

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: CWGF

TA No., Country and Name TA 4396-UZB: Capacity Building for Woman and Child Health Development			Amount Approved: \$300,000 Revised Amount: \$300,000	
Executing Agency: Ministry of Health, Uzbekistan		Source of Funding Japan Special Fund (JSF)	Amount Undisbursed: \$109,021.82	Amount Utilized: \$190,978.18
TA Approval Date: 23 Sep 2004	TA Signing Date: 27 Jan 2005	Fielding of First Consultant: 31 Jan 2006	TA Completion Date Original: 31 Dec 2005 Actual: 31 Dec 2007	
			Account Closing Date Original: 31 Dec 2005 Actual: 31 May 2008	

Description

Until 1990, Uzbekistan's health sector indicators on women and children were better than the average for the other Central Asian republics. However, these indicators have since worsened. To arrest the decline and to improve primary health care for the rural population, in 1996 the Government of Uzbekistan (the Government) adopted a Presidential Decree (UP-2107). This was followed in 2002 by a series of long term state programs for improving woman and child health (WCH). As an integral part of this, ADB approved Loan 2090-UZB: *Woman and Child Health Development Project (WCHDP)* in September 2004 with the aim of improving WCH in Uzbekistan with focus on: (i) overall public services for WCH; (ii) finance, information, and management; and (iii) building a blood safety program. In parallel, the Government also recognized needs in two areas: (i) improving its own capacity to design and deliver an essential health care package, and (ii) strengthening the capacity of health care providers to provide quality and cost-effective interventions for WCH services. TA4396 was approved along with Loan 2090, to help the Government improve WCH services.

Expected Impact, Outcome and Outputs

The overall goal of the TA was to: (i) strengthen the capacity of the MOH to deal with health issues by improving its understanding of provider and consumer behavior, and of causes of morbidity and mortality; (ii) help the Government rationalize services for WCH care, and (iii) improve service delivery monitoring.

The TA had 3 major components:

1. Study on Child Mortality: The purpose was to understand the causes of child mortality, and compile clinical and operational information on child deaths, which can be used to develop evidence-based health care and identify training needs of health providers.
2. Conduct an Optimization Exercise: The purpose was to rationalize and integrate the health care delivery system. The expected outputs were (i) a review of current status of utilization of human resources in the health sector; and (ii) recommendations for developing a strategy for financing a smooth transition from current staffing and skill level to those required in a more efficient system.
3. Develop a Strategy to Improve Quality Monitoring: The purpose was to develop an information system strategy for the health sector, which in turn will provide timely and reliable data.

Delivery of Inputs and Conduct of Activities

The TA employed six individual international and two individual local consultants. As the tasks required were quite specialized, identification and recruitment of suitable consultants proved to be difficult and time consuming. This was even more difficult in the case of domestic consultants, since health optimization was a totally new area in Uzbekistan. The performance of the consultants was generally satisfactory, although quality varied. Furthermore, it took more than one year under WCHDP to resolve issues related to the registration and certification of medical equipment, as the country's procurement requirements were against the ADB's Procurement Guidelines. The delay in turn led to difficulties in implementing the TA as it was complementary to the project. However, since end-2007 WCHDP implementation was substantially accelerated. The TA's review and recommendations were effectively utilized by WCHDP towards the final stages of the TA. The overall performance of ADB and the EA was rated as satisfactory.

Evaluation of Outputs and Achievement of Outcome

1. **Study on Causes of Child Mortality.** The TA assessed the current status of pediatric services with special attention to quality and standardization of services. Key parameters that were considered essential in child mortality surveys were also evaluated. Requirements in the following areas were identified: clinical guidelines, health worker training needs; facility needs; and supplies and equipment.

2. **Health System Optimization.** A review of the licensing and accreditation system found that it focused only on input requirements for ensuring quality care (such as human, physical and financial resources) but not on processes (such as organizational and institutional aspects of care provision) or on outcome (such as complications arising in health care provision, mortality etc). This component also recommended measures to prioritize essential modern equipments that are required for accreditation, considering the limited resources and the high cost involved. A review of the planning, production, and management of health manpower recommended that the training curricula be upgraded, and a specialist training course be started on general pediatrics. A review of patient flow recommended a merger of out-patient-departments and in-patient facilities, which are separate in many health facilities. A comprehensive plan of action for national blood safety program was developed, and it recommended that one national blood center and five regional blood centers be established, with full consideration of financing, logistics and manpower planning, and monitoring and evaluation. The plan was endorsed by the MOH, and it has been utilized as a national program.

3. **Improving Health Service Monitoring.** The TA assessed the current health management information system (HMIS), identified key areas for improvement, and prepared a strategy and a plan of activities with resource requirements. The TA-also developed a plan to develop a specific HMIS system for the national blood safety program. All outputs under this component have been utilized under WCHDP.

Overall Assessment and Rating

The TA is considered as successful. It helped raise awareness on child mortality, provided advice for health service optimization, and recommended ways to strengthen monitoring. Workshops, seminars and periodic interface with senior officials helped disseminate the TA findings, which have been integrated quite well under WCHDP. The Government's in-kind contribution to the TA was satisfactory.

Major Lessons

The TA, as well as WCHDP, required political commitment and consensus building at the highest levels of the Government. While the TA had considerable positive impact in establishing the national blood safety program, its recommendations on health service optimization are yet to be owned. Identification of qualified consultants, as well as their coordination proved to be difficult. It is highly desirable to engage competent firms that can mobilize such services. The implementation timeframe for such complex TAs should be commensurate with the inputs available and anticipated outputs.

Recommendations and Follow-Up Actions

It is recommended that the Government utilize plans developed under or recommendations of the TA to (i) complete the national expansion of the blood safety program, (ii) complete the establishment of HMIS, and (iii) adopt a national health service optimization plan, with specific focus on human resources. The Government could also utilize loan proceeds under WCHDP to implement these recommendations.

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