementation Bureau
JSI	John Snow Inc.
JWG	Joint Working Group
KAP	Knowledge, Attitudes, and Practices
KAFP	Kazakhstan Association of Family Practitioners
KCH	Keeping Children Healthy
KFLHP	Kyrgyz-Finnish Lung Health Program
KFW	German Development Bank
KSMIRCME	Kyrgyz State Medical Institute on Retraining and Continuous Medical Education
KSMA	Kyrgyz State Medical Academy
LAC	Licensing and Accreditation Commission
LAM	Lactational Amenorrhea Method
M&E	Monitoring and Evaluation
MA	Medical Academy
MAC	Medical Accreditation Commission
MASHAV	Israel's Centre for International Cooperation
MCH	Maternal and Child Health
MHI	Mandatory Health Insurance
MHIF	Mandatory Health Insurance Fund
MHIG	Mahalla Health Initiative Group
MIC	Medical Information Center
MIS	Medical Information System
MMR	Maternal Mortality Ratio
MOE	Ministry of Education
MOEBP	Ministry of Economy and Budget
MOF	Ministry of Finance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSF	Medicins Sans Frontieres
MTBF	Medium Term Budget Framework
NCC	Nurse Coordinating Council
NCDE	National Center for Drug Expertise
NCMEPHC	National Center for Medical and Economic Problems of Health Care
NDP	National Drug Policy
NFMRP	National Family Medicine Residency Program
NGO	Non-Governmental Organization
NHA	National Health Accounts
NHLC	National Healthy Lifestyles Center
NHPC	National Health Promotion Center
NNM	Neonatal Mortality
NTG	National Technical Group
OCP	Oral Contraceptive Pills
ODBP	Outpatient Drugs Benefits Package
OFD	Oblast Finance Department
OHD	Oblast Health Department
OHPC	Oblast Health Promotion Center
OPIB	Oblast Project Implementation Bureau
ORA	Orphans, Refugees and Aid International
ORS	Oral Rehydration Solution (Rehydron)
OSCE	Objective Structured Clinical Exam
PACTEC	Partners for Communications Technologies
PAL	Practical Approach to Lung Health
PCV	Peace Corps Volunteer
PDB	Population Database

PEPC	Promoting Effective Perinatal Care
PGI	Postgraduate Institute
PGMI	Postgraduate Medical Institute
PHC	Primary Health Care
PIB	Project Implementation Bureau
PIU	Project Implementation Unit
PPS	Provider Payment System
PSI	Population Services International
QA	Quality Assurance
QI	Quality Improvement
QIP	Quality Improvement Pilot Project
QIS	Quality Improvement System
RH	Reproductive Health
RHPC	Republican Health Promotion Center
RIAC	Republican Information and Analytical Center
SES	Sanitary and Epidemiological Service
SHCDP	State Health Care Development Program
SM	Safe Motherhood
SOW	Scope of Work
SPA	Specialty Professional Association
SPH	School of Public Health
STI	Sexually Transmitted Infection
STLI	Scientific Technology and Linguistics Institute
SUB	Small Rural Hospital
SVA	Semeinaia Vrachebnii Ambulatoria (Kazakhstan)
SVP	Semeinii Vrachebnii Punkt (Kyrgyzstan)
SVP	Selskii Vrachebnii Punkt (Uzbekistan)
SWAp	Sector-Wide Approach
TA	Technical assistance
TASHME I and II	Tashkent Medical Institute I and II
TIAME	Tashkent Institute for Advanced Medical Education
TB	Tuberculosis
TIMC	Tashkent International Medical Clinic
TOR	Terms of Reference
TOT	Training of Trainers
TSMU	Tajik State Medical University
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
UZMPA	Uzbekistan Medical Pedagogical Association
WB	World Bank
WCHD	Woman and Child Health Development Project (ADB)
WFME	World Federation for Medical Education
WG	Working Group
WHO	World Health Organization
WONCA	World Organization of Family Doctors
WTO	World Trade Organization
ZP	ZdravPlus