

Road to Results

ACHIEVING SUCCESS STEP BY STEP

Program Successes in Uzbekistan

August 2004

ZdravPlus Curriculum Adopted as the National School Health Curriculum for Grades 1-8

Through the development of a School Health Curriculum aimed at teaching students to take responsibility for their own health and encouraging them to adopt healthy lifestyles ZdravPlus is working to change the Soviet approach to personal health. In June 2002, ZdravPlus developed a preliminary curriculum for grades 1-8, in collaboration with the NGO "CAFE-Andijon Development Center." With the support of the Ministry of Education and the cooperation of the Ferghana and Andijon Oblast Departments of Education, a total of 61 pilot schools implemented the curriculum, reaching 52,000 students. The curriculum covers a range of health topics through interactive techniques such as games, drama, artwork, and competitions.

Health education for schoolchildren is new to Uzbekistan. And, although the education system can be resistant to change, teachers and schools were enthusiastic about the new curriculum. They proved this by willingly taking on more work in order to implement the program. As word spread about the health education lessons, schools not included in the pilot actually contacted ZdravPlus to request that they be given the curriculum for use with their own students. Pre- and post-test results of a random sample of 500 pupils from the pilot schools demonstrate increased health knowledge across grade levels. In recognition of the successful pilot implementation, and the contribution that school health education can make to the current and future health of the Uzbek population, in September 2003 the Ministry of Education accepted the curriculum for implementation at the national level.

Primary Health Care Finance Reform on the Way to National Roll-out

In an effort to tackle the problems of outdated management and finance systems, ZdravPlus and the Uzbek government, under the auspices of the World Bank Health Project, worked out a reform model focusing specifically on rural Primary Health Care Finance Reform. Several major changes have been made. First, funds are now pooled at the oblast level instead of the rayon level, enabling more equitable distribution of resources. Secondly, a new provider payment system uses a capitated rate adjusted for sex, age, and size of the enrolled populations, ensuring that funding follows the patient. This gives primary care facilities incentive to focus on preventative and quality health care in order to keep patients satisfied. Finally, facilities are given the independence to choose how they spend their budgets. Health care facilities therefore experience more financial and management autonomy and they can use any savings to improve service delivery.



The pilot sites for these new financing and management systems were three rayons in Ferghana Oblast. Started in 1999 (under the predecessor ZdravReform Project), the reforms have seen such success that the Government of Uzbekistan has chosen to roll out the reform strategies nationally. All 34 rayons in Ferghana, Sirdaryo, and Navoiy Oblasts have been completely brought under the new rural PHC financing and management reform model and under the next World Bank Health II project, set to begin in January 2005, the systems will be rolled out nationwide.



The USAID-funded ZdravPlus Program provides technical assistance and training to improve the health of Central Asian populations by improving health delivery systems

Quality of Care for Patients is Improving in Ferghana Oblast

Working with the Ferghana Oblast Health Department, the ZdravPlus Project implemented three quality improvement pilot projects in three rayons, focusing on iron-deficiency anemia in women of reproductive age, diseases addressed by Integrated Management of Childhood Illness (IMCI) guidelines, and arterial hypertension in adults. Teams of general practitioners and specialists from 53 primary health care facilities and polyclinics worked together to identify goals for improvement, develop new clinical standards of care, discuss measures of performance, and identify interventions to work towards accomplishing improvement goals.

It was found that small changes could bring big results. In the case of arterial hypertension, the simple measure of having a nurse take the blood pressure of every patient who came into the facility, record the results, and informing the doctor if the patients' pressure was over 140/90, led to an increase in the detection of hypertension cases from 6.6 percent to 8.6 percent. Accurate detection of hypertension is now 100 percent in the pilot rayons as opposed to 68 percent in non-pilots. Based on these improvements, along with similar ones in the anemia and IMCI pilots, the Oblast Health Department has plans to replicate these quality improvement efforts in all Ferghana rayons.

Integrating Medical Training Modules into Uzbek Medical School Curriculum

In another effort to support primary health care reform, ZdravPlus started medical re-trainings for general practitioners (GPs). The retraining consisted of short, relevant courses for primary care physicians over a period of ten months, provided by a cadre of GP trainers developed by ZdravPlus. Modules on Anemia and Rational Nutrition, IMCI, and Reproductive Health were very popular and as demand increased, ZdravPlus realized that it did not have the capacity to reach the number of doctors who wanted retraining.



On the advice of the GP trainers, ZdravPlus determined that the best way to ensure the sustainability of these training courses was to integrate them into the curriculum of medical institutes nationwide. In 2003, ZdravPlus began training staff at medical institutes using participatory techniques to stimulate new ideas and improve the quality of medical training. The new courses have met with enthusiasm among teachers, who now have updated written materials, and students, who enjoy the new teaching methods. Through its initial investment in training 160 trainers (20 trainers at eight institutes) ZdravPlus has been able to reach 1,926 students. Early results indicate a significant improvement in quality of care provided by course participants. By accepting these modules, the medical institutes have taken a major step towards reforming their medical education system.

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Since 1994, the ZdravPlus project (and its predecessor ZdravReform) has been working in Central Asia to reform the health care system and improve the quality of medical care provided to the population.

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