

## Data Sheet

<b>USAID Mission:</b>	Turkmenistan
<b>Program Title:</b>	Health and Population
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	120-0320
<b>Status:</b>	Continuing
<b>Planned FY 2005 Obligation:</b>	\$1,680,000 FSA
<b>Prior Year Unobligated:</b>	\$251,000 FSA
<b>Proposed FY 2006 Obligation:</b>	\$1,166,000 FSA
<b>Year of Initial Obligation:</b>	2001
<b>Estimated Year of Final Obligation:</b>	2007

**Summary:** USAID continues to demonstrate progress in Turkmenistan, despite fluctuations in the level of interest from the Government for health sector reform. Given the current political environment, comprehensive reform remains nearly impossible. Nonetheless, USAID has made inroads to increase the population's involvement in health and improve the quality of care delivered through strategic activities that gain support from all levels of the Government and the Ministry of Health and Medical Industry (MOH). In the past year, USAID began to respond to MOH interest in policy dialogue on health financing and insurance, as well as interest from the Government to apply to the Global Fund to Fight AIDS, Tuberculosis (TB), and Malaria (GFATM) for support on TB and malaria.

### **Inputs, Outputs, Activities:**

**FY 2005 Program:** Enhance Health Systems Capacity (\$1,112,000 FSA, \$251,000 FSA carryover). USAID's Quality Public Health and Primary Health Care Program (QPHPHC) will provide technical assistance, training, equipment, and commodities to increase access to and utilization of quality primary health care. USAID will use community mobilization activities to reach out to mothers and men to explain their important roles in maternal, child, and reproductive health. Keeping Children Healthy campaigns will expand to reach an additional district in each oblast during the beginning of the QPHPHC project, covering approximately 20% of the population. These efforts will increase understanding of preventive health care, particularly related to major causes of morbidity such as acute respiratory infections, diarrhea, and nutrition. Training on the Integrated Management of Childhood Illness (IMCI) will target nurses and hospital staff. An estimated 805 nurses and midwives will train in a healthy pregnancy course over the life of the project. A pre-service IMCI curricula will be developed for medical and nursing-midwifery schools. Findings from a study on the primary causes of morbidity and mortality among infants and children under five will be disseminated and used to influence related policy. USAID will establish another family medicine training center in Ashgabat to train primary health care workers from throughout the country in family medicine and nursing, reproductive, maternal, and child health, and related laboratory skills. USAID will pursue health financing reform plans with the MOH, using workshops in Ashgabat to maintain and develop emerging interest. Health partnership activities on primary health care and health management education will continue. Principal contractors/grantees: American International Health Alliance (AIHA) (prime), Project HOPE (prime), and Abt Associates (sub), TBD.

Reduce Transmission and Impact of HIV/AIDS (\$32,000 FSA). USAID's Central Asian Program on AIDS Control and Intervention Targeting Youth and High-Risk Groups (CAPACITY) will continue to implement activities to assist Turkmenistan with its response to HIV/AIDS. The project will work toward submission of a grant application on HIV/AIDS during round five of the GFATM, due in June 2005. CDC will continue to develop a national blood safety program, delivering, installing, and training laboratory specialists to use six serology laboratories to be provided to each district. Policy and advocacy work will be continued to encourage a more transparent and comprehensive response. Efforts will continue to enable Turkmenistan to participate in the Centers for Disease Control and Prevention's (CDC's) Applied Epidemiology

Training Program (AETP). To date, the Government has failed to commit to participation in this human resource development and system-strengthening regional activity. Principal contractors/grantees: John Snow, Inc. (JSI)(prime), Population Services International (PSI) (sub), Abt Associates (sub), International HIV/AIDS Alliance (sub), and CDC (prime).

Prevent and Control Infectious Diseases of Major Importance (\$536,000 FSA). The TB Control Program will complete a range of assessments on laboratory capacity, drug management, and policy. The results will shape technical assistance to improve the implementation quality of the World Health Organization approach to TB control known as Directly-Observed Treatment Short Course (DOTS). The DOTS program will gradually be expanded to Balkanabat City of Balkan Velayat. USAID will assist in preparation of an application for TB control to the GFATM, as well as an additional application to the Global Drug Facility for free or low-cost TB medications. CDC will continue efforts to improve laboratory capacity and introduce electronic TB surveillance. Principal contractors/grantees: CDC (prime), Project HOPE (prime), Johns Hopkins University Bloomberg School of Public Health (sub), JSI (sub), New Jersey Medical School National TB Center (sub).

**FY 2006 Program:** Enhance Health Systems Capacity (\$480,000 FSA). USAID will provide support to incorporate laboratory training into pre-service medical education. TB DOTS training for primary health care personnel will be developed. Efforts will be undertaken to increase integration of maternal, child, and reproductive health interventions with programs aimed at health reform. Keeping Children Healthy and Healthy Pregnancy campaigns will be continued to train patronage nurse and midwives in collaboration with the Healthy Family Project. A safe motherhood program will be piloted. Principal contractors/grantees: Project HOPE (prime), and Save the Children (sub), TBD.

Reduce Transmission and Impact of HIV/AIDS (\$174,000 FSA). USAID's CAPACITY project will continue to implement activities as described above. If a GFATM application is submitted and successful, the project will assist Turkmenistan with implementation. CDC's blood safety efforts will continue. AETP will continue, with ongoing efforts to include Turkmen participants. Principal contractors/grantees: John Snow, Inc. (JSI) (prime), Population Services International (PSI) (sub), Abt Associates (sub), International HIV/AIDS Alliance (sub), and CDC (prime).

Prevent and Control Infectious Diseases of Major Importance (\$512,000 FSA). The program will continue training on laboratory quality control, monitoring, and the role of primary health care. Community mobilization activities will be assessed. Based on program results, USAID will plan further DOTS expansion in Balkan Velayat. Principal contractors/grantees: CDC (prime), Project HOPE (prime), Johns Hopkins University Bloomberg School of Public Health (sub), JSI (sub), New Jersey Medical School National TB Center (sub).

**Performance and Results:** USAID continued to seize opportunities for health improvement and reform in Turkmenistan. While certain programs have made significant advances, these require time and political energy. USAID responds to interest and requests from the MOH, while also continuing to probe opportunities for increased engagement, such as linkages to the international health community through the GFATM. The positive response to maternal and child health efforts has led USAID to concentrate models for reform in this context, with encouraging results. An assessment found a more than 50% decrease in child mortality in Ferap and a 25% decrease in Serdar over the course of two years due to USAID interventions. TB control efforts have also begun to pay dividends. In two pilot sites, the treatment success rate has increased from 66.5% to 73.3%. USAID's health programs in Turkmenistan are designed to increase the use and quality of primary health care services for underserved populations, within the constraints of the country's political environment. USAID will pave the way for the country to have models available to meet the challenge posed by the double burden of infectious and non-infectious diseases that increasingly affects the people of Turkmenistan. Given the unique challenges faced in Turkmenistan due to the Government's resistance to transparency in the health sector and the lukewarm willingness to engage fully in international development efforts, USAID

anticipates need for an extended life of the health SO in the country.

## US Financing in Thousands of Dollars

**Turkmenistan**

120-0320 Health and Population	<b>FSA</b>
<b>Through September 30, 2003</b>	
Obligations	3,427
Expenditures	2,149
Unliquidated	1,278
<b>Fiscal Year 2004</b>	
Obligations	1,738
Expenditures	1,288
<b>Through September 30, 2004</b>	
Obligations	5,165
Expenditures	3,437
Unliquidated	1,728
<b>Prior Year Unobligated Funds</b>	
Obligations	251
<b>Planned Fiscal Year 2005 NOA</b>	
Obligations	1,680
<b>Total Planned Fiscal Year 2005</b>	
Obligations	1,931
<b>Proposed Fiscal Year 2006 NOA</b>	
Obligations	1,166
Future Obligations	1,780
Est. Total Cost	10,042

