

Data Sheet

USAID Mission:	Tajikistan
Program Title:	Health and Population
Pillar:	Global Health
Strategic Objective:	119-0320
Proposed FY 2004 Obligation:	\$4,610,000 FSA
Prior Year Unobligated:	\$1,254,000 FSA
Proposed FY 2005 Obligation:	\$4,700,000 FSA
Year of Initial Obligation:	2001
Year of Final Obligation:	FY 2006

Summary: USAID's quality primary health care (PHC) objective aims to create a higher quality, cost-effective PHC system in pilot sites by improving health education, awarding local NGOs small grants for health projects, retraining doctors and nurses in family medicine, improving care of pregnant women and their children, preventing and treating child malnutrition, implementing incentive-based provider payment systems, reducing conflict through youth sports and health education projects, assisting in malaria control, controlling tuberculosis (TB), and containing the HIV epidemic among injecting drug users.

Inputs, Outputs, Activities:

FY 2004 Program:

Increase Quality of Primary Health Care (\$\$1,023,379 FSA, \$566,767 FSA carryover). USAID will continue health education campaigns and train PHC staff on health promotion, award local NGOs small grants, prepare family medicine trainers for regional training centers, provide family medicine training to more doctors, strengthen rational drug use through a new drug information center, establish more hospital pharmacy committees, and implement evidence-based protocols and new hospital and PHC financing and health information systems in pilot sites. New partnerships will improve pre-service medical education and strengthen nursing leadership. Principal contractors/grantees: Abt Associates (prime), American International Health Alliance (prime), Counterpart Consortium (prime), and new partners to be determined.

Improve Maternal and Child Health Services (\$986,621 FSA, \$27,854 FSA carryover). USAID will continue to: mobilize community groups, emphasizing men's and youth groups, advocate for safe motherhood and child health; create village pharmacies and revolving drug funds; establish additional health facilities; and certify baby-friendly hospitals. Local trainers will assume training responsibilities. A situation analysis on policy issues will begin with contraceptive security. Child screening and malnutrition referrals will continue near the Afghan border. USAID's cross-border Sports and Health Education Program will expand to school camps, health education, and school improvement projects. Principal contractors/grantees: Abt Associates (prime), Action Against Hunger (prime), and Project HOPE (prime).

Control TB and Other Infectious Diseases (\$650,000 FSA, \$179,466 FSA carryover). USAID will launch a new, five-year TB Control Program to strengthen surveillance, lab quality, and rational drug management; expand the Directly Observed Treatment, Short-course approach; and integrate TB control into reformed health systems. Coordination among health and penal systems and the Global Fund to Fight AIDS, TB, and Malaria (GFATM) partners will improve. The Applied Epidemiology Program will continue. Principal contractors/grantees: U.S. Centers for Disease Control and Prevention (CDC) (prime) and a new partner to be determined.

Prevent the Spread of HIV/AIDS (\$1,950,000 FSA, \$480,203 FSA carryover). CDC will establish HIV sentinel surveillance. USAID's new HIV/AIDS prevention activity will help NGOs expand service coverage of high risk groups, develop protocols to assist with antiretroviral use and treatment for opportunistic infections, and improve counseling and testing services. Social marketing of safe practices

will continue. USAID will supplement the Government of Tajikistan's grant from the Global Fund to Fight AIDS, TB and Malaria (GFATM). USAID's drug demand reduction program will begin full-scale activities to reduce demand for illegal drugs, including creating youth centers, training journalists and narcologists, providing outreach to schools and community organizations, and connecting groups at risk to needed services. Principal contractors/grantees: CDC (prime) Population Services International (prime), Open Society Institute (OSI)/Kazakhstan (prime), and a new partner to be determined.

FY 2005 Program:

Increase the Quality of Primary Health Care (\$1,742,120 FSA). USAID will award a new contract to broaden health education efforts, and expand health finance and information systems to a regional level. USAID will continue family medicine training of trainers, pharmacy activities, small grants to health sector NGOs, and partnership work. Principal contractors/grantees: same as above.

Improve Maternal and Child Health Services (\$660,000 FSA). USAID will expand project activities to more districts, doubling the number of beneficiaries. Based on lessons learned during phase one, phase two will accelerate health provider training, community grants and mobilization activities and policy advocacy. USAID will expand certification of baby friendly hospitals, village pharmacies, revolving drug funds, and health facilities to new districts. Opportunities to link community mobilization and grant activities with prenatal care and screening and referral of malnourished children will be pursued. USAID's cross-border Sports and Health Education Project will conduct more School Camps. Principal contractors/grantees: Project HOPE (prime) and Abt Associates.

Control TB and Other Infectious Diseases (\$797,880 FSA). USAID will: train specialists in surveillance and diagnostics; train oblast monitoring teams and PHC doctors on TB diagnosis and community treatment; and continue Applied Epidemiology training. Principal contractors/grantees: same as above.

Prevent the Spread of HIV/AIDS (\$1,500,000 FSA). USAID will continue establishing HIV/AIDS surveillance systems, improving lab diagnostics, funding HIV/AIDS NGOs' prevention programs, and assisting the government to implement GFATM. USAID will continue grants to NGOs to provide drug use alternatives and improve services to those at risk of or seeking to end drug use. Assessments will lead to introduction in of successful models from other countries engaged in drug demand reduction to Tajikistan. Principal contractors/grantees: CDC (prime), Open Society Institute/Kazakhstan, and a new partner to be determined.

Performance and Results: USAID significantly expanded programs in maternal and child /reproductive health, drug abuse prevention and small grants. The Family Medicine Clinical Training Center enrolled 20 doctors in a course to become family medicine trainers. Hospital and PHC clinic financing systems are underway in five sites. Under-equipped PHC clinics welcomed the U.S. Department of State's infusion of medicines, supplies and equipment. With USAID assistance, the \$16 million donation reached 60 PHC clinics. USAID's new maternal child/health activity established 200 village committees to advocate for health priorities and health facilities, involving food-for-work brigades. USAID supported 37,000 screenings of children below age five to find and refer 105 severely-malnourished and 1,286 moderately-malnourished children. The GFATM awarded Tajikistan \$1,521,040 for AIDS and \$3,071,150 to fight TB. Pilot monitoring results show that TB labs' and facilities' average scores on minimum standards checklists exceeded expectations at 96.5% for labs (65% target) and 76.1% for facilities (75% target).

With successful completion of this SO, Tajikistan will have a health finance and health information system in two oblasts, a country-wide family medicine retraining system in place, a coordinated comprehensive HIV/AIDS program that includes prevention, care, and treatment, and a TB control program firmly launched.