

Data Sheet

USAID Mission:	Tajikistan
Program Title:	Health and Population
Pillar:	Global Health
Strategic Objective:	119-0320
Status:	Continuing
Planned FY 2006 Obligation:	\$3,850,000 FSA
Prior Year Unobligated:	\$469,000 FSA
Proposed FY 2007 Obligation:	\$3,588,000 FSA
Year of Initial Obligation:	2001
Estimated Year of Final Obligation:	2007

Summary: USAID's quality primary health care (PHC) objective is helping Tajikistan to implement components of health system reforms, and to ensure utilization of quality, client-oriented, cost-effective primary health care services. Pilots will assist the country to implement more effective financing for its health systems and to practice evidence-based medicine. USAID provides essential technical assistance and support to the country's efforts to control infectious diseases like HIV/AIDS and tuberculosis (TB), and the related scourge of increasing drug use.

Inputs, Outputs, Activities:

FY 2006 Program:

Address Other Health Vulnerabilities (\$1,855,000 FSA, \$458,576 FSA prior year recoveries). USAID's health reform program, ZdravPlus II, will assist the Tajik Ministry of Health (MOH) to nationally roll-out its capitation payment system (which is being piloted in two districts), by developing and introducing appropriate regulations and a step by step operational plan. ZdravPlus will continue to support hospitals piloting clinical database programs, will assist them to analyze their cost-accounting data, and will develop automated information for hospital managers on utilization of facilities and services. USAID will continue to support the Drug Information Center, which provides independent, objective, and evidence-based information to promote rational drug use and evidence-based medicine, including the development of clinical practice guidelines. USAID will educate communities on sexually transmitted infections and their treatment through outreach. USAID's maternal and child health program, Healthy Family, will conduct health promotion activities in schools, communities, and among men's and youth groups. Primary health care providers will be brought up to date on key topics in maternal and child health. In coordination with the MOH, obstetric service providers will be trained on the new national antenatal and delivery care guidelines, midwives will receive ob-gyn equipment following training in life-saving skills, and maternity house staff will be trained on nutrition and breastfeeding. USAID will continue to support implementation of the World Health Organization-recommended live birth definition on a pilot basis. Principal contractors/grantees: Abt Associates (prime), Morehouse University School of Medicine (sub), John Snow Inc. (sub), Boston University (sub), Scientific Technology and Language Institute (sub), Institute for Sustainable Communities (sub), U.S. Centers for Disease Control and Prevention (CDC) (prime), Project Hope (prime), and Save the Children (sub).

Prevent and Control Infectious Diseases of Major Importance (\$738,000 FSA, \$5,016 FSA carryover). USAID will continue to support the MOH in developing its National TB Control Program, and will provide technical assistance to address HIV-TB co-infection, drug management, multi-drug resistant TB, and treatment for prisoners before and after release. The program will improve human and systems capacity for TB control, as well as support community mobilization activities addressing TB. The Centers for Disease Control and Prevention (CDC) will continue to train epidemiologists through the Applied Epidemiology Training Program (AETP), expand its TB electronic surveillance activities, and improve TB laboratory capacities, including quality assurance. Principal contractors/grantees: CDC (prime), Project HOPE (prime), Johns Hopkins University Bloomberg School of Public Health (sub), John Snow Inc. (sub), New Jersey Medical School National TB Center (sub), Chemonics International (sub), and CAMRIS International (sub).

Reduce Transmission and Impact of HIV/AIDS (\$1,257,000 FSA, \$5,011 FSA carryover). Through the Central Asian Program on AIDS Control and Intervention Targeting Youth and High-Risk Groups (CAPACITY), USAID will continue to assist the Government of Tajikistan (GOT) with implementation of its two HIV grants from the Global Fund to Fight AIDS, TB, and Malaria. Training will be provided to health professionals to improve their skills in counseling, testing, and antiretroviral treatment. CAPACITY will improve resource use through integration of HIV/AIDS services into Tajikistan's overall health system. CDC will train Tajik officials to use data from the HIV surveillance system as a tool for programmatic and policy decision-making. Development of Tajik blood screening systems will continue. USAID's innovative Drug Demand Reduction Program (DDRP) will focus on developing the Youth Power Center network aimed at preventing drug use by vulnerable young people as well as the DDRP resource center in Dushanbe, and will support low-threshold treatment readiness and drug-free treatment and rehabilitation programs. Principal contractors/grantees: John Snow Inc. (prime), Population Services International (sub), Abt Associates (sub), International HIV/AIDS Alliance (sub), Howard University (sub), Alliance for Open Society International (prime), Open Society International-Tajikistan (sub), Accord (sub), AIDS Foundation East-West (sub), Internews-Tajikistan (sub), and CDC (prime).

FY 2007 Program:

Address Other Health Vulnerabilities (\$1,695,000 FSA). ZdravPlus II will continue to support the MOH with its capitated payment system, develop reliable and useful health information systems, and improve the quality of PHC services. Healthy Family will continue training and community mobilization activities and will prepare a national panel of decision makers to participate in supporting evidence-based medicine through internationally-recognized methods for the design of clinical practice guidelines. USAID will continue to support implementation of the WHO-recommended live birth definition on a pilot basis. Principal contractors/grantees: same as above; additional contractors/grantees to be determined (TBD).

Prevent and Control Infectious Diseases of Major Importance (\$739,000 FSA). CDC will continue the AETP to support the Ministry of Health with identification, investigation, documentation, and dissemination of information about outbreaks of infectious diseases through a trained cadre of public health epidemiologists, and will continue work to build capacity for TB surveillance. USAID will continue to support the Ministry of Health in continued expansion and improvement of the National TB Control Program. Principal contractors/grantees: same as above; additional contractors/grantees TBD.

Reduce Transmission and Impact of HIV/AIDS (\$1,154,000 FSA). USAID's CAPACITY project will continue to strengthen implementation of the national strategy to prevent and control HIV/AIDS. CDC will improve capacity for HIV surveillance and blood screening. In 2007, DDRP will transfer its best practice models for work with vulnerable youth and other target groups to local government and private counterparts. Principal contractors/grantees: same as above; additional contractors/grantees TBD.

Performance and Results: USAID facilitated significant reforms to improve Tajikistan's antiquated and ineffective health system during 2005. USAID doubled its target by enabling four hospitals to implement cost accounting systems that link to clinical information systems. USAID's maternal and child health program surpassed all expectations by ensuring that 92% of health facility staff were able to correctly manage deliveries, a significant increase from last year's 35%. USAID reached the most vulnerable communities with prevention and early identification of malnutrition and by increasing access to primary health care in 19 districts. As a result, breastfeeding practices and knowledge improved, with 99.6% of women in target areas breastfeeding their babies. USAID continued to provide technical assistance in support of the national TB control program, exceeding expectations for successful treatment of TB cases and increasing coverage of the population from 17% to over 50%. CDC provided technical assistance to the Government of Tajikistan in developing regulatory documents on HIV sentinel surveillance, and in conducting the first round of sentinel surveillance in Dushanbe and Khojand. DDRP reached 1,233 youth with workshops designed to dissuade drug use. DDRP's low-threshold treatment readiness programs provided services to 274 drug users, while a USAID-funded drug-free treatment and rehabilitation program enrolled 115 drug users. By program's end, these activities will help Tajikistan to reform its health system in order to ensure utilization of quality, cost-effective primary health care services, and to control existing HIV/AIDS and TB epidemics.

US Financing in Thousands of Dollars

Tajikistan

119-0320 Health and Population	FSA
Through September 30, 2004	
Obligations	18,874
Expenditures	14,851
Unliquidated	4,023
Fiscal Year 2005	
Obligations	3,593
Expenditures	0
Through September 30, 2005	
Obligations	22,467
Expenditures	14,851
Unliquidated	7,616
Prior Year Unobligated Funds	
Obligations	469
Planned Fiscal Year 2006 NOA	
Obligations	3,850
Total Planned Fiscal Year 2006	
Obligations	4,319
Proposed Fiscal Year 2007 NOA	
Obligations	3,588
Future Obligations	5,405
Est. Total Cost	35,779