

Data Sheet

USAID Mission:	Turkmenistan
Program Title:	Health and Population
Pillar:	Global Health
Strategic Objective:	120-0320
Proposed FY 2004 Obligation:	\$1,540,000 FSA
Prior Year Unobligated:	\$449,000 FSA
Proposed FY 2005 Obligation:	\$1,190,000 FSA
Year of Initial Obligation:	2001
Year of Final Obligation:	FY 2006

Summary: USAID's quality primary health care (PHC) objective aims to create higher quality PHC in pilot sites through: retraining doctors and nurses in family medicine; helping health sector NGOs implement health activities with their communities; promoting families' abilities to prevent illness and appropriately care for themselves through health education; improving care of pregnant women and their children; controlling tuberculosis (TB) by training doctors and lab specialists and improving facility and lab monitoring; improving blood safety; and decreasing the risk of an HIV epidemic by increasing NGO-led preventive programs, as well as introducing modern surveillance methods for HIV and other infectious diseases.

Inputs, Outputs, Activities:

FY 2004 Program:

Increase the Quality of Primary Health Care (\$1,158,792 FSA). USAID will extend "Keeping Children Healthy" campaigns to new sites and expand to new topics. Family doctor trainers will be prepared for oblast-level training centers and more doctors in additional sites will receive family medicine and Integrated Management of Childhood Illnesses training. USAID will continue to award NGOs small grants to implement community health projects. Principal contractors/grantees: Abt Associates (prime), American International Health Alliance (prime), Counterpart Consortium (prime), and a new partner to be determined.

Control TB and Other Infectious Diseases (\$230,453 FSA, \$344,934 FSA carryover). USAID will continue training of health staff on the Directly Observed Treatment, Short-course (DOTS) approach in pilot sites and strengthening of laboratories. USAID will also launch a new, five-year TB Control Program to expand DOTS geographically, strengthen surveillance, lab quality, and rational drug management; and provide small grants for education and operations research. The program will emphasize control of drug resistance and devise strategies to address HIV/TB co-infection. If Turkmenistan relocates its central TB hospital as planned, USAID and its partners will take needed steps to redress the impact of the change on ongoing program implementation. Principle implementing partners are: U.S. Centers for Disease Control and Prevention - CDC (prime) and a new partner to be determined.

Prevent the Spread of HIV/AIDS (\$150,755 FSA, \$104,200 FSA carryover). A new comprehensive HIV/AIDS prevention activity will help NGOs expand their service coverage, targeting high risk groups such as injecting drug users and prostitutes. USAID will assist with clinical protocol development and implementation regarding use of antiretroviral drugs, and treatment for opportunistic infections, including reducing the risk of co-infection with HIV and tuberculosis. Counseling and testing services among both governmental and NGO service providers will be strengthened. The CDC will continue its blood safety control activities to reduce the risk of infection with HIV and other diseases through the blood supply. Principal contractors/grantees: CDC (prime) and a new partner to be determined.

FY 2005 Program:

Increase the Quality of Primary Health Care (\$487,195 FSA). USAID will continue health promotion campaigns, partnership activities, and small grant support to health sector NGOs, while expanding Integrated Management of Childhood Illnesses (IMCI) training. USAID will award a new regional health reform contract that will expand Family Medicine (FM) and PHC lab training to new sites and initiate health management training in PHC. Principal contractors/grantees: Abt Associates (prime), AIHA (prime), Counterpart Consortium (prime), and new partners to be determined.

Control TB and Other Infectious Diseases (\$394,629 FSA). USAID's new program will continue training specialists in surveillance and lab diagnostics; train oblast-level monitoring teams to check lab and facility quality; and train PHC doctors to diagnose and treat TB patients in the community. If the Government of Turkmenistan approves, a Turkmeni epidemiologist will be recruited to participate in CDC's Applied Epidemiology Training Program to enhance overall public health efforts. Operations research may contribute to improved understanding of the reasons for poor treatment outcomes. Principal contractors/grantees: CDC (prime) and a new partner to be determined.

Improve Maternal and Child Health Services (\$183,176). Using lessons learned from regional MCH programs, USAID will attempt community mobilization activities to reach out to mothers, children and men in their important roles in health and reproductive health. Successful approaches from MCH activities in Uzbekistan and Tajikistan will be replicated on a pilot basis. Provider training, including refresher training, in safe motherhood, infection prevention, IMCI, and breastfeeding will expand. Principal contractor/grantee: Project Hope (prime).

Prevent the Spread of HIV/AIDS (\$125,000 FSA). USAID plans to launch HIV/AIDS surveillance of high-risk groups to provide Turkmenistan with more valid data on the status of the epidemic in the country. USAID will continue funding HIV/AIDS NGOs' preventive programs and development of clinical protocols related to the use of antiretrovirals, counseling and testing. Principal contractors/grantees: CDC (prime) and a new partner to be determined.

Performance and Results: "Keeping Children Healthy" campaigns on acute respiratory infections, nutrition and diarrhea reached an estimated 18,000 families. A follow-up survey of a sample of women (100 in each site) found that mothers' knowledge of acute respiratory infection and nutrition concepts was impressive. Nearly 100% of mothers knew all key campaign messages, including the warning signs for when to take a child to a health care provider. IMCI training expanded into a total of five pilot districts, one in each province, with pediatricians in the first two pilot sites reporting as much as a 50%-60% reduction in hospitalizations compared with the same period last year. The innovative "Healthy Communities Small Grant Program" funded 11 local NGOs, community-based organizations, and community groups to carry out projects which aim to improve the health of the population.

Reflecting results from three TB pilot sites, among patients who began treatment in 2001, 62.9% were cured as compared to the rate for the first two quarters of 2002, which increased to 65.6%. TB labs' and facilities' average scores on minimum standards checklists exceeded targets for labs at 94.5% (90% target) but facilities were lower at 66.7% (70% target).

With the successful completion of this strategic objective, Turkmenistan will have family medicine retraining centers established nationwide; a coordinated comprehensive HIV/AIDS program that includes prevention, care, and treatment; and a TB control program firmly launched.