



**ЗдравПлюс / ZdravPlus**

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## Six-Month Report July – December 2002

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For: **USAID**

January 2003

Almaty, Kazakhstan



FUNDED BY:  
THE U.S. AGENCY FOR  
INTERNATIONAL DEVELOPMENT



IMPLEMENTED BY:  
ABT ASSOCIATES INC.  
CONTRACT NO. 115-C-00-00-00011-00

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## **ABBREVIATIONS**

AED	Academy for Education Development
AIHA	American International Health Alliance
ARI	Acute respiratory infection
BWAK	Business Women's Association of Kazakhstan
CBO	Community based organization
CDD	Childhood Diarrheal Diseases
CHD	City Health Department
CME	Continuing medical education
CHD	City Health Department
CHL	Center for Healthy Lifestyles
CIF	Clinical Information Form
CINDI	Countrywide Integrated Non-communicable Disease Intervention Program
CIS	Commonwealth of Independent States
COR	Council of Rectors
CPG	Clinical practice guidelines
CQI	Continuous Quality Improvement
DFID	UK Department for International Development
DIC	Drug Information Center
DOTS	Directly observed treatment short course
DRG	Diagnosis related groups
EBM	Evidence-based medicine
FGP	Family group practice
FGPA	Family Group Practice Association
FM	Family Medicine
FMC	Family Medicine Center
FMTC	Family Medicine Training Center
FPA	Family Practice Association
GP	General practitioner
HA	Hospital Association
HCT	Health communication team

HFJWG	Health Finance Joint Working Group
HIF	Health Insurance Fund
HIS	Health Information System
HMC	Health Management Courses
ICD-9 (10)	International Classification of Diseases Version 9 (10)
IEC	Information, education and communication
IMCI	Integrated Management of Childhood Illness
INRUD	International Network for Rational Use of Drugs
IPC	Interpersonal Communication
JHPIEGO	John Hopkins University' affiliate working in reproductive health
JIT	Just in time
KAFP	Kazakhstan Association of Family Practitioners
KAP	Knowledge, attitudes, and practices
KCH	Keeping Children Healthy
KIHIS	Karaganda Integrated Health Information System
KMPA	Kazakhstani Association for Sexual and Reproductive Health (formerly know as the Kazakhstani Medical Pedagogical Association)
KSMIRCME	Kyrgyz State Medical Institute for Retraining and Continuous Medical Education
MAC	Medical Accreditation Committee
M&E	Monitoring and evaluation
MHIS	Module Health Information System
MOF	Ministry of Finance
MOH	Ministry of Health
MSF	Medecins Sans Frontieres
NCMEPC	National Center for Medical and Economic Problems of Healthcare
NCHL	National Center for Healthy Lifestyles
NGO	Nongovernmental Organization
NHA	National Health Accounts
NMCHC	National Maternal and Child Health Center
OHD	Oblast Health Department
OPD	Hospital Outpatient Department

OSCE	Objective structured clinical exam
OSI	Open Society Institute
PEPC	Promoting Effective Perinatal Care
PGI	Postgraduate Institute
PHC	Primary healthcare
PIU	Project Implementation Unit
PPS	Provider payment system
PSF	Pharmaciens Sans Frontieres
QI	Quality Improvement
RH	Reproductive health
RIAC	Republican Information and Analytical Center
STI	Sexually transmitted infection
TB	Tuberculosis
TIMC	Tashkent International Medical Clinic
TOT	Training of trainers
UNFPA	United Nations Population Fund
UNHCR	The United Nations Refugee Agency
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UZMPA	Uzbekistan Medical and Pedagogical Association
WB	World Bank
WHO	World Health Organization
WONCA	World Organization of Family Doctors
YOH	Year of Health

**KAZAKHSTAN**  
**Six-Month Report**  
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**COUNTRY SUMMARY BY PILOT SITE**

*Kazakhstan Health Reform Environment and ZdravPlus Strategy*

In the past six months the political environment for health reform in Kazakhstan has been changing with more positive than negative factors dominating the scene. There has been a significant increase in funding for the health sector, the approved 2003 health budget is 83.6 billion Tenge - 66 billion from local budgets and 17 billion from the republican budget - versus 59 billion Tenge in 2002, a 29% increase. Health finance issues related to resource use and allocation mechanisms have become a priority for the Ministry of Health (MOH) and ZdravPlus is working closely and intensively with the MOH on health financing. The Ministry is challenged with the task of providing rationale to the Government regarding how much money the system needs and how that money will be spent. In these conditions a number of important national documents pertaining to health finance have been issued and drafted (see below).

ZdravPlus has continued to closely monitor the situation in the country, adjusting its strategy as necessary to adapt to the constantly changing environment. Recently, it has been felt that the positive changes taking place at the national level must be used to advantage, and that it is a time when focused technical assistance provided to the MOH could impact the future direction of health reform. This is why the strategy has focused on developing policy dialogue with the MOH and other national health reform stakeholders. The strategic meeting between Sheila O'Dougherty and Minister of Health, Dr. Doskaliev, in September has become an important milestone in collaboration between ZdravPlus and the MOH. In the course of the meeting the Minister welcomed all technical assistance provided by ZdravPlus, particularly in the area of health finance. A large amount of legal and technical work will have to be done to turn the developed laws and regulations such as the new Government Decree on State Procurement and supporting documents into efficient tools of change (see also the Resource Use and Legal sections).

Even given the positive movement created in health policy, however, the general environment must still be perceived as an uncertain one, since it is unclear where the recent changes may lead. The ZdravPlus strategy now consists of the five elements described below -- national health finance, relationship and balance between national and oblast levels, building oblast platform or foundation, key product development and implementation, and pilot sites.

*Broad Health Finance Issues as the Core of the Strategy*

National-level broad health finance activities are the core of the project's current strategy. ZdravPlus has continued to work on legal and operational activities focused on pooling funds, provider payment systems, health insurance, health information systems, and some health care service costing.

The rules for provider payment have been changed given the new procurement law (dated May 16, 2002, # 321-II, Article 25) and the interest in Mandatory Health Insurance (MHI). ZdravPlus together with the MOH has drafted a new Government Decree "On Approving the Rules of State Procurement of Health Services by Fixed Tariffs", developed MOH documentation in support of the Decree ("Methodical Recommendations on Setting Norms for Volume of Care and Tariffs", a "Standard Agreement of Program Administrators with Health Providers", and "Rules of Population Enrollment in PHC Facilities") and is in the process of planning a seminar for oblast participants in early 2003. The agenda of the seminar will include provider payment methods in the context of recent national documents (above). The seminar is also perceived by the MOH as the first step in preparing health providers for implementation of MHI in 2005.

The National Health Finance Joint Working Group headed by Vice Minister of Health Naimushina and technically led by ZdravPlus, has remained a think tank addressing the above issues. ZdravPlus has continued to make a significant effort to forge collaborative relations with, and to educate key decision makers and technical personnel within the MOH and beyond (Ministry of Finance, Ministry of Economy, National Center for Medical and Economic Problems of Health Care, National Center for Healthy Lifestyles) through the National Joint Working Group, national conferences, and study tours (Karaganda, Kyrgyzstan, Lithuania plus Hungary, Moldova, Russia, Uzbekistan, UK).

### ***Relationships and Balance between National and Oblast Levels***

ZdravPlus has tried to develop relationships and strike the appropriate balance between national and oblast level activities. This element of the broad strategy consists of linking pilot sites' experience into the national level policy and legal framework, then continuing the loop by implementing changed national rules at the oblast level. The development of national enrollment rules over the last six months is a good example of such an approach. ZdravReform and ZdravPlus have implemented oblast level enrollments for the last six years, now the MOH plans that national enrollment rules become part of the national health financing framework (note that enrollment is now seen as part of health financing as it determines how the capitated rate is paid). Another prime example of developing the national and oblast relationship is monitoring and evaluation, where the pace of implementation has quickened over the last six months. In practical terms, the strategy has resulted in the broader involvement of ZdravPlus' local-level partners in national-level activities under the MOH. A broader geographical representation of health reformers at the national level has given more weight and value to the documents developed based on practical experience and lessons learned. In general in the past six months, ZdravPlus has significantly developed this element of its strategy; strengthening the connection between the main pilot sites and the national level also has the added benefit of reducing the risk to pilot sites.

### ***Building the Oblast Level Foundation for Health Reform***

The national policy environment in Kazakhstan remains uncertain at best and negative at worse. Oblast level support for health reform contributes to improving the negative national environment at best and mitigates it at worst. In addition to influencing the national level environment, oblast level activities have the significant advantages of being the locus of all health impact and contributing to health reform in and of themselves. Over the last six months, ZdravPlus decided to use the Kazakhstan Association of Family Practitioners (KAFP) as a mechanism to stimulate and implement oblast level health reform activities. This strategy also has the advantage of institutionalizing the reform, contributing to sustainable development, strengthening an NGO and building civil society. A grant to KAFP was developed over the last six months. It should be awarded soon, and ZdravPlus expects activities to move forward in the oblasts fairly quickly.

### ***Key Product Development and Implementation***

For a number of reasons, implementation of the oblast level health reform model developed under ZdravReform and continued under ZdravPlus has been difficult. Reasons include:

- Uncertainty in general political environment and national health policy environment – the problems in Pavlodar Oblast
- Uncertainty in Kazakhstan administrative structure – the merger of oblasts, numerous status changes of the MOH, and movement of the capital.
- Emphasis on local government and laws not allowing pooling of funds at the oblast level
- Geography and evolution of Kazakhstan – lack of density in rural areas contributing to more of a city level model.

While ZdravPlus still implements the complete health care model in pilot sites at the oblast or city level where possible, we have moved toward a product-focused approach to program implementation. The pace of this movement has quickened based on the Pavlodar experience. ZdravPlus is developing key products or “pilots within pilots” for all three components – population involvement, quality of care and resource use. Examples of products include the Keeping Children Healthy Campaign (national), Open Enrollment (Karaganda); IMCI (Karaganda Oblast, EKO, Almaty Oblast), Family Medicine training (West Kazakhstan), Drug Information Center development and networking (Karaganda, Almaty, Astana), Safe Motherhood (Zhezkazgan and Satpaev), monitoring and evaluation (Karaganda, East Kazakhstan), the module health information system (HIS) (Karaganda, Zhezkazgan), the Almaty City capitated rate payment and HIS Project, and the Atyrau HIS project. The focus on products provides a certain flexibility and creates space for maneuvering in a generally uncertain environment. These products are available to be used as and when requested by counterparts. This strategy does not mean that ZdravPlus is abandoning its pilot sites or is acting frantically in response to the situation. Being proactive rather than reactive has remained the major element of the pursued strategy. In the past period ZdravPlus has continued its planned work in mature, intermediate and prospective pilot sites wherever conditions are in place, as described below.

### ***Pilot Sites***

ZdravPlus’ pilot sites have been reclassified recently into *mature*, *intermediate* and *prospective* from the viewpoint of comprehensiveness of reforms carried out and level of advancement along the reform course, as well as that of the level of political will and the desire of local leadership to implement the reform. Thus, Zhezkazgan and Semipalatinsk fall under the mature category; Karaganda, East Kazakhstan, Kokshetau, Pavlodar, Almaty Oblast, and Almaty City – intermediate; and Atyrau – prospective. ZdravPlus also keeps an eye on Uralsk (West Kazakhstan) who show consistent interest in collaboration with ZdravPlus.

#### Zhezkazgan City

Zhezkazgan remains a mature pilot site with the policy leaders (City Akim, City Health Department and City Maslikhat) providing continuous support to PHC development and health reform. The Zhezkazgan Health Department and City Akim have continued supporting family practices, the Family Practice Association (FPA), as well as the new ZdravPlus initiative - the Safe Motherhood Project. ZdravPlus, though gradually reducing its support to Zhezkazgan, has continued to be responsive to Zhezkazgan’s needs in health reform and has continued policy dialogue in support of the reform. During the last six months ZdravPlus has pursued the strategy of channeling technical assistance through the FPA. Karaganda Oblast

Karaganda Oblast continues to be a political leader of health reform in the country and is strongly supported by ZdravPlus. In the past six months ZdravPlus leaders of all the project components have had meetings with the Karaganda Oblast Health Department (OHD) during which major activities were discussed and endorsed by the OHD. These major activities have included the monitoring and evaluation project, the population enrollment campaign, the Keeping Children Healthy Campaign, the Continuous Quality Improvement Project, Drug Information Center training activities, provider payment, HIS, etc. (for more information see respective sections of the report). ZdravPlus has continued developing working relationships with the Karaganda and City Health Departments both through the joint working groups and directly.

During the summer, Karaganda hosted the US Ambassador to Kazakhstan. A follow-up letter from USAID addressed to the Oblast Akim acknowledged the impressive results achieved in health reform in the oblast. The oblast was also visited by the Minister of Health who gave a very positive assessment of activities in Karaganda.

Recently N. Khe (Director of Karaganda Densaulyk), ZdravPlus’ long-standing partner and supporter, retired. Mr. Shmakov who had been the Director of the Karaganda MHI Fund for over three years, has now been appointed to this important position. ZdravPlus is undertaking steps to

build up collaborative relationships with the new leadership of Densauyk. So far the new Director has expressed interest in collaborating with ZdravPlus and has promised to ensure continuity and consistency in health policy.

#### East Kazakhstan Oblast and Semipalatinsk

ZdravPlus has continued a policy dialogue with the East Kazakhstan OHD. The OHD provided political support for the ZdravPlus PHC monitoring and evaluation initiative in East Kazakhstan – which indicates further directions for health reform in the oblast. The project was successfully launched using Semipalatinsk as a test site with subsequent rollout across the entire oblast. The finalized enrollment-based population database has been used for adjusting capitated rates for PHC facilities – another step in implementing the “money follows the patient” principle. The diagnosis related groups (DRG) system has been further developed and spread throughout the oblast. ZdravPlus has continued supporting the Semipalatinsk Family Practice Association. ZdravPlus’ participation in a conference on Family Medicine in October, organized by the Semipalatinsk FPA, is one of the examples of collaboration (see the NGO section).

#### Almaty Oblast

During the last six months, ZdravPlus has focused its technical assistance to Almaty Oblast on two major areas: health promotion and IMCI training. The Keeping Children Healthy Campaign (diarrhea) was successfully implemented in the summer while the ARI campaign is still in progress. The Road to Health National Tour across Almaty Oblast was a notable event in the Year of Health. IMCI training was conducted in Taldy Korgan Region in Aksu Rayon, Tekeli, and Panfilovsky Rayon according to plan. All these activities were discussed with, approved, and politically and organizationally supported, by the Almaty OHD.

#### Almaty City

In the past six months Almaty City has become an arena of intensive policy dialogue between ZdravPlus, Almaty City Health Department (CHD) and Densauyk, focused on capitated rate payment and health information systems development. As an immediate result, a Memorandum of Understanding (MOU) between the three parties has been signed and the Almaty City Project begun (see the Resource Use section). Importantly the Almaty CHD and ZdravPlus have conceptually agreed on linking the created population and clinical services database to the capitated payment based on the size of registered population. This is an important conceptual victory for ZdravPlus considering the new provider payment methods (a single capitated rate) as a driving force for subsequent restructuring of PHC in Almaty City which is currently split into pediatric, adult and maternity care.

As an important “by-product”, the Almaty City Health Department has recently developed a “Program of PHC Development in Almaty” containing key ideas supported by ZdravPlus. ZdravPlus has taken steps to forge the collaborative relationships further by inviting Almaty City Health Department specialists (Zakharov) to participate in national level activities.

#### Pavlodar Oblast

In the last six months the policy dialogue with Pavlodar has been halted with ZdravPlus taking a wait-and see policy. However, ZdravPlus has continued to support the Pavlodar Association of Family Practitioners in their advocacy campaign in support of family practices.

#### Atyrau Oblast

During the last six months ZdravPlus successfully carried out the Health Information System Project in Atyrau Oblast and is in the process of developing a final comprehensive report. At the request of the new head of the OHD, Ms. Karasayeva, ZdravPlus has agreed to support the HIS over the next few months to ensure the operation of the system in the “handover” period. In general the decision has been taken to phase-out activities in the oblast. (See the Resource Use section).

### West Kazakhstan

West Kazakhstan falls under the “prospective” site category. In the last six months ZdravPlus has continued building up policy dialogue with the oblast leadership which has been translated into the following practical steps: training in family medicine provided to 57 family practitioners; and the Knowledge, Attitudes and Practices (KAP) survey. It has to be noted that the West Kazakhstan policy makers and health leaders are keen to collaborate with ZdravPlus, although they have limited resources.

## **SUMMARY OF IR ACTIVITIES**

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### **Population Involvement**

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In the last six months population involvement activities have centered on three major areas – population open enrollment with the Karaganda open enrollment campaign being the main event of the period, health promotion implemented through a Keeping Children Healthy National Campaign and regular information dissemination. Close collaboration with the National Center for Healthy Lifestyles in the context of the Year of Health, has been an important aspect of the six-month period. The Interpersonal Communication Training of Trainers workshop implemented in November has laid a good foundation for further activities in this area in the next period. On the whole the balance of activities within this component has altered slightly with greater attention now being given to health promotion activities.

#### ***Population Enrollment***

##### Karaganda Open Enrollment

The successfully accomplished Karaganda Open Enrollment campaign is one of the major events of the last six months. From the very start, the campaign was perceived as the one that would have a national implication and generate valuable experience, and so it was. Given the huge size of the population of Karaganda and the scattered geography of the city, the enrollment process was limited to Maikuduk micro-region (110,000) with a good mix of PHC facilities and a large number of non-registered population resulting in significant under funding of PHC facilities (capitated funding is calculated based on the official statistical data). The entire enrollment process was well organized starting from the preparatory stage down to the enrollment data entering process. As a result, over 92% of the population has enrolled in seven SVAs located in Maikuduk. The Akim and Oblast/City Health Departments supported the campaign. The results of the campaign are multiple: the process has increased the population’s role in the health care system; has “stirred” health providers in terms of competition awareness; and has allowed the population database to be updated which will have financial implications for health providers in future. Two impressive press conferences for representatives of local and national mass media took place in July and November 2002. The participating journalists asked many questions related to open enrollment and family practices.

#### ***Health Promotion***

##### National Keeping Children Healthy Campaign

The Health Communication Team (HCT) designed, organized and implemented a national “Keeping Children Healthy” campaign focused on diarrhea and acute respiratory infections (ARI) in the summer and winter of 2002 respectively. The campaign has been implemented through the joint effort of ZdravPlus and local authorities in Semipalatinsk, Ust–Kamenogorsk, Karaganda and Zhezkazgan pilot sites, as well as in Almaty Oblast. The national KCH campaign on diarrhea was launched in mid-July and successfully completed in mid-September. In the course of the campaign three videos on diarrhea and antibiotics were broadcast both by local TV channels in the pilot sites and also on the national channel “Khabar”. Local mass media actively supported the campaign. The Almaty TV channel “Yussa” and the national newspaper “Ogni Alatau” followed campaign progress in Ust-Kamenogorsk and Almaty Oblast.

More than 200 family nurses participated in the contest distributing print materials, organizing mothers' groups and working at the community level. Certificates and prizes were given to the winners of the nurses' contest. All printed and video materials prepared by ZdravPlus were distributed to the site coordinators.

On completing the diarrhea campaign, the ZdravPlus HCT organized a workshop for local campaign coordinators. During the workshop the participants summarized the results of the diarrhea campaign and shared their experience and lessons learnt with the representatives of the National Center for Healthy Lifestyles and a ZdravPlus health promotion specialist from Tajikistan. The focus of the meeting was the upcoming ARI campaign.

The ARI campaign was launched in mid-November. A ZdravPlus ARI brochure and a new poster on ARI symptoms have been translated into Kazakh. All print materials (20,000 posters; 140,000 brochures; 260,000 flyers) have been delivered to the KCH sites.

In Ust-Kamenogorsk, Semipalatinsk, Karaganda, Zhezkazgan and Almaty Oblast, the KCH ARI campaign is now in full swing: ZdravPlus printed materials are being distributed, video-films broadcast, newspapers are publishing articles on ARI issues, and SVAs and nurses are participating in the contest. The campaign will be completed by mid-January 2003.

### ***Partnership***

#### ZdravPlus and the National Center for Healthy Lifestyles

ZdravPlus has a long history of partnership with the National Center for Healthy Lifestyles (NCHL). In the past six months ZdravPlus has continued to be responsive to the NCHL's needs, thereby strengthening collaborative relations further.

In July, ZdravPlus in collaboration with the NCHL implemented a Second Annual Health Promotion Tour within the Year of Health. A team of health professionals traveled together throughout Almaty Oblast disseminating health messages to the public and holding impromptu discussions with the population. En route ZdravPlus health promotion materials were widely disseminated to the local population and health workers.

In the fall ZdravPlus provided twelve primary healthcare facilities and children's hospitals in Almaty with ZdravPlus print materials on diarrhea, acute respiratory infections, tuberculosis, and sexually transmitted infections (STIs). Volunteers distributed ZdravPlus health promotion print materials during a Festival of Health organized by the Center in Almaty.

On October 17-18 the National Center for Healthy Lifestyles (NCHL) organized a National Forum of Health Promotion Specialists. The Forum summarized the results of the Year of Health. The ZdravPlus HCT made a presentation on the partnership between ZdravPlus and NCHL. ZdravPlus also sponsored prizes for the winners of the National Contest of Journalists conducted within the Year of Health by the NCHL. At the closing ceremony USAID/ZdravPlus representatives handed the prizes to the winners of the competition. The NCHL, in its turn, gave ZdravPlus an official 'thank you' letter.

### ***KAP Survey***

ZdravPlus proceeded with implementing the Knowledge, Attitudes and Practices (KAP) survey in Kazakhstan. In the fall, the research company "Brief" conducted a second survey for ZdravPlus in mature (Zhezkazgan), intermediate (Karaganda), prospective (Uralsk) and control (Arkalyk) sites. Some preliminary results have been received and processed. The KAP data will be used as a tool for assessing health promotion campaigns and developing the HCT activities' objectives.

While the results of the KAP survey need deep study to be effectively used for implementing further activities in the area of population education in the selected health issues, some of the results are self-explanatory. For instance, the percent of respondents reporting that a child should be given more

liquid and the usual amount of food in case of CDD has increased significantly as is shown in the following table.

	Zhezkazgan/Satpaev (mature)	Karaganda (intermediate)	Uralsk (prospective)
2001	22,5%	13,6%	20,7%
2002	36,0%	32,0%	37,0%

### ***Interpersonal Communication Skills Training of Trainers (IPC TOT) Workshop***

As a follow-up to the IPC TOT workshop (see Regional section) in December the HCT organized a number of meetings with oblast and city health departments in Karaganda and East-Kazakhstan Oblasts. At these meetings the IPC rollout trainings to be funded by a ZdravPlus grant to the KAFP were discussed. It has been decided that four rollout trainings in each pilot site (Karaganda, Zhezkazgan, Semipalatinsk and Ust-Kamenogorsk) will be provided over the next six months by local and ZdravPlus trainers trained at the IPC TOT workshop (November, 2002). It was agreed that the first round of training would start in early February to cover the PHC doctors who have passed IMCI, Family Planning or Family Medicine courses.

In perspective, IPC rollout trainings will be a focus of the HCT over the next six months along with the KCH campaign (to be continued) and the preparation for the future campaign on family planning, which was designed by the HCT in collaboration with Asta Kenney during her visit to Almaty in mid-December.

### ***NGO Activities***

#### Collaborative Activities with Local NGOs

ZdravPlus collaborated with the local NGO “Intimak” to produce 13 brochures on various health topics including breast examinations, immunization, heart disease and the common cold. ZdravPlus provided assistance with translating, testing, and printing. Some of the brochures will be disseminated by Intimak in a training program, and the rest by the Kazakhstan Association of Family Physicians (KAFP). There are actually 20 brochure designs available, though not all printed, and these will be put on CD for use by other NGOs for their own health promotion efforts. This activity will have crossover into the new NGO grant program (ZdravPlus/Counterpart/Soros) and the IPC trainings (brochures will be resource materials for health workers to use with patients).

KAFP has been fairly active during the last six months, focusing on expansion and increased visibility in the branch sites and even internationally. In July, KAFP opened a new, eleventh branch in West-Kazakhstan Oblast. Advocacy campaigns in Kokshetau and Pavlodar were continued to provide support to beleaguered FGPs, which were being threatened with closure. Two KAFP members participated at the fifth Kyrgyz FGPA anniversary conference in Bishkek in November to help provide support to the Kyrgyz group. The Kyrgyz FGPA was trying to publicize the value of family medicine and primary healthcare reform, in order to counteract some recent negative politics. In July KAFP Board Secretary Irina Kim went on a study tour and attended the annual Texas branch of the American Association of Family Practitioners’ conference in the US, together with Semipalatinsk AAFP members (on a Counterpart Tutorship Partnership grant). In October Azhar Nugmanova went on a one-month study tour to the US. While there she attended an AAFP annual conference in San-Diego, and gave a presentation with ZdravPlus consultant David Kuter, and received a \$500 donation from Minnesota Family Practitioners for the KAFP. In October the Semipalatinsk FGPA held a Conference on Family Medicine (FM). ZdravPlus provided input with Damilya Nugmanova making two presentations on FM development and evidence-based medicine (EBM); Zhamal Tazhikenova from Zhezkazgan gave a presentation on CQI; and the Ust-Kamenogorsk Information Center representative gave a talk about Monitoring and Evaluation of PHC. Following the conference, the local newspaper published an interview with Damilya Nugmanova in support of FM. The KAFP is

also preparing to receive a large grant from ZdravPlus for future activities in family medicine and promotion of health reforms.

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## Quality Improvement

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Quality improvement activities during the last six months reflect overall changes in project strategy determined at a late summer meeting. The strategy for the quality component emphasizes institutionalization as ZdravPlus approaches the middle of the project. Although building the oblast level foundation for reform is still a priority, in general activities were more concentrated in Karaganda and East Kazakhstan to strengthen core pilot sites, create linkages between various activities to enhance integration, and manage the uncertain national environment.

The focus on FM centered on an institutionalization process to ensure that there will be a long-term impact in Kazakhstan. A grant was designed for KAFP, in order to build increased membership and a strong role for advocating family medicine. Activities in FM were often related to advocacy, such as expanding knowledge about the goals and objectives of FM and supporting FGPs in various oblast sites. Increasing the quality of family medicine trainers through intensive training programs and residencies was a focus of the last six months. There was less emphasis on clinical training unless that training was related to the KAFP (only KAFP members will receive training). The major work in family medicine training was tied to evidence-based medicine standard treatment guidelines (EBM/STG), on the topic of improving the quality of diagnosis and treatment of hypertension through use of draft hypertension guidelines.

IMCI is an example of the consolidation strategy as training continued per the planned schedule in Karaganda and East Kazakhstan while further expansion to Uralsk and Astana has been put on hold. ZdravPlus is exploring ways to strengthen it's the IMCI program in places where training has taken place by planning additional interpersonal communication training and by active participation in the WHO analytical review. Preparation for year four's work plan has already included a first meeting with the National IMCI coordinator and WHO to design a targeted strategy to solve some of the lingering policy issues for proper implementation. The Safe Motherhood pilot has been launched in Zhezkazgan, with multiple trainings by WHO experts. ZdravPlus specialists have tried hard to build political support for this activity.

Pharmacy activities benefited from increased visible support from the government. For example, the First Deputy of the MOH chaired a roundtable on drug prices in Almaty. ZdravPlus also actively assisted the new Agency for Drug Issues at the national level, with plans being developed to establish a drug information center at DariDarmon. Work continues to further institutionalize all drug information centers through creation of a DIC network. Clinical protocol development moved forward fairly rapidly over the last six months with ZdravPlus engaging in policy dialogue to try to maintain a balance between quality (ZdravPlus believes fewer protocols should be done better) and quantity (the MOH wants new protocols for all of clinical practice tomorrow).

ZdravPlus also benefited from the assistance of the new Regional Quality Director, Bruno Bouchet, who has already provided several valuable sensitizing sessions on quality issues for local staff and counterparts. Counterparts in Karaganda are already enthusiastically planning activities around new topics. The Zhezkazgan site continues to work on QIS related to family planning services.

### *WONCA Survey in Kazakhstan*

The WONCA attitude survey was conducted between June-November 2002. This survey examines the degree of implementation of 21 WHO/WONCA recommendations on family medicine, primary healthcare, and reforms. The survey was carried out through interviews with key stakeholders, including policymakers, health care professionals and international donors. A cumulative analysis of the family doctors surveyed, finds the highest degree of implementation was attributed to Recommendation number 6 regarding 'appropriate use of specialist services', and the lowest degree of

implementation to Recommendation number 13 regarding 'ensuring that remuneration systems of physicians do not distort health care priorities based on need'. Key stakeholders on the other hand, felt that highest degree of implementation was accorded to Recommendation number 19 which reads 'Continuous education should focus on performance improvement'. They also, collectively, attributed the lowest degree of implementation to Recommendation number 13, thus suggesting that the overall view is that the weakest side of PHC reform is the payment system for PHC providers. Other results which arose suggested that the attitude towards PHC reform has local peculiarities, reflecting the local situation with financing, training, and legislation as it relates to PHC reform. The final report is now available.

### ***Family Medicine***

In July, the Almaty Postgraduate Institute along with trainers from Aktobe Medical School, international consultant David Kuter, and a representative of KAFP, provided a two-week training course "Introduction to Family Medicine" for 57 West-Kazakhstan FGP physicians, nursing school trainers, and the Oblast Health Department specialists in Uralsk City. During these two weeks, David Kuter and Damilya Nugmanova also visited all eight Uralsk City FGPs, helped provide consultations to the patients, and discussed FM issues with staff.

Capacity building for future higher quality FM leaders continued through an intensive long-term training of trainers program, residencies and support of training centers. In September two Karaganda FM Faculty trainers, one Almaty PGI trainer, and one nurse from Zhezkazgan started the 11-month TOT course in Bishkek. In December, four physicians (two from Pavlodar City, one from Karaganda FM Faculty, and one from Almaty) started the two-year FM residency training at Almaty PGI. This training will take place together with the training of two Zhezkazgan trainees, who received official MOH grants. DFID, together with the Almaty PGI and ZdravPlus, is going to coordinate residency training in all Medical Schools and adapt an FM Residency curriculum, combining key aspects of one created in 1998 by PGI and ZdravReform, and the Kyrgyz National Family Medicine Residency Program curriculum developed as a regional product by ZdravPlus with its partner AIHA. In December an opening ceremony was held for the Semipalatinsk FM Training Center, which was renovated with WB money. ZdravPlus decided to help install metal doors and window bars to improve safety and protect the WB investment, in order that training can continue in the future.

### ***IMCI***

In Karaganda Oblast, training has started in three new sites: YugoVostok, an urban rayon in Karaganda City; Bukhar Zhyrau, a rural rayon; and Zhezkazgan/Satpaev Cities. Out of the eight courses planned for 150 PHC workers in the present fiscal year, five courses have been provided for 92 PHC workers so far. Of nine planned follow-up visits, four have already taken place.

In East-Kazakhstan Oblast, two new rural rayons have been added: Tarbagataisky and Zyryanovsky. Two out of seven planned courses for 130 PHC workers have been completed, covering 41 PHC workers. There have been two sets of follow up visits.

In Almaty Oblast, training is being conducted in Taldy Korgan Region in Aksu Rayon, the town of Tekeli, and in Panfilovsky Rayon. Of the seven courses planned to train 150 PHC workers in the present fiscal year, five courses have been conducted for 103 PHC workers so far. Three of the seven planned follow up visits have also been conducted to date.

In Uralsk, the start of IMCI activities has been postponed indefinitely, as a result of the review of the overall Kazakhstan ZdravPlus implementation strategy in September.

Summary for the Reported Period, June 2002 – December 2002:

<b>IMCI Training Summary, Kazakhstan</b>	
Number of courses planned for year three	22
Number of courses implemented during first six months	12
<b>Percent implementation</b>	<b>54.5%</b>
Number of PHC workers trained, planned for year three	430
Number of PHC workers actually trained during first six months	236
<b>Percent implementation</b>	<b>54.8%</b>

Training materials including timers have been provided in sufficient quantities for all participants throughout the reported period. Video materials were available for each training.

In November 2002, ZdravPlus staff participated in the 'Analytical Review of IMCI Implementation in Kazakhstan' workshop organized by the WHO Regional Office. The main objectives and goals of the analytical review were:

- To determine and assess the current achievements, and discuss the potential solutions of the remaining problems in child healthcare, including financial issues of IMCI implementation, and the need for strengthening the IMCI second component and the community component.
- To determine the IMCI role in the child healthcare system and its correlation to other child health programs in the country.
- To provide understanding of how WHO, UNICEF, MOH, other donors and counterparts can better support and coordinate the process.

ZdravPlus provided two presentations:

- 1) *The Impact of IMCI on Hospitalization Rates, Karaganda Pilot*, presented by Olga Zues; and
- 2) *Population Education Campaigns: Diarrhea and ARI*s, presented by Ella Nabokova.

The ZdravPlus staff participated in discussions on issues such as introduction of IMCI into pre-service training, integration of better parenting practices in child healthcare, monitoring & evaluation opportunities at the national level, IMCI drugs' availability in PHC, quality of IMCI implementation in PHC, and training of nurses to provide the community component of IMCI.

In late December 2002, ZdravPlus staff met with Dr. Gaukhar Abuova, the new WHO liaison officer in Almaty, and Dr. Sofia Ayupova of the IMCI National Center. The two main issues discussed included: 1) Monitoring and evaluation of IMCI and establishment of Quality Improvement System (QIS) indicators for quality monitoring. Draft materials exist already and they will be refined after the discussion at the beginning of 2003; and 2) Existing possibilities for nurses training in community IMCI – creation of a new training course based on a new UNICEF Guide for Nurses, which can be complemented by materials from the IPCS training provided by consultant Lynn Cogswell. This project will start once the general agreement of UNICEF has been obtained.

### ***Reproductive Health (RH)***

During the past six months, ZdravPlus concentrated its efforts in the following areas: 1) Provision of RH and family planning (FP) public education through implementation of the Red Apple Hotline grant to the Business Women's Association of Kazakhstan (BWAK); 2) Supporting RH trainings through the Kazakhstani Association for Sexual and Reproductive Health (KMPA), a local NGO; and 3) Implementation of the Safe Motherhood Project in Zhezkazgan City, Karaganda Oblast.

ZdravPlus continues to support BWAK on implementation of the Red Apple Hotline grant through extension of the cooperative agreement for the current year at a reduced funding level to promote sustainability and institutionalization of the hotline. The overall scope of the cooperative agreement is the same as the agreement from the previous fiscal year with minor changes, mainly to continue updating the clinical and counseling skills of operators through ongoing trainings provided by the technical director, and strengthening the linkages between the hotline in various sites with ZdravPlus Family Group Practices and the FGPA. ZdravPlus continues to provide regular review and technical assistance to hotline staff to strengthen their operational and technical capacity.

ZdravPlus worked with the Karaganda State Medical Academy to strengthen their capacity to provide higher quality training, by organizing a training of trainers using KMPA experts on RH and family planning topics. The obstetric-gynecological faculties have undergone two training courses to be able to provide sustained integrated RH\FP trainings and to deliver quality RH\FP services. The aim of the next six-month period is to use the Karaganda State Medical Academy as the main source for RH training courses in the oblast.

ZdravPlus continued to work on implementing the Safe Motherhood project in Zhezkazgan City, Karaganda Oblast, through the following activities:

- Conducting two training courses using international WHO trained specialists on “Essential Antenatal, Perinatal and Postnatal Care” for ob/gyn physicians and midwives from Zhezkazgan and Satpaev maternity houses and FGPs. During these courses the WHO consultants trained around sixty providers. The representatives from the National Maternal and Child Health Center (NMCHC), Karaganda OHD and Zhezkazgan Health Department were introduced to the training course objectives and the content of training materials.
- Conducting the training course on “Essential Newborn Care and Breastfeeding” (ENC/BF) using international WHO trained specialists for neonatologists and nurses from the Zhezkazgan and Satpaev maternity houses.
- Developing, printing and disseminating educational materials for pregnant women.
- Supporting the participation of two physicians from the NMCHC for a Safe Motherhood “Follow-up Activities” workshop in Samara (Russian Federation).
- Organizing and implementing an AED/ZdravPlus funded national study tour to Lithuania for the main stakeholders involved in the Safe Motherhood project, with the aim of introducing international approaches in perinatal care.

### ***Rational Pharmaceutical Management***

The DIC in Karaganda continues to receive recognition and positive feedback. The U.S. Ambassador visited in July. Kazakhstan’s Minister of Health also visited and stated that the important work of this center is a model for the whole country. The DIC personnel continue to improve their skills. In September, two members participated in the ZdravPlus/AED study tour to the Moldova Drug Center. The members of the study tour included Uzbeks and Tajiks, as well as representatives from Almaty. All of these other participants are in the process of developing their own drug centers based on the Karaganda model. It is anticipated that there will eventually be a network of DICs in each of the CAR countries, which can mutually support each other, for example sharing materials and ideas. ZdravPlus is in the process of procuring some limited equipment for the Almaty Center, which will be located at DariDarmak, at the old MOH building.

The pharmacy policy environment in Kazakhstan is fairly positive. The head of the new national drug department, Mr. Sultanov, regularly contacts ZdravPlus for advice and information. He also sent his deputy to the Tashkent International Drug Policy workshop. Sultanov is interested in and supportive of work on collecting drug prices and availability data and he has organized a prikaz to ensure this type of work is a regular part of the drug department’s activities in all the oblasts.

The ZdravPlus pharmacology specialist was invited to Oslo to present an abstract on ZdravPlus pharmacology work in Ferghana. The conference organizers paid for the trip. Two papers were submitted for publication to western journals, and two papers were published in Kazakh journals.

#### Pharmaceutical Bulletin

The Karaganda Drug Information Center (DIC) has continued to produce monthly bulletins. Recent topics include Hypertension and Evidence-based Medicine. Two thousand copies are disseminated monthly to oblast health facilities, concentrating on PHC facilities.

#### ***CQI***

During the last six months, the Quality Improvement (QI) strategy consisted of four main activities:

- 1) Development of clinical practice guidelines (see CPG section);
- 2) The continuation of the QI project on FP services in Zhezkazgan;
- 3) A comprehensive review of quality activities with focus on Karaganda and Zhezkazgan; and
- 4) The startup of a QI project in Karaganda.

The successful application of the QIS in Issyk-Kul, Kyrgyzstan, was replicated in Zhezkazgan and Satpaev, in order to improve the quality of FP services. Eight FGPs were trained in CQI in February 2002, with a follow-up mission carried-out in August 2002 by an expert consultant, Ton van der Velden. The four FGPs that completed the measurements demonstrated improved provider performance, with progress varying among teams (increase from 33% to 88%, and 54% to 64%). Most teams were able to meet the performance standards set in the checklists without major challenges. The next step for this activity is to discuss with the OHD and the FGP Association how to roll out the QIS for FP services in the remaining FGPs, something that ZdravPlus can facilitate. Another CQI meeting will be held in Zhezkazgan in late January.

The new Regional Director for Quality and the Tashkent Senior Program Manager undertook a comprehensive review of the QI activities supported by ZdravPlus in Kazakhstan in August 2002. Specific recommendations were made to strengthen the Karaganda health monitoring system and the Zhezkazgan CQI activities. However, the main observation was that senior staff in Karaganda Oblast were interested and ready for an oblast-wide clinical care QI project. The recommendation was made to orient and train the oblast health management team in quality management in order to implement a specific project. The overview of QI activities allowed identifying the strengths and gaps of the ZdravPlus QI strategy. Among the strengths are the many staff whose capacity has been built in the skills that are needed for successfully carrying-out specific QI functions such as the development of standards, the monitoring of quality/performance and the CQI techniques. The main gap was the lack of connection between the previous three functions, which prevents the project from focusing on the same topic at the same location.

Following its own recommendation, ZdravPlus returned to Karaganda in December and organized a sensitization session for the head of the OHD, as well as a half-day orientation session on QI methods for 60 senior managers and providers. This seminar generated a lot of enthusiasm, so a core team of about 12 staff was formed and started planning the introduction of a QI project. At this stage, the team is finalizing its choice for the improvement topic by reviewing the data and using selection criteria to construct a decision matrix. The team has three potential topics: adult hypertension, ARI among children, and anemia. Nadezhda He, formerly of Densaulyk, has agreed to become coordinator for quality activities, as well as to continue previous work with monitoring and evaluation. Once a topic has been finalized, the next steps are to collect data on the epidemiological situation and quality of care issues and start defining the improvement objectives and standards.

#### ***Evidence Based Medicine and Clinical Guideline Coordination***

Since June 2002, ZdravPlus methodologists have been providing assistance to the MOH to develop "standards" (essentially modified clinical treatment protocols with an economic basis) on 324 conditions. The methodologists have been retrieving existing EBM guidelines from available internet

resources and providing the relevant information to the guideline developers from Kazakhstan's research institutes. In addition, the methodologists reviewed approximately 200 of these standards/guidelines. At this point, it is not completely clear at what point on the quantity-quality spectrum this effort will finally land, as there was great pressure from the MOH to complete an unrealistic number of standards in a short period of time. However, there are many positive results from this activity including the MOH beginning to focus more on developing new clinical standards/guidelines, more acceptance of evidence-based medicine (EBM), significantly enhanced capacity in the MOH and Institutes in EBM, and some good standards/guidelines.

The ZdravPlus-sponsored methodologists also worked simultaneously on draft versions of clinical guidelines based on extensive evidence research on four topics: Pre-eclampsia, Stroke, Myocardial Infarction and Tonsillitis. The Pre-eclampsia guideline was given to Almaty City's chief gynecologist, Lyazzat Aktayeva, for revision of the first draft. She will be responsible for making a CPG working group to finalize and present this guideline to the Ministry for approval. Other drafted versions of CPGs will be managed according to the above scheme as soon as appropriate reviewer/opinion leaders can be recruited.

Testing and training on the previously developed hypertension guideline was done in Zhezkazgan\Satpaev by the Family Medicine Faculty of Almaty PGI. The faculty developed a module for a three-day training course on the basis of the Karaganda Hypertension Guideline. Currently, 110 physicians from Zhezkazgan and Satpaev are trained, including not only FGP doctors, but doctors from hospitals, polyclinics, and ambulance stations. This was done to help develop a common approach to hypertension detection and management. While the guideline is still being reviewed by the cardiology research institute and has not yet been approved by the MOH, it is felt that in any case it is a good example of a guideline and is a training tool. The main constraint experienced is a rather ill defined government process for the approval of new clinical care standards. It is not clear who has the authority to officially approve a CPG, which usually requires a collegial consensus among different experts and institutions.

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## **Improving Resource Use**

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### ***Health Finance Policy***

During the last six months, ZdravPlus has continued activities within the Resource Use component based on coordination of national and local (primarily pilot oblasts) levels striking an appropriate balance. In practical terms, the strategy has resulted in broader involvement of ZdravPlus' local-level partners in national-level activities under the MOH. Thus, in addition to the Karaganda team already actively participating in the National Joint Working Group (NJWG), ZdravPlus' partners from East Kazakhstan and Almaty City have joined the national team. Importantly, representatives of the Ministry of Finance and Ministry of Economy have taken part in discussions under the NJWG along with the MOH and pilot site representatives. This has contributed to the building up of a coalition of health reformers across sectors and levels of authority.

#### National Joint Working Group under the MOH

The NJWG has continued to be active and has held regular meetings. As a result, a number of meetings on health finance issues were held under the MOH. The NJWG focused on documents regulating health finance in 2003. The major documents, developed over the last six months, are the Draft Government Decree "On Approving the Rules of State Procurement of Health Services by Fixed Tariffs", "Methodical Recommendations on Setting Norms for Volume of Care and Tariffs", a "Standard Agreement of Program Administrators with Health Providers", and "Rules of Population Enrollment in PHC Facilities". These documents are the building blocks for creating more favorable conditions for actual implementation of new provider payment methods, vertical and horizontal consolidation of health budgets and greater population involvement in the health system.

The MOH in its “Strategy of Major Directions of Health Care Development in Kazakhstan before 2010”, determines the mixed polyclinic as a major PHC model over the next few years. In this connection, the NJWG has paid much attention to the issues of financing mixed polyclinics, methods of calculating capitated rates considering the clinical-diagnostic services provided to the enrolled population, and methods of calculating capitated rate for territories with the “mixed” PHC system, i.e., those areas where both FGPs and polyclinics constitute the system.

#### Oblast/City Level Provider Payment

In the past six months ZdravPlus has continued providing technical assistance on provider payment issues at the oblast level as requested. Thus, in Karaganda the revision of DRGs has continued. A standard cost accounting system has been successfully implemented in eight oblast hospitals. ZdravPlus and Karaganda specialists have provided continuous monitoring of the implementation process through regular consultations, meetings and reporting. In Ust Kamenogorsk, a draft budget for PHC facilities based on the updated population database has been developed.

#### ***Health Information Systems***

Over the last six months ZdravPlus continued developing health information systems along the following lines:

1. Development of the Module HIS;
2. Development of the Karaganda integrated HIS;
3. Development and utilization of population databases in pilot sites;
4. Provision of informational support for monitoring and evaluation activities;
5. Completion of the Atyrau HIS project;
6. Development of the Almaty Population Database Project.

#### The Karaganda Integrated Health Information System

In general the importance of health information systems is significantly increasing in view of the re-introduction of mandatory health insurance in 2005. From this perspective, the Karaganda Health Information System has remained the major innovative site generating new experience and attracting significant attention from the MOH. During the last six months the Karaganda HIS has been visited by Dr. Doskaliev as a key participant in a top-ranking governmental delegation. At the presentation, statistical and analytical data were presented along with conclusions and options for policy decisions. Additionally, fragments of the PHC monitoring and evaluation system were presented. The role of ZdravPlus technical assistance in developing the areas mentioned was stressed. Dr. Doskaliev, who listened to the presentation with great attention, approved the results of the work carried out. Importantly, the Karaganda experience has attracted health reformers from other sites seeking positive experience in the health information and provider payment area. In the last six months it has been visited by Almaty City Health Department representatives tasked with the development of their own population and clinical databases assisted by ZdravPlus. The visitors were very impressed by the Karaganda achievements.

#### The Module Health Information System

The focus of ZdravPlus’ activities in the area of health information system development has been the continued development of the module health information system using the joint taskforce of ZdravPlus, and Zhezkazgan and Karaganda HIS specialists. Using the experience of both the Karaganda and Zhezkazgan HISs, the following further steps have been made in the past six months: a reference list of territories, enterprises and health facilities, and a security module protecting the system from unauthorized access have been completed; the development of a universal module for generating reports and data exchange has been continued; the development of a module providing identification and checking invalid data as well as data administration (e.g. data selection, merge of duplicating data, shifting the data by priority, deleting data etc.) has been started.

#### Development and Utilization of Population Databases in Pilot Sites

In Karaganda, the enrollment campaign implemented in November 2002 with ZdravPlus support has largely contributed to the refinement and upgrading of the existing population database.

In Zhezkazgan, the FGP Association has used the finalized and checked population database to justify the increased capitated rate to the local oblast authorities.

In Ust Kamenogorsk, ZdravPlus has continued to support the East Kazakhstan Medical Information Center. Over the last six months the enrollment-based population database has been completed and used for drafting the adjusted capitated budget for PHC.

#### Provision of Informational Support for Monitoring and Evaluation Activities

Population and health services databases in Karaganda, Zhezkazgan, Ust-Kamenogorsk and Semipalatinsk have been intensively used for monitoring and evaluation projects as well as for “pilots within pilots” such as the “Impact of IMCI Strategy on Hospitalization Patterns” in Karaganda and “Safe Motherhood” in Zhezkazgan.

#### Atyrau Health Information Project

The successful accomplishment of the Health Information System Project in Atyrau is one of ZdravPlus’ major achievements in the area of HIS development during the last six months. The creation of a Health Information Center in the OHD connected to city and rayon-level health facilities has been one of the projects initiated within the Atyrau Regional Initiative social sector development agenda. A two-year project was successfully completed in July 2002 through the joint effort of the Atyrau OHD, ChevronTexaco, USAID/ZdravPlus/Abt Associates Inc. and Medinform.

The overall purpose of the created health information system is to use and analyze the data collected from all levels of the system and consolidate it into a usable form. The system integrates around 50% of hospitals located in Atyrau City and the Oblast, including seven central rayon hospitals. Additionally, all participants of the system are connected via the internet, which is intensively used for communication and reporting purposes.

Well-trained personnel prepared to work in the new HIS conditions, are one of the major products of the project. In the course of project implementation, over 240 health workers, statisticians and administrators have been trained. Training programs were developed according to the needs of the HIS and tailored to the level of competence of respective staffs, which significantly varied across sites.

It is expected that that the new HIS will produce the following results:

- Obtain timely and reliable information on health services consumption in the oblast and the health status of the population;
- Improve efficiency of health system management given the limited resources;
- Improve accessibility and quality of healthcare through better management practices and decision making processes;
- Facilitate intensive application of information technologies including internet capacities for clinical purposes. (For more information see the ‘Atyrau HIS Project Report’ - draft).

#### Almaty Population Database Development Project

The Almaty HIS Project launched in the summer of 2002 has been progressing steadily. As a result, an MOU between the parties concerned (City Health Department, Densauyk and ZdravPlus) has been signed. The MOU states that “PHC in Almaty is financed by a capitated rate principle with the consideration of resources allocated based on statistical data. However, there is no integrated population registration system in place. As a result, the population of Almaty as registered by territorial polyclinics and FGPs exceeds the size of population as reported by the Almaty City Statistical Department by over 40 percent (1139,7thou.)”. Given the severe duplication problems, with significant financial implications, the CHD “wishes to create an integrated information system including a respective database and an individual population registration system”.

ZdravPlus and the Almaty CHD have agreed on the collaboration strategy outlined in the MOU. The core of the strategy is to connect the developed integrated population database to the capitated payment mechanism. In the past few months ZdravPlus has conducted significant work drafting

open enrollment regulations (population registration rules for the population database formation) and developing the terms of reference (TOR) for the project based on the MOU (see MOU for greater detail).

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## **Improving Legislative, Regulatory and Policy Environment**

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### ***National Policy and Legal Development***

#### National Policy Dialogue

The last six months has been extremely important in terms of developing policy dialogue with the MOH and other national health reform stakeholders. The strategic meeting between Sheila O'Dougherty and Minister of Health, Dr. Doskaliev, on September 26, 2002 stands out. It has become an important milestone in collaboration between ZdravPlus and the MOH and has allowed an agreement to be reached on key health financing issues - the core of ZdravPlus strategy. The meeting centered on MHI, the health budget, health service cost accounting, clinical protocols, and more. During the course of the meeting the Minister stressed the importance of the Health Finance Joint Working Group to which ZdravPlus is the main contributor. There was a general agreement on the necessity of addressing health finance issues technically with the assumption that there is enough money in the system and will be more over the next few years. The Minister welcomed all technical assistance that ZdravPlus could offer. Additionally Sheila O'Dougherty had a very positive meeting with the Director General of the National Densauyk (National Expertise Center of Quality and Volume of Health Care under the MOH since December 2002) delegated with much authority by the Minister of Health.

ZdravPlus has continued to make a significant effort to forge collaborative relations with and to educate key decision makers and technical personnel within the MOH and beyond (Ministry of Finance, Ministry of Economy, National Center for Medical and Economic Problems of Health Care, National Center for Healthy Lifestyles), basically through the NJWG, national conferences and study tours (Karaganda, Kyrgyzstan, Lithuania).

#### ZdravPlus' Contribution to Major National Documents

While the existence of a negative national policy environment for health reform has been generally acknowledged in the recent past, a number of national level political events that took place over the last six months have changed the situation to a more positive one. These events are the approval of the "Strategy of Major Directions of Healthcare Development in the Republic of Kazakhstan before 2010" drafted by the MOH, and the approval of the Government "Regulations on Organizing and Conducting State Procurement of Goods and Services", as well as the adoption of the "Law on the Health Care System" by Parliament.

The "Strategy of Major Directions of Health Care Development in Kazakhstan before 2010" approved by the Second Congress of Physicians of Kazakhstan, states that *"In the short-term of the outpatient healthcare reform process, urban primary healthcare will be provided mainly within mixed polyclinics, rendering healthcare to the enrolled population on a family medicine basis. However, if polyclinics have appropriate technical resources, it is possible to create Family Group Practices in distant districts of the city. The long-term goal is to expand the system of general practice or FGPs in the city once the structure, qualified physicians, and the appropriate equipment are in place"*.

In fact, this is the first official MOH document in the last three years which states the possibility of establishing family practices throughout the city. ZdravPlus considers this to be a significant policy victory reflecting "movement to the middle" to find a consensus starting point for the development of PHC in the current negative national environment. It is good for a number of reasons including that mixed polyclinics are a significant step forward in restructuring the health delivery system to strengthen PHC, and that the development of mixed polyclinics provides a substantial opening for the provision of technical assistance over the next few years.

The strategy also includes a number of other key issues promoted by ZdravPlus through the NJWG; namely, implementation of a single payer system, the purchaser-provider split, and pooling of health funds at the oblast level to ensure seamless reallocation of resources across the territory without program budget limitations (horizontal and vertical consolidation).

The National “Law on the Health Care System” has been adopted by the RK Parliament after the second reading and once the recommended improvements and changes are made, will be submitted to the President for endorsement. It is assumed that the Law will regulate the major issues of organizing and functioning of the health care system. The legislative authorization of capitated payment for PHC facilities with enrolled population (including mixed polyclinics) as well as a DRG-based payment method for hospitals is one of the major provisions of the Law. ZdravPlus has contributed to the Law, particularly in the finance section.

The Government Decree “On Approving the Procedure Rules for State Procurement of Health Services by Fixed Tariffs” has become one of the major national documents to which ZdravPlus has considerably contributed in the past period. At this point in time the Decree has passed through a standard approval procedure at the Ministry of Justice, Ministry of Economy and the Ministry of Finance and has been submitted to the Government of RK for consideration. The Decree defines special conditions for state procurement in the health sector in the context of the new edition of the “Law on State Procurement”. The major statements articulated in the Decree are: pooling of health funds at the oblast level; implementation of the “money follows the patient” principle; creation of a competitive environment through the participation of all interested health providers in implementing the state guaranteed benefits program (in the previous period the participants of the system were selected administratively through the state order procedure). The decree also defines that tariffs include all types of costs except capital repairs.

The appearance of such documents of national relevance allows reclassification of the national policy environment from a negative to a more positive one. The positive movement created in health policy, however, can also be perceived as an uncertain one, since it is unclear where the recent changes may lead to, who may take advantage of the situation, and how. This is why it is a time when focused technical assistance provided to the MOH could impact the future direction of health reform.

#### ZdravPlus Participation in National Conventions

In the last six months ZdravPlus continued to be actively involved in all national level events conducted within the Year of Health.

At the request of the President’s Affairs Administration, ZdravPlus participated in the Second International conference “Advanced Innovative and Information Technologies”. The conference was very representative including all national and oblast-level health policy leaders, researchers and international organizations. ZdravPlus made three presentations: on health quality improvement and EBM; on health information systems/health finance; and on monitoring and evaluation. Each of the presentations was a great success, and aroused much participant interest, especially from the Medical Center affiliated with the President’s Affairs Administration. The head of the Medical Center (Mr. Ibraev) expressed deep interest in collaborating with ZdravPlus. The ZdravPlus presentations have been included in the conference materials.

At the invitation of the MOH, ZdravPlus participated in the Second National Congress of Physicians which crowned the Year of Health. Sheila O’Dougherty and other ZdravPlus leading specialists took part in the conference. ZdravPlus sponsored the publishing of some of the materials for the conference.

#### ***Oblast Level Policy Development***

As mentioned above, striking the right balance between national and oblast level activities has remained one of the key elements of ZdravPlus strategy over the last six months. ZdravPlus has continued building up constituency for health reform at the oblast level through policy dialogue.

Karaganda has remained a center of the reform, hosting a stream of political and technical “pilgrims” looking for positive experiences and results. In the last six months, Karaganda has received a Government delegation with Dr. Doskaliev one of the key participants, the US Ambassador - escorted by USAID, Almaty City Health Department, the National Center for Medical and Economic Problems of Health Care, the National Center for Healthy Lifestyles and leading ZdravPlus specialists. Karaganda’s positive experience is widely acknowledged.

In Zhezkazgan, a mature site, ZdravPlus has pursued the strategy of maintaining the policy dialogue and channeling technical assistance through the Association of Family Practices, which operates actively in the area. All ZdravPlus activities including the new safe motherhood project, are endorsed and politically and organizationally supported by the City Akim and Health Department.

In Semipalatinsk the joint working group under the CHD has become instrumental in implementing ZdravPlus’ activities, such as the PHC monitoring and evaluation project.

In East Kazakhstan the policy dialogue has centered on PHC monitoring and evaluation project politically supported by the OHD leadership.

In Almaty Oblast, policy dialogue has not undergone a large amount of development. However ZdravPlus’ training (IMCI) and health promotion activities have been welcomed and supported by the OHD.

Almaty City, contrary to the oblast, has been fairly politically active. Through a series of intensive meetings between ZdravPlus, the CHD, and Densaulyk, the MOU with the collaboration program has been signed.

ZdravPlus is continuing to watch West Kazakhstan. It should be noted that policy makers and health leaders in West Kazakhstan retain a keen interest in collaborating with ZdravPlus. They are limited, however, by resources.

### ***Monitoring and Evaluation***

As the ZdravPlus project enters its mature stage, monitoring and evaluation has become one of the major activities and tools of assessing the results of comprehensive efforts aimed at PHC development in pilot sites. During the last six months the monitoring and evaluation function has continued to be developed and expanded both geographically and programmatically.

Programmatically monitoring and evaluation activities have centered on:

1. The impact of PHC development on hospitalization patterns based on IMCI strategy implementation in Karaganda;
2. The monitoring of PHC facilities in Karaganda;
3. Development of the PHC monitoring system in Karaganda and its connection with the Continuous Quality Improvement System (CQI);
4. Analytical work supporting the Safe Motherhood Project in Zhezkazgan and Satpaev.

Geographically, monitoring and evaluation activities have been rolled-out or scaled-up to East Kazakhstan Oblast.

#### The Impact of PHC Development on Hospitalization Patterns, based on the Example of IMCI

The goal of the analytical research is to estimate the potential reduction in avoidable hospitalization of children under five years old using the IMCI strategy, once the required conditions in the PHC sector are in place.

The last six months has marked the completion of the first stage of the research (2001-2002). In relation to this, Karaganda Joint Working Group and ZdravPlus have prepared an analytical report summarizing the results of the first stage. The results were presented at a workshop in Karaganda in

November and at an expanded IMCI meeting under WHO's auspices in Almaty later in the year. Some of the major results are summarized below:

- Hospitalization of children under five increased in both intervention and control sites.
- Hospitalization of children increased more in the control site than in the intervention site.
- The effect appears to be larger for childhood diarrheal diseases (CDD) than for ARI.
- Over 50% of hospitalizations for ARI and CDD are emergency.

The results of the research were highly praised by specialists attending both the events. (For more information, see respective reports).

#### Monitoring PHC Facilities in Karaganda

In November, ZdravPlus and the Karaganda Joint Working Group conducted a planned meeting summarizing the nine-months results of PHC monitoring (see below for a few key results). Analysis of performance for 26 PHC facilities against a similar period in 2001 was presented. The analysis was made based on selected indicators. Average values of each indicator by facility breakdown as well as deviations were considered and interpreted. Results of the analysis allowed the following positive trends in PHC over nine months of 2002 to be determined, as compared to a similar period of 2001:

- The number of preventive visits to PHC facilities has increased in the PHC visits structure from 24.9% in 2001 to 28.5% in 2002;
- The number of hospital cases caused by CDD in children under 5 (per 1000) has decreased from 34.7 in 2001 to 26.8 in 2002;
- A positive dynamic in valid ambulance calls has been traced. Thus, a unit weight of ambulance calls with subsequent valid (justified) hospitalization related to the total number of ambulance calls has increased from 32% to 34.1% (2001 vs 2002).

As a result of the Joint Working Group, the participants of the meeting proposed to move on to the next stage of development of the PHC monitoring system in 2003. The new stage envisages:

- Linking monitoring and CQI systems at the PHC facility level;
- Improvement of indicators (including TB, Oncology and Maternity indicators);
- Conducting a patient survey on the accessibility of care and patient satisfaction.

#### PHC Monitoring System in Karaganda and Continuous Quality Improvement (CQI)

Linking the PHC monitoring system implemented in Karaganda to the continuous quality improvement system has become a new step in developing the overall monitoring and evaluation system. During the last six months this idea has been conceptually discussed by ZdravPlus specialists and presented to Karaganda specialists. Participants of a workshop in Karaganda were introduced to the CQI concept, goals, objectives and potential linkages with the monitoring system. The linkage of both the systems, and the example of hypertension and IMCI was considered. In December ZdravPlus and Karaganda specialists held a broad discussion on the possibilities for implementing CQI in Karaganda pilot facilities and drafted an implementation plan.

#### Analytical Work Supporting Safe Motherhood Project in Zhezkazgan and Satpaev

In the last six months ZdravPlus has continued analytical work supporting the implementation of the Safe Motherhood project in Zhezkazgan and Satpaev. A baseline analysis of the level, case mix and actual expenditures of pilot hospitals for 2001 was carried out. As the next step, indicators for further monitoring of the Safe Motherhood project have been identified and the required data collected and processed. The preliminary results will be ready by the end of 2002.

#### PHC Monitoring in East Kazakhstan

As mentioned before, the monitoring system has been successfully expanded (rolled-out or scaled-up) to East Kazakhstan Oblast using the Karaganda model. In the past six months a good foundation for the monitoring of PHC in the oblast has been created: it has been strategically decided to test the PHC monitoring system in Semipalatinsk with its subsequent rollout throughout the entire East Kazakhstan Oblast at the next stage. The Head of the EKO Health Department has approved the implementation of the PHC monitoring system by respective order.

In September, a workshop on the PHC monitoring system was conducted in Semipalatinsk with ZdravPlus' technical assistance. The chief specialists of the Semipalatinsk CHD, and representatives of PHC facilities, polyclinics, and the OHD attended the workshop. The participants were introduced to the monitoring and evaluation concept, and a monitoring system adjusted to conditions in Semipalatinsk was presented. Representatives from Karaganda also shared their experiences.

As the next step, ZdravPlus specialists together with the CHD carried out a baseline analysis of the PHC system against the selected indicators. In December the newly created joint working group discussed the results of the baseline analysis, and addressed the issues of data reliability and that of the information system. Representatives from Karaganda shared their experience in the area of information systems and monitoring. As a result it has been decided to adapt the Karaganda information technologies to Semipalatinsk conditions. A detailed implementation plan has been drafted.

**KYRGYZSTAN**  
**Six-Month Report**  
**July – December 2002**

**COUNTRY SUMMARY BY PILOT SITE**

*National Level*

The last six months have been an interesting and volatile combination of attempting to manage and mitigate the impact of a crisis in the health reforms and continuing to move forward with institutionalization of the reforms, strengthening of the technical base, and operational implementation of various health reform activities. The health reform crisis has dominated attention.

Over the summer, a crisis arose in the Kyrgyz health reforms. It is very hard to determine exact cause and effect in what is a very complicated situation, however, the ZdravPlus assessment is that the major underlying cause relates to the ongoing economic hardship and emerging political instability in Kyrgyzstan. Even though the President and Government are both publicly highly supportive of the health reforms, Meimanaliev was not reappointed MOH after the protestor killings in Ak-Sy led to the Government resigning. The new MOH is from South Kyrgyzstan as the President made efforts to involve both opposition and South Kyrgyzstan representatives in the new Government. Meimanaliev was appointed First Deputy MOH, an unusual occurrence seemingly reflecting the support for health reform.

It appears that the success of the health reforms led to unintended consequences including possibly getting caught in the middle in power struggles between the President's Administration/Government and the Parliament. For example, the People's Assembly opposed health reform for unclear reasons and in direct opposition to the publicly stated opinions of their constituencies; individual citizens who supported the greater transparency inherent in the new formal co-payment policy under the single-payer system.

Although the main health reformers are still involved, there is now a void or lack of leadership at the MOH that creates inertia at a critical time and provides openings for those in the health sector not in support of reform. There should be no doubt that there are stakeholders in opposition to the health reforms in Kyrgyzstan (it is a good reform environment, not nirvana). In general, the opposition comes from current or former health sector mid or high level officials who do not support various aspects of the health reforms including those intended to grant more transparency, grant more autonomy, shift resources from tertiary to PHC, or shift resources from Bishkek to the oblasts.

In addition to the political instability, a major contributing factor to the health reform crisis is the ongoing extremely difficult economic situation in the Kyrgyz Republic. The main effect on health reform has been to jeopardize the financial viability of the Health Insurance Fund (HIF) and underfund the agreed levels of funding in the single-payer system, thus undermining the explicit contracts between the health purchaser, providers, and the population. The Social Insurance Fund (SIF) has stopped transferring the health insurance payroll tax to the HIF. Before it was being separated at the level of collection, now the SIF is keeping the money for other purposes, in complete violation of many laws and regulations. Again, the HIF financial viability is jeopardized and the contract with the population under the formal co-payments is in danger, as providers will begin to collect informal payment again if the promised revenues do not materialize.

In the fall, the crisis in the Kyrgyzstan health reforms both deepened and somewhat stabilized. The crisis deepened due to the unsatisfactory assessment of the Parliament People's Assembly and a variety of political factors that put the Kyrgyz health reformers at risk. It somewhat stabilized because: substantial donor/government interaction with the President and Government demonstrated clear and strong support for the health reforms; some progress was made on SIF transfers to the HIF; the Legislative Assembly produced a resolution facilitating the development of a

long-term legal framework for reform; strategic and technical options were developed for next steps in the health reforms; and time somewhat strengthened the health reformers' position.

Over the last six months, the donors/governments providing substantial interaction and support included the US Embassy, USAID, the World Bank, WHO, the Swiss Government and Development Corporation, and UNDP. For example, the U.S. Ambassador met with the IMF mission on SIF transfers to the HIF and the USG representative and the World Bank both addressed the health reform issues whenever possible at the World Bank Consultative Group (CG) Meetings.

The health reform team consisting of leaders in the MOH, HIF, and other Kyrgyz institutions as well as donors came together to collaborate on addressing and mitigating the crisis. ZdravPlus participated in many brainstorming sessions where overall strategies were agreed. Primary examples include:

- Address the concerns of South Kyrgyzstan related to the single-payer system by moving from a one year to a three-year implementation schedule. Phases were developed and agreed upon.
- Develop and implement a broad-based information campaign for the Parliament.
- Attempting to ensure that all donors are sending the same message, for example, the World Bank and the IMF.

It is important to note that institutionalization of the reforms, strengthening of the technical base, and operational implementation of various health reform activities continued over the last six months. Activities and successes are detailed throughout the pilot and technical sections of the report. A big element of institutionalization really moved forward over the last six months as the grants are almost finalized for the FGPA and HA (directly under USAID) and the FMTC' and FMRP (under ZdravPlus). A recent workshop on technical aspects of the provider payment systems and implementation of age/sex adjustors for the capitated rate showed once again how much policy, technical, and operational capacity has been built at the HIF and other reform institutions such as the FGPA and HA. They continue to work to implement the health reforms.

The ZdravPlus assessment remains that while the foundation for health reform is strong and there is almost no possibility of sliding more than half way down the mountain, the broad health financing structure and single-payer system producing equity for future Kyrgyz generations is at risk. It is at risk due to: a) political instability creating chaos and uncertainty; b) the non-reformers using this instability and uncertainty to attack the reforms (sharks smelling blood in the water); and c) the political stakes and technical difficulties of the next phase of the reforms - extension of the single-payer system to South Kyrgyzstan and Bishkek City. Currently one of the major threats is the potential to destroy the single-payer institutional structure by recreating the Oblast Health Departments. ZdravPlus and other donors are intensively engaging in policy dialogue related to institutional structure.

In summary, ZdravPlus believes that the success of the single-payer system implementation in Issyk-Kul and Chui Oblasts was proven by objective results (see previous reports). The health reforms have progressed to the extent that the major question now is can the health reforms continue to outpace or perform significantly better than the overall governance function in the Kyrgyz Republic? At this point the jury is still out.

### ***Mature Sites – Issyk-Kul and Chui Oblasts***

The deepening process of health reform in Issyk-Kul and Chui Oblasts is continuing with the strengthening of both the health system level and the facility level reforms. At the health systems level, the single-payer system is completing its second year. The last six months have focused on monitoring and evaluation of the single-payer systems and process and strengthening it by incorporating lessons learned. Although the health reform crisis has caused some uncertainty in Issyk-Kul and Chui Oblasts, in late fall both oblasts reaffirmed their support for the system and confirmed that they would continue it in 2003. Although as stated above, there is some risk to the broad health financing framework and single-payer system, at the current time, the public statements of Issyk-kul and Chui Oblasts appear to define the worst case scenario as two broad health financing frameworks in Kyrgyzstan – the new single-payer system in Issyk-Kul, Chui, Naryn, and Talas Oblasts and the old

system or a less reformed system in Bishkek City and South Kyrgyzstan (Osh, Jalal-Abad, and Batken Oblasts).

Very importantly, the single-payer system framework or umbrella has created space for providers to move forward in using their newfound autonomy to implement facility level improvements. They are focusing on management, information systems development, and QI activities. Implementation of the Quality Improvement System (QIS) has established excellence centers to be used as a source of best practice to be replicated by all FGPs. Over the last six months significant progress was made in rolling-out or scaling-up the QIS. For example, in early August, a CQI TOT workshop for 13 doctors and six nurses from FMTCs and the Family Medicine Nurse Training program was completed, with a five-day practicum in Karakol, where CQI has been conducted for over a year. The average pretest score of 54 percent rose to 96 at the post-test. Finally, other levels (hospitals and polyclinics) will be involved through a multi-level quality improvement project.

### ***New Sites – Naryn, Talas, and Batken Oblasts***

In Naryn and Talas Oblasts the reform process has been progressing according to plan. Both Oblasts implemented the single-payer system in 2002. The health reform crisis notwithstanding, both oblasts are supportive of the single-payer system and plan to continue it in 2003. The last six months has seen intense activity in implementation of the single-payer system in Naryn and Talas Oblasts. The two oblasts did not have the foundation for health reform (FGP formation and development, enrollment, HIS's, institutional capacity building, etc.) and this lack of foundation has become crystal clear. However, both oblasts have desire, and given intensive training from the National HIF and ZdravPlus/Socium Consult they are definitely progressing. The continuing strengthening of the clinical base for these regions is ongoing, with the participation of FMC, Oblast and Rayon Hospital leaders in the health management training courses, and Primary Care Physicians and Nurses in family medicine retraining nationally.

### ***Emerging Sites – Bishkek City and Osh and Jalal-Abad Oblasts***

The emerging sites are the focal point of the dynamics or relationship between the health reform crisis and continued movement to institutionalize, strengthen, and implement the reforms. Osh Oblast decided to delay implementation of the single-payer system and this created somewhat of a domino effect, triggering some aspects of the health reform crisis. Osh Governor Kasiev (former MOH) is leading the process of delaying and questioning the reforms. Some of his points are valid: for example, the timetable for implementation in South Kyrgyzstan is too fast, and some are not: for example, questioning the single-payer institutional structure (granting more provider autonomy) and formal co-payments (granting more transparency). The national health reform team has addressed the valid concerns, for example, brainstorming led by Kyrgyz reformers and ZdravPlus resulted in changing the timeframe for implementation in South Kyrgyzstan Oblasts from one year to three years. On the less valid concerns, "time will tell" (a quote from Minister Kasiev to Michael Borowitz and Sheila O'Dougherty seven years ago on the occasion of one of the first crises in the now long and storied history of the Kyrgyz health reforms).

In South Kyrgyzstan, the continued movement to institutionalize, strengthen, and implement the reforms is represented by the policy dialogue with Jalal-Abad and Batken Oblasts, ongoing over the last six months. The result is both Oblast Governors deciding they wanted to implement the Single-Payer System in their oblasts and signing agreements to do so. In Osh, Jalal-Abad, and Batken Oblasts, Population Involvement and Quality Improvement Component activities continued and actually increased the pace of implementation. For example, the new FMTC in Batken Oblast completed renovation and equipping - supported by ZdravPlus, opened, and began training activities.

Bishkek City is the ultimate site of the dynamics or relationship between the health reform crisis and continued movement to institutionalize, strengthen, and implement the reforms. On the one hand, FGPs continue to develop, the results of the HIF evaluation of the outpatient drug benefit

implementation were positive, health promotion activities move forward, and many national organizations continue to promote and implement the health reforms. On the other hand, events in Bishkek City have caused the health reform crisis including MOH dynamics, problems establishing the Bishkek Single-Payer structure, and rebellion by the powerful heads of the Republican Institutes (tertiary health care facilities) against the reform in general and rationalization and redistribution to oblasts of Republican Institute funds in particular. As with almost all aspects of the health reform crisis, the situation has somewhat stabilized over the last few months (at least no non-health reformer coup) and the potential for “Kyrgyz compromises” on a number of issues such as the Bishkek City institutional structure remains.

## SUMMARY OF IR ACTIVITIES

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### Population Involvement

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#### *Health Promotion*

Health promotion activities consisted of: 1) Support to the STI pilot project in Tokmok and Jalal-Abad; 2) Implementing the Diarrhea Campaign; 3) Initiating the ARI Campaign; 4.) Interpersonal Skills Training; 5.) KAP Survey; 6.) Production of IEC Materials; 7.) Healthy Schools Program; and, 8.) Oblast Level Activities. These activities are described below.

#### Support to the Tokmok and Jalalabad Pilot Projects on STIs

Public education on STIs was conducted in and around Tokmok City in support of the pilot project to integrate STI services into primary health care, which ended in October. It is estimated that at least 10,000 people were reached in the course of the campaign. FGP staff were very active in giving talks in schools, businesses, colleges and elsewhere, and setting up information centers in the community to distribute educational materials. Thirty thousand brochures, 30,000 flyers and 2,000 posters were disseminated during the campaign. To assess the results of the Tokmok STI health promotion campaign, a KAP survey was conducted in the fall by the Center for Public Opinion Study and Forecasting, providing data to be compared with a baseline survey done in 2001. The campaign was highly successful in encouraging the population to use the STI services provided in FGPs, but knowledge of STIs and HIV/AIDS did not increase as dramatically as hoped. Public knowledge of syphilis, gonorrhea and HIV/AIDS, and knowledge that somebody with STIs may not show any signs or symptoms was relatively high before the pilot project and did not change greatly, but knowledge of other STIs, including genital herpes, chlamydia and genital warts increased.

In late October, the Tokmok STI project was extended to Jalalabad City and health promotion activities were launched there with a news conference, which received good coverage in local newspapers and on TV. Working closely with the Jalalabad Health Promotion Center and the FGPA, FGP doctors are conducting talks in schools, colleges and businesses, and distributing educational materials on STIs printed by ZdravPlus. These activities will continue in 2003 and will benefit from the lessons learned during the Tokmok pilot.

#### Diarrhea Campaign

Working closely with the Republican Health Promotion Center and other donors, ZdravPlus joined in launching the campaign, “Let’s Save our Children from Diarrhea” at the MOH and in every oblast in September. There was excellent coverage of the launch, as well as two TV programs with senior government officials on national TV and round table discussions in Issyk-Kul and Jalalabad Oblasts. The ZdravPlus soap opera on diarrhea and TV talk shows were aired on national and oblast TV stations throughout September and ten newspaper articles were published in national and Issyk-Kul newspapers. There were also live radio programs on prevention of diarrhea on local radios. At the end of the campaign, the National Health Promotion Center conducted a round table with mass media participants to review the results of the campaign and to plan future collaboration.

The diarrhea campaign also included interpersonal communications, such as FGP staff giving talks in kindergartens and schools and distributing educational materials. Forty thousand flyers, 10,000 brochures and 2,500 posters were distributed. In Issyk-Kul, there was a poster contest on diarrhea between FGPs. There were also drawing contests among school children on hygiene. ZdravPlus provided prizes for the winners.

There were also some important collaboration: UNICEF provided Rehydron for primary health care facilities, the Ministry of Education provided a text on Diarrhea for schools from the Republican Health Promotion Center. The Sanitary and Epidemiological Service (SES) and local authorities stepped up their activities to control the sale of poor quality foods, which often contribute to diarrhea, at markets. Oblast authorities were very supportive, particularly in helping to organize free airtime on TV and radio.

The campaign has had some very positive results, according to the results of the KAP survey - particularly in Issyk-Kul and Jalalabad Oblasts, where ZdravPlus focused most of its efforts. See table below.

Percent of population knowing that....	Issyk-Kul		Jalalabad	
	KAP 2001	KAP 2002	KAP 2001	KAP 2002
A child with diarrhea should receive more liquids than usual	55	60	37	67
A child with diarrhea should receive the usual amount of food	31	62	30	29
An infant under 6 months should receive only breastmilk	48	49	48	65
An infant under 6 months should be breastfed more than usual	18	20	10	48
A child older than 6 months should receive Rehydron with boiled water	24	47	13	58
A child with diarrhea should be given antibiotics <i>(N.B. this is incorrect)</i>	43	23	39	54
A child with diarrhea should be given Rehydron <i>(N.B. this is incorrect)</i>	38	58	18	70
A child with diarrhea and blood in the stool should be taken to a health facility	16	28	18	18

The focus of ZdravPlus' health promotion activities during the winter months will be on acute respiratory infections.

#### Training in Interpersonal Communications Skills (IPCS)

ZdravPlus wound up its first round of training for health workers on IPCS in July, with two courses in Issyk-Kul Oblast (Djety-Oguz Rayon) for 40 doctors, nurses and feldshers. Average pre- and post-test scores rose from 20 percent to a dramatic 85 percent. Participants in these courses reported that the knowledge and skills gained are very useful and allow them to communicate health care information more effectively to the population. Two persons participated in the ZdravPlus Interpersonal Communications Skills TOT in Almaty from 11 to 23 of November. They were awarded certificates as master trainers.

### KAP Survey

Project staff worked with ZdravPlus offices in other countries to finalize the KAP questionnaire and then engaged the research company SIAR to carry out the survey. It was conducted in December in both urban and rural areas of Issyk-Kul, Jalal-Abad and Talas Oblasts, with a sample size of 300. The results of this second KAP survey provide valuable data to evaluate the results of Kyrgyz institutions and all donors/projects including USAID-funded ZdravPlus' health promotion work over the past year and to design future health promotion activities. Data are reported for Issyk-Kul and Jalalabad Oblasts, which are the main areas where ZdravPlus has worked. It should be kept in mind, however, that much of the work was conducted many months prior to the survey and did not always cover both oblasts equally, so data on these topics may be less impressive than the results of the recent diarrhea campaign.

Percent of population stating that....	Issyk-Kul		Jalalabad	
	KAP 2001	KAP 2002	KAP 2001	KAP 2002
A child with a cough or a cold should get plenty of fluids	8	19	15	11
A child with a cough or a cold should continue eating	4	2	2	3
A child with a cough or cold and difficult or rapid breathing should be taken to a health facility	27	36	32	9
A child that is unable to drink should be taken to a health facility	7	7	10	9
A child that is unable to breastfeed should be taken to a health facility	6	8	12	16
A child who continues to get sicker should be taken to a health facility	66	47	66	70
Injectable contraceptives are safe	4	9	10	7
Oral contraceptives are safe	6	22	15	10

### Production of IEC Materials

About 40,000 leaflets for parents and 2,500 posters on Diarrhea were disseminated among the population during the Diarrhea campaign. Thirty thousand brochures, 30,000 flyers and 2,000 posters were disseminated during the campaign on STIs in Tokmok, and 2,850 posters, 30,000 brochures and 30,000 leaflets were printed and disseminated for the Jalalabad STI campaign.

### Healthy Schools

This year with the cooperation of international organizations such as DFID, UNFPA, UNICEF, Counterpart Consortium, and the Republican Health Promotion Center, the course on *Healthy Lifestyles* for schools has been launched in four pilot schools in Bishkek City, with approval from the Ministries of Education and Culture. For this reason, a Training Program/Curriculum on healthy lifestyle for schoolchildren in grades 1-5 has been developed. The practical implementation of the program began on September 1, 2002. To promote better coordination an agreement was signed between the school coordinators and the Republican Health Promotion Center. The opening of the new school course was well covered in the mass media. The short implementation period so far has shown that there is significant interest from school leaders and teachers in having such a course. An assessment of this program is planned for the end of this academic year.

### Oblast-Level Activities

In all oblasts, FGPA affiliates and FGPs continued to develop and implement strategy to involve the community in health issues and connect FGPs to the community. In September, the focus was on initiating the distribution of materials on malaria.

### ***Enrollment***

During the second half of the year 2002, an enrollment campaign was provided for refugees, using a participatory rapid appraisal (PRA) methodology for enrolling them to FGPs in Chui Oblast. This action was taken together with the Chui Oblast HIF and UNHCR.

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## **Quality Improvement**

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### ***Family Medicine Physician Education and Training***

#### TOT Program

This summer's graduation of the fifth and last scheduled class of FM physician trainers from Kyrgyzstan was a milestone. This TOT program is the only one in the CIS that has included longitudinal clinical training in a model FM clinic staffed in part by long-term family doctors from the West. The oblast-level network of FMTCs associated with the KSMIRCME is also unique and effective in spreading FM nationally.

#### FGP Retraining

Over the past six months, 636 FGP doctors have been involved in the four-month FGP retraining course: Bishkek – 73, Chui - 61, Jalal-Abad – 135, Batken – 64, Osh – 118, Naryn – 104, and Talas - 81. Of these, 61 from Chui Oblast and 69 of the doctors from Bishkek completed the course and were certified as FGP doctors. These trainees do not receive travel expenses or per diems. Dr. Chubakov, the rector at KSMIRCME, has recently decided to start a retraining course for 30 more doctors from Bishkek. Many doctors throughout the country are asking to be retrained to become FGP physicians, including many narrow specialists. So far, the KSMIRCME's policy is to not try to retrain narrow specialists, since it is a much more difficult and less successful process. The doctors from Naryn and Talas recently completed phase I of their training in Bishkek, and they will proceed with the one-month phase II retraining in Talas and Naryn. FGP doctor retraining also recently started at the new Batken FMTC.

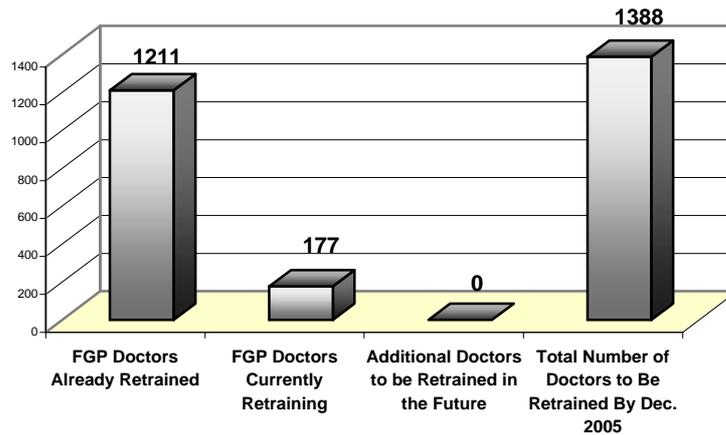
The successful completion of all of this FGP retraining by 2005 is threatened by a potential funding deficit within the WB II project. During the June World Bank Mission, ZdravPlus joined discussions about the World Bank II Project's budget deficit that has resulted from the Kyrgyz Government's decree to double the official rates for per diem and hotels. Since the retraining program involves a lot of participant travel, the deficit is substantial (initially estimated at \$260,000). A variety of solutions are being adopted. Improved coordination of training efforts between various programs within the WB II Quality Component will result in considerable savings. Also, stricter admission criteria are being used, which will probably decrease the total number of trainees. Finally, some other international organizations are planning on helping to cover some of the retraining expenses. Despite these and other solutions, a substantial deficit remains. Final resolution of the problem has been delayed, since the World Bank mission has been postponed. For now, the retraining is proceeding according to schedule and the Quality Coordinator for the World Bank II project recently said that they have enough money to at least continue through 2003 according to the original plan.

#### FM Residency Training

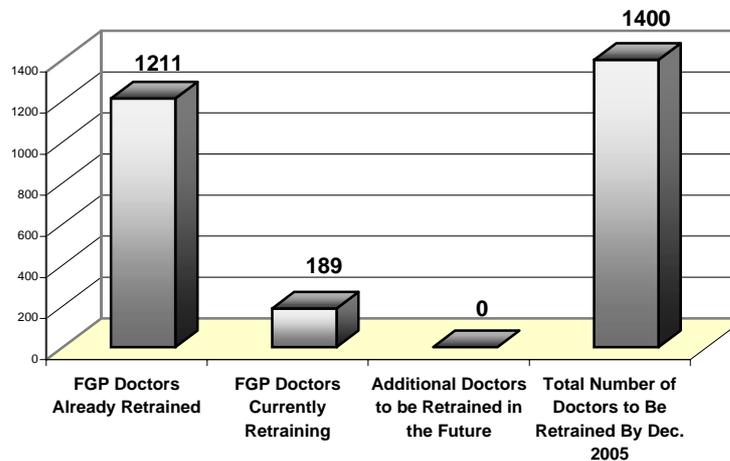
The National Family Medicine Residency Program (NFMRP), which started in September 2001, continues to improve over time. It is a unique joint effort involving the Medical Academy, the KSMIRCME and ZdravPlus. Fifty new residents have been admitted to the two-year program each year. Forty residents remain in the first group, some having been dismissed for poor performance, and others having taken leave for personal reasons. All fifty in the new class are still studying. The quality of the incoming residents (recent Medical Academy graduates) is very poor, particularly

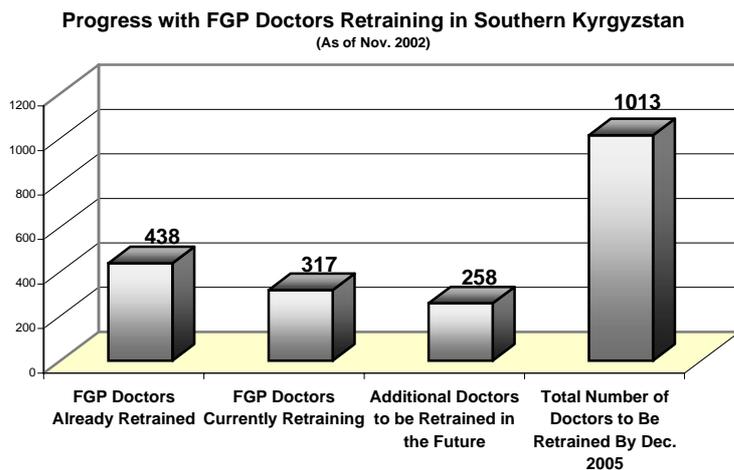
regarding clinical skills. This weakness is being addressed, at least in part, by the clinical experiences of the residents at their “home” family medicine training clinic. Each of the residents is assigned to one of the NFMRP’s five family medicine training clinics in Bishkek. During the first 16 months of the program, each resident spends two half-days seeing patients at this “home” clinic. The remainder of the time, they are doing clinical rotations in other clinics and hospital or going to joint lectures and clinical conferences. During the last six months, they will be at their “home” clinic full time.

**Progress with FGP Doctors Retraining in Northern Kyrgyzstan**  
 (The World Bank II Project is funding the training of 185 of these doctors.) (Nov. 2002)



**Progress with FGP Doctors Retraining in Northern Kyrgyzstan**  
 (Nov. 2002)





#### Continuing Medical Education (CME)

The KSMIRCME's FM department has created a new continuing medical education (CME) program for graduates of the FGP retraining program. This is linked to the FGP-level continuous quality improvement (CQI) program initially piloted in Issyk-Kul last year by the ZdravPlus reproductive health team. The program includes three main components: (1) regional seminars (one week annually for each FGP doctor and nurse); (2) on-site visits to each FGP by oblast-level FMTC trainers once or twice a year; and (3) individual study modules. Hopefully, starting in January, credit hours for all these activities will be tracked using the health manpower database created by ZdravPlus. So far, the response of FGP doctors in the Issyk-Kul Oblast has been very positive to the new system.

The FMTC trainers are also participating in CME activities themselves and have attended a variety of TOT courses for various vertically designed health programs. Fifteen more FMTC faculty members were trained by Project HOPE on the DOTS program. About half of the FMTC physician trainers participated in a TOT program for the WHO program "Integrated Management of Childhood Illness" (IMCI) in July. A total of 37 doctor and nurse trainers from the FMTCs completed a ZdravPlus training course on CQI this summer and fall.

#### Monitoring and Evaluation

ZdravPlus, with the assistance of consultants from the Scientific Technology and Linguistics Institute (STLI), is helping to establish two programs to monitor, evaluate and improve the quality of care provided by FGPs:

The first program is the FGP-level CQI program just mentioned. This low-cost method consists of quarterly cycles of self-evaluation, prioritization of problems, planning of solutions, implementation of plans, and reevaluation. This is being piloted in Issyk-Kul Oblast, where three FGPs have been using it for almost two years, and another five FGPs have been doing it for almost a year. It has been most successful in the FGPs that are legally independent and least successful in FGPs that are part of larger Family Medicine Centers, located in polyclinics. The FGPA is extending this process by including an introduction to CQI in its seminars for FGP/FMC leaders in every oblast. This should help prepare the ground for further dissemination of the CQI process. Bruno Bouchet is providing leadership in this area, particularly in regard to coordination with other national quality improvement systems.

One such national-level monitoring program is a randomized national survey of FGPs being planned by the KSMIRCME in conjunction with many others. They will do a medical chart audit and a standardized clinical evaluation in a relatively small number of FGPs nationally. The implementation of this program has been delayed because of logistical problems, particularly delays in funding from the WB II project, but it should start early in 2003.

### Institutionalization

FM training is already quite institutionalized within the KSMIRCME and the Medical Academy, but further steps are planned. The biggest step will be shifting the ZdravPlus funding process for the KSMIRCME FM Department and the National FM Residency Program to true grant-type funding. This will shift more of the administrative responsibilities to the local institutions, while maintaining their financial accountability to ZdravPlus. Implementation of this grant is anticipated for January 2003.

### Summary

The introduction of FM is proceeding rapidly in Kyrgyzstan. The FM training emphasis is gradually shifting from the shorter-term programs (TOT and FGP retraining) to the longer-term programs (residency training and CME/CQI). Graduates of the FM TOT programs for doctors and nurses are now busy training other doctors and nurses at FMTCs in every oblast. FGP retraining is progressing according to plan, and progress has been made in addressing at least part of the anticipated WB II funding deficit. The National FM Residency Program continues to improve, and will graduate its first class in July 2003.

Fortunately FM training efforts have not, so far, been hindered by the recent political challenges aimed at health reform. The clinical training aspect of health reform is a vulnerable area, however. The changing practice patterns of nurses and doctors is a very lengthy process, and it has really only just begun. The four-month FGP retraining course does not produce fully trained family doctors. They will need years of additional experience and CME. Many government officials and the general population do not understand this, so there is a great danger that the FM training process could be labeled a failure if it is judged prematurely. On the other hand, appropriate evaluation and monitoring is needed to help improve the ongoing training efforts.

### ***Family Medicine Nurse Education and Training***

#### TOT Program for Nurse teachers

Fifteen nurse trainers graduated from their one-year long TOT course at the Bishkek FMTC. The MOH Examining Commission liked the new form of clinical examination (Objective Structured Clinical Exam - OSCE) that was used as part of the certifying exam.

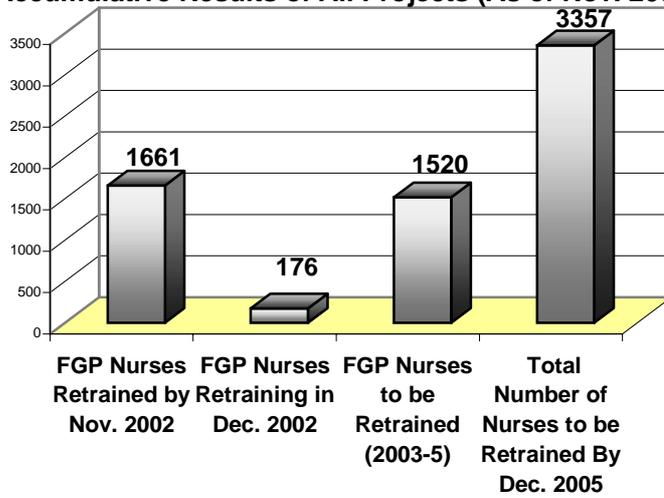
#### FGP Nurse Retraining

FGP nurses are being retrained nationally at the FMTCs using a two-month curriculum. In the past six months, 429 nurses completed this course: Bishkek – 17, Chui – 21, Issyk-Kul – 183, Jalal-Abad – 43, Osh – 69, Naryn – 39, and Talas – 57. Nurses retraining started in Batken in November 2002. The graphs on the next pages show the overall progress with FGP retraining in Kyrgyzstan.

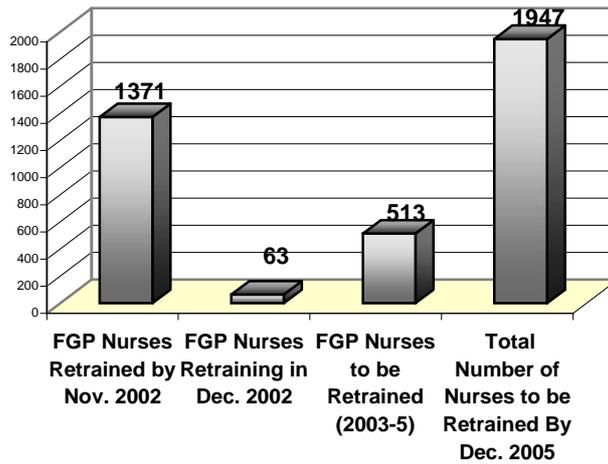
#### Continuing Education (CME)

The current new continuing medical education (CME) program mentioned above incorporates a CQI program for FGP nurses with the same three main components: (1) regional seminars (one week annually for each FGP doctor and nurse); (2) on-site visits to each FGP by oblast-level FMTC trainers once or twice a year; and (3) individual study modules. As mentioned above, 37 nurse trainers completed a ZdravPlus training course on CQI this summer and fall.

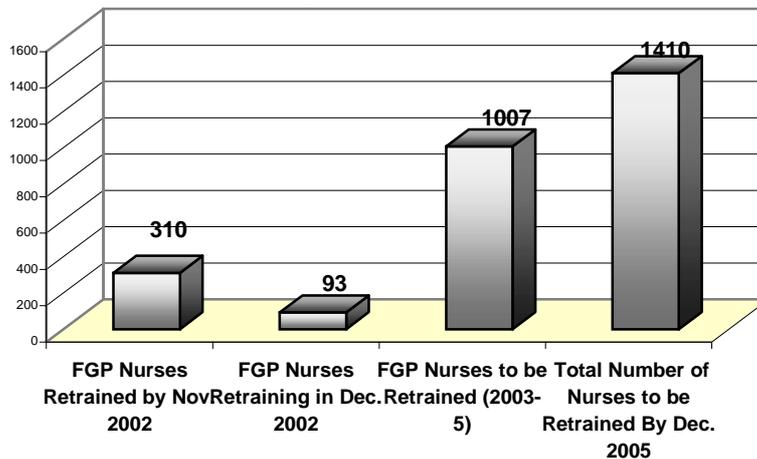
**Progress with FGP Nurses Retraining in Kyrgyzstan:  
Accumulative Results of All Projects (As of Nov. 2002)**



**Progress with FGP Nurse Retraining in Northern Kyrgyzstan  
(As of Nov. 2002)**



**Progress with FGP Nurses Retraining in Southern Kyrgyzstan  
(As of Nov. 2002)**



#### Monitoring and Evaluation

A national-level monitoring program for FGPs called OSCE (see above) is being planned in order to conduct a medical chart audit and a standardized clinical evaluation in a relatively small number of FGPs nationwide. As mentioned above, the implementation of this program has been delayed due to the WB II project funding problems and postponed till early 2003. Another program has been incorporated into CQI, which aims at quarterly cycles of self-evaluation/reevaluation at the FGP level.

#### Regional Nursing

There are currently four nurse trainers in Jalal-Abad and Osh Oblasts, lecturing on Emergency, Community Health, Physical Assessment, Leadership and Management. They are expected to finish this course soon.

#### Nursing Literature

The work on the book "Family Medicine for Nursing" funded by the World Bank is progressing slowly. The whole team is doing its best to finish it before the deadline. At present more than two thirds of the book has been finished.

#### ***Evidence-Based Medicine/ Clinical Guidelines Development***

ZdravPlus is continuing to coordinate with the CPG and Clinical Indicators Working Groups and the World Bank Health Project Team. In the Family Medicine Residency Program and the FMTC retraining, David Burns gave lectures on Evidence-based Medicine (EBM) to the new class of Family Medicine residents and to a group of FGP doctors. An article on EBM was recently published in a regional Russian-language journal *Meditcina* (Medicine). However, because many healthcare workers do not fully understand the importance of CPGs, there is some resistance from them to their use. This is due to a number of reasons: (1) due to a lack of CPGs, physicians cannot often use them in treatment; (2) physicians do not fully understand the notion of EBM, and still support health facilities leaders' opinions that CPGs are like "cooking books". There is, therefore, a need to teach and disseminate information on EBM among FMCs and hospital chief physicians, as they need to understand and roll out that information among healthcare workers for further support of the use of CPGs.

#### ***Medical Accreditation Commission (MAC)***

During the period from July to December 2002, the MAC, according to its work plan, awarded accreditation status to 15 healthcare facilities, ten in Issyk-Kul, and four in Batken, Osh, and Jalal-Abad Oblasts. In order to popularize the MAC among health facilities, a number of articles were run in local newspapers.

#### ***Hospital Association (HA)***

The HA has been continuing to provide services to its member hospitals related to investigating and analyzing cost structure, issues of financing and co-payment, and working in all oblasts on hospital restructuring and rationalization. HA staff took part in the revision of Diagnostic Related Groups (DRGs) undertaken by the HIF. The HA performed research and analytical work assessing patient self-referrals to republican healthcare facilities and research institutions. The results are now available. Regarding the Hospital Outpatient Departments (OPDs), HA specialists developed tools for further analysis of activity of OPDs throughout Kyrgyzstan, and conducted a seminar on "*Improvement of OPD Performance in Issyk-Kul Territorial Hospital*", where the issues of OPD financing, co-payment funds flow from services provided, and identification of OPDs' financial status were discussed. The HA collected information on Osh Oblast Merged Hospital and Kara-Sui Territorial Hospital expenditures. They prepared an analysis on how to utilize buildings vacated in the hospital restructuring process in Issyk-Kul Oblast. Working with Project HOPE and the WHO team, the HA has investigated the utilities costs of the Tuberculosis Research Institute, Republican Psychiatric and

Oncology Dispensers, and investigated the structure of the Tuberculosis Research Institute. Based on this, the HA developed a cost distribution list with per-patient-cost of treatment. In cooperation with Project HOPE a process of dialogue on payment for TB services was initiated.

Training seminars took place for improvement of quality of health services for managers and employees responsible for healthcare facilities' clinical services in Issyk-Kul, Naryn, Talas, and Jalal-Abad Oblasts. Representatives of the MOH, MOH Health Reform Department, HIF, a representative of the Health Policy Analysis Project on legal issues, and a representative of the Medical Academy on pharmaceutical issues, were involved as trainers in these seminars.

The HA developed and published the second issue of the magazine *Hospital*. This issue was devoted to the visit of the delegation of the General Director of the *International Hospital Federation*, Mr. Svenson, and the Director on International Relationships from the French Hospital Federation, Mr. Garel. Representatives of the French Hospital Federation came to look into possible ways of further cooperation. They represent a useful base for the HA in Kyrgyzstan, which can become a motivating force for hospital managers in Central Asia through: (1) Cooperation between hospitals – as members of the International Hospital Association; (2) Cooperation with colleges from different countries, which should provide experience exchange, training and improve the level of management and organization; (3) Provision of assistance through exchange of specialists (training) and later by providing equipment to Kyrgyzstan's hospitals.

A participatory rapid appraisal survey “*Tyup Rayon Population's Accessibility to Quality Health Care*” was performed in Tyup Rayon, Issyk-Kul Oblast. The results are available.

To increase their professional potential, HA specialists participated in both the seminar on Control of Internal Hospital Infection, implemented by WHO consultants, and took part in the Association of Accountants and Auditors courses.

### ***Family Group Practice Association (FGPA)***

#### Organizational Development

The Kyrgyzstan FGPA held a fifth anniversary conference. The goals of the conference were to share and promote the successes and lessons learned during five years of reforms in primary healthcare and to attract attention to the problems of FGPs and FMCs in the Kyrgyz Republic. One hundred and sixty participants attended, including representatives from the MOH, Parliament, oblast and rayon FMC leaders, and collaborating organizations.

#### Advocacy and Information Dissemination

As part of its advocacy work, the FGPA Administrative Director participated on a regular basis at working meetings on “National Strategy of Poverty Alleviation: Priorities, Implementation Mechanisms, Financing, Anticipated Outcomes”.

The FGPA has been working continuously on preparing health professionals in Naryn, Talas, Jalal-Abad, Osh and Batken Oblasts for population enrollment to FGPs.

#### FGP Formation and Development

As of December 1, 2002, the process of FMC legal registration is over. There are 84 Family Medicine Centers registered throughout the Republic. There are 704 functioning FGPs in the country, including 30 FGPs with legal status.

192 FGP doctors underwent family medicine training, including: Talas Oblast: - 81 doctors, Naryn Oblast – 104, Chui Oblast – 3, Bishkek – 4.

305 FGP doctors are in the process of going through the first phase of family medicine training, including: Jalal-Abad Oblast – 123 doctors; Osh and Batken Oblast – 182.

In 2002, 688 nurses finished the FM training course, including: Talas Oblast – 78, Naryn Oblast – 83; Chui Oblast – 56; Bishkek – 49; Jalal-Abad Oblast – 75; Osh and Batken Oblast – 164; Issyk-Kul Oblast – 183.

#### FGP Finance and Management

With the aim of restructuring the health delivery system from expensive inpatient care to more cost-effective outpatient care the FGPA, together with Socium Consult and the HA, participated in the first phase of healthcare facility restructuring in Batken Oblast. The phase included the development and implementation of a consolidated budget for healthcare facilities for 2002 and making contracts with facilities within the single payer system.

In Osh Oblast, together with the HIF, the FGPA provided practical training for the oblast's FGP managers, plus the accountants and managers of all FMCs, on financial documentation and reports, resource allocation and calculation of additional salaries from the HIF.

#### Quality Improvement

The FGPA held 20 training seminars on quality improvement, with 871 participants, including 630 doctors and 219 nurses.

The FGPA made an analysis of trainees' evaluation forms. The overall evaluation of seminars was good, and the following were recommended:

- To give seminars more often;
- To make handouts in the form of brochures, and methodical recommendations.

From September 30 till October 4 there was an oblast level seminar in Karakol for rayon FM leaders on quality improvement in primary healthcare and CME. The program included a wide variety of topics, such as principles of the CQI system, primary healthcare improvement in Issyk-Kul Oblast FGPs, the current situation in health sector reform, and integration of outpatient services into primary healthcare. The theoretical part was conducted by the various national bodies: FGPA; FMTC; KSMA; HIF, and local hospital physicians. Fifty-three physicians and 40 nurses were trained. The results of pre-tests were 46-66%, while the post-tests showed an increase in knowledge, with scores ranging from 70-93%.

#### Population and Community Involvement

During the reporting period, ten KAP surveys on "Joint Evaluation of Community Needs" among FGP and FMC doctors and nurses were carried out in Osh, Batken, and Jalal-Abad Oblasts. Based on the results of these surveys, FGP weaknesses were revealed as noted below, and plans for their elimination developed:

- Poor, insufficient HIF financing (for salaries, equipment provided within the framework of health insurance financing, drugs);
- Low capitation rate, and a drastic reduction in staff as a result;
- Poor provisional base for primary care;
- Unfair principle of separation of main assets (equipment, transport) between hospitals and primary care in all the regions;
- It makes more sense to have ambulances within the structure of FMC, rather than at hospitals;
- Too much paperwork.

#### ***Reproductive Health***

##### Pilot Project on Provision of IUD Services by Midwives in Jalalabad

This pilot project, launched in May, ran its course over the past six months. Eighteen rural midwives from Bazar-Kogon Rayon in Jalalabad Oblast were trained on contraceptive technology and IUD services. The course included theory and practice on IUD insertion and removal, with a strong focus on indications and precautions, a contraceptive technology update, and counseling issues to ensure that the midwives provide women with a choice of method and do not promote the IUD above other methods.

While the project aimed to expand the role of midwives and to make an important service more accessible to rural women, the safety of patients was the prime consideration. This was done by ensuring that each midwife was fully competent to provide services to real patients at the end of the initial training; by providing four follow-up visits to each midwife to ensure that their skills were satisfactory; and by interviewing a sample of clients who had an IUD inserted by the midwives to ascertain their satisfaction with the services they received, to check whether they had experienced any complications and if they had received proper counseling.

Analysis of the data from monitoring the midwives' clinical and counseling skills and from the client interviews is still under way at Bishkek Humanitarian University, so it is premature to judge the success of the project. It is clear, however, that these services are being used: at the time of the second round of client interviews in November, the midwives had inserted over 450 IUDs, as well as providing follow-up care, doing IUD removals and providing other family planning services. At a meeting between the midwives and the trainers in November, both parties expressed satisfaction with the project and recommended that it be expanded to other sites and that midwives be trained to provide IUD services during pre-service training in midwifery schools. Next steps will be considered once the results of the pilot are in.

#### Continuous Quality Improvement (CQI) in Reproductive Health Services

Working through the FMTC, ZdravPlus conducted two CQI training workshops, the first for 13 doctors and six nurses from Bishkek, Jalalabad and Osh and the second for ten doctors and 11 nurse-trainers from Bishkek, Osh, Jalalabad, Talas, Batken and Naryn Oblasts. Both courses included a five-day practicum in Karakol, where CQI was introduced at three pilot FGPs almost two years ago. To date, 19 FGPs in Issyk-Kul and Jalalabad Oblasts are implementing CQI.

In Issyk-Kul, the original "home" of CQI in CAR, FMTC trainers conducted a five-day training for CQI quality curators. Altogether, 13 courses were conducted for 130 health workers, most of them FGP doctors. These newly trained curators are beginning to work with other FGPs to conduct CQI. To ensure that they implement the system properly, the Issyk-Kul CQI trainers are helping the new curators as they start their work. Over the next six months, the FMTC is planning to implement CQI in two or three FGPs in each FMTC catchment area.

ZdravPlus' Reproductive Health Specialist presented the CQI system at a UNFPA regional workshop on Improving the Quality of Sexual and Reproductive Health Care through Empowering Users.

#### Nurse Training

During the past six months, FMTCs provided contraceptive update training courses for 380 nurses from Bishkek City and from Chui, Jalalabad, Issyk-Kul, Naryn, Osh and Talas Oblasts. The average test scores of these nurses went from 60.5% before the training to 84% afterwards. No FGP *doctors* were trained because family planning is part of the second phase of doctors' retraining and there was no second phase training in the past six months.

To ensure that pre-service and in-service training on family planning is high quality, ZdravPlus sends expert trainers to monitor contraceptive technology courses conducted by FMTCs and other training institutions. In the past six months, courses were observed at Talas, Osh and Jalalabad FMTCs, at Osh Medical Institute for Retraining and Qualification Improvement as well as at Maili-Suu and Jalalabad medical schools. The training experts provided updates and technical assistance to the trainers, as appropriate.

### ***Infectious Diseases***

#### IMCI

The IMCI TOT follow-up visits were recently completed between December 25 and 27, 2002. The IMCI Program First Phase Review Conference and the IMCI Program Dissemination Plan for Issyk-Kul Oblast were held on November 12, 2002. The IMCI coordinator presented an overall report on the IMCI Program First Phase Review piloted in Djety-Oguz Rayon. In the "Hour of Health" radio

program, he talked about diarrhea prevention for children, and covered the following issues: 1) what are the reasons for diarrhea in infants; 2) what are the symptoms of dehydration; 3) why is lingering diarrhea dangerous; and 4) what parents should do when their child has diarrhea.

An IMCI Coordinating Meeting on budgeting and implementation of IMCI in Kyrgyzstan was held on December 30, 2002 with representatives from USAID/ZdravPlus, World Bank, ADB, WHO, and UNICEF.

#### STI / HIV-AIDS

During the last six months, the STI pilot in Tokmok, was completed using WHO Syndromic Case Management, and the data gathered and analyzed. The same pilot has been launched in Jalal-Abad. The primary objective of both pilots is to establish a model for integrated, cost-effective STI case management within the newly created primary care network (FGPs) in Kyrgyzstan. Secondary objectives are to: 1) reduce the spread of STIs, including HIV; 2) increase access to STI prevention and treatment services; 3) develop methods to ensure quality of STI care in FGPs; and 4) establish an appropriate, effective relationship between FGPs and Dermatovenereology specialists and laboratories.

The full, integrated analysis with cost comparison is planned for completion during the next couple of months. If successful, the MOH has stated its intention to adopt the WHO Syndromic Case Management approach for Kyrgyzstan as a whole. Family (General) practice doctors would provide care for the three most common syndromes: urethral discharge, vaginal discharge, and genital ulcers.

Partners in this pilot program were the MOH, the Dermatovenereology Institute, the FGPA of Kyrgyzstan, the Health Promotion Center of Kyrgyzstan and the WHO/EURO STI Task Force. AED co-funded the training program.

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## **Improving Resource Use**

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### ***Single-Payer System and Crisis in Kyrgyzstan's Health Reforms***

The overall picture with the crisis in the Kyrgyzstan health reforms is described in the Country Summary section above and is not reiterated here. The following sections provide detail on some specific aspects of the situation.

#### Social Insurance Fund Transfers to the Health Insurance Fund

- The political instability in Kyrgyzstan and resignation of the Government last summer due to the events in Ak-Sy clearly impacted the health reforms as Meimanaliev was not reappointed Minister of Health. However, the political instability has also significantly impacted the health reforms in initially less visible ways. For example, the policy position of the new Head of the SIF. His position is not to transfer the health insurance payroll tax to the HIF, even though numerous laws, regulations, and decrees require it. This has undermined the financial viability of the health insurance system and the entire single-payer system. It is particularly dangerous, as the reforms have advanced to the point that the pieces of the foundation developed over the last seven years have been consolidated into the single-payer system. Clear sources and uses of funds were delineated and when those funds were not available due to the SIF not transferring money to the HIF and lack of planned republican budget transfers to the HIF, the whole interrelated system was put at risk. Very importantly, the population will begin to lose confidence in the system, as the net result will be pressure on the formal co-payment system and reintroduction of informal payments.
- The major rationale for the SIF and Ministry of Finance (MOF) to not transfer funds to the HIF was the IMF condition related to clearing pension arrears. This was used as justification for not transferring the health insurance tax.
- The US Ambassador was very proactive in meeting with the IMF mission and Kyrgyz authorities to support the health reforms. The World Bank also continued to actively support transfer of

funds. Very importantly, the Kyrgyz HIF (even at political risk) continued to state strongly that the law should be followed and the transfer of funds made transparent.

- The result was the inclusion in the new IMF conditions that both pension and health insurance arrears should be cleared.
- To date the HIF has received very little money from the SIF. Often large payments are made at the end of the year. It is important to continue to watch and be proactive in this situation.

#### Legislative Assembly

- AED and ZdravPlus conducted a cost-sharing Parliament Round Table entitled “Perspectives and Conditions of Healthcare Reform in the Kyrgyz Republic.” The purpose of the training was to inform the Legislative Assembly about the health reforms (particularly important in the current uncertain environment producing chaos and political maneuvering) and initiating the development of a long-term, permanent legal framework.
- It is ZdravPlus’ assessment that the Parliament Roundtable was a critical part of the overall strategy to manage the health reform crisis, and successful in meeting its objectives. Representatives from the MOH and HIF were also trainers and managed very well the difficult task of engaging in dialogue and facilitating approval of a resolution meeting the objectives. International organizations participating included USAID, the World Bank, WHO, and the Swiss Red Cross.
- The final product was the resolution adopted by the Legislative Assembly to affect key undermining problems. Its content is included below:

To consider as a priority the development of draft laws that regulate the:

- Mechanism for implementation of state benefits for provision of health care to KR citizens;
- Procedure and conditions for provision of health care to citizens of the Kyrgyz Republic above the guaranteed level;
- Mechanism of determination of necessary level of health financing for implementation of state benefits and equalizing the level of health financing in regions through the system of categorical grants and leveling grants;
- Mechanism of separation and transfer by the Kyrgyz Republic Social Fund of collected fees for mandatory health insurance at the bank level;
- Legal relationship and interaction of subjects (public administration agencies, local governing institutions, institutions, enterprises and organizations belonging to different departments) in the framework of health financing reform of the Kyrgyz Republic with clear separation of the health sector at local level for the purchaser and provider of health services.

#### 1. The Government of the Kyrgyz Republic should:

- Present a program of phased increase of state financing of the health sector by 2010 up to 4.2 % of the GDP in accordance with the middle-term strategy of the Comprehensive Basis of Kyrgyz Republic Development;
- ‘On developing draft laws of the Kyrgyz Republic On Tariffs of State Social Insurance Fees’ for 2003 - keep existing insurance fee tariffs for mandatory health insurance;
- ‘On implementing of State Benefit Program for Health Care’ and introduction of new healthcare facilities payment mechanism to envisage equal allocation of budget funds per region;
- Consider an abolition of 20% VAT for drugs and medical supplies;
- Develop a plan of phased implementation of the Kyrgyz Republic Law On Health Insurance of the Kyrgyz Republic Citizens dated October 18, 1999 regarding the part on complete coverage of children, persons receiving social benefits, and students within the mandatory health insurance system;
- Make proposals on financing of mandatory health insurance of pensioners from the republican budget;
- Consider the issue of involvement of retired and active servicemen into the MHI system.

#### 2. The Ministry of Health of the Kyrgyz Republic should provide:

- Enforcement of coordination of activities of health care facilities at the local level;

- Improvement of quality of health services and health education work among population by FGP medical personnel.
- 3. Oblige the Social Fund of the Kyrgyz Republic to pay off a debt until January 1 of 2004 for insurance fees to MHIF under the MOH of the Kyrgyz Republic.
- 4. Hear the Kyrgyzstan Government and local public administration bodies report on implementation of the State Benefit Package Program.

#### People's Assembly and Government Session

- In October, the People's Assembly approved a resolution or decree declaring the health reforms unsatisfactory and assigning the Government, MOH, and the MOF to perform certain tasks.
- The most problematic statements or tasks relate to institutional structure (single-payer, OHD, etc.) and pooling funds (vs. local government budget control). It is important to address these issues not only in the context of the People's Assembly decree but generally. ZdravPlus developed a short briefing paper providing context on these topics. USAID Kyrgyzstan Representative Tracy Atwood's idea is a letter to the Government addressing these issues.

#### World Bank Actions

- The World Bank Health II Project did not give a "no objection" to the procurement of equipment under the project (not expected to change until health reform issues are addressed, particularly those directly related to the credit agreement). Although this will delay further provision of equipment to the Naryn and Talas FMTCs, they are now able to function. So far, this is the only direct effect on the family medicine training and development process as a result of the current political crisis regarding health care reform.
- The Government Structural Adjustment Credit (GSAC) Project is planned to include health as a pilot sector. ZdravPlus contributed to the development of project conditions addressing health reform issues. While not yet finalized, our assessment is that the World Bank facilitated a very good collaboration, including the MOH, the HIF, WHO, the Swiss, and ZdravPlus. If all stakeholders accept these conditions, they should contribute significantly to resolving the health reform crisis.

#### Strategy and Technical Next Steps

- ZdravPlus strongly believes that strategy and technical compromises are needed to allow the health reforms to weather the crisis and continue to move forward. Probably the best compromise is time, extending the timeframe for extension of the single-payer system to South Kyrgyzstan and Bishkek City. This may be what the President and Government need to strike a balance between continuing the health reforms and addressing the concerns of those currently in opposition. It should be noted that time is also imperative from a technical sense, it is not possible to implement the single-payer system in Osh Oblast in one year, it is very large and still has not built much of the foundation, for example, strengthening FGPs or Health Information Systems.
- ZdravPlus facilitated brainstorming sessions over the last two months with the MOH, the HIF, the World Bank, WHO, and the Swiss. The main strategy includes:
  - Continuing implementation in the current four single-payer oblasts of Issyk-Kul, Chui, Naryn, and Talas (not only continuing, but strengthening to show results).
  - Moving to a three-year, three-phase implementation plan for South Kyrgyzstan and Bishkek City. The phases are basically I - pooling and provider payment systems, II - restructuring, and III - benefits and co-payments.
  - Maintaining the single-payer institutional structure.
- ZdravPlus will work with all stakeholders to publicize and promote this new implementation schedule. In addition, more detailed plans for each phase will be developed. ZdravPlus will also continue work on other technical issues such as refinement of the co-payment system, refinement of provider payment systems, etc.

### ***Single-Payer Including Provider Payment Systems and Accounting***

The HIF and Socium Consult decided on a strategy to increase the priority of developing a long-term legal framework for health reform. Work began to convert the legal framework from the temporary pilot framework to a long-term framework. This became an even higher priority given the Legislative Assembly Decree announcing their intent to develop and approve this long-term legal framework.

Work began to develop manuals documenting the policy, legal, and operational aspects of the single-payer system. This will be a regional product. Elements of it will be used in Kazakhstan and Uzbekistan, for example, the population co-payments.

Although work was slowed due to the health reform problems, the MOH/HIF, ZdravPlus staff and Socium Consult continued preparation and implementation of the single-payer system. Activities below are in summary form, it should be understood that these activities involve many people and hundreds of hours of training at the oblast, rayon, and facility levels; basically every health worker is being trained.

- Monitoring and evaluation, refinement of systems, and training related to ongoing single-payer implementation in Issyk-Kul and Chui Oblasts.
- Intensive training and implementation support for single-payer implementation in Naryn and Talas Oblasts.
- Initial training in Osh Oblast using the legal documents, methodology, and training process developed in Issyk-Kul and Chui Oblasts. Extensive training was done last summer before the decision to delay single-payer implementation in Osh Oblast. While training continues to build the necessary foundation, it is not as intensive until political and policy decisions are finalized and the direction in Osh Oblast is clear.
- Intensive training in Jalal-Abad and Batken to prepare for single-payer implementation in 2003. This includes all calculations necessary to design and develop the system in these two oblasts.
- Initiated seminars to prepare health providers in Bishkek City. Topics included the new provider payment system rules and impact on facilities, funds flow, new accounting and reporting systems, and staff salary payment.
- Continued technical assistance to refine the provider payment systems, for example, design and development of age/sex adjustors to improve equity in the FGP capitated rate payment system.
- Continued technical assistance and operational support to introduce the new accounting system under the new provider payment systems.

### ***Restructuring and Human Resources***

The process of forming and strengthening new FGPs was largely unaffected by the crisis in the health reforms. In addition, the Oblast Merged Hospitals also continued to reorganize the service delivery of their departments (formerly independent specialty hospitals). Oblast and Central Rayon hospitals continued the restructuring necessary to develop hospital outpatient departments.

In July 2002, in close cooperation with the MOH, the MOH Health Reform Department, DFID, and the HA, all updated information for a six month period was collected for the Human Resource (HR) Database and submitted for summarizing. As the MOH developed a concept of information systems development, so the HR database needed to be integrated into a unified information system. As a result it also needed modification and further development from the original version of the HR database. For this reason a working group was created, as well as for developing reference directories (for positions, specialties, structural units, nationalities, educational institutions, territories, qualification categories, etc.). The integration of the HR database is currently underway. Trips to oblasts were made in order to prepare oblast hospitals' and oblast FMCs' human resource departments for updating of the HR database information for 2002. The database update process will take place in January-February. The data on the professional development training of doctors and

nurses currently in the process of retraining in family medicine will also be added by block to the human resource database. This part of the database was developed for family medicine training centers: both for the Republican FM Training centers and for its oblast affiliates.

### ***Health Information Systems***

ZdravPlus continued to support the HIS Working Group in its efforts to develop clear concepts, strategies, and implementation plans to ensure coordination and integration of the health information system, as well as providing seminars on integrating the primary health care and hospital health information system. ZdravPlus also continued to support the implementation of inpatient and outpatient clinical information systems. This support is being provided at all levels of the system and institutionalized through many partners including the MOH/HIF Health Information Center and the FGPA.

Much of the focus of work was the oblast level as ZdravPlus and Kyrgyz partners continued to work intensively to develop the HIS. South Kyrgyzstan is becoming a greater focus of HISs. For example, specialists from the Medical Informational Center and National Statistic Committee conducted seminars in Osh Oblast for Family Medicine Center specialists on the issues of statistics and analysis. Also, seminars were provided for specialists of health care facilities in Chui, Issyk-Kul, Batken and Osh Oblasts to get them prepared for the annual statistical report for 2002.

On December 26, 2002 new technology – a Smart Card for Health Insurance Policy - was introduced in FMC #1, Bishkek. This card contains an electronic chip with personalized information that allows it to contain the social and health insurance status of the patient, and is even supposed to contain information from Clinical Statistical Forms. Eurasia Fund/USAID funded the introduction of this technology.

Introduction of ICD #10 has been a step-by-step process. Seminars related to the issues of ICD #10, and on quality of health documentation in registration as well as the use of an automated system for coding mortality and morbidity data based on ICD #10, were conducted in collaboration with WHO. They took place in Naryn and Issyk-Kul Oblast facilities for specialists from primary care, hospitals, the Oblast HIF, and Forensic/Pathology Departments.

### ***Health Management***

To date, 36 health managers throughout the country have passed a Health Management Course. The Health Management Courses (HMC) are retraining existing health managers to provide them with information, skills, and tools needed to adapt to the new environment and autonomy created by the health reforms. Trainees who have successfully passed the HMC include Directors of Oblast Merged Hospitals, Directors of Territorial HIF Departments, Directors of Central Rayon Hospitals and Family Medicine Centers. So far, trainees are incorporating information and materials received in HMCs into their hospitals. For example, the Batken Oblast Merged Hospital has created a “Health Reform Headquarters” in the hospital and shares and discusses materials received in the training with hospital colleagues.

The practice of having foreign consultants and other experts serve as visiting lecturers has been incorporated into the program. For example, members of the last World Bank mission, including consultants supported by ZdravPlus and DFID, took part in the third training cycle. Jan Bultman, Cule Cucic, Simo Kokko, David Cochrane, and Spenser Hagaard made two-hour presentations for trainees on Health Financing, Quality of Health Services, Public Health, and Human Resource Management. In addition, WHO Consultant Samvel Azatyan who was participating in a WHO Mission, delivered a lecture on Rational Drug Utilization.

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## Improving Legislative, Regulatory and Policy Framework

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### *Policy Development and Legal Framework*

Over the past six months the “brainstorming” process with MOH and HIF has taken place on a monthly basis. This resulted in the development of the strategies and recommendations for policy development. ZdravPlus has been participating in all Technical Working Groups.

The ZdravPlus lawyer provided an enormous amount of technical assistance including interacting with Working Groups and drafting and amending laws and regulations related to:

- On MOH organizational structure including OHDs, the Health Reform Department, and establishing oblast level Boards.
- On a Single Payer System in the Health System of the Kyrgyz Republic.
- On the State Benefit Program for Citizens of the Kyrgyz Republic.
- The Kyrgyzstan draft law on “Protection of Health of the Kyrgyz Republic Citizens” – proposal on additions related to provision of pharmaceutical help to citizens of the Kyrgyz Republic. Also, amending special health funds and user charges sections.
- Together with the working group, participated in development of the draft law ‘On Protection of Child Health’.
- Draft law and proposals on amendments and additions to the *Law on Health Insurance for Citizens of the Kyrgyz Republic* (relating to the part on coverage of servicemen and retired servicemen within the mandatory health insurance).
- Developing and amending MOH regulations related to FMCs and OMHs as well as other specific health delivery system issues.
- Draft Regulation was developed on Chui Oblast SES Center - created through the merger of Chui Oblast SES and Alamudun Rayon SES.
- On Making Amendments and Additions to the KR Law ‘On Licensing’;
- For the MOH Health Reform Department, an *Internal Labor Procedure* was developed – a document that regulates internal labor relationships.
- For the Republican Health Promotion Center of the MOH of the Kyrgyz Republic (RHPC) *Draft Agreement between RHPC and a Secondary School on Health Promotion Activities* was developed.
- Continued to provide significant technical assistance to a variety of NGO’s in legal issues and registration including the FGPA, HA, and community-based NGO’s.
- Proposals and draft documents were developed for the MOH on a Library Board in the Republican Scientific Library of the KR MOH.
- On Additions to the Kyrgyz Republic Code on Administrative Responsibility (relating to the part regarding changes in responsibility for breaking legislation on protection of population from the harmful impact of tobacco, and on the control and prevention of tobacco consumption).
- Order on creation of the Kyrgyzstan MOH Press Center.
- Proposals and comments were developed for the draft ‘Resolution of the Kyrgyz Republic Government’ as well as on the regulation ‘Procedure of Sending Civil Servants Abroad for Professional Development Training’.

### *Policy Marketing and Public Relationships*

The ZdravPlus consultant to the MOH Press Center located in the HIF was intensely involved in disseminating information related to the health reform crisis through a variety of channels including the mass media. This has been a huge effort, both to counter erroneous information and to inform a variety of stakeholders to contribute to improved decision-making.

With ZdravPlus support of a media consultant and public relations specialist, the MOH and HIF developed and disseminated different messages to the population regarding health reform. The biggest event broadcasted in the mass media was the Issyk-Kul round table “On conditions and perspectives of health reform in the Kyrgyz Republic”. Working closely with the Republican Health

Promotion Center, there was a broad nationwide campaign against diarrhea which lasted for a month. Other activities included working with certain groups of the population, such as the community of pensioners, on health reform issues, explaining how reform addresses their rights and what benefits pensioners can have; and development and distribution of a press release for the World WHO Day of 'Struggle against Chronic Pulmonary Obstructive Disease.'

***Policy Analysis, Monitoring and Evaluation, and Research***

The plan was that work in this area really would leap forward over the last six months as an important element of further institutionalizing the health reforms. Due to the effort to mitigate the health reform crisis, this has not happened. Some work has been initiated and it is expected it will speed up over the next six months. The ZdravPlus main strategy remains to collaborate with the WHO Evaluation Project.

**UZBEKISTAN**  
**Six-Month Report**  
**July - December 2002**

**COUNTRY SUMMARY BY PILOT SITE**

*Ferghana*

Ferghana Oblast continues to be the primary pilot site for ZdravPlus in Uzbekistan. Over the past six months activities in Ferghana have focused on: 1) expanding PHC reforms to three additional rayons (current total is six rayons); 2) preparing four new rayons to begin implementing PHC reforms in January; 3) preparing for rollout to an urban PHC reform model in Marghilon City; 4) preparing a school health curriculum; 5) developing a network of health NGOs working to improve the population's health knowledge and advocacy; 6) developing quality improvement teams working on IMCI, hypertension and anemia in women of reproductive age; and 7) initiating a PHC Nursing training program.

Financial and management reforms for PHC are now effective in six rayons in the oblast: Quva, Yozyovon, Beshariq, Toshloq, Okhunboboyev, and Furqat. ZdravPlus staff are now working to prepare SVPs/SVAs in four additional rayons and clinics within Marghilon City to implement the reforms as independent juridical units, functioning with their own budgets based on a per capitated rate. Financial Managers are being selected for training. Technical assistance is also being provided to Head Doctors and local health department officials to implement these reforms.

ZdravPlus collaborated with Andijon Development Center, operated by CAFE, the Ministry of Education, and the Ferghana Department of Education to develop a school health curriculum for grades 1-8. A draft Uzbek version is complete and teachers in Ferghana and Andijon Oblasts have received training for implementation of this curriculum.

The ZdravPlus NGO and Grants Manager organized a Health NGO Network of Ferghana, comprised of all NGOs and community based organizations (CBOs) within the oblast that are working on health projects. This NGO network organized an AIDS Awareness Campaign that took place during the month of December. During this time the NGOs also organized an NGO fair where the NGOs set up booths to share with each other what each organization does.

The ZdravPlus Quality Improvement (QI) team began working in three rayons: Quva, Yozyovon, and Toshloq. In each rayon a QI team was formed that was comprised of representatives of all levels of the health care system, from Ray-Zdrav to the SVP. One rayon QI team is working on improving quality of care for IMCI, another on QI for hypertension, and the last on anemia among women of childbearing age.

The ZdravPlus nursing program was initiated with the first training in Yozyovon of PHC Visiting Nurses. This training covers how to examine patients, particularly babies, while doing home visits. It focuses on how to use the equipment in the nursing bags that are distributed to each nurse upon successful completion of the training.

*Andijon*

In addition to this work in Ferghana Oblast, ZdravPlus is working with the Health Departments in three rayons in Andijon Oblast as part of its rollout of the PHC reforms. As with Ferghana, preparation is being done to establish SVPs/SVAs in these three rayons as independent juridical units, functioning with their own budgets based on a per capitated rate, Financial Managers are being selected for training, along with Head Doctors and local health department officials to implement these reforms.

Over the past six months the Ferghana office has strengthened its collaboration with other international organizations working in Ferghana to improve health. ABA CEELI has been a strong supporter of the NGO network. CAFE in Andijon worked with ZdravPlus to implement the school health program. CAFE in Beshariq is implementing the PHC nursing training on behalf of ZdravPlus. Ongoing dialogue continues with Mercy Corps CAIP project to assure hygiene and sanitation community education when they work on water and latrine projects. ZdravPlus is discussing with Peace Corps placement of new Health Volunteers that are expected early next year.

### ***Navoiy and Sirdaryo***

In Navoiy and Sirdaryo Oblasts, ZdravPlus worked to strengthen its technical assistance in the finance and management spheres. In addition to collaborative work with local authorities, this has led to an increase in the responsibility and accountability of local managers for implementing the financing and management reforms in the pilot rayons. During the past six months, the main focus of financing and management activities in these two oblasts continued to: (i) refine health financing reforms in three pilot rayons each in Navoiy and Sirdaryo Oblasts; (ii) improve the management skills and capabilities of the new and existing PHC managers; and (iii) accomplish the needed legal and technical preparatory work for expansion of financing and management reforms in two additional rayons in Sirdaryo Oblast and five in Navoiy from 2003. The overall progress of the reforms in Sirdaryo and Navoiy was reviewed as satisfactory during the interim review of the World Bank Health Project in October. Although the overall political support of the Hokimiyats to the reform initiatives has notably increased in both oblasts, technical support has to be further streamlined to improve the pace and quality of reform implementation.

With technical assistance from ZdravPlus specialists, the capitation rates in Sirdaryo pilot sites were adjusted for the sex / age composition of the populations attached to each SVP. ZdravPlus continued to build the capacities of the new and existing financial managers in Navoiy and Sirdaryo. However, for effective management of the newly established PHC facilities, it was important to provide advanced management training to the working head doctors and financial managers. Thus, organization of the introductory management training courses for the new Financial Managers was delegated to the Health Project, and ZdravPlus concentrated more on developing and conducting training courses on management topics. ZdravPlus also helped in the expansion and monitoring of population-based data collection in the existing and additional pilot rayons in Sirdaryo and Navoiy.

While the ZdravPlus emphasis in Navoiy and Sirdaryo focuses on financial and management reforms, limited training continues with 27 doctors from Sirdaryo trained over the last six months in a cost share initiative with the Health Project.

The QI team held its first QI workshop in Ferghana and invited six staff from the OHDs in Navoiy and Sirdaryo to attend. Along with their Ferghana counterparts, the staff learned about QI and how to plan activities. While ZdravPlus will concentrate on Ferghana as a pilot for QI, it is planned that the OHD in Navoiy and Sirdaryo will take the initiative in starting up QI interventions with guidance from ZdravPlus.

ZdravPlus is not currently working in the population involvement sphere in Navoiy and Sirdaryo, although collaboration with the Institute on Health (IOH) is currently in progress to start up a program. ZdravPlus will work with the Health Project in providing a consultant who can assist the IOH in producing current ZdravPlus materials for distribution.

## SUMMARY OF IR ACTIVITIES

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### Population Involvement

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#### *Health Promotion*

The focus of ZdravPlus' health promotion activities in Uzbekistan over the past six months shifted away from its year-long support for IMCI training towards family planning. The foundation was also laid for improved interpersonal communications between health workers and the public through preparations for roll-out of IPC training in the New Year. Staff also continued their close collaboration with the MOH's Institute on Health and the World Bank Health Project.

#### "Let's Build Healthy Families" Health Promotion Campaign

Throughout the past six months, ZdravPlus worked with the MOH and a broad-based advisory committee on the preparation of a campaign on family planning, entitled "Let's Build Healthy Families." The campaign objective is to increase the knowledge of young couples on the advantages and disadvantages of the four main methods of contraception available in Uzbekistan. Campaign products include a two-part soap opera, "Family Happiness," six TV spots, six radio spots, six newspaper advertisements, four newspaper articles, a poster (15,000 copies) and a brochure (140,000 copies).

Plans were made for ZdravPlus' first *national* campaign launch in early December, in Tashkent, with a satellite event in Ferghana. However, as of this writing (in mid-December), the launch has been delayed because of concerns about the soap opera on the part of the Deputy Prime Minister/chair of the Women's Committee of the Republic—despite its approval by the MOH prior to going into production. Discussions are under way between USAID/Tashkent and the Government to resolve the issue.

#### KAP Survey

The 2002 KAP survey was completed in Uzbekistan. The survey covered four sites: 1) Quva Rayon in Ferghana Oblast, a well established mature reform site; 2) Okhunboboyev Rayon in Ferghana Oblast, a newly health reform site; 3) Marghilon City in Ferghana Oblast, a site where work is yet to begin, but within the pilot reform oblast; and 4) Sirdaryo Rayon in Sirdaryo Oblast, where ZdravPlus currently does not work on population awareness. The KAP survey questionnaire and survey were updated by the marketing team and the M&E teams, and fielded in September. The results indicate that the project's communications strategies are effectively reaching the population of Ferghana Oblast. The percentage of the Ferghana population reporting that they received health information through television, radio and newspapers grew. Interpersonal communications through primary health care workers are also reaching growing segments of the population.

Since the KAP data are also the primary means of evaluating ZdravPlus' health promotion campaigns, a few key results are provided here. In assessing these results, it should be kept in mind that the 2002 KAP survey was conducted about a year after the end of the anemia campaign and seven months after the end of the campaign on acute respiratory infections, so the impact of these activities is likely to have been blunted over time.

The summer 2001 campaign entitled "There is no Place for Anemia" had the overriding objective of encouraging people to eat three types of foods every day in order to prevent anemia. Knowledge of these three types of foods among the people of Ferghana Oblast changed as follows between 2001 and 2002: knowledge of meat and fish increased from 67 percent to 83.3 percent; knowledge of legumes and grains, grew from 14 to a remarkable 73 percent; knowledge of vegetables and fruits, declined 65.3 to 51.3 percent. Knowledge of the need to give children *over* six months old these three types of foods increased from 11.3 to 20.3 percent. And the percentage of the population believing that tea will help prevent anemia declined from 6.7 to 1.7 percent. The shift toward public

recognition of the importance of legumes is particularly gratifying in an environment where meat is unaffordable for most people and vegetables and fruits alone will do little to prevent anemia.

The winter 2001/2002 campaign, “Protect your Child Against Pneumonia,” sought to encourage people to give a child with a cough or a cold more to drink and to continue feeding. The KAP surveys show that the percentage of people in Ferghana who knew that a child should be given plenty of fluids rose from 13 percent in 2001 to 14.7 percent in 2002 and the percentage recognizing the importance of continued feeding increased from 2.3 to 3.3 percent. While these results are probably somewhat “diluted” because of the time that elapsed between the campaign and the 2002 KAP survey, they are nevertheless somewhat disappointing. Results were also mixed in terms of recognition of key IMCI danger signs, which was another campaign objective. The percentage of the population knowing that a child should be taken to a doctor immediately if he/she has the following danger signs changed as follows:

- If a child has a cough or cold with difficult or rapid breathing--from 16.3 to 21.7 percent;
- If a child is unable to drink--from 5 to 8.7 percent; and if he/she is unable to breastfeed--13.7 to 10.7 percent;
- If a child has a high temperature--from 71.7 to 85.7 percent;
- If a child continues to get sicker--from 43 to 34 percent.

What is encouraging, though, is that far fewer people think a child with a cough or a cold should be given antibiotics—that percentage dropped from 38.3 to 21.7 percent.

#### Results of the “Stop Diarrhea” Health Promotion Campaign

The six-week *Stop Diarrhea* campaign, which supported the project’s IMCI training, ended in early July. It aimed to encourage parents and caretakers to give a child with diarrhea more to drink and to continue feeding the child; and also to make them more aware of the danger signs when a child should be taken to a doctor immediately. ZdravPlus’ soap opera about diarrhea, “First Feelings,” was broadcast 17 times on three Ferghana TV stations, accompanied by 620 minutes of broadcast time for the six TV spots and 348 minutes for the radio spots. Three newspaper articles and six print advertisements reinforced the campaign’s key messages in Ferghana newspapers. Two new brochures (160,000 copies each) and two posters (10,000 copies each) on diarrhea and hygiene were also distributed oblast-wide through SVPs, Health Centers, NGOs and schools. It is estimated that at least 700,000-800,000 people in Ferghana Oblast were reached through TV and radio during the campaign. Moreover, thanks to the efforts of the Institute on Health, the soap opera was aired four times on national TV 2, and the TV spots were broadcast 140 times. *Mashall* radio also broadcast the radio spots 180 times. These media reach millions of households across the country. IPC activities included a live theatre troupe touring all 16 rayons of Ferghana Oblast with a drama on diarrhea, entitled “Bahrom’s Pains.” Health Centers (the MOH’s health education network), NGOs, schools and SVPs conducted “community conversations” on diarrhea, screened the TV soap opera and conducted educational sessions around that and organized a stand with health information at one of the largest bazaars in Ferghana. In addition, at USAID’s request, ZdravPlus arranged for broadcast of mass media products in Surkhandaryo Oblast.

The KAP surveys provided information on the results of this campaign:

- The percentage of the Ferghana population reporting that a child with diarrhea should receive more fluids than usual increased from 63.3 percent in 2001 to 80.7 percent in 2002;
- The percentage knowing that a child should continue eating as usual went from 7.7 to 9.3 percent—with large increases in the population saying a child should get *more* food than usual;
- The percentage saying an infant under six months should receive nothing but breastmilk rose from 61 to 72 percent;
- The percentage of the population saying that a child should be given Rehydron increased from 41.7 to 62.7 percent;
- The percent saying that a child with diarrhea should get antibiotics fell from 26.7 to 17.7 percent;

- The percentage reporting that a child with diarrhea and blood in stool should be taken to a doctor immediately rose from 20.3 to 31.3 percent.

#### Collaboration with the MOH's Institute on Health (IOH)

Although ZdravPlus continues to work closely with the IOH on health promotion activities, Project Health and the IOH would like project staff to provide intensive technical assistance to the IOH, particularly at the republican level. Over the past few months, ZdravPlus staff met with key personnel in each department of the IOH and found that they have little or no background related to health promotion and indicate little motivation to learn. ZdravPlus consulted with USAID/Tashkent whether to redirect its efforts toward intensive technical assistance to the IOH, with a view to institutionalizing health promotion - which could only be done at the expense of its current work aimed at direct population education. The decision was to continue current efforts, while seeking to expose more rank-and-file IOH staff to ZdravPlus' work. In subsequent discussions with Project Health, ZdravPlus also agreed to pay for a local consultant to work with the IOH and Project Health to leverage unspent World Bank funds to reproduce and distribute ZdravPlus health promotion materials in Navoiy and Sirdaryo. The process of recruiting for this position is currently being initiated and it is hoped that significant numbers of materials will be produced in the next six months.

#### Other Health Promotion Activities

- Formative research was conducted in preparation for the next health promotion campaign, on breastfeeding, planned for Spring 2003.
- A brochure for the public on childhood immunization was finalized, after protracted discussions with the Institute of Pediatrics. About 142,000 copies of the brochure were distributed through SVPs, Health Centers and NGOs in Ferghana.
- Reprinted materials on child health and anemia/rational nutrition.
- Translated, printed and distributed two editions of the ZdravPlus newsletter, Time to be Healthy.
- Participated in the Peace Corps' health fair in Tashkent in October; in the USAID/WHO health fair in November; and gave a presentation on health education at the CDC conference on TB.

### ***NGOs and Community Involvement Activities***

#### NGOs and Small Grants Program

The last round of grants was awarded to eight NGOs. These NGOs are currently working on a wide range of projects, including medical information dissemination to doctors working in SVPs, conducting mothers' support groups, PHC nurses and midwives involved in community health promotion, family planning awareness, and others.

NGOs throughout Ferghana Oblast have formed an NGO network. Their first project was an AIDS Awareness campaign. Different NGOs working in rayons and cities around Ferghana City collaborated on a variety of activities educating the public about AIDS, with a focus on youth. They organized 'talk shows', theater performances, rock concerts, and other activities in a variety of sites in the cities and rayons throughout December. The campaign culminated in an NGO Fair, partially supported by ABA CEELI, where each NGO working on health anywhere in Ferghana Oblast set up a booth to share information about their organization and the work they do with each other.

#### School Health

The past six months have focused on developing a School Health Curriculum for grades 1-8. ZdravPlus worked with CAFE's Andijon Development Center to develop these lesson plans. Teachers from pilot schools have been trained from all rayons in Ferghana Oblast and from the three pilot rayons in Andijon Oblast. Additionally Instructors from the Ferghana Teacher Retraining Center also attended a training for trainers on this curriculum. ZdravPlus received a lot of interest and support from the Ministry of Education and the Ferghana Oblast Education Department in this effort. The Ferghana Oblast Education Department has also requested ZdravPlus assistance in the development of a Family Life Curriculum for grades 10-11. This curriculum will focus on reproductive health and infant health and development, with the purpose of preparing these teens for

sexual maturity, pregnancy and parenthood. These lessons are important as students are the future generation of Uzbekistan and are more open to changing health behaviors at this age before they are fully set. They also take the health messages home to their families, thereby influencing an even larger portion of the community.

#### Health Centers

Health Centers are located in each rayon and city throughout the oblast, and are responsible for health promotion. Head Doctors of the Rayon and City Health Centers throughout Ferghana Oblast met with the ZdravPlus Ferghana Health Educator to discuss how poster and brochures can be better utilized by SVPs and SVAs. The Head Doctors also expressed priorities for future trainings conducted by ZdravPlus. Monthly trainings with Health Center staff will resume in January. It is very important to strengthen the skills of Health Centers as they are the primary governmental institution conducting health promotion throughout Uzbekistan.

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### **Quality Improvement**

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During the past six months ZdravPlus shifted its focus from improving quality by solely improving knowledge of the health professionals, to putting more efforts into strengthening the QI process itself using quality management methods to improve clinical care performance of the health system. This was initiated when Regional Quality of Care Director joined the project in June 2002. The main activities in the area of quality concentrated around the following issues: 1) start of QI project in Ferghana; 2) continuation of the development of national level evidence based standards; and 3) building of capacities in quality management at all levels of the health system.

#### ***Start of Quality Improvement Activities in Ferghana***

##### Designing a QI Strategy with Ferghana Oblast Health Department

In order to get consensus over the priority for quality improvement activities as well as to identify the best way for ZdravPlus to provide technical assistance, the ZdravPlus QI team initiated dialog with the MOH and OHD by conducting a series of sensitization/discussion meetings. Participants of the meetings included managers from the Oblast and Rayon Health Departments, and content knowledge experts in the major clinical care fields (head specialists in cardiology, nephrology, hematology, gynecology, pediatrics; heads/deputies of rayon central hospitals, and others). During these meetings the participants were exposed to the major quality management principles and steps of quality improvement process. As a first step, they identified three topics for improvement based on presented criteria and statistical data (frequency, cost, difficulties in management of a disease, and seriousness): 1) improvement of care provided to women of childbearing age with iron deficiency anemia; 2) improvement of care provided to children under five years of age with diseases addressed by IMCI guidelines; and 3) improvement of care provided to adults with arterial hypertension. The selected topics for improvement address clinical care issues, target most problematic conditions, and cover all types of population (children, women of reproductive age and adults).

Three rayons were selected as pilots for the implementation of the QI project: Toshloq, Yozyovon and Quva - each focusing on a specific topic. For implementation, each rayon selected a limited number of health facilities that represent all types of facilities contributing to the care of those patients: three SVPs, one polyclinic, one Rayon Central Hospital and rayon management staff (rayon coordinators). Also involved are the heads of specific departments of the oblast hospital and representatives of the OHD related to the topics. Providers at the facility level have formed the quality improvement team (three teams each focusing on a specific topic) and managers at the OHD level with oblast head specialists are forming the quality management team. Such a structure, suggested by ZdravPlus, was discussed and accepted by the OHD leaders.

##### QI Startup Workshops

Since the QI concept is new to Uzbekistan, the ZdravPlus QI team started its activities by conducting three topic-specific workshops for each team with the goal of exposing the participants to the main

concepts, principles and some QI tools. The workshops used adult learning principles to effectively start the teamwork rather than being merely a conceptual training event. Participants of the workshop included healthcare providers at the facility level (physicians and nurses from SVPs, polyclinics and rayon/oblast hospitals), content knowledge experts from oblast and national level (head specialists and professors), and local managers (rayon coordinators and OHD staff) totaling around 18-22 participants per workshop. They worked as a team to identify the main issues with the case-management of the selected health conditions/patients, draft standards on the continuum of care, and develop improvement objectives and indicators.

The opportunity was also taken to expose additional ZdravPlus staff to modern QI concepts, principles and tools so that they understand the efforts and are able to contribute effectively to the process when requested. The QI teams are now in the process of finalizing their standard statements, which are going to be validated with national and international experts. This year, ZdravPlus will assist teams in development and testing of the quality monitoring system.

### ***Evidence Based Medicine (EBM) and Development of Clinical Care Standards at the National Level***

During the past six months, ZdravPlus continued the dialog with the MOH regarding the development of clinical care standards on five previously selected topics (anemia, hypertension, stroke, myocardial infarction and cough/difficult breathing in children). Several meetings were held to discuss the vision of the MOH for the short-term objective of developing the guidelines and the long-term goal of sustaining the capacity to develop and implement new standards. ZdravPlus specifically suggested that the MOH considers establishing an EBM center that would be responsible for developing/revising standards using the EBM approach on a regular basis and for coordination of their implementation. In order to facilitate this debate and involve a wider audience in the discussion, ZdravPlus organized a national coordination meeting on the development of evidence-based standards and the use of EBM.

To support the process of clinical practice guidelines development, using the EBM approach, ZdravPlus procured six computers and negotiated with IREX regarding internet provision and fulfillment of training needs.

One of the main constraints faced is the weak commitment and leadership of the MOH regarding these activities. This resulted in a series of missed opportunities (Chief therapist canceling his trip to an EBM workshop in Hungary and not attending the coordination meeting on standards) and postponed decisions (location of the computer network for research and list of researchers/methodologists to train/work with). To avoid further delays, the ZdravPlus team met with Dr. Asadov, Deputy Minister of Health. Dr Asadov reaffirmed the MOH's commitment and priority to development of standards. During this meeting, he established a core team on Quality issues consisting of the Chief Therapist of the MOH, the World Bank-funded Health Project coordinator, and three staff from ZdravPlus. He also committed an additional staff member to assist the head of the standards development group. These new developments are encouraging and will provide a direct dialogue with Dr. Asadov on the progress toward guidelines development.

### ***Building Capacities in Quality Management at the Republican Level***

In order to sustain QI activities in Uzbekistan, ZdravPlus is involving the republican level through a series of initiatives: 1) participation of the national clinical care experts in QI workshops where they presented current standards/practices in effect in Uzbekistan and other countries, and helped the team achieve the objectives of the workshop; 2) the establishment of the quality working group at the republican level.

In the near future, ZdravPlus is planning to organize a sensitization workshop on quality improvement to the senior decision makers of the MOH.

### ***Collaboration with the World Bank***

During the past six months, ZdravPlus has strengthened collaboration with WB funded activities: six staff from Navoiy and Sirdaryo OHD participated in the QI workshops. It allowed them to learn more about QI methods, make decisions, and plan similar activities in their specific oblasts/rayons.

### ***Pharmaceuticals***

Support continues for the Drug Information Center but progress is slow. The Center's staff, who are paid by the Oblast hospital, went for training at the Moldova Drug Information Center. One of the staff subsequently left, and has started working with ZdravPlus on development of quality improvement pilots in Ferghana. A new employee has been found but he needs to undergo training at the Karaganda DIC. This is planned for early next year. Two newsletters were developed and disseminated in Russian. The Center has decided to start translating the materials into Uzbek to better inform the rural physicians and nurses who are sometimes weak in Russian.

A survey of the medical charts was conducted in December to collect data for the USAID PMP, and also to provide some input for the clinical team. Drug prices were also collected in the pharmacies and will be part of a comparative paper on prices between Kazakhstan and Uzbekistan.

Uzbekistan hosted the International Drug Policy Workshop. (See Regional section).

### ***Reproductive Health***

#### Training of Doctors and Nurses

RH training continued, with a focus on Toshloq and Furqat Rayons in Ferghana, where the RH Center and the Uzbekistan Medical and Pedagogical Association conducted two two-week courses for a total of 28 gynecologists; four one-week courses for 47 GPs and three one-week courses for 32 mid-level personnel. Average pre- and post-test scores for the ob-gyns went from 57.4 to 92.3 percent; those for GPs from 51.3 to 90.6 percent; and those for mid-level personnel from 41.3 to 72.5 percent.

Work has also been under way to "package" ZdravPlus' RH learning packages in a format that will be easy for other projects to use, should they wish to do so.

#### Distribution of Contraceptives

The USAID-donated contraceptives continued to be distributed in the three pilot rayons of Ferghana. The following table shows the quantities of each method originally available, the quantities used in the first year of distribution and estimates of how long the current stock will last, if current patterns of consumption continue.

<b>Method</b>	<b>Original Stock</b>	<b>Stock Used Oct. 2001 – Sept. 2002</b>	<b>Current Stocks Estimated to Last...*</b>
Lo-Femenal (cycles)	152,400	12,100	138 months
Depo-Provera (vials)	28,000	7,775	31 months
IUDs (pieces)	24,800	11,250	14 months
Condoms (pieces)	42,000	16,900	18 months

\* From October 1, 2002

The logistics system is attracting considerable interest from the MOH and UNFPA who are exploring possibilities to improve the distribution of contraceptives around the country.

## *Family Medicine*

In addition to the ongoing training of doctors, ZdravPlus has initiated integration of its short modular courses into the medical training institutions of Uzbekistan, has begun training doctors in the new rollout pilot rayons of Andijon and Surkhondaryo, and is assisting in the formation of a new Family Physician Association.

### Clinical Trainings

Over the past six months ZdravPlus has decided to focus on institutionalizing its training program on anemia and rational nutrition into the standard medical curriculum of doctors at both undergraduate and postgraduate level. To accomplish this, and in response to requests from a number of pre-service and in-service training institutions, ZdravPlus has trained 66 teachers from four medical institutes namely 1<sup>st</sup> and 2<sup>nd</sup> Tashkent Medical Institutes, the Tashkent Pediatric Institute, and the Andijon Medical Institute, and in addition to the Postgraduate Training Institute. They are now integrating this material into their ongoing teaching programs. It is planned to move this program into the remaining institutes focusing initially on the training of GPs at postgraduate level, but also encouraging undergraduate professors to become trained simultaneously. In Ferghana Oblast, ZdravPlus plans to conduct further training of junior SVP doctors and nurses.

With the completion of the laboratory training module, ZdravPlus has now conducted the first training workshop for six laboratory technicians in Beshariq Rayon of Ferghana Oblast and followed this with an evaluation assessment of the trainees after two months. Preliminary results show that the participants' theoretical knowledge and practical skills were increased as a result of the workshops, but the follow up visit has highlighted a number of problems which include a return to old habits and a lack of basic necessities at the facilities (eg electricity cuts in the winter, water cuts in the summer, heating problems in the facilities). With a focus on enhancing SVPs throughout the country, a basic set of lab tests is a prerequisite, and this module is throwing light on practical necessities at the rayon level including, for example, the need to supply microscopes which can operate using reflected sunlight. In the light of the findings, adjustments to the course are being made to make it as relevant as possible for the participants, and to ensure as far as possible that learned competency based skills are implemented in future practice.

As a first step in developing a new hypertension-training module, ZdravPlus conducted a series of focus groups which have highlighted a number of differing attitudes and levels of knowledge among the medical profession and patients in Ferghana Oblast. Interestingly, it was found that those doctors who received previous short-term training on hypertension under the ZdravReform Project had better knowledge about diagnosis and treatment compared to those who had not received this training. The survey also shows the need to work with the population to educate them in healthy lifestyles and in basic knowledge of appropriate treatments for the condition. In conjunction with the QI team, a workshop in Ferghana has helped to define the issues and a number of simple standards have been agreed. This will now feed in to the development of the training module, and simultaneously ZdravPlus will attempt to catalyze the much needed development of national evidence based guidelines on hypertension, with a Ministry of Health approved team, to feed in to the module.

### Mini-Residency Program at the Tashkent International Medical Clinic (TIMC)

As a result of positive feedback from participants, these mini-residencies for both rural doctors and GP trainers have continued over the last six months, enhancing the understanding of the roles and responsibilities of GPs and enhancing their skills and knowledge. Sixty-nine SVP doctors from Ferghana Oblast have participated in this program to date. In addition, 14 GP trainers from medical institutes have participated in a month-long residency to improve their clinical experience and competency.

### Mini-Residency Program at the Family Medicine Centers in Bishkek and Osh, Kyrgyzstan

In order to expand the clinical training of Uzbek GP trainers, ZdravPlus has established a partnership with the Kyrgyzstan GP training program at the Bishkek Postgraduate Institute and at the branch training facility in Osh run in cooperation with the US based Scientific Technical and Linguistic

Institute (STLI). This has resulted in the start of a month long mini-residency for two Uzbek trainers in Bishkek and two trainers in Osh. The training will focus on clinical skills such as history taking and examination and diagnostic skills, which it is hoped will enable the trainers to become more effective and accepted in their roles establishing the GP system in Uzbekistan.

#### Cooperation with Operation Provide HOPE

ZdravPlus helped to formulate a distribution strategy for the delivery of 60 clinical sets and almost 200 doctors' diagnostic equipment bags to rural health facilities in Ferghana and Andijon Oblasts. These were targeted in Andijon at the Primary Health Care facilities in the three pilot rayons where the doctors are currently undergoing the ten-month retraining program sponsored by ZdravPlus. In addition, the doctors' diagnostic sets were able to supply every SVP in an additional six rayons of Andijon. A branch of the US State Department has made these donations, but complications in the delivery of supplies to the eight city health centers and 16 designated Primary Health Care facilities have arisen in Ferghana Oblast. ZdravPlus has been involved in resolving the issues and ensuring the smooth distribution of the equipment. After the equipment has been accredited by the government of Uzbekistan, ZdravPlus intends to carry out short training courses for the recipients in the use of the equipment.

#### ***Integrated Management of Childhood Illness (IMCI)***

ZdravPlus has successfully commenced institutionalization of the IMCI program at various levels within the health education system of the country, and opened the new IMCI Training Center in Ferghana City.

#### IMCI Center in Ferghana

The IMCI Center was created with participation of the Scientific Research Institute of Pediatrics, the OHD, and ZdravPlus technical assistance. The center opened in September with ZdravPlus providing office equipment, video equipment, furniture and essential training materials. The main objectives of the IMCI Center are to coordinate the IMCI program implementation in Ferghana Oblast, to train medical personnel in the management of childhood illnesses focusing on acute respiratory infections and diarrheal diseases, fever, anemia and nutrition. The center will monitor and provide assistance to doctors in solving problems and will organize activities for the exchange of experience among PHC personnel. The center also provides informational support and helps organize activities among the population to improve the practice of homecare for sick children.

#### Improving Health Workers' Knowledge

ZdravPlus has conducted four trainings in Ferghana Oblast in the past six months for a total of 84 doctors trained. On-site monitoring of participants followed each training session. Twenty-seven doctors from Sirdaryo were trained as a cost share with the Health Project. In addition, 15 doctors being trained from Tashkent have been provided with books by ZdravPlus.

#### Introducing IMCI into the Undergraduate and GP Retraining Program Curriculum

ZdravPlus conducted orientation meetings in Andijon Medical Institute from September 21 followed by full IMCI TOT training of 20 people from the Institute. ZdravPlus also supplied full IMCI training manuals, timers, wall charts and an electronic version of the manuals. In order to facilitate the training of IMCI to doctors being retrained as GPs, ZdravPlus provided enough copies of the IMCI manuals to train all the participants. In addition, ZdravPlus continues to provide assistance in implementing IMCI into the institute's curriculum. The new trainers trained 115 students in IMCI over the last few months and 98 percent of students gave very positive feedback about the IMCI course. Twenty doctors retraining to be GPs at the Institute have been trained in IMCI by the GP trainers thanks to the ZdravPlus TOT and a further 19 have been trained at the Bukhoro GP Training Center, all with ZdravPlus support for the trainers and for the IMCI manuals. Tashkent Medical Institute 2 trained 20 students in IMCI after two professors received a TOT training. They are now requesting that a further 18 professors receive training there, and ZdravPlus will try to respond to this. The Tashkent Pediatric Institute professors who have received TOT training are now

being assessed by ZdravPlus to watch how the training is implemented there at undergraduate level, and any problems in doing so will be addressed. The next step planned is to introduce IMCI into the Tashkent Institute for Advanced Medical Education. ZdravPlus participated in a WHO organized pre-service IMCI workshop in Kazakhstan where there was an opportunity to learn about international experience and discuss the problems in a Central Asian context. As a result, participants have returned and are currently adapting undergraduate training materials for use in the context of Uzbekistan.

#### Community IMCI Conference

A community IMCI workshop was held 13-15 August in Tashkent. ZdravPlus has developed and proposed a number of recommendations for designing the third component of IMCI, in cooperation with the Institute of Health. This is comprised of three elements: 1) Improving partnerships between health facilities (and services) and the communities they serve; 2) Increasing appropriate and accessible care and information from community-based providers; 3) Integrated promotion of key family planning practices critical for child health and nutrition.

#### ***Family Medicine Education Development***

##### Ten Month GP Retraining Course

Supporting the World Bank Health Project's ten-month retraining of doctors as general practitioners, ZdravPlus has funded the participation of 20 doctors from each of the two new pilot oblasts to attend the course at the Andijon and Bukhoro Medical Institutes' GP Training Center. In addition, ZdravPlus provided support to the Centers for renovations and equipment, library books, and a personal edition of the Murtagh GP reference book for each trainee.

Simple medical diagnostic equipment is being procured for all the trainees so they can implement their newly learned skills. This is one of the first steps ZdravPlus has implemented in rolling out the program activities to the new oblasts, and sets the scene for further reform processes.

##### Foundation of a National Family Physician Association

Following the formative meeting of the national Family Physician Association (FPA) in May 2002, ZdravPlus has provided significant input into the development of the goals of the organization and registration issues (with help from Counterpart Consortium). This has resulted in a written draft constitution, and in the decision to launch an FPA journal. The journal, which has been greeted with enthusiasm by the GP trainers and trainees alike, will be produced almost entirely by the GPs themselves. In addition to carrying news items, an editorial comment, competitions and a cartoon spot, the journal will feature a continuing professional development (CPD) module, linked to a guideline or, where possible, a standard on a clinical medicine topic. It is planned that doctors will work together in groups to study the CPD module, overseen by a recognized facilitator (these are currently being designated in the Ferghana Oblast). Feedback will be provided to the central FPA headquarters where a database of doctors reading the journal and doing the CPD modules will be collated. This data could later feed into an FPA accreditation process, which in turn might feed into the national accreditation system when it is in place. Sustainability will be helped if reader numbers are known, and advertising space in the journal can be sold. Such a publication will also provide a means for regular medical updates for doctors, and could be used as a conduit for new evidence based guidelines produced by the MOH.

##### Study on the Attitude of General Practitioners (GP) towards Family Medicine in PHC

The study initiated by STLI on the attitude of GPs toward family medicine in PHC has now been completed with 85 out of 90 GPs in Ferghana interviewed, 80 out of 87 GPs in Sirdaryo, and 73 out of 84 GPs in Navoiy. The data will be entered into a statistical program after which time results can be analysed and assessed. It will be used to identify strengths and weaknesses in the family doctor program so that needed changes can be made.

## ***PHC Nursing Training***

### Visiting Nurses Bags

Nursing bags have been assembled for visiting nurses and midwives working in SPVs/SVAs in Quva, Yozyovon, and Beshariq Rayons. These visiting nurses and midwives will attend a training teaching them how to conduct exams and screen patients, using the tools in the nursing bag. The focus is on examinations of infants and pregnant women, but also teaches other needed routine clinical skills. The first training took place in Yozyovon. The training is being adjusted and will continue in the other rayons into early 2003. CAFE in Beshariq is conducting these trainings for ZdravPlus.

### PHC Nursing Specialist

Ferghana OHD issued a prikaz establishing a PHC nursing specialist in each rayon. This prikaz does not establish a new position, but assigns new responsibilities to an existing position. It may not be ideal, but it is a huge step towards recognizing and supporting the work of PHC nurses. ZdravPlus will support these nurses with ongoing training on training skills, on-the-job training skills and supportive supervision, as well as clinical skills and methods of patient education.

ZdravPlus is working with Mashav to include these Nursing Specialists in one of the Israeli-based trainings for leadership nurses. Five of these PHC Nursing Specialists have participated in the training for use of the nurses' bags. In future trainings they will be expected to assist as trainers. All PHC Nursing Specialists will also be involved in this training. The creation of this position and the training of these nurses will assure ongoing skill improvement of PHC nurses throughout the oblast (e.g., sustainability and institutionalization), and serve as a model for other oblasts.

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## **Improving Resource Use**

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ZdravPlus activities aimed at improving resource use have continued to address issues relating to health financing, health management and information systems, and monitoring and evaluation during the last six months. Financing and management (F&M) reform efforts have been further solidified in the three original experimental rayons in Ferghana Oblast and their extension has been initiated in the three additional rayons in Ferghana Oblast and the three pilot rayons in Navoiy and in Sirdaryo Oblasts. This last achievement was particularly important as it signified a shift in national and oblast-level thinking about health reform. PHC F&M reform strategies were accepted as successful approaches that need to be refined and rolled out rather than to be tested further through experiments. An expansion plan has been agreed with the World Bank Health Project and the Government of Uzbekistan to scale-up these reform elements across all the rayons of the above three pilot oblasts (Ferghana, Sirdaryo and Navoiy) by the end of next year. Rollout of F&M reform elements has attained a new dimension with the recent agreement of the MOH and local authorities to replicate and adapt them in Surkhandaryo and Andijon Oblasts. Initially, rollout has been planned for three rayons each in Surkhandaryo (Termez, Muzrabod and Djarkurgan Rayons) and Andijon (Boz, Ulugnor and Hodjiobod). Another significant development that took place recently was that the government for the first time supported the idea of an urban pilot on health reforms. Work on the urban PHC pilot was initiated in Marghilon City in Ferghana Oblast since September. For the first time, PHC reform initiatives in Uzbekistan are being expanded to areas outside the World Bank Health Project pilot sites. This is a powerful testimony to the vision of the Government to implement a phased-in replication and to USAID ZdravPlus Project's support for financial and management reforms of the PHC sector in Uzbekistan.

Over the past six months, health financing activities have continued to focus primarily on: 1) providing technical assistance to implement expansion of financial reforms; and 2) consolidating the related reform process in the three old experimental areas in Ferghana. Also, ZdravPlus specialists provided extensive assistance to the MOH in the initial design of the World Bank Health II Project. Health management activities were focused on: 1) providing training to new and established financial managers; 2) finalizing a computerized program with the project's information technology specialists to analyze the allocations to and expenditures made by the PHC facilities and thereby facilitate

rational use of funds; and 3) organizing competence-based incentive programs to effect enhanced motivation and professional improvement of the managers. Activities relating to the health information systems have been focused on: 1) strengthening collaboration with the Republican Information and Analytical Center (RIAC) to institutionalize data collection, storage and analysis processes; 2) refining the clinical information and the population enrollment systems; and 3) providing technical assistance to adapt ICD 10 in Uzbekistan.

### ***Health Financing and New Provider Payment Systems***

#### Expanding Financing Reforms

A key issue in expansion of the health financing reforms based on the concept of new provider payment systems is continued design and development of the capitated rate payment system for PHC. Technical assistance was extended to accomplish all necessary preparatory work required to estimate the capitated rates in the new rayons. The progress of these activities in Ferghana, Sirdaryo and Navoiy was reviewed along with WB representatives during the review of the Health Project in October. Ferghana has demonstrated notable progress in the rollout of financing reforms to three additional rayons (Toshloq, Akhunbabaev and Furqat) in the oblast, with the capitation-based allocations received by them since April. The Hokim of Ferghana has also agreed to rollout the financial experiment to the entire oblast. In Sirdaryo and Navoiy, technical support has been streamlined to improve the pace of reform implementation. Preparatory activities were initiated for rollout of rural PHC reforms to the selected pilot rayons in Surkhandaryo and Andijon Oblasts. ZdravPlus conducted orientation seminars on health reforms in Uzbekistan in September for the local policymakers and program managers, a Joint Implementation Review Committees (IRC) was formed, and meetings of the IRC were held to develop and monitor the Action Plan for the reform work. Similarly, an orientation seminar, and IRC and planning meetings were organized in Marghilon to agree on the urban PHC model to be piloted. Also, financial data on public expenditures on health services including PHC were collected from all the rayons in Surkhandaryo and Andijon Oblasts and the health facilities and City Health Department in Marghilon, in order to analyze existing budgetary allocations to PHC in these areas.

#### Consolidating the Reform Process

Continuation of ZdravPlus' intensive technical assistance in Ferghana, Sirdaryo and Navoiy Oblasts succeeded in further increasing the per capita allocations for PHC in the pilot rayons. For example, in Ferghana, the per capita normative for PHC facilities rose from 964 Soum in 2001 to 1305 Soum in the year 2002, and in Navoiy, it increased from 1485 Soum to 1658 Soum during the same period. Now 89 PHC facilities are covered in six pilot rayons in Ferghana within the financing and management reforms compared with 47 in three pilot rayons in 2001, implying an increase in the population covered under the new provider payment systems for PHC in Ferghana Oblast from 12 to 23 percent. Pooling of rayon resources for PHC at the oblast level has enabled more equitable distribution of these resources among pilot rayons. The new provider payment system based on capitated rate has provided incentives to PHC facilities to focus on preventive care and target resources to the most vulnerable populations. The year-end analysis of factual resource allocations has demonstrated that the relative share of PHC in the health budgets of the pilot rayons in Ferghana registered an increase from 20 percent in 2001 to 21.4 percent in 2002. The PHC facilities were able to further consolidate their juridical independent entities with greater management autonomy to use resources to improve health service delivery and respond to community health needs. For example, the proportion of personnel (salary) costs decreased further to 44.5 percent in 2002, as against 45 percent in 2001 and 47.4 percent in 2000. Proportion of drug/medicament expenditures, on the other hand, rose from 6.9 percent in 2001 to 10 percent in 2002.

### ***Health Management***

#### Providing Training to New and Established Financial Managers

As the financial reforms are rolling out to new sites, ZdravPlus initiated a dialogue with its Uzbek counterparts to institutionalize the ZdravPlus modules on basic management training of the newly

recruited financial managers for the PHC facilities. ZdravPlus intensely supported this process by sharing the training materials and transferring the related know-how. Accordingly, the MOH has agreed to conduct training courses for the new financial managers from Health Project funds. This work has been contracted out to the Business School within the Tashkent State University of Economics. However, ZdravPlus continued to participate in the interview and selection process, and attestation of the financial managers. During the past six months, ZdravPlus took part in the selection of 163 new financial managers for the PHC facilities in the pilot rayons. In October, ZdravPlus organized a seminar to disseminate the book of training materials on basic management and finance, which is currently being used as the main reading material for the introductory training courses for the new financial managers.

Having the basic trainings institutionalized within local initiatives, ZdravPlus specialists stepped up their work in providing advanced management training to the financial managers, financial coordinators and head doctors of the PHC facilities. During the last six months, 11 such training seminars were organized in Ferghana, Sirdaryo and Navoiy on Business Planning, Asset Management and Financial Analysis for the working financial managers and head doctors. A total of 255 participants attended them, resulting in a total of 340 training days. Furthermore, update of the "Policy and Procedure Manual for Administration of the PHC Facilities" and preparation of the training modules on "Analysis of Economic and Financial Activities at PHC Facilities" and "National Accounting" was completed.

#### Computer-based Analysis of Financing and Expenditures to Facilitate Rational Use of Funds

Financial reform of the PHC facilities prompted the need for an efficient way of tracking the financing process and expenditures of the PHC facilities by oblast and rayon managers. The new payment system, which pools PHC funds and pays providers a capitated allocation, calls for oblast financial managers to compile data on the financial resources committed to the numerous PHC facilities and monitor their expenditure status. Manual processing of this enormous amount of data runs the risk of obvious errors. Indeed, arguably, an efficiency analysis of resource use by the PHC facilities is too cumbersome to conduct without a computer application. As a result, program managers failed to see the benefits arising from the new financing systems. Financing and management specialists teamed up with the project's information technology experts to address this practical need. After a long-drawn-out, painstaking process, with numerous iterations of the design and much testing, the endeavor proved successful. The computer application has been finally developed and successfully piloted in the Economic and Planning Unit of the Ferghana Oblast Health Department.

Formal dissemination of the program was organized at a seminar in October. More than 30 participants from different agencies including the Ministry of Macroeconomics and Statistics, the MOH, The World Bank, USAID, the Central Project Implementation Bureau (CPIB) of the Health Project, and the OHDs and PIBs from Ferghana, Sirdaryo and Navoiy attended the seminar. The participants observed that the financial software provides oblast and rayon financial managers with a unique, convenient tool for planning and organizing PHC budgets. A step-by-step users' guide has also been developed to facilitate proper application of the computerized model by the financial managers. As the next step, the software will be installed at the republican and pilot oblast health offices and a series of hands-on training courses will be organized for financial managers. ZdravPlus specialists also plan to work on an advanced version of the model, capable of tackling financial issues relating to the Facility Development Funds.

#### Competence-based Incentive Programs

To enhance motivation of the financial managers in implementation of the health financing and management reforms, ZdravPlus continued to organize competence-based incentive programs. The winners of the "Best Financial Analysis" and "Best Business Plan" from the three pilot oblasts are being rewarded with a three-day practical training on Financial Administration at the Tashkent International Medical Clinic. Accordingly, 18 winning financial managers have attended six such skill-enhancing programs during the past six months.

## ***Health Information Systems***

### Collaboration with RIAC to Facilitate Institutionalization

Collaboration with RIAC on technical training of the information personnel, conversion from ICD-9 to ICD-10, rollout of RIAC software on data storage and processing to the pilot oblasts, and further integration of ZdravPlus and RIAC information systems, especially regarding coding and reporting of recorded clinical data was continued during the reporting period. Since RIAC is the main coordinating agency of the MOH for dealing with all issues on health information and analysis, ZdravPlus collaboration with RIAC is resulting in better scopes for institutionalization of the ZdravPlus HIS activities. Along with RIAC, ZdravPlus specialists assisted in setting up the rayon computer centers in the pilot oblasts and strengthening the practical skills of the computer operators, programmers, and managers.

### Refining the Clinical Information and Population Enrollment Systems

ZdravPlus assisted in the enrollment of population, and preparation of the computerized database in the ten additional pilot rayons in Ferghana, Sirdaryo and Navoiy. In addition, the population databases at the old pilot rayons were updated and the population database software developed by ZdravPlus installed in Ferghana. ZdravPlus specialists trained a total of 120 data collectors and 70 computer operators in the past six months. Good progress has been achieved in the development of a complete set of instructions and user guidelines for the population software as well as the population database. The Population Database Package will be disseminated in January.

The Clinical Information Forms (CIFs) were simplified and algorithms for statistical reports based on them were prepared in collaboration with RIAC. These were tested in Toshloq Rayon in Ferghana Oblast. The physicians and other related health and information personnel were trained on the forms. A review of the CIF along with RIAC will take place in January to determine the next steps for the clinical information systems.

### Technical Assistance to Adapt ICD 10

Translation of ICD-10 into Uzbek is close to completion. Also, a brief version of ICD-10 was developed for the PHC facilities. Computerized algorithms are now being developed for processing of the ICD-10 codes.

Theo Lippeveld, JSI consultant, reviewed the ZdravPlus HIS work in Uzbekistan in July. The consultant made a number of useful recommendations on future goals and strategies for the HIS, including the need to simplify the current clinical information system and link it to the reform activities, further evaluation of the need for computerized data systems and their updating mechanisms, and the need to pilot a simple reporting system with flexibility of use in computerized and non-computerized environments to produce data for monitoring and evaluation at the PHC facility (SVP), rayon and oblast levels. Findings and recommendations of the review have been documented in a report.

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## ***Improving Legislative, Regulatory and Policy Framework***

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### ***World Bank II Design***

A major ZdravPlus policy activity over the last six months was initiating the process of collaborating with the World Bank to develop the second Health Project (Health II). ZdravPlus:

- Continued dialogue with the World Bank (WB) and Uzbek counterparts on the development of a collaborative and open design process. For example, ZdravPlus facilitated the creation of Working Groups to contribute to design.
- Contributed to development of the initial broad concept or outline for the project.
- Provided technical assistance to the Working Groups to develop initial input on specific design for project components.

## ***Legal and Policy Development***

### Developing a Legal Framework to Guide Financing and Management Expansion

ZdravPlus provided technical input to the development of the prikaz from the Cabinet of Ministers on expansion of the financial and management reforms to the additional rayons in Ferghana, Sirdaryo and Navoiy Oblasts. Also, technical input was provided in modification of the legal documents on staff normatives and salary levels of the financial managers for the PHC facilities.

### Co-Sponsoring Joint Working Group Meetings

Three meetings of the Joint Working Group on Health Financing and Management were held in the past six months. The following issues were addressed: review of activities relating to expansion of financial reforms to the additional pilot rayons in Ferghana, Sirdaryo and Navoiy Oblasts (prikaz from the Hokimyats and Health Departments, registration of PHC facilities as legally independent entities, facility budget development and approval process, and training and hiring of new financial managers and financial coordinators).

Two meetings of the Joint Working Group on Information Systems were organized during the reporting period. Issues relating to ongoing collaboration between RIAC and ZdravPlus in development of an integrated information system (including the CIS and the population enrollment process), necessary technological improvements and advances in pilot oblasts and rayons, and status of the population enrollment and updating in the pilot rayons were discussed.

### Institutionalization

Ferghana OHD issued a prikaz establishing a PHC nursing specialist in each rayon. This is a notable step towards oblast-wide institutionalization on ongoing quality improvement for midlevel providers. In addition to this, the OHD is working on a similar prikaz for establishing a PHC Medical Specialist. In all, this would establish a four-person team in each Rayon Health Department responsible for PHC services. The Rayon Coordinator who is responsible for the implementation of the PHC reforms, and the coordinator of the rayon-level PHC team, the Finance and Management Coordinator, the PHC Medical Specialist (still to be established), and the PHC Nursing Specialist. Once this model is fully operational it should serve as a model for PHC management as we rollout to other oblasts.

**TAJIKISTAN**  
**Six-Month Report**  
**July – December 2002**

**COUNTRY SUMMARY BY PILOT SITE**

Until the beginning of the current fiscal year, ZdravPlus work in Tajikistan was managed by ORA International, with an over-riding focus on clinical training. Since July, there have been two key additions to the team. Aziz Jafarov joined the team in August as the Component Coordinator for Health Systems Development, and Ed Harris joined the team as Country Representative in September.

The key set of activities over this period has been: (a) to develop mechanisms to work with Tajik partners and continue good working relationships with the Ministry of Health, including especially the Somoni Reform Group; (b) to establish an effective work and management environment, including operational procedures and an office move; (c) to broaden the program of the three components - Population Involvement, Health Systems Development, and Quality of Care; (d) to outline clear and effective strategies for each of the components; and (e) to build program activities.

The MOH has maintained its reputation as a slightly difficult partner. However, there is some evidence to suggest that the MOH is truly open and interested in health reform, has capacity that should develop substantially given technical assistance, and could become a good partner in actual implementation of reform. The ZdravPlus in-country presence is an enormous advantage in this respect. ZdravPlus' close collaboration with international donors has continued despite personnel changes in the World Bank which included Akiko Maeda coming in as the new team leader. During the course of the past six months, ZdravPlus has had considerable success in terms of collaboration with the Australian consultancy group, SMEC, designing the second ADB loan, the Social Sector Development (SSD) Loan. Outcomes of this collaboration include joint plans regarding family medicine training at the ZdravPlus training center located at Polyclinic #8. Final negotiations are due to take place in February 2003.

***Varzob and Dangara (World Bank Pilot Sites)***

There is still some friction between the team leaders of the WHO Somoni Reform Group and the World Bank Project Implementation Unit (PIU). The ZdravPlus assessment, however, is that this friction is overstated. It is clear from a visit to the pilot sites, however, that even though disbursement under the World Bank loan has been slow, their pilot sites have access to significantly more funds than the WHO pilot sites. Dangara is teasingly referred to by some as the capital of Tajikistan on the grounds that it is the President's birthplace. There is a risk that insufficient communication between the World Bank and WHO teams will lead to competing or duplicating health reform strategies.

***Leninskii, Bokhtar, and Kulyab (WHO Pilot Sites)***

Of the three WHO pilot sites, it appears that Leninskii receives the overwhelming majority of WHO inputs and support. Leninskii is also the pilot closest to Dushanbe. In Bokhtar and Kulyab, ZdravPlus came across little evidence of successful reform. The buildings were in very bad repair, the doctors' morale seemed low, and people appeared to have no clear idea of what the health reforms were about. (One doctor expressed gratitude for the reforms, but wondered when the "Family Surgeon" would return.)

In this respect, there are two parts to the ZdravPlus strategy. Firstly, ZdravPlus are keen to build on existing work in the five pilot rayons by supporting reform activities in each of them. Secondly, wherever possible, ZdravPlus seek to facilitate cooperation and communication between the World Bank and WHO teams. ZdravPlus will keep a watching brief on development of the ADB loan and explore ways to work closely with them. The ADB SSD loan expects to work in five pilot rayons, although selection of the rayons is a key sticking point in discussions with the government.

## **SUMMARY OF IR ACTIVITIES**

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### **Population Involvement**

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#### ***Health Promotion***

ZdravPlus has made good links with the Centers for Healthy Lifestyles (CHLs) at national, Dushanbe, Khatlon Oblast, Sogd Oblast, and Kulyab Rayon levels. Previous ZdravPlus seminars that linked Tajik CHLs with Professor Akanov in Almaty have had excellent results in the sense that Oblast-level Directors, at least, have good understanding of health promotion principles and, most importantly, both influence and enthusiasm. Other links have been made with NGOs, both international and local.

Following a visit to Tajikistan by Sheila O'Dougherty in December, ZdravPlus agreed on the strategy of funding CHL activities, as opposed to infrastructure. There are three reasons for this. Firstly, ZdravPlus want to build the influence of CHLs vis-à-vis the Sanitary-Epidemiological Service (SES) in order to put pressure on the SES to reform in line with international thinking on health promotion. Secondly, by funding CHL activities, existing links between CHLs and the local communities will be developed, thus empowering communities and supporting the democratic transition. Thirdly, ZdravPlus wishes to spend a larger proportion of its funds on Community Based Organizations (CBOs) and Non-Governmental Organizations (NGOs) than on government institutions, such as the CHLs.

Other activities have included translation of "Where There is No Doctor" into Tajik.

Finally, together with Mercy Corps International and the Somoni Group Communications Team, ZdravPlus are supporting a Journalism Competition. Prizes will be awarded for the best articles on health. The aims of the competition are to (a) draw attention to the need for accurate health information in the press, and (b) support capacity development within the Tajik media.

#### ***Health Reform Information***

Following a visit to the WHO pilot rayons, it became clear that a significant issue was misinformation or even non-information about the nature and progress of the reforms. A Communications Team exists within the Somoni Group, and ZdravPlus will consider the various ways that they could support the Communications Team to spread information on health reforms and therefore to help motivate change from below.

#### ***Small Grants***

The Healthy Communities Grant Program, to be undertaken in partnership with Counterpart is anticipated to begin in Tajikistan sometime during the month of February 2003. A regional meeting was held in Almaty in early December with ZdravPlus colleagues from Counterpart International.

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### **Quality Improvement**

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#### ***Family Medicine***

Many international organizations and multilaterals have focused on training Family Doctors within the context of individual loans and projects. For example, the World Bank has supported a six-month retraining for doctors within the two World Bank pilot rayons. During the summer, ZdravPlus made an agreement to support a Training of Trainers (TOT) Program for Family Doctors. The program will be carried out in partnership with the Postgraduate Medical Institute (PGMI), the Somoni Group, and Dushanbe GorZdrav on the base of Polyclinic Number Eight, which has been recently renovated (also with support from the World Bank Health Loan).

As part of the renovations, ZdravPlus funded repair of the roof, minor internal renovations, furniture, external window grills for security, and limited equipment (mostly for teaching). The opening of Polyclinic #8 took place on Saturday December 7, and was an extremely high profile and well-received event. Representatives attended from the MOH (including the Minister and all three Deputies), the Dushanbe Hokimat, and the President's Executive Administration. It was also an excellent opportunity to cement ZdravPlus' good relationship with the MOH.

ZdravPlus have also been successful in engaging with both related ADB loans on Family Medicine training. The first loan – the Social Sector Rehabilitation Project (SSRP) – has one year left to run. ZdravPlus engagement with the SSRP has been successful in the sense that engagement took place in order to avoid potential duplication and competition. Instead, the two Family Medicine programs are now aligned in terms of both overall strategy and implementation detail to produce a very coherent national Family Medicine education program. Firstly, both projects are supporting a number of Family Medicine Trainers (international and local) and trainees. Secondly, after much discussion on the curriculum, an agreement was reached on an 11-month curriculum with both ADB project teams, the Postgraduate Medical Institute, the Somoni Group, and the MOH. Thirdly, ZdravPlus are engaged with the ADB strategy of taking the reforms out to the oblasts. The first ADB loan will renovate and refurbish Training Centers in the Oblasts, for example, while the Post Graduate Medical Institute (PGMI) has regional branches in Sogd and Khatlon Oblasts. The ZdravPlus program will include trainees from these oblasts. In one year's time, trained trainers from the Family Medicine Clinical Training Center (FMCTC) at Polyclinic Number Eight will be working in the Oblast Family Medicine Training Centers. Fourthly, ZdravPlus is engaged in terms of contractual detail with the trainers and trainees, and in terms of program implementation. For example, the ADB will hire a consultant (a) to support the PGMI with program management, and (b) to guarantee implementation of the ADB component.

A World Bank mission is due in late January. One of the purposes of their mission is to discuss Family Medicine education issues with the ZdravPlus project.

For the future, ZdravPlus views its work on FM as central to many health reform issues. Firstly, one of the key health reform issues is to shift from vertical systems / programs to more effective horizontal programs. For example, successful health reforms require streamlining of Tuberculosis and Sexually Transmitted Infection (STI) issues into Family Medicine. Secondly, in a context where health reforms may be extremely sensitive and contentious (health finance and rationalization, for example), improving the quality of doctors also builds the credibility of the reforms.

Therefore, ZdravPlus is looking to link with as many other donor-funded vertical programs as possible (such as Tuberculosis, IMCI, and narcotic issues). Firstly, this will support sustainability of those programs. Secondly, from an implementation point of view, there is the hope of finding suitable trainers within these programs to supplement the FMCTC training program.

Finally, the FMCTC is a demonstration model. ZdravPlus is keen, therefore, to make links between the FMCTC and other parts of the ZdravPlus program (pharmaceuticals, clinical protocol guidelines, IMCI) in order to demonstrate the links between Family Medicine and other important health reform issues.

### ***Bishkek Training***

ZdravPlus has sent four doctors and four nurses on the 11-month Family Medicine training courses in Bishkek. The four doctors are from the Sogd Oblast Family Medicine Training Center (2), the Khatlon Oblast Family Medicine Training Center, and the Tajik State Medical Academy (TSMA). The nurses are from Sogd Oblast Family Medicine Training Center, the Postgraduate Medical Institute (PGMI), and two Medical Colleges.

ZdravPlus are looking at the most effective ways to use these eight candidates on their return. There is a desire to support them at the FMCTC and related branches. There may also be opportunities to work on medical education issues elsewhere, for example at the TSMA or the Medical Colleges.

### ***Nurse Training***

There has been much discussion on this issue between ZdravPlus, the ADB, the Aga Khan Health Service (AKHS), and the American International Health Alliance (AIHA). ZdravPlus is keen to see a single coherent strategy in Tajikistan to develop Family Nurses, and, secondly, ZdravPlus believes that the FMCTC is an excellent opportunity to link Family Nurse trainers with Family Doctor trainers. ZdravPlus does not have a sufficient budget to support international nurse trainers. Therefore, the strategy has been to build awareness of the ZdravPlus program amongst the AIHA and the AKHS and to support any ADB interest in funding nurse training at the FMCTC. This strategy has been broadly successful in the sense that the ADB intend to fund international nurse trainers at the FMCTC, even though there are questions about how to ensure smooth and coherent implementation of this work.

### ***Pharmaceuticals***

In October and November, ZdravPlus organized a regional pharmaceuticals course in Tashkent and Samarkand. Six people attended from Tajikistan, four of whom were funded by ZdravPlus, including two from the MOH and two from the WHO National Pharmaceutical Group. The course was held in collaboration with Boston University, WHO, and the Uzbek Ministry of Health.

ZdravPlus has supported seminars on Pharmaceutical and Therapeutical Committees at Central Rayon Hospitals in the five pilot rayons. This has been done in order to support more accurate information on pharmaceuticals at the hospitals, and better use of pharmaceuticals.

For the future, ZdravPlus plans to support a Drug Information Center. Deputy Minister Latipov has agreed on the broad details of the Center. Implementation details are currently being worked out.

### ***Clinical Protocol Guidelines (CPGs)***

ZdravPlus has had initial discussions on CPGs with Dr Ghafur Khadjamuradov, the Head of the Technical Working Group on Clinical Protocols. ZdravPlus is also aware that many other Tajik institutions and international organizations are also working on these issues.

ZdravPlus will maintain links between its work on the Clinical Protocol Guidelines and the Family Medicine Clinical Training Center. ZdravPlus will also link into the Republican Research Institutes in order to broaden the reach of the discussions on health reform.

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## **Improving Resource Use & Legislative, Regulative and Policy Framework**

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### ***Health Finance Policy***

This has been an extremely sensitive issue in Tajikistan. Broadly speaking, though, the World Bank has linked health finance with rationalization and conditionality. Therefore, there have been some difficulties in achieving breakthrough successes. The Aga Khan Foundation (AKF) has two health finance pilot rayons in Gorno-Badakshan Autonomous Oblast (GBAO), and these pilots have had success in pooling funds at rayon level.

Following a visit to Tajikistan by Sheila O'Dougherty and Olga Zues in December, ZdravPlus has worked out a health finance strategy and implementation plan. This strategy was swiftly approved by the MOH.

The activities proposed will work at two levels: the Primary Health Care level and the Hospital level. At the Primary Health Care level, ZdravPlus work involves development of simulation models,

creation of Rayon Health Departments in the pilot rayons (with support from the MOH), and pilot implementation of proposed payment systems. At the Hospital level, we will support the collection and analysis of both clinical information and cost accounting in one pilot rayon and one urban hospital. This will facilitate policy discussion on Guaranteed Benefit Packages, Hospital Payment Systems, and Monitoring and Evaluation of the interface between primary and secondary health care.

The implementation strategy is threefold: (a) implementation of small steps in order to build a step-by-step process and create small victories that energize the stakeholders; (b) work in all five pilot rayons; and (c) encourage coordination between WHO, World Bank loans (including the Budget Reform Project), and others. The point is to build linkages between all the different projects in order to facilitate critical mass, and to ensure commonality of health finance concepts and models.

ZdravPlus also sent Muso Isomuddinov, Deputy Chief at the State Budget Department in the Ministry of Finance, on a ZdravPlus organized study tour to Lithuania. Feedback from Mr Isomuddinov and from the course organizers suggests that Mr Isomuddinov was an extremely enthusiastic participant and that the course gave him plenty to think about.

### ***Health Information Systems (HIS)***

ZdravPlus has supported training seminars on ICD-10, Form #20. These trainings support the collection of data, which in turn will inform health reform policy and allow international comparisons.

HIS is very complex and detail is vital. In early 2003, therefore, technical experts will travel to Dushanbe from Almaty in order to look at the issues in more detail. In the meantime, ZdravPlus will support any requests for work on conceptual and aggregate level HIS in order to remain engaged with the policy dialogue, and to facilitate any extra information that supports the health reforms.

## **TURKMENISTAN**

### **Six-Month Report**

### **July – December 2002**

#### **COUNTRY SUMMARY**

ZdravPlus presence in Turkmenistan has widened and deepened over the past six months. Activities have been expanded to include both a wider geographic area and a broader variety of interventions. The first ever health promotion campaign in Turkmenistan took place from August-October, cascade laboratory training was started, and IMCI pilot trainings took place.

Over the course of the six months, the policy environment has also evolved. The Government of Turkmenistan grew increasingly hostile to the idea of educational exchange with the other countries of Central Asia, and the MOH came under increasing pressure to control and monitor the partners with which it works. However, due to a number of well chosen activities: the popular Keeping Children Healthy campaign; the successful IMCI training; and the laboratory trainings, which met with government approval - ZdravPlus was able to find strong counterparts at the MOH and build supportive relationships.

Despite MOH support, Turkmenistan remains a challenging environment for health care reform. Officials at the MOH are often supportive of our activities, but lack the authority to fully back ZdravPlus. Innovative ideas are often met with fear instead of enthusiasm, and plans for new activities must be couched in familiar terms if they are to be permitted. Some ongoing activities, such as the Healthy Lifestyle seminars, have stalled in the face of high-level government disinterest, and other activities, such as sending Turkmen doctors to the family medicine training center in Bishkek, have been impossible to implement.

#### ***Pilot Sites***

During the past six months, ZdravPlus began to move away from a strict focus on pilot sites to a broader national focus. There were a number of reasons for this. The population of Turkmenistan is only five million people; achieving national coverage is not an unreasonable goal. The laboratory training, for example, was relatively simple to implement nationally after the training of trainers was completed. Although the Keeping Children Healthy Campaign was based in the two pilot sites of Farab and Serdar Etraps, the video and radio spots for the campaign were broadcast nationally. In addition, the popularity of ZdravPlus activities led to pressure from the MOH to expand activities nationwide.

However, the two original pilot sites of Farab and Serdar Etraps will still be used to assess new activities and interventions. Farab Etrap, in particular, is an active community committed to improving the health of its inhabitants. It will remain an excellent location to test new ideas. The winter KCH campaign is currently taking place in Farab and Serdar, and next fall's campaign on nutrition will be implemented in those two etraps first.

#### **SUMMARY OF IR ACTIVITIES**

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##### **Population Involvement**

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##### ***Keeping Children Healthy Campaigns***

The first Keeping Children Healthy (KCH) campaign took place from August 2 - October 9 in ZdravPlus' two pilot etraps (districts), Farab and Serdar. The campaign required a lot of new effort on the part of ZdravPlus. As part of this new effort, a marketing specialist, Zulfia Charyeva, was hired to implement and oversee the campaign. In a departure from the training activities which had

been previously implemented by ZdravPlus, the campaign required that new relationships were developed with the MOH.

The topic was chosen because of DHS survey data that showed that diarrhea was a major cause of child mortality in Turkmenistan. The campaign was a first of its kind for both ZdravPlus and for the country; using commercial marketing strategies to promote health goals is a new idea for Turkmenistan. Two video spots on diarrhea and breastfeeding were broadcast repeatedly on all three national television channels, and two radio plays were broadcast on national radio. The informational materials were produced in both Turkmen and Russian, and included information on prevention of diarrhea, home care for children with diarrhea, and the importance of breastfeeding. Health care providers distributed them, and Peace Corps volunteers were trained on the health topics of the campaign so that they could go on to teach mothers and children in Peace Corps health camps. Trainers from the American International Health Alliance also received the materials to use in their family medicine courses.

In addition to the use of informational materials and media outlets, ZdravPlus sponsored a nurses' contest, to increase the knowledge of target populations about certain aspects of diarrhea, in cooperation with local health authorities. About 125 participants were involved, including the nurses themselves and physicians, feldshers, and other House of Health staff that supported their activities. The campaign concluded with an awards ceremony held in early October in each pilot etrap. The most successful nurses were rewarded.

By the end of the campaign, thirty houses of health as well as children's hospitals in Ashgabat were provided with ZdravPlus printed materials. 7,400 women in the Farab and Serdar pilot sites were taught by nurses about hygiene, diarrheal diseases, and breastfeeding, and over 13,000 brochures; 9,000 flyers; and 3,000 posters were produced. The population's knowledge on diarrhea home care had improved.

A post-campaign survey, which tested maternal knowledge of diarrhea home care and the warning signs when a child should be immediately taken to a physician, found that knowledge had substantially improved. According to the 2000 DHS survey, 62% of the population nationally felt that a child with diarrhea should receive much less food than normal. After the campaign, 52% of the population in Farab Etrap felt that a child with diarrhea should receive more food than normal and 31% felt that the child should be fed normally. Only 11% felt that a child with diarrhea should receive less food than usual. In Serdar Etrap, 76% of the population felt after the campaign that a child with diarrhea should be fed normally or more than usual.

The KCH Campaign was based around a health education campaign developed for Kazakhstan, and was adapted for use in Turkmenistan and translated into Turkmen. The process of adapting the Kazakh materials to Turkmenistan necessitated developing relationships with officials at the MOH who could approve the materials, as well as a team of local physicians who could provide input on the linguistic and cultural context of the materials. Physicians at the Maternal and Child Health center, for example, translated the materials from Russian to Turkmen.

One especially strong partner was the Center for Healthy Lifestyle (CHL). It proved to be a valuable source of assistance, providing insight into Turkmen beliefs on health as well as reviewing the language used in materials. In cooperation with CHL, ZdravPlus was able to produce video spots for the campaigns at low cost.

The diarrhea campaign laid the groundwork for future health promotion campaigns, as it was well received by the MOH, health workers, and the population in the pilot velayats. The winter KCH campaign, on acute respiratory infections, drew on this popularity. It began on November 20, 2002. Like the summer campaign, it is based on materials adapted from Kazakhstan. It will follow the same format as the summer campaign, and will conclude on January 27. Participation thus far has been high. Its target audience is slightly different than that of the summer campaign – nurses have been requested to include pregnant women in their educational efforts. NGO participation will be greater

in this campaign that in the summer campaign; ZdravPlus has sought out NGOs in the pilot etraps to take part in educational efforts.

The post-campaign survey for the summer KCH campaign also served as the pre-campaign survey for the winter campaign. It included questions on homecare for children with ARIs, and the warning signs for when a child with an acute respiratory infection should be taken immediately to a physician. The results were interesting; perhaps as a result of the summer campaign, only two percent of mothers in Farab said that they would give antibiotics for an ARI. Knowledge of other homecare techniques, however, was still quite low.

Because of the success of the summer campaign, enthusiasm is high for the campaign on acute respiratory infections. The summer campaign proved to the nurses that the health education contest was fair, and that the winners were chosen impartially. As such, they are even more engaged in the winter education contest than they were in the summer. The head of the Velayat Health Department in Farab plans to attend the closing ceremony for the winter KCH campaign, as he knows that it is a popular and interesting activity that reflects well on him.

The KCH campaigns in Turkmenistan have improved the relationship between ZdravPlus and the Government of Turkmenistan, substantially improved knowledge of diarrheal diseases in the pilot sites, formed the basis for productive collaboration between ZdravPlus and the MOH, and supported IMCI implementation by serving as the community involvement component of the strategy.

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## **Quality Improvement**

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### ***IMCI***

IMCI training took place in the two ZdravPlus pilot etraps, Serdar Etrap of Balkan Velayat and Farab Etrap of Lebap Velayat. It was completed in May, and 70 physicians in Farab and 50 in Serdar are now using the skills acquired during IMCI training in practice. Seventeen IMCI trainers in the two velayats were also trained. The training began with a TOT to prepare the 17 trainers and then they went on to train others with the assistance of a WHO master trainer. Although there was a certain skepticism about the utility of IMCI for Turkmenistan in the early stages of implementation, once the first trainings took place the MOH became very supportive of the IMCI strategy. Monitoring visits for the newly trained doctors took place from August-September, and determined that physicians were using their new skills when treating patients.

The drugs for use in IMCI arrived in June and were not cleared through customs until the end of August, due to ongoing UNICEF difficulties with the Ministry of Foreign Affairs. The drugs were finally distributed in September. This meant that they were not available for the physician training. It also meant that very few monitoring visits were able to review the use of IMCI drugs by the IMCI-trained physicians. As the next round of monitoring visits takes place, it will become evident whether the drugs are being used properly.

A WHO financed IMCI Review Conference was held on October 1-3. ZdravPlus coordinated the work of the IMCI Course Director and a group of Ashgabat IMCI trainers with the WHO officer, Aigul Kuttumuratova, from Almaty, who was actively participating in preparation of the IMCI final Report. ZdravPlus also financed the printing of seven copies of the 600-page IMCI training modules in the Turkmen language that were given to the representatives of all five velayats during the conference.

The IMCI review conference demonstrated the support that the IMCI strategy has gained in Turkmenistan. All the participants of the IMCI Review Conference, including the MOH representatives as well, recommended the extension of the IMCI strategy to other regions of the country. Family physicians attending the meeting stated that they now feel confident that the new approach in child disease management will help improve the health of the children of Turkmenistan, and decrease the morbidity and mortality rates. Family physicians from the other regions of the country requested that they be trained in IMCI, one even declaring that she would pay for it herself if she had to.

A month and a half after the IMCI Review Meeting, the MOH of Turkmenistan approved the extension of the program to three additional velayats: Rukhabat Etrap of Akhal Velayat, Turkmenbashi Etrap of Mary Velayat, and Gubada Etrap of Dashowuz Velayat. According to MOH data, 305 family physicians need training in these etraps. In a meeting with Alexander Junelov, the head IMCI trainer for Turkmenistan, ZdravPlus learned that if the implementation of IMCI goes well in the three new pilot etraps, the MOH plans to apply to the Turkmenistan Cabinet of Ministers for the funding to extend IMCI training all over the country. ZdravPlus plans to support IMCI training in these three new etraps to the extent of its ability.

IMCI is one of the most successful health activities in Turkmenistan. It has wide support from the doctors who are trained, the MOH, and even at the level of the Cabinet of Ministers. The monitoring of the trained doctors has demonstrated that they are actually using the new skills they acquired when treating patients, and doctors who have not yet been trained are eager to begin. Despite some trouble with supply of IMCI drugs and the translation of IMCI modules into Turkmen, implementation has been very successful. This success has given ZdravPlus the credibility to implement some less traditional activities, such as the first KCH campaign.

### ***Lab Training***

ZdravPlus sponsored laboratory training for laboratory specialists in every velayat of Turkmenistan, beginning in July 2002. The training covered basic laboratory tests and analyses, such as testing blood hemoglobin levels, to make it possible for basic laboratory tests to be done at a local level instead of at district hospitals. This was the first training that many laboratory physicians received since the break-up of the Soviet Union, and the first time that laboratory training had been offered in Turkmenistan. In the Soviet era, laboratory specialists went out of the country to be trained.

A training of trainers was held in early July, with then Country Director Janet Maleski serving as the main trainer, with ten following seminars scheduled to follow, two in each velayat of Turkmenistan. Twenty-two laboratory specialists were trained at the TOT, and 21 have gone on to become trainers. Cascade laboratory training began in November, and will continue through July. Thus far, one training has taken place in Lebap Velayat and one in Akhal Velayat.

Both trainings were implemented smoothly and had the full support of local health authorities. This support extended to providing personnel to help administer the training and to adding additional participants to the classes - additional texts had to be provided at both trainings because of extra participants being included at the request of the Velayat Health Department.

Participants found the training to be interesting and useful. They felt that their skills had greatly improved as a result of the training, and that it was relevant to their needs. Pre-and post-tests of the participants of the training confirmed the improvement in their skills. In addition to the training they received, participants found the trainings to be a valuable opportunity to form connections with other professionals in their field.

The laboratory trainings are also very popular with the MOH. The MOH feels that the lab manual distributed in the trainings, authored by Amanda Cooper, is a valuable resource, and it values the equipment that is given along with the training. Ministry support for the trainings has been

continually evident, verbally in interactions with ZdravPlus and demonstrated through a willingness to expedite necessary prikazes and sign certificates for participants of the trainings.

At the trainings, ZdravPlus and AED provided laboratory equipment such as centrifuges and enough laboratory reagents to train the participants and enable them to do some testing once they returned to practice. However, it is uncertain whether the government will be able to maintain a steady supply of reagents to ensure continuous availability of laboratory testing.

### ***Other Activities***

From July-December 2002, ZdravPlus sought to pursue opportunities to support health care reform and improved quality of care as they arose. The policy environment in Turkmenistan is such that the flexibility to seize new openings as they come is a major advantage, especially since the unique circumstances of operating in Turkmenistan often mean that planned activities cannot take place. In keeping with this plan to capitalize on all prospects, ZdravPlus supported a number of activities that furthered ZdravPlus objectives although they were not specifically included in the work plan for the time period.

At the request of the MOH, ZdravPlus supported a WHO training on ICD-10 for head physicians of hospitals, physicians from the MOH information center, velayat statistics departments, and employees of the MOH. Participants came from all five velayats of Turkmenistan. This training was unusual because it was specially requested by the MOH, which is uncommon in the Turkmen policy environment. It provided a chance to support policy reform in Turkmenistan as a complement to ZdravPlus' other activities which are mainly based on health worker and population education on health topics. ZdravPlus hope to support more ICD-10 trainings in the future and use them as an opportunity to build awareness and support for health care reform in a broader sense.

At the request of the CHL, ZdravPlus supported the printing of a health and immunization calendar for new mothers. In the form of a colorful poster, the calendar was very popular among mothers and doctors. It built support and awareness for ZdravPlus activities in maternity hospitals around the country and will be used by the government as part of their campaign to increase immunization rates. ZdravPlus plan to print additional copies in the next fiscal year, as its contribution to the vaccination effort in Turkmenistan. (ZdravPlus is a member of the state committee on vaccination)

ZdravPlus also supported the printing of a small book on nutrition and recipes that was prepared by a Peace Corps volunteer. In addition to cementing an already productive relationship with Peace Corps, the book will be focus group tested, and the response to it will be used in the design of the fall KCH campaign on nutrition. For example, it is uncertain whether Turkmen women will find recipes to be useful. While providing recipes is a useful way to advise on low-cost, nutritious food that is available locally, Turkmen women do not traditionally use written recipes to cook and may not be interested in learning to use them.

### ***Future Activities for ZdravPlus Turkmenistan***

The diarrhea KCH campaign will take place in the three velayats where it did not take place last summer – Dashowuz, Mary, and Akhal. It will be based on the model from the previous summer, with a few alterations based on lessons learned from the previous campaign. The winter 2003 KCH campaign will be on the topic of nutrition, and be developed exclusively for Turkmenistan, although it will draw on materials used for nutrition education in Kazakhstan and Uzbekistan. Development of the nutrition campaign will begin in January 2000, and will take place with the involvement of an advisory committee to provide input into the design and content of the educational materials.

Health promotion activities will be expanded to include activities beyond the KCH campaigns. Collaborations such as the health information and immunizations calendar will continue. ZdravPlus will also continue working with Peace Corps volunteers to find innovative ways to deliver health information in rural areas, and are looking into the cost of poster stands to be placed in bazaars to

display ZdravPlus posters. On March 24, ZdravPlus will hold a public education action for World Tuberculosis Day, and additional events for Turkmen holidays will be held as they arise.

ZdravPlus will support IMCI training in additional areas of the country. As previously mentioned, it was considered to be an unqualified success in the pilot velayats, and the Government decided to extend the training to every velayat. ZdravPlus will support that expansion to the full extent of its resources, both from its own funds and in collaboration with START. There are plans to support, at minimum, IMCI training in Mary Velayat and Dashowuz. Once pilot IMCI training has taken place in every velayat of Turkmenistan, the MOH plans to go to the Cabinet of Ministers of Turkmenistan and request funds to provide IMCI training to all pediatricians and family doctors in the country.

The WHO PEPC strategy has widespread support at the MOH, and ZdravPlus plans to provide assistance in implementing the strategy. That will probably include support for a needs assessment and possibly some training. ZdravPlus hopes to capitalize on the success of IMCI to garner support for this next WHO strategy.

ZdravPlus collaboration with Turkmen NGOs grew during July-December 2002 and there are plans to continue that growth. ZdravPlus have prioritized identifying health and education NGOs and finding ways to assist them in their activities. ZdravPlus is coming to be known as a source of useful health education material, and NGOs have begun to ask for assistance. To ensure that it is possible to continue providing assistance and educational materials, ZdravPlus will develop materials specifically for NGO distribution. Aimed at health educators rather than the general population, it will consist of easily duplicated black and white flyers in both Russian and Turkmen that contain essential health information and ideas for how to teach the information. These flyers will be inexpensive for ZdravPlus to print and distribute, and NGOs with access to photocopying equipment will be able to duplicate the flyers themselves. They will fill an increasingly evident need for quality health information in a form that can be distributed on a large level. Zulfia Charyeva has already begun meeting with NGOs to discuss the design and content of the flyers. ZdravPlus may also look into making these materials available on the internet if there is demand.

Finally, ZdravPlus plans to continue its fruitful collaboration with the CHL. The Center has been a consistent resource for linguistic and technical support, as well as a source of creative ideas for health education and information on how to effectively work with the MOH. ZdravPlus will continue to support the capacity development of the CHL and benefit from their cooperation.

**REGIONAL  
Six-Month Report  
July – December 2002**

**REGIONAL SUMMARY**

ZdravPlus continuously develops the dynamics between regional and country specific program activities. While ultimately all activities are targeted at the country level and it is a priority to adapt activities to the country environment, ZdravPlus strongly believes in the flexibility, economies of scale, and sharing experiences and lessons learned that regional activities can provide. In general, the regional activities listed below can be categorized as follows:

- Development of regional products or programs. Many ZdravPlus products are developed regionally, countries share R&D costs, and then the products are adapted and implemented at the country level. Examples of regional products include HIS software, health promotion brochures, and the Family Medicine Residency Model. An example of a regional program is the Healthy Communities Grant Program (framework developed at the regional level and then implemented to suit the country specific environment).
- Training. There are a number of different types of regional training including regional seminars to share experiences and lessons learned, and TOTs where appropriate, for example the IPC TOT.
- Information Dissemination. This is an important regional element. Activities range from the newsletter, to technical reports documenting experiences in various sites relevant to other parts of Central Asia, and applied research or analysis across countries.
- Truly regional activities. ZdravPlus has a few truly regional activities; examples are the Council of Rectors and Nursing Council.

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**Population Involvement**

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***Community Involvement***

Healthy Communities Grant Program

A conceptual framework was established for the Healthy Communities Grant Program, a small grants program created in partnership with Counterpart Consortium designed to spur NGOs and Community Based Organizations (CBOs) to design and implement innovative community health projects. As part of the partnership, Counterpart Consortium will be responsible for financial administration of the grants and providing grantees with technical assistance related to organizational management and development. ZdravPlus' primary role will be to provide technical assistance related to health issues and project implementation.

In December 2002 ZdravPlus and Counterpart Consortium country representatives from all five countries met in Almaty to participate in a training focused on the principles and procedures of the grant program. The joint grant program is expected to begin in early 2003. A three-way partnership including Soros Foundation Kyrgyzstan will be piloted in early 2003, creating a virtual grant pool of nearly \$150,000 per year for Kyrgyzstan. It is hoped that lessons learned from the partnership will pave the introduction of national Soros Foundations into the partnership in Kazakhstan and Uzbekistan as well.

***IPC TOT Workshop***

The Interpersonal Communication Skills Training of Trainers (IPC TOT) Workshop has become one of the important events of the last six months opening a new area of activities for the HCT in the

upcoming period. The workshop required a tremendous technical and organizational effort at the preparatory stage and has proved to be a great success. The history of the workshop, its goals and results are summarized below.

From November 11-22, Lynne Cogswell (IPC skills specialist) conducted an "Interpersonal Communication Skills" TOT workshop in Almaty. ZdravPlus organized the workshop and was an active participant of the training event. Twenty-two participants (9 from Uzbekistan, 11 from Kazakhstan, and 2 from Kyrgyzstan) took part representing Associations of Family Physicians and Healthy Lifestyles Centers of the respective countries. The TOT was designed to build "generic" IPCS skills for doctors and nurses, both for counseling and for group education, that can be applied to any health topic, although the TOT made use of materials on child health, family planning, STIs and HIV/AIDS already available through ZdravPlus. All TOT participants received certificates. They will begin rollout trainings in their pilot sites early next year.

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## Quality Improvement

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### *Regional Councils*

#### Council of Rectors (COR)

This council continues to provide regional leadership for medical education for family medicine, and is in close collaboration with the AIHA partnerships and the ZdravPlus project.

The CAR Council of Rectors Executive Committee meets regularly, with the last meeting held on November 14, 2002. Seven members of the Executive Committee, plus representatives from AIHA and ZdravPlus CAR attended the meeting. The purpose of the meeting was to discuss COR organizational issues, the workplan for 2002/03, and to review results from the last period's activity.

Activities during the past six months have included:

- Annual Meetings of USAID and AIHA (July 28 – August 2, 2002: Washington DC). Three rectors from CAR Postgraduate Institutes participated in this conference. Two presentations were made at the conference: CAR COR activity and Graduate Qualifications of Central Asian Medical Schools.
- Association of Medical Education in Europe (AMEE) Annual Conference (August 29 – September 1, 2002: Lisbon, Portugal). Two CAR representatives from medical schools, AIHA and USF staff participated in this conference. Information about the activities of CAR COR was presented at the conference.
- Training course in London (October 28 – November 2, 2002) provided by DFID and ZdravPlus. Seven rectors from Kazakhstan and three rectors from Uzbekistan participated in this tour. Issues on undergraduate and postgraduate medical education, licensure and accreditation were discussed. While this was not specifically a COR activity, it was a good example of collaborative activity between ZdravPlus, DFID and AIHA.
- OSCE Planning Meeting (October 29-30, 2002: Bishkek). Four CAR attendees participated in the meeting.
- Association of American Medical Colleges Annual Meeting (November 8 – 13, 2002: San Francisco) – new opportunities for international collaboration – Kathleen Conaboy participated. USF sponsored this trip.
- CAR COR Executive Committee Meeting (November 14-15, 2002: Almaty). Seven CAR representatives participated in this meeting.
- CAR COR seeks to harmonize the various undergraduate courses according to world standards and move from pure individual institutional accreditation to regionally acceptable licensing of graduates. Rectors from Uzbekistan have already received oral approval at the level of the Cabinet of Ministers for a regionally accepted core undergraduate medical curriculum.

The next meeting is a regional conference on clinical skills development and standardized tests in March 2003 in Bishkek, which will be devoted to different methods of clinical skills' evaluation, concentrating on the OSCE method.

Five workings groups have been established, working on: 1) institutional standards, concentrating in its first year on institutional profile data collection and WFME project planning; 2) student qualifications – concentrating this year on conducting a regional conference in Bishkek on clinical skills development and standardized tests; 3) faculty and resource development; 4) Government relations – each country interacts with ministries and other governmental organizations; and 5) public relations, for example web-site and directory development. It seems that governments are hearing about the COR through journals and discussions etc. The COR will inform TV/radio/newspapers about meetings, such as the Bishkek Conference.

#### Council of Nurses

The Executive Committee of the CAR Nursing Coordinating Council held a working session on November 4-5, 2002. There were nine members of the Executive Committee at the meeting (two from each CAR country plus the chairman of the Council) and representatives of AIHA CAR office/Almaty. The purpose of the meeting was to discuss the Council's organizational issues, and planning for future activities, further Executive Committee meetings, and the Nursing conference to be held in April 2003. Each of the participating countries was assigned specific tasks for the conference. Kazakhstan will share its curricula and variants of standards of nursing education. Kyrgyzstan will share its Concept on Nursing Development to 2010 and documentation on nursing practice standards. Tajikistan has been working on Education Modules, along with documentation on how new chairs (department) for nursing were established at the Medical Colleges; and Uzbekistan will share its materials on training of Family nurses: educational programs (contents and terms of education) and more information about the «Nursing bag project».

Three main directions of CAR NCC activity were identified for the next two years (2002-2004): 1) improvement of quality of nursing care for the population; 2) development of National Registers of Nurses – potential approaches; and 3) nursing workforce training in a uniform educational space. Working groups were established to work on these topics. Also, planning began for the April Regional Conference, with the draft title «Primary Care Nursing Reform in Central Asia: Education and Practice. Main Aspects of Curriculum for Training Family Nurses. The Role of the Health Care System and Non-governmental Organizations». The tentative dates are April 21-24, 2003, in Almaty, Kazakhstan. It is envisioned that there will be 84 attendees.

#### ***Family Medicine Education***

##### Providing an International Model for the Introduction of Family Medicine Course

The TOT programs in Bishkek now focus on training doctors and nurses from surrounding nations. Partly because of this uniqueness, the FMTC in Bishkek is being used to prepare FM teachers for surrounding countries. Last year's physicians' TOT course included two trainees from Tajikistan, who are currently in demand in Dushanbe. This year's physicians' and nurses' TOT classes include seven doctors and six nurses from Tajikistan and Kazakhstan. In addition, in December, the FMTCs in Bishkek and Osh are starting one-month clinical FM clerkships for FM trainers from Uzbekistan. The TOT represents a good opportunity to build professional relationships across borders.

##### Family Medicine Nurse Education and Training

Nurses from Kazakhstan and Tajikistan are currently attending an 11-month training program for nurse trainers at the Bishkek Family Medicine Center. (See details in country sections). This program is helping build professional relationships across borders in CAR, as well as supporting improvements in nursing education.

## ***Drug Policy***

### International Drug Policy Workshop

The highlight of the past year's pharmacy work was the successful and visible International Drug Policy Training course in Uzbekistan, organized jointly with Boston University and WHO. This workshop was well-represented by CAR, with half of the 40 slots going to Tajikistan, Uzbekistan, Kazakhstan and Kyrgyzstan senior level managers (and the other half to the rest of the NIS). One highly positive outcome is that the CAR pharmacy people now know each other, and have also made contacts with the other NIS countries. This provides a sustainable support system which will be in place for a long time.

## ***Study Tour***

### A National Study Tour to Lithuania

In collaboration with AED, ZdravPlus organized and implemented a national study tour - "Study of Lithuania's Health Finance System". At the preparatory stage much attention was paid to the selection of a site, agenda, and participants of the tour to ensure maximum payoff from the investment. Lithuania was selected as a study tour site because the Lithuanian health-care financing system is recognized as one of the most efficient systems presently existing in Eastern Europe. Basic system aspects include a single payer system, a split between the health-care provider and purchaser, a successful health insurance system model, a rational combination of the strengths of both consolidated and decentralized budgets, and an efficient health-care provision system.

ZdravPlus made detailed recommendations on the participants from Kazakhstan including one participant from the Kyrgyz Republic, Tajikistan, and Uzbekistan in the study tour. The suggested mix of national-level participants from CAR allowed the establishment of professional and personal relationships among the Central Asian participants. The major messages received and taken home from Lithuania by the study tour participants are as follows:

1. The healthcare budget is formed on the basis of political decisions.
2. Lithuania has a functioning OMI (Obligatory Medical Insurance) system, implemented according to a single payer principle.
3. Family practices are being actively developed in Lithuania. Although in some places in big cities there are still mixed polyclinics, everyone recognizes (including polyclinic heads and Health Ministry staff) that it is a transitional model.
4. Principles of population involvement in management of health care system are well implemented.
5. With its vertical structure, the Patient Fund distributes finances among territorial subdivisions, and calculates the per capita rate using gender-age coefficients. This realizes the principles of solidarity and equity for all citizens.
6. Competition for patients is a strong incentive to increase the scope and quality of services.
7. Health service suppliers have a lot of freedom in distribution of resources. The quality assurance system includes mostly stimulatory mechanisms.
8. The system of reimbursement for the outpatient drug benefit is implemented.

During the course of the tour the participants agreed on the following areas of work in the near future:

- Development of the draft Government Resolution "Rules of State Procurement and Cost Reimbursement for Suppliers of the Guaranteed Packet of Free Health Services";
- Coordination of common approaches to the process of regulation of scope of services;
- Coordination of the list of priority documents to be developed and approved upon return;
- Discussion of the main parameters of OMI system which is going to be introduced in Kazakhstan in 2005.

It is hoped that the implementation of these activities in future will contribute to the improvement of the use of healthcare resources and the legislative and policy framework (for more detail see 'The Lithuania Study Tour Report').

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## Improving Legislative, Regulatory and Policy Framework

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### *Policy Analysis, Monitoring and Evaluation, and Research*

Over the last six months, ZdravPlus enhanced its capacity and planned the development of policy analysis, monitoring and evaluation, and research activities. As the health reforms develop and experience accumulates, it is important to document results and lessons learned and communicate them regionally. A study completed on IMCI entitled “The Impact of Primary Health Care Development on Patterns of Hospitalization: the Case of IMCI in Karaganda City, Kazakhstan” is an example of the types of products we plan to produce over the next couple of years. These studies will document results of health reform implementation, enhance the visibility and validity of progressive reform sites, contribute to institutionalization of evidence-based policy development, and facilitate sharing of experiences and lessons learned.

### *Information Dissemination*

Information dissemination activities moved forward on both the process and content fronts over the last six months. The program organizational structure, process, and procedures were largely finalized and the Information Dissemination Team is functioning effectively. The electronic library has been updated and it now contains 120 key and other documents which have been recorded on CD and disseminated (not including routine documents).

A significant amount of content was produced and disseminated over the last six months. There are a number of mechanisms for dissemination including:

#### Newsletter - Time to Be Healthy

In the past six months ZdravPlus has intensified its information dissemination activities. The “Time to Be Healthy” Newsletter # 5 has been issued as well as electronic English versions of issues 4 and 5. It has recently been agreed to prepare the ZdravPlus Newsletter on a quarterly basis.

#### Road To Results

ZdravPlus produced a number of success stories for USAID as well as a number of articles in the “Road to Results” (RTR) series. RTRs are intended to be short, hard-hitting, results and success stories suitable for an audience including policy-makers, implementers, and donors. RTRs produced over the last six months include:

- Keeping Children Healthy Campaign, Turkmenistan
- Safe Motherhood Campaign, Zhezkazgan
- Changing Health Personnel and Client Behavior in Kyrgyzstan
- ‘Mini’ Residency Program in Family Medicine in Uzbekistan Helps Doctors Improve Clinical Knowledge and Skills
- Program Successes in Kazakhstan
- Program Successes in Kyrgyzstan
- Program Successes in Uzbekistan

#### Technical Reports

A number of technical reports were finalized over the last six months.