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ZdravPlusII Six-month Report January – June 2008

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KAZAKHSTAN
Six-month Report
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During the first six months of 2008, the overall ZdravPlus objectives continued to be: 1) protection of oblast pooling of funds and continued development of the oblast level single payer system; 2) continued strengthening of PHC and family medicine; and 3) EBM and evidence-based clinical practices in internal medicine (hypertension) and family planning and maternal and child health (MCH). The two main strategies or mechanisms used by ZdravPlus to accomplish these objectives remained implementation of the State Health Care Development Program (SHCDP) and collaborating with the World Bank to complete design of the Health Sector Institutional Reform Technology Transfer (IRTT) Project. The MOH has transitioned to implementing the second stage of the SHCDP. The Minister of Health delivered a report to the President and Parliament on the accomplishments achieved under Stage I of the SHCDP. ZdravPlus will continue to support consistent implementation, evolution and transition of health reforms in accordance with Stage II of the SHCDP (2008-2010).

Design of the World Bank IRTT Project was completed and the project approved by the Government of Kazakhstan and the World Bank. ZdravPlus contributed substantial support to finalizing technical design, developing implementation plans, developing the project operations manual, and developing terms of reference for the wide range of technical assistance contracts intended to implement the ambitious project. It is expected that the project will become effective in the fall of 2008. ZdravPlus will continue to provide technical assistance and operational support to this project during start-up as it should serve as an intermediate institutionalization mechanism for more than 13 years of USAID support for health reform in Kazakhstan.

The health policy environment remained challenging and volatile in Kazakhstan – due in part to the negative macroeconomic trends in national and world markets. A decrease in the growth rate of the GDP and banking and real estate mortgage crises created threats to state revenues and compelled the government to be more rigid and demanding in budget planning. As ordered by the government, all ministries, including the MOH, developed three-year strategic plans to accommodate the economic changes and potential risks.

Within the overall trend of businesses merging and the evolution of large public-private corporations, a large holding company was created consisting of seven national-level clinics and a medical academy located in Astana. The creation of a single national drug distributor was announced, and the idea of centralizing health budgets on the national versus oblast level also evolved. ZdravPlus continued to work to counter these plans and to protect the single payer system and oblast-level pooling of funds (as described in the Stewardship and Service Delivery sections of this report).

Administrative Reform continued gradually, changing the pool of health care systems stakeholders both inside and outside the MOH. New influential players have entered the political arena, including the holding company mentioned above, as well as the new National Analytical Center created under the Government and National Bank. Other important administrative and personnel changes have taken place, and are described in further detail in this report.

Stewardship

Legal and Policy

SHCDP and Strategic Plan 2009-2011

Over the past six months, ZdravPlus focused on 1) assisting the MOH in evaluating Phase I of the SHCDP and developing the associated report to the President and Parliament; 2) assisting with transition to and implementation of the Phase II of the SHCDP; and 3) assisting the MOH in developing a new three-year Strategic Plan consistent with the SHCDP. The Project continued to collaborate closely with the World Bank and WHO in these efforts.

The Government of Kazakhstan requires all Ministries/sectors to develop a strategic plan in a certain format. During the reporting period ZdravPlus provided technical input to the Strategic Plan of the MOH (2009-2011), developed jointly by the MOH and the National Analytical Center under the Government and National Bank. The Plan determines the major goals and objectives for the health sector, identifies resources required to achieve those goals, and designates the indicators used to monitor implementation of the plan. The Plan, currently being reviewed by the Government for coordination with all relevant ministries, is generally consistent with the SHCDP 2005-2010. It realigns functions and responsibilities between national- and oblast-level government, and delegates additional functions to oblast level. Oblast implementers discussed the draft plan during ZdravPlus-supported Health Finance seminars in Taldy-Korgan and Borovoye. Finally, ZdravPlus engaged in dialogue with the MOH about the development of a health sector strategy or plan until 2020 following the completion of the SHCDP in 2010.

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

The World Bank IRTT Project has been approved by the Government of Kazakhstan and World Bank and awaits approval by Parliament before becoming effective, expected in the fall of 2008. The MOH has expressed its determination to launch the project successfully and according to the agreed schedule. In absence of World Bank funding during preparatory stages, ZdravPlus is providing technical assistance and operational support to prepare project activities and help ensure a quick start-up once the project becomes effective. Ninel Kadyrova – an experienced health reform leader and former Deputy Head of the Kyrgyz Mandatory Health Insurance Fund – was selected as Administrative Coordinator for the IRTT Project in Astana. ZdravPlus will continue to work to ensure collaborative relationships between the Administrative Coordinator and MOH staff and to engage in policy dialogue with the MOH and World Bank on procurement and implementation processes.

Health Care Code

The Health Care Code was finalized and submitted to the Parliament for Public Hearings during the past six months. In close coordination with the World Bank and the WHO, ZdravPlus provided comments on all key sections of the Code, most of which were incorporated in the final version submitted to Parliament. These included comments on health policy and financing that emphasized and supported: 1) the single payer system; 2) oblast-level pooling of funds; 3) equal rights for public and private providers; 4) open enrollment in PHC provider; 5) quality assurance and pharmaceutical policy; 6) definitions of clinical standards; 7) confidentiality; 8) patient education; and 9) the inclusion of family planning counseling and contraception methods in the Basic Benefits Package.

Based on the Public Hearings in May, the Parliament generated recommendations on the Code. These emphasized transitioning to a new stage of health care system development by institutionalizing the reforms, developing staff capacities, and improving the quality of health care services so that they meet international standards. The recommendations support the consistent implementation and accomplishment of the SHCDP and focus on: 1) increasing health care system funding to 4% of GDP; 2) prioritizing funding for PHC and the continued development of PHC; 3) strengthening new provider payment systems; 4) creating incentives for health care providers to provide better services; 5) improving quality of care and standardizing health care services according to international standards; 6) accreditation of health facilities; and 7) modernizing the CME system. The Parliament's recommendations were directed to the government for further consideration and approval.

Budget Code and Pooling of Funds

Within the Government's Budget Code working group, ZdravPlus contributed to the development of the new Budget Code by preparing recommendations on health care program budget consolidation, as well as a summary of international experiences in budget consolidation. Retaining budget and program consolidation required for pooling of funds remains one of the key political tasks and it is extremely important to protect these positions in the new Budget Code. The Code will be approved by end of 2008 and ZdravPlus will continue working on it to achieve the goal.

The single payer system and the oblast-level pooling of funds are institutionalized through the Budget Code and national government decrees. However, discussions around the preferable level of funds pooling as well as the introduction of mandatory health insurance continue to evolve and require continuous attention and response. The protection of the single payer system and oblast-level pooling

has remained a key objective of the Project over the past six months. ZdravPlus continued working with the key stakeholders – including the MOH, MOFBP, and Parliament – to build informed support. During Parliamentary discussions of the Health Care Code on May 28, Senator Serik Ayaganov made a report that supported key health financing reform goals, including health care budget allocation based on political decisions and priorities (versus the Soviet system of line-item budgeting and health care system inputs estimates), budget consolidation, the single payer system, health provider autonomy, and new provider payment systems. Senator Tutkushev strongly argued against introducing health insurance and called on the Government to focus on improving the single payer budgeting system and treasury system reform. ZdravPlus provided technical assistance to the parliament members and the MOH to prepare for the discussions.

Medical Savings Accounts (MSA)

Calls to introduce MSA continued to play out at the policy level during the first half of the year and ZdravPlus monitored the situation to provide timely responses. In April, the Project provided technical support to the MOH in developing a response to a proposal to introduce HSAs initiated by MOP and former Minister of Health, Dr. Doskaliev. The proposal was declined by the MOH.

Treasury System and Provider Payment

The current treasury system permits provider reimbursement only on an annual basis and by line item chapter budgeting. This restricts providers' autonomy and flexibility in managing resources, which are essential components of incentive-based provider payment systems. Over the past six months, ZdravPlus continued to work with the MOH to promote treasury system reform, as the current system hinders the success of the new provider payment systems in general, and the two-level capitated rate, specifically. The national implementation of the two-level capitated rate is scheduled for 2008, but has been halted due to Treasury System limitations.

Legal and Organizational Status of Health Care Providers

During the reporting period a new Tax Code was drafted that would simplify taxation procedures and reduce taxation rates in non-productive (not-for-profit) areas, such as health and education. Reductions in tax burden would create economic incentives for the development of the private health sector development. ZdravPlus supports these changes and works with the MOH on technical issues.

Administrative Reform

Within administrative reform, ZdravPlus continued providing technical assistance to the MOH and oblasts to: 1) realign roles and relationships between national and oblast levels of government (i.e. the MOH and Oblast Health Departments); and, 2) improve coordination between the MOH and OHDs.

WB Flagship and WHO National Health Accounts (NHA) Courses

In coordination with the WHO and World Bank, ZdravPlus advised the MOH and supported two participants on the June World Bank Flagship Course in Bishkek (Aslan Kinayatov, MOH Department of Economics and Finance Planning Unit, and Aigerim Kuserbayeva, Head of the MOH Accounting and Financing Department), and two participants on the June National Health Accounts Course in Bishkek (Dana Bisembaeva, Lead Specialist, MOH Department of Economy and Financing, and Gazima Bermagambetova, MOH Department of Strategic Development, Monitoring and Medical Statistics). The Flagship Course focused on health system performance and functions, health care financing, and private sector service development.

National Integrated Health Information System (HIS)

ZdravPlus continued contributing to the development of the national integrated HIS through participation in the national working group and through providing technical assistance to IT companies contracted by the MOH to coordinate and ensure consistent development of the HIS. Specifically, the Project provided technical assistance to the MOH in determining a tender list and technical specifications for the further development of the HIS.

EBM/CPGs and Quality Assurance

ZdravPlus continued to pursue a strategy of promoting EBM at all levels by engaging in dialogue to increase awareness and acceptance of EBM among health policy-makers and educators, improving the process for development and implementation of new CPGs, supporting the implementation of WHO approaches in FP/SM/RH, and contributing to the development of local capacities in EBM and CPG

development and implementation using the example of arterial hypertension. ZdravPlus promoted EBM approaches through a number of national seminars, including a seminar on Effective Perinatal Care (PEPC) for health policy leaders, faculty members and practitioners in Astana and Almaty, and a Contraceptive Technologies Update Conference held in Almaty (please see Family Planning and Safe Motherhood section below for further details).

Two physicians from Project subcontractor STLI provided trainings to faculty members and staff of the National Pediatric Rehabilitation Center and Ambulance Station in Astana on evidence-based approaches to diagnosis and treatment in neonatology. They reported that the faculty, comprised of approximately 80 staff, were extraordinarily open to discussing and learning about new EBM approaches.

ZdravPlus maintained policy dialogue with the Cardiology Institute to support the development of a new AH CPG that follows internationally approved processes, and involves CPG developers, professional associations (KAFP and DIC) and external reviewers. A set of AH Patient School methodological materials were approved nationally with backing from the Cardiology Institute.

As requested by the National Quality Committee and City Health Department, continuous quality improvement sessions were implemented in Astana to introduce health authorities and managers to the CQI processes implemented in ZdravPlus AH and Safe Motherhood pilots. The Astana Perinatal Center and KAFP leaders shared their experiences in introducing CQI approaches in these health facilities, and session discussions contributed to building understanding among different players in the system, including the Quality Committee, the Health Department and providers. Deputy Director of the National Quality Committee Dr. Bekpai Khairullin remarked, "It is important to understand that health care providers, the Quality Committee and the Health Department are one team pursuing the single goal of quality improvement." The MOH and Quality Committee have expressed their desire to continue these quality improvement sessions, and the Astana City Health Department initiated a Quality Improvement Initiative Team. The Team will be headed by a staff person within the CHD who will coordinate quality improvement processes in the city.

At the provider level, Continuous Quality Improvement trainings were implemented in Astana and Karaganda for hospital and PHC staff and city health departments (please see the Service Delivery section of this report for further details).

The Kazakhstan Association of Family Practitioners (KAFP): PHC and Family Medicine

KAFP continued advocating for family medicine through KAFP branches at the oblast level. KAFP also continued promoting EBM to faculty members, practicing family doctors and residency students. A one-month international course in family medicine implemented in Almaty in May involved all medical academies in Kazakhstan and served as a powerful promotional and educational event. KAFP also collaborated with OHDs and PHC providers to promote PHC. An open house event in Karaganda Mixed Polyclinic #1 contributed to policy dialogue on quality improvement in PHC and set a good example of self-promotion for other PHC facilities.

In May, a high-level policy maker from Russia (Advisor to the Deputy Chairman of the Federal Assembly of the Russian Federation) visited PHC facilities in Karaganda City. The KAFP Karaganda Branch Director organized a tour of the FGP "Nur" and, together with the head doctor, presented the FGP's work, including the AH project. The visitor was strongly impressed by the FGP and the achievements, and wondered aloud whether all FGPs in Kazakhstan were as good as the one he has visited.

Family Planning and Safe Motherhood

In June ZdravPlus contributed to the MOH Working Group on the revision of legal acts regulating health services provided to pregnant and post-partum women and newborns based on WHO MPS/EPC programs.

In collaboration with the WHO, UNICEF, and UNFPA, ZdravPlus continued promoting MPS/PEPC approaches and providing technical assistance to the MOH and MCH Center in implementing MPS/PEPC strategies. ZdravPlus staff contributed to all national meetings on RH/MCH issues, where they provided presentations and shared international and pilot experiences. ZdravPlus invited Professor Jerker Liljestrand to provide two half-day sessions on international approaches in PEPC in

May at the Almaty CHD, and at the new MCH Center in Astana. The sessions contributed to policy dialogue and promotion of MPS/PEPC standards among key stakeholders, including policymakers, faculty members, health system managers and practicing doctors.

In June, ZdravPlus participated in the International Forum of Ob/Gyns, organized by the Almaty MCH Center. Pilot maternity hospitals from Karaganda made two presentations on implementing MPS/PEPC practices. The Forum resolution included the following recommendations:

- Provide regular trainings for health providers on correct management of the partogram, neonatal resuscitation, and emergency care for pregnant and post-partum women;
- A midwife should manage normal deliveries using a partogram;
- Health workers should adhere to ethical norms in treating women, fetuses, and babies, as well as partners and family members;
- Resolve the issue of providing free contraceptive methods in maternity hospitals and PHC for post-partum women, low-income families and youth.

In Karaganda, Zhezkazgan, Temirtau, Almaty, Astana, Ust-Kamenogorsk, Semipalatinsk and Pavlodar, ZdravPlus and an international consultant held policy meetings and discussions were held with chief Ob/Gyns and health departments to promote MPS/EPC, draw attention to problem issues, and consolidate implementation efforts.

Through various events, including the Astana Roundtable on Youth Reproductive Health (see Population Section), ZdravPlus continued to promote the inclusion of contraceptive methods in the Outpatient Drug Benefit for vulnerable populations and encouraged health departments to procure contraceptive methods included in the National Essential Drug List.

ZdravPlus participated in the USAID Family Planning Assistance Phase-out Assessment Team visit to Kazakhstan from June 3-6. ZdravPlus representatives accompanied the team to pilot sites in Astana, Karaganda and Almaty and participated in discussions with counterparts. It was clear that while progress has been made in family planning, there is still a huge need to respond to demand for broader choices in affordably priced contraceptive methods as well needs in provider training on patient counseling. These issues were discussed with the MOH, Karaganda Oblast, and Almaty and Astana City Health Departments.

Tuberculosis (TB)

In collaboration with Project HOPE and counterparts, ZdravPlus continued dialogue on TB-related issues with the MOH and the National TB Institute. ZdravPlus and KAFP contributed to the national roundtable “The Current Status and Directions of Work of the National TB Institute and Partner Organizations on TB Control in Kazakhstan” held in April. The discussion centered on problem areas in TB diagnosis and treatment and on improving collaboration among donors, national TB institutions and NGOs. The issue of shifting TB dispensaries to a performance-based provider payment system versus the current line item budget system was raised during the meeting. ZdravPlus will support the discussion on TB provider payment issues at future meetings and respond to respective initiatives on the part of oblast health departments as resources allow.

TB and HIV: Global Fund Round 8 Applications

During the reporting period ZdravPlus contributed to the development of Global Fund Round 8 applications. ZdravPlus made general recommendations on improving the health care system to accommodate the requested funds and implement the proposed activities effectively and efficiently. As a potential grant recipient, KAFP drafted the PHC component of the GFTAM application, which aims to incorporate DOTS strategy into PHC. ZdravPlus contributed to the design of this component, which focuses on improvements in PHC financing that would channel greater resources to PHC and create incentives for PHC facilities to provide TB services.

Institutional Structure, Roles and Relationships

Improvement of institutional structure, roles, and relationships within the MOH and its committees, the appropriate distribution and coordination of functions and responsibilities between national and

oblast levels, and increased management autonomy for health care providers remain priorities for ZdravPlus in order to increase short-term implementation success and long-term institutionalization and sustainability.

MOH Capacity

ZdravPlus inform and built capacity among MOH staff on major aspects of health care reform (including the single payer system, oblast-level pooling of funds, and provider payment systems) in an effort to build a reform-committed team within the MOH. Good working relationships have been established with newly recruited MOH staff.

OHD Single-Payer Capacity

ZdravPlus worked to strengthen the capacities of health system administrators and managers to operate according to the single payer system and oblast-level pooling of funds.

The leadership of the Institute for Healthcare Development (IHD) changed over the first half of the year. As advised and supported by ZdravPlus, Marat Shoranov, Deputy Director of the National Urology Institute was appointed Director of the IHD. Shoranov's appointment to this key position within the health care system is a positive factor, and opens opportunities for consistent collaboration with the Center for Healthcare Development going forward.

MOH and OHD Roles and Relationships

ZdravPlus continued supporting the MOH and national and oblast health care agencies in clarifying their institutional functions, roles, and responsibilities. The coordination of the MOH and oblast health authorities is a pending issue currently under discussion within the Government. While it is important that oblast health departments maintain independence in managing oblast health care systems, it is equally important to strengthen the stewardship function of the MOH in determining the national health care strategy and ensuring its consistent implementation on the oblast level. Over the past six months, ZdravPlus supported MOH policy dialogue around these issues and promoted the advantages of the single-payer structure and building the capacity of OHDs as health purchasers. The Project also supported the development of OHD Medical Information Centers (MICs), and used the ZdravPlus-supported health financing seminars a vehicle for providing information and discussing implementation issues.

KAFP Organizational Development

KAFP continued promoting itself as a professional family medicine association to international, national and local audiences. One such example was the Association's participation in the international workshop on Practical Approach to Lung Health (PAL) – held in Bishkek from January 14-18 – at the invitation of the WHO and the Finnish Lung Health Association (FILHA). Through its oblast branches, KAFP continued its support of grassroots PHC development based on a family medicine approach. Finally, KAFP continued participating in the Physician Higher Attestation Committee, and supported PHC providers in preparing for the national attestation (please see Service Delivery section of this report for further details).

Policy Marketing and Public Relations

Over the past six months, ZdravPlus continued promoting the health reforms through scheduled programmatic events, as well as other opportunities, including national roundtables, conferences, and reports and presentations prepared by the Project for a variety of target audiences (e.g. Health Code Public Hearings in the Parliament, Health Financing Regional Seminars, national conferences on PEPC and FP, Quality Improvement Seminars, oblast-level PHC monitoring working groups, and PHC open house events). A more focused effort was made to improve mass media coverage of ZdravPlus supported events consistent with USAID outreach activities (see Population Involvement section).

ZdravPlus continued working with the MOH and the Press Center to develop a vision, strategy and plan for marketing the health reforms. A study tour of the Kyrgyz MOH and Press Center was organized for MOH and Press Center staff. Participants were encouraged by the Kyrgyz experiences in promoting health reforms and are now slowly working to develop their own marketing plan, which is still going slowly.

Monitoring and Evaluation

PHC Monitoring

Maintenance of the oblast PHC monitoring system continued in Karaganda and EKO. In May, an oblast-level working group meeting was held to summarize PHC monitoring results for Q1 of 2008 and to perform a comparative analysis of PHC progress in Karaganda Oblast for the respective period in 2007. Three cities (Karaganda, Balkhash and Temirtau) participated in the working group meeting, and the analysis suggests consistency and modest improvement in performance of the Karaganda City PHC system. The table below summarizes performance during Q1 2007 and Q1 2008.

Karaganda PHC Monitoring Indicators	2007 Quarter 1	2008 Quarter 1
% of visits to clinic for preventive services as a proportion of total outpatient visits	30.25	32.6
% of hospitalizations for asthma as a proportion of total hospitalizations for chronic illnesses	8.4	5.0
% of hospitalizations for ulcer as a proportion of total hospitalizations for chronic illnesses	6.0	5.0
% of hospitalizations for anemia as a proportion of total hospitalizations for chronic illnesses	0.1	0.1
% of hospitalization for diabetes as a proportion of total hospitalizations for chronic illnesses	3.2	3.1
% of ambulance calls during FGP working hours as a proportion of the total number of ambulance calls	27.2	26.6
# abortions to deliveries per 100 deliveries	34	32
% of eclampsia and pre-eclampsia cases as a proportion of the total number of pregnant women observed on the PHC level	0.2	0.2
% of women receiving prenatal care in the first 12 weeks of pregnancy	69.0	73.4

The Semipalatinsk PHC Monitoring Working Group meeting held in March focused on results for the period 2003-2007. Select data are summarized below, and show an increase in number of preventive visits, and a decrease in referrals to narrow outpatient and hospital specialists. The next working group meeting in July will analyze results for the first half of 2008.

Semipalatinsk PHC Monitoring Indicators	2003	2007
% of visits to clinic for preventive services as a proportion of total outpatient visits	21.6%	26.9%
% of visits resulting in referrals to narrow outpatient specialists	16.5%	11.5%
% of visits for PHC care resulting in hospitalization	11.1%	0.7%
# of abortions per 100 births	53	24

AH and FP/SM/RH Monitoring

ZdravPlus promoted the AH and FP/SM/RH monitoring systems connected to CQI to the National Quality Committee and Astana City Health Department using the FP/SM/RH and AH monitoring and CQI experiences in ZdravPlus pilots.

Resource Use

Over the past six months ZdravPlus continued working with the MOH, MOEBP, MOF and oblast-level implementers to support SHCDP Stage II implementation in the core health reform areas. Through the ZdravPlus regional health finance seminars, the World Bank IRTT Project, and other avenues, the Project provided technical support to the MOH and oblast-level implementers to address technical issues and raise awareness of the problem areas that are impeding implementation of the reforms.

Health Care Delivery System Restructuring and Human Resources Planning

In accordance with the SHCDP Implementation Plan Stages I-II, the MOH and oblasts continued restructuring the health care delivery system using the formation of mixed polyclinics as a transition model to support independent family practices. In some oblasts, including Mangystau and East Kazakhstan, however, a process of merging the currently independent FGPs into larger PHC centers has commenced. This process is largely determined by a lack of oblast-level capacity to efficiently manage a large number of independent PHC entities. Furthermore, the MOH lacks the instruments it needs to enforce and effectively implement the national SHCDP strategy on the oblast level. The MOH has discussed the issue of coordinating the appointment of heads of oblast health departments with the oblast governors.

Progress was achieved during the first half of the year in increasing the autonomy of health care providers. The national “Methodology for Transferring Health Organizations into State Enterprises with Greater Economic and Management Autonomy” was approved by the MOH, a first, serious step by the MOH that demonstrates their desire to strengthen the economic independence of health providers.

ZdravPlus maintained dialogue supporting the equal rights of public and private health care providers. The MOH approved “A Methodology for Including Capital Investment in the Cost Tariff Structure,” which aims to improve equality between public and private providers in relation to capital assets and their depreciation costs. ZdravPlus provided technical assistance to the MOH in developing this methodology.

Health Financing

Health Finance Regional Seminars

ZdravPlus implemented two regional health finance seminars during the reporting period that covered 12 oblasts. The seminars focused on addressing technical and implementation issues around provider autonomy, provider payment system regulations and rates, and the MOH’s Strategic Plan for 2009-2011. The seminar’s agenda also included the Health Code; health financing and provider payment systems; improvements to the health care provider reward system based on performance results; national health accounts; the World Bank IRTT Project; and EBM issues. A compact disk containing seminar materials and ZdravPlus technical materials (in the areas of health financing, EBM, safe motherhood, family planning, and arterial hypertension) was provided to each participant.

Vice Minister Asem Nussupova and the heads of a number of departments and committees within the MOH lead the seminars, and demonstrated understanding and commitment to the health reforms. As it has in the past, ZdravPlus provided technical assistance to the MOH in developing and implementing the seminars. However, the MOH and oblast reform implementers now take the lead in policy and technical discussions.

Oblast Single-payer System

Please see Stewardship section.

Treasury System

Please see Stewardship section.

Provider Payment System Refinement

As discussed in the Stewardship section of this report, national implementation of the two level capitated rate (TLCR) as planned for 2008 was halted, primarily due to incompatible treasury system procedures. However, ZdravPlus continued to work with the MOH to encourage changes in the treasury system, a priority now included in the World Bank IRTT project. The MOH, MOEBP have agreed to increase the 2009 budget for PHC by 18 billion tenge in order to implement the TLCR nationally in 2009.

Outpatient Drug Benefit Program (ODBP)

ZdravPlus continued providing technical assistance to the MOH to improve the Outpatient Drug Benefit Program (ODBP). Within the MOH Pharmacy Committee working group, ZdravPlus

contributed to the development of a new model designed to improve access and affordability of medicines. The improvements focus on developing a mechanism to establish national reference pricing, as well as mechanisms and incentives to encourage a greater number of pharmacies to participate in the ODB program.

Other

Largely through the Project's routine technical work with the MOH and the World Bank, ZdravPlus provided technical input on other health finance issues, including budget formation, the geographic resource allocation formula, national health accounts, and privatization.

Health Information Systems

During the first half of 2008, the Project focused on 1) disseminating lessons and best practices from the Karaganda HIS through regional health finance seminars; 2) supporting provider payment systems driven by the Integrated Health Information System (IHIS); 3) supporting the development of the national IHIS; and 4) contributing to the IHIS development component of the World Bank IRTT Project.

ZdravPlus continued to provide ongoing support to maintain HIS's in Karaganda and East Kazakhstan oblasts, which support provider payment systems, population databases, PHC monitoring, the ODBP, and AH and FP/RH/SM quality improvement programs.

The Project contributed to the development of the national IHIS through participation in the national working group, technical assistance to IT companies contracted by the MOH, and through collaboration with the World Bank as follows:

- Provided technical assistance in developing technical tasks for the development of all components included in MOH IHIS procurement tenders for 2008;
- Contributed to the assessment of tender proposals as part of the provider selection process for IHIS development;
- Provided counseling to selected providers on developing specific components of the IHIS;
- Provided technical assistance to the MOH to develop technical requirements for international consulting procurement for IHIS development;
- Provided technical assistance to the World Bank to develop technical specifications for hardware procurement within the World Bank IRTT Project;
- Communicated with the World Bank IRTT Project coordinator to determine a list of office equipment required for project operations.

Health Management

Specific Support for Service Delivery Programs

Through the AH and FP/RH/SM programs, ZdravPlus continued supporting oblast health departments and individual providers to improve internal resource management in order to implement these programs more efficiently. At the Project's invitation, a WHO-certified international consultant made follow-up visits to pilot maternity hospitals in Astana, Zhezkazgan, Karaganda, and Temirtau, and provided recommendations on investments in maintaining and improving individual birthing rooms in maternity hospitals according to WHO recommendations.

David Kuter, an American family doctor and ZdravPlus consultant, made ANC review visits to PHC facilities in Almaty and Astana, where he addressed provider-level management issues (such as patient confidentiality and improving patient flow management and the layout of doctor's rooms), as well as the evidence-based prescription of antenatal medicines.

The Cardiology Institute approved a set of methodological materials on organizing AH patient schools that are to be implemented nationally. The manual describes the management system and resources required for organizing and running AH patient schools.

Donor/Project Collaboration and Coordination

ZdravPlus continued to collaborate and coordinate with all donors and projects that support the MOH in implementing the SHCDP and/or participate in the development of policy, such as the Health Code and the Strategic Plan of the MOH (2009-2011). The Project's collaboration with the MOH and World Bank to prepare the World Bank IRTT Project for launch in June and July 2008 remained a key priority.

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

As discussed throughout this report, it is a priority of ZdravPlus to support completing design and start-up of the World Bank project. ZdravPlus provided technical assistance and operational support to the World Bank Mission to prepare final drafts of key documents related to the launch of the World Bank IRTT Project, including a feasibility study, TOR for the procurement of technical consultants, and the Project Operational Manual (POM). ZdravPlus provided technical assistance to the MOH in preparing tender documentation for the procurement of World Bank PIU consultants.

Collaboration with USAID and Other Donors

ZdravPlus continued to collaborate with the WHO and WB as described elsewhere in this report, with a focus on coordinating shared positions and approaches to key policy issues. Coordinated technical assistance was provided to the MOH to support the single payer system and oblast-level pooling of funds. Candidates for the World Bank Flagship Course and the National Health Accounts Course were also jointly coordinated and supported.

Collaboration with the WHO, UNICEF, UNFPA in implementing MPS/PEPC strategies, sharing results, and consolidating implementation efforts also remained a priority. Examples include: 1) the development of a National Strategy on Reproductive Health that supports the implementation of the National Program Aimed at Reducing Maternal and Neonatal Mortality in Kazakhstan 2008-2010; 2) collaboration with the WHO in implementing a confidential maternal mortality audit; and 3) technical contributions to the WHO/UNICEF/UNFPA Safe Motherhood pilot in South Kazakhstan.

In the area of public health, ZdravPlus collaborated with Project Hope and the CDC on TB and HIV issues through national technical groups – particularly in relation to technical support for drafting Global Fund Round 8 TB and HIV applications.

Finally, ZdravPlus continued coordinating and collaborating with ExxonMobil to complete the GDA IV project and to initiate the GDA V project in Astana on Safe Motherhood (please see Service Delivery and Population Involvement sections for further details).

Service Delivery

General Health Care System Functions

Family Medicine Faculty Development

From 2007-2008, KAFP, together with the FM Faculty of the Almaty PGI, developed an international course for training family medicine faculty. In April, the course was successfully provided to 30 faculty member trainees from family medicine departments at Aktobe, Almaty, Astana, Karaganda, Semey, and Shymkent Medical Academies, and also one member each of the Almaty PGI surgical and pediatrics faculties. President of the European Academy of Teachers in General Practice/Family Medicine (EURACT) Prof. Egle Zebiene, a family medicine trainer from Wisconsin University (Madison), ZdravPlus Consultant David Kuter, and teachers from the FM Faculty of Almaty PGI and Astana and Semipalatinsk Medical Academies led the course.

The four-week training course covered the topics: 1) Evidence Based Medicine; 2) Introduction to Family Medicine; 3) Teaching Methods in Clinical Training; and 4) Evaluation and Testing of Students and Residents. Trainees participated enthusiastically in the training and stated that the course will be helpful to them as they return to their teaching departments and share their new knowledge with their colleagues. All participants received training and reference materials, much of which was translated by KAFP. The majority of course costs were covered through a grant received by KAFP

from the University of Wisconsin, Madison Foundation (totaling \$43K) and the Kazakh MOH, which provided \$25K for international trainers' travel, accommodation, and salaries.

In May, ZdravPlus consultant David Kuter and the Head of the FM Chair of Semipalatinsk Medical Academy provided 12 lectures for Semipalatinsk Medical Academy's professors and Family Medicine Faculty trainees on family medicine and EBM approaches to clinical practice.

Family Medicine Residency Program

From January to June, six new family medicine residency students continued a two-year FM Residency Program at the Almaty PGI Family Medicine Faculty. These six students undergo rotation training in all chairs included in the Standard Family Medicine Residency Training Program (including therapy, pediatrics, infectious diseases, obstetrics and gynecology, etc.). PGI and KAFP continued maintaining and developing the FM Clinical Base currently located in the Military (Porganuchilische) Hospital in Almaty. On April 28, three FM residency students began practical skills training in Semipalatinsk FGPs. David Kuter provided a three-week mentoring program, and Hilda Kuter provided English language classes for the trainees.

PGI and KAFP jointly developed a new three-year FM Residency Training Program meeting international standards and submitted it to PGI leadership for review. The Program is currently under consideration at the MOH.

Ob/Gyn Residency Training Program

ZdravPlus provided technical assistance to Astana Medical Academy in developing a description of qualifications for the Ob/Gyn medical specialty that corresponds to the new concept of medical education. The description, which has been approved by the MOH, includes the updated knowledge and practical skills that graduate Ob/Gyns must possess in order to graduate.

KAFP: EBM

From January to June KAFP provided four lectures on EBM principles for trainees of the Faculty of Organization of Health Care of Almaty PGI, two for the Faculty of Hygiene, and one lecture for the participants of the annual training of doctors and feldshers of the Kazakhstan Border Guards Military School Clinic. During the training course practicing physicians were exposed to new methods for critically assessing clinical literature and interpreting examples of non-evidence-based medical practice. Participants also received information on rational drug use, including the appropriate use of infusions, injections, antibiotics, and other medications.

EBM/CPC Development

ZdravPlus continued to support the Cardiology Institute in its effort to develop a new AH CPG for primary- and hospital-level care. The first draft of the CPG provided to ZdravPlus for preliminary review required improvement, and the Project met with the developers to discuss how to go about the work, including utilizing 1) the CPG development methodology developed by the ZdravPlus and approved by the MOH; 2) the AGREE instrument; and 3) expert review by KAFP and the DIC. The Institute is now progressing in developing the new AH CPG, which it expects to complete by the end of 2008.

MPS/EPC Protocol for Midwives

Almaty Maternity Hospital #1 has progressed in implementing MPS/PEPC under the leadership of a new Head Doctor, Akmira Sadykova. ZdravPlus supports this Maternity hospital through mentoring visits and monitoring (see Safe Motherhood IIP section for further details). Over the past six months the Maternity hospital developed and approved a facility-level protocol for midwives on managing normal deliveries. The protocol is based on WHO MPS/PEPC approaches and provides very clear action algorithms for midwives attending to various stages of labor and the immediate post-partum period. The protocol was presented and disseminated during the national forum of Ob/Gyns.

Quality Assurance: PHC Provider Attestation

KAFP continued work to strengthen the health professional attestation system. The Attestation Commission operates under the National Quality Committee, is headed by the Director of the Quality Committee, and is comprised of 17 members. KAFP is represented its President and the Head of the KAFP Almaty Branch. The Attestation Committee held two meetings during the first half of 2008 and

interviewed approximately 60 doctors who applied for the Doctor's Higher Category, including approximately 15 family practitioners. The Doctor's Higher Category holds prestige and enables increased salary for those who attain it. KAFP supports its members in preparing for the attestation by assisting them with attestation requirements, which include three-year doctor's activity reports and academic publications, and by providing organizational support.

Shifting attestation functions from the MOH to professional associations like KAFP is an important health reform objective. KAFP has continued to maintain policy dialogue with the Quality Committee on the issue, which has become even more important following the appointment of the Committee's new Director, who is less receptive to change in this area than his predecessor.

Quality Assurance: Accreditation

In March ZdravPlus contributed to the national roundtable on quality management and health facility accreditation organized by the Institute for Health Care Development (IHD). A "Manual on Implementation of Modern Principles of Quality Management in Health Services at Health Provider Level" was discussed. ZdravPlus specialists provided written feedback on the document shared international approaches to continuous quality improvement.

ODB

ZdravPlus is a member of the MOH Working Group established in 2008 to revise the current model of outpatient drug supply. Two meetings were held during the reporting period in order to examine potential ODB models. While two conceptual models of the ODB program were developed, the preferred model has not yet been determined and the working group is presently at an impasse. The major impediment to identifying the optimal ODB model is the new national drug supply system – developed by Kazyna state holding company and approved by the Prime Minister – which consolidates public drug procurement within a single operator with an aim to reduce procurement prices and improve logistics. The new system is expected to contract with a private-public consortium and build 16 warehouses across the country. There are numerous weaknesses in the model, including the decreased transparency that may result from completely centralizing procurement in the Kazakh environment and the fact that it targets hospital drug supply and does not include outpatient benefits.

The two models of ODB program developed by the MOH WG are based on different underlying principles regarding drug procurement and reimbursement, and also different contracting mechanisms with pharmacies. While one model can be easily incorporated into the new Kazyna project, the other model simply does not fit. The uncertainty and concerns about implementing the Kazyna project raise doubts about which model to choose and whether it is reasonable at all to alter the current ODB model given the circumstances. ZdravPlus will continue contributing to the MOH working group as the situation unfolds.

DIC

ZdravPlus continues to work with the DIC to finalize activities funded under the grant and institutionalize the DIC. After moving from Karaganda to Astana in 2007, the DIC has considered opportunities for future development and institutionalization. Following a period of uncertainty, the DIC identified its institutional place and became a part of the National Consultative and Diagnostics Center in Astana, which is currently establishing a Unit responsible for EBM, pharmaceuticals and postgraduate education issues. The new partnership will enable DIC members to continue advocating for rational drug selection and use, promote EBM principles, carry out health systems research, and educate health care professionals and patients.

Physical Infrastructure

ZdravPlus technical assistance in this area continued targeting AH and FP/RH/SM pilots. (Please see Resource Use Management section.)

CPG Implementation/Quality Improvement/Integrated Improvement Projects (IIPs)

Arterial Hypertension IIP

The AH IIP continued to progress during the second half of 2008 through the concerted effort of key partners, including three government organizations (the Cardiology Institute, PGI, and Karaganda OHD), two NGOs (KAFP and DIC), ZdravPlus, and implementing health care providers.

National Dissemination

ZdravPlus held a meeting with the new Director of the Cardiology Institute (CI), Professor Salim Berkinbaev, and his Deputy, Professor Zhangetkhan Abylaev to inform the new leadership of the AH CPG implementation progress and to gain support for the activities. Good working relationships have since been established. Arterial Hypertension School materials developed in collaboration with the Cardiology Institute were approved by the CI Scientific Board, and proposed for wide dissemination electronically. This set of materials includes slides for delivering AH Patient School classes, regulatory documents on establishing such classes on the PHC level, an AH patient “reminder” leaflet, and other Patient School handouts.

Karaganda AH IIP Pilots

In collaboration with the KAFP Karaganda branch, follow-up visits to all six pilot sites were conducted in March. Monitoring and evaluation results for the period of October 2006 to October 2007 were discussed with health care providers. Select patient survey results are summarized in the table below:

AH CQI indicators	2005	2006	2007
Patients who took first line medication	50.2%	68.3%	73.6%
Patients who took medication in the past 24 hours	44%	50.2%	64.5%
AH screening (coverage of adults by routine BP)*	70%*	50.2%*	64.5%*

*Of the of six facilities evaluated in 2007, three facilities have improved AH screening coverage, one maintained the same level of coverage, and two pilots decreased coverage. For this reason, the global percentage of patients covered for all six facilities has decreased versus 2005. The two facilities (one polyclinic and one FGP) with the decreased AH screening rates are investigating the causes of the decline. One possible cause is turnover of personnel.

Replication and Roll-out of AH IIP in Other Oblasts Through KAFP Branches

KAFP continued to support implementation of the AH CPG and quality improvement processes through its branch offices. In January, KAFP implemented a CQI training course in Astana for KAFP members from Astana, Kokshetau, Pavlodar and Semipalatinsk. Within the framework of the training, KAFP conducted a meeting with each of the four branches to discuss plans to continue CQI implementation. Priority areas for CQI initiatives in Kokshetau, Pavlodar and Semipalatinsk were identified and monitoring indicators were formulated. The use of first line medicines (thiazide diuretics) for patients with high blood pressure was selected as a CQI focus for the year 2008.

A peer-reviewed article authored by the ZdravPlus clinical team, “Improving the management of hypertension in Kazakhstan: implications for improving clinical practice, patient behaviors and health outcomes” was published in the journal Global Public Health (vol 3, issue 2, April, 2008, pp 214-231).

From June 26-27, the Karaganda State Medical Academy organized the international conference “Family Medicine Development Perspectives.” KAFP prepared a presentation about results of the AH project, and two articles about the AH project in Karaganda pilot sites were submitted for publication in the conference materials. In addition, the Karaganda AH Project and associated materials were presented to the Family Medicine faculties of all six medical academies.

The Family Medicine Departments of PGI and the Karaganda and Semipalatinsk Medical Academies continue to provide training on the AH CPG at CME courses for PHC doctors. 125 doctors were trained on the AH CPG in these three facilities during the first half of 2008.

Monitoring and Evaluation

An AH patient chart review collecting baseline data for the initiation of CQI was conducted with KAFP and ZdravPlus support in three pilot PHC facilities in Pavlodar. Analyses show a number of areas that require improvement, including doctor’s provision of healthy lifestyle recommendations and

the appropriate prescription of medications according to the AH CPG. A follow-up chart review in Pavlodar is scheduled for summer 2008.

Family Planning/ Reproductive Health/Safe Motherhood Integrated Improvement Projects (IIPs)

Family Planning and Contraceptive Method Supply

The international conference “Contraceptive Technology: Evidence-Based Facts” was held in June at the Almaty MCH Center (a collaboration and cost-share between USAID projects implemented by JSI and Abt Associates). Sixty participants – including key health policy leaders, medical professors and faculty from Almaty, Astana and Karaganda, family planning trainers, and other stakeholders – obtained the latest evidence-based recommendations on the safe and effective use of modern contraceptive methods. During the course of discussions led by international experts the following problem areas were identified as obstacles to quality family planning services in Kazakhstan:

- Insufficient staffing in health facilities, resulting in staff overload of health workers and loss of personnel;
- Inadequate and outdated knowledge of family planning on the part of doctors and midwives;
- Lack of updated and MOH-approved FP clinical protocols;
- Lack of coverage for contraceptive methods under the BBP;
- Exemption of contraception methods from MOH Prikaz #763 on drug benefits;
- Inadequate teaching hours allocated to family planning in medical academies and colleges (currently varying from 2 to 6 hours);
- Lack of up-to-date FP manuals in undergraduate and postgraduate education;
- Absence of family planning training in curricula outside of Ob/Gyn and family doctor specialties.

All ZdravPlus-supported FP/RH/SM pilot facilities continued providing family planning counseling services to women during prenatal visits and prenatal classes in PHC facilities, and also within post-partum and post-abortion departments. As of end of April 29,040 packs of Marvelon and 3,844 packs of Exluton oral contraceptives provided by Organon remain for distribution.

Safe Motherhood

National-level SM activities are summarized in the Stewardship section of this report.

Safe Motherhood IIPs

Over the past six months ZdravPlus continued implementing the SM IIP by providing technical assistance and operational support to Safe Motherhood program pilot sites in Almaty, Astana, and Karaganda and new sites in Semipalatinsk, Ust-Kamenogorsk and Pavlodar (jointly supported by the MCH Center and ZdravPlus). The project also maintained policy dialogue in support of Safe Motherhood program implementation and rollout through working groups and national- and oblast-level meetings.

Mentoring Visits to Maternity Hospitals

In January and February, a WHO-certified international consultant conducted three-day mentoring visits to each Safe Motherhood pilot maternity hospital and select PHC pilot facilities in Zhezkazgan, Karaganda Temirtau, Ust-Kamenogorsk, Semipalatinsk and Pavlodar. The mentoring visits aimed to 1) strengthen and improve the clinical skills of providers who have already received the full EPC course through ZdravPlus support; 2) introduce EPC practices to all providers in the facilities, regardless of whether they received the full EPC training; 3) strengthen policy support for implementation MPC/PEPC at hospital and outpatient levels; 4) and improve the continuity of care delivered during pregnancy, labor and delivery.

Within the framework of the mentoring visits, meetings were held in Karaganda Oblast to summarize and discuss implementation issues. Participants included the Safe Motherhood Oblast Coordinator, Oblast Health Department Chief Ob/Gyn, and a representative of the Quality Committee. Major positive improvements include the increased number of labor position deliveries based on women’s choice, active management of the third stage of labor, organization and maintenance of individual

birthing rooms, observation and continuous maintenance of warm chain practices, increased number of partnership deliveries, and demedicalization of labor and delivery. Areas requiring improvement include inadequate and confusing clinical protocols, a sometimes punitive work environment, and an absence of confidential maternal death investigations. A separate one-day orientation meeting with Karaganda Medical Academy faculty members was held to promote and encourage revision of teaching programs in accordance with WHO EPC recommendations.

In May, international experts in Safe Motherhood provided mentoring visits to three maternity hospitals and four outpatient facilities in Almaty. Organization of individual birthing rooms, introduction of partograms, reduced medicalization during pregnancy, and a growth in the proportion of women delivering with partners from 65 to 91% were noted as positive changes.

FP/ANC Mentoring Visits to Pilots

In March, ZdravPlus made FP/ANC follow-up mentoring visits to outpatient pilot sites in Karaganda Oblast. The visits focused on improving ANC counseling and the operations of prenatal classes. The mentoring visits were connected to continuous quality improvement (CQI) trainings that focused on FP and ANC services. Five three-day CQI trainings were implemented during the course of the visits, covering 104 health workers from PHC facilities and maternity hospitals.

The assessment of PHC pilots made within the CQI training framework revealed positive trends across the facilities: 98-100% of patients across facilities note the respectful and polite attitude of health care personnel and approximately 90% of women are well informed about danger signs of complications during pregnancy. At the same time only 30% of pregnant women receive information from health providers about birth preparedness classes, and very few women know that they do not need to have an enema or shaving before admission to maternity hospital for delivery. During the course of the mentoring visits, ZdravPlus facilitated the formation of working groups, which developed action plans that reflect facility-specific issues and improvement needs.

ZdravPlus also made FP/ANC follow-up mentoring visits to pilot PHC facilities in Almaty City in March. Some positive changes in ANC practices were observed, including the fact that 100% of pregnant women are monitored for arterial hypertension and have hemoglobin tests. The administration of non-evidence-based medicine had also reduced. On a negative note, the use of the gravidogram has not yet been introduced, and in-service training and mentoring on how to draw a gravidogram and why it is important were carried out during the mentoring visits. Birth preparedness schools at Women's Consultations #10, #17 and #4 are active, and a new school is currently being developed at Women's Consultation #2. Family planning rooms are operational in all pilot PHC facilities. Post-abortion and post-partum FP counseling is provided along with counseling on contraceptive methods. In the first quarter of 2008 the rate of abortion in pilot facilities decreased by 16% versus first quarter 2007.

In January a Continuous Quality Improvement Training Course was conducted for 84 participants, who represented three pilot maternity hospitals, four outpatient facilities (women's consultations and FGPs), and the Astana City Health Department. The course introduced providers and health care administrators to CQI concepts and techniques as they relate to the implementation the Safe Motherhood Program, and was provided by specialists from Kyrgyzstan and KAFP. Working groups organized during the course of the training developed plans for internal monitoring within their facilities. Following the training, Perinatal Center immediately initiated an internal audit to assess quality improvement progress. A number of achievements were documented, including improved patient awareness of prenatal classes and an increase in partnership deliveries from 11% in 2007 to 24% in 2008. The Perinatal Center shared its quality improvement experiences during two June roundtables of the Astana Quality Committee and Astana City Health Department.

The 11 prenatal schools operating in Karaganda, Zhezkazgan, Satpaev and Temirtau provided services to 2835 pregnant women during the first half of 2008. Twenty-four percent of these women attended the classes with their partners.

HIV/AIDS

The major ZdravPlus HIV/AIDS-related activities continue to be incorporation into Safe Motherhood and collaboration with the CAPACITY Project on policy dialogue and integration into PHC.

Population and Community Health

Promoting and Marketing the Health Reforms

On the national level, ZdravPlus continued using conferences, roundtables, and working group meetings to promote and market the core health reforms to national policy makers (please see the Stewardship section of this report). Promotion efforts on the oblast level targeted oblast authorities, health workers, and the general population, and included advocacy for PHC and the advantages of family medicine, as well as promotion of specific PHC services like family planning counseling, birth preparedness and AH patient schools. KAFP continued playing a key role in promoting PHC reforms to policy makers, health professionals and the population.

Collaboration with the MOH on health reform marketing continued following the appointment of new staff to the MOH Press Center. At the request of the MOH, Press Center officials visited the Kyrgyz MOH Press Center in April to discuss health reform promotion issues and collaboration with mass media. After the tour, the Kazakhstan MOH Press Center began work on a vision and implementation plan for marketing health reforms in the country.

The development of a national poster promoting the population's rights in the context of health reforms has progressed. The poster's key messages on the ODB, BBP, and free choice of PHC provider were discussed with the MOH and other stakeholders. The first draft of the poster is under review at the MOH at the time of this report.

FGP Open House

Karaganda mixed Polyclinic #1 held an open house to emphasize the importance of PHC and family medicine services and evidence-based medicine, and also to showcase health reform benefits such as equal access to the ODB and BBP and the individual's right to choose their PHC provider. As in past open house events, attendants of the patient schools shared their impressions and experiences, and the event was widely covered by mass media. Two ZdravPlus Tajikistan specialists were invited to participate in order to gain experience in conducting similar events at pilot facilities in Tajikistan.

Health Promotion

Business Women's Association of Kazakhstan (BWAK)

BWAK continued maintaining the Red Apple Hotline in ZdravPlus-supported sites in Almaty, Astana and Karaganda, as well as three other sites supported by other donors (Uralsk, Shymkent and Aksai). During the first five months of 2008 the hotline served 27 580 callers.

RA Site	January 2008.	February 2008.	March 2008	April 2008r.	May 2008	Total
Almaty	2075	2139	1894	2248	1983	10339
Astana	670	630	590	725	794	3409
Karaganda	1417	1538	1352	1553	1400	7260
Shymkent	857	758	777	864	893	4149
Uralsk	---	174	347	563	627	1711
Aksai	---	193	171	188	160	712

BWAK used opportunities such as the March "National Fair of Social Ideas" in Almaty to promote itself and share experiences in the organization, operation and benefits of the hotline. After this event the number of calls to the hotline visibly increased. The fashionable monthly magazine "Business Women Kz" included an article on Red Apple, and three hundred copies of the issue included a calendar with the Red Apple contact numbers.

Kazakhstan Association of Family Physicians (KAFP)

KAFP continued its work to disseminate health promotion materials to strengthen links between primary care providers and the community and promote EBM approaches to health care to the broad public. Over the past six months KAFP contributed to and implemented a number of activities, including:

- A meeting on tobacco-control activities (jointly with the National Center for Healthy Lifestyles);
- A press conference for World Cancer Day organized by the National Press-Club;
- A radio talk show on KAFP activities, family medicine development, and general health issues;
- An interview in the “Liter” newspaper on influenza issues and the Pavlodar SES response; and
- A TV show “Be Healthy” in “GALA-TV” station on Family Medicine and Safe Motherhood.

Exxon Mobil-USAID Global Development Alliance (GDA)

Birth preparedness schools in Astana continued to operate throughout the first half of the year. From January to June 2008, 3106 pregnant women attended the schools. Twenty-four percent of these attendees were partners of pregnant women.

Population education materials on prenatal and antenatal care issues were provided to ten prenatal schools and PHC facilities. The materials were comprised of booklets titled “Your Pregnancy: Week-by-Week” and “Breastfeeding,” a flyer titled “When to Go to Hospital,” and a poster titled “Using an Exercise Ball during Labor.”

FP/RH Youth Strategy

The implementation of the FP/RH youth strategy component aimed at increasing the use of family planning methods among youth ages 16-24 was completed in close collaboration with the Astana Agrotechnical University during the first half of the year.

A team ZdravPlus-trained FP peer trainers delivered trainings to 170 students via 12 workshops on reproductive health from March to May 2008. The trainers were equipped with educational brochures on STIs and Family Planning, and a flyer with a list of health facilities in Astana that provide youth-oriented RH services.

ZdravPlus FP/RH activities were discussed during a roundtable held on May 28 with the representatives from a number of universities and colleges, including the Music Academy, Medical University, and Polytechnic College. The roundtable was lead by Gorbunov M., Pro-rector of the Medical University, who underlined the importance of the peer education project and expressed pride in supporting these pioneering trainings in Astana. Two master-trainers from Demeu and peer trainers made presentations on the project. The results showed the increasing trust of students in health care professionals as a source of reliable and confidential information on reproductive health and family planning. The increased trust may be partly explained by the improved collaboration between the students and providers that resulted from a series of meetings with the representatives of the Red Apple Hotline Branch in Astana, the Center for Family Planning, and others organized by ZdravPlus during the course of the Youth Strategy implementation. After the roundtable, discussions about youth reproductive health issues among continued in the event venue’s lobby, and the heads of colleges and institutes in attendance expressed their interest in preparing their own student trainers. The event was covered by both print and broadcast media.

Support to Integrated Improvement Projects (IIPs)

Within the Population Component, ZdravPlus continued enhancing the linkages with service delivery priority programs by providing informational support to Family Planning, Safe Motherhood, Newborn Care, and Arterial Hypertension IIPs. A great variety of educational materials were developed and delivered to all pilot sites, and also disseminated nationally. These items are summarized below.

Information materials to support IIPs and other activities, January-June 2008

ZdravPlus materials	Target audience
USAID Tiaht Poster, 200 copies	All FP/RH/SM pilots
FP pamphlets, 300 copies; 9 types of brochures on contraceptive methods (including LAM, COC, POP, IUD, condoms, spermicides, VSC, Depo-Provera, and emergency contraception)	All pilot PHC and hospital pilots.
CTU materials on compact disk, 60 copies; WHO family planning reference books	Participants of the Contraceptive Technologies Update meeting in Almaty (CTU).
Brochure "Your pregnancy... Week-by-week," 4 400 copies in Russian and 2250 copies in Kazakh	Almaty FP/RH/SM pilots
ZdravPlus resource materials 2005-2008 on compact disk, 300 copies. (CD resource materials included: the Case-Based Hospital Payment System Manual, RH/SM/FP population materials, AH materials for doctors and the population, and recommendations on utilizing RH and AH materials.)	Participants of the Regional Health Finance Seminars in Taldykorgan and Akmolinskaya Oblast PHC doctors, National Family Medicine conference, Karaganda MA, on June, 2008.
Nursing Manual (2 volumes), 28 copies. (Developed in Kyrgyzstan by STLI and faculty of the Family Medicine Post-graduate Institute.)	To seven medical academies: Almaty National University, Postgraduate Institute, Aktobe, Karaganda, Semey, Astana, and Shymkent

UPCOMING EVENTS FOR JULY AND AUGUST

July 3	Zhezkazgan, AH Patient School Training for FGPs
July 28	Roundtable with Almaty CHD, Maternity Hospitals and PHC providers on EPC/ANC, Almaty
July TBD	Aktau, Regional Health Finance Seminar
July TBD	KAFP Almaty and Semipalatinsk: Project FM consultant David Kuter provides lectures and mentoring to FM residency students and FP faculty members

KYRGYZSTAN
Six-month Report
January - June 2008

Over the past six months, ZdravPlus continued to support implementation of the Manas Taalimi National Health Reform Program (2006-2010) through the Sector Wide Approach (SWAp) mechanism. From January through April, this involved working closely with most departments and units of the MOH to support drafting the Manas Taalimi mid-term review report, and working with the MOH to coordinate logistics for the Review. In May, ZdravPlus participated in the two-week mid-term review (MTR), which brought together teams of MOH personnel and partner organization staff to review progress to date, address current issues, and develop next steps and future plans. The MTR revealed significant accomplishments achieved in the health sector in Kyrgyzstan over the past two and a half years and highlighted the strong and effective collaboration that has developed between SWAp partner organizations and projects.

Impact studies conducted just prior to the MTR, and documented in the MTR report, highlight ten major achievements: progress on TB control; reduced financial burden for patients; significant reduction in informal payments; more equal regional distribution of expenditures; decreased barriers to financial and geographic access to health care; increased utilization of primary health care services; improved availability of the Additional Drug Package benefit in rural areas; an increased share of hospital-allocated resources directed to patients; an increased share of the State Guaranteed Benefit Package being distributed through primary care; and a continued positive rating of various hospital services by patients.

Despite these significant successes, the review also revealed that improvement in actual health outcomes has been limited, thus underscoring a need to redouble the Program's focus on disease prevention and quality of care in its remaining years. To this end, ZdravPlus helped organize a quality improvement roundtable during the MTR, and presented an organizational schematic and list of roles/relationships related to quality improvement that resulted in an increased commitment by the MOH to fund and implement quality improvement activities such as CQI. Additionally, ZdravPlus contributed to each of the eight component reviews: population involvement, health financing, individual services, public health, content of medical practice, priority programs (HIV/AIDS, TB, MCH and CVD), Human Resources and Medical Education, and Stewardship. ZdravPlus helped identify the key areas that require improvement and potential methods for improving prevention activities and improving quality of care.

The MTR confirmed that the Manas Taalimi strategy remains relevant to the health needs of Kyrgyzstan, is consistent with the Country Development Strategy, and – subject to a number of minor midcourse adjustments – remains a comprehensive and technically strong strategy for the Kyrgyz health sector. ZdravPlus will continue to work closely with the MOH as it implements recommendations made during the MTR.

The solidification of the Kyrgyz health reforms, which occurred due to the impact results and a successful MTR were enhanced by the increasing involvement and political will shown by the President's Administration and Government in the spring of 2008. Initially, this involvement was due to the policy decision to separate the Mandatory Health Insurance Fund (MHIF) from the MOH. However, through ongoing dialogue, a Presidential Administration Roundtable held in May 2008, and participation in the Health Summit including the Prime Minister leading the Summit, it evolved into more comprehensive and active involvement in the health reforms and resulted in two agreements:

1. To ensure continuation of the successful Kyrgyz health financing reforms, if the MHIF is separated from the MOH the existing pooling and purchasing arrangements (single-payer) would be retained.
2. Manas Taalimi would be revised to incorporate the following four critical priorities:

- MHIF separation;
- Refine and improve health purchasing and the SGBP;
- Private sector development;
- Quality improvement and prevention.

Stewardship

Stewardship activities over the past six months continued to directly support implementation and review of the Manas Taalimi health reform program through policy dialogue and the provision of support to improve the legal and regulatory base and to market key reforms to policymakers, health providers, and the population.

Policy Dialogue and Content

From January through April, ZdravPlus helped prepare for the May MTR of Manas Taalimi/SWAp by working with the MOH and the WHO Health Policy Analysis Project (HPAP) and the MOH to review each Manas Taalimi component. In February, the Project held meetings with the heads and relevant staff from all MOH departments and units related to the component review. Overall component implementation dynamics, major achievements, and current issues to date were identified and included in the MTR report, which served as the key document informing the actual MTR and aided review teams in systematically analyzing each component. In April and May, ZdravPlus worked very closely with the Strategic Planning Department on overall MTR logistics (e.g. scheduling, defining component teams, distributing reports and relevant documentation related to the review, etc.), and worked closely with the IT Unit of the MOH to create a website to be used as a central portal for the MOH and donors during the review, and for future use at reviews and summits.

During the MTR, ZdravPlus participated at varying levels in each component review. The Project led the reviews on Human Resources and Medical Education, Content of Medical Practice, Individual Services, CVD (Priority Programs), and Community Involvement, and was highly involved in Stewardship, Health Financing and Public Health.

Both the MTR and recently completed impact studies revealed that Manas Taalimi has made a significant impact on TB control, reducing financial burden for patients and informal payments and decreasing barriers to financial and geographic access to health care. However, the review and impact studies also revealed that improvement in actual health outcomes has been limited, thus underscoring a need to redouble the Program's focus on disease prevention and quality of care in its remaining years. The results of the review can be found in the MTR Summary Note and Technical Annexes. ZdravPlus will continue to work with the MOH and partners to implement the recommendations that resulted from the MTR.

ZdravPlus also provided input during the first half of the year to discussion papers that aim to protect key reforms (e.g. the Single Payer System and State Guaranteed Benefits Package) and strengthen the national unified health information system in the event that the MOH and MHIF are separated. These discussions became the basis for a letter submitted to the President's Administration and the MOH by the Manas Taalimi Joint Financiers (including the World Bank, KFW, DFID, Sida, and SDC) on April 29, 2008 and the May 2008 President's Administration Roundtable (see introduction). These were reiterated by the joint and parallel financiers during the MTR.

Legal Framework

ZdravPlus continued to work closely with the MOH and counterparts on the overall development of the health system's legal and regulatory framework, and in the preparation of a number of legal and regulatory documents covering many of the components of Manas Taalimi, including:

- Regulations regarding new financing arrangements in relation to the potential separation of the MHIF from the MOH. These included laws on medical insurance, amendments on health

protection, comments on the Single Payer System and health care financing, and comments on the main principles of budget formation.

- A draft MHIF regulation and decree on the internal audit function;
- A draft regulation on the job description for the Chief Specialist for internal audit;
- A draft MOH regulation and decree on establishing the position of “advisor” to the Minister of Health;
- A draft regulation on expanding the rights of private health care organizations.
- Amendments to and a draft order on the presidential decree on resource optimization and oblast-level restructuring;
- A draft regulation and decree on the creation of General Practice Centers, a new form of health care organization established by merging territorial hospitals and their affiliates with primary health care organizations; and
- A draft decree of the Kyrgyz Republic on military service, which defines the terms of exemption for postgraduate students who study in accredited medical institutions;
- A regulation on the appointment procedure for the director of the National Cardiology and Therapy Center;
- A draft order on the adoption of a regulation titled, “Assessing informational and educational materials on health prevention and health promotion by the Expert Council on Health Promotion;”
- A draft order on the “Submission of amendments to the MOH order on wrapping and marking of tobacco goods;”

Institutional Structure, Roles and Relationships

The MHIF separation from the MOH is the most important current institutional structure, roles, and relationships issue and is discussed throughout this report. A second major priority is increased dialogue on expanding the role of the private sector. ZdravPlus contributed to policy dialogue on this question over the last six months.

ZdravPlus, the Family Group Practice Association (FGPA), the Family Medicine Specialists Associations (FMSA), the Hospital Association (HA) and the Medical Accreditation Commission (MAC) met frequently over the past six months to discuss ideas and plans for financial sustainability in preparation for the end of the ZdravPlus Project in late 2009 and the probable discontinuation of grants for these associations. Many ideas and plans related to clarifying roles and relationships in the health sector, identifying core business, developing contingent budgets, optimizing workforces, seeking additional targeted funding and expanding services were discussed and documented in an internal sustainability plan report still in process. ZdravPlus and the associations will work together to further develop and implement these plans over the next year and a half.

Policy Marketing

ZdravPlus and MOH Press Center continued to collaborate on marketing Manas Taalimi to the MOH and MHIF, health care providers and professionals, and civil society organizations. In January, the Press Center traveled to IKO to participate in a Rayon Health Committee meeting and the creation of video materials on Community Action for Health. At the end of January, the Press Center aired a nationally televised program during which the Deputy Ministers of Health and the Head of the Treatment and Preventive Department discussed Manas Taalimi. The program generated a great deal of interest, including phone calls and questions on the Patient Bill of Rights and on the reforms in general. In February, the Press Center conducted meetings with representatives from the mass media and personnel from the MOH and MHIF to discuss Manas Taalimi implementation and the SGBP. TV and radio programs were produced on this topic, as were a number of newspaper articles published in the Vechernyi Bishkek and Slovo Kyrgyzstan newspapers. The Press Center conducted press

conferences in February with the “Kabar” information agency on emergency care and on creating an association of health care organizations.

In March and April, the Press Center continued to disseminate regular press releases on the reforms through the mass media to policy makers, health care professionals, and the population. The Press Center organized and conducted a call-in program on medical services on Kyrgyz National Radio with representatives of the Medicine Supply Department, and also organized a television program on the development of Kyrgyzstan’s Health Care system for the MIR Channel, which broadcasts throughout the CIS. The International USAID-CDC conference on HIV/AIDS held in Bishkek in March was covered by the Press Center, and interviews conducted during the conference on the prevention of HIV/AIDS were published in the Vechernyi Bishkek and Slovo Kyrgyzstan newspapers and broadcast on National Radio and TV. In April the Press Center held press conferences and provided coverage for events dedicated to World Health Day, World Asthma Day, the European Week of Immunization, and World Kidney Day. Interviews with the Minister of Health and the Director of the MHIF on Manas Taalimi and the SGBP were organized by the Press Center and published in the Jany Kylym, Agym and Slovo Kyrgyzstana newspapers.

In May, the Press Center distributed information to 300 mass media contacts on the prevention of seasonal and priority diseases (e.g. ARI, influenza, brucellosis, malaria, and cardiovascular disease). On May 28, the Press Center provided comprehensive coverage for fifth Manas Taalimi Health Summit.

Monitoring and Evaluation

ZdravPlus continued to collaborate and create synergies in monitoring, evaluation, policy analysis, and special research studies with the MOH/MHIF and the WHO/DFID Health Policy Analysis Project (HPAP), which has been institutionalized as a unit in the Center for Health System Development (CHSD). Over the last six months, ZdravPlus international doctors contributed clinical expertise to a number of special studies including one on hypertension that starkly demonstrated the critical hypertension problem in Kyrgyzstan. ZdravPlus led a time-motion study on paperwork burden in PHC. Work continued to monitor indicators of performance against international standards as an integral part of implementation and quality improvement in service delivery programs (e.g., hypertension, Safe Motherhood, family planning/IUD Insertion, CME training including distance education pilots, CPG implementation, Community Action for Health/Village Health Committees, etc.). Finally, ZdravPlus provided limited support to the monitoring and analysis of indicators for Manas Taalimi.

Donor/Project Collaboration and Coordination

ZdravPlus continued to collaborate and coordinate activities with other agencies/donors/projects whenever possible. The priority was working closely on Manas Taalimi with donors financing reforms through the SWAp budget support mechanism (WB, DFID, KFW, SDC, SIDA, GAVI) and parallel financing agencies/donors (USAID, WHO, UNICEF, UNFPA, ADB, ICRC). ZdravPlus worked to ensure USAID’s active participation in bi-annual Health Summits by helping to plan, coordinate, and participate in related meetings. The close collaboration with UNICEF, UNFPA, and WHO on Safe Motherhood continued. ZdravPlus collaborated with other USAID implementing partners including Project HOPE (TB), the CAPACITY Project (TB, HIV/AIDS), PSI (community reproductive health). ZdravPlus supported the MOH Health Policy Department Donor Coordination Unit in developing effective collaboration and coordination mechanisms and processes.

Resource Use

Health Delivery System Structure and Human Resources

Activities related to health delivery system structure included continued dialogue on PHC structure including the roles and relationships of FM practitioners and specialists, health delivery system structure in remote rural areas, and the emerging issue of integrating vertical systems in the general health system. ZdravPlus continued to provide assistance to the MOH HR Department on improving

HR policy and the further optimization of health care services. For example, ZdravPlus's consultant on Coordination of Human Resources organized a roundtable on Medical Education and Human Resources on April 22 for participants from the MOH, MOE, and donor organizations. Recommendations from the roundtable were fed directly into the May Manas Taalimi mid-term review of the Human Resources and Medical Education component. In February, ZdravPlus participated in a working group on the development of criteria for opening new FAPs and FMCs, which included issues related to human resources and staff development. In May and June, ZdravPlus participated in a MOH working group on the development of procedures for registering pharmaceutical personnel, doctors and feldshers.

Lastly, ZdravPlus and the MOH Human Resources department jointly completed the development of an updated national training program on the Health Personnel Database for Human Resources staff at health facilities nationwide. This program was approved by MOH decree on February 19 2008. From March to June, ZdravPlus supported the implementation of the training for 296 human resources personnel in all seven oblasts of the country.

Health Financing

Program Budgeting and Budget Formation

ZdravPlus supported the continued development of the health sector program budgeting framework, which was implemented in 2008. This is a critical achievement and underpinning for health financing reform. In addition, it contributes to broader public finance management reform as health is the first sector. There are five health sector programs – SGBP and Additional Outpatient Drug Benefit (AODB) with the MHIF as purchaser and Public Health, High-Tech Fund, and Other including administration, education, and vertical systems with the MOH as purchaser. For the SGBP, ZdravPlus/Socium Consult completed refinement of calculations of minimal standards for medical services with corresponding disaggregated calculations on current coverage (funding) of these services from the republican budget, the local budget of Bishkek, health insurance payroll tax, SWAp, and population copayments. In addition, ZdravPlus/Socium Consult contributed to the formation of the health budget for 2008.

MHIF Purchasing

Two ongoing activities supported by ZdravPlus are: 1) continued refinement of technical methodology and provider payment systems; and, 2.) continued support to the MHIF to build capacity especially at the territorial MHIFs. The major activity over the last six months was addressing the long-standing issue of harmonization of MHIF funds flows and the Treasury System. ZdravPlus provided extensive technical assistance to the MHIF to develop a new funds flow proposal to address this problem. Basically, it consists of redefining health budget funds as insurance money, which changes the way it is managed by the Treasury System and is consistent with the health financing reforms. This proposal was reviewed and discussed during the Manas Taalimi MTR, was agreed in principle and ZdravPlus will work with the MHIF over the next few months with the objective of realizing this proposal.

MOH Purchasing

MOH purchasing activities consisted of: 1) implementation of the new financing methods for public health; 2) development and initial implementation of new financing methods for TB services; 3) initial dialogue on a new financing framework for capital including the High-Tech Fund; and, 4) initial dialogue on new financing methods for medical and nursing education.

Implementation of the new public health financing methods with corresponding restructuring of SES continued. The basic strategy is use the public health program budget to form the SES budget based on capitation and help ensure reinvestment of savings, pay SES facilities a global budget or chapterless financing (still quasi-chapterless due to Treasury System restrictions, restructure SES facilities and reinvest savings, and change salary payment for SES personnel. In April, two seminars were held in Osh and Bishkek on the new system for formation and execution of the budget and the introduction of a new salary payment system in public health facilities. Participants included personnel from public health facilities, financing authorities, and local administrations in Bishkek and all seven oblasts of the country. In addition, ZdravPlus/Socium Consult traveled to oblast and rayons to work directly with SES entities on analyzing revenues and expenses, developing budgets, and restructuring their

facilities.

Similarly, budget calculations for TB hospitals for 2008 were also completed using global budget methodology and disaggregated data on the number of treated cases and cost-per-case for 2007. ZdravPlus/Socium Consult also analyzed the current TB financing arrangements, and a regulation on the procedures for the formation, execution and monitoring of budgetary funding for TB programs was developed and submitted to the Ministry. Calculation of the norms for funding of both Public health and TB services were produced and submitted to the Ministries of Health and Finance for review.

ZdravPlus/Socium Consult completed estimations of the capitation rate for funding TB and mental health organizations in the Kyrgyz Republic. These were calculated based on minimal standards of budgetary financing and were approved by Government Decree #80 “On the formation of TB service budget based on number of hospitalizations” and Decree #226, dated May 20, 2008 “On transferring mental health services to new financing based on number of hospitalizations in 2008.” ZdravPlus/Socium Consult prepared presentations on the new TB financing mechanisms at the MTR roundtable on TB financing.

In June, ZdravPlus/Socium Consult developed and received approval for Government Decree #279 “On financing of secondary medical professional and pharmaceutical educational facilities.” This Decree approves a new system for formation and execution of facility budgets based on per capita financing principles.

Lastly, ZdravPlus participated in a three separate planning meetings with the MHIF, Project Hope, HPAP, and the CAPACITY Project on National Health Accounts (NHA). The meetings focused on roles and relationships in implementing NHA, planning TB and HIV/AIDS subaccounts and training on NHA. ZdravPlus will continue to provide overall organizational support as needed and ensure that the NHA is connected to the wider financing reforms. ZdravPlus also worked with HPAP to organize trainings on the development of NHA subaccounts on HIV/AIDS and TB from April 22-25.

Health Information Systems

ZdravPlus continued to support the MHIF in refining and improving the health information systems used for provider payment systems and the MOH Republican Medical Information Center in refining and improving health statistics systems. ZdravPlus also continued to support capacity development within the MOH IT Unit and the development of the CHSD’s electronic library. For example, we cosponsored the attendance of one of the Unit’s IT specialists in a professional development course in Egypt, by invitation of the Egyptian Ministry of Foreign Affairs. The course covered IT operation systems, encryption and information protection, wireless networking, and general web technologies.

During the reporting period, ZdravPlus helped develop the draft “Manual of Informational Technologies for Health Care Centers.” In May and June, ZdravPlus also supported FGPA monitoring visits to review the work of medical information departments (MIDs) in FMCs in Jalalabat City; Karakol City; Suzak, Bazarkorgon, and Nooken Rayon (Jalalabat oblast); Issyk-Kul Oblast and Tokmok City. Data were collected on the number of staff positions at MIDs, the availability of computers, the use of computers, and population enrollment in FGPS.

Health Management

ZdravPlus continued to support the health management courses recently institutionalized at the CHSD. The basic management courses on Health Care Policy and Management were conducted during the reporting period for fifty health sector leaders representing every oblast of the country. An advanced course on public health was conducted in April, and twenty SES leaders from both the rayon and the republican levels completed the course on Health Care Management and Quality in Health care. On May 17, accountants and economists completed the Financial Management in Health Care course. In addition, in collaboration with HPAP, ZdravPlus initiated dialogue with the MOH, MHIF, and CHSD on the development of a long-term health management program. Lastly, ZdravPlus provided logistical support to the CHSD for the June Flagship Courses, fifty participants from Central Asia, Moldova and the Caucasus participated in the course.

Medical Education

Undergraduate Medical Education Reform and Family Medicine Residency Training

ZdravPlus collaborated with Swiss Development Corporation consultants to continue work with the Kyrgyz State Medical Academy (KSMA) to develop a medical education reform strategy. While slow, pressure to initiate reform from the rural human resources crisis and Manas Taalimi are creating movement and progress. On April 22, the MOH conducted a roundtable on developing a national strategy on medical education reform. Representatives of the MOH, MOE, and donor organizations participated in the meeting. The KSMA showed some progress toward education reform goals, but some issues do remain. These include disagreements on internship and residency requirements related to the one-year internship and increasing the share of theoretical and practical hours during medical education. These issues were discussed during the mid-term review of Manas Taalimi in May and continue to be a point of discussion between donors, medical institutes and the MOH. The Swiss consultants produced a “road map” for medical education reform and ZdravPlus will continue to engage with KSMA on some early implementation steps.

ZdravPlus/STLI provided ongoing theoretical and clinical training to first and second-year residents. Five first-year and three second-year residents in Bishkek, and 16 first-year and nine second-year residents in Osh received this training. ZdravPlus/STLI and the FM faculty of the KSMA organized a family medicine conference for medical students on April 14-15 and assisted the FM faculty of the KSMA in conducting an FM conference for sixth-year medical students. Lastly, in June, ZdravPlus/STLI provided lectures to FM residents on psychiatric illnesses commonly observed in the primary care setting.

Continuing Medical Education (CME)

ZdravPlus continued to support a wide variety of CME activities during the first half of 2008, including:

- Support for FM trainers in delivering retraining courses on family medicine (for 89 FGP doctors in Batken, Talas, Chui, Osh, and Jalalabat oblasts);
- CME trainings on the WHO’s Practical Approach to Lung Health (PAL) (for 35 FGP doctors in Bishkek, and follow-up site visits for 45 FGP doctors in Chui Oblast and Bishkek);
- Site visits on antenatal care (for 45 doctors, 40 feldshers, 43 midwives, and 59 nurses in Osh, Naryn and Issyk-Kul oblasts);
- Workshops on antenatal care (for 52 FGP doctors and 19 Feldshers in Naryn and Issyk-Kul oblasts);
- Site visits on the prevention of HIV (for 62 doctors in Chui Oblast);
- An eleven-day training on the Integrated Management of Childhood Illnesses (IMCI) (for 26 FGP doctors in Jalalabat Oblast, and follow-up visits for 47 doctors);
- Regional workshops and site visits on practical skills in family medicine (for 23 doctors and 20 doctors, respectively, in Talas Oblast);
- Site visits on the CBDE course on Otitis (for 16 doctors in Issyk-Kul and Talas Oblasts).

In May and June, ZdravPlus/STLI continued to work with the KSMIRCE FM faculty to develop a lecture-based CME training based on the distance education course on “Low Back Pain.” Lastly, in June, ZdravPlus/STLI and the “Heart to Heart” and “Physicians with Heart” organizations prepared for the fall training course on Advanced Life Support Obstetrics and the Family Medicine Symposia.

Computer-based Distance Education (CBDE)

ZdravPlus/STLI, IREX and PACTEC continue to work on a strategy to resolve the technical issues (such as poor internet connection and server malfunctions) that have delayed the completion of the pilot study comparing distance education with traditional education and the further rollout of CBDE

courses. Discussions are also continuing with the MOH/CHSD EBM Center on a partnership between the Center and the Family Medicine and Family Nursing Departments of KSMIRCE to develop CBDE courses. (Plans intend for the EBM Center to review the courses and assist with gathering of resources to ensure they are based in current medical evidence.)

In January, ZdravPlus/STLI completed the web-based course for primary care providers on the diagnosis and management of low back pain. In February, ZdravPlus/STLI, the FGPA and the IT unit of the CHSD distributed over 50 donated computers to be used solely as “medical resource stations,” on which distance education courses can be taken at FMC’s nationwide (see Infrastructure section for further detail).

From April to June, ZdravPlus/STLI completed the computer-based course on congestive heart failure, continued work on the computer-based course on STIs, and co-facilitated a training of FM trainers using the CBDE course on low back pain.

Feldsher Training

From January to April, ZdravPlus feldsher training activities included a roundtable meeting for master trainers, a first aid course for dentists, CPR training for sixth-year medical students at the KSMA, a three-week course for Ambulance feldshers from Bishkek and Chui Oblast; and the development of an overall training concept for the MOH on emergency medicine for medical students and medical practitioners.

In May and June, ZdravPlus helped develop an ambulance feldsher CME course and expanded it from two to five days, broadened coverage of pediatric emergencies, and adding emergency obstetric training. ZdravPlus also prepared and led a TOT for ambulance feldsher trainers on the five-day emergency pediatric and obstetric care course, conducted a first aid course for a group of 17 participants supported by GTZ and for a group of ten dentists, developed general standards in emergency medicine for pre-hospital care and prepared a ten-day training curriculum on emergency care for nurse trainers from nursing schools that will be implemented later in 2008.

Family Medicine – Nursing

On February 26, the Hospital Association, together with the MOH, conducted a roundtable on “Issues Related to Nursing Services in Hospitals.” Twenty-two nurses from throughout the country participated. Topics discussed included the standardization of medical services, the development of continuous nursing education, and the implementation of better nursing care at the hospital and PHC levels.

ZdravPlus initiated development of the distance education course on cardiovascular disease, which will include hypertension, congestive heart failure, and ischemic heart disease, and the distance learning course on nursing physical assessment was completed over the reporting period. A distance education course on asthma for nine nurses was conducted in Karakol. Lastly, ZdravPlus distributed roughly 4000 copies of its nursing textbooks to nursing schools and other medical institutes throughout the country.

EBM and CPG Development

In February, ZdravPlus worked with the EBM unit as it completed development of the national manual on CPG development, which is based on an internationally recognized CPG manual from the Scottish Intercollegiate Guidelines Network. The manual describes quality assurance and quality improvement systems using both top-down and bottom-up approaches. Development and implementation of the Acute Asthma CPG was the first CPG to be developed and implemented using this comprehensive approach.

In March, ZdravPlus supported the EBM Unit to develop two clinical practice guidelines – on arterial hypertension and pneumonia in children – by providing technical assistance to the two CPG working groups and by providing EBM and CPG-related training literature. Also in March, ZdravPlus/STLI worked with leaders within the Ob/Gyn Professional Association and with the Director of the MCH Unit to further revise key obstetric clinical protocols.

In April, ZdravPlus organized a working group to begin review of current clinical protocols related to blood safety with the aim to develop an internationally recognized set of protocols on blood safety. The working group is comprised of the WHO, CDC, Republican Center for Infection Control, Republican Blood Center, SES, Hospital Association, National Hospital, and ZdravPlus. WHO and CDC will take the lead on providing technical input to the review process, while ZdravPlus will continue to play a coordinating role.

ZdravPlus completed a technical review of the CPG on hypertension developed by the National Institute of Cardiology and Internal Medicine and modified the national clinical protocols on prenatal care. The Project also presented an evidence-based approach to the diagnosis and management of neonatal encephalopathy to the Association of Neurologists of Tajikistan, and made a presentation on common neurologic problems in children to visiting family physicians from Tajikistan.

Lastly, in May, ZdravPlus participated in the Content of Medical Practice component review during the Manas Taalimi MTR. The main resolution of the component review was to accept and approve the ZdravPlus-proposed institutional structure, roles and relationships for CPG/CP development and implementation, use experience on implementation of the Asthma CPG as a model for implementing CPG/CP, and to develop manuals on CPG/CP development and implementation.

Quality Assurance

In January and February, MAC conducted workshops on preparing for the upcoming accreditation process for 32 health care leaders in Osh and 41 leaders in Chui, IKO, Naryn and Talas oblasts. Since January, ZdravPlus has supported the Medical Accreditation Committee in updating its latest set of quality standards through technical input, translation services, and coordinating with ISQua. ISQua endorsed and accredited MAC's latest set of standards in March. This four-year endorsement is effective through February 2012. MAC's Supervision Council on Accreditation met on April 17 to discuss the results of the accreditation evaluation of facilities, and categories were awarded to healthcare facilities that successfully passed the accreditation process. Successful facilities included the National Oncology Center, Maternity #1 in Bishkek, all territorial hospitals of Nooken and Kyzyl-Kiya, Osh Oblast Merged Hospital, and eight FGPs in Aravan Rayon in Osh Oblast.

Infrastructure

In order to improve the function of national health information systems, ZdravPlus has been working with the US-based Resource & Policy Exchange (RPX) and the Bishkek-based NGO Ergene to coordinate logistics for and distribute donated computers from the US. 150 were received in early February and distributed to partner organizations and projects. The table below details the beneficiaries and the quantity of computers they received:

FAP Law Department (29 lawyers) (FGPA)	25
"Family Medicine Specialists" Public Association, FMTC	14
ZdravPlus/STLI FMC – Distant Training	52
MHIF	5
Swiss Red Cross- Community Action for Health (Talas and Naryn)	15
RCHP – Community Action for Health (Monitoring and Evaluation)	2
Medical Accreditation Committee	8
Kyrgyz State Institute of Retraining and Continuous Medical Education	10
Pediatrics Association	1
Belovodsk Children Psycho-Neurological Hospital – Boarding School	5
Psycho-Neurological Men's Hospital - Boarding School #1	2
Diagnostics Center	2

Association of Obstetricians and Gynecologists	1
Oblast Maternity Hospitals	10
Rehabilitation Diagnostic Center	1
National Surgery Center	3
National Hospital	4

A second shipment of 200 computers is scheduled for the summer or autumn of 2008. ZdravPlus continues to interact with RPX to learn of the exact timing and number of computers to be shipped and expects to support the process of distributing this second round of computers. The MOH has requested that this shipment of computers be distributed to SES, FMCs, RCHP/HPUs and other republican centers as needed.

Public Health (SES)

The overall ZdravPlus strategy continued to be a four-pronged approach: 1) take the lead and work intensively in SES system financing and restructuring; 2) take the lead in developing and implementing bottom-up improvements to rayon level SES services and processes including coordination with PHC and Village Health Committees; 3) contribute to and coordinate with WHO on improving the policy and legal base and public health education; and 4) not take the lead in core SES service delivery activities including surveillance and laboratories but contribute to facilitating and coordinating these activities under Manas Taalimi/SWAp with WHO, CDC, and other donors/projects.

In January and February ZdravPlus worked with SES and the Department of Strategic Planning and Reform to develop SWAp consultant TORs related to the legal and regulatory base in Public Health, training needs for SES personnel, and the development of safety regulations on drinking water and radiation. The Project also participated in a working group charged with reviewing all public health legal and regulatory documents, comparing and contrasting Kyrgyz laws with public health laws from select Eastern European countries (e.g. Estonia), to support the establishment of a Public Health Law, expected to be finalized in September 2008.

In February, ZdravPlus conducted a roundtable to discuss the Ton pilot (bottom-up or rayon level SES reform and improvement) and a concept paper on the Public Health Coordination Council (PHCC). Participants from the MOH, SES, RCHP, SRC, WHO, HPAP and the World Bank attended and supported the new public health model and the plan to expand the PHCC model to other rayons. The roundtable resulted in an updated concept paper and regulation that was submitted to the MOH in late February. The MOH formally approved the PHCC model in Ton Rayon by Order #123 on March 26, 2008. PHCCs will be expanded nationwide in late 2008 pending successful evaluation of the Ton Pilot (which is scheduled for September 2008) and the availability of resources.

The first formal organizational meeting of the Ton PHCC was held in the beginning of April and resulted in the development of an activities plan for 2008, which includes the design of an integrated plan on hypertension. ZdravPlus also had meetings with local administrations, public health agencies, other health facility staff (e.g. FMC staff), HPUs and VHCs in Zhail and At-Bashy rayons to begin establishing PHCCs in these rayons.

ZdravPlus developed a public health self-study program for rayon-level SES and HPU personnel. This course includes truncated modules from CDC's Applied Epidemiological Training Program, and training in the Epi Info statistical program and Decree 318, which defines all reporting requirements for Rayon SES. The course consists of three workshops, the first of which was successfully conducted in April for 17 Public Health workers in Ton Rayon, 15 in Zhail Rayon, and 15 in At-Bashy Rayon. ZdravPlus will continue to coordinate with the Deputy Minister, Chief Sanitary Doctor, the Head of the SES Epidemiological Department, and KSMIRCE to ensure that this program is effective, accredited and institutionalized.

Quality Improvement

Internal Medicine and Child Health – Hypertension and Asthma

ZdravPlus/STLI continued to provide ongoing support to the FGPA's implementation of continuous quality improvement (CQI) processes on hypertension and asthma/COPD. In February, FGPA and ZdravPlus/STLI conducted monitoring and site reviews of the asthma/COPD CQI in Talas and Naryn oblasts that resulted in identifying implementation issues and the steps that FGPA will take to in strengthen the CQI process in these facilities. Similar monitoring and site reviews were conducted in Batken, Jalalabat, Chui and Issyk-Kul oblasts in March. In April, the FGPA conducted reviews of both hypertension and asthma/COPD CQI in Osh, Batken and Jalalabat oblasts. The FGPA met with Swiss Red Cross and ZdravPlus to develop a plan of action for CQI in Talas and Naryn oblasts, and to discuss issues around financing for two rounds of CQI on asthma/COPD.

ZdravPlus/STLI provided assistance in preparing and leading a working group that will develop standards, indicators, and monitoring instruments for antenatal care CQI rounds managed by the FGPA. In May, FGPA conducted new CQI rounds on antenatal care in Kochkor Rayon, Naryn Oblast and monitored implementation of the hypertension, and asthma/COPD CQI rounds in Chui and Issyk-Kul oblasts. The FGPA presented results of their hypertension CQI monitoring at the Manas Taalimi MTR in May. The FGPA, ZdravPlus and the MOH worked together to improve the work plan for the hypertension CQI for the remainder of the year, and included all related costs in the SWAp procurement plan and budget.

Lastly, in January and February, the FGPA distributed 1000 copies of the *FGP Medical Bulletin* to FGPs and FMCs. The content of this edition of the bulletin focused on skin diseases, a common problem confronted by FGPs and FMCs. FGPA also developed a database of all FGPs in the country and developed the priority list for equipment purchasing and renovations of FAPs.

Safe Motherhood and Family Planning

In January and February, ZdravPlus and a WHO-certified consultant conducted clinical mentoring and on-the-job training on MPC/PEPC in ten pilot Maternities (Aksy, Bazarkorgon, Jalalabat, Karakol, Cholponata, Ton, Balykchy, Bishkek Maternity #1, Bishkek Perinatal Center, and the National MCH Center). In early March, providers from both the secondary and PHC levels were trained in PEPC at Ton Territorial Hospital in order to improve appropriate case management and to strengthen linkages between PHC- and hospital-level services. Participants' pre-test knowledge was 35% as compared to 78% post-test. New WHO-recommended approaches for antenatal care were presented at the Antenatal Care (ANC) training for PHC providers in Ton Rayon, where 21 family doctors, feldshers, and family nurses were trained. PEPC data collection and monitoring continued in Issyk-Kul, Naryn, and Bishkek.

A training on birth preparation management was conducted in Karakol from April 1-5. Sixteen PHC providers from Karakol, Cholponata, Balykchy, Ton and Bishkek attended the course. From April 14-18, a postpartum and post-abortion family planning training was conducted for 18 Naryn Oblast health care providers, including Ob/Gyns, midwives, family doctors, and nurses.

From May 6-16, ZdravPlus conducted IUD training in Aksy Rayon (IKO) as part of the continuation of the IUD project expansion requested by the MOH. Fifteen midwives were trained. The average pre-test score was 49% as compared to 78% post-test. Also in May, FP experts from the Jalalabat Oblast Human Reproductive Care Center conducted follow-up monitoring of skills for newly-trained midwives in Toktogul Rayon.

On June 5 and 6, the MOH, in collaboration with UNFPA, the USAID Europe-Eurasia Regional Family Planning Project (JSI) and ZdravPlus, conducted a Contraceptive Technology Update Meeting in Bishkek. The purpose of the meeting was to update participants' knowledge on the newest evidence on the safe and effective use of various contraceptive methods, and to work with staff to begin incorporating the newest evidence into teaching and training curricula. A range of participants – health care providers, family planning trainers, medical institution faculty and professors, and Ministry of Health officials – learned about the newest developments in contraceptive technology and have begun to update their existing teaching and training materials with the information presented at the meeting.

This was the first of a series of such activities by the Project in Kyrgyzstan that will complement previous FP interventions and support provided to the MOH by UNFPA and USAID to encourage the safe and effective use of a wider range of contraceptive methods and to improve the quality of family planning services.

At the time of this report, ZdravPlus and a WHO-certified consultant are conducting on-the-job mentoring and reinforcement training for 15 maternities in three oblasts and Bishkek City where MPS/PEPC training was implemented. These site visits and mentoring sessions will continue through the end of July.

Infectious Diseases: Tuberculosis (TB)

ZdravPlus continued work on its main TB activities including integrating DOTS into medical education, integrating DOTS into PHC through the pilot in Zhail Rayon, and improving coordination and referrals between civilian and prison TB systems.

ZdravPlus participated at a number of meetings between donors, the Global Fund and the National Tuberculosis Center during the reporting period to improve collaboration, to streamline TB activities, and to develop the Round 8 Global Fund application. In May, ZdravPlus submitted its final contributions to the country proposal, which is due for submission to the Global Fund in Geneva on July 1. ZdravPlus contributed to:

- The proposal's health systems section, focused on health management and finance training for directors and chief accountants at TB facilities nationwide;
- The section on nationwide rollout of the Zhail Pilot, which seeks to strengthen DOTS implementation through the integration of TB and PHC services; and
- The section on involving the mass media and population in prevention activities, primarily through the Press Center and Community Action for Health models.

In May, ZdravPlus participated in a Manas Taalimi MTR roundtable on TB financing that included discussions on how donors and the MOH can work together to implement a three-phase restructuring plan and new funding mechanisms (based on TB Financing Decree Number 80) for secondary and tertiary level TB services.

Infectious Diseases: HIV/AIDS

ZdravPlus provided ongoing support to the Hospital Association as it continued to develop its Infection Control and HIV Prevention program with the Republican Center for Infection Control and Swiss Red Cross. In April, the HA conducted a survey of hospitals in Osh and Naryn on the preparedness on their preparedness to adopt infection prevention and control measures as well as their staff members' knowledge and awareness of HIV/AIDS prevention measures. Training on infection and HIV prevention was also conducted. Pending the availability of funding, the HA expects to expand the trainings nationwide in 2009. Under the overall framework for infection prevention and control and HIV prevention, the HA is also involved in a ZdravPlus-coordinated working group with WHO and CDC that is developing clinical protocols on blood safety. Once these protocols are developed and approved, the HA will train hospital personnel on these protocols in hospitals nationwide.

ZdravPlus continued work on HIV/AIDS through incorporation into the Safe Motherhood program. Finally, ZdravPlus collaborated with the USAID CAPACITY Project and participated in a roundtable on the "Functional Analysis of Roles and Interaction of Existing Structures and Service Providers on HIV/AIDS." Recommendations were made on improving interaction between organizations, improving quality of care, and on the possible integration of PHC services. ZdravPlus also met with the CAPACITY Project on improving resource use through integrating HIV/AIDS services.

Village Health Committees

National

ZdravPlus worked with the RCHP and SRC on completing the mechanism and forms required for NGOs (e.g. Rayon Health Committees) to develop and submit proposals for the national GAVI grant program for civil society programs on immunization and maternal and child health. RHCs submitted their proposals in May. At the time of this report, RHC proposals are under review in Bishkek by the GAVI proposal review committee, which is chaired by the RCHP. ZdravPlus and SRC will work closely in the coming months to support the Rayon Health Committees with winning proposals.

In late May, following successful beta testing of the National M&E database, ZdravPlus, SRC and the RCHP conducted a training in Bishkek on the database, which is to be used by HPUs to track VHC health campaigns throughout the country. Five participants from Issyk-Kul and Jalalabat Oblasts participated in the training. The database was successfully installed in IKO and Jalalabat in early June and is currently being used to track health campaigns in those oblasts.

Issyk-Kul Oblast

In January, ZdravPlus conducted a seminar on brucellosis for VHCs and FAP workers to refresh participants' knowledge of the campaign's key messages and campaign monitoring procedures. Also, SES and the veterinary service attended the Cholpon Ata Rayon Health Committee monthly meeting in January. Discussions focused on the issue of poor communication among the veterinary service, local administration, SES, and VHCs, which is resulting in inaccurate and potentially dangerous information on brucellosis being recorded by both SES and VHCs. Following the meeting, VHC trainers met with the Governor of IKO Oblast who supports further open discussion of these issues. The governor also encouraged the media to broadcast educational video spots on brucellosis and alcoholism prevention throughout the oblast.

ZdravPlus helped organize monthly HPU meetings throughout the first half of the year. Issues discussed included the brucellosis campaign, reporting forms of evaluating VHCs and FAPs, the projects VHCs should submit to the GAVI Fund, VHC self assessment, the dental campaign, the iodine campaign, and the results of visits to VHCs.

In March, HPUs met to discuss the recent evaluations that measured VHC's organizational and management capacity and the general opinion of the population and FGP/FAP personnel toward VHC work in the villages. The evaluations showed that significant progress was made at the organizational and management levels. ZdravPlus continued to support capacity building training seminars to this end. Similarly, the profile and opinion of VHCs' efficacy and importance continues to increase, but interest and activity among some VHCs has waned, an issue that ZdravPlus and HPUs continue to address through ongoing dialogue and technical support.

Linkages between VHCs and Oblast Administrations continued to develop over the reporting period. VHC trainers presented successes achieved through VHC efforts in decreasing brucellosis, alcoholism, smoking, and iodine deficiency at the Oblast Administration Summit. Most village administrations, oblast administrations and agencies, and religious leaders attended. Summit participants agreed that village administrations should increase their support of VHCs.

The dental campaign was conducted in May. Dentists were receptive to the campaign's key messages and many expressed a desire to increase their attention to these issues and include children in dental surveys to be conducted in schools in July.

Lastly, from April through June, ZdravPlus supported HPUs in the formation of three new VHCs in Kyzyl Suu and a new VHC near Toru Aigyr village in IKO Rayon. To date, 171 VHCs have been formed in IKO.

Jalalabat Oblast

In January, ZdravPlus provided training to HPUs on conducting the alcohol campaign. Information was given on how to support the VHCs as they organize action groups, conduct household surveys

(e.g. on the quantity of alcoholic drinks consumed per family per year calculated in monetary terms, etc.) and conduct survey analysis. 34,600 survey documents were distributed for this purpose. By mid February HPUs had helped organize action groups and begun monitoring of the campaign. In Bazar-Korgon and Nookan Rayons, 22,082 households in 105 villages completed the survey. 80,262,910 som is spent on alcoholic beverages in these rayons annually. The informational component of the campaign will be conducted by the end of 2008.

In February, ZdravPlus began supporting VHCs in organizing Rayon Health Committees in Bazar-Korgon and Nookan rayons. In May, ZdravPlus conducted a workshop for newly formed RHCs of Nookan and Bazaar-Korgon rayons to introduce legislation related to NGOs, the role of an NGO in society, and to provide examples of leading NGOs in Kyrgyzstan. This was followed in June by a site visit from the Tyup Rayon Health Committee Chairman to share the experience of IKO RHCs. The Jalalabat RHCs found the visit very useful as they move forward in developing Charters and registering their organizations. In June, the RHCs of Bazar-Korgon and Nookan rayons chose their chairmen, and ZdravPlus will continue to support RHCs as they register as non-governmental organizations and begin organizational capacity building in late 2008 and early 2009.

In March, VHCs in Jalalabat Oblast completed their alcoholism prevention campaign, during which VHC members discussed issues related to the adverse consequences of alcoholism felt by local communities, household financial waste, and religious views with households throughout Nookan and Bazar-Korgon rayons. In April, VHCs were trained on the use of self-assessment forms that are part of the larger capacity building activities supported by ZdravPlus. The self-assessment is a yearly exercise that gauges VHCs recognition in the wider community, identifies accomplishments, and explores areas for improvement. In May and June VHCs continued informational campaigns with the population on malaria, intestinal infections and alcoholism.

Lastly, ZdravPlus began developing an HIV/AIDS and Reproductive Health Campaign to be conducted by all VHCs in Jalalabat, and possibly Issyk-Kul Oblast, in late 2008. Discussions with the Rainbow Center (a SDC-funded NGO), PSI, UNFPA's Stepping Stones Project, and the SRC have resulted in further clarity in terms of the campaign's components and implementation strategy. It is expected that the campaign will be fully developed by the end of the summer.

Healthy Schools

The 21 Healthy School pilots continue to progress. In February, ZdravPlus supported a consultant from the project to participate at the first Health Promotion in Education Congress in Moscow. The consultant was able to network with donors and partners in Russia and obtain the latest health promotion and prevention materials. Work continues on incorporating some of this new content into the Kyrgyzstan's Healthy Schools curriculum. In late April/early May, ZdravPlus supported a seminar titled "The Culture of Health" for coordinators of the Healthy Schools program. The purpose of the seminar was to provide methodological assistance and skills-building training on health promotion and health protection.

UPCOMING EVENTS FOR JULY AND AUGUST

July 7-29	Effective Perinatal Care (EPC) hospital follow up mentoring visits; 3 days per maternity in pilot facilities. 15 maternities participate, including Issyk-Kul Oblast, Bishkek City maternities. Mentoring will be conducted by WHO consultant Dr. Ion Bologan in accordance with following schedule: July 7-9, Perinatal Center, Bishkek July 10-12, Karakol July 14-16, Jumgal July 17-19, Kochkor July 21-23, Aktalaa July 24-26, Atbashy July 27-29, Naryn
July 8-11	Basics of Modern Epidemiology and Epi Info program workshop, At-Bashi Rayon
July 22-24	Basics of Modern Epidemiology and Epi Info program workshop, Jaiyl Rayon
July 14-16	Training for HR personnel of health facilities in Bishkek City
July 14-19	Postpartum/Post Abortion Care Training, Jumgal
July 21-24	Postpartum/Post Abortion Care Training, Kochkor
July 21-24	Postpartum/Post Abortion Care Training, Jalalabat
July 24-26	CQI Training, Kochkor Maternity
July 28-August 1	Postpartum/Post Abortion Care Training, Aktalaa
August 4-15	IUD Training, Toguz-Toro Rayon

TAJIKISTAN

Six-month Report

January - June 2008

After many years of very slow improvement, Tajikistan is witnessing strong and steady progress in the reform of the health sector. The ZdravPlus program strategy continues to produce results, which are driven by national level – or top-down – stewardship, resource use, and service delivery activities creating synergies with facility-level – or bottom up – development of Centers of Excellence to serve as service delivery models, build capacity and ownership, and provide results to demonstrate reforms and trigger roll-out. This strategy was developed specifically for the Tajikistan environment, which is characterized by an extremely low health system budget, low capacity, political maneuvering, difficulty in donor/project collaboration and minimal implementation experience – largely due to the country's civil war.

In the Resource Use component, significant progress continues to be made in the implementation of health financing reforms. These reforms include the piloting of PHC per capita financing and the introduction of paid services and co-payments within the framework of the basic benefits package (BBP) in pilot rayons supported by the World Bank, ADB, and SDC-funded Project Sino. ZdravPlus led discussions and provided extensive technical assistance to both the MOH and donors in preparing the methodology, calculations, and documentation required for these reforms.

In the Service Delivery Component, training of family medicine trainers, retraining and CME for family doctors and nurses, development of a new hypertension CPG, and implementation of a number of rational drug use activities continued. The ZdravPlus Center of Excellence model was replicated by the SDC-funded Project Sino in its pilot rayons, and ZdravPlus provided assistance to the Aga Khan Foundation as they worked to establish a similar facility in Khorog. ZdravPlus will also begin piloting two additional COEs before the end of this year. The MOH is now seeking assistance to replicate these models in World Bank-funded pilots.

ZdravPlus continued implementing safe motherhood activities in pilot facilities in Dushanbe City and Yavan Rayon in Khatlon Oblast, working with providers to monitor integration of WHO Promoting Effective Perinatal Care (PEPC) protocols and to evaluate their effect on improving health outcomes in women and newborns. In addition, a third training on PEPC was conducted for health care staff at new pilot sites of Sugd Oblast Maternity House and the maternity wards of Konibodom and Isfara CRH.

In the Population and Community Health Component, activities continued to focus on assistance in development of BBP promotional materials, promoting family medicine, developing the Family Medicine Associations, and health promotion focused on service delivery priorities.

Stewardship

Legal and Policy

In January the MOH signaled its desire to commence long term planning to coordinate donor funds using a Sector Wide Approach – or “SWAp” – mechanism. During the reporting period a number of donor working group meetings were held to coordinate the planning process. ZdravPlus provided background information to the working groups.

Resource Use

ZdravPlus initiated a number of meetings with the MOH and partners on per capita financing for PHC. Following this dialogue, the MOH organized two roundtables with all international partners to discuss next steps in implementing per capita financing. As recommended by ZdravPlus, the MOH and MOF agreed to increase the number of the pilot rayons from 8 to 15. Implementation in the new pilot rayons will start in July 1, 2008. As noted in previous reports, the PHC per capita system is based on two regulatory documents developed by ZdravPlus/Socium Consult in collaboration with the MOH and MOF in 2007 and it is planned that the first stage of the roll-out would use the same regulatory base.

The new PHC financing system includes a PHC budget that is separate from the overall health care budget and a separate “smeta” (expenditure plan) for PHC. Formulation and allocation of the PHC budget is performed on a per capita basis for variable costs not including salaries and utilities (it is planned to start including them in the next phase of PHC per capita financing implementation).

ZdravPlus actively participated in a number of meetings of donors and implementing projects during the past six months to discuss the draft BBP program. As a result, a joint letter of recommendations and concerns was signed by multiple donors and sent to the MOH and other concerned government institutions. The key recommendation in the joint letter is to make small refinements to the BBP, rather than introducing radical changes to the overall content of the BBP or its co-payment structure. ZdravPlus specialists also continued dialogue with the Government, MOH, MOF, and international partners to develop the strategy and mechanisms necessary to pool health care funds or to make other arrangements to enable more equitable distribution of BBP funds.

Finally, ZdravPlus worked to inform stakeholders and initiate dialogue on the critical health financing function of pooling of funds.

Service Delivery

ZdravPlus continued to engage in policy dialogue on the introduction of family medicine and other service delivery priorities including the EBM promotion and CPG development and implementation. The Head of MOH Department of Health Reform and International Relations led discussions on final improvements to the CPG Development Methodology. The MOH representative emphasized the necessity of the document, which regulates the standardized process for developing, revising and implementing evidence-based clinical practice guidelines. During the course of the meeting, every WG member briefed the MOH on the contributions they made to adapt the methodology. Participants agreed that, as a last step, the document should be discussed and approved on the Ministerial level in the near future.

As a following step, ZdravPlus provided technical support for the delivery of an MOH roundtable on the finalization of the CPG Development Methodology in early May. The following MOH Departments and medical organizations were represented at the meeting: PGMI, TSMU, EBM Center, DIC, Project Sino, and the MOH Departments of: Health Reform and International Relations, Health Policy Analysis, Pharmacy and Medical Supplies Division, SES, and Economic Analysis and Prognosis. All parties agreed that, given the demand of revising/developing clinical guidelines in future, a unified system should be established that can regulate the CPG development/implementation process. Due to this, the MOH requested that the AH Working group speed up finalization of the methodology finalization, after which the MOH Department of Health Reform will submit their official comments to the Working Group for final incorporation.

Institutional Structure, Roles, and Relationships

Over the last six months, priorities for the ZdravPlus activities related to institutional structure, roles, and relationships included:

- Dialogue with the MOH and other stakeholders about the importance of establishing a health purchaser
- Roles and relationships of various entities in the introduction of family medicine
- The nature of the institutional structure of the EBM Center and Drug Information Center in the Tajik State Medical Academy
- Continued development of functions and capacity in the Family Medicine Association

Policy Marketing and Public Relations

Over the last six months, ZdravPlus activities related to policy marketing and public relations included:

- Technical assistance to the MOH Press Center to develop capacity and inform and advocate for health sector priorities
- Informing national and local policy-makers on options and next steps in the BBP and formal copayments as well as continuing to advocate for increasing budget funding to the health sector
- Marketing pooling of funds to national and local policy-makers

- Informing, marketing, and advocating for further development and expansion of the COE model
- Promoting family medicine and Safe Motherhood

Monitoring and Evaluation

ZdravPlus collaborated with WHO and the World Bank in ongoing dialogue with the MOH in establishing and building capacity for monitoring, evaluation, and policy analysis in a new MOH Health Policy Unit. In addition, ZdravPlus continued to support the MOH in monitoring priority service delivery programs including hypertension and Safe Motherhood, primarily at COE sites.

Donor/Project Collaboration and Coordination

Donor/project collaboration in Tajikistan continues to be challenging at times. ZdravPlus continued to take the lead in supporting the MOH in coordinating health financing activities. In service delivery, ZdravPlus continued to collaborate with all donors/projects to help ensure consistent policy dialogue and implementation particularly related to the COE model, family medicine, and Safe Motherhood.

Resource Use

Health Care Financing

PHC Per capita payment system

Over the last six months, ZdravPlus continued to collaborate with the WB PIU and other partners to provide extensive support to the MOH, Oblast Health Departments, rayon authorities, and PHC providers for ongoing implementation of PHC per capita payment in pilot rayons. In January, rayon-level health budgets were finalized based on a budget formation instrument developed by ZdravPlus/Socium Consult. Using this methodology, Sugd Oblast World Bank PIU specialists worked with Asht and Spitamen PHC Managers and Accountants to form the PHC budget for 2008.

ZdravPlus also contributed to strategy development and analysis for the next phase of PHC per capita payment. In April and June, ZdravPlus and partners participated in a roundtable on per capita financing for PHC at the MOH. Participants discussed the status of per capita financing for PHC and the next steps required for its implementation. ZdravPlus presented its perspectives on near-term priorities, which include 1) rollout of the current simple per capita financing methodology to all pilot rayons (horizontal roll-out); and 2) the inclusion of protected budget lines (salary and utilities) in the per capita rate in the current pilot rayons (vertical roll-out). As a result, the MOH and MOF agreed to sign a joint decree on increasing the number of the pilot rayons from 8 to 15 and to start dialogue on including protected budget items starting January 1, 2009.

Hospital Payment System

ZdravPlus began working to develop a new case based hospital payment system during the reporting period. As agreed with the MOH, in July, ZdravPlus will finalize the calculation of the model hospital payment system using data collected in HMIS pilot hospitals and present this to the MOH WG. In addition, ZdravPlus will present experiences from other Central Asia countries, including the Kyrgyz Republic and Kazakhstan.

Basic Benefits Package

With other donors/projects, ZdravPlus continued to support implementation of the BBP in pilot rayons and contribute to monitoring and analysis to inform revisions in the BBP and formal copayments.

Health Information Systems and Cost Accounting

ZdravPlus, in collaboration with the MOH Medical Statistics Department, continued working on the creation and implementation of improved health information systems to support a new provider payment system for inpatient care as well as improved management at the facility level. The implementation of a new automated hospital clinical database improves routine health statistics, prepares for implementation of a new case-based hospital payment system, and improves internal hospital management by enabling the hospital to have day-by-day information on the number of patients seen by clinical departments, the number of free and occupied beds, and patient movement

within the hospital. Pilot hospitals have continued collecting clinical data and, to date, more than 484,683 clinical cases have been entered into the hospital clinical database (please see table below).

ZdravPlus facilitated a study tour to the Kyrgyz Republic on the automated hospital database program and its application. Nine WB PIU HMIS specialists participated in the tour. Following the tour, ZdravPlus IT specialists conducted a two-day technical workshop and discussed the issues of technical specifications and the application of the clinical data base program at both the rayon and oblast levels. At the same workshop, WB PIU and ZdravPlus specialists finalized and agreed on a framework for our general collaboration and the next steps to introduce minor changes to the program, as well as plans for rollout to Khatlon and Sugd oblasts. In July, ZdravPlus specialists will conduct a TOT for the PIU WB technical staff for further trainings at the oblast level.

Pilot Health Facility Number of Cases

Pilot Health Facility	Number of cases
Dyakov's Republican Clinical Hospital	112,315
Kurgan-Tube Oblast Hospital	49,501
Khujand Oblast Hospital	59,815
Leninsky (Rudaki) CRH	31,112
Khuroson CRH	14,588
Vaksh CRH	21,326
Kolkhozabad CRH	30,554
Bokhtar CRH	18,069
Kurgantube city hospital	18,112
Jomi CRH	17,797
Yovon CRH	38,737
Kumsangir CRH	21,100
Jilikul CRH	16,001
Kabodiyon CRH	18,581
Shahrituz CRH	17,075
Total	484,683

Service Delivery

Centers of Excellence (COE)

The Centers of Excellence model introduced by ZdravPlus in Dushanbe and Konibodom continues to attract the interest and attention of other donors. The SDC-funded Project Sino replicated the model in Tursunzade using PGMI trainers, and AKF introduced a similar project in GBAO. ZdravPlus experts have agreed to provide advice and technical assistance in Sugd Oblast to assist in the introduction of FM in World Bank pilot sites. This collaborative rollout serves as evidence that the implementation strategy adopted by ZdravPlus to fit the unique environment in Tajikistan appears to be working.

Dushanbe City Health Center #1 (CHC #1)

With the help of the PGMI FM Department and Head of City Health Centre #1, ZdravPlus initiated a pilot to assess the potential for integrating existing vertical programs into family medicine practice, beginning with reproductive health and DOTS services. The aim of the pilot is to develop an approach that can be replicated in other PHC facilities.

Konibodom City Health Center #1 (CHC #1)

A major barrier to the introduction of family medicine has been ongoing conflict between specialists and family doctors. However, many specialists who were not supportive of family medicine at the beginning of the process have become more interested in collaborating. In Konibodom, a system to

foster dialogue between the two groups has been introduced that has resulted in a regular monthly activity. At one meeting it was noted that gynecologists continue to observe pregnant women experiencing normal pregnancy and, as a result of the meeting, hospital officials recommended eliminating such practice. This close collaboration between family doctors and narrow specialists has improved the quality of medical care at Konibodom CHC #1, as there is an increasingly clear understanding of which conditions need to be managed by family doctors, which need to be managed together with narrow specialists, and which need to be referred to narrow specialists. This also demonstrates that good human resource management is very important for improving medical service. It was proposed that the head of the FM Department in Konibodom come to Dushanbe to share her experience and opinion among her colleagues at the COE in Dushanbe and possibly for all City Health Centers in the capital.

Istrafshan City Health Center #1 (CHC #1)

Renovation of the Istrafshan CHC #1 was completed in March, and the first FM retraining course commenced there on June 8. The course is administered by trainers from PGMI in Dushanbe with occasional mentoring from ZdravPlus's international FM consultants. The community in Istrafshan is more conservative than Dushanbe and Konibodom and it was quickly pointed out that male family doctors could not treat Muslim women with gynecological problems. This situation will be monitored and it may be necessary for male FM doctors to be posted to other centers for short periods to enable them to gain the necessary practical skills required to pass the retraining course's gynecological units.

Penjikent City Health Center #1 (CHC #1)

At the specific request of the MOH, ZdravPlus undertook an assessment in Penjikent to evaluate the local conditions for opening new COE in Zaravshon Valley. Following negotiations, ZdravPlus agreed to support an MOH initiative to establish a new training center in Penjikent and to open another COE there. It is expected that this COE will serve as a remote rural area model for the ongoing development of health reform and COE. All rehabilitation work at the new facility – Penjikent CHC #1 – is expected to be finished in late August and FM re-training for a first group of trainees from Penjikent is expected to begin in mid September.

Medical Education

Undergraduate and Graduate Medical Education

ZdravPlus together with the Swiss Agency for Development and Cooperation (SDC) continued to support the Government Committee reviewing the current Medical and Pharmaceutical Education Concept. Members of the Committee include representatives from the Tajik State Medical University (TSMU) and the Ministries of Health and Education. Committee members were provided with the ZdravPlus assessment of current TSMU structure and education process, which was completed in June 2007. This assessment was used as the basis for developing further strategy of reviewing the Concept. In May, the SDC organized a working group meeting to discuss the new Concept. Work in this area will continue through the second half of 2008.

A five-day interpersonal communication skills (IPCS) Training of Trainers Course was initiated by the TSMU and the EBM Center and conducted at the TSMU. The goal of training was twofold, to introduce IPC methodologies into the pre-diploma medical curriculum and to improve existing teaching methods.

Training of FM Trainers at Dushanbe CHC #1

ZdravPlus international doctors continued to support the current FM TOT course for 10 trainees who will work at training facilities in Tursunzade, Khorog, Konibodom, Istrafshan, as well as PGMI in Dushanbe and Khujand. The course is jointly supported by the SDC-funded Project Sino, AKF and ZdravPlus, an approach that allows best practices developed by PGMI to be extended to other training centers and COE supported by other donors/projects. The current group of trainees have exhibited a very good technical grounding, which has allowed course trainers to focus more heavily on teaching skills.

Postgraduate Medical Education/Family Medicine Doctor Trainers Faculty Development

ZdravPlus continued conducting faculty development roundtables for family medicine trainers to improve teaching skills. Two Round Tables were conducted in Dushanbe and Khujand. Topics

included “Teaching methods and how to motivate trainees” and Stress in Medical Education.” Participants were trainers working in a variety of training centers, including PGMI, TSMU, the Republican Center and its branches, and medical colleges. These topics were proposed by trainers themselves and, according to trainees, were found to be very helpful. Working in small groups showed participants that there are many ways to motivate trainees that they need not be only financial motivations.

Postgraduate Medical Education/Family Medicine Nurse Trainers

ZdravPlus initiated preparation activities for the start of a family nurse TOT program. In cooperation with PGMI nursing department, an international nurse consultant is in the process of reviewing all modules of the TOT program. The original modules were approved in 2002 and are now in need of revision. It is expected that the first group of TOT trainees will begin training by September 2008.

Family Medicine Specialist Retraining in Konibodom

The third FM retraining course was completed April, with four trainees from Konibodom CHC #2 and four trainees from the Konibodom districts of Makhram and Kuchkak. In June, the Center also commenced retraining for doctors from Isfara. Training at Konibodom has been carried out with assistance from PGMI trainers from Dushanbe. As local trainers become more experienced, it is anticipated that the need for this ongoing support will be reduced in early 2008.

Physician and Nurse CME Conferences

Over the past six months, ZdravPlus continued to support monthly CME conferences for health care workers at the PHC level in Dushanbe and Sugd Oblast. CME topics included many issues relating to health care for children, including articular syndrome, convulsions, family doctors’ approach to learning difficulties, behavioral and emotional disorders in children, and ischemic heart disease.

In addition, ‘ad-hoc’ CME conferences were also conducted. Two such conferences were conducted for family doctors and gynecologists working at the PHC level in Dushanbe on topics of antenatal examinations and screening, and the pharmacokinetics of medicines used in pregnancy. These conferences generated intense discussion as new WHO EBM approaches in antenatal care were presented. Another conference, which focused on the over-diagnosis of neonatal encephalopathy, was also conducted. This conference was lead by an international pediatrician/neurologist in collaboration with the Tajik Association of Neuropathologists and the FM Association, and was conducted for doctors working at hospital and PHC levels (neurologists, family doctors, and pediatricians). Discussions revealed that there is a need to review regulations regarding managing this condition and that these two associations could raise this issue at the MOH level.

ZdravPlus also supported CME conferences for nurses in Dushanbe and Khujand on the topics: pregnancy and changes during pregnancy, birth preparedness classes, nutrition in children and pregnant women, IMCI, cough and heavy breathing, and IMCI and diarrhea.

CME conferences continue to contribute to improvements in quality of care on the provider level, and also changes in the way health care system authorities are working to improve established practices. They are an important feedback loop to health policy development and EBM/CPG development.

Evidence-Based Medicine (EBM)

Hypertension CPG

During the first half of 2008, ZdravPlus continued to provide technical assistance to the AH CPG working group in revising the implementation plan for the Hypertension CPG. Working Group members discussed following steps for guideline implementation: 1) printing the approved CPG in two languages; 2) printing a brief protocol and population materials; and 3) training on use of the CPG for health care staff in pilot PHC facilities.

EBM Center

Despite the fire that totally destroyed the EBM Center at TSMU, ZdravPlus continued to assist the Center in its support for the introduction and promotion of evidence-based medicine (EBM) among students, teachers, and academicians. Within the scope of its regular activities, the EBM Center finalized its working plan covering 2008, which was approved and signed by the Rector of TSMU.

During the first half of the year, the Center submitted an abstract for the conference “ICT Use in Education,” hosted by TSMU, and built its capacity through participating in Interpersonal Communication Skills TOT training. The Center also contributed its expertise to a meeting of the Tajik Neurologists Association, where they presented evidence on the management of perinatal encephalopathy in children, and to an AH CPG Working Group meeting with MOH, where they presented on CPG Development Methodology.

In May, the Neonatology Journal Club meeting led by the Center discussed the topic on Neonatal Infections and reviewed up-to-date evidence on managing such conditions. In addition, the Center published the third EBMC Bulletin.

The following events were organized by the Center with support from ZdravPlus and partner organizations:

Month '08	Name of Event	Number of trainees/participants	Topics covered/discussed
February 22	EBM Technologies in Neurology Practice Session, in partnership with the Association of Neurologists of Tajikistan	35 neurology specialists	<ul style="list-style-type: none"> • EBM Introduction, • General Principles of medical information critical appraisal • Key EBM principals • Search and critical appraisal of medical literature (with the practical assignment) • Making clinical question and clinical trials design
February 21	Motivation in Medical Education Session	30 young teachers of Tajik State Medical University	<ul style="list-style-type: none"> • What is motivation • Self-identification theory • Problem students • Problem-oriented teaching
March 6	EBM Introduction Session, in partnership with the Association of Ob/Gyns and Neonatologists of Sugd Oblast	138 obstetricians and neonatologists	<ul style="list-style-type: none"> • EBM Introduction • General Principles of medical information critical appraisal • Key EBM principals • Search and critical appraisal of medical literature (with practical assignment) • Formation of clinical questions and design of clinical trials
March 14	EBM Introduction Session	24 TSMU teachers	<ul style="list-style-type: none"> • EBM Introduction • General Principles of medical information critical appraisal • Key EBM principles
April 10-11	Biostatistics Seminar, jointly with Social Hygiene Department of TSMU	19 TSMU graduate students	<ul style="list-style-type: none"> • Statistics and clinical practice • Design of clinical trials • Statistical methods for comparing two groups • Bias in clinical research • RCT interpretation • Introduction to meta-analysis • Statistical analysis in medical literature
May 14-16	IPC Training	22 TSMU teachers	<ul style="list-style-type: none"> • What is IPC and why it is needed in teaching EBM • IPC skills • Practical application of IPC skills

May 15	Teaching Methods Session	27 TSMU teachers	<ul style="list-style-type: none"> • Teaching methods in medical education • Interactive methods • Testing and evaluation
May 22	EBM Introduction and Rational Drug Use Conference, jointly with DIC and Dushanbe City Medical Center	40 TSMU teachers and health professionals	<ul style="list-style-type: none"> • Introduction to EBM • Search and critical appraisal of medical literature • Rational drug use and antibiotics

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

Drug and Pharmaceutical Issues

Drug Information Center (DIC)

The DIC office was totally destroyed in a fire at the TSMU last December. The DIC temporarily relocated to the ZdravPlus office and continued working with students and health care professionals at medical education institutions to provide independent, objective and evidence-based information promoting RDU in Tajikistan. The DIC prepared and printed a number of RDU-related medicine information bulletins and flyers to continue educating both health professionals and the general public.

Information Materials Disseminated by DIC from January - June 2008

Categories	# RDU-related materials	# Drug Bulletins
Polymakers	470	500
Medical Students	1445	780
Health Professionals/Family Doctors	160	280
Population	105	0
Subtotal	2180	1560
Total	3740	

The DIC continued presenting and distributing the first Tajikistan National Medicine Formulary among PHC practitioners at the TSMU Family Medicine faculty. The formulary provides readers with detailed information on all medicines in the Essential Medicine List (EML). In collaboration with SDC-funded Project Sino, the DIC agreed to conduct trainings on the formulary system and RDU in Project Sino pilot rayons.

The DIC printed 500 copies of the revised Tajikistan Essential Medicines List (EML), which they distributed to PHC workers. Previously, the DIC led the revision process for the new EML and provided information to the EML Working Group to ensure informed decision making on the inclusion and exclusion of medicines in the list.

The DIC supported the revision of the new curriculum for the pharmaceutical faculty of TSMU, including a course on pharmaceutical information, for which the DIC developed a textbook in partnership with the Dean of the Pharmaceutical Faculty. The course covers topics such as pharmaceutical information and RDU tenets, information sources, the concept of an EML, medicine formulary, generics vs. branded medicines, web-based information search, and critical information appraisal.

The DIC delivered five lectures on rational drug use for students of the TSMU pharmaceutical faculty. The lectures included topics on the content of drug information, the concept of RDU, and the EML. More than 140 students attended these lectures.

Quality Improvement and Integrated Improvement Projects (IIPs)

Hypertension

ZdravPlus continued to render technical assistance to QI teams in Konibodom and Dushanbe PHC facilities, where health care providers continued to introduce interventions to improve the quality of hypertension services using the patient pathway tool and monitor standards of care according to QI indicators.

MCH

PEPC Training Follow-up

Following the Effective Perinatal Care (PEPC) trainings held in 2006 in Dushanbe and in 2007 in Konibodom, ZdravPlus organized follow-up mentoring and/or monitoring visits to seven Safe Motherhood (SM) pilot maternities that included:

- Maternity Ward of the Dushanbe CMC;
- National Septic-Observational Maternity;
- Maternity House #3;
- Maternity Ward of Yavan Central Rayon Hospital in Khatlon;
- Maternity Ward of Konibodom Central Rayon Hospital;
- Maternity Ward of Isfara City Hospital; and
- Sugd Oblast Maternity

The aim of the visits was to observe progress achieved by the teams in implementing WHO Effective Perinatal Care recommendations. The visits included performance monitoring and clinical mentoring and were conducted by ZdravPlus and a WHO-certified international Ob/Gyn expert.

During the visits, the monitoring team and health care providers explored the extent to which PEPC trainees had implemented perinatal technologies taught in the PEPC training course. The team evaluated each facility by observing existing practices in obstetrics and neonatology and reviewing patient charts and created recommendations tailored for each facility. These reviews include technologies successfully implemented in the facility, practices that need to be improved, and next steps for improvement, and cover infection control, demedicalization, reduction in unnecessary routine procedures, management in the facility, and newborn care.

The Dushanbe City Health Department organized and led a series of mentoring visits, which was attended by the Chief Ob/Gyn Specialist of the Dushanbe City Health Department and representatives from the abovementioned pilot maternities. The meeting focused on the outcomes of the mentoring visits, problems identified during the visits, and plans to improve PEPC implementation mechanisms through the development and implementation of local protocols on managing problems during labor and delivery.

Some issues identified during the mentoring visits were also discussed with the Head of the Sugd Oblast Health Department, who recognized the role of MPS/PEPC training in improving the health of mothers and newborns in the oblast. The Head of the Sugd OHD cited the following as specific areas that require improvement: 1) increasing mutual understanding among staff of oblast health authorities and SES; 2) proper maintenance of facility infrastructure (water supply, heating, power supply, etc.); and 3) the development and approval of local protocols on perinatal care.

ZdravPlus also provided technical assistance for two CME conferences: *Introduction to EBM and Effective Perinatal Care Technologies* (March), and *Antenatal Care and Birth Preparation Classes* (May). These events were organized by the Sugd Oblast Health Administration in partnership with the Oblast Association of Ob/Gyns and Neonatologists, with facilitation and training from WHO-certified international Ob/Gyn experts and a national panel of trainers on neonatology and antenatal care. Each conference covered over 130 perinatal care specialists from throughout the north of the country.

The aim of the first conference was to promote the concept of EBM and to review WHO evidence-based perinatal technologies that are implemented in Sugd Oblast maternities. The following topics were discussed during the conference:

- EBM in obstetric and neonatal practice;
- Pre-term rupture of membranes;
- Hypertension in pregnancy;
- Preterm labor and delivery; and
- The threat of miscarriage: is active management needed?

Participants expressed great interest in the conference and suggest that the Association of Ob/Gyns and Neonatologists hold similar conferences in future with a focus on developing local protocols on standards of care for normal pregnancy and delivery.

Intermediate results of ZdravPlus Safe Motherhood activities in Tajikistan were shared at the Global Health Council's 35th Annual International Conference "*Community Health: Delivering, Serving, Engaging, and Leading,*" held in Washington DC, from May 27-31. An abstract of the presentation was published in conference proceedings and also on the Web (poster 77) at:

http://www.globalhealth.org/presenters_2008/poster/reproductive_health/

Antenatal care and Birth Preparation Classes

Following a course on "Family-Oriented Antenatal Care and Prenatal Classes" conducted in 2007, ZdravPlus partnered with the Dushanbe Health Department to select five PHC facilities – namely the city's Reproductive Health Centers (RHCs) – to serve as pilots for implementation of WHO antenatal care recommendations. As a result, a special Prikaz was issued on establishing Birth Preparation Schools in all Reproductive Health Centers in Dushanbe.

Birth Preparedness Classes in one Dushanbe RHC was promoted through a television program aired on the National "Channel 1" station. The program showed a classroom that was equipped by the Project where couples were participating in a class and watching a movie on care for pregnant woman and practicing pain management during labor and delivery. One of the facilities health care providers also gave an interview emphasizing the importance of partnership in delivery.

ZdravPlus continued to provide technical assistance for building the capacity of the health care staff who administer birth preparedness classes. The Project provided pilot facilities in Dushanbe with equipment needed to conduct classes, as well as printed materials for couples and videos on partners' role in care for women and children during pregnancy, delivery, and the postpartum period. In addition, ZdravPlus trained health care providers from 15 Dushanbe PHC facilities in interpersonal communication skills (IPCS), and tailored the course for counseling pregnant women and couples.

ZdravPlus and a team consisting of an international WHO-certified PEPC trainer and local ANC trainer conducted antenatal care training and clinical mentoring for PHC facilities connected to three pilot maternities in Sugd Oblast in late May. The Project reviewed prenatal care practices at two PHC facilities in Konibodom and Isfara and delivered additional lectures and seminars on introduction to EBM, evidence-based prenatal care, arranging birth preparedness classes, managing complications in pregnancy, and managing pregnancies with preterm rupture of membranes.

Contraceptive Technology Update Conference

The USAID Europe and Eurasia Regional Family Planning Activity in collaboration with the ZdravPlus and UNFPA conducted a Contraceptive Method Mix Assessment in Dushanbe and Sugd Oblast, followed by a Contraceptive Technology Update conference from June 2-3 in Dushanbe. A range of conference participants – including providers from safe motherhood pilot sites, family planning trainers, medical institute faculty, and Ministry of Health officials – were introduced to the newest developments in contraceptive technology and have begun to update their existing teaching and training materials with the information.

IMCI

In order to improve health care services for children under five years of age, ZdravPlus in collaboration with PGMI initiated and conducted several meetings with stakeholders to begin a review process for existing IMCI training modules. IMCI training modules have not been reviewed since the IMCI strategy was introduced and some sections are now outdated, particularly those relating to treatment protocols. The MOH created a working group with the WHO to update the IMCI modules, and the approved protocols will be disseminated in the coming months.

ZdravPlus initiated a meeting with the WHO EURO IMCI Coordinator to discuss IMCI implementation on the PHC level. The meeting resulted in agreement to conduct joint activities, including an assessment of IMCI practice on PHC facility level with an aim to generate recommendations on better integrating IMCI services in primary health care.

Population and Community Health

Promoting Family Medicine

Family Medicine Associations (FMA)

The FMA continues to build collaborative relationships with partners, including the MOH, oblast health authorities, ADB, World Bank, Project Sino, UNICEF and WHO. The FMA also continued participating as a member of the MOH CME Strategy Working Group and MOH committee on the accreditation of family doctors. It contributed to drafting new legislation on family medicine and, in collaboration with MOH Human Resource Department, is assisting in the development of regulations on the certification of family doctors. The FMA participated in final examinations of re-training courses in both Konibodom and Dushanbe. The FMA is currently considering the option of granting membership to institutions such as TSMU and PGMI.

Health Promotion

ZdravPlus continued to support health promotion activities directly linked to service delivery priorities and IIPs. In March, ZdravPlus and partners (Project HOPE, Global Fund, Republican TB Center, Project Sino, and others) participated in activities for World TB Day. ZdravPlus provided support to TB specialists (blood pressure machines and stethoscopes), and the Konibodom COEs participated in events including TV and radio broadcasts, meetings with mahallas to provide information on TB, and drawing contests for schoolchildren on the topics “Stop TB” and “How to prevent TB.”

UPCOMING EVENTS FOR JULY AND AUGUST

July 9	EBMC Neonatology Journal Club meeting
July 15	Opening Ceremony for Istrafshan COE
July 14	CME conference for family doctors: “Care for patients with cancer,” Konibodom
July 16	CME conference for family doctors: “Care for patients with cancer,” Istrafshan
July 17	CME conference for family doctors: “Care for patients with cancer,” Khujand
July 17	HMIS TOT at PIU WB
July 18	Rational Antibiotic Use workshop, Khujand
July 21-23	CME conference for family doctors: “Care for patients with cancer,” Dushanbe
July TBA	AH CPG Working Group meeting
July-August	Follow up visits and workshop on health financing in pilot rayons
August 8	AH CPG Working Group meeting
August 10	Workshop on DIC sustainability and status
August 11	CME conference for family doctors: “Obesity in adults,” Konibodom
August 11-15	CPG Implementation Seminars
August 12	CME conference for family doctors “Obesity in adults,” Istrafshan
August 13	CME conference for family doctors “Obesity in adults,” Khujand
August 20-23	CME conference for family doctors “Obesity in adults,” Dushanbe

TURKMENISTAN

Six-month Report

January - June 2008

In close collaboration with the MOHMIT and MCH Institute, ZdravPlus continued to focus on maternal and child health (MCH) during the first half of 2008, building on its training programs in physician and nurse Integrated Management of Childhood Illness (IMCI), Making Pregnancy Safer and Effective Perinatal Care (MPS/PEPC) and antenatal care (ANC). IMCI training was extended to Boldumsaz, a new IMCI pilot etrap in Dashoguz Velayat. ZdravPlus also supported the MCH Institute in its efforts to continue developing the design of a monitoring system for the National Safe Motherhood Program. Following the approval of the National Safe Motherhood Program in December 2006 and the first five MPS/PEPC and PNC training courses conducted in collaboration with the WHO in 2007, ZdravPlus and a WHO-certified specialist conducted follow-up mentoring visits to MCH Hospitals in all five velayats of the country in April.

Implementation of the ZdravPlus-developed HIS began in three hospital-level pilots in 2006, and was expanded to an additional four pilot hospitals in 2007. The first cycle of five three-day HIS training courses at the Turkmen State Medical Institute Health Management Center was conducted in 2007 followed by the beginning of a new cycle of training in collaboration with IREX, which began in June 2008. The program has been positively accepted by both the MOHMIT and pilot hospital staff, who view it as a valuable tool for improving management and reporting systems in Turkmen health facilities. The MOHMIT also understands the role of HIS for future health financing reforms. In continuing policy dialogue with the MOHMIT on health finance and health insurance, it has been agreed that new types of provider payment systems are necessary for both the current health finance system and the future of the health insurance system in the country.

The political environment in Turkmenistan remains challenging, and the Project continued to contend with lengthy waiting periods in obtaining MOHMIT approval for most activities. Nevertheless, ZdravPlus continues to strengthen working relationships with the MOHMIT, MCH Institute, Velayat Health Departments, and pilot facilities. ZdravPlus was invited to participate in many policy meetings organized by the MOHMIT – including discussions of immunization issues and TB prevention – and also participated in drafting Global Fund Round 8 application documents.

Stewardship

Legal and Policy

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

Stewardship activities during the first half of 2008 included:

- Inputs to discussions regarding the design and development of a monitoring and evaluation system for health care providers from the first SM pilot site (as a member of the SM Program Working Group);
- Contributions to the WHO/UNICEF/MOHMIT efforts to improve the monitoring and evaluation system for IMCI-trained health providers;
- Interaction and communication with the MOHMIT, TSMI Post-graduate Faculty, Medical Schools and the MCH Institute on promoting the sustainability and institutionalization of the WHO IMCI and SM strategies;
- Inputs to discussions on the design of an HIS monitoring and evaluation system;
- Dialogue with the MOHMIT, MCH Institute and the TSMI during the January USAID mid-term evaluation, resulting in top-level health system managers expressing their desire to

collaborate more closely with the USAID and ZdravPlus to enhance the efficiency of donor support and its impact on health sector development.

- Contributions to WHO/UNICEF/MOHMIT planning to improve the capacity of members of the National TB Prevention Working Group; and
- Participation in the MOHMIT Immunization Committee

ZdravPlus also funded the participation of the Acting Head of the MOHMIT Health Reform Department in the fifth Flagship Course on Health Systems Development organized by the World Bank in Bishkek from June 2-13. The MOHMIT official described the course as a valuable opportunity to deepen her understanding of the reforms that have taken place in regional health care systems and how those changes may be adapted in Turkmenistan.

Monitoring and Evaluation

Safe Motherhood Monitoring Follow-up

In February and March, the ZdravPlus MCH specialist accompanied the Deputy Director of the MCH Institute on her visit to Project's Mary Velayat Safe Motherhood (SM) pilot sites. The purpose of the visit was to 1) evaluate the implementation of WHO PEPC standards and prenatal care recommendations introduced during the PEPC and prenatal care trainings; 2) observe prenatal care services; and 3) to determine the degree to which the approaches have been standardized at the hospital and PHC levels.

The evaluation of MCH hospitals in Mary City, Sakarchage Etrap and Yoloten Etrap showed that the implementation of PEPC standards has continued successfully. For example, PEPC-trained health care workers are using individual delivery rooms, liquid soap, and individual towels. They are also actively managing the third stage of labor and encouraging early and exclusive breastfeeding. The evaluation also uncovered areas that require improvement, including encouraging delivery with partners, using partograms, and making available the equipment needed for adopting free positions during labor. A series of mentoring visits in April led by a WHO-certified consultant also served to promote and reinforce PEPC standards in these facilities (please see details under Service Delivery, below).

IMCI Monitoring and Evaluation

In January, March and June, national and velayat IMCI trainers conducted routine monitoring and evaluation of IMCI pilots according to the WHO IMCI M&E standards, on which the trainers were mentored during the IMCI Randomized Evaluation conducted by WHO, UNICEF, and the MOHMIT in July 2007. The trainer's M&E activities have proven an effective instrument for improving and promoting IMCI standards and ensuring the success and sustainability of the strategy.

Resource Use

Health Information Systems

Over the past six months, ZdravPlus continued supporting MOHMIT efforts to improve monitoring of the automated hospital information system and database in seven ZdravPlus pilot hospitals and to expand the system to other health facilities. The database computerizes patient data and increases the ability of the MOHMIT to record and analyze hospital information by automating hospital discharge form #66 and aggregate hospital report form #14.

Together with the MOHMIT Statistics and Information Department, the ZdravPlus HIS specialist continued to monitor all seven HIS pilots during the reporting period. ZdravPlus-developed HIS software was also introduced to many new health facilities outside of the original seven pilot sites and is operational in five of them.

Monitoring results show that the statistics departments in all seven pilot sites are using automated forms #66 and #14 appropriately, and that the heads of all pilot hospital statistics departments supervise data entry and coding of diagnoses effectively. Based upon ZdravPlus suggestions and technical input, the MOHMIT developed and issued Prikaz #92, which describes the MOHMIT's goal to computerize statistics departments in all primary and hospital care facilities in order to improve data

collection and statistical reporting. The MOHMIT is presently seeking donors who can fund the acquisition of the hardware necessary to outfit all the statistics departments to support the process.

Jointly with IREX and its USAID IATP Project, ZdravPlus conducted a three-day training for HIS specialists from Lebap Velayat in June. The new collaboration and input from IREX ensures that trainees receive basic computer skills training in advance of their introduction to the HIS software. Twelve statisticians from Lebap Velayat hospitals were trained in the June course, which is the first of five such courses planned for the remainder of 2008.

Service Delivery

Physician IMCI

IMCI activities continued to move forward over the past six months with backing from the MOHMIT and organizational support from the National MCH Institute. ZdravPlus conducted two 12-day IMCI training courses for 41 family physicians and feldshers from Boldumsaz Etrap, Dashoguz Velayat. Four velayat IMCI trainers conducted the course, which was overseen by national-level trainers. The training courses included both theoretical and clinical practice components and were conducted in Dashoguz Velayat MCH Hospital in order to give trainees an opportunity to work with as many cases of childhood illness as possible. The Clinical Instructor of each course coordinated daily clinical training under the supervision of the IMCI National Course Director, and the Chief Trainer for each course provided a report to the Course Director that included details on trainees' ability to practice in accordance with IMCI Protocols. A second round of two IMCI courses for 40 family physicians and feldshers will be conducted in Boldumsaz Etrap in September and November 2008.

Nurse IMCI

Three nurse IMCI (N-IMCI) rollout trainings in Balkan and Akhal velayats were organized and financed by the Project in February and March. N-IMCI training seeks to increase the quality of primary health care provided by family nurses in houses of health and to enforce the skills and practices necessary for the prevention and treatment of childhood illness. The trainings also incorporate instruction and practice in the counseling and interpersonal communication skills required for effective communication with patients and their families. Sixty family nurses from Etrek and Essenguly etraps (Balkan Velayat) and forty family nurses from Gok-Depe and Ruhabat etraps (Ahal Velayat) were trained in February and March. N-IMCI training enjoys the strong support of the MOHMIT and National MCH Institute, and is carried out by velayat-level trainers with support from national-level MCH Institute trainers.

Hospital IMCI

Four four-day hospital IMCI (H-IMCI) training courses for 40 hospital pediatricians were conducted from June 2-27. Ten pediatricians in each of four velayats were trained in courses conducted by National IMCI trainers at the MCH Institute. The trainings included both theoretical and clinical practice components, and were conducted at the MCH Institute in order to provide trainees with an opportunity to conduct practical sessions with as wide a variety of cases of childhood illness as possible. Turkmen language WHO H-IMCI pocket books were financed by ZdravPlus and provided to all training participants. ZdravPlus will provide training materials for additional H-IMCI trainings that will be conducted by UNICEF in Summer 2008 for an additional 60 pediatricians.

The MCH Institute plans to train all hospital pediatricians on the WHO H-IMCI standards by the end of 2008 with funding from UNICEF. As is the case for nurse and PHC training in IMCI, the effort has received full support from the MOHMIT and the MCH Institute.

PHC/Laboratory Training

Laboratory/PHC training monitoring visits were conducted in all five velayats in January and February. During their visits, the monitoring team of lab trainers and family physicians assessed the availability and proper use of lab equipment, reviewed lab records, and analyzed the degree to which

family physicians and laboratory specialists were working cooperatively. The visits aimed to improve referral patterns and strengthen linkages between PHC and laboratory services and to improve the correct diagnoses of diseases. Monitoring results showed that clinical and diagnostic laboratories in velayats are properly outfitted with necessary equipment and reagents necessary for hemoglobin analyses of blood and the morphology of erythrocytes, which are required to appropriately diagnose anemia.

The rollout of Laboratory/PHC hematology training courses continued during the reporting period. Three trainings were held for laboratory physicians and family physicians in Mary, Lebap and Dashoguz velayats for a total of 30 laboratory specialists and 30 family physicians. Laboratory and family physicians are trained together in order to strengthening linkages and improve referral patterns between PHC and laboratory services, and to improve the ability of health care workers to appropriately order lab tests and correctly diagnose disease.

Safe Motherhood

Safe Motherhood Interim Evaluation Meeting

The first MOHMIT Safe Motherhood Interim Evaluation Meeting was a starting point for SM program implementation in 2008. The evaluation was conducted in January at the Turkmen State Medical Institute in order to discuss next steps in implementing the National Safe Motherhood Program, as well as the outcomes of MPS/PEPC training in 2007. Participants included representatives of international/donor organizations and also the MOHMIT, MCH Institute and Medical Institute, who prepared and delivered presentations on the results of the National Safe Motherhood Program implementation. The conference also served as a platform for discussing two important issues. The first of which was the acceptance of the WHO live birth definition, approved by the Turkmen Government last year, which caused a number of concerns. The definition defines “live birth” as a child that weighs at least 500 grams, which differs from the existing definition and requires careful implementation and attention to the ability of health facilities to care for low weight births. Participants also discussed the need for more intensive integration of SES Departments in the implementation of the National Safe Motherhood Program and rollout of PEPC standards, in particular.

Reinforcement Training and on-the-job Mentoring

A ZdravPlus consultant (WHO-certified trainer) led reinforcement trainings and on-the-job mentoring on the use of new PEPC technologies for eight ZdravPlus pilot maternity hospitals from April 2-30. Ob/Gyns, neonatologists, and nurses from the Mary MCH Hospital, Sakarchaga and Yoloten pilot roddoms, and four other velayat MCH Hospitals participated in the training.

Mentoring activities conducted during the training focused on introducing new PEPC standards for delivery and a newborn care. A team from the MCH Institute who received SM training in 2007 participated in the trainings. The group consisted of an Ob/Gyn, a neonatologist, and a midwife, who supported the ZdravPlus consultant during his work in the velayat facilities. The participation of the MCH Institute – at the suggestion of the Institute’s Director – had a very positive impact on the trainings according to the ZdravPlus consultant’s assessment.

The focus of mentoring activities was on effective perinatal care practices and the changes that must be made in order for the practices to be implemented in each facility. More than 500 participants benefited from reinforcement training led by the ZdravPlus consultant, including Ob/Gyns, pediatricians, family doctors, and health facility administrators from five velayats of Turkmenistan, and MCH Institute specialists from Ashgabat. Reinforcement topics presented by the ZdravPlus consultant and MCH Institute specialists included: “Normal delivery,” “Hypertensive conditions during delivery,” “Discharge of amniotic fluid and delivery management,” “Postpartum Hemorrhage,” and “Newborn Care.”

The ZdravPlus consultant enjoyed overwhelming support from health department heads in each of the five participating velayats, who shared their concerns openly regarding the quality of perinatal care in the country. Local health authorities and participants alike underscored the importance of such

trainings and expressed the interest in participating in similar activities in future. They invited the ZdravPlus consultant to return to Turkmenistan in six months, as required by WHO standards.

Public Health/Tuberculosis

ZdravPlus participated in a WHO Meeting on TB activities that was held on January 30. Representatives from the MOHMIT, TSMI TB Faculty, the TB Hospital and international organizations attended the meeting and discussed the national TB control program, the WHO's TB work plan for 2008, and improving TB activity collaboration among governmental and international organizations. ZdravPlus representatives also participated in the February 5 meeting of the TB working group organized by Project Hope to discuss World TB Day activities, including the content and design of informational materials and a video spot to be aired around TB Day.

A scientific conference dedicated to World TB day, organized by the MOHMIT with financial support from ZdravPlus and Project Hope, was held at Niyazovsky Hospital on March 24. Acting U.S. Ambassador Mr. Richard Hoagland, First Deputy Minister of the MOHMIT, and the Head of MOHMIT Clinical Department participated in the conference. The leaders congratulated participants and expressed their intent to continue to collaborate on the issue of TB. TB Faculty and others participants delivered presentations on the results of the implementation of the DOTS Program in Turkmenistan. The MOHMIT and TSMI TB Faculty expressed their appreciation for the commitment of Project HOPE and the ZdravPlus Project to the success of the DOTS program.

Population and Community Health

Keeping Children Healthy (KCH)

In collaboration with the MOHMIT and local health authorities, ZdravPlus continued to contribute to pilot-wide health promotion activities by providing technical assistance through the MCH Institute.

Three KCH campaigns began simultaneously April 30 in Sayat, Serdarabat and Farab etraps in Lebap Velayat. The campaigns are dedicated to the issue of nutrition for pregnant women and children under five years of age. The campaigns focused on a target audience of pregnant women and mothers with children under five, who received recommendations on healthy nutrition from their family nurses. Mothers received updated infant feeding pamphlets – designed and printed by ZdravPlus – with detailed information on nutrition for children under five. In addition, colorful campaign posters were distributed and posted throughout public spaces in each campaign etrap.

During the opening ceremony for the three KCH campaigns, a national IMCI trainer conducted a short training for family nurses on nutrition issues and also provided a briefing on discussions and outcomes from the 11th CAR MCH Forum.

Award ceremonies were held at etrap hospitals, and hospital administrative staff, family nurses, family physicians, mothers, and community members attended the event. Lebap Velayat Health Department representatives took part in award ceremony, and awarded prizes to the participants and nurses bags to participating family nurses.

At the request of the MOHMIT Health Information Center, ZdravPlus supported the celebration of International Women's Day by organizing a contest on March 6 between two teams of young mothers from Balkan and Lebap velayats. The contest was doubly special as it came after many years during which International Women's Day was not included on the official Turkmen calendar.

Contest participants were women with children under five years old, family nurses and family physicians. The objective of the contest was to promote IMCI messages on care for sick children with diarrhea and ARI, on proper nutrition, and on the importance of breastfeeding and immunization. The teams represented residents of the first two ZdravPlus IMCI pilot sites: Serdar Etrap in Balkan Velayat, and Farab Etrap in Lebap Velayat. Children under five also participated in the contest, and congratulated their moms and other guests by performing funny sketches, singing songs, dancing, and reciting poems. The contest was broadcast twice on state television twice on March 9 and 11, and was also covered in the "Ashgabat" newspaper.

The first KCH campaign in Etrek and Essenguly etraps in Balkan Velayat were initiated in late May. The campaigns are dedicated to the topic of diarrhea, and all family nurses from all districts attended the campaign launch. ZdravPlus and IMCI specialists trained participants on the process and terms of the campaign, and the Directors of the Etrek and Essenguly Etrap Hospitals assisted in promoting the launch of the campaign. An National IMCI Trainer came to the site to provide a short training for family nurses on the topics of diarrhea in small children, dangerous signs of diarrheal disease, and diarrhea prevention. The campaigns will carry over two months, during which time family nurses will visit their sites and arrange discussion groups to educate mothers on key IMCI messages and to disseminate educational materials.

Other Activities

On January 18 ZdravPlus attended a WHO meeting on preparations for the European Week of Immunization and World Health Day. The MOHMIT SES Department made a presentation on the results of the European Week of Immunization that was organized in Turkmenistan in September 2007, and expressed his gratitude to international organizations, including USAID/ZdravPlus, for their support. On February 26, an MOHMIT Coordination Committee meeting on immunization was also held in order to summarize implementation of the 2007 Plan of Immunization and to discuss the preparations for the European Week of Immunization. The Chief of the MOHMIT SES Department reported that immunization of children under one-year-old reached 97.9% in 2007. European Week of Immunization activities are planned for April 21-27, 2008.

The 11th CAR Forum on Maternal and Child health was conducted in Ashgabat from April 8-9. Representatives of the Ministries of Health and other agencies from throughout Central Asia, USAID Turkmenistan, and other international organizations participated in forum discussions on results achieved - in region in the area of maternal and child health – most notably in the area of child nutrition – and the measures necessary to increase the scope of MCH activities going forward.

ZdravPlus participated in a session of the Joint Committee on Elimination of Malaria – organized by the MOHMIT and WHO – that was held on April 18 in Ashgabat. Since 2006, malaria cases in Turkmenistan have been significantly reduced as the result of anti-malaria activities within the framework of the National Program “Measures on Prevention of Malaria in Turkmenistan for the period of 2005-2010.” Discussions focused on methods to retain these gains in effective disease treatment and prevention.

A GFATM Round 8 Coordination Committee Meeting was held on April 25 in order to initiate work related to the preparation of Round 8 documents. The Head of the TSMI TB Faculty also presented the Turkmenistan TB control strategy through the year 2015. The Deputy Minister of MOHMIT Mr. Elyasov remarked that TB and AIDS remain pressing issues in the region and that Turkmenistan would like to apply for Global Fund resources for implementing preventive measures. In May, ZdravPlus contributed to drafting the Community Involvement and Health Systems Strengthening sections of the MOHMIT GFATM Round 8 application.

UPCOMING EVENTS FOR JULY AND AUGUST

July 7-9	PHC/Laboratory Training, Balkan Velayat
July 14-28	Promoting Effective Prenatal Care Training, Ashgabat
July 21-23	Health Information System Training, Ashgabat
July 24-25	Award ceremonies for Keeping Children Healthy Campaigns, Balkan Velayat, Etrek, Essenguly etraps
August 4	Keeping Children Healthy Campaign, Ahal Velayat
August 4-6	Health Information System Training, Mary Velayat
August 4-9	Antenatal Care Training for family physicians and nurses and Ob/Gyns, Ahal Velayat
August 11-16	Antenatal Care Training for family physicians and nurses and Ob/Gyns, Balkan Velayat
August 18-23	Antenatal Care Training for family physicians and nurses and Ob/Gyns, Dashoguz Velayat
August 25-30	PHC/Laboratory Training, Ahal Velayat
August 25-30	Antenatal Training for health workers, Mary Velayat

UZBEKISTAN

Six-month Report

January - June 2008

The past six months have seen ZdravPlus continue its strong working relationship with the MOH and the WB and ADB health projects. This has enabled progress in a number of areas, including the continued development of the urban polyclinic pilot sites and scale-up of the modified hospital information system for the case-based payment system pilot to all of the 16 Central Rayon Hospitals in Ferghana oblast. Although work remains to solidify it, the completion of the national rollout of the rural PHC per-capita financing and management reform model throughout the entire country was a landmark achievement of the first half of the year, especially considering the difficult political environment in the country.

In medical education, ZdravPlus has worked to spread modern teaching principles to educators at a number of the medical institutes. Other key service delivery activities over the last six months include an update on contraceptive technology, EBM promotion activities targeting key teaching and clinical leaders, implementation of targeted programs for hospital staff, including rollout of the training program for hospital pediatricians, further strengthening of the Safe Motherhood program, further scale up of the quality improvement projects in Ferghana and quality improvement training for leaders in many oblasts. With its focus on reaching the population with health information, the national patronage nurse training program began in earnest, implementing nationwide the first clinical module on how to counsel mothers (and mothers-to-be) on breast feeding.

Stewardship

Policy, Legal and Regulatory Framework

As Uzbekistan pushes ahead with the health reforms, ZdravPlus continues to monitor and, where necessary, react to new government decrees that could impact the course of these changes. At the beginning of the reporting period, it became clear that a draft resolution recently prepared by the MOF could have a negative effect on the direction of the reforms. The Order focused on introducing changes to the per capita financing approach in pilot polyclinics, as well as in the remainder of the non-pilot urban polyclinics in the pilot oblasts of Ferghana, Sirdaryo, and Samarkand oblasts and Tashkent City. Non-pilot urban polyclinics consist of facilities that did not undertake the organizational and clinical changes called for by the urban reform model and are conventionally run by numerous narrow specialists.

At a meeting of the MOF, JPIB, MOH, and WB specialists convened on March 17 to review the recent MOF Order, ZdravPlus advocated for a revised Order with no change in the per capita formula/approach approved by COM Resolution #217 for the urban pilot polyclinics and an interim per-capita budget financing approach to be adapted for the non-reformed (non-pilot) urban polyclinics. This decision was agreed by the meeting participants and submitted to the MOH and the MOF for their consideration. The main objective for ZdravPlus and for the WB was to protect the per-capita financing approach for the urban pilots from any damaging changes.

Monitoring and Evaluation

With both the World Bank Health II and the ADB WCHD projects completing their third year, a local company, Expert Fikri, was contracted to carry out a comprehensive evaluation of the achievements of the projects to date, probing for strengths and areas for improvement. ZdravPlus experts were asked by the JPIB initially to review and comment on the design and on the questionnaires of the evaluation study and later on to review the preliminary draft of their report, both in the areas of finance & management and in the clinical components. This led to improvements in the evaluation approach as well as needed changes being made before the findings were presented by the company to the MOH and other stakeholders in late March.

The work of patronage (visiting) nurses is being upgraded on a national level through the ADB WCHD project. The project will provide 10 000 nurses' bags and conduct associated training modules

every six months. However, such a program of equipping and training also requires an in-depth evaluation of the current work patterns and role of the nurses at their places of work in order to resolve obstacles to enhancing their activities. ZdravPlus was therefore asked by the JPIB to help develop and organize a survey on the work of these nurses, which was completed in April. Analysis shows that their time schedule does not allow enough time for visits, because each visit normally requires about 30 minutes. Also, answers provided by both the nurses and the population show that nurses have insufficient counseling skills for topics such as newborn care, antenatal and postnatal care, hypertension, etc. The results indicate that there is a clear need to revise the schedules of patronage visits and the standards of care they are expected to provide during these visits. In response, the MOH has agreed to create a nurses' working group to revise and develop patronage visit schedules and standards.

Donor/Project Coordination

As the World Bank Health II project moves ahead, it continues to usher in substantial reforms at the managerial and clinical levels in primary health care throughout the country. ZdravPlus continues to jointly implement activities with World Bank Health II. Project staff joined the recent mission by the World Bank team and advised them on a number of issues, the foremost being the use of unallocated project funds. Significant attention was also given to the reformed per-capita financing system and the legislation surrounding it.

ZdravPlus remains active in joint implementation of activities with the ADB Women and Child Health Development Project. ZdravPlus also continues to cooperate with many other organizations, and took part in the UN Health Theme Group to discuss the United Nations Development Assistance Framework (UNDAF). In addition, ZdravPlus held meetings with Project HOPE TB to develop plans for a TB CQI project in Ferghana, and with UNFPA to plan and implement the Contraceptive Technology Update conference held on June 10th.

Resource Use

Roll-out of Rural PHC Finance and Management Reforms

With the last remaining 220 SVPs in eight rayons in Samarkand oblast covered early this year, the roll-out resulting in total nationwide coverage of the rural PHC per capita finance and management (F&M) reform model has been completed throughout Uzbekistan. A total of 3,087 SVPs located within all of the 161 rural rayons across the country's 13 oblasts are included.

However, despite this significant achievement, there is still much to be accomplished to help ensure long-term sustainability of the rural PHC F&M model. ZdravPlus has continued to work closely with the WB Health II and the ADB WCHD projects to strengthen the foundations of the reform model. The key focus was on further solidification and institutionalization of the practical skills required for appropriate implementation and refinement of the new provider payment system.

Over the last six months, ZdravPlus worked with the JPIB Coordinator for the F&M Component to 1) review the monitoring indicators for the rural PHC reforms; 2) develop quarterly implementation schedules for technical seminars required for rollout oblasts; and 3) finalize the training program for the newly recruited SVP finance managers. In addition, working with the MOH, TIAME, Tashkent Medical Academy, and the International Center for Financial and Economic Development, ZdravPlus helped to complete a training program and materials for the specialized training course for these finance managers. The Project also helped to finalize a TOR for the local consultancy that will implement the trainings for the PHC financial managers.

To facilitate institutionalization of the rural PHC per capita F&M reforms, the practical manual "Business Planning and Budgeting for the Reformed PHC Facilities" was developed by ZdravPlus during the reporting period, and submitted to the MOH for their official review and approval. It is expected that MOH will complete this process by July 2008. The manual will then be printed using WB Health II funds and distributed among oblast and SVP financial managers to help these staff carry out their responsibilities.

ZdravPlus also provided direct support to a number of oblast authorities. In Bukhara and Jizzak, the Project analyzed the per capita budgets of reformed rural PHC facilities for 2008 and specific implementation suggestions were given. ZdravPlus also provided technical support for calculating future per capita rates in a number of oblasts, including Samarkand and Ferghana. Three skill-enhancing training seminars were organized in Ferghana, Jizzak and Samarkand to support this effort.

Urban PHC Reform Pilots

While the national rollout of the PHC per capita F&M reforms to rural SVPs was completed early this year and institutionalization is progressing, the urban areas are just beginning to become more involved in PHC restructuring and strengthening. This is an important step which, if successful, will firmly establish the principles of the reform process in urban areas throughout the country, with new per capita payment systems in place and doctors working together in general practice groups. Urban PHC reform has been very difficult in other Central Asian countries. While issues may inevitably arise in Uzbekistan, at this point the reforms are progressing well due to a participatory process increasing ownership and establishment of urban PHC accepted in the Uzbek environment.

With 25 pilot polyclinics in four cities now undergoing reform, ZdravPlus is working actively to provide support at every level. On the regulatory level, ZdravPlus has reviewed and made suggested changes to a recent MOF decree (please see Policy, Legal and Regulatory Framework, above). At the management level, ZdravPlus participated in a technical meeting held at the MOH to review the implementation status of the urban PHC reform pilots. The meeting was attended by Dr. Ikramov, the First Deputy Minister of Health, the heads of the PIBs of the four pilot cities (Tashkent, Samarkand, Marghilan and Guliston), and representatives of the JPIB.

One of the new activities for the urban PHC pilot model was to examine the feasibility of introducing “free enrollment,” an important element for ensuring the effectiveness of the per capita provider payment approach. Free enrollment facilitates greater accountability on the part of providers in addressing the health needs and satisfaction of their clients, encourages efficiency gains by creating competition among the polyclinics and providers, and makes it possible for the clients to seek care from health providers of their own choice. To assess the current perceptions and readiness for free enrollment among the urban population, ZdravPlus, in collaboration with the JPIB and MOH, designed and carried out rapid assessment surveys in the pilot cities of Marghilan and Guliston. Development of the survey tool, pre-testing, training of researchers, data collection, data entry and initial analysis was carried out during the reporting period, and the preliminary report of findings and recommendations will be discussed with the JPIB and MOH shortly and then disseminated.

In order to ensure harmony between the pilot and non-pilot polyclinics in the same cities, ZdravPlus participated in a number of joint meetings with the MOH, MOF and WB specialists to adapt the per capita financing approach to be rolled out to the non-pilot (non-reformed) urban polyclinics in Ferghana, Sirdaryo and Samarkand oblasts and Tashkent City. ZdravPlus developed and submitted a model to the MOH and MOF for review. The model is under review at the time of this report.

At the staff level, two three-day seminars were held. The first seminar for 21 urban health managers was on “Basic Health Management for Polyclinic Head Doctors and Financial Managers” and the second, for 15 participants, was on “Bookkeeping and Accounting for Polyclinic Financial Managers.” The seminars were carried out jointly with TIAME, JPIB, MOH and OPIB in the urban PHC reform pilot site of Guliston City, Sirdaryo Oblast.

Case-based Hospital Payment System (HPS) Reform Pilots

One of the overarching goals of the health system reform process in Uzbekistan is to “invert the pyramid,” i.e. to channel a greater proportion of funding to the primary health care sector in order to promote the basic health care of the population and reduce the number (and cost) of patients who require specialized hospital treatment. However, the hospital system continues to oppose this objective, mainly because of their input-based provider payment systems, which reward high numbers of beds, physical capacity, and occupancy levels regardless of actual medical need. This puts pressure on everyone, including the PHC system, to increase the numbers of inpatients.

In response, ZdravPlus is working collaboratively with the WB Health II project to design, develop, and implement a case-based hospital payment system (HPS) in 16 central rayon hospitals in Ferghana Oblast. Achievements in this area over the last six months include 1) the scale up of the new hospital information system (HIS) for the case-based HPS pilots to all 16 CRHs; 2) ongoing ZdravPlus review of the data collected using this new HIS; and 3) an assessment of the functioning of the revised Patient Discharge Form #66. The latter activity has involved the establishment of a joint expert group – comprised of the JPIB, IOH, Ferghana OHD, and ZdravPlus – which will review the disease codes from previous entries and incorporate corrections as needed. In order to assist doctors in improving their coding knowledge, the IOH initiated retraining courses on ICD-10, and ZdravPlus provided additional ICD-10 books (translated into Uzbek and Russian) to all 16 pilot Central Rayon Hospitals. In addition, tools for collecting finance and costing data for the calculation of the case groups (“diagnostic related groups”) for the HPS pilots were developed, pre-tested and finalized.

Service Delivery

Medical Education and General Practice

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

Despite the pace of reforms happening at the primary health care level in Uzbekistan, there has been little change in the medical education system of the country. Even very basic changes introduced at the postgraduate level are often not reflected in the training given to newly qualifying staff. ZdravPlus has taken a number of steps to address these issues, including the Project’s work with the Council of Rectors, encouraging the institutionalization of certain courses (including those on IMCI principles) into the undergraduate courses, and work on accreditation.

During the past six months there has been one important step forward in developing the skills of the teachers at some key institutes. This has come from a course developed by ZdravPlus, called The Philosophy and Methodology of Adult Learning Techniques, which was initially developed for the teachers of the postgraduate ten-month GP retraining program. Having earlier put one group of his teachers through this course, the Rector of the TashPMI pressed for 65 more teachers to be trained in the same area. The course was delivered by resident TashPMI staff in and required relatively little support from ZdravPlus support apart from the provision of teaching materials and occasional visits to encourage the trainers and to discuss the course and monitor its impact.

Leaders of the GP training program in Samarkand also took the initiative to offer the their Medical Institute teachers the same course. ZdravPlus provided technical support for course instructors and for the process of shortening the training schedule to six-day blocks. As a result of this training process, nearly 450 teachers from the Institute were trained by early March 2008. Feedback has been very positive, with teachers saying that they have never before received such useful information to aid them in the classroom. ZdravPlus expects that this success will encourage interest in the course at other institutes, and the Project plans to organize course rollout with the TMA in the near future. This course introducing some modern teaching principles together with ongoing dialogue about problem-based learning and more practical clinical experience replacing lectures is starting to create a critical mass for change in the nature of teaching in medical education.

GP Training Course Requirements

There have been moves recently to develop and accredit courses for the training of GPs that would be of questionable value. To prevent this from happening, ZdravPlus has worked with those involved to develop a set of high quality standards, based primarily upon an excellent body of material available from the UK’s Royal College of General Practitioners. These standards will form the basis of an officially recognized set of requirements for GP training, which will be accredited by the government body responsible for training programs. The basic set of standards is now completed, and will undergo further review and adaptation before being sent for official approval.

Courses to upgrade the GP Trainers

A major goal of WB Health II and ZdravPlus projects is the continuous education of GP-trainers and the efficient functioning of the GP training centers (GPTCs). ZdravPlus organized a training seminar for GP trainers at the Bukhara GPTC. The training curriculum was based on the experience and

achievements of the Bukhara GPTC, including the organization of clinical GP group practice work for trainers at the polyclinics, a weekly “medical drama performance” by the students to demonstrate new knowledge and skills, and the development of a web site explaining the Bukhara GPTC.

Another training course on Laboratory diagnostics for 16 GP-trainers representing each of the GPTCs was held in mid-June to increase the knowledge and skills of GPs in ordering and interpreting basic laboratory tests.

Post-graduate training of GPs

The move to orient the work of urban polyclinics towards GP-based group practices is beginning to gather pace, and a number of the Tashkent City urban polyclinic staff, particularly those in the WB Health II urban pilot areas, are undergoing brief introductory GP courses with an emphasis on skills training at the TIAME GP Continuing Medical Education Department. To support the process, the ZdravPlus Regional Director for Quality Improvement carried out a number of seminars at the request of the head of the GP CME Department, which challenged doctors to improve their practical skills, especially in the area of neurological examination.

In addition, the TIAME GP CME Department developed a short-term training curriculum on minor surgery for GPs, and ZdravPlus specialists are now involved in the curriculum review process. A previously developed course on pediatrics that benefited from technical input from the Project, is now being rolled out throughout the country, and feedback from the participants has been very positive.

EBM/CPGs

Training in EBM

At the request of the Department of Public Health at the TMA, ZdravPlus helped to organize a second training on the principles and use of evidence-based medicine (EBM) for Academy faculty. Twenty faculty members attended the five-day course, and each made presentations on an EBM topic of study at the end of the course. Like its predecessor, the course was very well received, and participants admit it is making them rethink the way they practice and teach medicine. ZdravPlus has received additional requests to teach the course to more teachers at both the TMA and at the Tashkent Pediatric Medical Institute, and the Project hopes to broaden the reach of the course to other teaching and specialist institutes in the coming months.

ZdravPlus provided technical support to the staff of the Tashkent EBM Center as they carried out two three-day trainings on EBM and its relevance to clinical practice. There were approximately 30 participants in each group, which consisted of doctors studying post-graduate specialty medicine in the “ordinators” and “magistratura” qualifications. These highly trained health personnel are likely to become future leaders in the health system, making the trainings an especially significant area of activity.

CAREBM Web Site

The regional conference on EBM held in Kyrgyzstan in December 2006 affirmed the need for a regional site where EBM-related materials could be stored and easily shared. The EBM Center in Uzbekistan is working to provide input for this site, and over the last six months added both local and worldwide health news, with the content managers regularly uploading materials that the regional network of EBM centers develop.

Every week the web page of the EBM Centre includes a review of articles taken from the Cochrane Library. Currently, content managers in Bishkek and Tashkent are working on mirror translations of the previously posted materials into English, and the website is currently undergoing improvements to its overall functionality.

Quality Improvement and Health Provider-Level Performance: Integrated Improvement Programs

Scale up of QI projects in Ferghana Oblast

Continuous quality improvement (CQI) projects were first introduced in Uzbekistan in 2003 in three pilot rayons of Ferghana Oblast. With the success of this experience, and at the request of the oblast

authorities, ZdravPlus then supported expansion to three additional rayons. Over the past six months, the Project worked to expand this rollout still further, and implemented a baseline situational analysis in six SVPs of Rishtan, Dangara and Ferghana rayons. Results showed that most of the physicians at the rollout facilities do not follow current WHO guidelines or local CPGs in diagnosing and treating AH, anemia and childhood illnesses. Also, there is a lack of adequate screening of patients' blood pressure, no calibration of hemoglobin testing equipment, and little assessment of children according to IMCI guidelines.

Consequently, ZdravPlus began training and mentoring for SVP staff in Dangara Rayon of Ferghana Oblast, where medical staff at each of the SVPs have begun to establish monitoring processes to assess their compliance according to indicators on hypertension, anemia and IMCI. In view of the new emphasis on the use of UNICEF-sponsored guidelines on Diarrhea and acute respiratory infection, ZdravPlus is reviewing the current indicators in place (based on IMCI) to assess the degree to which they correlate to the UNICEF guidelines.

Scale Up of QI Projects Nationally

The ability to monitor the results of intervention activities is important if the World Bank and ADB health reform projects are to demonstrate tangible successes. Many recognize that training leaders and health care workers in the concepts of CQI could help to achieve this goal. Therefore, the Ministry of Health, working through both the WB Health II and the ADB WCHD projects, is promoting understanding and implementation of CQI by sensitizing health care system leaders in all oblasts to modern CQI techniques through a two-day course. In addition, the ADB WCHD project is training key maternal and child health care workers to implement CQI projects through their own five-day course. Each ADB WCHD training will cover approximately 20 key maternal and child health care workers, with groups consisting mainly of Ob/Gyns, midwives and neonatal care staff, including nurses. At the end of the five-day course, QI teams are formed and leaders are selected at each facility. After adopting standards and indicators, all team members develop plans to initiate CQI projects in their facilities. ZdravPlus supported the trainers and supervised the teaching process to ensure the highest quality possible, and will continue to coordinate with the WCHD project to follow up on these initiatives through participation in team meetings and monitoring activities.

Under the World Bank Health II project, two-day sensitization conferences were held in Samarkand, Sirdarya, Andijan and Namangan oblasts. Twenty key health leaders and PHC specialists from each oblast health department and central rayon hospitals participated in the trainings. While it was not a component of the two-day conference program, all participants formed teams and developed "mini-projects" to initiate CQI at PHC facilities in their respective oblasts. ZdravPlus, working in coordination with the WB Health II project, will collaborate with these local health department leaders as they implement the new methodologies, and will plan a regional CQI meeting to develop additional strategies for implementing up-to-date standards of practice through CQI.

Maternal and Child Health

Hospital Pediatric Care

Relatively high infant mortality (62 per 1000 according to the UHES of 2002) and child mortality rates are well documented in Uzbekistan. Various strategies, including IMCI, have been implemented at the PHC level to address the challenge and begin reversing the trend. However, the standard of PHC-level care is only part of the problem, as many of the deaths occur in hospitals. On the clinical side, ZdravPlus has sought to address this problem initially through the development of a training and mentoring program for hospital pediatricians linked to the IMCI training received by PHC staff.

With funding from the ADB WCHD project, a Training of Trainers course was delivered to 22 oblast-level trainers, using the ten-day Hospital IMCI training program developed by ZdravPlus in collaboration with WHO, the USAID Healthy Family Project and the Tashkent Pediatric Research Institute. The program is now being rolled out across the six ADB project oblasts. ZdravPlus provided considerable input to the design and printing of the teaching guidelines and materials, as well as supervision of the delivery of the TOT course itself.

Also, a new initiative was developed to better link hospital and PHC IMCI activities. Based on discussions with rayon health leaders from Buvayda, in Ferghana Oblast, initial indicators have been

agreed upon focusing on referral criteria and feedback from the hospital to PHC staff about patients following patient discharge. ZdravPlus is now working to develop effective monitoring mechanisms for the activity.

Making Pregnancy Safer

ZdravPlus has developed considerable experience in the region in implementing the WHO-based Making Pregnancy Safer (MPS) program, and a number of important lessons have been learned during the process, including:

- Teams consisting of a neonatologist, obstetrician and a midwife should conduct the training for their counterparts;
- Adequate data should be collected prior to the training
- A large proportion of staff from each of the facilities to be trained should be present in order to successfully encourage changes in their peers' practices when they return to their facilities;
- Thorough mentoring and monitoring follow up at 3-4 months and at 6-8 months should be conducted following the initial training, preferably by the international consultants who conducted the initial training.

The ADB WCHD project is preparing to train in MPS, and the ZdravPlus strategy decided upon over the last six months was: 1) to deliver an initial training and develop an initial pilot site with the same trainers used in other Central Asian countries to showcase the latest developments of the course as an example for the WCHD project to follow; and 2) link and support roll-out of the safe motherhood program by the ADB WCHD project. It is important that any and all MPS training in Uzbekistan be implemented to a very high standard. This is a sensitive issue, as if a mother dies during pregnancy or labor, the attending physician may face criminal charges, with the possibility that blame could be placed on the training program that he or she has undergone.

ZdravPlus supported three WHO-accredited international trainers in their delivery of an intensive ten-day training program that included an initial assessment of the Ferghana Oblast maternity unit and post-training assessments of the sites from which other participants came (Ahunbabaev and Rishtan). Before and after the training course, tests were conducted to assess the knowledge of all participants on EPC practices. Participants considerably improved their knowledge: post-test results (83%) were 1.5 times higher than the pre-test results (57%). As theoretical knowledge must go hand in hand with effective clinical practices, the training activity will be followed up by regular mentoring and monitoring visits, during which Ob/Gyns and neonatologists, together with national and international consultants, will be able to discuss the barriers and issues related to implementation of EPC practices.

The ADB WCHD project also engaged two international obstetric consultants to work on MPS issues. Consistent with the general strategy outlined above, ZdravPlus was involved in a number of associated meetings to develop the consultants' scope of work, to discuss the consultants' findings, and to clarify their future objectives when they return for two months in the fall of this year.

Reproductive Health

ZdravPlus remained active in the sphere of reproductive health through its training programs for midwives, its delivery of four types of contraceptives to medical facilities in Ferghana Oblast, and through the establishment of a logistics system to ensure effective continuous supply of these contraceptives. As a next step, ZdravPlus collaborated with the Eastern Europe and Eurasia Family Planning Activity (JSI) to provide a national "Contraceptive Technology Update" conference. Organizational efforts were shared with UNFPA and with the ADB WCHD project, and 80 participants attended from all oblasts of the country. All methods of contraception were reviewed based on the updates contained in the Global Family Planning Handbook, of which a Russian edition is expected to be ready by the summer of 2008. A near-final draft version of the Handbook was provided to participants on compact disk.

Urban PHC Model - Tashkent City Polyclinic #17

The World Bank Health II project works with 25 urban polyclinics to transition staff to work as GP-based group practices. After careful consideration and discussion, all stakeholders agreed that ZdravPlus will support Tashkent Polyclinic #17 in implementing a quality improvement project

focusing on hypertension. This will be accomplished in close collaboration with the TIAME GP CME Department, and ZdravPlus has now held a number of meetings with key to explain quality improvement methodology, the concept of teamwork, the development of indicators and the correct measurement of blood pressure.

To establish a robust method of ongoing medical education for its staff, ZdravPlus aims to create a mentorship system within Polyclinic #17. With the help of family doctors at the Tashkent International Medical Clinic (TIMC), ZdravPlus supported initial training for two mentors who work as GPs in the policlinic. Reactions from the staff to this input has been extremely positive. The ZdravPlus nursing consultant is also supporting the development of a mentoring system for nurses at the policlinic.

Tuberculosis

ZdravPlus continues to coordinate with other organizations in the fight against TB, an area that has assumed more importance recently in light of WHO data that reveals that multiple drug resistant TB (MDR TB) is on the rise in the region, particularly in Uzbekistan.

ZdravPlus has reached agreement with the ADB WCHD project to incorporate the topic of tuberculosis in the Basic Nursing Assessment Skills course for Patronage Nurses, now planned to be conducted by the WCHD Project in June/July 2008. Final checks are underway to ensure that the material correlates closely with the training materials distributed through Project HOPE TB.

ZdravPlus staff attended working group meetings organized by Project HOPE TB, and plans have been formulated for activities for World TB Day. ZdravPlus is collaborating closely in the development of IEC materials that will be used during these events.

Finally, the WHO held a regional workshop on TB management in May. Shukhrat Kuramatov, the ZdravPlus QI expert based in Ferghana, made presentations at a number of sessions on the second day on QI approaches to the analysis and interpretation of data obtained through TB projects.

Population and Community Health

Health Promotion

Patronage Nurse Training Program

ZdravPlus is working in partnership with the Ministry of Health on community-level health promotion through the Patronage Nurse Training program. Plans are in development to train patronage nurses on basic health promotion counseling techniques and the use of information materials on clinical topics such as breastfeeding. As a first step, the ZdravPlus-developed training module on interpersonal communications skills (IPCS) was integrated into the national postgraduate nurse training program (first as part of the teachers' course, then as a counseling skills course for practicing nurses throughout the country). ZdravPlus then carried out a study of the effectiveness of patronage nurse visits in collaboration with the ADB WCHD project. A final report on the study was presented to the MOH, who, after examining the findings and recommendations, suggested that a working group be formed to develop a formalized set of standards for patronage nurse visits.

ZdravPlus also provided technical assistance to the ADB WCHD project in preparing a plan of activities for 2008 to implement cascade trainings and develop the national training program for patronage nurses. Beginning in February 2008, ZdravPlus provided limited technical assistance in conducting a TOT on breastfeeding for Tashkent Oblast nurse trainers, and in rolling this course out to a number of oblasts (SyrDarya, Tashkent, Ferghana and Namangan) and Tashkent city. At the request of the ADB WCHD project, ZdravPlus provided technical assistance for the development of a training course on monitoring and evaluation of the cascade training program, which was provided to 56 nurses.

Lastly, ZdravPlus provided technical assistance to the ADB WCHD project in developing an educational leaflet on "Danger Signs in Pregnancy" and a brochure on postnatal care for the population. An expert working group at the MOH approved these IEC materials, and the WCHD project is now arranging for the printing of the materials, which they will distribute in six pilot oblasts

in the coming months through maternity hospitals, polyclinics, SVPs and to the general population through patronage nurses.

Mahalla Health Initiative Groups

One of the objectives of Component 3 of the WB Health II Project is the development of a Community Mobilization Program, which the project plans to implement during the second half of 2008. ZdravPlus is providing limited support for this initiative, and shared its experience working with Mahalla Health Initiative Groups in Ferghana Oblast with the Health II component leaders. ZdravPlus specialists also participated in an MOH expert group meeting where the program implementation plan was discussed and the terms of reference for a local consultant were developed.

Other Activities

The Population Involvement team took part in planning and conducting a survey of the populations in the potential pilot sites of Margilan and Gulistan cities of Ferghana and Syrdarya oblasts to assess the interest of the population in the free choice of their polyclinics. (Please see Resource Use section for further details.)

At the request of the JPIB and the Institute of Health, ZdravPlus is planning to provide technical assistance for conducting IPCS training for staff at the Republican Institute of Health. ZdravPlus is also developing a training program on Health Promotion Skills to be used for the training of IOH staff.

The Project also provided support to Tashkent City Polyclinic #17, an urban polyclinic pilot site. The Project's international nursing consultant provided recommendations on improving patient flow at the facility. She will continue to work with Polyclinic #17 to establish improved screening procedures for hypertension as part of the ongoing CQI initiative being established there.

UPCOMING EVENTS FOR JULY AND AUGUST

June 30-July 7	Seminar on PBL introduction into medical education with WB Health II consultant, Professor Rifat Atun
June 30-July 5	Training seminar for undergraduate teachers on PBL with Professor Rifat Atun
July 1	Rollout training on hospital pediatric care in five pilot oblasts of ADB WCHD project (Kashkadarya, Bukhara, Khorezm, Karakalpakstan and Tashkent oblasts)
July 1-15	Training seminars on ICD-10 for CRH specialists to improve the quality of clinical performance data entry for the DRG calculations
July 2, 9, 16, 23, 30	Meetings on QIP on Hypertension and mentorship development in the FP #17
July 2	Meeting on IIP on integration of primary and secondary pediatric health care services in Buvayda Rayon, including discussion on the preliminary base line assessment results
July 3-4	Two-day QI sensitization conference for health leaders in Djizzak Oblast (in coordination with WB Health II project)
July 7-11	Five-day QI trainings for Ob/Gyns, midwives and neonatologists in Karakalpakstan (first of two trainings in coordination with ADB WCHD project)
July 8-12	Five-day QI trainings for Ob/Gyns, midwives and neonatologists in Khorezm oblast (first of two trainings in coordination with WCHD ADB project)
July 3rd week	Four-day training program on business planning and budget formulation for urban pilot polyclinic managers in Marghilan City
July 21- 25	Five-day QI trainings for Ob/Gyns, midwives and neonatologists in Karakalpakstan (second of two trainings)
July 22-26	Five-day QI trainings for Ob/Gyns, midwives and neonatologists in Khorezm Oblast (second of two trainings)
July 29 – 31	Monitoring of QIPs developed by Ob/Gyns, midwives and neonatologists in Tashkent Oblast (in coordination with WCHD ADB project)
July 16-18	Training on Monitoring and Evaluation of cascade training in Ferghana City (jointly with ADB WCHD Project)
July 23-25	Training on Monitoring and Evaluation of cascade training in Tashkent City (jointly with ADB WCHD Project)
July 29-31	Training on Monitoring and Evaluation of cascade training in Samarkand City (jointly with ADB WCHD Project)
July	ALT and IPCS training for staff of the Republican Institute of Health (jointly with JPIB)
August 4	Second round of the Hospital pediatric care training courses in ADB WCHD pilot sites and monitoring visits
August 5-6	Two-day QI sensitization conference for health leaders in Navoiy Oblast (in coordination with WB Health II project)
August 12-13	Two-day QI sensitization conference for health leaders in Surkhandarya Oblast (in coordination with WB Health II project)
August 19 -20	Two-day QI sensitization conference for health leaders in Tashkent (in coordination with WB Health II project)

August 25-27	Monitoring of QIPs developed by Ob/Gyns, midwives and neonatologists in Bukhara Oblast (in coordination with WCHD ADB project)
August 6, 13, 20, 27	Ongoing meetings on QIP and mentorship in the FP #17
August 2 nd week	TOT on BNAS (jointly with ADB WCHD Project)
August 4	Meeting on IIP in Buvayda
August 3 rd week	TOT on BNAS (jointly with ADB WCHD Project)
August 26-28	Training on PBL and EBM integration in to the undergraduate medical education
August 27-28	Meeting on preparation for the new 10-month GP training program with GP-trainers
August 3 rd week	Two three-day trainings for urban pilot polyclinic managers in Tashkent City on 1) basic management and 2) book-keeping and accounting

ABBREVIATIONS

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

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

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