

Data Sheet

USAID Mission:	Azerbaijan
Program Title:	Humanitarian Assistance
Pillar:	Democracy, Conflict and Humanitarian Assistance
Strategic Objective:	112-0310
Status:	Continuing
Planned FY 2005 Obligation:	\$7,907,000 FSA
Prior Year Unobligated:	\$3,438,000 FSA
Proposed FY 2006 Obligation:	\$7,907,000 FSA
Year of Initial Obligation:	2000
Estimated Year of Final Obligation:	2007

Summary: USAID's humanitarian assistance program focuses on improving the physical, social, and economic well-being of vulnerable populations in conflict-affected areas. This is promoted through providing direct health services and assistance in the development of community-based social and economic services. As the more immediate humanitarian needs have been met, this strategic objective is transitioning to activities with a focus on human and institutional capacity building in the Mission's new five-year country strategy 2006-2010.

Inputs, Outputs, Activities:

FY 2005 Program: Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$1,452,000 FSA). The Azerbaijan Reproductive Health/Family Planning (RH/FP) project focuses on removing barriers to RH/FP services at the policy level by expanding contraceptive prescription rights to an extended group of health professionals including nurses, internists, and midwives. It will introduce a broad mix of contraceptives, improve the quality of RH/FP services and strengthen research on RH/FP through a demographics and health survey (DHS). Principal implementers: Engender Health and to be determined (TBD).

Build Health Systems Capacity (\$615,000 FSA). The new primary healthcare project will engage Ministry of Health (MOH) decision-makers in a policy dialogue to improve primary health care (PHC) financing, strengthen the PHC delivery system, and introduce integrated PHC models. The updated health data supplied by the DHS will help facilitate informed health reforms. Principal implementer: TBD.

Reduce Noncommunicable Diseases and Injuries (\$640,000 FSA). The new primary healthcare project will focus on strengthening integrated PHC models by updating clinical skills of healthcare providers on noncommunicable illnesses such as hypertension and cancer screening/early detection and raising awareness of the general public through the health promotion. Principal implementer: TBD.

Improve Maternal Health and Nutrition (\$1,064,000 FSA carryover, \$197,000 FSA prior year recoveries). The new primary healthcare project will help integrate maternal health care services into the PHC delivery system, develop a new training package for antenatal care, and strengthen the health delivery system through training of doctors and nurses on maternal health including antenatal care and nutrition. Education of mothers and young women will also be addressed. Principal implementer: TBD.

Improve Child Survival, Health, and Nutrition (\$1,300,000 FSA). The new primary healthcare project will aim to strengthen pediatric health services, include integrated management of childhood illness (IMCI) protocols into primary healthcare services, and improve knowledge of child nutrition and prevention of diarrhea and acute respiratory infections for caregivers of children. Principal implementer: TBD.

The aforementioned four program components will be integrated under one primary health care project.

Protect and Enhance the Assets and Livelihoods of the Poor During Periods of Stress (\$2,700,000 FSA, \$2,177,000 FSA carryover). The project will strive to reform social systems that affect vulnerable populations, ensuring that policy and procedural reform is instituted nationally and implemented at the grassroots level. Principal implementer: TBD.

Improve the Quality of Workforce (\$1,200,000 FSA). This activity will strive to improve the capacity of the workforce, and address competitiveness challenges and labor market issues through formal and informal education and training related, and service interventions in order that market supply and demand reach an equitable level. Principal implementer: TBD.

FY 2006 Program: Build Health Systems Capacity (\$540,000 FSA). The primary healthcare project will enter policy dialogue with the MOH to reach agreement on improved health financing schemes and integrated PHC models. Principal implementer: TBD.

Reduce Noncommunicable Diseases and Injuries (\$540,000 FSA). The primary healthcare project will work on strengthening the system of early detection and prevention of hypertension and cancer by training health providers and educating population on healthier behaviors. Principal implementer: TBD.

Improve Maternal Health and Nutrition (\$660,000 FSA). The primary healthcare project will start integrating maternal health care services into the PHC delivery system and promote healthier lifestyles among mothers and young women. Principal implementer: TBD.

Improve Child Survival, Health, and Nutrition (\$1,300,000 FSA). The primary healthcare project will focus on prevention of childhood diarrhea and acute respiratory infections, inclusion of IMCI into primary healthcare services and related health promotion activities. Principal implementer: TBD.

The aforementioned four program components will be integrated under one primary health care project.

Protect and Enhance the Assets and Livelihoods of the Poor During Periods of Stress (\$3,167,000 FSA). The project will strive to reform social systems that affect vulnerable populations. The intervention will ensure policy and procedural reform is instituted at the national level and implemented at the grassroots level. Principal implementer: TBD.

Improve Workforce Quality (\$1,700,000 FSA). This activity will strive to improve the capacity of the workforce, related competitiveness challenges, and labor market issues through formal and informal education and training related, and service interventions in order that market supply and demand reach an equitable level. Principal implementer: TBD.

Performance and Results: In FY 2004, more than 489,722 recipients of USAID assistance benefited from training, economic activities, and healthcare support. Communities contributed \$409,786 (39%) to projects. On the whole, 48% of the beneficiaries were women. Community mobilization, business development, and financial service delivery methodologies became more advanced. Other accomplishments included ensuring sustainability of community assets through integration and collaboration with local governance, strengthening government entities, and supporting development of microenterprises to provide a base for economic development in conflict-affected areas.

At the completion of this strategic objective, policy reforms on PHC financing and restructuring into integrated models and extending contraceptive prescription rights to health providers other than obstetricians and gynecologists will be achieved. Rates of unintended pregnancies, maternal and child mortality will be reduced and the health delivery system strengthened and institutionalized.

US Financing in Thousands of Dollars

Azerbaijan

112-0310 Humanitarian Assistance	CSH	DA	ESF	FSA
Through September 30, 2003				
Obligations	0	83	99	102,932
Expenditures	0	83	99	94,201
Unliquidated	0	0	0	8,731
Fiscal Year 2004				
Obligations	3,000	0	0	7,027
Expenditures	0	0	0	6,774
Through September 30, 2004				
Obligations	3,000	83	99	109,959
Expenditures	0	83	99	100,975
Unliquidated	3,000	0	0	8,984
Prior Year Unobligated Funds				
Obligations	0	0	0	3,438
Planned Fiscal Year 2005 NOA				
Obligations	0	0	0	7,907
Total Planned Fiscal Year 2005				
Obligations	0	0	0	11,345
Proposed Fiscal Year 2006 NOA				
Obligations	0	0	0	7,907
Future Obligations	0	0	0	7,900
Est. Total Cost	3,000	83	99	137,111