

Project HOPE

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

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

ANNUAL REPORT: September 30, 2004 – September 29, 2005

**Project Location:
Jalalabat Oblast, Kyrgyzstan**

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

**Submitted to:
Susan Youll
Attention: Nicole Barcikowski, Program Assistant
USAID/GH/HIDN/NUT/CSHGP
Ronald Reagan Building
Room 3.7 – 72 B
Washington, DC 20523-3700**

**Submitted by:
Project HOPE – The People-to-People Health Foundation, Inc.
255 Carter Hall Lane
Millwood, Virginia 22646
Tel: (540) 837-2100
Fax: (540) 837-1813**

October 31, 2005

**Contact persons:
Sarah Porter, MCH Program Manager, Russia and Eurasia Region, Millwood, Virginia
Marydean Purves, Program Director, CAR, Almaty, Kazakhstan
Anara Doolotova, CS Project Director, Jalalabat, Kyrgyzstan**

Acronyms

ARI	Acute Respiratory Infection
BFHI	Baby-Friendly Hospital Initiative
BF	Breastfeeding
CAR	Central Asia Region
CC	Coordination Council
CDD	Control of Diarrheal Diseases
CS	Child Survival
C-IMCI	Community-Integrated Management of Childhood Illness
FAP	Feldsher-Midwifery Post
FGP	Family Group Practice (internist, pediatrician, and OB/GYN working together, receiving a capitation fee)
FMC	Family Medicine Center
FP	Family Planning
HC	Health Committee
HIS	Health Information System
HP	Health Provider
IMCI	Integrated Management of Childhood Illness
IEC center	Information, Education, and Communication Center
JAOJH	Jalalabat Oblast Joint Hospital
LAM	Lactational Amenorrhea Method
MOH KR	Ministry of Health of Kyrgyz Republic
MPS	Making Pregnancy Safer
OCC	Oblast Coordination Council
OHRHC	Oblast Human Reproduction Health Center
OMI	Obligatory Medical Insurance
PEPC	Promotion of Effective Perinatal Care
SG	Support Group
SM	Safe Motherhood
TOT	Training of Trainers
TH	Territorial Hospital
WG	Working Group

Table of Contents

A. Main Accomplishments	4
1. Impact Results	4
2. Partnership with MoH	5
3. Focus group discussions on nutrition	5
4. Mass media	5
5. High level visits from US government representatives	6
6. Project has good collaborations with other PVOs	6
7. Sustainability framework technical assistance	6
8. Gifts-In-Kind	7
Table of Objectives	8
B. Factors that impeded progress	25
C. Programmatic areas where technical assistance is required	25
D. Programmatic changes stemming from midterm evaluation	25
E. Sustainability	26
F. Phase-out plan	26
H. Program Management System	26
I. Mission Collaboration	27
J. Timeline of Activities for Year 4	28
K. One-page highlight : Breastfeeding campaign	42
L. Inapplicable topics from guidelines	43
M. Other Relevant Aspects: Staff training	44

A. Main Accomplishments

1. Impact results in the pilot rayons

After only three years of training of health professionals and community members in the two pilot regions, Project HOPE is pleased to report that Jalalabat Oblast Ministry of Health and project data are already showing a positive trend in impact data. Some of these results are highlighted below:

Maternal and Neonatal Care

- Over the past two years, the number of postpartum bleedings was reduced by nearly 2 times in both pilot rayons, according to Oblast HIS data. In Aksy rayon, the number of women suffering from postpartum bleeding fell from 4.2% in 2002 to 2.3% in 2004. In Bazarkorgon rayon, cases of postpartum bleeding were almost halved, reporting in 2004 only 2.8% incidence at delivery, down from 5.8% in 2003.

Integrated Management of Childhood Illness and Breastfeeding

- The positive effects of breastfeeding promotion are reflected in a reduction in reported cases of mastitis, and hardening mammary glands. Benefits are also seen among infants, during their staying in maternities, with no reports cases of severe diarrhea or candida since 2003.
- There was a reduction of pneumonia disease in children aged up to one year old. In 2004, mortality from pneumonia in children 0-12 months fell by 13% in Aksy and 9% in Bazarkorgon.
- Enteric Infections among children under 1 have decreased dramatically between 2003 and 2004, decreasing 58% from 4,208 cases to 1,764 cases in Aksy rayon and 62% from 4,178 to 1,582 cases in Bazarkorgon according to Oblast HIS data.
- The Oblast HIS data is supported by project data on knowledge of the population. June, 2005 LQAS data shows a large increase in knowledge in the population on danger signs:

Indicator	Baseline	LQAS, 2005
% of women who know 2 or more danger signs of a sick child	47.0%	96.5%
% of women who know that it is necessary to give more liquids during illness	44.0%	89.5%
% of women who know that it is necessary to give more food during illness	6.7%	57%

2. Partnership with MOH

Since the program design, the CS project has been closely collaborating with the MOH at all levels. This year, however, the project garnered even greater involvement from the Center and Regional MOH. The project welcomed the separate visits of the National Director on IMCI and a national IMCI trainer for an in-depth monitoring visit to the pilot rayons, and the new Director on Making Pregnancy Safer (MPS) and her program coordinator for an introduction to MPS activities in Jalalabat.

Both visits fostered greater understanding of regional problems and lessons learned that are helping to advance scale-up of the IMCI and MPS program nationally. For instance, the Jalalabat Oblast Hospital should, given the new laws of the health reform, be stocking maternity houses with essential supplies under the Fund of Obligatory Medical Insurance (FOMI). The MPS monitoring team found that this is not taking place however, and there were stock outs in necessary life-saving medicines. Likewise, the MPS coordinator was able to review the benefits of MPS clinical protocols through monitoring, and additionally she took away the importance of working with the primary health clinics to improve delivery results in the maternity houses. Visitors were impressed with the effects of distributing informational booklets and counseling on this very literate population.

Lastly, in August, the MCH Director of MoH also visited the project to participate in the CSTS+ technical assistance on Sustainability (See part #7 below). This was an important opportunity for Project HOPE to involve the national health arena in an exercise that challenged participants to think of the project's objectives beyond the life of USAID funding of the CS Project.

3. Focus group discussions confirm that culture and social dimensions play a critical role in nutrition.

Over the past year, the project conducted 6 in-depth focus group discussions (FGDs) on nutrition among women of reproductive age, among men, and also among health providers. The purpose of the FGDs was to analyze the contributing factors of anemia and eating habits, and also to compare the eating habits in summer and winter seasons in the two pilot rayons. The results of the FGDs confirmed that culture and tradition resist the "quick medical fix" and reinforces that more work has to be carried out at the community level.

4. Mass media promotes the Project

Project activities are regularly broadcasted through local and national mass media. The project keeps a resource library of all articles and recordings. Of interest this year were four articles published in the local Islamic newspaper "Musulman", highlighting project activities and work with religious leaders. In addition, the radio station "Freedom" -- the Kyrgyz branch of European Liberty Radio station-- aired two broadcasts that promoted the work of Project HOPE in Jalalabat. Lastly, the USAID-supported NGO Information Center for Democracy Support's regular newsletter, "News Review", published four articles on project activities.

5. Visits from US government representatives

This year, the project welcomed the following distinguished visitors from the US government:

- November 18, 2004. Elizabeth Hill – USAID/Washington Program Manager on International Conflicts Prevention, David Haften-leader of Legal department of Central Asia, David Hunsicker - Religion, State, and Society Advisor, USAID/CAR/UCO, met with religious leaders who are active participants in the project.
- August 29, 2005. Rob Blair, US House of Representative staffer and Alex Boston, Peace Corps Director in Kyrgyzstan, visited Project HOPE and project village health volunteers.
- During May 2005, Project HOPE was asked by the US Embassy to assist in coordinating official visits and to provide medical and other essential supplies to Uzbekistan refugees who were held in refugee camps in Suzak rayon, Jalalabat.

6. Collaborations with other PVOs

- USAID-supported ACDI/VOCA requested Project HOPE conduct a series of trainings for its pilot rayons in Osh Oblast after hearing about the success of CS Project's promotion of breast feeding in Jalalabat. Two project trainers conducted 4 three-day seminars for Osh Oblast health professionals. In total, 97 Osh-based health professionals were trained. Health professionals and ACDI/VOCA expressed their gratitude to Project HOPE for the quality of these trainings.
- USAID- supported ZDRAVPLUS and Project HOPE together with the MOH co-sponsored and co-conducted a training in Bishkek on preparing C-IMCI trainers. At present, there is joint activity on adapting the C-IMCI training module. These efforts will help launch C-IMCI throughout Kyrgyzstan.
- Save the Children, UK requested Project HOPE's support on working with HOPE's active adolescent peer educators in Bazarkorgon Rayon to involve them in the creation of a video clip on child trafficking by youth for youth.
- Project HOPE worked through and with CitiHOPE International's US State Department grant to transport GIK to Jalalabat in December, 2004.
- This CS Project work has served as a great resource for the bilateral USAID project Healthy Family Project in Batken Oblast, as the Batken project has adopted the CS Project's training and community materials -- already piloted-tested and translated into Kyrgyz -- and utilized the expertise of CS Project-formed local trainers of health providers from Jalalabat Oblast.

7. Child Survival Sustainability Framework Technical Assistance

Earlier in the fiscal year, Project HOPE applied and was awarded the opportunity to receive technical assistance on the Child Survival Sustainability Framework in Jalalabat. During August of this year, Leo Ryan of CSTS+ lead a team comprised of Jalalabat project staff, Bonnie Kittle – Project HOPE's new MCH Director, Marydean Purves – Project HOPE CAR Program Director, and Dr. Abdunabi Kuchimov, Project HOPE

Navoi CS project Program Manager. The objectives of this technical assistance visit were the following:

- a. Analyze the project's focus and activities in the context of the Child Survival Sustainability Framework
- b. Use the framework to assess *progress towards* sustained health outcomes
- c. Consult with key partners and stakeholders to fill in gaps of information that might emerge from the application of the framework.
- d. Define activities and indicators that can support sustainable health outcomes in an extension of the current project activities to the whole oblast.
- e. Present the sustainability analysis to key stakeholder and partners.

Participants of the workshop reported that they had gained new knowledge, an understanding of what the project can do better in terms of ensuring a course towards sustainability, and heard about experiences from other CSGHP projects (the CS Navoi/Jalalabat connection was very well cemented).

The exercise also benefited the greater CSGHP PVO network with new developments in the application of the framework. A couple of these developments include: 1) an analysis by intervention area to develop a sustainability dashboard for each project intervention (i.e., breast feeding, nutrition, etc.) The rationale for this was to be able to examine, through these dashboards, whether certain health behaviors might require different inputs in order to ensure sustainability after the life of the project; 2) the team identified the "conditions that should be in place to sustain specific behaviors" as a strategy for developing a vision for the local system.

8. Project HOPE donates over \$400,000 in Gifts-in-Kind (GIK) for FY Year 3

The total amount of \$ 405, 838 in medicines and essential equipment was given by Project HOPE in FY3, totaling \$5,776,545.96 to date in GIK. The donations were the following supplies:

- Ferrous Sulfate totaling \$2,453.76 is used in conjunction with nutrition activities to reduce anemia.
- Essential IMCI supplies totaling \$399,011. This December shipment turned out to be well-timed, as the supply of essential IMCI drugs was included in some IMCI training.
- For conducting seminars and conferences 2 multimedia projector totaling \$4, 384 were presented to the Jalalabat joint Oblast hospital and Family Medicine Center for oblast-wide trainings.

TABLE OF OBJECTIVES

Activities Health facility level	Output/Outcome of Activity desired	Achievement and Status	Comments
Safe Motherhood and Newborn Care (30%)			
1. TOT course in PEPC.	PEPC trainers are trained Out of 12 planned 5 local trainers are trained.	Ongoing	A 3 day training was set up during which 5 local trainers were trained on in patient hospital issues. The training on FGP trainers preparation is planned for November/December, 2005.
2. Training course in Monitoring PEPC activity	Monitoring people on PEPC are trained.	Ongoing	Negotiations were conducted with WHO trainers and MOH of KR on conducting this training and other related activities. This training is planned to be conducted on November, 2005.
3. Training on complicated management of pregnancy and delivery for health participants of different level	Health -providers manage complicated cases of pregnancy and deliveries in accordance with the adapted WHO protocols	Ongoing	The given issue is discussed with WHO trainers and MoH KR. This training is planned for the beginning of 2006.
4. Training in Newborns' Resuscitation for participants of different level	Neonatologist-doctors as well as OB/ GYNs and midwives have the skills on resuscitation of newborn	Ongoing	8 trainings on resuscitation of newborns were conducted by two doctors of Oblast Maternity Hospital, jointly with Project HOPE. There were 2 trainings at the Oblast Maternity Hospital; 3 trainings in Bazarkorgon and 3 trainings in Aksy. In total 8 neonatologists, 19 doctors, 49 midwives, 23 pediatric nurses, 9 resuscitators-doctors, 9 on duty pediatricians were trained.
5. Organization of Training Center on SM at Oblast Maternity House level	Availability of Training Center for conducting trainings, conferences on obstetrics issues	Ongoing	The repair work began in July, 2005. It is expected to be finished in October, 2005.
6. Training on SM for health-providers of Oblast Maternity House	16 ob\gyns, 9 neonatologists, 13 midwives, 3 anesthesiologists are trained	Accomplished	1 two day training was conducted, which included the PEPC training on normal deliveries and partogramma. 3 doctors and 12 midwives were trained.
7. Establishment of Working Group on PEPC, meetings of members of Working Group	Coordination of PEPC activity	Ongoing	Oblast Coordination Council (CC) was established on SM with 11 representatives of oblast and rayon level. 2 Oblast Coordination Meetings were conducted. At CC meeting SM staff was confirmed, the results of PEPC program implementation over a year were summed up, plans on further implementation of PEPC program were confirmed.

8. Development, adapt, and printing informational materials for population	Adapted informational-educational materials for specified purposes are available.	Ongoing	TV reel about SM was produced. The National Working Group is working on PEPC brochure for the population. It is planned to finish it next quarter.
9. Development, adapt, and printing informational materials for HP	Adapted informational-educational materials for HPs are available	Accomplished	<p>Informational materials on newborn resuscitation were prepared:</p> <ul style="list-style-type: none"> • Resuscitation guidelines • a chart of drug management for resuscitation <p>41 copies of a brochure on newborn reanimation was distributed to maternity hospitals ..</p> <p>All necessary handouts were given during trainings on the following topics:</p> <ul style="list-style-type: none"> • Criteria of newborn asphyxia • sepsis treatment • pain treatment • jaundice treatment • fluid and drugs management for newborn after reanimation • guidelines of newborn reanimation
10. Sharing information with the MOH (republican, oblast, rayon levels)	Partnership has been established and MOH is informed on project activity	Ongoing	<p>MOH officials took part in developing the project work plan on SM for the last two years. IEC center of MOH KR was informed about pilot maternity hospital activities on BFHI.</p> <p>Chief Pediatrician of MOH KR, JAOJH Director , Oblast Coordinator on Birth Assistance participated on ceremony of handing over the BFHI honor from UNICEF board to pilot maternity hospitals.</p> <p>Report on SM activity was sent to MOH oblast and rayon level every quarter.</p>
11. Training on SM for doctors-practitioners (Inpatients, Outpatients), midwives, health-providers of FAPs, patronage nurses of FGPs	25 OB/GYNs, neonatologists and resuscitators-doctors, 57 midwives of Inpatients Departments, 80 FGPs, 54 feldshers, and 178 patronage nurses of two pilot rayons are trained on PEPC (IMCI training for patronage nurses will be included as one session on SM)	Ongoing	<p>Local trainers doctors Sultanova M. and Mamaeva., and midwife Artikova B held 4 two days trainings. They held these trainings in 2 rayons on normal deliveries and managing partogramma using. 5 doctors, 52 midwives were trained.</p> <p>The training on SM for out patient HPs of FAPs is continuing to be worked out.</p>

12. Monitoring of BFHI activity at pilot Maternity Houses	Support to further activity on BFHI Program (1 per 6 months)	Ongoing	Monitoring on BFH activity is carried out every 6 months. 2 monitorings were conducted over the past year: <ul style="list-style-type: none"> Monitoring was conducted on November 2-3 in Aksy and November 10-11, 2004 in Bazarkorgon. Monitoring results with recommendations were reported to Territorial Hospital (TH) Directors, and considered at Coordination Meeting on IMCI on December 10, 2004. <ul style="list-style-type: none"> Monitoring of BFH activities was carried out with participation of oblast experts Nurieva M., and Mamaeva A. on September 6 in Aksy and September 12, 2005 in Bazarkorgon. Results were reported to acting director of Aksy, Maternity Hospital Chief of Bazarkorgon, Oblast Coordinator on delivery and IMCI, BF Oblast Coordinator. It was planned to discuss these issues at the Coordination Meeting.
13. Recording\keeping of pregnancy cards by pregnant women at home	Pregnant women keep pregnancy cards in 125 villages	Ongoing	It is planned to record the home pregnancy cards after training of out patient HPs, approximately from January, 2006.
14. Developing of emergency transportation plan by Village Health Committees: Study\exchange of successful experience; Developing the protocols/guidelines;	Emergency case transportation is available in 75 % of pilot villages	Ongoing	Over the past year emergency transportation was developed in 14 villages of Bazarkorgon and 6 villages of Aksy, which makes 16 % from all villages. The Taldy-Bulak village from Bazarkorgon and Telman village representatives from Aksy shared their experience of emergency transportation work on the meetings with volunteers. The most successful experience of emergency transportation system work in Taldy-Bulak village is described by Information Center of Democracy Support. Totally 58 people were transported in two rayons with the help of developed transportation system.
Maternal and Child Nutrition (15%).			
Oblast level (MOH and local partner NGO)			
1. Analysis of causes of anemia among women and children under 5	The report on prevention of anemia	Accomplished	FGDs produce rich information on eating habits (seasonal and cultural)
2. Training +TOT on Maternal and Child Nutrition for HPs	The local trainers on Maternal and Child Nutrition are trained (10-12 persons)	Ongoing	? -IMCI module for patronage nurses is being developed, with a children nutrition section was also included.

3. Research activity on food consumption by pregnant and lactating mothers and children in different seasons of year	report on food consumption in pilot villages will be available (focus-groups, individual interviews).	Accomplished	
Breastfeeding (10%)			
Oblast Level (MOH and local NGO partners)			
1. Information sharing with MOH KR	Program partners are informed about project activity	Ongoing	<p>The following activities were implemented over the past year:</p> <ul style="list-style-type: none"> • On November 9, 2004, information on BF activities in pilot rayons was provided to Chief Specialist of MoH Doskeeva E.A. This info emphasizes the certification of maternity hospitals, BF activity. • Sharing information of oblast level was conducted at Oblast Coordination Meeting. • Information of Project HOPE Children Survival program activity on BF for 2nd year (2004) was sent to MOH KR IEC Center on February 16, 2005. • Information of Project HOPE Children Survival Program activity on BF for 2nd year (2004) was sent to Oblast Center Association of FMC on February 17, 2005. • Information on Women Support Groups on BF work was provided to IMCI Oblast Coordinator and National Center of IMCI on May 26, 2005. All these activities focused on spreading information on BF and child care.
Rayon Level (FGPs, FAPs, local NGOs, and community groups)			
2. Meetings with Rayon Coordinator on BF and Community Support Groups with the aim to coordinate their work, defining problems and providing moral support to them, train to other topics	Activity of BF Support Groups is coordinated, increase of the quality of services, and increase sense of responsibility of every member of BF Support Groups. Once every 3 months	Ongoing	<p>Quarterly meetings were conducted with rayon coordinators on BF during a year. Support Group work on BF was discussed with IMCI Rayon Coordinators. The recent two meetings of specialists were set up with Breastfeeding Support Groups on BF. At these meetings SGs (Support Groups) members received the additional information on BF, about child care, danger signs and nutrition. SG members provided the information on BF to 57 pregnant women, 77 women with children under 1 years old and 19 women with children aged up to 1 years old. 47 women requested them with problems related to BF. Of these 8 women, 6 SG members had the</p>

			constant contacts with HPs, 2 women worked with Health Clubs and 3 women worked with Health Committees. In Aksy Rayon 78 women including 36 pregnant women received the BF information from SG members 41 women requested them with problems on BF. Of SG 10 members, 8 members had constant connections with HPs, 2 members kept contacts with women committees, 4 women kept contacts with Health Committees.
Community level			
3. Make sure that IEC materials are available at household level	BF informational materials are available to population of pilot 125 villages.	Ongoing	3851 leaflets on breastfeeding were distributed to the These leaflets were distributed through the following sources: <ul style="list-style-type: none"> • Health professionals – 3425 • Health Committees and SG members- 130
Community IMCI			
Health facility level			
Oblast level			
4. Information sharing with ministry of Health KR	Program partners are informed about project activity on IMCI implementation	Accomplished	Reports were submitted quarterly to IMCI RC via e-mail. Report was provided to MOH KR Doskeeva E.A. twice a year. Sharing information on oblast level was done quarterly at CC (Coordination Council). In total 3 CC were conducted in reporting period.
5. Training for core group of medical nurses from which trainers for IMCI+TOT	Availability of trainers of Oblast and Rayon levels for training patronage nurses	Ongoing	In Bishkek 10 day training called «TOR on interpersonal communication and strategy of IMCI» was conducted for the teachers of nursery. 6 trainers, of these, 2 trainers from pilot rayons, 1 trainer from FMC and 1 trainer from the project were trained in June, 2005.

6. Translation and adaptation of IMCI materials for patronage nurses training	Availability of materials on danger signs and management of sick children at home for patronage nurses.	Ongoing	Project HOPE jointly with ZDRAV-plus specialist Sulaimanova A. and National Center of IMCI specialist Najimidinova A took part in working group. This meeting took place from September 1 to 3, 2005 in Jalalabat. IMCI training module for patronage nurses were developed in working group. After training module development, they were submitted to MOH and National Center of IMCI. The materials were considered on Nurses Council. At present moment the module is corrected and adapted at nursery department.
7. One 12 day training course on IMCI for the rest of HPs (FGPs and feldshers of Aksy and Bazarkorgon rayons	20 HP in pilot areas trained on IMCI.	Accomplished	At IMCI training center on the basis of OJH 19 HPs were trained: 7 HPs from Aksy rayon and 12 HPs from Bazarkorgon rayons were trained. The trainers were the specialists of oblast FGP Training Center
8. One 12 day training on IMCI for trainers of medical college and medical institute + 5 days TOT	10 Medical trainers are available for IMCI training for students	Accomplished	At IMCI training center on the basis of OJH, teachers of Jalalabat State University and medical college had 12 day training and TOT course. The course trainers were the National Trainer of MOH KR Zemlyanuhina L.S. and the trainers of FGP Training Center.
9. Meetings of Oblast IMCI Steering Committee	Coordination of activities on IMCI in pilot rayons	Accomplished	3 Oblast Coordination Meetings this year, where the following problems were discussed: <ul style="list-style-type: none"> • Feldshers don't have the stamp for prescriptions on OMCI package of drugs • Several FAPs need improvement of facility conditions for child medical observation • Administering transport expenses for local IMCI monitoring specialists in pilot rayons. <p>Important decisions were approved on CC. They were implemented to improve the work such as:</p>

			<ul style="list-style-type: none"> • providing the feldshers of remote FAPs with stamp for giving the prescription of OMCI package of drugs • Improve health facility condition and ensure the transport expenses for IMCI monitoring specialists
Rayon level			
10. 3 day training for trained HPs on PDC	18FGPs and 48 feldshers were trained on psychosocial child development in pilot rayons	Accomplished	<p>Five 3-days trainings were conducted in pilot rayons on PDC. 50 HPs (11 doctors and 39 feldshers) were trained, which cover 61.1% of doctors and 81.2% feldshers, who are subject to training during a year.</p> <p>Training for the rest HPs, scheduled for 4th quarter on psychosocial development of children, was postponed to 4th year. The reason is insufficient number of HPs for organization of training groups (reason: in pilot rayons some HPs resigned, or had maternity holidays)</p>
11. Training for patronage nurses on danger signs and home-based management	110 patronage nurses had the training on IMCI danger signs	Ongoing	<p>According to Oblast CC decisions and Oblast MOH Prikaz, doctors were trained in pilot rayons in order to implement the 3rd component of IMCI strategy. FGPs have trained patronage nurses on consulting the mothers using the brochure “For the child to be healthy”.</p> <p>However for qualitative education, the termination of C-IMCI module is required, which presently is in process of development, about what was described earlier.</p>
12. Provision the rest of health- providers with timers to define the frequency of breath in children	20 HPs in pilot rayons have timers	Accomplished	All 19 trainees received timers during the 12 day training. The HPs used the timers successfully in the practical training component.

13. Distribution of IEC materials on IMCI among the population through religious leaders, and Village Health Committees, Community Support Workers	Village volunteers are involved in dissemination of informational-educational materials to the focused population	Accomplished	In total, 27 078 brochures “For the child to be healthy” were distributed to the population. These brochures were distributed through the following volunteers: <ul style="list-style-type: none"> • HPs - 24095 • Religious leaders - 800 • Health committees - 1033 • Health Clubs - 150
Community/Household level			
14. Implementation of (C-IMCI) activities	The population in 125 pilot villages get the information on IMCI from patronage nurses, feldshers, religious leaders, school children, HC	Accomplished	64 Health Committees members, 68 Health Club members, 74 religious leaders and 82 SG members provided community activities among the population of pilot rayons.
15. Village Health Committees involved in organizing emergency transportation	The system of emergency transportation is developed in exigent cases in 75% of pilot villages	Accomplished	Emergency transportation to facilitate care-seeking is developed in 20 Health Committees (by 14 %). In total, emergency transportation was used for 58 sick people for transportation to the hospital over the past year.
Control of diarrhea diseases (10%)			
Oblast level			
1. Translation and/ or of existing C-IMCI educational materials for patronage nurses	Available of adapted C-IMCI educational materials for training of patronage nurses	Ongoing	
Rayon level			
2. Training for diarrhea prevention and home-based case management for patronage nurses	110 patronage nurses are trained on diarrhea prevention and managing diarrhea cases	Ongoing	In training of patronage nurses by the trained HPs in pilot rayons, a preparation of ORS and home made fluids for the child to drink were emphasized
Community level			

3. Information about home-based case-management to each family with children under 5, will be given to all families (targeting women, men, grandmothers, older siblings) through providing information to Community support workers.	The population of pilot rayons is informed on management of children with diarrhea disease.		
Pneumonia Case Management (10%)			
Oblast Level (MOH and local NGO partners)			
1. Sharing information with MOH and partners on each level	The key partners are informed about the project Hope's activity	Accomplished	
2. IMCI steering committee meeting	Coordination of IMCI activity in pilot rayons (ones per 3 months)	postponed	
3. Provision the rest of Feldshers and FGPs with timers to assist them with timing breathing for ARI and pneumonia assessment and train on use	20 HP able to time breathing in cases of ARI/pneumonia	Accomplished	
4. Training of the rest of health-providers (FGPs and feldshers) in dangers signs and home-based case-management	Training of the rest of health-providers (FGPs and feldshers) in dangers signs and home-based case-management of pneumonia	Accomplished	
5. Make sure that Educational materials in the	Educational-informational materials are available in	Accomplished	

form of posters or leaflets or brochures are available	health facilities and for the population		
Community/Household Level (Community Volunteers)			
6. Education and information to families with children under five about danger signs, care -seeking, and case-management of ARI and pneumonia through Community Support workers network by regular meetings or training	Access to Information and education in 125 pilot villages	Accomplished	
7. Make sure that available all of educational materials in the field	Information and education available in 125 program villages	Accomplished	
Immunization (5%)			
Health Facility Level			
Rayon Level (FAPs, FGPs, local NGOs, and community groups)			
1. Training for patronage nurses on immunization	110 nurses trained on immunization schedule	Ongoing	Section on immunization is included in patronage nurses training module
Community/Household Level (Community Volunteers)			
2. Providing information to population through Community Support workers on immunization by regular meetings once per 3 months	Population of 125 pilot villages receive information in immunization from Village Volunteers.	Accomplished	
Child Spacing (10%)			
Oblast Level (MOH and local NGO partners)			
1. Collaboration and partnership with international organization and MOH on usage of existing informational materials for targeted	Informational educational materials are available for beneficiaries .		Project HOPE distributed the following materials obtained from the listed organizations: <ul style="list-style-type: none"> • Republic center “Strengthening health”, 80 booklets through the Project UNFPA • The Project “Save the Children” Great Britain provided 50 books on ARI, consisting from 8 parts on sexual

community members; youth, men, women.			<p>development issues.</p> <ul style="list-style-type: none"> • Oblast center "Strengthening health" provided 180 distribution materials on "Healthy life" • Oblast Center of Human Reproductive Health has provided the seminar participants 80 FP booklets in Aksy and Bazarkorgon. • 2 teachers volunteers participated at TOT seminar in cooperation with ? ?DI/VOCA in Osh city.
2. Information sharing with MOH at all levels	Reporting in every quarter about the conducted work	Ongoing	<p>Sharing information with MOH of oblast and rayon level is practiced every quarter.</p> <p>The 2004 report of Project HOPE "Children Survival" program work results was submitted to IEC center of MOH KR.</p>
3. Close partnership with Oblast education Department, Oblast Health Center, Oblast AIDS Center, Oblast Human RH Center (OCHRHC) by regular Coordinating Committee for its RH activities	Round tables, coordination meetings and working meetings	Ongoing	<p>OCHRHC (Oblast Human RH Center) conducted monitoring on FP in Aksy rayon in September 8, 2005. The same monitoring was conducted in Bazarkorgon in September 12, 2005.</p> <p>OCHRHC employees, medical college, FGP Training Center of FM, translated into Kyrgyz the RH manual for average HPs.</p> <p>Coordination meetings were conducted under the head of OCHRHC with participation of the following partners:</p> <ul style="list-style-type: none"> • "Strengthening health" center. • AIDS center. • FGP Training Center. • Association of FGPs. • Oblast Religion Kaziat. • Center of STI. • NGO "Ulgu" and specialists of oblast and rayon education department. <p>The order of rayon education department Prikaz ? 191 dated 06.05.05 was issued in Aksy rayon. The Prikaz ? 178 dated 17.05.05 was issued in Bazarkorgon rayon on health clubs and volunteers activities in dissemination the information among the teenagers. They helped in organization and conducting the competitions on Healthy life.</p> <p>The topic of Healthy life was introduced into school program as essay and control work topics.</p>

			Competition between schools in Aksy was realized. Upon request of RH specialist of Project HOPE conducted the seminar on preparation of volunteers-teenagers between Jalalabat city schools. In cooperation with OCHRHC, this seminar was conducted from June 14 to 18, 2005.
Rayon Level (FAPs, FGPs, local NGOs, and community groups)			
4. Monitoring on minilap in Aksy and Bazarkorgon rayons	14 health-providers (doctors) trained in minilap are monitored for minilap sterilization.	Ongoing	The contract was prepared with professor Musuraliev M.S. for conducting the training The distribution materials, the training program, list of participants, clinical data base in OCHRHC are prepared <ul style="list-style-type: none"> The training on minilap monitoring is planned for Novemebr 2005 The order was issued to charge co sharing payment 200 soms for conducting minilap in rayon FMC basing on the MOH Prikaz ? 289 dated to July 10, 2002.
5. Training on FP, Modern Contraceptive Methods and counseling providing friendly services for men, women and youth in pilot areas: - Feldshers; - Maternity staff (doctors, midwives and nurses); - FGPs	Counseling on family planning and modern contraceptive methods in FGP, in patient hospitals and on the level of FAPs (feldshers, HPs)	Ongoing	<ul style="list-style-type: none"> Bazarkorgon rayon FGP doctors, trained in Osh 5 years ago and Jalalabat were tested on FP. This test was conducted on March, 2005. The trainers of OCHRHC conducted the training on “Counseling skills on RH”. 14 doctors were trained in Bazarkorgon in July 12-15, 2005 and 13 doctors were trained in Aksy rayon in September 6 to 9, 2005. <ul style="list-style-type: none"> The translation of Russian manual into Kyrgyz for mid level HPs is completed. The manual is edited and planned to be published in November, 2005.
6. Training and preparation of team of teenagers for conducting Peer-to peer training in the rest of schools	The rest 7 schools in Aksy rayon and 6 schools in Bazarkorgon rayon (50 teenagers) are trained	Accomplished	
7. Training volunteers on BK rayon on prevention children’s traffic	15 volunteers are informed about children trafficking	Accomplished	

8. Refresh trainings for trainers- volunteers	Volunteers-teenagers are available for peer-education training	Accomplished	<p>2 one-day refreshing seminars were conducted:</p> <ul style="list-style-type: none"> • 68 school volunteers and 13 NGO “Ulgu” volunteers and rayon education department specialist participated at seminar, conducted from 08.02.05 to 10.02. • 82 volunteers teenagers and school teachers and deputy director of rayon education department participated at seminar, conducted from April 19 to 21, 2005. • In April 4, 2005 testing of Bazarkorgon rayon school ? 6 teenagers was conducted. The volunteers work and activities were tested. <p>Interviewing of teenagers showed the following results:</p> <ul style="list-style-type: none"> • The most important topic for them are STI issues (by 60%), FP issues on the second place (by 15%), • 80% of teenagers would like to get the information from volunteers, from HPs, 15% teenagers from doctors <p>They assess the valuable qualities of volunteers in following way:</p> <ul style="list-style-type: none"> • 60% of teenagers pointed out the ability to find a common language • 30% of teenagers pointed out the ability to explain clearly • 10% of teenagers pointed out the ability to understand the person and sympathize <p>They responded to the question, “What is the role of HC in schools?” as follows:</p> <ul style="list-style-type: none"> • 60% of teenagers pointed out the dissemination of health information • 20% of teenagers pointed out the Involvement and preparation of new volunteers • 10% of teenagers pointed out the counseling on sexual health management • 5% of teenagers pointed out the provision of free of charge contraceptives • 5% of teenagers pointed out to create the health corner at school and adapt the information regularly
Community/Household Level (Community Volunteers)			

9. Make sure that all informational educational materials available in pilots	Inform husbands, wives, friends through handouts.	Accomplished	<p>Dissemination of available handouts on FP were implemented as following:</p> <p>At quarterly meetings with:</p> <ul style="list-style-type: none"> • trainers-teenagers, • religious leaders • members of women committees • with members of health committees <p>NGO «Ulg» conducted the competition “Maternity Health-future health” between 10 schools Kerben town, Asky rayon. RH handouts were distributed during these trainings.</p> <p>The essays and control work about RH were written in all pilot rayons schools.</p>
10. Informing of men about child spacing and modern contraceptives methods through Community Support workers	Volunteers support for program messages and promote activity on child spacing.	Accomplished	<p>Religious leaders disseminate the information and handouts on FP, LAM and contraceptives:</p> <p>Topics on RH were included to madrasah program.</p> <p>There are 13 trained specialists on RH in madrasahs, who distributed 100 various handouts on FP, LAM to madrasah students.</p> <ul style="list-style-type: none"> • Religious volunteer males conducted exit lectures on FP in 7 villages in Bazarkorgon rayon, they covered about 600 men and distributed 200 handouts on FP, LAM.
11. Training for BF support groups on Standard Days Method	20 HPs counsel and manage women using SDM.	Accomplished	<ul style="list-style-type: none"> • The plans of activities and budget on SDM were prepared and discussed together with Program Director of CAR of Project HOPE Marydean Purves. <p>She has conducted the negotiations with Musuraliev M.S. and agreed the SOW with him.</p> <p>The focus group was held on SDM with HPs of Bazarkorgon rayon.</p> <p>The preparation of necessary materials for the participants, making the list of participants, the program seminar is going on.</p>
12. Translating and printing hand out materials for SDM	The volunteers will have the handouts of informational materials in Kyrgyz	Accomplished	<p>Manuals for HPs and women are translated from English into Kyrgyz.</p> <p>Questionnaire for women are translated into Kyrgyz.</p> <p>TV reel on SDM for seminar participants translated from English into Russian.</p>

Sexually transmitted infections (10%)			
1. Collaboration and partnership with international organization and MOH on usage of existing informational materials for targeted community members; youth, men, women	Informational educational materials are available for beneficiaries.	Accomplished	Project HOPE use the following received distribution materials from the following organizations: <ul style="list-style-type: none"> • Republic center “Strengthening health” through UNFPA handed over 800 booklets on STI, 120 distribution handouts “Healthy life”, AIDS program for the youth. • AIDS Center of MOH KR handed over 350 booklets on HIV/AIDS, 20 wall posters on HIV/AIDS, 15 posters on preventive maintenance of AIDS DISEASE, video tape on AIDS DISEASE "Guys and Karate" • The Project «Save the Children» UK has provided 50 books on STI. • Info center “Rainbow” handed over 100 calendars on HIV/AIDS, 100 STI booklets, 1 video “Protect yourself”.
2. Mass media messages about STI, HIV	Messages about STI/HIV/AIDS on TV, radio, and in newspapers	Accomplished	Over the past year, 5 articles were published in oblast papers “Fergana”, “Akiykat”, “Musulman”. The information provided by MOH specialists, oblast and rayon levels, religion kaziat were broadcasted on oblast television 7 times: <ul style="list-style-type: none"> • the information on prevention of STI, HIV/AIDS, “Healthy family-healthy community”, project activity, coordination meeting news, partnership activity with other NGOs were broadcasted on TV.
3. Information sharing with MOH at all levels	Reporting in every quarter about the conducted work.	Accomplished	Sharing information with MOH on oblast and rayon levels is practiced every quarter on CC. The Prikaz on implementation of CC decision on RH are issued in oblast FMC.
Rayon Level (FGPs, FAPs, local NGOs, and community groups)			
4. Training of HPs on STI’s, HIV/AIDS Counseling for men, women, and youth	Counseling of nurses, FGP doctors, midwives, feldshers by the first level	Ongoing	The trainers of OCHRHC conducted the seminar on “Counseling skills on RH”, which was described above. The STI questions were also included into seminar program.
5. Train and prepare the team of teenagers	In the rest 7 Aksy schools, 6 BK schools (50 teenagers)	Accomplished	Information on volunteers training was given above.

team of teenagers - volunteers for conducting peer-to-peer education on STIs, HIV/AIDs in the rest of pilot schools	BK schools . (50 teenagers).		STI/AIDS issues were also included into program training.
Community/Household Level (Community Volunteers)			
6. Involve Village Support Volunteers in IEC strategy and education	Inform husbands, wives, friends through distributed manuals.	Accomplished	<p>Quarterly meetings were conducted with volunteers, schools and NGO “Ulgu” trainers and head specialists of rayon education department.</p> <p>The meetings were conducted twice a year. Informational materials and volunteers work on FP, STI with the heads of women committees were discussed. The deputy akims on social issues were involved to this process in Aksy.</p> <p>Teenagers volunteers implemented the following work:</p> <ul style="list-style-type: none"> • They organized the competition of posters on STI for all advanced grades. • Volunteers conducted round table between 11th grades on topic “It all the same for me, what about you?” on STI in November, 2005. • Teachers volunteers held the meetings with parents on STI. • Sport competition by slogan “For healthy future”, “We are against STI” were conducted. • Volunteers held a show on “Healthy life”. • Contest of Club of Marry and Cute guys was organized between grades “We are against STI”. • The volunteers held meeting of HPs with parents and equipped the school with first aid kit
7. Education of population on dangers of STIs (WRA, men, youth) at household and community level, school competitions at the rayon level	Program activities covered 125 villages	Accomplished	<p>The topics on RH was introduced to the madrasah program: 3 classes a month on STI</p> <p>2 competitions were conducted in 2 madrasah.</p> <p>The volunteers of 9 schools of Bazarkorgon and Aksy rayons held the seminars, talks, pictures on STI, HIV/AIDS in May</p> <p>The members of women committees provided the information on STI signs and its prevention among rayon women</p>

<p>8. Make sure that Educational materials are available on household level</p>	<p>125 program villages have the access to the information on STI</p>	<p>Accomplished</p>	<p>2900 handouts on STI were distributed over the past year:</p> <ul style="list-style-type: none"> • Quarterly meetings were conducted with: • Trainers-teenagers • Religious leaders • Women committee members • Health Committee members • Community Support Groups <p>NGO “Ulgu” conducted the competition “Woman health- health of future” between 10 schools of Kerben town of Aksy rayon. Handouts on RH were distributed during this competition.</p>
---	---	---------------------	---

B. Factors that have impeded progress towards achieving goals

Political Instability of Kyrgyzstan and Changes in Administration

This year Kyrgyzstan became known to the whole world by its revolution, ousting of its president, and overhaul of a government that had been in power since the collapse of the USSR. And all these historical events began in Jalalabat where the fed-up population led a 20-day opposition against former authorities. The project's pilot rayons turned out to be an epicenter of events.

These events understandably caused delays in project operations. First and foremost, all of the staff was affected very deeply by the turn of events. Being Kyrgyz nationals, none of them could remain indifferent to political instability. Secondly, many scheduled project activities were postponed due to the fact that gathering government health providers and/or community members in regular activities was too risky. At this time, most of these activities were rescheduled and have taken place. Lastly, as a consequence of a new government being elected, there was a total replacement of officials both at oblast and rayon levels. All the old champions of the project had been replaced with fresh new faces, and now the project is working hard to gain the support of the new officials. Out of the chaos, however, the MoH has a new chief of maternal and neonatal care who has brought with her a welcomed change in management and cooperation with international donors.

C. Areas of the program where technical assistance is required

- 3 Russian-speaking WHO-certified consultant trainers will visit project to carry out the training on effective monitoring of maternal care, of newborn resuscitation, and to revise and update national clinical protocols on Making Pregnancy Safer (MPS). This last consultant's work is anticipated and hoped to contribute to national policy changes in maternal care in Kyrgyzstan.
- A final evaluation consultant will be contracted towards the end of the project.

D. Changes from the midterm evaluation.

There are no substantial changes in the program description to report.

The project did decide to drop the nutritionist position after the previous "nutritionist" moved over to the HIS specialist job after that position was vacated (by a HOPE employee who transferred to another Project HOPE project). It was decided that the child health, the maternal health, and the IEC specialist should all share the nutrition activities, because nutrition is a theme that crosses over all other areas. Likewise, previous experience taught the project that the position was very difficult to fill because nutritionists per say do not exist in the former Soviet Union health infrastructure.

E. Sustainability of the Project

The project benefited from participating in an in-depth analysis of the sustainability plan for this project with the CSTS+ Child Survival Sustainability Framework technical assistance visit. Please refer to the above section A7 for more information. In general, the sustainability indicators were revised to reflect more clearly the role and responsibility of the stakeholders of the project. Clear support of the Oblast and rayon health departments are encouraging to the project, as the locally cultivated cadre of trainers and monitors are able to carry on the work of the project. Likewise, strong support of various community groups (in particular the religious leaders) continues to gain momentum towards behavior change of the target population.

F. Phase-out Plan

The Project's success has shown impressive potential for sustainability and for scaling up. Participating in the Child Survival Sustainability Framework exercise crystallized for Project HOPE that we should indeed submit a proposal for the CSGHP expanded impact category. This proposal will be submitted in November to USAID/CSGHP with the support of the project's stakeholders, in particular USAID/Kyrgyzstan. In addition, Project HOPE continues to cultivate relationships with the private sector in Central Asia and abroad to support ongoing activities in Kyrgyzstan. Finally, the success of the project has not been Project HOPE's alone. Both, partners on the ground (in the oblast and rayon health department and community groups) and in Bishkek, have had a role in developing this project and accomplishing its objectives. Likewise, Project HOPE has worked closely to coordinate activities with other local and international NGOs. It is Project HOPE's expectation that these stakeholders will also continue to apply lessons learned and technologies and synergies gained from this project in their future plans.

H. Program Management System

- Financial Management Systems *no changes*
- Human resources

The project has three new staff members: A new Accountant/Administrator hired in July 2003; a new HIS specialists (used to hold Nutritionist position); and a new secretary/translator beginning in September 30, 2005.

- Communication and team development

The CS Jalalabat Program Manager participates bi-monthly in the newly running CAR Regional Managers meeting through a virtual classroom meeting (using Elluminate technology) with the Project HOPE CAR Regional Director and Program Director. This cultivates and maintains a high level of communication and a good working relationship between Project HOPE managers.

Since September 2004, the project staff have participated in English classes.

- Local partner relationships

Project HOPE continues to work closely and integrally with the oblast and rayon health departments and government administrations. In addition, the project's partners in the communities are the schools and the Oblast and rayon health administrations, religious leaders, Village Health Committees, women's health support groups, Local Partners MoH, schools, religious leaders, VHC's, and women's support volunteers (formerly called breastfeeding support volunteers).

- PVO coordination in country *Please see section A6.*
 - Other relevant management systems *NA*
 - Organizational Capacity assessment
- The Child Survival Sustainability Framework technical assistance was carried out that pointed out a lot of strengths and weaknesses of the project. Please refer to section A7.

I. Mission Collaboration

Project HOPE Kyrgyzstan consults regularly with USAID at a variety of levels in Kyrgyzstan. USAID Kyrgyzstan has a southern regional office in Osh, and the CS project manager, Dr. Anara Doolotova from Jalalabat attends Partner Forums on a quarterly basis. At the national level, Dr. Doolotova frequently meets with the USAID Project Management Specialist/Health, Dr. Damira Bibosunova. The Project has responded often to USAID's requests for project presentations to donors and MoH officials, and has hosted visiting officials from the US State Department to Jalalabat. Dr. Bibosunova also meets regularly with Project HOPE's CAR Program Director, Marydean Purves, based in Almaty, Kazakhstan. Damira has accompanied the Program Director to meetings with the MoH, resulting in fruitful exchanges and demonstrated collaboration. Input and participation by mission officials is actively encouraged and invited for all of Project HOPE's Kyrgyzstan projects.

J. Timeline of Activities for Year 4

Major Activities	YEAR 4				Personnel Responsible	Output/Outcome of Activity Desired	Comments
	1	2	3	4			
Safe Motherhood and Newborn Care (30%)							
1. TOT course in PEPC	X				Project HOPE	PEPC trainers are trained	This activity wasn't implemented in 3 rd year of Project, as MOH and PEPC Coordinator didn't give a permission to invite WHO trainers to conduct TOT course in PEPC. Project HOPE itself trained 3 local trainers on Hospital -PEPC out of 12 planned. This year the Project is planning continue conduct TOT itself for Out patient Service HP-s.
2. Training course in Monitoring PEPC activity	X				WHO trainers, Project HOPE	Monitoring people on PEPC are trained	This part refers to the written above comments. This activity wasn't implemented in 3 rd year of Project, as MOH and PEPC Coordinator didn't give permission to invite WHO trainers. After the revolution in March, the situation changed for the better, new officials came to MOH. This year the Project is planning to

							conduct this training in December 2005.
3. Training on complicated management of pregnancy and delivery for participants of different level		X			WHO trainers, Project HOPE	Health -providers manage complicated cases of pregnancy and deliveries in accordance with the adapted WHO protocols	The same comments as written above. We hope to conduct this seminar by WHO trainers in 4 th year of the project.
4. Organization of Training Center on SM at Oblast Maternity House level	X				Director of JOJH, Head of Maternity House in the Oblast with the assistance of project HOPE	Availability of Training Center for conducting trainings, conferences on obstetrics issues	The repair work began in July, 2005 and hasn't finished yet. It is expected to be finished in first quarter of 4 th year. The repair work of the defined rooms began late due to late start of major repairs at maternity hospital.
5. Establishment of Working Group on PEPC, meetings of members of Working Group	?	?	?	?	AJOJH, Oblast FMC, Territorial Hospitals, rayon FMCs, Project HOPE	Coordination of PEPC activity	
6. Development, adapt, and printing informational materials for population	?	?			Oblast IEC team, National, Oblast Working Group on SM, Project HOPE	Adapted informational-educational materials for specified purposes are available	
7. Sharing information with the MOH (republican, oblast, rayon levels)	?	?	?	?	Project HOPE, MOH	Partnership has been established and MOH is informed on project activity	
8. Revising clinical national protocols according to WHO criteria	X				Project HOPE, MOH	Available revised MOH national protocol, which promote PEPC	This is new added activity due to the necessity according to MOH and Project HOPE agreement

						implementation	
Rayon Level (FAPs, FGPs, local NGOs, and community groups)							
8. Training on SM for doctors-practitioners (Inpatients, Outpatients), midwives, health-providers of FAPs, patronage nurses of FGPs	?	?				Local TOTs, trainers, Project HOPE	25 ob/gyns, neonatologists and resuscitators-doctors, 57 midwives of Inpatients Departments, 80 FGPs, 54 feldshers, and 178 patronage nurses of two pilot rayons are trained on PEPC (IMCI training for patronage nurses will be included as one session on SM)
9. Distribution of booklets, posters and educational among the health-providers, health-facilities and targeted population in SM, anemia, nutrition		?	?	X		Project HOPE in collaboration with Oblast IEC team, oblast PEPC steering committee	Available informational-educational materials at health-facilities.
10. Monitoring of BFHI activity at pilot Maternity Houses	?		?			Rayon specialists on BFHI Program, project HOPE	Support for further activity on BFHI Program (once every 6 months).
11. To be aware of activities in SUBs, delivery SUBs on BF and SM by getting feedback from local coordinators	?	?	?	?		Local coordinators, on SM and BF	Implementation of main components of PEPC and BF in all delivery health-facilities of pilot rayons.
12. Meeting with Community Support Group trained in PEPC.	X	X	X	X		Coordinators on BF and SM in the rayons	Work with population through Community Support Groups and support to their activity. [once every 3

						months]	
<i>Community level/households (volunteers, community members)</i>							
13. Education pregnant women, WRA, men and youth about symptoms /sings during pregnancy and timely medical care-seeking and new approaches to delivery	X	X	X	X	Patronage nurses, feldshers, FGPS, Village Health Committees, religious leaders.	Population of 125 villages receives information and knowledge on safe motherhood and childcare	
14. Recording \keeping of pregnancy cards by pregnant women at home.	?	?	?	X	FGPs, FAPs	Pregnant women keep pregnancy cards in 125 villages	
15. Developing of emergency transportation plan by Village Health Committees: <ul style="list-style-type: none"> • Study successes; • Developing the protocols/guidelines; • Monitoring tools 	?	X	X	X	Village Health Committees, Project HOPE	Emergency case transportation is available in 75 % of pilot villages.	
<i>Maternal and Child Nutrition (15%)</i>							
Major Activities	YEAR 4				Personnel Responsible	Output/Outcome of Activity Desired	Comments
	1	2	3	4			
<i>Oblast Level (MOH and local NGO partners)</i>							
I. Training + TOT on Maternal and Child Nutrition for health-providers	X				WHO trainers and Project HOPE	The local trainers on Maternal and Child Nutrition are trained (10-12 persons	? -IMCI module for patronage nurses is being developed, where the children nutrition section was also included. This training was delayed due to the absence of such training module in our country. Over the past year the working out of this module was developed by WHO, UNICEF, ZDRAVPLUS and

							our project.
2. Development and production of educational materials and brochures for lactating mothers and pregnant women together with the brochure on PEPC, anemia	X	X	?		Oblast IEC team, National, Oblast Working Group on SM, Project HOPE	Informational and educational materials on quality of nutrition are available for pilot population	
Rayon Level (FGPs, FAPs, local NGOs, and community groups)							
3. Training on Adequate nutrition for health-providers (not separate) during IMCI or SM training	?				Local trainers, Project HOPE	54 feldshers, 110 patronage nurses trained adequate nutrition	
4. Distribution of technical / educational materials on quality of nutrition (brochures, booklets).	X	X	X	X	FGPs, FAPs, rayon coordinators.	Informational and educational materials on quality of nutrition are available at pilot health-facilities	
Community/Household Level (Outreach workers, Health Providers, Leaders)							
5. Distribution of IEC materials to each household.	?	?	?	?	Patronage nurses, VHCs, religious leaders, Support Groups, volunteers.	Informational materials are available in all 125 pilot villages	
6. Promotion activities on consuming adequate nutrition including preventive anemia nutrition by population.	?	?	X	X	Patronage nurses, VHCs, religious leaders, Support Groups, volunteers.	Increasing of knowledge of population about adequate nutrition	
COMMUNITY IMCI (NOT INCLUDING NUTRITION)							
Major Activities	YEAR 4				Personnel Responsible	Output/Outcome of Activity Desired	Comments
	1	2	3	4			
Health facility level							

<i>Oblast level</i>							
1. Translation and adaptation of IMCI materials for patronage nurses training.	X				Project HOPE, Health Center, Working Group on IMCI, MOH.	Availability of materials on danger signs and management of sick children at home for patronage nurses.	? -IMCI module for patronage nurses is being developed, where the children nutrition section was also included. This training was delayed due to the absence of such training module in our country. Over the past year the working out of this module was developed by WHO, UNICEF, ZDRAVPLUS and our project.
2. Training for core group of medical nurses from which trainers for IMCI+TOT	X				WHO trainers, National trainers	Local Trainers are available on oblast and rayon levels	There is no module yet.
3. Translation and adaptation of IMCI materials for patronage nurses training.	X				Project HOPE, Health Center, Working Group on IMCI, MOH	Information on danger signs and management o sick children at home is available for patronage nurses	This module is not ready yet.
2. Information sharing with Ministry of Health KR	X	?	X	?	Project HOPE, MOH	Program partners are informed about project activity on IMCI implementation	
3. Meetings of Oblast IMCI Steering Committee	?	X	?	X	Project HOPE, Oblast FMC, Health Foundation, Rayon territorial hospitals, Rayon FMCs, Rayon IMCI Coordinators	Coordination of activities on IMCI in pilot rayons	
<i>Rayon Level (FAPs,FGPs, local NGOs, and community groups)</i>							

4. 3 day training for trained health-providers on PDC	?				Local trainers, Project HOPE	18FGPs and 48 feldshers were trained on psychosocial child development in pilot rayons.	
5. Training for patronage nurses in danger signs and home-based management .	?	X	?	?	Local trainers, Project HOPE	110 patronage nurses had the training on IMCI danger signs	The reason is the same as given above. There is no training module in the country.
6. Distribution of IEC materials on IMCI among the population through religious leaders and Village Health Committees, Community support workers.	?	?	?	?	Rayon Coordinators, Project HOPE, Community Support Workers	Village volunteers are involved in dissemination of informational-educational materials to the targeted population	
<i>Community/Household Level (Community Volunteers)</i>							
7. Implementation of C-IMCI activities.	X	X	X	X	Community Health Workers	The population in 125 pilot villages gets the information on IMCI from patronage nurses, feldshers, religious leaders, school children, HC.	
8. Village Health Committee involved in organizing emergency transportation.	X	X	X	X	Community Health workers	The system of emergency transportation is developed in exigent cases in 75% of pilot villages	
Breastfeeding (10%)							
<i>Major activities</i>	YEAR 4				<i>Personnel Responsible</i>	Output/Outcome of Activity Desired	Comments
	1	2	3	4			

Oblast Level (MOH and local NGO partners)							
<i>1. Information sharing with MOH KR</i>	X	X	X	X	Project HOPE, MOH	Program partners are informed about project activity	
Rayon Level (FGPs, FAPs, local NGOs, and community groups)							
<i>2. Meetings with Rayon coordinator on BF and Community Support groups with the aim to coordinate their work, defining problems and providing moral support to them, train to other topics.</i>	X	X	X	X	BF coordinators in the rayons and health-providers of FAPs and FGPs, Project HOPE	Activity of BF Support Groups is coordinated, increase of the quality of services, and increase sense of responsibility of every member of BF Support Groups. Once per 3 months.	
Community/Household Level (Community Volunteers)							
<i>3. Make sure that IEC materials are available on household level</i>	X	X	X	X	Project HOPE, Community support groups, HP	BF informational materials are available to population of pilot 125 villages.	
Control of diarrhea diseases (10%)							
<i>Major activities</i>	YEAR 4				<i>Personnel Responsible</i>	Output/Outcome of Activity Desired	Comments
	1	2	3	4			
Oblast level							
<i>Translation and/ or of existing C-IMCI educational materials for patronage nurses</i>	X				Project HOPE, Oblast Health Center, Working Group, MOH	Available of adapted C-IMCI educational materials for training of patronage nurses	This part is provided in IMCI section.
Rayon Level (FGPs local NGOs, and community groups)Municipality Level (MINSAs, Public and Private Facilities, local NGOs, and community groups)							
<i>1. Training for diarrhea prevention and home-based case management for patronage nurses.</i>	X	X	X	X	Local trainers	110 patronage nurses are trained on diarrhea prevention and managing	This part is provided in IMCI section. Module doesn't exist.

						diarrhea cases.	
Community/Household Level (Community Volunteers)							
2. Information about home-based case-management to each family with children under 5, will be given to all families (targeting women, men, grandmothers, older siblings) through providing information to Community support workers.	X	X	X	X	Community Support Workers	The population of pilot rayons is informed on management of children with diarrhea disease	
Pneumonia Case Management (10%)							
<i>Major activities</i>	YEAR 4				<i>Personnel Responsible</i>	Output/Outcome of Activity Desired	Comments
	1	2	3	4			
<i>Oblast Level (MOH and local NGO partners)</i>							
1. Sharing information with MOH and partners on each level.	X	X	X	X	Project HOPE (MOH at national, oblast, rayon level, and Int'l partners)	The key partners are informed about the project Hope's activity.	
2. IMCI steering committee meeting	X	X	X	X	Project HOPE and MOH	Coordination of IMCI activity in pilot rayons (ones per 3 months).	
<i>Rayon Level (FGPs, FAPs ,and local community groups)</i>							
3. Make sure that Educational materials in the form of posters or leaflets or brochures are available	X	X	?	?	Project HOPE, rayon coordinator	Educational-informational materials are available in health facilities and for the population.	
<i>Community/Household Level (Community Volunteers)</i>							
4. Education and information to families with children under five about danger signs, care - seeking, and case-management of ARI and pneumonia through Community Support workers	X	X	X	X	Project HOPE, oblast and rayon IMCI coordinators	Access to Information and education in 125 pilot villages.	

<i>network by regular meetings or training.</i>							
5. Make sure that available all of educational materials in the field.	X	X	X	X	Project HOPE	Information and education available in 125 program villages.	
Immunization (5%)							
<i>Major Activities</i>	YEAR 4				Personnel Responsible	Output/Outcome of Activity Desired	Comments
	1	2	3	4			
<i>Rayon Level (FAPs, FGPs, local NGOs, and community groups)</i>							
1. Training for patronage nurses on immunization	X	X	X	X	Project HOPE, local trainers	110 nurses trained on immunization schedule.	This information was provided in IMCI section (section on immunization is included in patronage nurses training module).
<i>Community/Household Level (Community Volunteers)</i>							
2. Providing information to population through Community Support workers on immunization by regular meetings once per 3 months.	X	X	X	X	Project HOPE, rayon coordinator	Population of 125 pilot villages receive information in immunization from Village Volunteers.	
Child Spacing (10%)							
<i>Major Activities</i>	YEAR 4				Personnel Responsible	Output/Outcome of Activity Desired	Comments
	1	2	3	4			
<i>Oblast Level (MOH and local NGO partners)</i>							
1. Collaboration and partnership with international organization and MOH on usage of existing informational materials for targeted community members; youth, men, women.	X	X	X	X	Project HOPE	Informational educational materials are available for beneficiaries.	
2. Information sharing with MOH at all levels	X	X	X	X	Project HOPE	Reporting in every quarter about the	Sharing information with MOH of oblast and rayon

						conducted work	level is practiced every quarter. The 2004 report of Project HOPE Children Survival Program work results was submitted to IEC center of MOH KR.
3. Close partnership with Oblast education Department, Oblast Health Center, Oblast AIDs Center, Oblast Human RH Center by regular Coordinating Committee for its RH activities	X	X	X	X	Project HOPE	Round tables, coordination meetings and working meetings	
<i>Rayon Level (FAPs, FGPs, local NGOs, and community groups)</i>							
Monitoring on minilap in Aksy and Bazarkorgon rayons	X				National consultant from Kyrgyz State Medical Academy, Bishkek, Project HOPE	14 health-providers (doctors) trained in minilap are monitored for minilap sterilization	This activity was delayed until Year 4 so that more operations could be practiced before the training.
<i>Community/Household Level (Community Volunteers)</i>							
4. Make sure that all informational educational materials available in pilots.	X	X	X	X	Project HOPE	Inform targeted population (men, women, friends) is informed through information materials	
5. Informing men about child spacing and modern contraceptives methods through Community Support workers	X	X	X	X	Project HOPE, Community support workers	Volunteers support for program messages and promote activity on child spacing	
6. Training for BF support groups on Standard Days Method	X				Project HOPE, Volunteers-trainers	20 HPs counsel and manage women using SDM	This activity was delayed until Year 4; Initiation began in 4 th quarter of 3rd year. Negotiations were conducted with Georgetown University on implementing this SDM

7. Translating and printing hand out materials for SDM	X				Project HOPE	Volunteers will have handouts of informational materials in Kyrgyz	Hand out materials have been translated
Sexually transmitted infections (10%)							
<i>Major Activities</i>	YEAR 4				Personnel Responsible	Output/Outcome of Activity Desired	Comments
	1	2	3	4			
<i>Oblast Level (MOH and local NGO partners)</i>							
1. Collaboration and partnership with international organizations and MOH on usage of existing informational materials for targeted community members, youth, men, women.	?	X	?	X	Project HOPE	Informational educational materials are available for beneficiaries.	
	X	X					This training will continue across 2 quarters of the last year due to the absence of translated training manuals in Kyrgyz for feldshers, midwives and nurses. We need to get approval of training materials from MOH. This was done at 3 rd year. Third year doctors were trained by Russian version, we are planning to do it in 2 quarters 4 th year.
2. Information sharing with MOH at all levels	?	X	?	X	Project HOPE, Territorial Hospitals, FMCs	Reporting in each quarter about the conducted work.	
3. Mass media messages about STI, HIV	?	X	?	X	Oblast Health Center, Oblast AIDs Center, Oblast Venereal and Dermatological Department, Project HOPE	Messages about STI/HIV/AIDS on TV, radio, and in newspapers	

Rayon level							
4. Training of health providers on STI's, HIV/AIDs Counseling for men, women, and youth	X	X			Oblast FMC Training Center, Oblast Human RH Center, Project HOPE	Counseling of nurses, FGP doctors, midwives, feldshers by the first level	
<i>Community/Household Level (Community Volunteers)</i>							
5. Involve Village Support Volunteers in IEC strategy and education	?	X	?	X	Project HOPE	Inform husbands, wives, friends through distributed manuals	This activity will continue in year 4.
6. Education of population on dangers of STIs (WRA, men, youth) at household and community level, school competitions at the rayon level	?	X	?	X	Patronage nurses, feldshers, FGPs, Village Health Committees, religious leaders, Healthy Clubs at schools	Program activities covered 125 villages	
7. Make sure that Educational materials are available on household level	?	X	?	X	Patronage nurses, feldshers, Village Health Committees, Religious leaders	125 program villages have the access to the information on STI.	
Sustainability							
1. Oblast level MOH and NGO partners participate in orientation workshops and planning meetings, steering committee	?	X	?	X	Project HOPE	Forum for review, decision-making & initiation of new policies and protocols	
2. MOH and partners participate in Quarterly Review meetings	?	X	?	X	Project HOPE, MOH	Routine review and planning	
3. Conducting final evaluation				X	Project HOPE, MOH		Final evaluation will be available
3. Establishment and use of Training HIS	X		X		Project HOPE, MOH	Tracking of training activities and training needs.	

4. TOT on communication and counseling as part of technical trainings for IMCI, PEPC. Introduction of new supervision techniques.	X				Project HOPE, MOH and WHO trainers	Improved communication between supervisor-provider & provider-client	
<i>Rayon level</i>							
5. Rayon level key MOH staff participate in orientation workshops and planning meetings	X	X	X	X	Project HOPE	Forum for review, decision-making & initiation of new policies and protocols	
6. Representation from Rayon level MOH participate in Quarterly Review meetings	X	X	X	X	Project HOPE, MOH	Routine review and planning.	
7. Establishment and use of Training HIS	X	X	X	X	Project HOPE, MOH	Tracking of training activities and training needs.	
Community level							
8. Increased contact and communication with providers at the household and community level.	X	X	X	X	Feldshers, FGPs	Improved communication between provider-client in 125 program villages.	

K. Breastfeeding campaign

Over an 11-month period, the Project stimulated a number of complimentary interventions which combined to stimulate ownership and participation at many levels of society. At the same time, relevant services were put in place to respond to new awareness, ensure access, and encourage action. The breastfeeding campaign culminated in an event in which approximately 10,000 people (10% of the population of the two pilot oblasts) participated. The key elements of the campaign were:

1. Political and public health leaders join hands in the planning and oversight of the campaign. A high-level Steering Committee representing oblast and rayonal political and public health leaders, health providers and community volunteers ensured that all stakeholder perspectives were encouraged in the planning and implementation process. The Committee's plan led to an Oblast directive to over 21 AiyI Okmotus (local authorities) to plan activities in their communities. Committee volunteer representatives likewise ensured that grassroots leaders and volunteers were advised and mobilized to coordinate the planning and implementation activities in their own communities.
2. UNICEF Certification of Baby Friendly Hospitals at the oblast and rayon levels was a cornerstone of the campaign. The project provided health provider training (including training of locally-based trainers) and supported cascade training so that all health providers in the pilot rayons received exposure to best practice approaches. Hospital protocols and facilities were adjusted to adhere to UNICEF baby friendly guidelines. The three maternities are the only facilities in the Jalalabat Oblast to have baby friendly certification. Not only is this an enormous source of pride, it represents an improvement in services which is discernable to both health providers and communities.
3. Community volunteers energized and multiplied outreach. Breastfeeding support group volunteers were recruited by maternity house staff to counsel new breastfeeding mothers in the maternity setting, and offer information and support to pregnant and postpartum neighbors. These volunteers represent a vital link between the delivery system and the community. Their status with the maternities legitimizes their role; their enthusiasm has energized and greatly extended grassroots awareness raising efforts.
4. Outreach materials reinforced a consistent message and ensured accurate information. The project designed a simple brochure about the benefits of exclusive breastfeeding in three languages, which was disseminated by health providers, breastfeeding support group volunteers, as well as other project volunteers such as religious leaders and youth.
5. Activities culminated in an orchestrated event, which coincided with a nationally proclaimed breastfeeding day. Community and facility based events and media coverage over a 14-day period spotlighted key breastfeeding message. Song fests, dance performances, marches and speeches by political and other leaders gave the events legitimacy and a festive spirit.

A video of the campaign, aired on television in Jalalabat and other oblasts, has stimulated planning for similar campaigns in two other oblasts.

L. Inapplicable topics in annual report guidelines

Item (G) from the annual report guidelines do not apply to our program. We do not receive flexible fund (family planning) support.

M. Other Relevant Aspects: Year 3 CS Jalalabat Staff training

Project HOPE STAFF TRAININGS

Name of Participant(s)	Title	Host	Date	Purpose/Topic of Training
Japar Palvanov	IEC Specialist	USAID	May 22, 2004.	To train employees of international organizations residing in southern regions of Kyrgyzstan security measures.
Japar Palvanov	IEC Specialist	ZDRAVPLUS /USAID	September 13-23, 2005	Training was consisted of sharing the experience of SRC with health committees and proposing different methods for working with the population . The training was conducted in 2 stages: first stage in Bishkek and the second stage in Issyk-kul oblast.
Dinara Boronbaeva	Specialist of Children Health		June 20 to 30, 2004	TOT on C-IMCI and interpersonal relations over 10 days in Bishkek
Anara Doolotova and Japar Palvanov	Project Manager IEC Specialist	Republican Centre of Health Strengthening	July 5, 2005	1- day training on working with the population, conducted in Bazarkorgon Rayon by Republican Centre of Health Strengthening.
Anara Doolotova and N Teshebaeva	Project Manager Vice Director, Jalalabat Joint Hospital	Oblast health administration	November 7 to 15, 2004	Conference on public health, which took place in Charvak, Uzbekistan. After the conference participants visited the pilot rayons of Project HOPE in Navoi Oblast to share experiences with the CS project in Navoi Oblast and to be introduced to project activities and partners.
Ainagul Kasimbaeva	MHC Specialist	USAID	August 22 to 24, 2004	Training on WHO criteria on alive birth and dead birth
Ainagul Kasimbaeva	MHC Specialist	UNICEF/ZDRAVPLUS	October 11 to 16, 2004	Training in Bishkek on WHO course on perinatal asphyxia and other questions in providing effective obstetric and neonatal services”