

**Project HOPE**

**Healthy Lifestyles for Women and Children Program in Jalalabat Oblast, Kyrgyzstan**

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**Cooperative Agreement No: HFP – A – 00-02-00025-00**

**FIRST ANNUAL REPORT: September 30, 2002 – September 29, 2003**

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**Project Location:  
Jalalabat Oblast, Kyrgyzstan**

**Project Duration:  
September 30, 2002 to September 29, 2006**

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**October 30, 2003**

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## **A. Main Accomplishments of the Program in Year One.**

**Hired Local Staff.** Project HOPE Child Survival (CS) hired all but one technical staff and the drivers, office administrator, and bilingual secretary/translator. The majority of the staff is from the Oblast and has command of the local language and the local traditions. All of the technical staff has experience working in the Ministry of Health (MOH) system. This is common for the former Soviet Union. The project director, accountant, and secretary/translator have experience working with international NGOs.

**Establishment of Project Office on Grounds of the Oblast Ministry of Health.** In the spirit of cooperation and partnership, Jalalabat Oblast Joint Hospital (JOJH) offered Project HOPE free-of-charge seven rooms and two bathrooms for office space, in addition to a locked garage, for use during the lifetime of the Child Survival Project. The office is located in the third floor of the Children's Department of the JOJH. The office space was in poor condition when Project HOPE moved in and, after intense renovations, the office is in good working condition.

**Baseline Assessments.** During March and April of 2003, Project HOPE carried out a *Knowledge, Practice, and Coverage* (KPC) Survey and a *Health Facility Assessment* (HFA). The survey teams were comprised of Project HOPE staff, and 9 colleagues from the MOH Jalalabat Oblast Hospital, Training Center of Family Medicine, Medical Department of Jalalabat State University and Center of Human Reproductive Health. An outside consultant coordinated the surveys and trained Project HOPE and partners in survey methodology. Despite confronting awful weather conditions and poor roads in remote mountainous villages, the survey process was successful in collecting informative data in addition to building relations amongst the collaborators. The data from these surveys were the basis for the Detailed Implementation Plan and served as a guide for the activities for the remainder of the project.

**Collaboration with national and international institutions.** Project HOPE collaborates with a number of national and international institutions in Kyrgyzstan.

- **Ministry of Health and MOH Technical Institutes of Kyrgyzstan** - Since the beginning of the CS project, Project HOPE has established itself as a partner to the MOH -- starting with the placement of the project office, to working together on the baseline surveys, to participating in mutual trainings. To launch the CS Project, a two-day planning workshop was held during the DIP preparation process that included the participation of 26 individuals coming from the central Ministry of Health, and the oblast and rayon health services. Project HOPE participates in regular meetings with the MOH's inpatient, outpatient and insurance offices.
- **USAID/ Abt Associate Inc. (ZdravPlus)** – Project HOPE has established a close partnership with the USAID-funded Zdrav Plus Oblast Training Center of Family Group Practice (FGPs). Two FGP trainers took part at KPC survey. Project HOPE trained 3 FGP trainers in Integrated Management of Childhood Illnesses

(IMCI) and 2 trainers in Breastfeeding (BF). Within the FGP training centers, Project HOPE is responsible for conducting the on-going IMCI training for health providers from Project HOPE's targeted rayons.

- **International Organizations: UNICEF/WHO/UNICEF /World Bank/Asian Development Bank/ZdravPlus/USAID** –Project HOPE coordinates its work on implementation of IMCI, Safe Motherhood, and Breastfeeding (BF) strategy with these partners. Representatives from WHO and Zdrav Plus took part in the Orientation Meeting on IMCI.
- **Project HOPE Navoi, Uzbekistan:** The Navoi Child Survival Project was the first of the Child Survival projects for Project HOPE in the Central Asia Region. After 4 years of operation, the project has a wealth of information to share with the Kyrgyz team. The team has provided administrative and technical assistance to the Kyrgyz CS project. This includes sending a Navoi staff member to serve as expert in the IMCI orientation meeting and another staff member to be a master Breastfeeding (BF) trainer for the training of trainers (TOT).
- **Project HOPE MCH/RH Tashkent, Uzbekistan:** Similar to the Navoi program, the MCH/RH team, and in particular Dr. Mavzhuda Babamuradova, who came from the Navoi Project to launch the larger MCH/RH project, perform an advisory role for providing the Kyrgyz team with administrative and technical advice.
- **Project HOPE TB Program, Bishkek, Kyrgyzstan:** Project HOPE has standardized operating procedures with all projects in Kyrgyzstan. The TB program, already in its 3rd year of operations, has been extremely helpful in providing punctual administrative advice, and has on occasions represented the Child Survival team at donor meetings that the CS team could not attend.
- **SIGHT & LIFE Foundation** – Project HOPE/Switzerland has put the Child Survival Project in contact with SIGHT & LIFE Switzerland, a humanitarian initiative by Hoffmann-La-Roshe Ltd. In August, 2003, the foundation donated a shipment of Vitamin A capsules (145 bottles, each holding 500 Vitamin A capsules) to the CS Project. These capsules will be distributed to infants and children in target areas between 6 months and 6 years old with Vitamin A deficiency.

**Partnership with local NGOs.** Striving to ensure efficiency in community outreach implementation and investment of local stakeholders, Project HOPE has established working relationships with local NGO's, the network of which is very wide in the southern region:

- **NGO Rainbow Center** – This Informational Training Center for youth, funded by the Swiss Cooperation Office located in Osh city, has extensive experience working with adolescents of the Jalalabat, Osh, Batken oblasts. Project HOPE and

Rainbow Center have planned to conduct joint activities for educating teachers and schoolchildren of pilot rayons on STI's and Healthy Lifestyles. These activities will begin in the first quarter of Year 2.

- **Jalalabat Affiliate of Kyrgyz Alliance of Family Planning.** Project HOPE will use the staff, resources and expertise of the Alliance when conducting trainings of health-providers and community leaders on family planning. The staff uses materials and methodologies that they were trained in by USAID-supported AVSC (now Engender Health), and a project with the UNFPA/WHO.
- **NGO "Ulgu".** This NGO, located in the Aksy pilot rayon, focuses on the health and well being of adolescents. Project HOPE is coordinating efforts with the "Ulgu" network of trainers to train adolescents in reproductive health in the pilot rayons. The NGO will provide trainers, training rooms and equipment for conducting training. At present their trainers conduct training in HIV/AIDS and narcotics for youth in Aksy rayon. In Year 2, Project HOPE will train the NGO trainers in family planning and counseling so that they, in turn, will pass on the knowledge to the local adolescents.

**Partnership with community leaders.** In early September of this year, two initial meetings were held in both rayons with local religious leaders. The objective of the meetings was to learn about the leaders' views concerning health problems in their village -- specific to reproductive and maternal and child health -- and ways to assist Project HOPE in promoting important health messages to the targeted population. The meetings were very powerful as religious leaders showed much enthusiasm in supporting HOPE's health messages. The leaders made a public commitment to work with Project HOPE. The religious leaders also have shown support for the establishment of Village Health Committees in each pilot village, which will comprise of respected people in the villages, representatives from local authorities and NGO's, teachers, health providers and religious leaders. Project HOPE CS plans to meet with the religious leaders on a regular basis.

**Approval of DIP.** The creation of the DIP was a highly participatory process, incorporating the input of the MOH, Project HOPE Jalalabat staff, and other local and national stakeholders. An outside consultant was hired to organize the DIP, incorporate the results of the baseline data, and to write the final DIP report. To launch the DIP preparation process, a two-day planning workshop was held during April 18 –19, 2003, that included the participation of 32 individuals coming from the central Ministry of Health, the oblast and rayon health services, program partners and staff. In April, the Detailed Implementation Procedure was submitted for peer review. At the DIP Review Conference at the Johns Hopkins University held June 2-6, Project HOPE's DIP was approved by USAID.

**Implementation of Integrated Management of Childhood Illness (IMCI) in Jalalabat.** Project HOPE CS's IMCI activities incorporate WHO international standards, founded on evidence-based practices. Project HOPE's model for building capacity in the

MOH involve bringing in WHO-certified Master Trainers to create national trainers and in time, extending the training to health providers even in the most remote areas of the pilot rayons. A community outreach program compliments these efforts, incorporating the training of FGPs, midlevel professionals and patronage nurses; involving the participation of local NGOs; and targeting key persons in communities – religious and NGO leaders, grandmothers, and adolescents – to promote health messages.

**IMCI Orientation Meeting and Working Groups.** On February 26-27, 2003 Project HOPE held the IMCI Orientation meeting that launched IMCI in the Jalalabat Oblast. More than 70 people actively participated in the meeting. MOH workers from national, oblast and rayon levels were present at the meeting, in addition to local administrators, including the Oblast governor, his deputy on social issues, and heads of pilot rayon administrations.

During the meeting, all participants were divided into 3 working groups to develop working plans of the implementation of IMCI in the CS pilot rayons. Each group focused on different objectives of the IMCI strategy:

Working Group 1: Components 1(improving the skill of medical staff) and 2 (improving the healthcare system) of the IMCI Strategy

Working Group 2: Component 3 (working with the population) of the IMCI strategy

Working Group 3: Breastfeeding component

**IMCI Training.** A WHO-certified master IMCI trainer from Kazakhstan was hired to train 13 master trainers in Jalalabat, including three Project HOPE staff members. In turn, for Year 1 these trainers have already trained a total of 67 health providers in IMCI, 32 of whom are doctors and 28 are feldshers (or mid-level providers). Project HOPE provided handout materials to all participants.

**IMCI Monitoring.** HOPE CS project brought the WHO-certified IMCI trainer back to train select health providers in how to monitor the implementation of IMCI. In total this year 14 local specialists were trained in IMCI Monitoring processes and tools, 7 of whom are from pilot rayons.

Planned in the IMCI orientation meeting, MOH will be responsible for carrying out monitoring visits to the rayons according to WHO standards (one and 6 months after training.) For the first IMCI monitoring visit, 41 out of the 43 health facilities where providers were trained in IMCI in the pilot rayons were visited. The monitoring results showed that all trained health providers are implementing IMCI strategy to some extent. Areas that need improvement included: a. the lack of essential drugs and basic supplies like scales and refrigerators; b. insufficient counseling on elements of nutrition; and c. confusion on how to fill out forms. A working group for IMCI will meet in early Year 2 to discuss ways in which to improve these areas. In addition, as mentioned in Section C, a consultancy is planned in Year 2 for analyzing and making recommendations to strengthen the current MOH and Project HOPE health information system, which will help to ensure the information gathered on the monitoring visits are effectively turned

into a learning opportunity for the health providers, the health facility, and the larger MOH infrastructure.

**Implementation of Breastfeeding Training:** The Maternal Health Specialist of CS Project HOPE, Navoi, and Specialist from MOH, Uzbekistan, who was trained by Project HOPE, Navoi, were invited to conduct Breastfeeding TOT in Jalalabat, where 12 master trainers were formed. In Year 1, a total of 6 trainings in BF were conducted for 104 health providers of Bazarkorgon and Aksy pilot rayons.

**Training of Safe Surgical Female Sterilization.** To begin work on this project's child-spacing intervention, Project HOPE invited the Kyrgyz National Master Trainer on mini-laparotomy to conduct a 10-day training course on mini-lap, including both theoretical and clinical courses. A total of 16 doctors were trained in mini-lap from oblast and rayon levels. After completing mini-lap training, the MOH trainer presented each rayon Central Rayon Hospital with one mini-lap. Monitoring training for mini-lap is planned for 1<sup>st</sup> quarter of Year 2.

**Vitamin A Intervention:** With support from Project HOPE/Switzerland, a Vitamin A Supplements activity is being piloted in both the Uzbek MCH/RH project and this CS project in Jalalabat. On August 15, 2003, Project HOPE CS received a shipment from the Sight and Life Initiative of 145 bottles of Vitamin A, each holding 500 Vitamin A capsules. Currently, these supplies are being held in a refrigerator at Jalalabat City Sanitation Department. It is planned in ear 2 to distribute these supplies after conducting training on the usage of Vitamin A. This shipment will serve all postpartum women and children under 6 years of age in the pilot rayons for one year. It is hoped that this intervention will be a pilot activity to influence policy and MOH priorities for a more continuous drug supply.

## TABLE OF OBJECTIVES

Program Objectives	Activities	Status	Observations
<b>Maternal and Newborn Care (30%)</b>			
1. Improve the quality of antenatal and postpartum care by MOH and FGP providers.	<b>Rayon level:</b> Establishment of Training Centers within Rayon Family Medicine Center (FMC)	On-going	2 Training Centers identified in each pilot rayon. Both Rayon FMCs take responsibility of maintenance of Training Centers (utility costs, repairing works). Remodeling of Training Center in Bazarkorgon will be made by Asian Development Bank. In Aksy, the FMC is planning to repair with own resources. Project HOPE is planning to equip these training rooms in Year 2 with the training equipment and furniture.
2. Increase the capacity of physicians and midwives to provide standardized quality essential and emergency obstetric care.	<b>Rayon level:</b> Provide 3 telephones at SUB (Rural Hospital ) in each rayon to facilitate communication for emergency care	On-going	In Year 1, a Health Facility Assessment was conducted by Project HOPE that identified supply and equipment needs of SUBs, including the presence of telephones. Project HOPE plans to provide SUBs with telephones together with training equipment on the first quarter of Year 2
3. Increase the capacity of physicians to provide quality newborn care.	<b>Rayon level:</b> Establish to certify Baby-Friendly Maternity Houses	On-going	At the IMCI OM held February 26-27, 2003, the Working Group? 3 on Breastfeeding component set a concrete plan for implementing the certification of two Maternity Hospitals in each pilot rayon. The first step to certification is train all Maternity Hospital staff in the importance of breastfeeding and for the health providers the technique of breastfeeding. In Year 1, 36 doctors were trained in BF.
4. Increase MOH and FGP provider capacity to diagnose and appropriately treat/refer pregnant and post-partum women and neonates	No activities planned this year		

with danger signs.			
5. Increase the knowledge of women and family members about danger signs during the prenatal, post-partum, and neonatal period that require immediate and appropriate care seeking.	No activities planned this year		
<b>Maternal and Child Nutrition (15%)</b>			
1. Improve maternal nutrition during pregnancy and lactation.	No activities planned this year		
2. Increase the number of women that consume iron folate during pregnancy and lactation.	No activities planned this year		
3. Increase the number of women and children that use iodized salt.	No activities planned this year		
4. Pilot test the provision of one mega dose of Vitamin A to women immediately post-partum.	No activities planned this year		
5. Pilot test the provision of Vitamin A to children 6-71 months of age	No activities planned this year		

<b>Breastfeeding (10%)</b>			
1. Increase the percent of newborns that are breastfed within one hour of birth.	<b>Oblast level:</b> Information sharing with MOH	Ongoing	<ul style="list-style-type: none"> <li>- 14 Representatives from the central, oblast and rayon level of the MOH actively participated the Breastfeeding Working IMCI in the OM (Feb 26-27, 2003).</li> <li>- 149 MOH trained in the 3-day BF training.</li> <li>- 8 MOH trained as master BF trainers</li> <li>- On September 7, 2003 a Working Group comprised of MOH workers and National Master Trainer in BF from UNICEF worked on the development informational materials in BF.</li> </ul>
2. Increase the percent of infants less than 6 months that are breastfed exclusively for the first 6 months.			May 30 – June 3, 2003, UNICEF National Master Trainer of Trainers conducted TOT in BF for total 15 FGPs
3. Continue breastfeeding on demand until two years of age.	<b>Oblast level:</b> Breastfeeding + TOT for breastfeeding  <b>Rayon level:</b> Training of social patronage workers (SPW) about breastfeeding	Completed	May 30 – June 3, 2003, UNICEF National Trainer Master Trainers conducted training in BF for total 15 persons. Of trained 15 participants 12 best trainees were selected for TOT in BF, which was conducted on June 4 - 8, 2003.
		Incomplete*	*It was decided to train patronage nurses, FGPs, and feldshers in community health outreach instead of social patronage workers. (See section D) Training for patronage nurses will be conducted 2 <sup>nd</sup> and 3 <sup>rd</sup> quarter of year 2.
4. Increase the number of maternities that are certified to be baby-friendly in the Oblast.	<b>Rayon level:</b> Training maternity hospital in breastfeeding and preparation for certification as Baby-Friendly for 2 pilot	Ongoing	BF training has begun for health providers in maternity hospitals, including staff from both Out – Patients and In-Patients services. A total of 9 trainings on Breastfeeding were conducted for 149 health providers: physicians of Maternity Houses, FGPs, feldshers.

	rayons		
<b><u>Community IMCI (not including nutrition)</u></b>			
1. Increase the percent of children that are managed using IMCI guidelines at polyclinics, FGPs, and FAPs.	<b><u>Oblast level:</u></b> Development of IMCI Training Center	Ongoing	Location for training center identified on the premise of the JAOJH  Project HOPE signed an agreement with JAOJH that outlines the usage of the training centers.
<b><u>Control of diarrheal diseases (10%)</u></b>			
2. Improved management of children with acute and persistent diarrhea episodes	<b><u>Oblast level:</u></b> Procurement of a donated selection IMCI drugs	Ongoing	CS Project HOPE succeeded to obtain donation of Vitamin A capsules (145 bottles, each holding 500 Vitamin A capsules) from SIGHT & LIFE Switzerland, a humanitarian initiative by Hoffmann-La-Roshe Ltd.  At present the capsules are kept at a refrigerator of Jalalabat City Sanitation Department. Early in Year 2, HOPE with the local will distribute these drugs after conducting training on usage of Vitamin A.
<b><u>Pneumonia Case Management (10%)</u></b>			
(1) Improved management of children with pneumonia and other ARIs	Procurement of a donated selection of IMCI drugs for Standard Case Management	Incomplete	See Section B.
(2) Increase care-seeking behavior of mothers with children under 5 with signs of ARI/pneumonia	No activities planned this year		

<b>Immunization (5%)</b>			
(1) Establish improved cold chain maintenance/repair skills at the local level.	No activities planned this year		
(2) Improve family knowledge about, and responsibility for immunization	No activities planned this year		
<b>Child Spacing (10%)</b>			
(1) Increase the percent of WRA who choose surgical contraception as their family planning method after completing their desired family size.	<b>Rayon level:</b> Training of patronage nurses in child spacing, contraceptive methods	Ongoing	Project HOPE coordinates efforts with the Zdrav Plus's FGP Training Center where currently patronage nurses have been trained in a 4-day training on "Family Planning + STIs". In Year 2, Project HOPE will begin funding the nurse training at the FGP centers for the additional patronage nurses from the pilot rayons.
	Training on use of mini-lap for sterilization for Aksy and Bazarkorgon	Completed	The National Master Trainer on minilaparotomy, conducted 2 10-day training courses for 16 physicians on mini-lap, including both theoretical and clinical courses in each rayon.
	Provision of mini-lap kit to Aksy rayon	Completed	The MOH trainer provided one mini-lap kit to each rayon.
(2) Improved knowledge among adolescents about modern FP methods and know	No activities planned this year		



(3) Increased knowledge among men and women on how to avoid getting STIs.	<b>Rayon level:</b> Work with men and women religious leaders	Ongoing	<p>- On September 10, 2003 a meeting with religious leaders was held in Aksy pilot rayon. A total 16 Head Religious Leaders from each Ayil Okmoty participated in the meeting.</p> <p>-On September 25, the religious leaders of Bazarkorgon Rayon invited Project HOPE's IEC Specialist to the meeting with the community members that came to pray in their mosque. A total of 78 men participated in the meeting including the chairman of Bazarkorgon Rayon Deputies' Counsel.</p>
<b>Sustainability</b>			
(1) MOH officials at all levels and providers informed about national health policies and engaged in developing new local policies	<b>Oblast level:</b> Oblast level MOH and NGO's partner participate in orientation workshops and planning meeting.	Ongoing	<p>Project HOPE invited NGO's leaders from pilot rayons who work with health projects and community development to the following meetings:</p> <ul style="list-style-type: none"> <li>• September 10, 2003- a meeting held with 22 NGOs of Aksy Rayon took place at NGO "Ulgu" office.</li> <li>• September 26, 2003 meeting held with 13 NGOs of Bazarkorgon rayon took place at rayon administration' hall. The representative of Bazarkorgon Rayon Administration, responsible for work with NGOs, took part at the meeting.</li> </ul>
(2) Partners participate actively in planning and Working Group activities	<b>Oblast level:</b> Establishment and use of HIS for Trainings	Ongoing	<p>A monitoring plan was developed during the DIP preparation process that established a HIS that tracked training results. As of September 30, 41 out of the 43 health facilities where providers were trained in IMCI in the pilot rayons were visited for monitoring. Recommendations from monitoring visits were developed and submitted to MOH.</p>
(3) Partners support quality-improved	No activities planned this year		

services			
(4) Communication skills improved at all levels	<u>Oblast level:</u> TOT on communication and counseling as a part of technical training for IMCI, PEPC. Introduction new supervision techniques	Ongoing	IMCI and BF trainings conducted thus far emphasize communication and counseling skills of health providers

**B. Factors that have impeded progress toward achievement of overall goals and objectives and what actions have been taken to overcome these constraints?**

**Delay in hiring nutritionist.** Delay in hiring a nutritionist is due to the fact that, in Kyrgyzstan, such a professional with expertise in maternal and child nutrition is scarce. As a consequence, the CS Project Director is looking for a professional from the medical arena, who has command of the local languages and who knows the cultural traditions for feeding in the region. An outside maternal and child health nutritional consultant will train this person. This position will be filled early in Year 2, completing all the hiring of project staff.

The following two items are not factors that are impeding the overall objectives of the project, but challenges that should be mentioned.

**Poor roads and distances-** Two rayons of Project HOPE’s CS project-- Aksy and Bazarkorgon-- represent the rayons closest to and farthest from Jalalabat center. The rayons are mountainous, their distances to the oblast center are great, even the closest rayon, and the roads are poor, even in the dry season. Project HOPE will make every effort to build capacity in the rayons – by forming local MOH trainers and working with local NGOs and other community members-- so the success of the project does not rely heavily on the presence of Project HOPE staff. None-the-less, the road conditions present an obstacle to the CS project.

**Uncertainty of drug supply** - The medical needs are great in the Jalalabat oblast. Basic medicines and supplies remain precarious in most rural health centers, particularly for IMCI implementation. Unlike IMCI activities in Jalalabat, in neighboring oblasts where UNICEF and the World Bank are working with the MOH to implement IMCI, adequate IMCI drug supply is ensured for years to come. Procurement of essential drugs is not a large component of Project HOPE’s CS project, but Project HOPE will work with their counterparts in the MOH at the central level to influence policy makers to move towards securing regular supplies of essential drugs and contraceptives. In the meantime, as part of Gift in Kind efforts, Project HOPE will continue to seek donations from drug companies.

**C. In what areas of the program is technical assistance required?**

**Technical Assistance that was required in Year 1:**

<b>Topic</b>	<b>Dates</b>
Training on conducting Baseline Assessment	March 28-April 5, 2003
Staff training in Epi-Info	April 2003
Breastfeeding	May 30-June 3, 2003
DIP writing	May-June
Breastfeeding training for trainers	June 4-8, 2003

(TOT)	
IMCI	June 9-20, 2003
IMCI TOT	June 23-27, 2003
Breastfeeding follow up	June 30-July 2, 2003
Breastfeeding follow up	July 3-5, 2003
IMCI follow up	July 15-26, 2003
Mini-laparotomy training in Aksy	July 14-23, 2003
IMCI follow up	July 28-August 8, 2003
Mini-laparotomy training in Bazarkorgon	July 28- August 2, 2003
IMCI monitoring training	September 2-6, 2003

**Technical Assistance that will be required in Year 2:**

1. **Information, Education, Communication and community mobilization activities.** Selected staff plans to conduct a study tour to visit MCH Project HOPE projects in Uzbekistan where there has been a great deal of experience in the development of IEC materials.
2. **Maternal and Child Nutrition.** As stated in Part B above, there is very little experience in quality maternal and child nutritional counseling in Kyrgyzstan. An outside consultant will be identified to assist the staff in designing nutrition interventions such as in the areas of Vitamin A deficiency, iron-deficient anemia, exclusive breastfeeding, prenatal care, and diarrheal diseases.
3. **Basic Neonatal care and resuscitation.** A neonatal specialist will be contracted to assist the staff in adapting international curricula and protocols a training-of-trainer course to local staff and counterparts.
4. **Information system.** Technical assistance is required to analyze the needs an of the current health and management information systems of the MOH, and Project HOPE CS Jalalabat, and based on this analysis define tasks to strengthen and align the systems. Specific attention will be paid to the analysis and use of data for performance management and improvement, monitoring/supervision visits, and support of field level implementation based on the data.

**D. 1.Substantial Changes from DIP**

The DIP mentioned that Project HOPE CS would target and train the Social Patronage Workers to promote health outreach in the rural communities. Currently the Kyrgyz government no longer pays patronage worker salaries although there are international donors working with these professionals. On further analysis of this plan, and in order to work within the infrastructure of the current health reform plans, Project HOPE and local MOH counterparts chose to train instead the patronage nurses, feldshers and FGPs to deliver health outreach to the communities. The change from the original DIP does not alter the line item budget allocations or technical design of the Project.

**D.2. How is data being used for monitoring:** At the beginning of the project, data collected for the HFA and KPC surveys served as the basis for writing the DIP and a

guide for designing activities. Specific information on the HOPE-supported trainings is also being collected and input into a database (i.e., who was trained, what kind of health provider, what kind of training, from what rayons, etc.) In addition, Project HOPE-trained monitors provide detailed reports on information gathered from IMCI monitoring visits that identify gaps in implementation. Selected committees comprised largely of MOH professionals are assessing this information. Project HOPE recognizes the need to improve how this data is utilized and disseminated by the MOH, and this is why in Year 2, a information systems consultancy is planned to look at these issues.

**E. DIP Recommendations** – Three primary issues were brought up during the DIP review:

**1. Monitoring of “training capacity” of the local partner organizations** – The Health Information Specialist of Project HOPE CS is in charge of setting-up the monitoring system for the project. Currently, health providers trained under Project HOPE activities fill out a pre- and post-test evaluation form. In addition, frequent monitoring visits to observe health providers performance for complying with IMCI and BF protocol are being conducted. Information gathered on these trips is relayed to the MOH as constructive feedback in report form for improvement. In Year 2, steering committees comprised of high level MOH staff will begin to address these issues more systematically.

**2. Monitoring of the interventions carried out at community level?** In Year 2, Project HOPE will begin to conduct community-level interventions directly, or indirectly through local NGOs and community members. In Year 2, with the assistance of the information systems consultant, Project HOPE Jalalabat plans to evaluate what information needs to be documented from the community level interventions, what instruments will be used to collect this information, and who will be responsible for conducting and reporting the community-based “monitoring”.

**3. Uncertainty of drug supply-** As stated in Part B of this report, the precarious drug supply remains a challenge for the MOH and Project HOPE’s ability to obtain sustainable outcomes through their health interventions. Project HOPE is continuing to discuss this issue with the MOH at the central level and with donors, but it has not yet been resolved.

**F. Specific information requested for responses during the DIP consultation.** There was no specific information requested of Project HOPE during the DIP consultation.

**G. Describe Program Management System factors that have arisen?**

*Financial Management System* – In an attempt to assist better the projects in the field, Project HOPE USA restructured the finance system to create a Director of International Finance and below him, International Finance Operations Accountants assigned to each geographical region. Consequently, the Operations Accountant assigned to Central Asia is in more close contact with the field and this assists in quickly resolving any issues that might arise.

Project HOPE USA hired in May, 2003 an internal auditor who will, for the first time, conduct financial audits in the field.

*Human Resources* – In May, 2003 Project HOPE USA hired a Program Manager as a new position to provide technical and administrative backstopping directly to the maternal and child health projects in the Central Asia region.

*Communication system and team development* - No issues have arisen

*Local partner relationships*- Please refer to Section A.

*PVO coordination/collaboration* – Please refer to Section A.

*Other management systems* – No issues have arisen

*Capacity Assessment* - No capacity assessment has been conducted

## H. Detailed Implementation Work Plan Year 1 by Intervention

### MATERNAL AND NEWBORN CARE (30%)

Major Activities	Year 2 Quarters			
	1	2	3	4
Orientation meeting with national level participants.	X			
TOT training for participants from different levels.	?			
Development and Production of Health Education Materials			X	X
Establishment of Training Centers within Rayon Family Medicine Center				
Training of FGPS, patronage nurses and feldshers in outreach activities	X			
Training of health practitioners (in-patient and outpatient) including midwives, in PEPC.		X	X	X
Provide booklets, posters and educational material for health providers and education center.				X
Provision of iron folate, balance scales, height measuring sticks, stethoscopes, blood pressure, watch-clocks or timers, thermometers and document carriers for FGPs and FAP.	X	X		
Provide 3 telephones at SUP hospitals in each rayon to facilitate communication for emergency care.	X			
Establish to Certify Baby-Friendly Maternity Houses	X	X	X	X
Meeting on the rayon level with local rayon authorities	X	X	X	X
Education to pregnant women, WRAs, men and youth and about danger signs/symptoms during pregnancy, & timely care-seeking, delivery options with new PEPC.	X	X	X	X
Prenatal mothers will be provided with prenatal care cards. Key messages and information for mothers will be on the back of the card.				X
Support for continued registration of pregnant women during the first trimester.		X	X	X
Village Health Committees develop emergency transportation plans	X	X	X	X

### MATERNAL AND CHILD NUTRITION (15%)

Major Activities	Year 2			
	Quarters			
	1	2	3	4
Training on Maternal and Children nutrition for the participants of different levels				X
Research activity on food consumption by pregnant and lactating mothers. Disseminate and publish results.				
Development and production of educational materials and brochures for population and for health providers and pharmacies.				
Training of health providers, on micronutrients, including iron, Vitamin A, iodized salt.				?
Distribution of technical/education material -posters, brochures, leaflets to health-facilities.				
Testing and Control of salt being sold in the bazaar, salt at the household level.	X	X	X	X
IEC group discussion activities about maternal nutrition and micronutrients during pregnancy targeting total family (mothers, fathers, adolescents and youth).		X	X	X
Distribution of educational materials to each household.				X
Promote the use of iodized salt in the households and in community meetings. Educate on proper storage and preservation of iodized salt.				X
Distribution of Vitamin A capsules to postnatal mothers within 8 weeks, infants not receiving breast-milk, children 6 -71 months.	X	X	X	X
Distribution of iron folate supplementation to pregnant and postnatal women	X	X	X	X

### BREASTFEEDING (10%)

Major Activities	Year 2 Quarters			
	1	2	3	4
Information Sharing with MOH	X	X	X	X
Train maternity hospital workers on breastfeeding and preparation for certification as Baby-Friendly for 2 pilot rayons.	X	X	X	X
Breastfeeding + TOT for breastfeeding				
Training of health providers at the SUPs and other facilities that also deliver babies.	X	X	X	X
Training of FGPS, patronage nurses and feldshers in outreach activities about breastfeeding				
IEC targeting pregnant women, lactating mothers, and WRAs on breastfeeding, including nutrition.	X	X	X	X
Health Village Committee Active in bf support activities	X	X	X	X
Community and religious leader involvement	X	X	X	X
Distribution of Educational Materials		X	X	X

### COMMUNITY IMCI (NOT INCLUDING NUTRITION)

Major Activities	Year 2 Quarters			
	1	2	3	4
IMCI Training for core group of providers from which TOTs will be selected.	X			
Development of IMCI Training Center on the oblast level.	X	X	X	X
Translation and/or adaptation of C-IMCI materials	X	X	X	X
Training of FGPs and Feldshars in Aksy and Barkorgon Rayons.	X			
Provision of posters, IMCI guidelines and technical materials to health facilities	X	X	X	X
Training of FGPS, patronage nurses and feldshers in outreach activities on danger signs and home-based management		X		
Implementation of C-IMCI activities	X	X	X	X
Village Health Committee involved in organizing transportation	X	X	X	X

### CONTROL OF DIARRHEAL DISEASES (10%)

Major Activities	Year 2			
	Quarters			
	1	2	3	4
Procurement of a donated selection IMCI drugs				
Translation and /or adaptation of existing C-IMCI educational materials	X			
Training of FGPS, patronage nurses and fieldshers in outreach activities for diarrhea prevention and home-based case management.		X		
Collaboration from Sanitation and Epi Unit in community clean-up, and proper maintenance of latrines, and education on site for latrines	X	X	X	X
Provision of drugs for IMCI, including dysentery				
Information about home-based case-management to each family with children under 5 will be given to all families. (Targeting women, men, grandmothers, and older siblings).	X	X	X	X
Involve community and religious leaders to promote use of clean water and prevention of pollution of river – defecation, through dead animals	X	X	X	X
Involve Health Committee and look at issue of clean water and purification	X	X	X	X
Training on use of ORS packets at the household level.		X	X	X
Distribution of Educational Materials	X	X	X	X

**PNEUMONIA CASE MANAGEMENT (10%)**

Major Activities	Year 2 Quarters			
	1	2	3	4
Procurement of a donated selection IMCI drugs				
Translation and /or adaptation of existing C-IMCI educational materials	X			
Provision of Feldshars and FGPs to assist them with timers breathing for ARI and pneumonia assessment.	X	X	X	X
Provision of Educational materials in the form of posters, leaflets and brochures.	X	X		
Training of FGPS, patronage nurses and feldshers in outreach activities on dangers signs and home-based case-management.		?		
Provision of drugs for Standard Case Management of pneumonia				
Education and information to families with children under five about danger signs, care -seeking, and case-management of ARI and pneumonia.		X	X	X
Distribution of educational materials.		X	X	X
Involvement of religious and other leaders, active women in promotion of improved child care.		X	X	X
Village Health Committee assures the availability of transportation to support care seeking.		X	X	X

**IMMUNIZATION (5%)**

Major Activities	Year 2 Quarters			
	1	2	3	4
Develop and produce Child Heath Cards		?		
Develop and produce informational/Educational material		?		
Donation of cotton and alcohol provision to assist with immunization				
Training of FGPS, patronage nurses and feldshers in outreach activities on immunization.		?		
Provision of health card for children under 2, with information on back of card about nutrition and danger signs.		X		
IEC activities at the village level.		X	X	X
Distribution of educational materials		X	X	X

### CHILD SPACING (10%)

Major Activities	Year 2			
	Quarters			
	1	2	3	4
Adapt existing educational materials targeting men, women and youth.	X			
Liaise with religious leaders				
Collaborate with Rainbow Center for training of volunteers on FP	X			
Collaborate with Oblast and Rayon Education and Culture Departments to involve school teachers and teenagers – volunteers in program activity	X			
Liaise with Religious leaders				
Training of FGPS, patronage nurses and feldshers in outreach activities on child spacing, contraceptive methods and counseling				
Training on use of mini-lap for sterilization for Aksy and Bazarkorgon				
Provision of mini-lap kit to Aksy Rayon				
Training in FP counseling and youth friendly services: a. FGDs, FMCs and SUBs; b. Feldshars (midwives and nurses)			X	?
Health Committee support in IEC education	X	X	X	X
Distribution of educational materials	X	X	X	X
Involvement of religious and other leaders in promoting child spacing and planning family size.	X	X	X	X
Youth Peer Educators Trained		X	X	X
TOT for young teachers		X	X	X

**SEXUALLY TRANSMITTED INFECTIONS (10%)**

Major Activities	Year 2			
	Quarters			
	1	2	3	4
Work closely with Oblast and Rayon Venereal and Dermatological Department and involve their specialists in program planning.	X			
Develop and produce IEC materials.	X			
Work with religious leaders.				
Mass media messages about STI/ HIV.		X	X	X
Collaboration with Rainbow Center on training activities.	X	X		
Involve Oblast Education and Culture Department in IEC strategy and promotion of Program.		X		
Involve local authorities in program promotion.	X			
Train on testing for syphilis: c. Feldshars, nurses and midwives; d. and FGPs of pilot rayons.			?	?
Training of FGPS, patronage nurses and feldshers in outreach activities on STI/HIV/AIDS				
Involve local authorities in program promotion.	X	X	X	X
Work with men and women religious leaders.	X	X	X	X
Mass media production and message development.		X	X	X
Involve Health Committee in IEC strategy and education.	X	X	X	X
Education of population on dangers of STIs (WRA, men, youth) at household and community level.	X	X	X	X
Work with religious leaders both male and female to help with key messages and counseling.	X	X	X	X
Distribution of Educational materials.	X	X	X	X
Involve local authorities in program promotion.	X	X	X	X
TOT training for young teachers.		X	X	X
Youth Peer Educators Training.		X	X	X

## SUSTAINABILITY

Major Activities	Year 2			
	Quarters			
	1	2	3	4
Oblast level MOH and NGO partners participate in orientation workshops and planning meetings.				
MOH and partners participate in Quarterly Review meetings	X	X	X	X
Establishment and use of Training HIS.	X	X	X	X
TOT on communication and counseling as part of technical trainings for IMCI, PEPC. Introduction of new supervision techniques.	X			
MOH Partner capacity Assessment (oblast and rayon levels).		X		
Rayon level key MOH's staffs participate in orientation workshops and planning meetings.				
Representatives from Rayon level MOH participate in Quarterly Review meetings.	X	X	X	X
Establishment and use of Training HIS.	X	X	X	X
Training on communication and counseling as part of technical trainings for IMCI, PEPC, Child-Spacing and STI's. Introduction of new supervision techniques to supervisors.				X
Increased contact and communication with providers at the household and community level.	X	X	X	X

**I. One-page highlight** – As this is the first year for the CS program, this section does not apply to this program.

**K. Other relevant aspects**

**Professional Development of Project HOPE CS Staff** – The below list shows the international trainings, conferences and national seminars that HOPE technical staff attended this year.

- Training of Project Administrator at Project HOPE's Regional Office in Almaty;
- Accountant/administrator attended a Quick Book training, Regional office, Almaty, January 14-17, 2003, an additionally another training at the TB office in Bishkek, December 26-27, 2003.
- HIS specialist took part in Planning out the Baseline Assessment for the Uzbekistan MCH/RH project, Tashkent, January 29 – February 3, 2003.
- MH specialist participated the WHO Follow up PEPC seminar in Bishkek, February 24-28, 2003.
- IMCI coordinator participated WHO Meeting in Bishkek, April 26, 2003.
- Four technical staff were trained in BF TOT and 3 technical staff were trained as IMCI trainers.
- The Project Director and the Chief pediatrician of MOH of Kyrgyz Republic took part in the WHO Euro Partners meeting, Stratford upon Avon, UK, May 1-2, 2003.
- The RH specialist participated in the Joint Swiss Office Conference in Osh, April 22, 2003.
- The Project Director presented DIP at the CSHGP Mini-University, June 2-6, 2003, Johns Hopkins University, Baltimore.
- All Project HOPE/CS technical staff took part in the Russia/Eurasia Regional Staff Meeting, Tashkent, on June 15-18, 2003.