

## **Main Activities for HSS/GAVI in 2011, results achieved and barriers encountered.**

### **Objective 1. Strengthen evidence-based decision making at central and local government levels**

Activity 1.1. Consideration of problems related to coverage by immunization and PHC services in general to lobby for appropriate financing at inter-agency governmental meetings (ICC) of MoH RT and HS NCC meetings:

- Meetings held: (a) at government level - 1, (b) HS NCC meetings - 2.

Activity 1.2. Considering the problems of coverage by immunization and PHC services in general at meetings held at the regional, district and Jamoat levels to lobby for appropriate financing:

- Meetings held: (a) at regional level - 2, (b) at district level - 6, (c) at Jamoat level - 13.

### **Objective 2. Increase access to PHC services in remote and hard-to-reach areas**

Activity 2.1. Estimate the needs in pilot districts to create a rationalization-based list of health facilities that require renovation.

- In May 2011, estimation was performed and a list of 48 health facilities was compiled. Two-day workshops in writing project proposals were planned for them.
- The Committee for considering project proposals for renovating health facilities was created.

Activity 2.2. Conduct workshops for HC and local authority workers from remote settlements in writing project proposals for renovating health facilities.

- Six two-day workshops were held in 6 pilot districts involving 48 heads of health facilities and 24 Jamoat heads.
- 36 project proposals for renovating health facilities were developed and filed to the MoH RT Committee. Barriers: None of the heads of health facilities and local authorities had had project proposals development experience. The majority of presented project proposals need significant improvement.

Activity 2.3. Establish mobile teams for providing PHC services in remote and hard-to-reach districts; train members of the teams; provide vehicles and basic small medical equipment and cold chain equipment for them; provide money for their daily and transport expenses.

- According to the Orders of Health Departments of the six pilot districts, 6 mobile teams were created in May 2011, the members of which, as well as members of outreach groups (the total of 54 HC workers and 12 IPC and PHC heads) were trained at two-day workshops in June.
- In August 2011, 6 vehicles for all the mobile teams were bought, as well as basic small medical equipment and cold chain equipment.
- Starting from August, mobile team members are given money for daily and transport expenses. Barriers: The lack of hotels and eating houses when performing assignments, and inaccurate financial documentation.

### **Objective 3. Strengthen the capacity of PHC staff in the implementation of IMCI, VPD and active surveillance**

Activity 3.1. Creation of working groups on supporting the strengthening of capacity of PHC workers.

- According to the MoH RT Orders, 4 working groups in different areas supporting the strengthening of PHC workers capacity were created.

Activity 3.2. Developing various guidelines for PHC management and staff.

- Five guidelines on different PHC issues were created and filed to the MoH RT for consideration and approval.

Activity 3.3. Conduct a round-table conference concerning the issues of PHC service quality and standardized programs.

- In November, a round-table conference involving 41 participants (specialists from the MoH RT and various fields of HC services, international and non-governmental organizations) was held.

Activity 3.4. Holding various workshops and training.

- Seven types of workshops and training courses (the total of 100) concerning various PHC issues, including immunization, were held. Barriers: Due to unusually severe weather, which occurred in early October, and the limited supply of electricity almost throughout the country, several workshops and training had to be postponed.

#### **Objective 4. Increase public awareness of immunization and develop a system of incentives for mothers**

Activity 4.1. Develop and publish informational materials on immunization and the necessary steps for home delivery.

- Two types of brochures (4,000 pcs. each) and 2 types of booklets (15,000 pcs. each) were developed and distributed mainly in hard-to-reach and remote settlements. Barriers: Low literacy level of the majority of mothers in hard-to-reach settlements.

Activity 4.2. Develop TV and radio programs concerning antenatal care and publish informational materials on immunization and the necessary steps for home delivery.

- One video clip and 6 radio programs were developed, which are regularly broadcast on national and regional TV channels and different radio channels. Barriers: Due to a strictly limited power supply from the beginning of October, radio and TV broadcasting was hindered almost throughout the country.

Activity 4.3. Developing a system of incentives for the poorest mothers in hard-to-reach settlements with a high home delivery level.

- Three variants (proposals) of incentives for the poorest mothers from hard-to-reach settlements with a high home delivery level were developed and filed to the MoH RT for consideration and approval.

#### **Objective 5. Increase capacity of PHC facilities in the collection and reporting of evidence-based data in a timely manner**

- Office equipment (computers, modems and printers) for the electronic collection, processing and presentation of reporting data was bought and distributed between health facilities. Barriers: The lack of qualified staff able to work with computers, as well as programmers for troubleshooting.
- Accounting and reporting forms were revised, approved and published.
- Three three-day training courses for 75 executives in data sources, collection, analysis and reporting were held.

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