

## Data Sheet

<b>USAID Mission:</b>	Azerbaijan
<b>Program Title:</b>	Humanitarian Assistance
<b>Pillar:</b>	Democracy, Conflict and Humanitarian Assistance
<b>Strategic Objective:</b>	112-0310
<b>Proposed FY 2004 Obligation:</b>	\$8,790,000 FSA
<b>Prior Year Unobligated:</b>	\$1,603,000 FSA
<b>Proposed FY 2005 Obligation:</b>	\$7,200,000 FSA
<b>Year of Initial Obligation:</b>	FY 1993
<b>Year of Final Obligation:</b>	FY 2009

**Summary:** The physical and economic well-being of vulnerable populations in conflict-affected areas is being improved through direct provision of health services and support for community-based social and economic services.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Humanitarian Assistance (\$5,900,000 FSA, \$761,630 FSA carryover). The major vehicle for providing assistance is the Azerbaijan Humanitarian Assistance Program (AHAP). Under an umbrella cooperative agreement with Mercy Corps International, U.S. and local NGOs provide health and community services in the context of promoting community development and self help. Principal grantees: Mercy Corps International (prime), Save the Children, International Rescue Committee, World Vision International, Adventist Development Relief Agency, Community Habitat Finance, Pathfinder International and International Medical Corps (subs).

USAID will provide conflict-affected communities with organizational training and limited material resources. Specifically, the communities will receive training in community appraisal systems, help with the design of local projects, the forming of local implementation groups, and limited material support for their endeavors.

USAID will work to increase access to economic opportunities and support services. Microcredit and small business development activities will provide demand-driven business development and financial services. The microcredit programs will use group and individual lending with increasing loan amounts over time. The implementing U.S. NGOs will continue the gradual shift away from a direct provision of training and consultation to services offered in cooperation with local organizations.

Delivery of health services will be improved through: 1) promoting/strengthening self-sufficient, community-based health care systems, including cost-recovery mechanisms, drug revolving funds and insurance systems; and 2) improving medical services at community-based clinics. Health education will continue to concentrate on reproductive health, and maternal and child health. Medical providers will continue to receive training to update their skills to apply WHO standards in treatment and assist in upgrading their clinics through community participation.

Health (\$2,890,000 FSA, \$716,827 FSA carryover, \$124,571 FSA prior year recoveries). Three hospital partnerships will continue to train hospital-based physicians, using curricula and techniques that are appropriate to local expertise and resources. Internally-Displaced Persons (IDPs), refugees, and other vulnerable groups will benefit through improved public medical services. Grantee: American International Health Alliance (AIHA).

**FY 2005 Program:**

Social Transition Program (\$5,300,000 FSA). It is anticipated that key program components from the current AHAP will be extended through mid-January of 2006 to ensure a smooth transition to USAID's new strategy. The AHAP programmatic interventions will emphasize handover to local structures and the creation of linkages with other organizations while continuing increased integration of health, social, and economic assistance activities in multi-dimensional community-based endeavors.

Health (\$1,900,000 FSA). The AIHA Hospital Partnership grant was extended through September 2007. A new, small health program will be implemented.

**Performance and Results:** USAID has continued to implement models for community mobilization, business development and, financial service delivery to entrepreneurs in conflict-affected areas. Multi-sectoral interventions strengthened the capacity of communities to address their own needs including group formation and development and facilitating access to financial, health, business, and agricultural services. Many community groups were formed with support from previously established and trained neighboring communities rather than through direct intervention of USAID's partner agencies. Experienced community leaders used numerous vehicles to mentor nascent communities, which include training, cluster community-level events, technical assistance, and monitoring of micro-project implementation. Despite the significant achievements to date, cluster community structures are still quite new and, therefore, require additional time and support to achieve their potential as sustainable community-based development resources. The two USAID-supported microfinance institutions (MFIs) focused on strengthening institutional and operational sustainability. These MFIs put in place considerable refinements in systems and procedures and are aggressively expanding their client base in order to achieve financial sustainability. Business development support services concentrated on strengthening the capacity of local providers to meet market demands for services and the further development of two regional associations. Utilization rates of health care services continued to increase as a result of the strengthened role of the community to organize and manage self-sufficient community-based health care systems, including cost-recovery mechanisms, revolving drug funds and insurance systems, improved medical facilities, and the quality of services of health care providers. In August 2003, the new reproductive health and family planning services program began. This is a groundbreaking program since it involves direct collaboration of community-based development initiatives with the GOAJ, namely the National Reproductive Health Office.

Continued progress in the social transition area and expanded activities in the health sector will translate into an increased number of vulnerable communities having trained and skilled community leaders as well as health professionals, improved resources, institutions, and facilities. The communities will be healthier and have a greater capacity to identify and solve community and social problems.