USAID
FROM THE AMERICAN PEOPLE

USAID/Tajikistan
The Healthy Mother, Healthy Baby Activity
Year Two, Quarter One Progress Report
October 1, 2021– December 31, 2021

Healthy Mother, Healthy Baby Activity

The United States Agency for International Development (USAID) Healthy Mother, Healthy Baby (HMHB) Activity, led by Abt Associates, is a five-year, USD $17.3 million initiative with the Ministry of Health and Social Protection of the Population (MOHSPP) and the Khatlon District Health Facilities to reduce maternal and child mortality and malnutrition in the 12 western districts of the Khatlon Province. HMHB supports the national strategies to improve health and nutrition for women and children by providing technical and organizational support to strengthen all levels of the health system.

Submitted to: Christopher G. Barrett
Director, Health Office
USAID Tajikistan

Malika Makhkambaeva
Project Management Specialist/Health
USAID/Tajikistan

Submitted: January 31, 2022
Approved: February 8, 2022
Contract No.: 72011520C00003
This publication was produced for review by the United States Agency for International Development. It was prepared by Abt Associates for USAID/Tajikistan: *The Healthy Mother, Healthy Baby Activity.*

Table of Contents

TABLES

List of Abbreviations

AMEE	Abt Monitoring and Evaluation Ecosystem
ANC	Antenatal Care
CBE	Community-Based Events
CDH	Central District Hospitals
CHP	Community Health Promoters
CHT	Community Health Teams
CLA	Collaboration, Learning and Adapting
CME	Continuing Medical Education
COR	Contract Officer Representative
CPG	Clinical Protocols and Guidelines
CU5	Children Under Five
DC	District Coordinator
DCC	Donor Coordination Council
DHIS2	The District Health Information Software
DOE	Department of Education
DOH	Department of Health
DQA	Data Quality Assurance
EBF	Exclusive Breastfeeding
ECC	Effective Communication with Clients
ETICA	Eliminating Tuberculosis in Central Asia
FF	Food Fortification
FFAP	Food Fortification Action Plan
FM	Family Medicine
FN	Family Nurse
GHWD	Global Handwashing Day
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GOT	Government of Tajikistan
GPCHI	Guideline on the Partnership with Communities on Health Issues
HCW	Health Care Workers
HLS	Healthy Lifestyle
HLSC	Healthy Lifestyle Center
HMHB	Healthy Mother, Healthy Baby
IC	Infection Control
IEC	Information Educational and Communicational
IYCF	Infant and Young Child Feeding
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illnesses
JAP	Joint action plan
JICA	Japan International Cooperation Agency
KAP	Knowledge, Attitude, and Practice
KH	Knowledge Hub
LDS	Latter-Day Saints Charities
LHSS	Local Health System Strengthening
M&E	Monitoring and Evaluation

MEL	Monitoring, Evaluation and Learning
MM	Monitoring and Mentoring
MNCH	Maternal, Newborn and Child Health
MOHSPP	Ministry of Health and Social Protection of the Population
NGO	Non-governmental Organization
NRC	Nutrition Resource Center
PHC	Primary Health Care
PRA	Participatory Reflection Action
Q	Quarter
QI	Quality Improvement
RCFM	Republican Center for Family Medicine
RCMSI	Republican Center for Medical Statistics and Information
RHC	Rural Health Center
RHFA	Rapid Health Facility Assessment
RHLSC	Republican Healthy Lifestyle Center
RNC	Republican Nutrition Center
RT	Republic of Tajikistan
SBC	Social Behavior Change
SBCC	Social Behavior Change Communication
SOP	Standard Operating Procedure
SS	Supportive Supervision
SST	Supportive Supervision Tool
SUN	Scaling Up Nutrition
TA	Technical Assistance
THNA	Tajikistan Health and Nutrition Activity
TOR	Terms of Reference
TOT	Training of Trainers
TSMU	Tajik State Medical University
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VAT	Value Added Tax
WASH	Water, Sanitation, and Hygiene
WB	World Bank
WFP	World Food Program
WHO	World Health Organization
WP	Work Plan
Y	Year (ex: Y2 is Year 2)

EXECUTIVE SUMMARY

General Information

Name of Reporting Team:	Tajikistan Healthy Mother, Healthy Baby Activity
Reporting Quarter:	October 1, 2021 – December 31, 2021: Year 2 - Quarter 1

Abt Associates and its sub-partner Dimagi, are pleased to submit to the United States Agency for International Development (USAID)/Tajikistan Mission Year Two, October 1 - Dec 31, 2021, Quarter One (Y2 Q1) report for the Healthy Mother, Healthy Baby (HMHB) Activity. HMHB is implemented in partnership with the Ministry of Health and Social Protection of the Population (MOHSPP) of the Republic of Tajikistan (RT).

Background

USAID's HMHB Activity launched in October 2020 in coordination with the MOHSPP. The goal is to improve the quality and services of maternal, newborn, and child health (MNCH) and nutrition in Tajikistan.

HMHB closes knowledge-to-action gaps and accelerates shifts in social norms by expanding and innovating scalable, evidence-based global best practices that catalyze change at the community and facility level in 12 districts of the Khatlon Region. This approach enables HMHB to achieve the Activity's three objectives:

1. Scale up and institutionalize quality health and nutrition services to mothers, newborns, and children
2. Support the Scaling Up Nutrition (SUN) Movement and national strategies
3. Facilitate social and behavior change (SBC) to improve nutrition and maternal and child health

Y2 Q1 Selected Achievements Related to Workplan Targets

- The Activity presented the final report on Food Fortification (FF) Assessment of Tajikistan's Wheat Flour Mills to all Global SUN secretariats and the Government of Tajikistan (GOT).
- The Republican Healthy LifeStyle Center (RHLSC) approved all HMHB Social Behavior Change Communication (SBCC) concept and materials. The Activity proceeds to introduce them to the Khatlon Hukumat, Department of Education (DOE), Department of Health (DOH), and share them in four first districts: Yovon, Khuroson, A. Jomi, and J. Balkhi.
- The MOHSPP approved the Terms of References (TOR) for family nurses. Following this, HMHB created a pool of local trainers of family nurses and assessed all 12 Central District Hospitals (CDH) on preparedness for accreditation.

- The MOHSPP established the Permanent Council that will review, update, and approve MNCH national standards.
- HMHB conducted randomized interviews with 72 Health Care Workers (HCWs) in 12 Primary Health Care (PHC) facilities on patient knowledge and financial barriers to access care.
- HMHB launched a series of 12 education sessions on patients' rights to reduce out-of-pocket costs for MNCH services through Community Health Teams (CHT), Healthy LifeStyle Centers (HLSC), and HCWs.
- 24 Nutrition Resource Centers (NRC) enrolled 1,916 HCWs through 406 training sessions. All 24 NRCs are using the Continuing Medical Education (CME) application.
- HMHB assessed all 12 maternity departments and two hospitals (Bokhtar City and Bokhtar Regional) for their "baby friendly hospital" certification.
- HMHB signed a joint action plan with the DOE to cover eight secondary schools in Dusti, Shahritus, Qubodiyon, and N. Khusrav districts to build capacity of teachers and students on nutrition Water, Sanitation, and Hygiene (WASH) and gender.
- HMHB distributed three hundred smart phones to the facilitators of CHT in Yovon, Khuroson, A. Jomi, and J. Balkhi districts with CBE application.
- HMHB received first quarterly reports through the CBE application.
- HMHB conducted 359 community meetings and 1,064 trainings with 26,530 community members (out of which 80 percent were women).

Opportunities for Y2 Q2

- Support NRC to implement the National Program for the Prevention of Micronutrient Deficiency and Diseases for 2022-2027 to move FF process forward in Tajikistan.
- The SBCC strategy and concept allows for implementation of the National Communication Program for the First 1,000 Days of a Child's Life in RT for 2020-2024 at the national level.
- The implementation of the Guideline on the Partnership with Communities on Health Issues (GPCHI) provides opportunities for effective integration of community, PHC, and hospital services.
- Cooperation with the Tajik State Medical University (TSMU), development and implementation of curricula, creation of a Nutrition Resource Center, strengthening of evidence-based medicine, and publication of the project results at scientific-practical conferences ensures sustainability and institutionalization of Activity results.
- HMHB can support development of Quality Improvement (QI) action plans for two hospitals and 12 PHC facilities under National Accreditation standards.
- HMHB can support the development of a comprehensive training curriculum package for family nurses at medical colleges to strengthen provider capacity and deliver improved quality healthcare national wide.

OPERATIONS AND MANAGEMENT

Staffing

HMHB recruited three new employees: a Digital Health Information (DHIS2) Specialist in Dushanbe, an SBCC Implementation Specialist in Dushanbe, and an Administrative and Finance Assistant in Bokhtar.

Staff Orientation and Training

HMHB conducted in-depth orientation sessions for the new full-time staff. Training covered program and operations topics, specifically USAID rules, compliance requirements, and safety and security. The sessions also covered Abt's operations systems, rules, regulations, and procedures to ensure compliance with USAID and organizational policies for reporting, financial, and human resources management, and stewardship of financial resources and physical assets.

All HMHB staff completed Abt Associates' online training series, including Reflecting Inwards and Freedom from Harassment trainings. HMHB also conducted a set of training courses on Labor Safety and Security in the Workplace and Earthquake Safety measures. HMHB developed an internal security plan for emergencies that includes evacuation and safety routes, local security needs, and a phone tree with all staff contact information.

Subcontract Partners

Dimagi continued to provide technical leadership and guidance as HMHB expanded the CommCare applications. This quarter, Dimagi designed the next CommCare application, and HMHB used it during data collection for the Knowledge, Attitude, and Practice (KAP) survey conducted in all 12 districts in Khatlon.

HMHB initiated recruitment for a local Senior Technical Project Analyst and selected the candidate in Y2 Q1. The Senior Technical Project Analyst will provide leadership in scoping, deployment, and training on behalf of Dimagi, and they will act as an interface between Dimagi and HMHB.

Two Dimagi technical staff visited Tajikistan to onboard new staff, strengthen capacity, train the Abt-HMHB technical team on CommCare, and create the scope for a new version of the MNCH application. During field visits, the Dimagi team also supported the Abt-HMHB team during monitoring visits for the KAP survey.

The Dimagi technical team worked together with HMHB to chart a roadmap for installation and training on the CommCare Data Extraction Tool, which connects to the HMHB mirrored server. Dimagi will donate the Data Extraction Tool to the Republican Center for Medical Statistics and Information. This will enable CommCare to sync with the DHIS2 on the HMHB server.

Coordination with GOT and Local Partners/Donors

HMHB closely cooperated with other donors and development partners, MOHSPP and its respective departments, and local stakeholders reflected in Table 1:

Table 1 Coordination and Collaboration

Department/Entity	Topic	Outcomes or *Next Steps (outlined in italics)*
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	• Knowledge Hub (KH) content and materials	• GIZ provides HMHB with the electronic version of the new approved Clinical Protocols and Guidelines (CPGs)
Good Neighbors	• Cooperation and Collaboration	• Collaboration at the community level (Shahritus and Yovon districts) to improve the health and nutrition of mothers and children
Latter-Day Saints Charities (LDC Charities), and American Institute of Pediatricians	• Regular online education sessions for 20 local trainers	• Conducted four online sessions for neonatologists and obstetricians/gynecologists
Khatlon DOH	• Y2 HMHB work plan (WP) • Mentoring visits with National Accreditation Center • KAP survey • MNCH Coordination Council in Khatlon • Implementation of GPCHI model	• Submitted Year 1 activities and results and plans for Year 2 for review • Conducted mentoring visit • Conducted KAP survey • Developed and approved the schedule for the MNCH Coordination Council • DOH support to implement the GPCHI model at the community level
Khatlon Government	• Nutrition Council in Khatlon • Implementation of joint action plan between PHC facilities, hospital, and community • GPCHI implementation	• Khatlon deputy conducted first meeting of Nutrition Council • Presented GPCHI and SBCC approach at Khatlon Nutrition Council • Discussed implementation of joint action plan at the district level • Discussed supportive supervision (SS) and collaboration plans
Ministry for industry and new technology of the RT	• Technical Working Group (TWG) on participation in a quarterly multi-sectorial meeting of the SUN Coordination Council	• Presentation on the results from the FF Assessment of Tajikistan's Wheat Flour Mills
MOHSPP IT department	• Knowledge Hub (KH)	• Placed KH on MOHSPP official website • Uploaded 23 documents to the KH on the MOHSPP website

Department/Entity	Topic	Outcomes or *Next Steps (outlined in italics)*
MOHSPP	• Meeting with the first deputy • Meeting with head of the Mother and Child Department	• Discussion of proposed QI activities to create mobile teams to conduct advanced training course for the CDH Yovon staff • Discussion of the TWG work on complimentary feeding
RHLSC	• SBCC concept note and Information Educational and Communicational (IEC) materials – review and finalization	• Reviewed, finalized, and approved SBCC materials • Approved SBCC training package
Khatlon HLSC	• HLSC and DOE joint action plan • Involvement of teachers and HCWs to work in schools • Scale-up activities on GPCHI • Monthly coordination meeting with 12 HLSCs • Global Handwashing Day (GHWD) celebration • Anemia brochure distribution	• Developed plan to integrate Nutrition; WASH and gender topics into school curricula and submitted them to DOE • Planned and approved GPCHI implementation activities in four districts • Reported on and shared notes from monthly coordination meeting with 12 HLSCs and GPCHI activities • PHC/HLSCs representatives conducted 12 events in PHC provider facilities and four events in communities devoted to GHWD • HLSC representatives distributed anemia brochures to PHC providers and HCWs
Khatlon DOE	• Meeting with head of DOE on HMHB activities at schools • Meetings with Shahritus, Qubodiyon, N. Khusrav, and Dusti DOEs on school selection • Development of school module on nutrition, WASH, and gender	• Developed, submitted, and approved detailed plans for nutrition, WASH, and gender-related activities at schools • Selected eight schools and eight schoolteachers in four districts to collaborate with DOE representatives appointed for further permanent cooperation • The Ministry of Education conducted a desk review of nutrition, WASH, and gender modules and guidelines. Schools used the approved modules.
National Center for Medical accreditation (NCMA)	• Process of preparation of CDH Yovon for accreditation	• Created and began procurement process for the list of necessary equipment for CDH Yovon • NCMA will assist in developing a plan for CDH Yovon accreditation • Visit to Yovon CDH to conduct a Self-assessment
National Midwife Association	• SS of visits to pilot maternities	• Implement approved TOR for midwives through on-the-job sessions during SS visits • Conduct training on Infection Prevention and Clinical Safety

Department/Entity	Topic	Outcomes or *Next Steps (outlined in italics)*
Republican Center for Family Medicine (RCFM)	• Implementation of PHC National Development Plan 2021-2025 • Implementation of plans on appropriate responses to the financial barriers • The capacity of family nurses on PHC level • Technical support to improve website	• Provided report on joint activities to implement PHC Development Plan 2021-2025 • Provided on-the-job training for HCWs on PHC level on appropriate responses to the financial barriers to seeking care • Conducted Training of Trainers (TOT) for family nurses to establish local nurse trainer's pool • HMHB updated the content of the website • MOHSPP approved TOR for family nurses
Republican Center for Medical Statistics and Information (RCMSI)	• Donation of a server to host HMHB data locally • Storage of HMHB data and setting up local CommCare server	• Carried out two meetings with the RCMSI on server donation and installation process, and process of contracting the RCMSI specialist on regular server maintenance and data verification
Republican Agency on Protecting State Secrets	• Certification of server and software	• Issued certification for the Server Hardware and Operating System
Republican Center of Nutrition (RNC)	• Support to SUN multisectoral secretariat	• Presented the National Program and Plan for the Prevention of Micronutrient Deficiency and Related Diseases at SUN meeting
TSMU	• Nutrition resource center • Scientific conference support	• Published two articles on Rapid Health Facility Assessment (RHFA) at 69th scientific-practical international TSMU conference; RHFA summary presented at the opening • Initiated establishment of NRC at TSMU
United Nations Children's Fund (UNICEF)	• TOT on Waste management at medical facilities • WASH collaboration in Khatlon health facilities	• HMHB staff participated in TOT on waste management at medical facilities • Conducted GHWD activities in 12 pilot districts in collaboration with HLCS
World Food Program (WFP)	• Collaboration in conducting SUN multisectoral meeting of FF process in Tajikistan	• Printed the National Program and Plan for the Prevention of Micronutrient Deficiency and Related Diseases • Collaborated with WFP on Integrated Management of Acute Malnutrition (IMAM) implementation
World Health Organization (WHO)	• New WHO QI MNCH Project	• HMHB shared digitalized RHFA tool and WHO intends to use it • Institutionalization of CME and implementation of hospital integrated management of childhood illnesses (IMCI)
World Bank (WB)	• Support of MNCH Coordination Council	• Agreed that the WB will support MNCH Coordination Council in MOHSPP in 2022

COVID-Sensitive Approach and COVID-19 Impact on Operations and Activities

The health and safety of HMHB staff, counterparts, and beneficiaries remains Abt's highest priority. In adherence to HMHB's COVID-19 Operating Procedures and Plan, the Activity monitors evolving circumstances, adjusts plans as necessary, and keeps USAID informed.

HMHB regularly updated its COVID-19 operations guidelines developed in 2020 to ensure the Activity is responsive when HMHB staff or their family members contract COVID-19. By adhering to prevention guidelines, adapting to the evolving context, using digital platforms, and combining an in-person and virtual approach as needed, HMHB continued to implement activities effectively.

In Y2 Q2, following WHO and CDC recommendations, HMHB will provide booster vaccine doses for staff within six months of initial vaccination.

Gender

HMHB integrated gender activities to improve equity and social inclusion based on the recommendations from the Y1 Gender Gaps Assessment. This integration allows women and men to participate equally in improving their family's health and nutrition.

Traditional views of men as decision-makers when it comes to important decisions—including on health and nutrition—and social norms that hold women primarily responsible for housekeeping and chores continue to create challenges for gender parity in health.

HMHB aims to create an enabling environment for changing social norms that will enable men as partners and agents of positive change and empower women in family health decision-making. To this end, training packages for facilitators include topics on gender equity as a determinant of health. Training facilitators encourage men to actively participate in Participatory Reflection Action (PRA) sessions and become part of the CHT. HMHB's approach helps address social and gender norms for joint decision-making and planning among families.

HMHB engaged 51,777 women through PRA sessions. In the 314 new CHTs, 4,087 (80.2 percent) of participants are women (out of 5,091 members in total). Women are four to five times more likely to participate in HMHB activities than men; Tajik men tend to be less engaged than women in community or social activities overall due to existing social norms, scheduling conflicts with work, and labor migration (as many Tajik men do not live in their home because they seek work in other areas of the country or internationally).

While working with healthcare professionals, HMHB seeks to involve men in CME to strengthen their capacity to work with the community. Most health workers—especially at the PHC level—are women. Thus, out of 611 trained facilitators in eight pilot districts, only 136 (22 percent) are men.

HMHB assisted 1,916 healthcare workers in medical training courses in all 24 NRCs. Of those who participated, 1,562 (82 percent) were women. This situation may complicate the implementation of HMHB's Joint Decision-Making SBCC campaign due to some social and cultural norms; men tend to be more receptive to information that comes from other men. As such, HMHB plans to work more closely with religious and community leaders—who are primarily male—to encourage them to lead trainings and ensure that important health messages reach their intended audience.

Communication and Dissemination

HMHB significantly scaled up communication and advocacy initiatives with positive results. Through collaboration with its national partners, including MOHSPP, the RHLSC Press Centers, media agencies, and journalists affiliated with national and regional media outlets, HMHB strengthened and broadened informed and sustained engagement of the media in MNCH and nutrition activities.

During the reporting period, HMHB's media engagement resulted in local and national outlets sharing 26 media materials on MNCH and nutrition activities (ten TV and radio broadcasts, nine printed stories, and seven internet-publications).

Internet and Print Media: National and local engagement of the leading news media platforms like the Khovar News agency, whose website receives 30,000+ visitors daily, contributed to increased public awareness of MNCH and nutrition topics. All HMHB print and internet materials were developed with renowned journalists. HMHB published articles on Food Fortification (FF) Importance in Tajikistan (267 views) in the Sadoi Mardum State newspaper and an article devoted to GHWD (337 views) in the Beshkent district newspaper of Khatlon. As a result, media outlets published a total of seven media materials on the Internet and in print media that covered HMHB activities.

TV and Radio broadcasts: HMHB also engaged the country's leading TV channels: TV Tojikiston, Jahonnamo, and regional TV Khatlon, with six reports broadcasted on the HMHB-supported National FF Initiative and SUN movement high-level meeting, "Achievements and Challenges in Science and Clinical Medicine" conference at TSMU. These TV channels cover more than 95 percent of the country. The leading radio stations Vatan, Sadoi Dushanbe, and Khovar broadcasted the reports on National FF Initiative, the high-level conference at TSMU, and the Nutrition Awareness Campaign on improving awareness about healthy nutrition during the winter period.

Additionally, partner media outlets including the MOHSPP published HMHB's press release on the FF Initiative on their official webpage.

Y2 Q1 major achievements included the rollout of an educational session, online webinars, trainings, update of the electronic KH (which was installed on MOHSPP's official webpage), and the adaptation of the new SBCC package of materials in Tajik that covers a wide range of MCH priority topics.

QUARTER ONE YEAR TWO ACTIVITIES

Activities by Objective

Objective 1: Support the MOHSPP in scaling up and institutionalizing quality health and nutrition services to mothers, newborns, and children

IR 1.1 Increased availability of and access to high-quality MNCH and nutrition services and commodities

Main Highlights:	
• Start of accreditation process of Yovon CDH • SS visits to improve the clinical practices of HCWs in three pilot facilities (Vakhsh, Kushoniyon, and A. Jomi) • Education sessions for community to reduce financial barriers to receiving medical care	 *Maternal department SS visit, , Jomi CDH*

Activity 1.1.1 Continue, Expand and Strengthen QI approach

To monitor, assess, and improve the quality of healthcare, HMHB continued to implement a set of systematic QI activities at the facility level.

In close collaboration with the National Center for Medical Accreditation, HMHB focused on the implementation of QI activities in pilot facilities. Based on the results of the assessment conducted in Y1 Q3, the MOHSPP approved three facilities with relatively high scores to start the process of accreditation. The three facilities below will receive HMHB support for accreditation over the next 1.5 years:

1. Yovon CDH
2. Khuroson CDH
3. Qubodiyon CDH

HMHB held several meetings with the administration of Yovon CDH to prepare for accreditation.

Qualification of staff is one of the main requirements of accreditation; thus, MOHSPP provided a mobile group (a group of trainers that travels to facilities to conduct an advanced training course for the staff on-site) to support continuous strengthening of their work. This accommodation was made for working women who are unable to leave their family and stay in the capital for the regular training course, which lasts one month. As a result, a mobile group of specialists trained 152 nurses and midwives who received certificates of improvement.

With the Yovon CDH administration and National Center for Medical Accreditation, HMHB created a list of necessary equipment. It includes the most essential equipment for maternity and pediatric departments, without which it is impossible to be accredited.

In Y2 Q2, HMHB plans to initiate the procurement process for Yovon CDH equipment and technical support in preparation for the hospital to be accredited in Y2 Q3.

HMHB is also planning to provide SS to QI teams to update QI plans for 2022. HMHB will support their implementation for better quality services and engage communities in facility QI initiatives, such as patient satisfaction assessments.

Activity 1.1.2 Build capacity of health providers to deliver high impact, evidence-based services at a sustained level of quality and respectful care and strengthen the capacity of the MOHSPP and national institutions to manage efforts to improve quality

HMHB recognizes that to institutionalize quality nutritional programs, it is critical to strengthen training processes for HCWs. To enhance high-impact, evidence-based services, HMHB established a Council to review and develop new standards for the diagnosis and treatment of pregnant women, women in the puerperal stage (the period of about six weeks after childbirth during which the mother's reproductive organs return to their original nonpregnant condition), newborns, and children under five. The MOHSPP established this Council consisting of six members to ensure timely review of MNCH clinical protocols. As a result, the Council approved the new national standard on "Venous Thromboembolic Complications in Obstetrics" and revised national standards on "Cesarean Section". HMHB plans to support the Council and National Association of Obstetricians/Gynecologists to ensure timely review of MNCH CPGs.

HMHB conducted three SS visits to improve the clinical practices of HCWs in three pilot facilities (Vakhsh, Kushoniyon, and A. Jomi). Monitoring groups included 15 national specialists with extensive work experience. There were three teams comprised of a neonatologist, anesthesiologist, midwife, and two obstetricians. During visits, the focus was to provide advisory and practical assistance to implement MNCH national guidelines and standards in obstetrics.

Weaknesses revealed during the visits included:

- Medical staff lacked knowledge (due to high rates of providers who migrate outside of Tajikistan for better employment opportunities)
- Improper scheduling of duty doctors, which explained the lateness in Emergency Obstetric and Newborn Care
- Beyond the Numbers teams are incomplete and the remaining one or two trained staff members cannot carry out the Beyond the Numbers methodology without a complete team

- The Quality Committees are weak and not motivated by the facility administration
- Some doctors on duty do not know the technique to perform a Caesarean section
- Partogram (a composite graphical record of key maternal and fetal data during labor) is filled after delivery for record keeping purposes only and is therefore not used for decision-making during labor
- Facilities do not hold daily five-minute morning meetings to analyze daily cases
- Information about pregnant women is not transferred from PHC to the maternity department at CDHs
- Heating tables for newborns do not work due to the breakdown of the sensor that determines the temperature of the baby's skin

The monitoring group supported the implementation of national guidelines and standards in the entire district (Vakhsh, Kushoniyon, and A. Jomi CDH, PHC, and numeric hospitals). Because the specialists remained in the hospital for a significant part of the day, they can provide assistance and correct actions of the staff in emergencies to address shortcomings.

National specialists trained HCWs in the techniques of Stark Caesarean section (a surgical technique that aims to reduce operating trauma and duration of surgery and to ensure a faster recovery), fetal vacuum extraction (a vacuum pump that helps guide the baby out of the birth canal used when labor is not progressing or when the baby's health depends on immediate delivery), regional anesthesia, and providing demonstration operations.

As a result, during the second week of SS visits, HCWs who attend the trainings used these techniques to save the lives of three women in critical condition in A. Jomi, Kushoniyon, and Vakhsh districts.

The monitoring groups gave the following recommendations:

- Regularly conduct refresher training for HCWs on Emergency Pediatric Care, the provision of Emergency Obstetric and Newborn Care, and the Beyond the Numbers methodology
- Strengthen the link between PHC providers and hospitals so PHC providers refer at-risk women to the hospital maternity departments before serious health problems occur
- During procurement of medical equipment, focus on simple, durable equipment that is easy to operate and repair

In the upcoming quarters, HMHB plans to conduct training on:

- Beyond the Numbers methodology
- Venosas thromboembolic complications in obstetrics (i.e., deep vein thrombosis—a condition involving the formation of a blood clot or thrombus in a deep vein—and/or pulmonary embolism—a part of a blood clot, called an embolus, that separates from the vein, travels to the lungs, and cuts off the flow of blood)
- Maintenance of medical equipment
- Waste management

Activity 1.1.3 Create incentives for health workers to deliver quality care and test the effectiveness of performance-based financing

Understanding that sustainable interventions are necessary to eliminate financial barriers to accessing quality health services, HMHB continues to study and leverage past experiences.

HMHB supported the Republican Center for Family Medicine to promote improved access to appropriate health services through a cycle of educational sessions for primary HCWs. The objective of the sessions is to reduce financial barriers to receiving medical care by patients, with an emphasis on the mechanisms that reduce cash costs for maternal and child health services. The trainings provided a legal framework, identified possible financial risks, and outlined obstacles to accessing medical care, with an emphasis on the challenges posed by the COVID-19 pandemic situation and migration of Tajik people seeking work outside the country. Trainers devoted special attention to barriers to healthcare for children under five years of age, especially children with moderate or severe malnutrition. They also covered medical services and treatment costs (including guaranteed free medicines, hospital stay fees, and outpatient fees), and possible socio-cultural determinants of access to care. HCWs offered their recommendations as a mechanism to reduce financial barriers, such as informing patients about their rights and benefits, disease prevention, patient counseling, strengthening mutual assistance within the community for timely access to medical care (transportation costs, hospital stay, childbirth, and acute conditions in children), improving healthcare in rural areas, providing free laboratory tests for pregnant women, and providing the village with ambulance cars. The focus for implementation in future years will be to educate patients about their rights and strengthen the interactions of HCWs with the community.

A randomized interview of 72 HCWs in 12 PHC facilities on their knowledge and attitudes to financial barriers revealed that more than half of the respondents are aware of financial barriers (63 percent). Forty percent of respondents noted that their poor economic situation was a barrier, 17 percent noted that they lacked funds for payment for various medical services, and 14 percent indicated that they cannot afford buying the medicines. Some HCWs hypothesized that the reason patients may not want to go to the hospital is the cost associated with obtaining medical care and the inability of the population to pay (60 percent). Many people also thought they would get better without medical care (29 percent) (Figure 1).

To support educating patients on their rights to reduce out-of-pocket costs for MNCH services, HMHB collaborated with civil society support center “Shahrvand” and jointly conducted 12 education sessions for patients, CHTs, HLSCs, and HCWs. In total, 223 people—including 62 community members, 102 patients, and 58 HCWs—participated. The main topic discussed during sessions was awareness of benefits and patients' rights at the household level. The sessions used materials developed by a Non-governmental Organization (NGO) called "League of Women Lawyers". Information sessions focused on the concept of "patient", the responsibilities of health workers and patients, legislative support for patients and health workers in the RT, barriers to healthcare for patients (including financial barriers, benefits, the obligations of patients), and financial relations with a medical institution in the provision of medical services.

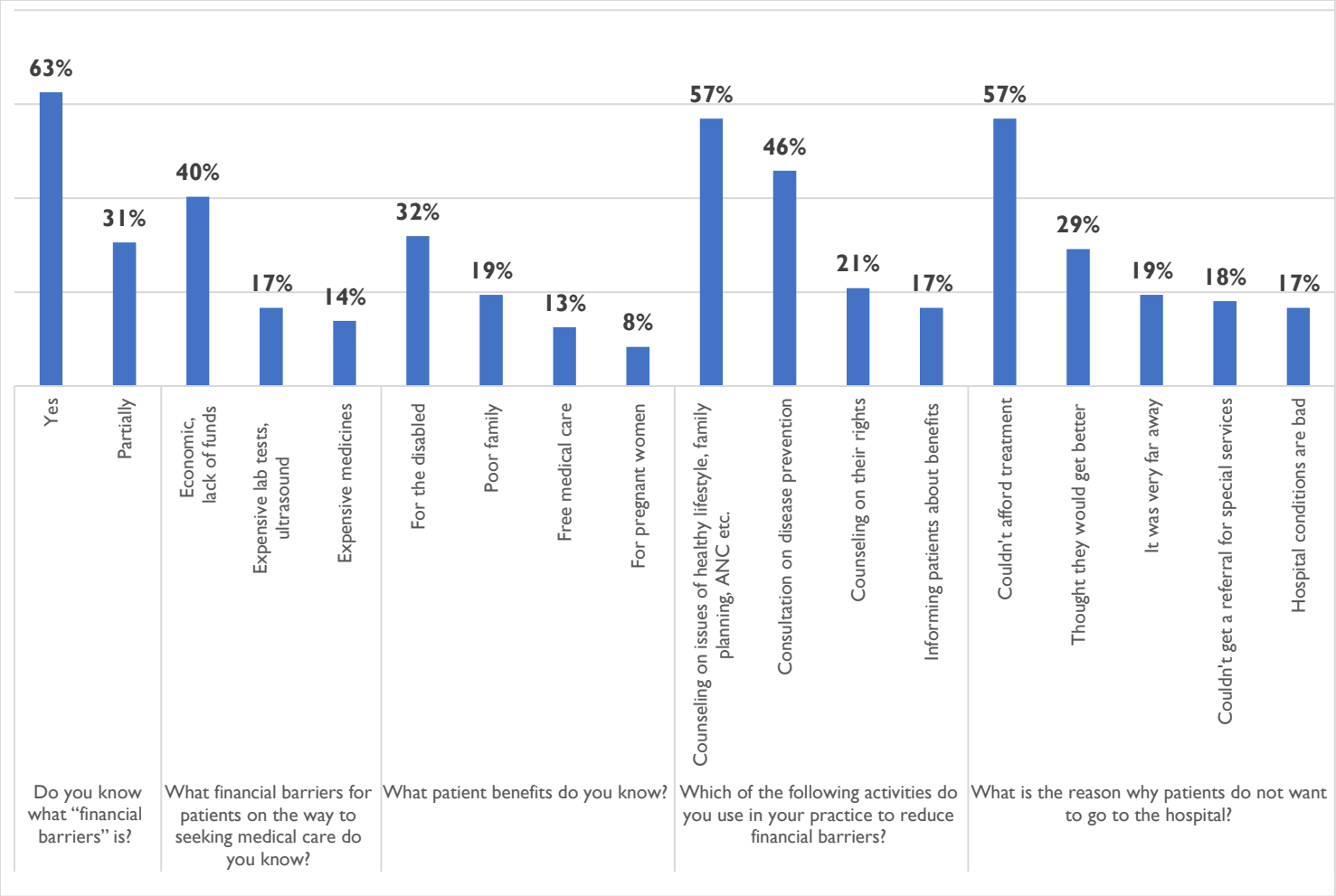


Figure 1 Main highlights of interviews of HCWs of PHC from 12 HMHB facilities

All participants appeared highly engaged and took a special interest in community-based work that aimed to strengthen the knowledge of nurses in rural areas. Participants also seemed interested in exploring reasons why patients turn to nurses in rural areas when they need help. The participants expressed the need for the availability of information in their medical institutions, and for medical workers to promptly inform patients about their rights. During the discussion, participants discovered that patients know about their rights and benefits in general, but do not take advantage of them because they do not know enough to navigate the complicated healthcare systems. For example, many patients are not aware that laboratories charge fees for diagnostic tests in addition to the fees charged by healthcare providers.

In Y2 Q2, HMHB will continue activities to reduce financial risks and educate patients about their rights to reduce out-of-pocket costs for MNCH services through:

- Actively involving community CHT, PHC providers, and HLSCs
- Supporting dialogue between political authorities and local stakeholders
- Training CHT and HCWs—especially nursing staff—on patient rights to reduce financial barriers
- Creating a training package of patients' rights and their benefits for CME for HCWs

- Developing key messages on the legal right to free medical care, depending on social status or illness (pregnant women and children with malnutrition)
- Engaging development partners and the MOHSPP through the MNCH department to advocate for free care regarding malnourished children treated at the hospital level from prikaz #600 that regulate payment services in state medical facilities
- Conducting quarterly interviews with health workers and communities regarding indicators of awareness of financial barriers and using financial benefits

Activity 1.1.4. Improve infrastructure and service delivery network for MNCH services

Using data from Y1 RHFA, HMHB supported CDH Yovon and CDH Khuroson to finalize their lists of essential equipment as part of the accreditation preparation. After DOH finalized and approved the plan, HMHB started the procurement process for the equipment for CDH Yovon. This will be completed in Y2 Q2.

In Y2 Q2, HMHB also plans to conduct trainings on the maintenance of medical equipment to ensure safety and serviceability.

Activity 1.1.5 Ensure that every healthcare facility has an adequate, sufficient, safely managed, and reliable water supply; safe, adequate, and affordable toilets for patients, good hand hygiene infrastructure and practice; regular, efficient cleaning; waste management systems

Using the Infection Control (IC) assessment within the Y1 RHFA, HMHB will plan activities to improve WASH in pilot facilities in Y1 Quarters 2, 3, and 4.

IR 1.2 Increased professional and institutional capacity

Main Highlights:

- Preservice programs on nutrition approved by MOHSPP and MOE
- HMHB published two articles on RHFA results in the 69th scientific-practical international TSMU conference
- Twenty-three documents were uploaded to the KH on the MOHSPP website
- Updated TOR for family nurses approved
- Created a pool of local family nurse (FN) trainers for CME

Training session, NRC Kushoniyon

Activity 1.2.1 Initiate and update the pre-service education and skills development and institutionalize improvements in pre-service training on MNCH and nutrition with support from MOHSPP and development partners

The MOHSPP and MOE approved five programs for preservice education and a re-specialization course, "Dietology and Healthy Nutrition," to be incorporated into the curricula of TSMU. Beginning in the second semester (February 2022), students of obstetrics/gynecology, pediatrics, endocrinology, hygiene, preventative medicine, and family medicine faculties will have updated programs on "Healthy Nutrition", "Healthy Nutrition for Pregnant and Lactating Women", "Nutrition of Young Children" (breastfeeding, complementary feeding, and nutrition for children over one year old), and "Diabetes Mellitus and Pregnancy: Gestational Diabetes Mellitus".

HMHB added the main points of the National Program for the Prevention of Obesity and Healthy Nutrition in the RT for 2019-2024 and the latest WHO recommendations on nutrition to the curricula. After approval, these programs will be used in the center of postgraduate education of TSMU.

TSMU invited HMHB to present RHFA results during a plenary opening session at the scientific-practical international conference "Achievements and Challenges in science and clinical medicine", highlighting the quality of medical care in 12 pilot maternity department of Khatlon region. This experience aimed to increase the capacity of teachers and students towards using data in decision-making and developing an evidence-based approach to improve the quality of MNCH care.

Following an approved TOR for FN (Activity 1.2.2.), HMHB will collaborate in Y2 Q2 with RCFM and the medical college to support the TWG to develop a comprehensive training curriculum package for family nurses to be included in preservice education in medical colleges.

Activity 1.2.2 Improve access, quality, and responsiveness of PHC services

To improve the quality of PHC services, HMHB continued to support the implementation of the National PHC Development Plan, implementing the following activities in Y2 Q1:

- Revision and approval of TOR for family nurses
- Training of 20 FN to form a pool of local trainers for conducting on-the-job trainings on CME
- Information sessions on financial barriers for HCWs in 12 pilot PHC facilities
- Start of development of the MNCH application that will consist of sections on ANC, PNC, and childcare
- Revision of Infant and Young Child Feeding (IYCF) national guidelines
- Implementation of the GPCHI

The MOHSPP approved the revised TOR for FN that was supported and updated by HMHB in Y1 Q4. In the updated TOR, the role of FN is strengthened and enhanced. Special highlights of the updated TOR are:

- Responsibilities are updated per the Health of Code of the RT (adopted by 2017) and principles of family medicine

- Competencies are added according to the approved national standards and protocols (antenatal and childcare, nutrition, IYCF, and gross monitoring)
- New topics are added for counseling on:
    - Birth preparedness and breastfeeding COVID-19 prevention and vaccination
    - Collaboration with CHT and healthy lifestyle awareness

In Y2 Q2, HMHB will continue its development of a comprehensive training curriculum for family nurses in medical colleges by collaborating with the National Medical College.

HMHB supported two days of TOT for 20 family nurses at the PHC level from 12 pilot districts to establish a pool of local nurse trainers. The main objective of the TOT was to train family nurses to conduct on-the-job training of nurses in their districts through NRCs in the framework of CME at the PHC level. During the training, participants developed key training and coaching skills: public speaking, working with training packages, preparing presentations, and using interactive methods. Trainers paid special attention to the skills of working with the community, providing counseling, caring for women during pregnancy, and providing prenatal care (including filling out and analyzing the gravidogram—a simple and inexpensive screening tool used to detect intrauterine growth). Participants were also trained on counseling parents on nutrition, immunization, and measuring the height and weight of Children Under Five (CU5). HMHB used nationally approved guidelines and CME packages during the training. Based on the pre- and post-training test scores, nurses' knowledge improved from 58 percent to 92 percent.

In Y2 Q2, three FN trainers will independently conduct on-the-job trainings in NRCs for FN. HMHB will advocate to include FNs in the QI committees at the district level. In Y2 Q2, HMHB will continue to provide support for FNs through SS and update new training packages of CME adapted to family nurses.

To increase the quality and competencies of PHC services through digitalized technologies, HMHB continued to provide technical support to update the RCFM website and added news content about RCFM activities, significant events, new approved regulations, articles, and information about COVID-19 prevention.

To increase usage of digitalized technologies, HMHB distributed 300 smart phones for the PHC level medical workers to digitally gather data on community level behavior change activities (IR 3). Before and during phone distribution, HMHB provided a day-long session for all facilitators on data recording techniques on smartphones. Afterward, HMHB handed over the ownership of the session to the relative facilities and provided handover notes.

In Y2 Q2, HMHB made progress towards the release of a new version of the MNCH application design that will be introduced at the PHC level. This app will allow PHC HCWs to track the quality of antenatal and postnatal services provided at the community level. The data will be processed on DHIS2 and illustrated on DHIS2 dashboards.

Activity 1.2.3 Support National Midwifery Association to increase access to a comprehensive set of MNCH services

Following from experience and sustainable results from Y1, HMHB continued to support the National Association of Midwives and assisted in updating its official Facebook page to encourage

the midwives to post information, publish photos, and add video posts of their noteworthy events. This also highlighted collaborative activities with international and local NGOs.[1]

In Y2 QI, HMHB also supported the National Midwife Association to implement the approved TOR for midwives through five on-the-job trainings during five SS visits to improve MNCH services in rural areas. During the on-job sessions in the Yovon, Jayhun, N. Khusrav, A. Jomi, and Kushoniyon districts, 38 midwives underwent training. The midwives were tested on their knowledge of the updated TOR/responsibilities of midwives and their application of the knowledge and skills gained during TOT in the workplace. The Association of Midwives conducted a training on Infection Prevention and Clinical Safety for 12 midwives from pilot districts.

Activity 1.2.4 Ensure sustainability of evidence-based approach in MNCH and Nutrition

To support the National Nutrition Strategy, HMHB continued to support the database of existing national standards and guidelines on MNCH and nutrition through the digitalization of clinical protocols, and uploaded them to the MOHSPP's KH. HMHB collected, formatted, and edited 23 documents on the KH. As a result, the KH on the official MOHSPP website contains:

- GPCHI
- Guidelines for CHT of the RT
- Guidelines for PHC HCWs
- Plans for the development of PHC based on the principles of family medicine in the RT for 2021-2025
- Guidelines for facilitators at rural health centers (RHC) on the implementation of GPCHI
- Twelve CPGs on safe motherhood, infection prevention, and clinical safety; emergency care for mothers and newborns; management of physiological and complicated deliveries; antenatal care; and management of obstetrics cases with COVID-19 complications
- Demographic Health survey 2017 (reports and key indicators)
- Medical statistic directory for 2014, 2015, 2016, 2018, and 2019. It allows facility managers, heads of cities, and districts of the country to learn about public health, the activities of medical facilities, and the performance indicators of subordinate institutions in comparison with other medical institutions in different cities and regions

HMHB also introduced the KH to the 24 NRCs so local trainers can use the existing online documents to provide trainings, update training packages, and use visual information materials. They also can print necessary algorithms and tables extracted from electronic versions of CPGs and MOHSPP orders. HMHB also conducted four online sessions for eight neonatologists and 12 obstetricians/gynecologists from 12 CDHs in collaboration with LDC-Charities. These involved high-level U.S.-based MNCH professionals who presented topics including severe preeclampsia (a pregnancy complication characterized by high blood pressure and signs of damage to another organ system, most often the liver and kidneys), obstetric bleeding, pneumothorax in newborns (air around or outside the lung), and newborn heart diseases. In Y2 Quarters 2, 3, and 4, HMHB

[1] https://www.facebook.com/profile.php?id=100054059051498

will support online sessions for local trainers on waste management, thromboembolism (obstruction of a blood vessel by a blood clot that has become dislodged from another site in the circulation), and continue clinical case discussions with the LDC-Charities.

In Y2 QI, HMHB initiated the creation of a Resource Center for Nutrition and Evidence-Based Medicine at TSMU. The space for the Center is allocated, and HMHB finalized the list of necessary equipment/furniture. HMHB started the process of procurement and TSMU started the renovation of the allocated premises.

Activity 1.2.5 Advocate MoHSSP to introduce modern CME systems (credits, digital)

HMHB continued to build upon Y1 efforts to improve nutritional education at all levels to ensure QI and develop a system of CME credits specifically for nutrition. HMHB initiated a meeting with representatives of the Pediatricians and Pediatric Surgery Center and WHO to discuss cooperation in the improvement of IMCI and implementation into the CME system. The WHO confirmed they are currently developing a pocket guide on IMCI for PHC workers, which will be available in an electronic version in March 2022. As a result, HMHB reviewed the draft WHO PHC pocket guide and adapted it into the CME system.

NRC trainers began to actively use the CME application, which minimizes the number of paper form registrations. Medical workers highlighted a proven record of effective tools for registering and tracking training, supporting them in further professional development. HMHB is continuously improving the application, adding new topics, and amending minor application features.

HMHB conducted a data quality assessment in 24 NRCs in all HMHB pilot districts. At the same time, HMHB provided on-the-job support to every NRC trainer to further improve their practices on maintaining compliance with required CME digital app updates, data entry, and analyzing verified reports. Unfortunately, there are still knowledge and practice gaps regarding digital data transfer amongst NRC trainers which need to be improved. HMHB staff allocated more assistance to trainers accordingly and expanded the data entry window from one to three months.

To support digitalization and lessons from the technical development experts of CommCare, the HMHB technical team traveled to NRCs in the Khatlon region and had an open discussion with trainers to hear their feedback on the CME application. This helped the HMHB digital team gain a better understanding of the app from the client's standpoint. To improve the data registry, the trainers reflected their recommendations for slight modifications to make it more useful, like re-registering healthcare workers as new trainees at the start of the new fiscal year and extending the data entry period on the CME app from one to three months.

HMHB continues to develop its CME app through pilot NRCs, which strengthens the capacity and knowledge of HCWs through the CME at all levels and improves professional performance. The CME training topics are designed to be compliant with the latest WHO recommendations and treatment protocols, so the HCWs can attend them locally in their districts and ensure they are providing quality health services to patients.

HMHB continued to support 32 local trainers with on-the-job training on MNCH topics. HMHB supported the provision of trainings in 24 NRC in 12 districts. Per the approved education plans, a total of 1,916 health workers enrolled and attended at least one training session. Out of these,

82 percent were women and 18 percent were men. Sixty-eight percent were nurses, 16 percent were doctors, 13 percent were midwives, and three percent were sanitary staff.

At the PHC level, local trainers conducted 134 on-job trainings for 1,211 HCWs, including 186 doctors, 1,019 nurses, and six sanitary staff (Table 2).

At the hospital level, local trainers conducted 272 on-job trainings for 701 HCWs, including 115 doctors, 288 nurses, 243 midwives, and 55 sanitary staff (Table 2).

Table 2 Health Care Workers Trained by Level, Districts, and Sex

Districts		A. Jomi	Dusti	J. Balkhi	Jayhun	Khuroson	Kushoniyon	Levakant	N. Khusrav	Qubodiyon	Shahritus	Vakhsh	Yovon	TOTAL
Hospital	**Number of participants**	**55**	**57**	**86**	**81**	**89**	**74**	**26**	**23**	**48**	**71**	**38**	**57**	**705**
	Female	52	40	82	67	74	71	23	22	46	70	35	55	**637**
	Male	3	17	4	14	15	3	3	1	2	1	3	2	**68**
	Doctors	7	24	11	10	22	12	5	1	5	8	7	3	**115**
	Nurses	16	19	32	34	44	32	17	10	22	26	14	24	**290**
	Midwives	11	14	43	18	23	30	4	11	21	23	17	30	**245**
	Sanitary Staff	21	0	0	19	0	0	0	1	0	14	0	0	**55**
PHC	**Number of participants**	**247**	**72**	**105**	**50**	**134**	**106**	**49**	**41**	**99**	**74**	**89**	**145**	**1211**
	Female	181	56	85	26	108	101	47	32	44	66	73	106	**925**
	Male	66	16	20	24	26	5	2	9	55	8	16	39	**286**
	Doctors	42	3	2	11	16	6	3	6	46	14	19	18	**186**
	Nurses	205	69	103	39	115	100	46	32	53	60	70	127	**1019**
	Sanitary Staff	0	0	0	0	3	0	0	3	0	0	0	0	**6**
Total		**302**	**129**	**191**	**131**	**223**	**180**	**75**	**64**	**147**	**144**	**127**	**199**	**1916**

HMHB supported 32 local trainers at hospitals and PHC NRCs in delivering on-job training courses on 19 topics in total. Out of these, 10 topics are provided at hospital NRCs through 272 training sessions and nine topics at PHC NRCs through 134 training sessions.

The training that was most highly attended by HCWs at the PHC level was "Care During the Pregnancy Process" (501 attendees), and the least popular topic was breastfeeding (71 attendees

– 3,8%) (Figure 2). The decrease in breastfeeding attendance is due to the fact that in Y1, HMHB main effort and emphasis was to this particular topic (12%).

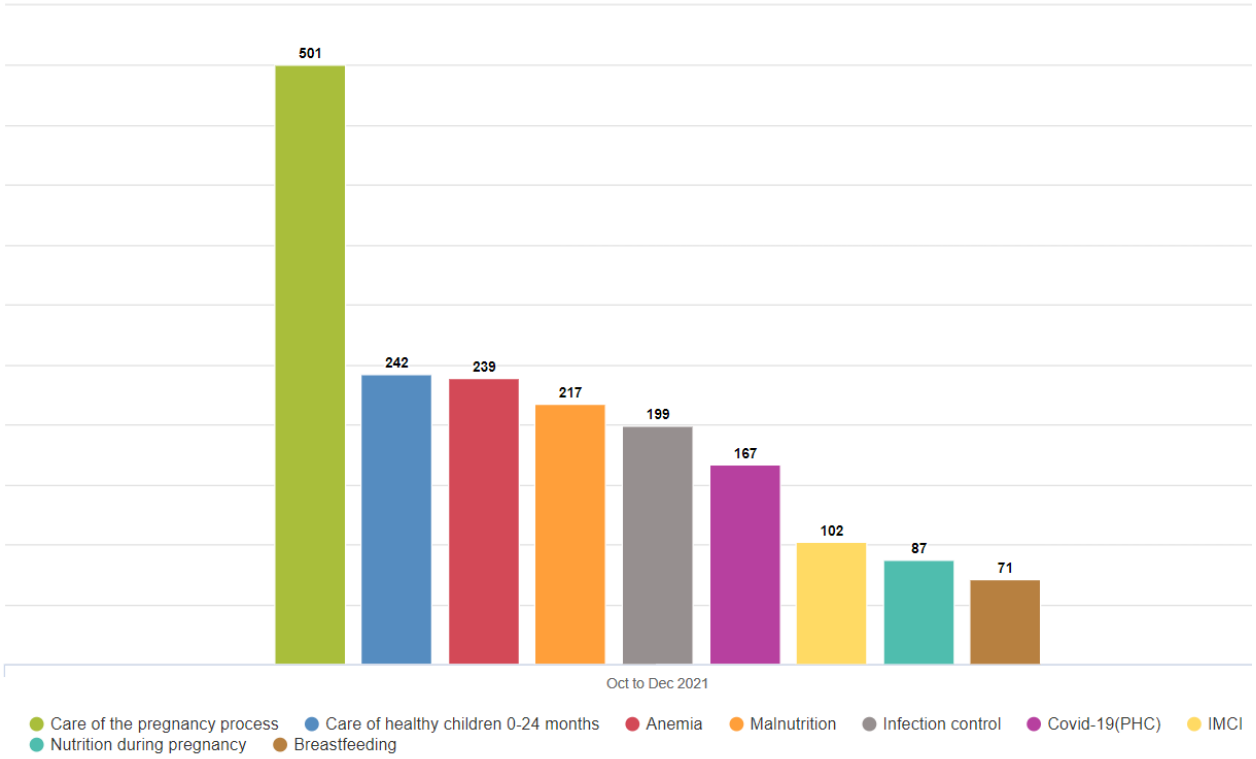


Figure 2 NRC Topics by Attendance Rate, PHC Level – Y2 Q1

For Y2 Q1, the following indicators are available via Abt Monitoring and Evaluation Ecosystem (AMEE) CME data:

- Number of new healthcare workers enrolled in CME training sessions provided at the NRCs, disaggregated by pilot districts, type of facility, and enrolled HCWs (gender and occupation).
- CME session topics attendance rate, disaggregated by pilot districts, type of topic, type of facility, and session participants (gender and occupation).
- Number of training sessions conducted at the NRCs, disaggregated by pilot districts, session topics, and session participants (gender and occupation).

CME data is managed and shown in AMEE dashboards that are accessible for managers of facilities. It allows DOH and facility managers to do regular monitoring of on-job-training, data collection and serves as a tool for decision-making to strengthen CME in the region as they can prioritize the NRC training topics and follow up the HCWs' attendance rates.

At hospital level, the most attended topic was Clinical Safety and Infection Prevention (Figure 3).

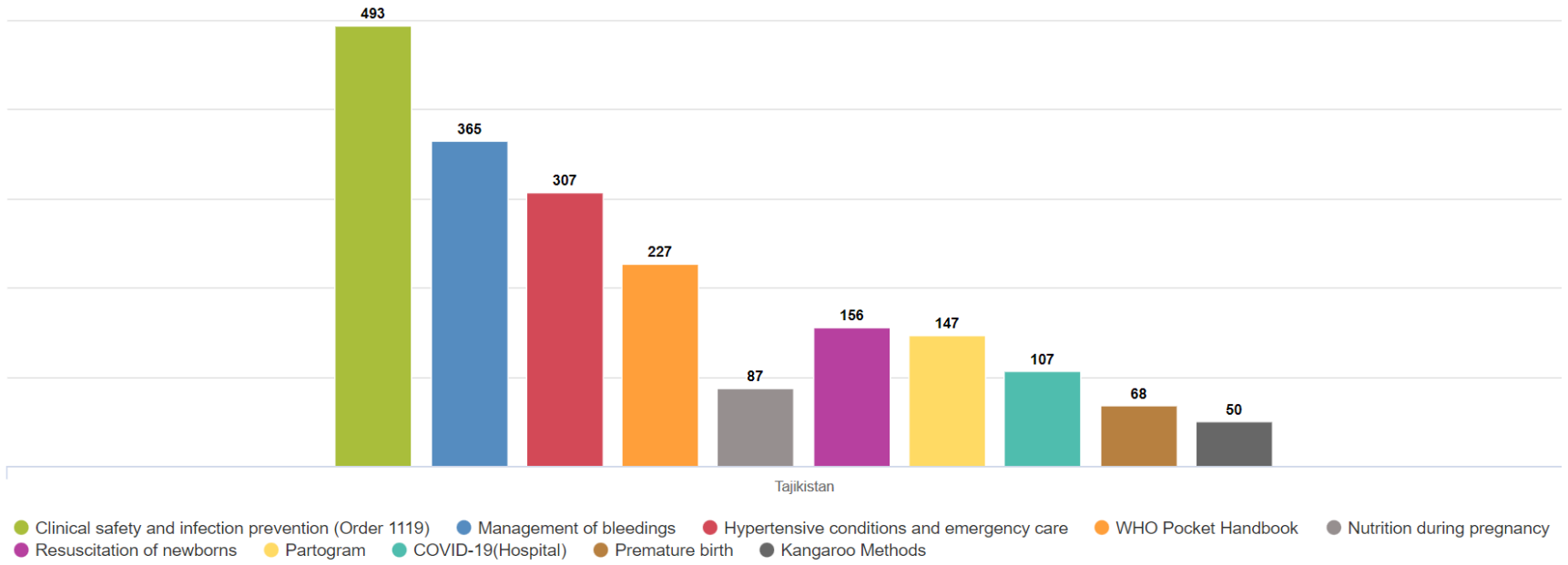


Figure 3 NRC Topics by Attendance Rate, Hospital Level – Y2 Q1

The HMHB Monitoring, Evaluation, and Learning (MEL) team visited 24 NRCs to carry out data quality assessments and provide on-the-job support to the 32 trainers to improve their practice on timely CME digital app inputs, data entry, and verified report elaboration. There are knowledge and practice gaps regarding digital data transfer where trainers need improvement. As result, HMHB staff allocated more assistance to the trainers of Jayhun, N. Khusrav, Kushoniyon, and Levakant districts and expanded the training data entry window on the digital application from one to three months. At the NRCs, the HMHB MEL team also checked the availability of NRC equipment. As a result, HMHB MEL team members and an IT Specialist updated the operating systems of eight NRC laptops and reinstalled the drivers of a scanner and a printer in Shahritus NRC.

Dr. Sulaimonova Shahlo, a PHC trainer from A. Jomi district, covered the most HCWs. Out of 1,211 trained HCWs, 247 are from A. Jomi district (see Table 2). Many HCWs are engaged in a COVID-19 vaccination campaign and were not able to travel regularly to NRC to attend training sessions. Dr. Sulaimanova conducted on-the-job training for HCWs in rural medical centers, without having to invite HCWs to the district NRC—a great example of innovating to address challenges and reaching HCWs while mass vaccination processes were in place.

In Y2 Q2, HMHB will revise training plans and add new topics to the training curricula of the NRCs.

IR 1.3 Improved systems to plan, manage and evaluate MNCH and nutrition programs

Main Highlights:

- Dimagi technical staff visited Tajikistan and conducted SS visits to the NRCs
- HMHB digital team provided three technical sessions for the HMHB staff on using CommCare and DHIS2
- The second version of MNCH (CBE) started collecting data on community events
- HMHB started development of the first version of the MNCH application and mini-RHFA digital application

Dimagi digital team visits NRC

Activity 1.3.1 Collect and analyze maternal, neonatal, and child health data to improve quality of service

HMHB introduced the MNCH V2 application through 307 community HCWs who are CHT facilitators and primary data collectors. Of these, 72 percent are women and 28 percent are men.

HMHB constantly instructed and provided practical support to all data collectors on information about registering community event.

HMHB continued strengthening the DOH human capacity, particularly the NRC trainers and PHC level medical facilities health workers on proper and timely usage of digital platforms on tracking health workers CME success and completion rates of registering community-level activities intended to change behavior and improve mother and child health and nutrition. For example, HMHB provided routers to 12 districts and regional HLSCs and initiated online meetings to discuss the implementation process of the GPCHI. The meetings were held using the Google Drive online platform. Before the first meeting, HMHB staff conducted individual training sessions for HLSC staff using online platforms. As the HMHB AMEE platform underwent technical repair during Y2 Q1, an activity on monitoring AMEE portal visits by HMHB partners was postponed to Y2 Q2.

The HMHB digital team maintained all digital data collection tools designed on the CommCare platform. Through online calls and with the direct involvement of Dimagi, CME, and CBE, apps underwent minor technical fixes and updates to enable proper data verification for CME training and community-level activities.

The HMHB digital team also started to design the mini-RHFA application on the CommCare platform. This will be completed and implemented in Y2 Q2 to collect semiannually scorecards at the facility level. The tool is intended for the central district hospitals and PHC self-assessments and data will be compared with the Y1 RHFA results to understand dynamics in healthcare services for mother and child. Currently, HMHB is reviewing all three RHFA tools to adapt them to the targeted health facilities self-assessments.

The other main purpose of the Data Quality Assurance (DQA) visits to the NRCs was to ensure the completion of the timely updates of the digital lists and trackers of health workers in every health facility by the NRC trainers on CME applications. These lists were uploaded to the CME application of every NRC in Y1 to make trainees' registration easier for every NRC trainer. Registration now occurs digitally on tablets. The lists and trackers are incorporated into the CME application annually during Y2 Q2, as first they are reviewed and updated by the NRC trainers, then approved by the facility managers at the beginning of each calendar year. HMHB will renew the comprehensive list of medical staff working in all HMHB targeted medical facilities using the CME application in Y2 Q2.

The Dimagi technical international team delivered technical data sessions to the HMHB team. The sessions covered bulk upload of content translation, raw data exports, and the generation of reports in CommCare. The HMHB MEL team is now proficient in extracting CommCare reports for CME and CME applications and can conduct data quality assurance with AMEE at any point in the project lifecycle. HMHB staff can create CommCare reports, including languages, locations, and form and case exports. The MEL team is familiar with using CommCare and can extract information stored in the CommCare servers. They can also ensure data flow to AMEE and conduct quality assurance simultaneously. The process is designed to reduce the need for troubleshooting and save staff time and resources for designated project activities. Comm care is a user friendly and sustainable solution that will help the MEL team complete their work with minimal backstopping.

Dimagi engaged in SS visits to facilities and identified potential improvements to the existing applications based on user feedback. Application users (HCWs) had the opportunity to ask questions regarding application features and troubleshoot difficulties they experienced during data entry with Dimagi. As a result, the HMHB digital team planned to improve the CME application, particularly for newly registered and active trainees. In Y2 Q2, the digital team will complete an update of the application and modernize the MNCH application by adding counseling materials and dozens of other new features. This will significantly improve data collection and enhance the quality of medical services delivered under HMHB's MNCH scope. The digital team is planning to conduct field visits each quarter to evaluate the user-friendliness of the application and interview users.

Based on the updated training plans at each NRC, the digital team will improve the CME application by adding new training modules for health workers.

Activity 1.3.2 Create stronger linkages between levels of health services and engage communities in QI initiatives at primary health centers and hospitals

HMHB continued boosting coordination of communities with facilities through supporting facilities to implement joint action plans (JAP) signed between PHC providers, hospitals, and communities. HMHB district coordinators provided weekly SS visits to district HLSCs and PHCs.

HMHB implemented the following activities at the district level as part of the JAP:

- GPCHI implementation in Kushoniyon, Vakhsh, Levakant, and Jayhun districts, including round tables with local authorities.
- TOT for regional and district level trainers, formation of CHTs, and planning CHT activities, conducting PRA sessions, etc. (described in detail under IR 3)
- In Yovon, Khuroson, A. Jomi, and J. Balkhi districts, CHT facilitators included Exclusive Breastfeeding (EBF), continued breastfeeding, complementary feeding, nutrition of pregnant women, ANC, childcare, and WASH topics into CHT activity plans.
- Twelve events on the GHWD at district PHC facilities and hospitals, and four events at the community level.
- Twelve COVID-19 working groups set up at district level from PHC/HLSCs and hospital representatives. The working group objective is to provide advocacy on vaccination and COVID-19 preventive measures in communities. HMHB supported the group to elaborate key messages and IEC (Information Educational and Communicational) materials.
- PHC QI committees facilitated educational sessions for 1,211 rural HCW's (422 from district PHC facilities and 789 from VHC and MH) on MNCH, IYCF, and WASH.

In Y2 Q2, HMHB will support 12 meetings at with Hukumat representatives to follow up JAP implementation and improve cooperation between facilities and communities. The Activity will provide SBCC materials to PHC workers, and HLSCs will work with CHTs to improve their counseling and communication skills.

HMHB aimed to support QI teams to raise patient satisfaction with the quality of medical services, supported information sessions on patients' rights, and shared messages about reducing financial barriers to accessing medical services. To increase the knowledge of HCW on patients' rights

and financial barriers, HMHB is developing informational materials for them (more details under Activity 1.1.3). In Y2 Q2, HMHB plans to encourage the QI committees to conduct a patient survey at the facility level to determine their needs and requirements.

Based on the KAP survey data, HMHB will support facilities to make changes to the plans of the QI committees and NRCs.

Activity 1.3.3 Institutionalize Baby-Friendly Hospital Initiative to ensure all infants begin breastfeeding within the first hour of birth

In Y2 QI, HMHB assessed 12 maternal departments and two maternal hospitals on their "Baby-Friendly Hospital"[2] certification status. The assessment concluded that none of the facilities have an up-to-date certification, and they all need to be recertified (Table 3). According to the new guidelines on protection, facilitation, and assistance of breastfeeding in health facilities that provide health services to mothers, newborns, and children, this initiative should be scaled up to PHC and community levels. This requires creating a joint action plan to implement the initiative and certify the entire district or incorporate activities into the existing JAPs.

Table 3 3 Status of "Baby-Friendly" certification

	Maternity House	Last Certification (Year)	When certification was required (Year)
1	Bokhtar City Maternity House	2003	2008
2	Bokhtar Region Maternity House	2008	2013
3	A. Jomi	2010	2015
4	Dusti	2010	2015
5	J. Balkhi	2008	2013
6	Jayhun	2009	2014
7	Khuroson	No	N/A
8	Kushoniyon	2008	2013
9	Levakant	2008	2013
10	N. Khusrav	No	N/A
11	Qubodiyon	2009	2014
12	Shahritus	2009	2014
13	Vakhsh	2003	2008
14	Yovon	2010	2015

In Y2 Q2, HMHB will support MOHSPP, DOH, and health facilities to develop a plan of specific activities to support Baby Friendly Certification.

2 The state program for the implementation of the Baby-Friendly Initiative was approved in Tajikistan in 1999. All maternity departments and hospitals must follow this program and receive certificates of conformity. According to the program, re-certification of facilities is required every five years.

Objective 2: Support the Scaling Up Nutrition (SUN) movement and the Republic of Tajikistan's national strategies

IR 2.1 Increased political will and resources for MNCH and nutrition programs

Main Highlights:

- Final report on FF assessment of Tajikistan's wheat flour mills
- SUN Multisectoral Coordination Council holds meeting on results of FF Assessment of Tajikistan's Wheat Flour Mills and presents National Program for the Prevention of Micronutrient Deficiency and Diseases

SUN Multisectoral Coordination Council, Dushanbe

Activity 2.1.1 Support SUN movement in Tajikistan

HMHB continued to actively support the SUN movement within the MOHSPP platform. In the framework of the implementation of the Multisectoral Action Plan for Nutrition 2021-2025, HMHB finalized the report on the assessment of wheat fortification in Tajikistan. The report includes a sectoral assessment of mill infrastructure, capacity and existing capabilities, and quality control systems. The report also identifies gaps and areas for improvement and makes recommendations to the government, development partners, and flour milling companies.

In Y1 Q2, HMHB will provide technical assistance (TA) in reporting to the Global SUN secretariat. In collaboration with the SUN Secretariat, WFP, and the National Nutrition Center, HMHB supported a quarterly SUN coordination meeting. HMHB presented the results and recommendations of the FF Assessment of Wheat Flour Mills' potential to fortify flour in Tajikistan and the National Program for the Prevention of Micronutrient Deficiency and Diseases, initiated and supported by HMHB in Y1. The purpose of the high-level meeting is to support the GOT and the donor community to implement the Law on the Provision of the Population with FF Products. The high-level meeting included representatives from government institutions, agencies, development partners, and special guests, such as the US Ambassador, members of Parliament, Vice Ministers of MOHSPP, and the first Vice Minister of the Ministry of Industry and New Technologies.

Given the involvement of key ministries and departments and international partner and political leaders' willingness to support fortification, HMHB envisions that effort will be a success. This meeting was the first step to gaining consensus with donors and the government to nationalize the FF process. It will catalyze the rollout of the FF program in Tajikistan.

In Y2 Q2, HMHB will continue to support the implementation of recommendations provided by SUN meeting participants and the national TWG of FF in Tajikistan through the National Program for the Prevention of Micronutrient Deficiency and Disease.

Activity 2.1.2 Lead and support MNCH Coordination Council to implement the strategic plan on maternal, women, newborn, children, and adolescent care in accordance with NHS 2030

HMHB supported two meetings of the MOHSPP MNCH Coordination Council. The focus of these meetings was to discuss the progress of implementation of the Joint Annual Health Strategy 2020-2030.

HMHB provided technical support to prepare the MNCH report for Joint Annual Report that MOHSPP will issue in Y2 Q2. HMHB will also continue to support the MNCH Council and share costs with the WB. HMHB's focus will be to support the Coordination Council at the regional level.

Activity 2.1.3 Support development and implementation of the Food Fortification Action Plan (FFAP)

Following the results of the mill assessment and the SUN Council recommendations from Y2 Q1, HMHB will provide TA to establish a sustainable FF in Y2 Q2.

IR 2.2 Increased stakeholder engagement around national MNCH and nutrition goals to include stronger linkages between all levels of health services

Interventions

Main Highlights:

- HMHB finalized and approved SBCC concept and materials
- RHLSCs launched an SBCC introduction campaign
- HMHB supported MOHSPP to conduct monitoring visits on therapeutic food availability at hospitals and PHC facilities in 12 districts

Coordinating Council at the regional level, Bokhtar

Activity 2.2.1 Facilitate multisectoral engagement for nutrition at the district and community level, with efforts to engage the private sector, civil society, and other actors to collaborate in improving nutrition in the First 1,000 days

To support the MOHSPP in the implementation of the National Communication Program for the First 1,000 Days of a Child's Life for 2020-2024, HMHB developed SBCC materials reflecting changes in social and behavioral norms to improve the development and nutrition of Children under two and half years old.

HMHB continued to work with MOHSPP TWG to revise the national guidelines on complementary feeding to introduce changes regarding timing and adequate diet for infants from six to 12 months, in line with the best global evidence-based practices. This update is noted in the National Communications Program for the First 1,000 Days of a Child's Life for 2020-2024.

HMHB conducted a KAP survey to determine the level of knowledge, attitudes, and practices regarding behavioral norms, defined in the National Communication Program and the HMHB SBCC strategy. The KAP survey data will allow HMHB to plan better interventions to change social and behavioral norms. It will help determine the extent to which exposure to HMHB's SBCC activities contributes to intermediate outcomes, including increased awareness, improved self-efficacy, improved social support among target households and targeted health providers, and change in HMHB's 10 target nutrition and five WASH behaviors.

HMHB initiated the Nutrition Coordination Council at the Khatlon government level through its partner, Khatlon HLSC. The main objective of the Council is to coordinate MNCH activities at the level of local authorities and development partners at the regional level and provide support in the implementation of MNCH policies.

The Deputy Head of the Khatlon government led the Council, which consists of 18 people and includes the Khatlon government staff and representatives of religion, clergy, culture, education, health (DOH, HLSCs, and PHCs), agriculture, women, and youth departments. It also includes development partners working on nutrition programs. This diverse membership will sustain coordination and integration of nutrition activities with the government structures and establish close coordination and alignment with district authorities.

HMHB became familiar with the development partners and government bodies that deal with nutrition in the Khatlon region to start collaboration while implementing nutrition-related activities in 12 ZOI districts. HMHB is planning to achieve greater impact by working closely with local authorities to complement support and capitalize on synergies with the government initiatives.

In Y2 Q2, HMHB will continue implementation of the National Communication Program for the First 1,000 Days of a Child's Life in RT for 2020-2024 and the SBCC strategy on the country, regional, and district levels through the following activities:

- Conducting a round table at the national level to introduce the SBCC strategy and materials to RHLSCs and HLSCs in the region and other national stakeholders.
- Participating in the Coordinating Council of the DOH at the regional level to introduce the SBCC strategy and concept.
- Cascading training for facilitators on the SBCC strategy and concept in Yovon, Khuroson, A. Jomi, and J. Balkhi districts.

Activity 2.2.2 Reduce the burden of food insecurity

HMHB continued to collaborate with its main partners—UNICEF and WFP—to support the MOHSPP to reduce the number of children living in food-insecure households. This Activity is a continuation of Y1 HMHB commitments to support the GOT to improve nutrition through national strategies that address micronutrient deficiencies.

HMHB continued to collaborate with WFP and UNICEF on supplementary food for children aged six-59 to treat moderate acute malnutrition. HMHB supported monitoring visits on therapeutic food availability at hospital and PHC facilities in 12 districts (Table 4).

Table 4 Availability of therapeutic food, by districts, by packs

Districts	A. Jomi	Dusti	J. Balkhi	Jayhun	Khuroson	Kushoniyon	Levakant	N. Khusrav	Qubodiyon	Shahritus	Vakhsh	Yovon
F75	10	3	23	35	35	50	12	6	108	59	62	15
F 100	0	48	58	87	123	27	0	30	35	205	109	45

During 2021, 687 malnourished children were hospitalized in the pediatric departments of CDH, and 612 of them received therapeutic food and appropriate treatment. Twenty-five children died (3.6 percent) (Figure 4).

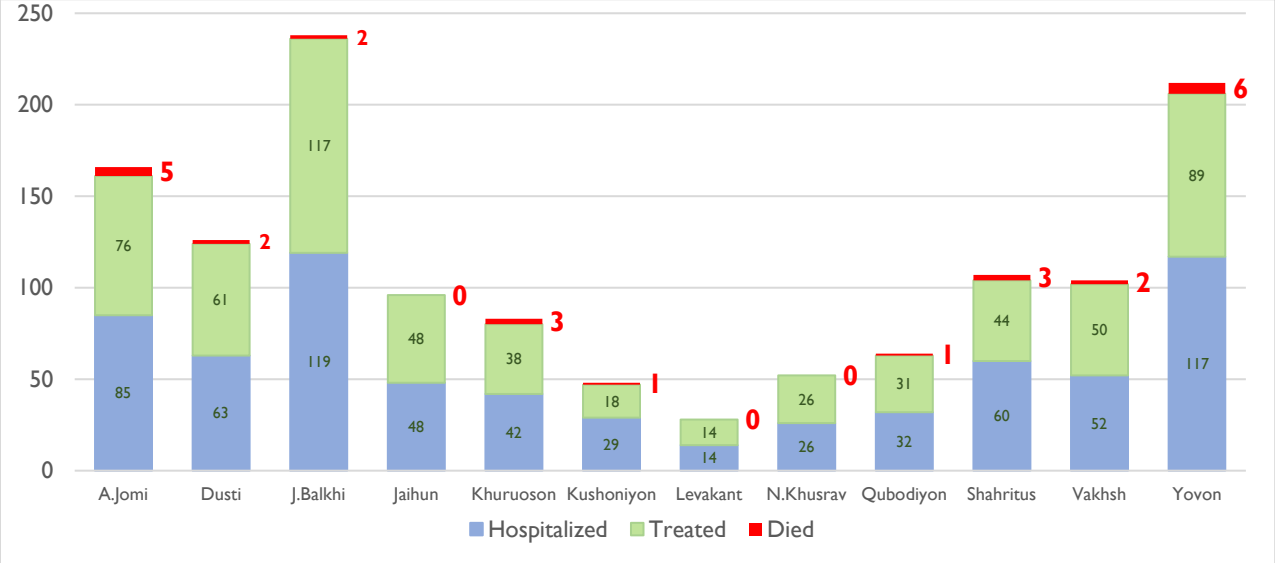


Figure 4 Number of hospitalized and treated malnourished children by districts

HMHB works to eliminate food insecurity, especially for CU5, and to promote FF as a priority intervention (Activity 2.1.1. and 2.1.3).

Activity 2.2.3 Support MOHSPP in improving the quality, comprehension, and appeal of their mass media campaigns related to MNCH and nutrition (e.g., television spots, printed materials)

In Y2 Q2, HMHB will initiate discussions with the MOHSPP to integrate the RCFM's website into a KH to create wider access to information about PHC activities, and update training packages for health workers and partners.

IR 2.3 Strengthened coordinated multisectoral programming and planning among MNCH and nutrition stakeholders

Interventions

Main Highlights:

- HMHB supported MOHSPP to conduct preparatory work for multisectoral Coordinating Council on MNCH, Nutrition, and Gender in Khatlon region

Meeting with DOH representatives and NGOs, Bokhtar

Activity 2.3.1 Support Multi-sectorial Engagement on MNCH, Nutrition and Gender at the regional level

In Y2 Q2, HMHB plans to conduct a two-day orientation meeting for local NGOs to introduce the SBCC strategy. The main objective of the strategy is changing the social norms on MNCH, nutrition, WASH, and gender. The meeting will include 20 previously selected NGOs that were included in the mapping list, selected because they met the criteria and had the required experience on relevant MNCH subjects.

Furthermore, HMHB will collaborate with selected local NGOs to implement two main SBCC Campaigns—Locally Available Foods and Joint Decision-Making—among the target communities.

Objective 3: Implement SBC activities to improve nutrition and maternal and child health practices

IR 3.1 Improved social and behavior change strategies and approaches for MNCH, nutrition-specific, and nutrition-sensitive activities

Main Highlights:

- HMHB conducted SBCC TOT for district trainers
- HMHB signed a joint action plan with DOE to include eight secondary schools to HMHB activities
- HMHB with MOE completed the TOT training package for school students

SBCC training for facilitators, Bokhtar

Activity 3.1.1 Strengthen SBCC interventions and approaches focused on nutrition based on a study at local and household levels to determine food intake plate and formative research on consumer and household preferences, needs, and barriers to changing behaviors

HMHB commenced SBCC activities in Yovon, Khuroson, A. Jomi, and J. Balkhi districts according to the HMHB five-year SBCC action plan. The activities covered 252 villages and resulted in the formation of 314 CHTs.

HMHB presented the SBCC strategy at the meeting in the Khatlon Hukumat. In total, 54 representatives of regional local authorities—including DOE, DOH, department of religion, agriculture, and women's and youth committees—participated in this meeting. HMHB presented its SBCC approach and IEC materials intended for community activities. All HMHB materials comply with the National Communication Program for the First 1,000 Days of a Child's Life in RT for 2020-2024 that addresses the five main points of mother and child's life.

The Activity organized four round tables for local Hukumats in Yovon, Khuroson, A. Jomi, and J. Balkhi districts. HMHB also presented the HMHB SBCC strategy, the creative concept "From Seed to Kulcha" (kulcha is a national round bread) as a five Key Life Moments of the 1,000 Days and the National Communication Program for the First 1,000 Days of a Child's Life in RT for 2020-2024. Seventy people participated, including respected community members and representatives of the women's department, youth, department of religion, and others.

In collaboration with HLSCs, HMHB identified additional resources to implement the SBCC strategy. In Y2 Q2, to improve implementation of the SBCC strategy, HMHB will boost partnership with representatives of local jamoats, women's committees, youth committees, village heads, local active women, and leaders of local NGOs.

HMHB also conducted a two-day TOT for HLSC representatives and district coordinators on SBCC strategy. The introduction to all SBCC materials is the first steps to promote two campaigns: Locally Available Foods and Join Decision-Making "Share the Load, Share the Income". The trainers provided 13 cascade trainings for 129 facilitators in Yovon, Khuroson, A. Jomi, and J. Balkhi districts (Table 5).

Table 5 CHT facilitators trained on SBCC tools by districts, and villages

#	District	Number of cascade trainings	Number of the covered villages	Number of facilitators
1	A. Jomi	3	24	35
2	J. Balkhi	3	24	29
3	Khuroson	4	36	35
4	Yovon	3	28	30
Total:		**13**	**112**	**129**

In Y2 Q2, HMHB will distribute SBCC materials to facilitators and provide supportive supervision by visiting facilitators' SBCC sessions for CHTs.

Activity 3.1.2. Advocate positive social norms that reinforce desired behaviors at national, regional, and local levels through HLSCs, PHC providers, and CHTs

To support HLSCs in implementing the National Healthy Lifestyle (HLS) Program 2022-2026, HMHB presented packets of SBCC tools and IEC materials. As a result, HMHB and HLSC jointly reviewed the IEC materials to ensure they are compliant with the local community context. The Republican HLSCs will seek their approval from MOHSPP and ensure that topics are integrated with the MOHSPP guidelines on partnership with GPCHI.

The Activity signed a JAP with the regional DOE to cover eight secondary schools in Dusti, Shahritus, Qubodiyon, and N. Khusrav districts. The plan is aimed to increase the knowledge and skills of schoolchildren of age 14-16 (grades eight-10) and change their behavior towards nutrition, WASH, and gender. The plan will systematically integrate health topics into school curriculums by conducting trainings for schoolteachers and ensure that it has consistent support from DOE and PHC. The activities will sustain collaboration among health workers and school administration, schoolchildren, and their parents. As a result of cooperation between regional HLSCs, DOE, and district level PHCs and DOE, DOE appointed eight schoolteachers and eight rural health workers to work through the program implementation.

In close collaboration with HLSCs and DOE, HMHB developed a TOT training package for school students of grades eight-10. The package consists of nutrition, WASH, and gender-related subjects addressing social and behavior change approaches. HMHB based the curricula on a desk

review of the materials related to nutrition, WASH, and gender topics jointly developed by the Nutrition Institute; international organizations such as UNICEF, Mercy Corps, and WHO; the National Multisectoral Plan for 2021-2025; and the National Strategy of development on sustainable school nutrition. Most of the referred materials published by international organizations and are officially approved by the Ministry of Education and Science. In addition, HMHB included its SBCC IEC materials in the training package to encourage the students to contribute to the development of their society.

In Y2 Q2, HMHB will secure approval of the developed TOT package from regional DOE, HLSCs, and USAID and support a two-day TOT for 16 PHC key staff responsible for schools and schoolteachers from Dusti, Shahritus, Qubodiyon, and N. Khusrav districts.

IR 3.2 Increased innovations and creative approaches to change social norms around selected high-impact MNCH and nutrition behaviors

Interventions

Main Highlights:

- Relevant local NGOs confirmed collaboration on SBCC
- HMHB finalized, approved, and printed FF IEC materials
- HMHB printed anemia brochures and supported facilitators to conduct education sessions for CHTs and counseling for patients

Working in communities, Yovon

Activity 3.2.1 Implementation of innovative technologies to change and/or improve social behavioral norms around nutrition

In close collaboration with the Khatlon government, HMHB identified and constructed the map of 20 relevant local NGOs who will contribute the implementation of the HMHB SBCC strategy, including WASH, health, and gender activities. The Activity selected NGOs based on their experience in implementing health and nutrition projects in Khatlon local communities. HMHB had a phone conversation with each NGO to ensure that they were ready to collaborate.

HMHB succeeded in the final development, approval, and print-out of FF-related IEC materials. The IEC materials share information on the effectiveness of FF and the inclusion of fortified nutrition foods in the daily ratio of the population, especially for pregnant women. Fortified food is a proven and cost-effective intervention for addressing micronutrient deficiencies by improving the nutritional quality of the food supply in the population. In addition, the subject material

highlights the importance of whole green flour. In total, HMHB printed 8,000 posters for distribution among the target population during the SBCC campaign on Locally Available Food within Y2 Q1.

In Y2 Q2, HMHB will conduct a one-day orientation meeting with NGOs to present the HMHB subcontract activities and will expand its campaign on Locally Available Foods.

Activity 3.2.2 Use "window of opportunity" to address anemia and prevent chronic malnutrition in the First 1,000 Days

Facilitators collaborated with CHT members of Yovon, Khuroson, A. Jomi, and J. Balkhi districts to sponsor 1,270 anemia and nutrition-related activities in their communities. These included trainings for CHT members; counseling sessions in households; meetings in public spaces such as mosques, weddings, and home gatherings; etc. HMHB provided facilitators with a new anemia brochure that included SBCC key messages on causes, symptoms, consequences, and prevention of anemia and nutrition during pregnancy.

HMHB conducted two education sessions on the new anemia brochures for 12 District Coordinators (DCs), four PHC trainers, and four HLSC representatives from Yovon, Khuroson, A. Jomi, and J. Balkhi districts. HMHB discussed the brochure's key SBCC messages and methods of sharing anemia information with CHTs and community members. HMHB also conducted one online session on anemia to 13 HLSCs during the HMHB and HLSC coordination meeting.

HMHB printed 17,200 anemia brochures to support PHCs and HLSCs in counseling and education sessions on anemia prevention and food intake during pregnancy. The brochure is focused on the most important SBCC points, such as men's participation in ANC visits, men and women's observation of children's development, birth spacing, and WASH.

HMHB provided more than 500 anemia brochures to HLSC staff and 14,408 brochures to PHC facilities, CDH, and family medicine (FM) centers in eight targeted districts: Yovon, Khuroson, A. Jomi, J. Balkhi, Jayhun, Kushoniyon, Vakhsh, and Levakant. PHC, FM, and CDH will use the brochure while counseling and caring for patients, particularly women with CU5. RHC and Medical House health workers-facilitators will use the brochure during anemia sessions for CHT members.

In Y2 Q2, HMHB will continue to distribute anemia brochures to HLSCs, PHCs, FM, and CDH in the remaining four districts: Shahritus, Qubodiyon, N. Khusrav, and Dusti. HMHB will follow up with refresher sessions for HLSCs on anemia.

IR 3.3 Strengthened or newly created links between community-level approaches and primary health facilities

Interventions

Main Highlights:

- HMHB supported TOT for eight regional and district-level HLSC and PHC managers
- HMHB supported four round tables to build the capacity of regional/district government stockholders on GPCHI in Levakant, Vakhsh, Kushoniyon, and Jayhun
- HMHB conducted 11 two-day trainings to support Republican HLSCs and RCFM in implementation of GPCHI
- HMHB held coordination meetings with HLSC on implementation of GPCHI

KAP survey

Activity 3.3.1 Work at the community level through health providers and local authorities to improve MNCH and nutrition practices during the 1,000-day window, including activities on hygiene and sanitation

HMHB supported a four-day TOT for HLSCs and PHC staff on PRA as part of the GPCHI implementation. Eight PHC and HLSC representatives and four DCs participated in the training conducted for cohort II districts: Levakant, Vakhsh, Kushoniyon, and Jayhun.

The training led by RHLSCs used an interactive approach; the theoretical part of the training was held in a training room and a practical one-day session was held in the Kushoniyon district. Within the practical session, participants:

- Conducted PRA sessions in the villages with the involvement of the community
- Formed CHTs and trained them on how to apply knowledge, experience, and capabilities to work with the whole community
- Worked with CHTs on ways how to change their behavior regarding MNCH

Following the TOT, HMHB supported the organization of four round tables in cohort II districts to strengthen the upcoming cascade training for the health workers and create CHTs within the districts. In total, 75 participants from district-level government authorities attended round table discussions. In the discussions, HMHB discussed the implementation of the GPCHI model, the importance of CHTs, and their significant role in future collaboration with PHC, HLSCs, and government structures.

HLSCs and PHC providers trainers provided 11 two-day cascade trainings for 200 HCWs from rural health centers and medical houses of Levakant, Vakhsh, Kushoniyon, and Jayhun districts. Participants learned how to conduct PRA sessions, mobilize communities, organize CHTs, and build CHTs' capacity for partnering with health workers. At the training, trainers introduced an Effective Communication with Clients (ECC) session as part of the SBCC approach. As a result, the knowledge of participants improved from 38 percent to 76 percent, according to the pre and post test scores.

HMHB initiated regional HLSCs to organize and conduct monthly coordination online meetings to improve the implementation of the GPCHI model. HMHB provided TA to ensure participation of 12 district HLSCs through an online platform to share knowledge, best practices, and information, and exchange experience on joint activities, particularly GPCHI implementation. The Head of the Khatlon HLSC also facilitated a coordination meeting.

The meeting covered lessons learned from the first cohort of pilot districts (Yovon, Khuroson, A. Jomi, J. Balkhi) on PRA sessions and creation of CHTs, and feedback from second cohort districts (Levakant, Vakhsh, Kushoniyon, and Jayhun) on the recently conducted PRA cascade trainings. Main challenges highlighted during the online discussion included:

- COVID-19 vaccination campaign
- Healthcare worker turnover

In Y2 Q2, HMHB will support expanding implementation of GPCHI in eight pilot districts of the first and second cohort by supporting PRA sessions and establishing sustainable CHTs.

Activity 3.3.2 CHT SS/Monitoring Mentoring

HMHB completed 3,684 PRA sessions and formed 314 CHTs in four districts: Yovon, Khuroson, A. Jomi, and J. Balkhi. The process took longer than planned due to the COVID-19 vaccination campaign that enrolled 100 percent of health workers in the villages (Table 6).

Table 6 PRA and CHT information

#	District	Number of PRA sessions conducted	Number of PRA sessions participants	Number of CHTs organized	Number of CHT members selected
1	J. Balkhi	1,345	28,146	80	1,362
2	A. Jomi	643	8,534	73	1,175
3	Khuroson	740	11,299	58	948
4	Yovon	956	14,984	103	1,606
Total		**3,684**	**62,963**	**314**	**5,091**

HMHB DCs, PHC, HLSC trainers, and GPCHI monitoring group members conducted 247 SS visits. During the supportive supervision visits, facilitators were counseled on ECC, documenting GPCHI activities, and using the CBE app.

According to the MOHSPP GPCHI, community members and facilitators identify three main indicators as the result of PRA sessions, which further determine the focus area for the CHT

activities at the community level. They are 1) health determinants that influence the health status of the population; 2) most common diseases in communities; and 3) diseases that require substantial resources for treatment (find more details under the MEL section of this report).

In Y2 Q2, HMHB is planning TOT for district trainers on SBC SS tools in cohort I and cohort II target districts and establishing GPCHI monitoring groups in cohort II districts: Kushoniyon, Vakhsh, Levakant, and Jayhun.

Activity 3.3.3 Use creative, community-level approaches—such as storytelling and community video—to engage communities and change social norms around selected MNCH and nutrition behaviors

In cooperation with the regional and district PHC and HLSC representatives, HMHB distributed 300 smartphones to the facilitators assigned in Yovon, Khuroson, A. Jomi, and J. Balkhi districts. Ninety-nine facilitators in Yovon, 78 in J. Balkhi, 70 in A. Jomi, and 53 in Khuroson districts received smartphones. The facilitators will use the phones to register data on all HMHB community activities on the digital data collection application CommCare. At the end of every month, the HMHB MEL team will check the status of CBE reports, and all data gathered will automatically flow into the AMEE platform for quick analysis and reporting on DHIS2 dashboards. In addition to the special training on the CBE data collection method, the facilitators also learned about using the app in general. Immediately after the phone distribution, facilitators began actively registering information about CHT creation (including locations and types), meeting numbers, training sessions, and mentoring visits.

For Y2 Q1, the CBE data is available on AMEE per the following indicators:

- Number of events (community meetings, training sessions, and mentoring visits)
- Number of anemia related events
- Number SBCC activities
- Number of events participants (by gender and type of event)

To render constant assistance to the facilitators on the proper application of the smartphones at an early stage, HMHB will ensure that every facilitator receives either on-the-job or online mentoring support every month.

According to the AMEE CBE report, facilitators conducted 359 community meetings and 1,064 training sessions on nutrition during pregnancy and lactation, WASH, COVID-19, complementary feeding, and EBF. Out of a total 7,152 community meeting attendees, 76 percent were women. The total number of training sessions participants was 19,378, of which 81 percent were female and 17 percent of all women were pregnant. Out of 1,423 events (community meetings and training sessions), 89 percent were anemia-related events.

By the end of Y2 Q1, some facilitators were facing reporting issues. Analysis shows that in some phones, the app was deleted or there were issues with an app update. The HMHB MEL team, in coordination with District coordinators, is providing mentoring support for facilitators on app usage and periodic software updates.

MEL and Adaptive Management

Knowledge, Attitude, and Practice Survey

HMHB launched the KAP survey in 12 HMHB Activity pilot districts in the Khatlon region. The KAP survey is a representative study of a specific population. The primary target audience was mothers/caregivers of children under two and a half years old (30 months). The survey also posed questions to mothers-in-law and husbands living in the sampled households. The main survey goal was to gather baseline data on community knowledge of targeted MNCH, nutrition, and WASH behaviors. Throughout its life, the HMHB Activity will conduct the same survey to get midterm (formative) and end-line (summative) data to measure the success of the HMHB interventions at the community level. The survey also intended to measure child health status by collecting anthropometric data (the scientific study of the measurements and proportions of the human body) of children under 30 months of age. Anthropometric measurement included data on child height, weight, and body circumference to identify stunting and underweight cases among sampled children.

HMHB used the Lot Quality Assurance Sampling method to randomly sample 19 households in each district. The Survey team conducted two days of training for the group of surveyors made up of the HMHB District Coordinators and the specialists of the HLSCs in the HMHB piloted districts. The Activity trained surveyors on COVID-19 preventative measures. During the training, the surveyors received personal protective equipment for themselves and for respondents.

Surveyors captured the survey data digitally on tablets in the CommCare application and conducted all raw data analysis in DHIS2. The KAP survey report is expected to be publicly available by the end of January 2022.

Community Health Status Indicators

Facilitators analyzed and discussed the results of 3,684 PRA sessions with new CHT members to plan their activities by prioritizing three health-related indicators: 1) health determinants that influence the health status of the population; 2) most common diseases in communities; and 3) diseases that require substantial resources for treatment.

Per the chart below, WASH and qualified medical service are the two health determinants that most community members selected in Yovon, Khuroson, A. Jomi, and J. Balkhi districts—meaning that respondents across all four districts felt that these two areas have the biggest impact on health. As the PRA participants mentioned, health status depends on successful exclusive breastfeeding and healthy food and family planning. Sport and rest and safe birth were the two determinants that respondents selected least—meaning that respondents felt that these two areas have the smallest impact on health. HMHB will ensure that the community's attention is focused on all of these determinants.

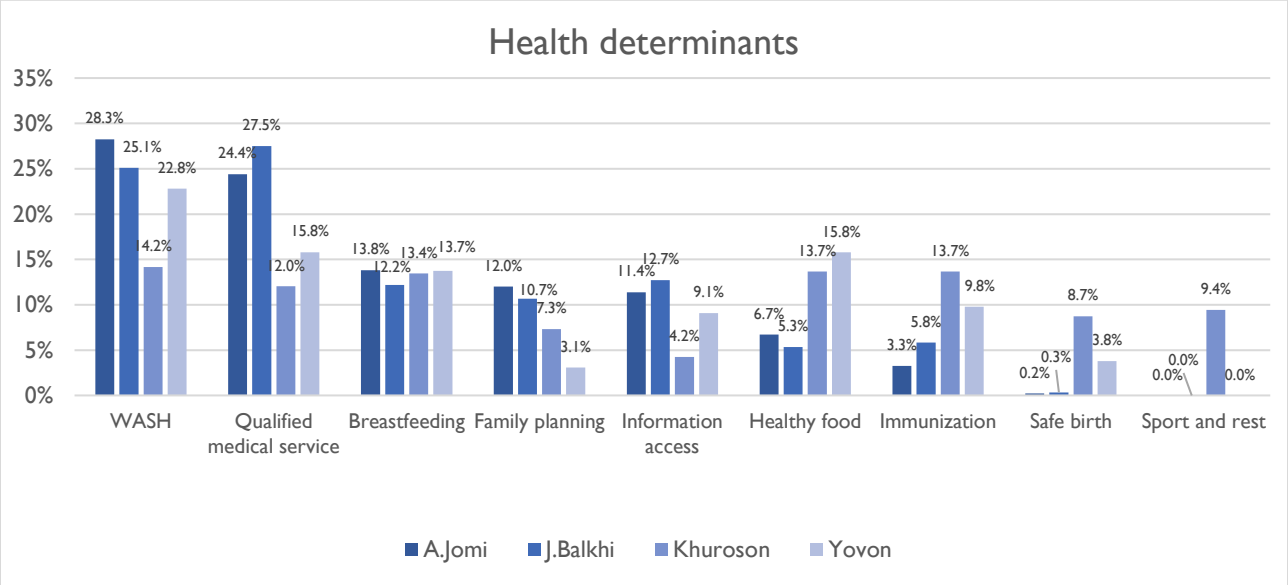


Figure 5 Health determinants and common diseases by districts

The most cited common diseases in all four districts are goiter, anemia, and acute respiratory diseases. PRA session participants associated anemia with the lack of both knowledge on and accessibility to healthy food. The participants may have selected goiter because Tajikistan is considered an iodine-deficiency endemic zone. Acute respiratory diseases are one of the most common diseases due to the COVID-19 outbreak. HMHB plans to reduce the incidence of these diseases by raising awareness about the nutrition of children under five years old and pregnant women, and disseminating information about the use of fortified foods such as iodized salt and fortified flour.

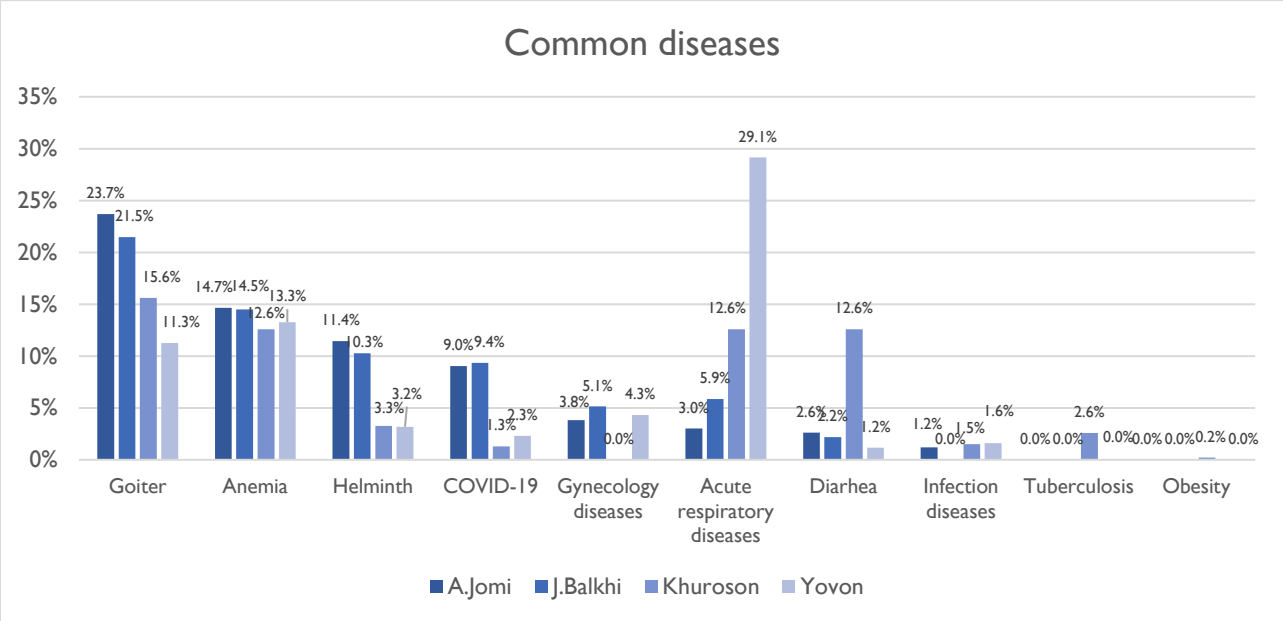


Figure 6 Common diseases by districts

Following the PRA sessions in Yovon, Khuroson, A. Jomi, and J. Balkhi, anemia and worms were revealed as diseases that require substantial resources for treatment. Acute respiratory disease and diarrhea selected most frequently in Khuroson. To decrease anemia and worms, HMHB will focus on raising community knowledge on WASH and maternal and child nutrition. Conducting capacity building exercises for the HCWs on the management of childhood diseases such as acute respiratory diseases and diarrhea is also essential.

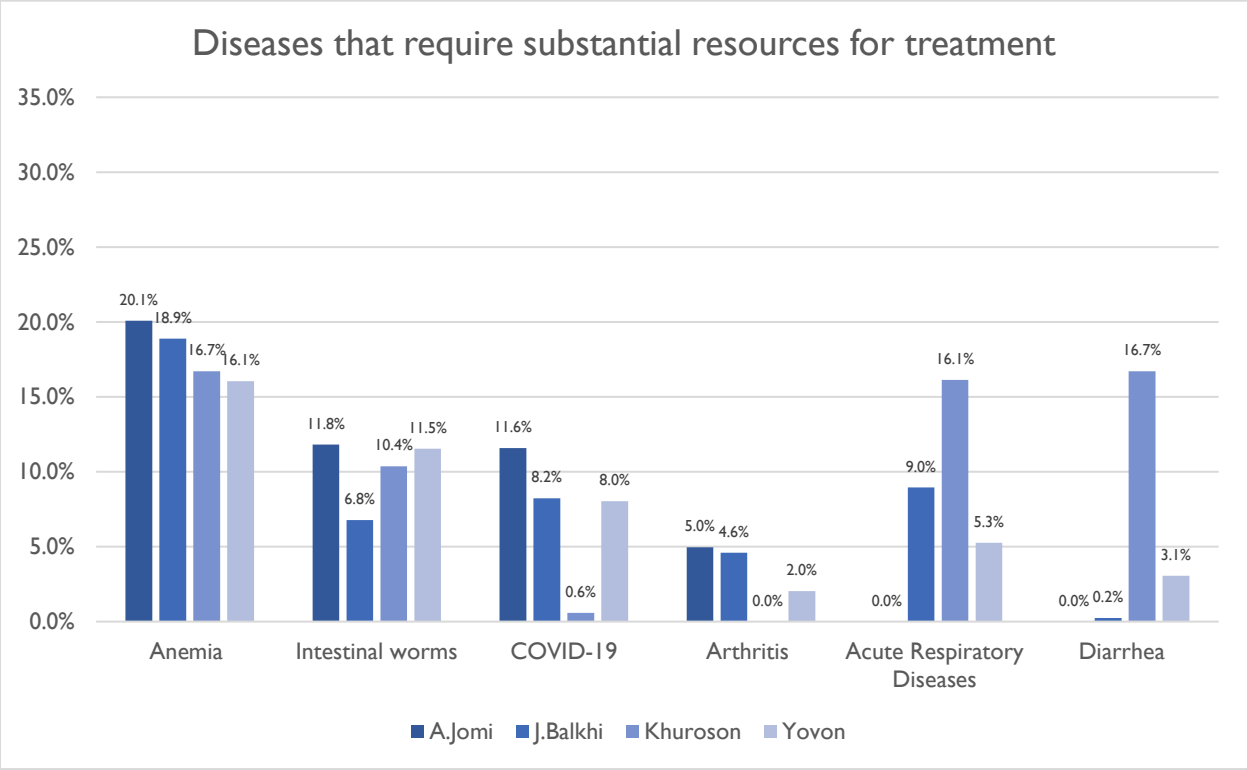


Figure 7 Diseases that require substantial resources for treatment.

MNCH v2 application

This application design phase is currently underway, and HMHB already conducted several scoping visits to inform app development. This helped teams to better understand the requirements of the hospitals and PHC facilities and to include features that will minimize the efforts of medical staff on managing gravidogram, anthropometrics, and other data. HMHB is closely monitoring the development of the application and will be able to troubleshoot on both AMEE integration and alignment of application to the project requirements.

Data Quality Assurance visits and sessions

HMHB conducted a DQA in 24 NRCs in all HMHB piloted districts. The Activity ensured that every NRC received on-the-job support training to practice updating the CME app, entering data, and creating reports. Due to unstable internet connection at the NRCs, all trainers keep training register books that are usually updated before a CME app update. As training is provided by more than one trainer in most NRCs, these books are very helpful to put the data together and then re-register to the digital application. They are also very relevant for data verification, which revealed a slight discrepancy in the number of trained medical staff registered in both books and CME applications in PHC level NRCs in Jayhun and Khuroson districts. In the NRC of Yovon

district, only seven out of 32 participants were registered in the digital application. In the NRCs of Kushoniyon and Levakant districts, the participants of two training courses were not registered in the digital application at all. Despite the trainings, there are areas in which NRC trainers need improvement in terms of knowledge and practice on digital data capture. HMHB staff provided more on-the-job practical support and instructions on the timely and proper use of the digital application. In addition, the data entry window was expanded from one to three months. The PHC NRC trainer in A. Jomi district achieved success in covering a bigger number of healthcare workers as she was visiting the medical facilities in jamoats and villages and providing training courses for local healthcare workers there. HMHB also checked the equipment and wifi functionality in every NRC and helped to update the operating systems of three NRC laptops.

HMHB distributed 300 smartphones to the facilitators assigned in Yovon, Khuroson, A. Jomi, and J. Balkhi districts. Meanwhile, the facilitators also provided practical mini-sessions and instructions outlining the proper use of the CBE app installed on the smartphones. Once the facilitators collect the data on the CBE app, it automatically flows into the AMEE platform for quick analysis and reporting on DHIS2 dashboards. Because the digital tools are very new and unfamiliar for the district and community level medical workers, HMHB will carry out DQAs for NRC trainers and CHT facilitators and will provide them with either on-demand/online or monthly on-the-job mentoring support.

Table 7 HMHB Achievements on 10 USG Indicators during the Reporting Period

#	Indicator Code	Indicator	Report Frequency	Disagg	YEAR 2			
					Target	Achieved		
						Q1	Total Achieved	In percent
1	HL.6-1	Estimated Potential beneficiary population for maternal, newborn and child survival program: number of live births	Quarterly	N/A	50,000	14,341	14,341	28.6 percent
2	HL.6.2-1	Number of women giving birth who received uterotonics in the third stage of labor through USG-supported programs	Quarterly	N/A	48,500	14,165	14,165	29 percent
3	HL.6.2-2	Number of women giving birth in a health facility receiving USG support	Quarterly	N/A	47,500	14,143	14,143	29.7 percent
4	HL.6.3-63	Number of newborns who received postnatal care within two days of childbirth in USG-supported programs	Quarterly	N/A	47,500	14,164	14,164	29.8 percent

#	Indicator Code	Indicator	Report Frequency	Disagg	YEAR 2			
					Target	Achieved		
						Q1	Total Achieved	In percent
5	HL.6.6-1	Number of cases of diarrhea treated in USG-assisted programs	Quarterly	N/A	16,000	2940	2940	18.4%
6	HL.6.6-64	Number of cases of childhood pneumonia treated in USG-assisted programs	Quarterly	N/A	2,400	930	930	38.8%
7	HL.9-1	Number of children under five reached through USG-supported nutrition programs[3]	Annually	Boys	120,000			
				Girls	120,000			
				Total	240,000			
8	HL.9.2	Number of children under two (0–23 months) reached with community-level nutrition interventions through USG-supported programs	Quarterly	Boys	47,500	25870	25870	54.4%
				Girls	47,500	23314	23314	49.0%
				Total	95,000	49184	49184	51.7%
9	HL.9-3	Number of pregnant women reached with nutrition interventions through USG-supported programs	Quarterly	PW up to 19	14,400	4209	4209	29.1%
				PW above 19	57,600	7221	7221	12.5%
				Total	72,000	11,730	11,730	16%
10	HL.9-4	Number of individuals receiving nutrition-related professional training through USG-supported programs	Quarterly	Male	600	354	354	59%
				Female	2,200	1,562	1,562	71%
				Total	2,800	1,916	1,916	68.4%

[3] Indicator HL.9-1 is measured once a year and will be reported in Y2 Q3

ANTICIPATED CHALLENGES, DELAYS, AND CONSTRAINTS

As the healthcare system continues to mobilize PHC health workers with a focus on COVID-19 prevention and vaccination and health works migrate outside of Tajikistan, HMHB anticipates the following challenges:

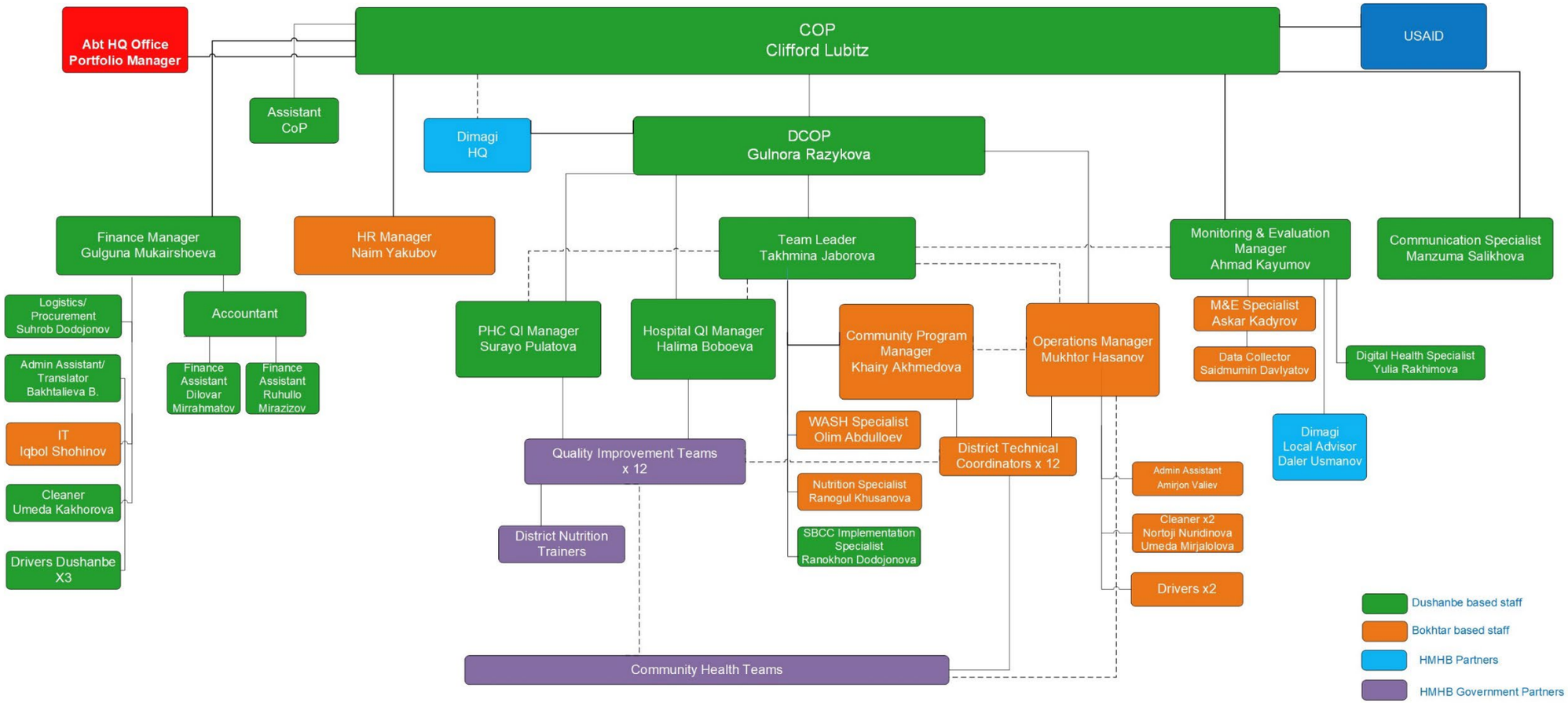
- Timely delivery of quality services for pregnant women and children.
- Timely delivery of routine preventive services for women and children.
- Decrease in the number of trainings for HCWs, due to the temporary cancellation of various trainings involving HCWs during vaccination.
- Increase staff turnover.
- Frequent staff rotation (primary care managers) makes it difficult to understand the monitoring and implementation of QI action plans and reduces indicators as a result.
- Additional duties on family doctors and nurses due to high migration levels of health workers potentially causing a decrease in the quality of maternal and child services.
- Migration of trained local trainers by HMHB and acute shortage of medical personnel on PHC and hospital levels.
- Monitoring visits were postponed due to another wave of COVID-19.

To address the above, HMHB will closely work with Local Health System Sustainability Project to increase vaccination rates of the population and improve education and infection control. As well, it will recommend local trainers conduct on-job-trainings of HCWs in rural areas during vaccination or monitoring visits, without going to district health centers. HMHB will implement MNCH V2 application to improve quality of services and provide regular support through online meetings with QI Committees (jointly with hospital and PHC). It will strengthen the capacity of rural family nurses and midwives as trainers in rural health centers. And, HMHB will collaborate with MOH and Hukumat to motivate HCWs through various recognition events. HMHB will work with the DOH to recognize the impacts of migration and help them consider ways to improve retention. Last, HMHB will provide regular support for new managers of health facilities, so they better understand responsibilities and role of QC.

ACTIVITY EXPENDITURE

The obligated amount for USAID's HMHB is $8,200,000 out of a total award amount of $17,329,339. Total expenditures as of 31 December 2021. The burn rate for Year 1 was 99% and the burn rate for Year 2 is 23% so far including accrued expenditures.

ANNEX A. ORGANIZATIONAL CHART



ANNEX B. YEAR 2 WORK PLAN TIMELINE

Task	Activity	Timeline: Year 2 (Months) 1	2	3	4	5	6	7	8	9	10	11	12	STATUS	Virtual vs Personal
		Q1			Q2			Q3			Q4				
Program Reporting and Foundational Activities															
1	Develop detailed Third Year Work Plan and budget.									Q3	Q4			**Completed**	virtual
2	Prepare Performance Reports.			Q1			Q2			Q3			Q4	**On-going**	virtual
Result 1: Scaling up and institutionalizing quality health and nutrition services for mothers, newborns, and children															
IR1.1 Increased availability of and access to high-quality maternal, newborn, and child health (MNCH) and nutrition services and commodities. *(16 % of project funds)*															
Activity 1.1.1 Continue, Expand and Strengthen QI approach															
1.1.1.a	Support technical assistance to the MOHSPP, DOH, CDHs, and PHC facilities to develop, and implement supervision tools														
1.1.1.a-1	Support National Accreditation Committee to provide SS to QI teams				Q2	Q2						Q4	Q4	**Not started**	in person
1.1.1.a-2	Support DOH and pilot facilities in implementation of QI Action Plans							Q3	Q3					**Not started**	in person
1.1.1.a-3	Support and expand targeted mentoring and SS of HCWs trained in MNCH and nutrition to PHC				Q2	Q2						Q4	Q4	**Not started**	both
1.1.1.a-4	Support to TWG on Development of standard operational procedures (SOPs)	Q1	Q1	Q1	Q2	Q2	Q2							**Postponed**	
1.1.1.a-5	In colaboration with National Center for medical accreditation prepare two CDHs for accreditation	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	**On-going**	

1.1.1.b	Introduce and implement Perinatal audit approach at facilities and include in QI action plans															in person
1.1.1.b-1	Review status of Perinatal audit approach at facilities at national level				**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**				**Not started**		in person
1.1.1.b-2	Plan implementation of introduction of Perinatal audit approach at facilities at national level				**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**				**Not started**		in person
Activity 1.1.2 Build capacity of health providers to deliver high impact, evidence-based services at a sustained level of quality and respectful care and Strengthen the capacity of the MOHSPP and national institutions to manage efforts to improve quality																
1.1.2.a	Promote MNCH and nutrition services through support in reviewing, updating, and initiating new CPGs		**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**		
1.1.2.b	Support Capacity building of HCWs in MNCH and nutrition and other relevant areas including COVID-19															both
1.1.2.b-1	Support TOT for the trainers from NRCs, as a part of adult learning methodology at PHC level					**Q2**	**Q2**							**Not started**		virtual
1.1.2.b-2	Support (2) a 3-day TOT's on new or updated CPG's on MNCH and nutrition					**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**Not started**		in person
1.1.2.b-3	Conduct training for BTN multidisciplinary teams					**Q2**	**Q2**	**Q3**						**Not started**		virtual
1.1.2.b-4	Improve clinical practices by supporting HCW through on-going SS and mentoring at hospital level			**Q1**			**Q2**			**Q3**			**Q4**	**Completed**		in person
Activity 1.1.3 Create incentives for health workers to deliver quality care and test the effectiveness of performance-based financing.																
1.1.3.a	Implement identified plans on appropriate responses to the financial barriers to seeking care			**Q1**						**Q3**				**On-going**		both
1.1.3.b	Support educating patients on their rights to reduce out-of-pocket costs for MNCH services for the poor at local levels			**Q1**			**Q2**			**Q3**				**On-going**		both
Activity 1.1.4 Improve infrastructure and service delivery network for MNCH services																

1.1.4.a	Improve infrastructure and support with essential equipment			**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**				**On-going**	both
1.1.4.b	Conduct trainings on maintenance of medical equipment			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	in person
1.1.4.c	Support PHCs with essential equipment based on RHFA				**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**				**Not started**	virtual
Activity 1.1.5 Ensure that every healthcare facility has an adequate, sufficient, safely managed and reliable water supply; safe, adequate and affordable toilets for patients, good hand hygiene infrastructure and practice; regular, efficient cleaning; waste management systems															
1.1.5.a	Support implementation of WASH at facilities														
1.1.5.b	Support facilities with equipment to improve WASH and IC			**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**				**On-going**	in person
IR1.2 Increased professional and institutional capacity															
Activity 1.2.1 Initiate an update the pre-service education and skills development and institutionalize improvements in pre-service training on MNCH and nutrition with support from MOHSPP and development partners.															
1.2.1.a	Update and disseminate national guidelines, standards and protocols to deliver evidence-based MNCH and nutrition care														
1.2.1.a-1	Support the development of a comprehensive training curriculum for a medical college package for family nurses		**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**				**On-going**	in person
1.2.1.a-2	Support introduction and ensure sustainability of comprehensive training curriculum on nutrition	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**								**On-going**	in person
Activity 1.2.2 Improve access, quality and responsiveness of PHC services															
1.2.2.a	Support of implementation of a National PHC Development Plan			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	both
1.2.2.b	Continue to increase quality and competencies of PHC services			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	virtual

1.2.2.c	Develop education training packages for nurses on MNCH, nutrition and WASH to CME	**Q1**	**Q1**	**Q1**										**On-going**	both
1.2.2.d	Support the MOHSPP to revise, approve and implement the terms of reference for family nurses	**Q1**	**Q1**	**Q1**										**Completed**	virtual
1.2.2.e	Conduct TOT for family nurses to establish local nurses trainers pool		**Q1**	**Q1**										**Completed**	
1.2.2.f	Support efforts to strengthen technological innovations related to data collection	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	virtual
Activity 1.2.3 Support National Midwifery Association to increase access to comprehensive set of MNCH services															
1.2.3.a	Revise regulatory documents and training programs in postgraduate courses														
1.2.3.a-1	Support midwife trainers in delivering on-the-job trainings for midwives at 12 districts on a district and rural levels		**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	virtual
1.2.3.a-2	Support National Associations of Midwives to implement approved terms of reference for midwives			**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	both
1.2.3.b	Support Natioanal Midwifery Association to produce regular newsletter on MNCH and nutritional topic			**Q1**			**Q2**			**Q3**		**Q4**		**On-going**	virtual
Activity 1.2.4 Ensure sustainability of evidence base approach in MNCH and Nutrition															
1.2.4.a	Initiate NRC in medical colledge and OCFM at regional level											**Q4**	**Q4**	**Not started**	in person
1.2.4.a-1	Establish and support of the NRC in TSMU	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**			**Q3**			**Q4**	**On-going**	in person
1.2.4.b	Continue to support MOHSPP to mantain data base of existing National standards and guidelines on MNCH and Nutrition		**Q1**		**Q2**		**Q2**		**Q3**		**Q4**		**Q4**	**On-going**	virtual
1.2.4.c	Support existing and newly established NRCs to update training packages, plans and visual information materials and provision CME utilising Knowledge Hub			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	virtual
Activity 1.2.5 Advocate MOHSSP to introduce modern CME systems (credits, digital)															

1.2.5.a	Development of E-tools on IMCI for continuous medical education (CME) for family doctors and family nurses with a focus on nutrition and QI through NRCs	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**Not started**	virtual
1.2.5.b	Support local trainers in delivering on job trainings on MNCH topics	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	virtual
1.2.5.c	Refresh sessions on CME App and digitalized data base for local trainers at hospital at PHC level			**Q1**										**Completed**	virtual
1.2.5.d	Mantain database of the trained HCWs to assess needs			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	virtual
IR1.3 Improved systems to plan, manage, and evaluate MNCH and nutrition programs															
Activity 1.3.1 Collect and analyze MNCH and nutrition related data to improve quality of service															
1.3.1.a	Support implementation of the health facilities management tool														
1.3.1.a-1	Support semi annual self assesment in pilot facilities					**Q2**	**Q2**				**Q4**	**Q4**	**Q4**	**Not started**	virtual
1.3.1.a-2	Extend health management information system and create an electronic MNCH register	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	virtual
1.3.1.a-3	Strengthen administrative and human capacity of DOH to use digital platforms	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	both
1.3.1.b	Implementing of mHealth tools integrated with CommCare	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	virtual
1.3.1.c	Maintain and update a registry for the 24 NRC and their professional development, including CME. Develop database trackers for CME nutrition centers for assessing MNCH and nutrition implementation progress	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	both
1.3.1.d	Capacity building of project staff to implement digital infrastructure	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	virtual
1.3.1.e	Provide supportive supervision and monitoring processes of users and apps by technical specialists	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	in person

Activity 1.3.2 Create stronger linkages between levels of health services and engage communities in quality improvement initiatives at primary health centers and hospitals.															
1.3.2.a	Support implementation Joint Action Plan			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	both
1.3.2.b	Analyze existing Joint Action Plan between community, PHC and hospital level										**Q4**	**Q4**	**Q4**	**Not started**	both
1.3.2.c	Support QI Teams to assess patients' satisfaction on quality of medical services			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	virtual
Activity 1.3.3 Institutionalize baby-friendly hospital initiative to ensure that all infants begin breastfeeding within the first hour of birth															
1.3.3.a	Update accreditation standards in line with 2018 WHO and UNICEF Implementation Guidance on the revised Baby-Friendly policy														
1.3.3.a-1	Assess status of the Baby Friendly Hospital Initiative in Tajikistan and specifically in Khatlon region	**Q1**	**Q1**	**Q1**										**Completed**	virtual
1.3.3.a-2	Develop and start implementing plan on specific activities for Baby Friendly certification				**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**Not started**	virtual
Result 2 Support the Scaling Up Nutrition Movement and national strategies															
IR 2.1 Increased political will and resources for MNCH and nutrition programs.															
Activity 2.1.1 Support SUN movement in Tajikistan															
2.1.1.a	Contribute to optimizing the integration and expansion of evidence-based nutrition interventions														
2.1.1.a-1	Study experience from other countries within SUN Movement		**Q1**			**Q2**			**Q3**			**Q4**		**On-going**	virtual
2.1.1.a-2	Support MoHSPP, as requested, to reactivate the Nationals SUN secretariat			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	virtual
2.1.1.a-3	Provide technical assisstance in comprehensive reporting to the Global SUN Secretariat and the GoT	**Q1**	**Q1**	**Q1**										**Completed**	virtual

2.1.1.a-4	Support participation of multi-sectorial representatives in Global SUN meetings			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	virtual
2.1.1.b	Raise the profile of SUN nationally, through direct outreach to HMHB partners at the national, district and local levels.														
2.1.1.b-1	Participation in a direct teleconference with the SUN Secretariat, MQSUN + project, representatives of other Member Countries			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	virtual
2.1.1.b-2	Participate in an annual assessment of the SUN movement in Tajikistan			**Q1**	**Q2**	**Q2**								**Completed**	both
2.1.1.b-3	Enhance SUN movement in Tajikistan by Support quarterly multi-sectorial meetings of the SUN Coordination Council						**Q2**			**Q3**			**Q4**	**Not started**	both
2.1.1.b-4	Support involvement of representatives from regional, district levels at meetings of SUN at national level.						**Q2**			**Q3**			**Q4**	**Not started**	virtual
2.1.1.c	Work with SUN stakeholders on synchronization of activities of Health and Food Security donor coordination councils			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	virtual
Activity 2.1.2 Lead and support MNCH coordination council to implement strategic plan on Maternal, Women, Newborn's, Children's and Adolescent's care in accordance of NHS 2030.															
2.1.2.a	Provide technical assistance to the MOHSSP														
2.1.2.a-1	Continue to support MNCH coordination council within MOHSPP to implement Action Plan on Health Strategy 2020-2030			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	both
2.1.2.a-2	Organize and support Coordination MNCH meetings at regional level with local partners			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	both
2.1.2.b	In collabortion with Asosiation of Obstetrians/gynecologists orginize the 7th Congress of obstetricians-gynecologists							**Q3**	**Q3**	**Q3**				**Not started**	both
2.1.2.c	In collaboration with development partners, support MOHSPP support JAR meeting			**Q1**	**Q2**									**Postponed**	both
Activity 2.1.3 Support development and implementation of the Food Fortification Action Plan (FFAP).															

2.1.3.a	Support the technical working group in reviewing, finalizing, implementing, and monitoring a food fortification action plan														
2.1.3.a-1	Continue to provide technical assistance to private industry to fortify flour and products							**Q3**	**Q3**	**Q3**				**Not started**	both
2.1.3.a-2	Support local millers to establish fortification supply chain process with involving GAIN Premix Facility						**Q2**	**Q3**	**Q3**	**Q3**				**Not started**	both
2.1.3.a-3	Develop tools and establish system of monitoring of quality fortified foods				**Q2**	**Q2**	**Q2**							**Not started**	both
2.1.3.a-4	Support monitoring and evaluation of the nutrition systems in Tajikistan									**Q3**	**Q4**	**Q4**	**Q4**	**Not started**	both
2.1.3.b	Support implementation of National Food Fortification Action Plan under National program														both
2.1.3.b-1	Work with the MOHSPP, Food Security Committee, and the Ministry of Economy to advocate for introduction of fortified flour.					**Q2**			**Q3**			**Q4**		**Not started**	virtual
2.1.3.b-2	Work with the Nutrition Center to support implementation of AP and advocate for introduction of fortified flour						**Q2**			**Q3**			**Q4**	**Not started**	virtual
IR 2.2 Increased stakeholder engagement around national MNCH and nutrition goals to include stronger linkages between all levels of health services.															
Activity 2.2.1 Facilitate multi-sectorial engagement for nutrition at the district and community level, with efforts to engage the private sector, civil society, and other actors to collaborate in improving nutrition in the first 1000 days.															
2.2.1.a	Support MOHSPP in implementing the National Communication Program for the First 1,000 Days of a Child's Life in RT for 2020-2024			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	both
2.2.1.b	Collaborate with development partners working on nutrition programs in Tajikistan and advocate for synchronization of activities of Health and Food security DCC's			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	both
Activity 2.2.2 Reduce the burden of food insecurity															
2.2.2.a	Support WFP and UNICEF in the program of supplementary food for children aged 6-59			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	virtual

2.2.2.b	Monitor of food supply to all 12 PHC and hospitals in 12 districts in implementation the protocols for IMAM					**Q2**	**Q2**				**Q4**	**Q4**		**On-going**	virtual
Activity 2.2.3 Support MOHSPP in improving the quality, comprehension and appeal of their mass media campaigns related to MNCH and nutrition (e.g. TV spots, printed materials).																
2.2.3.a	Organize events on nutrition at the regional and district levels															
2.2.3.a-1	Support National Nutrition Forums										**Q4**	**Q4**	**Q4**	**Not started**	both
2.2.3.a-2	Support MOHSPP to organize local nutrition events (EBF campaign, seminars, roundtables, etc.)										**Q4**	**Q4**		**Not started**	in person
2.2.3.b	Through media and communications outreach, share information about health and nutrition within the first 1,000-day window														
2.2.3.b-1	Continue to provide support to MOHSPP / RCFM to enhance website with focus on MNCH and nutrition	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	virtual
2.2.3.b-2	Support partners in facilitating behavioral change communication messages to be used in digital tools (MNCH app)	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	virtual
2.2.3.b-3	Support the development of frontline worker facing media campaigns for inclusion on platforms	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	both
2.2.3.c	Align facility and CHW messaging developed by project	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	virtual
IR 2.3 Strengthened coordinated multi-sectorial programming and planning among MNCH and nutrition stakeholders.																
Activity 2.3.1 Supporting Multi-sectorial Engagement on MNCH, Nutrition and Gender at regional level																
2.3.1.a	Conduct seminars for NGOs and members of Parliament to create a network of public organizations on nutrition and gender				**Q2**	**Q2**	**Q2**							**Not started**	virtual
2.3.1.b	Collaborate with local NGOs to change social norms on MNCH, nutrition and gender based on HMHB SBCC strategy				**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**Not started**	virtual

Result 3: Social and behavior change to improve nutrition, and maternal and child health															
IR 3.1 Improved social and behavior change strategies and approaches for MNCH, nutrition-specific, and nutrition-sensitive activities															
Activity 3.1.1 Strengthen SBCC interventions and approaches focused on nutrition based on conducted study at the local and household levels to determine the food intake plate and formative research on consumer and household preferences, needs and barriers to changing behaviors															
3.1.1.a	Implement 5 year Action Plan based on SBCC strategy for the project to be in line with MOH Guideline "Partnership with communities on health issues"														
3.1.1.a-1	SBCC Strategy introductory meeting with Hukumat, DOH, RHLSC at regional level	**Q1**	**Q1**	**Q1**										**Completed**	both
3.1.1.a-2	SBCC Strategy introductory meeting with district Hukumat, HLSC, PHC at district level	**Q1**	**Q1**	**Q1**										**Completed**	both
3.1.1.b	In collaboration with HLSC, local NGOs identify additional recources at district level for SBCC	**Q1**	**Q1**	**Q1**				**Q3**	**Q3**	**Q3**				**On-going**	both
3.1.1.b-1	Involve organizations at district level in implementation of SBCC campaigns	**Q1**	**Q1**	**Q1**				**Q3**	**Q3**	**Q3**				**On-going**	both
3.1.1.c	Implement SBCC Tools														both
3.1.1.c-1	Conduct ToT for district trainers and district coordinators		**Q1**	**Q1**										**Completed**	in person
3.1.1.c-2	Support facilitators to conduct sessions on SBCC Tools for CHTs			**Q1**	**Q2**					**Q3**	**Q4**			**On-going**	in person
3.1.1.c-3	Orient local media and Popular Opinion Leaders on Strategy and Campaign Plans			**Q1**						**Q3**				**Postponed**	in person
Activity 3.1.2. Advocate for creation positive social norms that reinforce desired behaviors working at national, regional, and local levels through HLSCs, PHCs and CHTs.															
3.1.2.a	Work through PHC facilities, CHTs, and HLSCs to ensure local relevance and ownership														
3.1.2.a-1	Support National HLSC to implement National Program HLS 2021-2025			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	both

3.1.2.a-2	Support National HLSC on promoting healthy nutrition to collaborate with mass media to increase public awareness on nutrition*								**Q3**			**Q4**	**Not started**	virtual
3.1.2.b	Collaborate with 8 central district schools to improve knowledge of students in nutrition, WASH and gender													in person
3.1.2.b-1	Develop Nutrition, WASH and Gender related ToT training packages for school students on social behavior change approach		**Q1**	**Q1**									**Completed**	in person
3.1.2.b-2	Conduct two-day ToT training for PHC key staff responsible for schools			**Q1**	**Q2**								**Postponed**	in person
3.1.2.b-3	Conduct cascade trainings by PHC trainers for high school teachers at selected schools*				**Q2**	**Q2**	**Q2**	**Q3**	**Q3**				**Not started**	in person
3.1.2.b-4	Initiating competitions among students on Nutrition, WASH and Gender knowledge and practices*											**Q4**	**Not started**	in person
3.1.2.b-5	Organizing fairs and exibitions on local foods and consumption of healthy foods at schools level											**Q4**	**Not started**	in person
IR 3.2 Increased innovations and creative approaches to change social norms around selected high-impact MNCH and nutrition behaviors.														
Activity 3.2.1 Implement innovative technologies to change and/or improve social behavioral norms around nutrition														
3.2.1.a	Organize community nutrition campaigns to encourage consumption of locally available healthy foods, and to address fear about folic acid and iron supplementation in pregnancy*													
3.2.1 a-1	Create mapping table to identify relevant NGOs that implement Nutrition, WASH, Health, Gender, and SBCC activities		**Q1**										**Completed**	in person
3.2.1 a-2	Conduct one-day orientation meeting with selected NGOs to make presentation on HMHB subcontracts activities			**Q1**						**Q3**			**Postponed**	in person

3.2.1.b	Launch Campaign - Locally Available Foods including gender issues, dietary diversity, consumption of FF food*														
3.2.1.b-1	Disseminate and broadcast materials on Locally Available Foods, including Gender issues, Dietary Diversity and Consumption of Fortified Food	**Q1**	**Q1**	**Q1**				**Q3**	**Q3**	**Q3**				**On-going**	both
3.2.1.b-2	Coordinate ongoing media briefings			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	both
3.2.1.b-3	Monitor activities and media coverage						**Q2**			**Q3**			**Q4**	**Not started**	both
3.2.1.b-4	Conduct training on SBCC tools, Locally Available Foods with including gender issues, dietary diversity, consumption of FF food for DCs, HLSCs and district trainers*				**Q2**							**Q4**		**Not started**	in person
3.2.1.b-5	Conduct trainings on SBCC tools, Locally Available Foods with including gender issues, dietary diversity, consumption of FF food for facilitators*				**Q2**	**Q2**						**Q4**	**Q4**	**Not started**	in person
3.2.1.b-6	Facilitators collaborate with CHTs to promote Locally Available Foods through cooking demonstration/ fair of local foods (in cooperation with ALG)*					**Q2**	**Q2**					**Q4**	**Q4**	**Not started**	in person
3.2.1.c	Develop IEC materials to promote effectiveness of FF for improving consumption of fortified nutrition foods*	**Q1**	**Q1**	**Q1**										**On-going**	in person
3.2.1.d	Promote nutrition/hygiene activities based on WASH and nutrition road maps														
3.2.1.d-1	Launch a 3 months WASH Healthy Homes Contest						**Q2**	**Q3**	**Q3**	**Q3**	**Q4**			**Not started**	in person
3.2.1.d-2	Organize recognition events at HLSC and Hukumat at district level with involvement of mass media											**Q4**		**Not started**	in person
3.2.1.e	Support subcontractss for CHTs through local NGOs to improve WASH at community level														in person

3.2.1.e-1	Call for proposal among local NGOs for improving Nutrition, WASH and Gender among communities				**Q2**	**Q2**	**Q2**							**Not started**	in person
3.2.1.e-2	Conduct 1-day joint meeting with district HLSC and PHC to select the best proposal						**Q2**							**Not started**	in person
3.2.1.e-3	Conduct monitoring and evaluation of ongoing and implemented projects								**Q3**	**Q3**				**Not started**	in person
3.2.1.e-4	Counduct 1-day round table to present the outcomes of subcontracts										**Q4**	**Q4**		**Not started**	in person
Activity 3.2.2 Use "window of opportunity" to address anemia and prevent chronic malnutrition in the first 1,000 days															
3.2.2.a	Increase capacity of HCWs and CHTs on counselling on proper nutrition during pregnancy														
3.2.2. a 1	Conduct sessions for 12 DCs, 4 district trainers and 4 HLSC to make presentation on IEC materials		**Q1**	**Q1**										**Completed**	on-line
3.2.2.a-2	Disseminate IEC materials about nutrition during pregnancy*		**Q1**	**Q1**										**Completed**	in person
3.2.2.a 3	Develop guidline on complementary feeding for young mothers*						**Q2**	**Q3**	**Q3**	**Q3**	**Q4**			**Not started**	both
3.2.2.b	Support DOH in conducting World Breastfeeding Week														both
3.2.2.b-1	Print and disseminate IEC materials*										**Q4**	**Q4**		**Not started**	both
3.2.2.b-2	Invlolve mass media in promotion of breastfeeding practices										**Q4**	**Q4**		**Not started**	both

Activity 3.2.3 Work with families and communities to foster joint decision-making and budgeting within families to improve the status and agency of young women															
3.2.3.a	Increase decision-making, budgeting and business planning through collaboration with women's organizations engaging young women, men, and mothers- in- law. Launch campaign - Joint planning and decision-making based on health, nutrition and WASH topics														
3.2.3.a-1	Distribute and broadcast materials								**Q3**	**Q3**				**Not started**	both
3.2.3.a-2	Conduct and coordinate ongoing media briefings								**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**Not started**	virtual
3.2.3.a-3	Conduct 1-day ToT on Joint planning and decision-making based on Health, Nutrition and WASH topics for DCs, HLSCs and district trainers in 4 pilot districts								**Q3**					**Not started**	in person
3.2.3.a-4	Conduct 1-day training on Joint planning and decision making based on Health, Nutrition and WASH topics for facilitators								**Q3**	**Q3**				**Not started**	in person
3.2.3. a-5	Develop and publish IEC materials on Joint planning and decision-making based on health, nutrition and WASH topics								**Q3**	**Q3**	**Q4**			**Not started**	both
IR 3.3 Strengthened or newly created links between community-level approaches and primary health facilities															
Activity 3.3.1: Work on a community level through health providers and local authorities to improve MNCH and nutrition practices during 1000 day window including activities on hygiene and sanitation.															
3.3.1.a	Support HLSC and RCFM on implementation of an action plan to introduce GPCHI														
3.3.1.a-1	Support TOT for regional and district-level HLSC and PHC managers to support CHTs.	Q1						Q3						**Completed**	both
3.3.1.a-2	Build capacity of regional/district Khukumats, DOE, NGO and other stockholders on GPCHI		Q1						Q3					**Completed**	in person
3.3.1.a-3	Support Republican HLSC and RCFM in implementation of the model GPCHI			Q1	Q2					Q3	Q4			**On-going**	in person

3.3.1.a-4	Support in conduction of PRA sessions by trained HCWs/Facilitators				Q2	Q2					Q4	Q4		**On-going**	in person
3.3.1.a-5	Support HCWs/Facilitators in establishment of CHTs through elections					Q2	Q2					Q4	Q4	**Not started**	both
3.3.1.a-6	Monthly Coordination meetings with HLSC on implementation of GPCHI	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	**On-going**	both
3.3.1.b	Support Abt and facilitators with implementation of digital tools at a number of pilot sites	Q1	Q1					Q3	Q3					**On-going**	both
Activity 3.3.2. CHT Support Supervision/Monitoring Mentoring															
3.3.2.a	Conduct ToT for district trainers on SBCC Support Supervision Tools in 8 target districts		**Q1**											**Postponed**	in person
3.3.2.b	Quarterly Support Supervision of CHT facilitators			**Q1**			**Q2**			**Q3**			**Q4**	**On-going**	in person
3.3.2.c	Develop High Performer Recognition Plan for CHTs initiated in joint cooperation with Hukumat and PHC				**Q2**						**Q4**			**On-going**	both
3.3.2.d	Support Quarterly Recognition events for high performing CHTs				**Q2**						**Q4**			**Not started**	in person
Activity 3.3.3 Use creative, community-level approaches, such as storytelling, community video, etc.to engage communities and change social norms around selected MNCH and nutrition behaviors.															
3.3.3.a	Identify and collect community creative stories, poems, pictures, and photos to use in the local village level campaigns for changing social norms							**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**Not started**	both
3.3.3.b	Trained facilitators disseminate creative approaches among each other to share best practices and engagement of community							**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**Not started**	both

3.3.3.c	Collect data of number of households, mothers and CU2 reached with nutirtion and MNCH activities by CHT	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	On-going	virtual
3.3.3.d	Provide data and reports generated by using of COMM Care that may provide input into the MEL strategy	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	On-going	virtual
Communication Activities															
1	Implement Communication Strategy and Action Plan	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	On-going	both
2	Support the radio channel to conduct weekly programs on MNCH and nutrition				Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	Not started	in person
3	In collaboration with the ALG project, draw up IEC materials development plan		Q1			Q2			Q3					On-going	in person
4	Establish cooperation with mass media at national and regional level for broadcasting nutrition, health, WASH, gender and SBCC activities*				Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	Not started	in person
5	Develop and broadcast PSAs (each 30 sec) on Nutrition, WASH and MNCH			Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	On-going	in person
6	Implementation of E-Learning for project staff				Q2	Q2	Q2							Not started	virtual
7	Raise awareness on project activities and achievements through social networks, media and newsletters for beneficiaries	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	On-going	virtual
Monitoring, Evaluation and Learning															
1	Update Monitoring and Evaluation Plan (AMEP)	Q1	Q1	Q1										Completed	virtual
2	Continue routine monitoring systems for activities	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	On-going	virtual
3	KAP Survey on district level	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	Completed	both
4	Egg consumption Study	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	Not started	both
5	Continue and update Roster/ Data base of 1 ZOI (health, population, household, etc.)	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	On-going	virtual
6	Conduct quarterly visits to each district to reinforce M&E systems and collect qualitative data	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	On-going	in person

7	Submit quarterly and annual reports to USAID and USAID/CAR's management information system and organize quarterly staff meetings				**Q2**			**Q3**			**Q4**		**Q4**	**On-going**	both
8	Develop a Learning Plan jointly with programmatic, technical, and M&E teams and present at Annual retreat										**Q4**	**Q4**	**Q4**	**Not started**	both
9	Digitalize reporting system for the implementation of model "Partnership with Communities on Health Issues"	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	both
10	Adopt and implement CommCare software	**Q1**	**Q1**	**Q1**	**Q2**	**Q2**	**Q2**	**Q3**	**Q3**	**Q3**	**Q4**	**Q4**	**Q4**	**On-going**	both
Sub Contract / Equipment support															
1															virtual
2															in person
3															in person