Republic of Tajikistan

Ministry of Health and Social Protection of the Population

The Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II

Project Completion Report

December 2022

Japan International Cooperation Agency (JICA)

Koei Research & Consulting Inc.

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Exchange Rate

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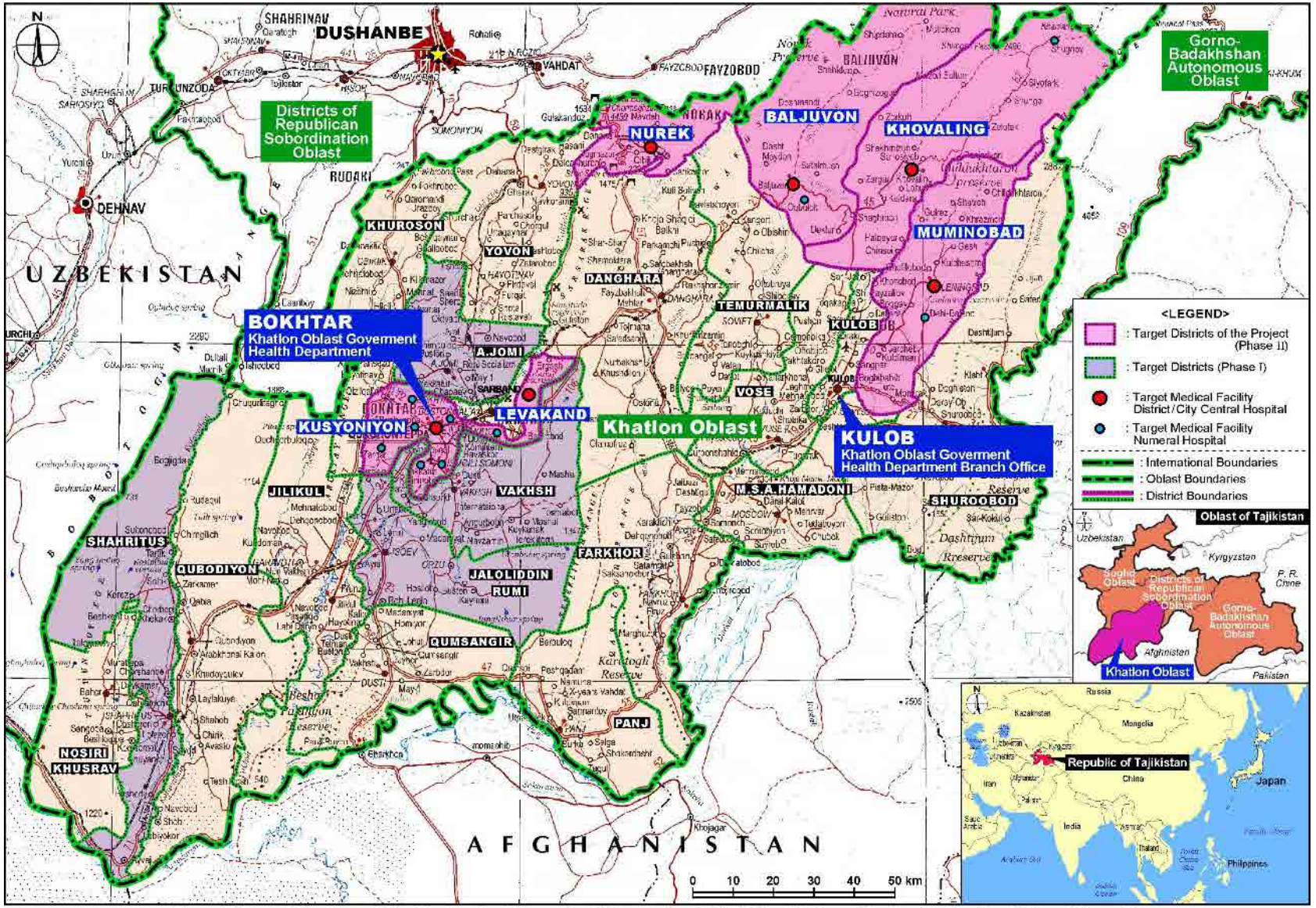
(JICA Rate in December 2022)

List of Abbreviations

ACHEMEC	Aichi Children's Health and Medical Center
ANC	Antenatal care
AVR	Automatic voltage regulator
BMI	Body Mass Index
BP	Blood Pressure
BTN	Beyond the Number
CCH	Central City Hospital
CDH	Central District Hospital
C-section	Cesarean section
CP	Counterpart
DIC	Disseminated Intravascular Coagulation
EmONC	Emergency Obstetrics and Neonatal Care
EPC	Effective perinatal care
FMC	Family Medicine Center
IMR	Infant Mortality Rate
JCC	Joint Coordination Committee
JICA	Japan International Cooperation Agency
MMR	Maternal Mortality Rate
MNIs	Maternal, Neonatal, and Infant
MOHSPP	Ministry of Health and Social Protection of the Population
NCPR	Neonatal Cardiopulmonary Resuscitation
NDS	National Development Strategy
NHS	National Health Strategies
NICU	Neonatal Intensive Care Unit
Ob/Gy	Obstetrics/Gynecology
OHD	Oblast Health Department
OWCH	Osaka Women's and Children’s Hospital
PCM	Project Cycle Management
PDM	Project Design Management
PHC	Primary health care
PICU	Pediatric Intensive Care Unit
PNC	Postnatal Cere
PPE	Personal Protective Equipment
QI	Quality Improvement
R/D	Record of Discussion
RepHC	Reproductive Health Center
S/S	Supportive supervision
SD	Standard deviation
SOP	Standard operating procedure
TWG	Technical Working Group
UPS	Uninterruptible Power Supply
USAID	United States Agency for International Development
WHO	World Health Organization

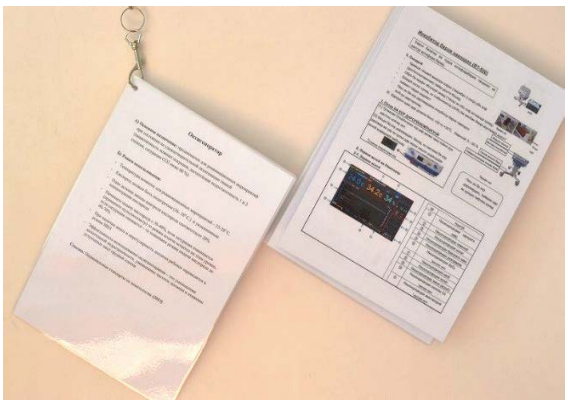


Map of Target Districts of the Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II

Activity photos

<table>
<tr><td>  </td><td>  </td></tr>
<tr><td>1st Joint Coordination Committee (JCC)
(October 3, 2017, Ministry of Health)</td><td>Conducting a baseline survey
(October to November 2017)</td></tr>
<tr><td>  </td><td>  </td></tr>
<tr><td>Antenatal checkup ToT (Training of Trainers): Measurement of uterine fundus length (gravidogram entry) (Klob City Health Center, July 24, 2018)</td><td>EmONC (EPC: Effective Perinatal Care) Training Cesarean Section Exercise for Muminobad Central District Hospital (September 25, 2018, Daiichi Maternity Hospital)</td></tr>
<tr><td>  </td><td>  </td></tr>
<tr><td>At the first training in Japan, after observing the health checkup for infants (3 months old), taking a photo with the director of the public health center and public health nurse (November 15, 2018, Toyota City Hall, Aichi Prefecture)</td><td>Supportive Supervision Orientation
(November 14, 2018, Bokhtar city Health Office)</td></tr>
</table>

	
Equipment maintenance follow-up Checked how to use the infant warmer (February 21, 2019, Khovaling Central District Hospital)	Antenatal and postnatal care training for PHC facilities. Checked usage of Digital Sphygmomanometer (May 3, 2019, Levakant City Reproductive Health Center)
	
BTN for neonatal death (September 18, 2019, Nurek Central City Hospital)	At the second training in Japan. A suction delivery practice was performed using a simulator. (November 21, 2019, Osaka Women's and Children's Hospital)
	
Supportive supervision (February 19, 2022, Kushoniyon Central District Hospital)	BTN for Perinatal case (February 23, 2022, Levakant Central City Hospital)

	
As a result of the training on medical equipment and peripheral equipment management, connections to appropriate equipment have been made. (May 26, 2022, Muminobad Central District Hospital)	Antenatal Care monitoring at PHC facility (August 17, 2022, PHC facility in Levakant City)
	
Hand-washing exercises by maternal and child health Japanese expert prior to the hand-washing contest. (August 30, 2022, Levakant Central City Hospital)	Appearance of the water supply pump house at the handover ceremony of the water supply facility. (September 13, 2022, Levakant Central City Hospital)
	
The SOP (Standard Operating Procedure) is posted on the wall of the same room as the equipment.	Equipment usage record notebook (created for each equipment for describing the name of the patient used, diagnosis, period of use, etc.).

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Project Completion Report

Project Title: Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II

Name: Dr. Zoir Narzuloev
Title: Project Director/Coordinator
Name: Yoshiko Akiyama
Title: Chief Advisor
Submission Date: 19 December 2022

1. Basic Information of the Project

1.1. Country

Republic of Tajikistan

1.2. Title of the Project

Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II

1.3. Duration of the Project

The Project was implemented for five years and five months (65 months) from August 2017 to December 2022.

- First contract period: From August 2017 to July 2019
- Second contract period: From August 2019 to December 2022

The Project was originally scheduled to be implemented from August 2017 to July 2021. However, due to the spread of the coronavirus disease 2019 (COVID-19), the period was extended up to the end of December 2022. The reasons for extension are as follows: 1) Japanese experts have been unable to travel to the site during the pandemic; 2) Tajikistan side was busy dealing with COVID-19 and other health topics were suspended; and 3) Rehabilitation work of water supply facilities was considered as additional activity of the Project. In this background, the record of discussion (R/D) was revised in accordance to the above situation in June 2021.

1.4. Background

The Republic of Tajikistan (hereinafter referred to as "Tajikistan") became an independent nation when the Soviet Union disintegrated in 1991. The nation fell into civil war after its independence, then social and economic infrastructures were destroyed, which led to loss of human resources. As a result,

in the aspect of providing medical services, some issues that need to be addressed, such as inadequate skills of health workers, less opportunities for training, outdated medical facilities and medical equipment (which were installed in the former Soviet Union era), unrepaired water and electric supply systems, and budget shortage. In addition, insufficient knowledge on public health, sanitation, and health services became obstacles in the development of maternal and child health care.

When compared with neighboring countries in Central Asia, Tajikistan has the worst maternal mortality ratio (MMR), which is 44 per 100,000 live births, following Kyrgyzstan and Turkmenistan. Statistics showed that under-five mortality rate, infant mortality rate (IMR), and neonatal mortality rate were 47.7 per 1,000 live births, 40.9 per 1,000 live births, and 21.9 per 1,000 live births, respectively (World Health Statistics 2015, World Health Organization [WHO]). These figures are the highest in the region after those of Turkmenistan. Particularly, Khatlon Oblast, the most populated region, is in serious situation in terms of outflow of health care workers, deterioration of medical infrastructure, and declining abilities to provide health care services affected by civil war in the 1990s. According to the demographic health survey in 2012, the under-five mortality rate is 61 per 1,000 live births (43 per 1,000 live births nationwide), and IMR is 48 per 1,000 live births (34 per 1,000 live births nationwide). These figures are the highest in the country.

In view of these circumstances, the Japan International Cooperation Agency (JICA) implemented the technical cooperation project entitled, "the Project for Improving Maternal and Child Health Care System in Khatlon Oblast (2012-2016)" (hereinafter referred to as "previous project") in Jomi, Rumi, Vakhsh, and Shartuz districts with a project period of four years from March 2012 to March 2016. The project worked on the following: (1) installation, appropriate use, strengthening of maintenance, and management ability of necessary medical equipment for obstetric and neonatal care, (2) strengthening ability of provision of obstetric and neonatal care services through training for health workers, and (3) improvement of knowledge about childbirth, newborns, and infant care among the general population. The project directly intervened the central district hospitals (CDH) and numeral hospitals. Medical equipment then became appropriately maintained and managed by utilizing operation and maintenance sheets. In addition, the skills and knowledge of medical staff were improved through training. As a result, controlling complications and low-birth-weight babies were addressed and treated at the target hospitals. Furthermore, certain positive impacts were identified such as effective implementation of primary health care facility staff's activities by raising awareness in the community. However, in terms of the system in providing comprehensive and sustainable medical services, in-service training for health workers, monitoring system of health services, and referral system between primary and second level health facilities remain as challenges.

In order to expand target districts and to strengthen the oblast health administration, the Government of Tajikistan requested the Government of Japan to launch a new technical cooperation project entitled, "The Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (2017-2021)". Then, a detailed planning survey was conducted in August 2016, and the R/D was signed and

exchanged in November 2016.

1.5. Overall Goal and Project Purpose

The Project aims to achieve the project purpose and expected outcomes by implementing activities based on the R/D for the Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (hereinafter referred to as "the Project") signed on 18 November 2016 between the Ministry of Health and Social Protection of the Population (MOHSPP) and JICA.

The overview of the Project based on the R/D revised in June 2021 is discussed below.

Overall Goal:	Maternal, newborn, and infant (MNI) health status is improved in the target districts/cities in Khatlon Oblast.
Project Purpose:	MNI health system in the target districts/cities in Khatlon Oblast is strengthened.
Outputs:	Output 1: The functions of the maternity departments and pediatric departments of the central district/city hospitals and numeral hospitals are improved. Output 2: Knowledge and skills on MNI care of health professionals are strengthened. Output 3: Referral system for MNI care is strengthened between primary and secondary level health care facilities. Output 4: The capacity of supervisors for MNI care at the target district/city central hospitals is strengthened.

(1) Project Sites and Beneficiaries

Project Site:	Nurek City, Baljuvon District, Khovaling District, Muminobad District, Kushoniyon District, and Levakand City in Khatlon Oblast
Target Group: Direct Beneficiaries:	National supervisors and health officials in the Health Department of Khatlon Oblast government; Health professionals for maternal and child health care in the following areas: - Central district/city hospitals - Primary health care facilities in Nurek and Levakant
Indirect Beneficiaries:	Reproductive age women and infants in the target districts/cities

1.6. Implementing Agency

Republican Level: MOHSPP, Research Institute of Obstetrics/Gynecology (Ob/Gyn) and Perinatal, Reproductive Health Center (RepHC)

Oblast Level: Khatlon Oblast Health Department

District/City Level: Maternity Department of the District/City Hospital of Nurek, Baljuvon, Khovaling, Muminobad, Levakant, and Kushoniyon

Person In-charge of Implementation on the Tajikistan Side

- Project Director

Director of Maternal and Child Health Department, MOHSPP

- Project Manager

Director, Health Department of Khatlon Oblast

The Project organized the Joint Coordination Committee (JCC) and the Technical Working Group (TWG) for the smooth implementation of the activities of the Project.

Joint Coordination Committee (JCC)

The JCC is the decision-making committee of the Project, which aims at identifying the Project progress by using the monitoring sheet, as well as reviewing the previous year's activities, discussing the plan, and determining the direction of the Project activities.

The members of JCC are listed below.

- Deputy Minister of MOHSPP
- Head of Mother and Child and Family Health Planning Department, MOHSPP
- Director, Institute of Ob/Gyn and Perinatology
- Director, National Reproductive Health Center
- Director, Health Department of Khatlon Oblast
- Director of Nurek Central City Hospital
- Director of Baljuvon Central District Hospital
- Director of Khovaling Central District Hospital
- Director of Muminobad Central District Hospital
- Director of Kushoniyon Central District Hospital
- Director of Levakant Central City Hospital
- Chief Representative of JICA Tajikistan Office
- JICA Experts (Project Team)

(Observers) Representative (s) of the Embassy of Japan in Tajikistan

Technical Working Group

The TWG aims to share the progress and to discuss any difficulties and issues during the implementation of activities. In addition, the TWG aims to establish relationship among the six target districts because traveling to each district is not generally easy. Also, it was considered to eliminate the negative effects of one-sided top-down to districts from the oblast. The TWG was set up in the Khatlon Oblast Health Department, and it was conducted every six months.

- Director, Deputy Director of Health Department of Khatlon Oblast
- Director, Reproductive Health Center, Health Department of Khatlon Oblast
- Director and Head of the Maternity Department of Nurek Central City Hospital
- Director and Head of the Maternity Department of Baljuvon Central District Hospital
- Director and Head of the Maternity Department of Khovaling Central District Hospital
- Director and Head of the Maternity Department of Muminobad Central District Hospital

- Director and Head of the Maternity Department of Kushoniyon Central District Hospital
- Director and Head of the Maternity Department of Levakand Central City Hospital
- JICA Experts (Project Team)

(Observers) Chief Representative of the JICA Tajikistan Office

Project Office

Khatlon Oblast has a part bordering Afghanistan and had a travel warning at hazard level two, which warned to "please stop non-essential travelling", according to the warning statement issued by the Ministry of Foreign Affairs of Japan at the start of the Project. The three target districts, i.e., Baljuvon, Khovaling, and Muminobad located in the eastern area, are difficult areas to secure evacuation routes in emergency cases due to its mountainous terrain. When considering safety and mobility of the Project, it was planned to set up three project offices located in Dushanbe (capital city), Bokhtar City (Khatlon Oblast), and Kulob City (Khatlon Oblast). After the Project started, the security situation changed, then the Kulob Office was closed in April 2018.

2. Results of the Project

2.1 Results of the Project

2.1.1 Input by the Japanese Side

(1) Amount of Input by the Japanese Side

- First contract period: JPY 235.1 million (actual)
- Second contract period: JPY 315.1 million (forecast)
- Total: JPY 550.2 million (estimated total amount)

(2) Expert Dispatch

A total of 13 experts

This Project was carried out by the Koei Research & Consulting Co., Ltd. (KRC), which was commissioned by JICA. The results of the expert input planned for December 2022 are as follows:

- First contract period: work in Tajikistan 36.57 man-months, work in Japan 7.92 man-months, with a total of 44.49 man-months (actual)
- Second contract period: work in Tajikistan 39.85 man-months, work in Japan 20.07 man-months, with a total of 59.92 man-months (forecast)
- Total: work in Tajikistan 76.42 man-months, work in Japan 27.99 man-months, with a total of 104.41 man-months (forecast)

Name	Work In-charge
Yoshiko Akiyama	Chief Adviser/Health System (1)
Makiko Konohara	Deputy Chief Advisor/ Health System (2) / MCH (1)
Alisher Makhmudov	Training Management（1）
Shusaku Hayashi	Maternal and Child Health (2)
Yoko Okamoto	Maternal and Child Health (2)
Yoshihisa Yamazaki	Neonatal Care
Hiroshi Abo	Medical Equipment (1)/ Maintenance Planning
Aiko Hatano	Medical Equipment (2)/ Equipment Planning
Nobuya Goto	Medical Equipment (2)/ Equipment Planning
	Project Coordinator (2)/ Training Management (3)
Yoshiharu Sugino	Project Coordinator/ Training Management (2)
Chie Sagawa	Project Coordinator/ Training Management (2)
Masahiko Watanabe	Facility Planning (1)/ Architecture
Hisayuki Noto	Facility Planning (2) /Facility

(3) Receipt of Training Participants

Total of 18 trainees

The project training in Japan was conducted twice (2018 and 2019) during the project period. The first training in Japan was held in November 2018 for 14 days on maternal and child health for the directors of city and district central hospitals targeted by the Project. The second training course in Japan was held in November 2019 with two courses related to maternal and child health (administrator course and technical course). The duration of the administrative officer course (4 persons) was seven days in total, and the duration of the technical course (7 persons) was 12 days in total. The number of trainees accepted was seven in the first session and 11 in the second session, for a total of 18 people.

(4) Equipment Provision

JPY 23.4 million

In this Project, from July to November 2018, the equipment was provided to the central hospitals of the six target districts and cities. The list of procured equipment is shown below.

Number	Equipment Name	Quantity
1	Fetal heart monitor	6
2	Phototherapy machine	8
3	Incubator (stationary closed type)	9
4	Infant warmer (incubator stationary open type)	5
5	Neonatal resuscitation kit	4
6	Newborn height scale	7
7	Oxygen generator (concentrator)	8
8	Pulse oximeter (for neonates)	6
9	Aneroid sphygmomanometer	6
10	Digital automatic sphygmomanometer	19
11	Adult height scale	6

2.1.2 Input by the Tajikistan Side

(1) Counterpart Assignment

87 persons (departments and other assignments are described.)

(Breakdown)

- Deputy Minister, and Head of Mother and Child and Family Health Planning Department, Ministry of Health and Social Protection of the Population: 2 persons
- National Coordinator, and National Supervisors, The Institute of Perinatology:1 person and 11 persons

- Hospital Directors, Obstetricians, Neonatologists, Midwives, and Neonatal Nurses from the Central Hospital of Nurek, Baljuvon, Khovaling, Muminobad, Kushoniyon, and Levakant: about 63 total persons (some changes due to transfers, maternity leave, etc.)
- Reproductive Health Centers: 5 persons
- PHC Facilities (Nurek, Levakant): 5 persons

(2) Provision of Offices

Dushanbe Office: in the building of the Immunization and Prevention Center of the MOHSPP

Bokhtar Office: in the building of Khatlon Oblast Health Department

2.1.3 Activities

There are three types of activity flow charts created in the Project: the first contract period, before and after the R/D revision in the second contract period.

The following is the flow chart for the first contract period.

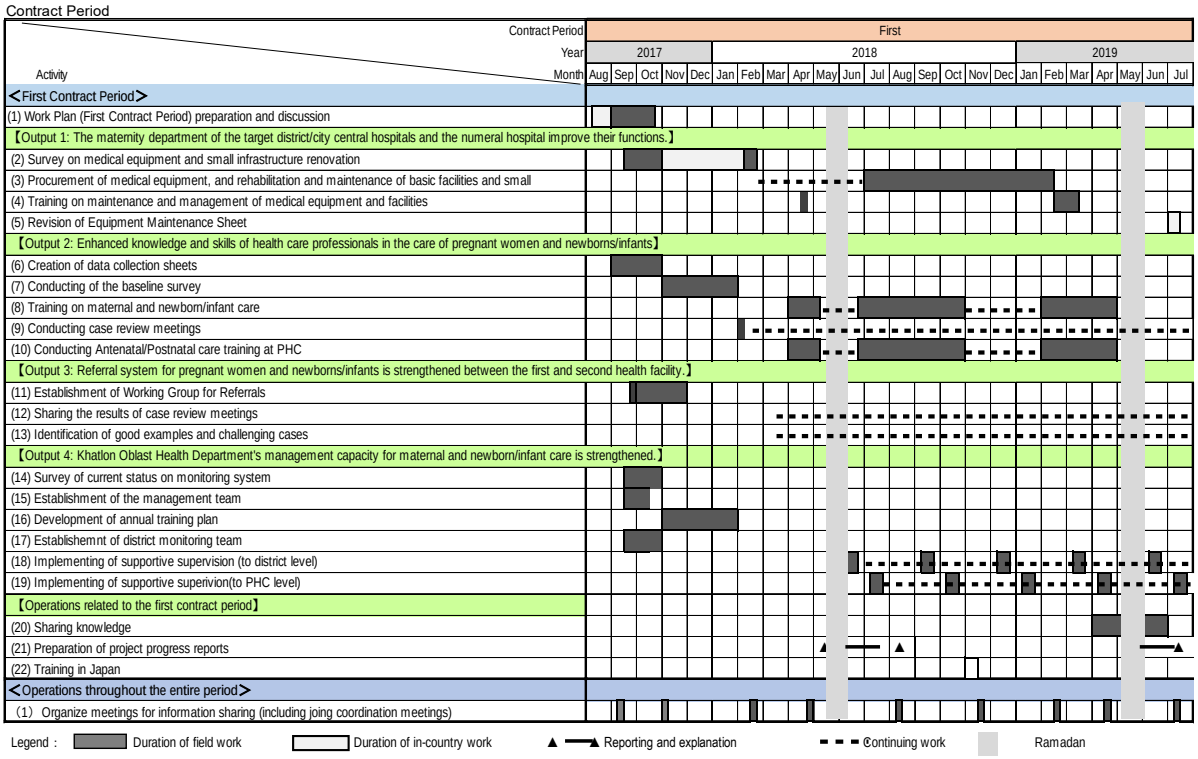


Figure 1 Flow Chart of Activities of the First Contract Period

The following is the activity chart before R/D revision of the second contract period.

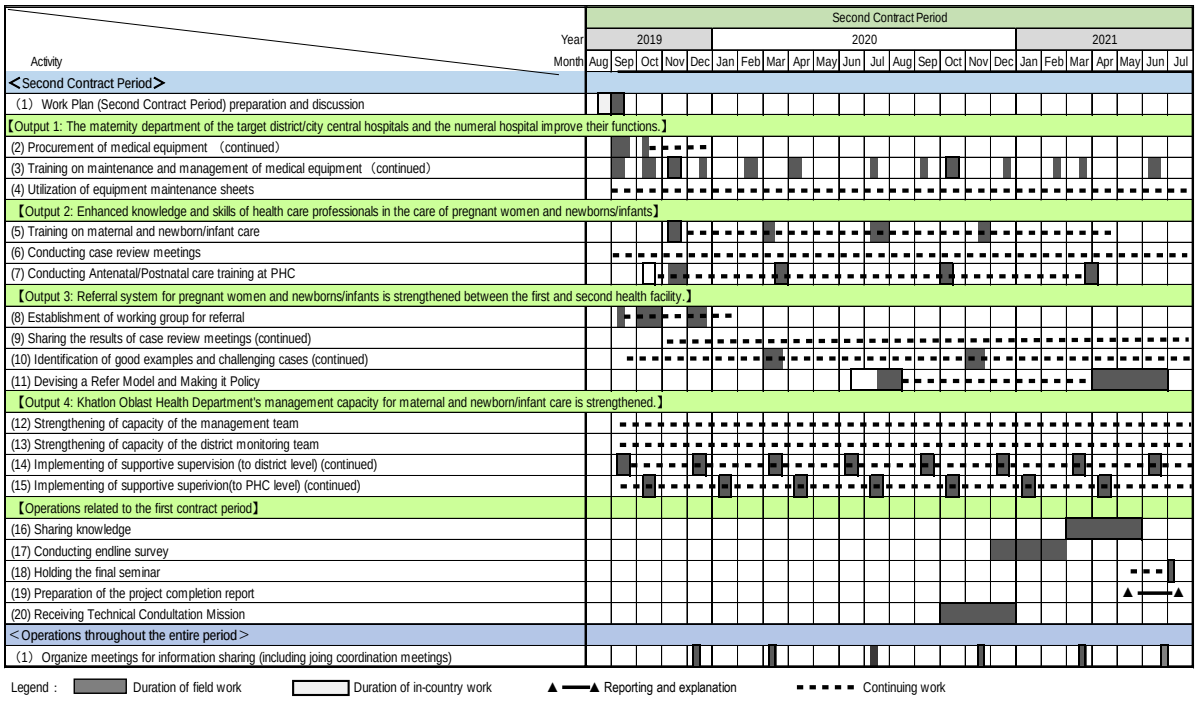


Figure 2 Flow Chart of Activities of the First Contract Period Before R/D Revision

The following is the activity chart after R/D revision of the second contract period.

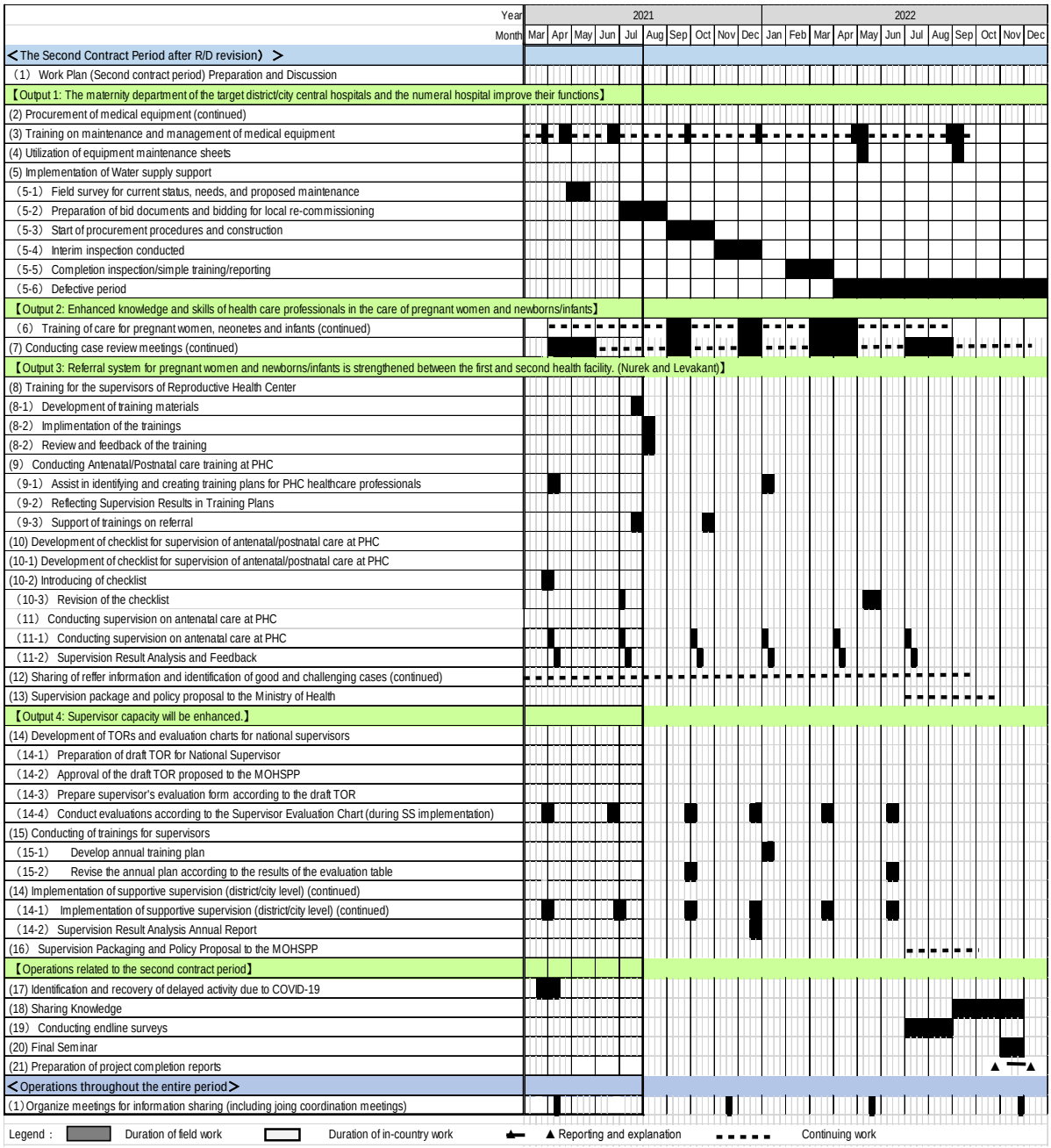


Figure 3 Flow Chart of Activities of the First Contract Period After R/D Revision

The details of the activities for each outcome are described below according to the flow chart above.

(1) Activities Related to Output 1

Survey on Medical Equipment and Small-scale Infrastructure Improvement

(a) Equipment Survey

A field survey was conducted in October 2017 in order to grasp the necessary medical equipment for the implementation of this Project, the existing medical equipment and related infrastructure status of the hospitals in the target area, the technical level of the medical staff, the capacity for operation and maintenance, and the required equipment function in consideration of current situations, status of local agencies, and so on. The information collected in the survey was analyzed in Japan, and a supplementary survey was conducted in February 2018 based on the results. From these series of surveys, the plan for medical equipment that should at least be developed to realize the effects of this Project was examined and compiled in the equipment procurement plan.

The contents and results of the survey and equipment procurement plan are as follows:

1) Survey target

The Project targets six central district hospitals (CDHs), three numeral hospitals (in Kushoniyon District), the Khatlon Oblast Hospital, the Kulob Oblast Hospital, the Jomi CDH, the first Obstetric Hospital (attached to the Institute of Perinatology), the third Obstetric Hospital, the Istiqlol Hospital, and medical equipment agencies.

2) Survey purpose

In this Project, it is considered that necessary medical equipment should be procured for CDHs, which provide Emergency Obstetric and Neonatal Care (EmONC) services that contribute to the improvement of indicators such as maternal mortality and neonatal mortality being important among maternal and child health services. Therefore, information pertaining to the equipment necessary for normal delivery, abnormal delivery (vacuum extraction delivery and caesarean section), emergency obstetric care, neonatal resuscitation, treatment of jaundice, etc., in CDHs are vital.

3) Summary of survey results

The following table shows the service implementation status of the six target CDHs.

Table 1 Status of Service Implementation at Six Target Districts and City Central Hospitals (as of October 2017 Survey)

		Nurek	Baljuvon	Khovaling	Muminobad	Kushoniyon	Levakant
Emergency obstetrics care	Normal/ abnormal delivery	○	○	○	○	○	○
	Vacuum extraction	×	×	×	×	○*	○*
	Caesarean section	○	×	×	△	○	○
Newborn care		Reanimation of newborns was only partially conducted, and jaundice treatment was not implemented due to lack of equipment (as of Oct. 2017**).					

Source: The Project Baseline Survey

Legend: ○…implemented, ×…not implemented, △…implemented with support by a surgeon in case of emergency

*Vacuum extraction started to be implemented after the provision of vacuum extractor under the "Feed the Future" program by the United States Agency for International Development (USAID) in latter 2017.

**Equipment facilities such as phototherapy and infant warmer (Incubator for Newborns (stand open type)) were provided to Kushoniyon Central District Hospital and Levakand CDH by USAID in latter 2017.

As a result of the survey, it was found that the main reason for the lack of services was the lack of equipment in the hospitals resulting to no opportunities for medical staff to improve their technical skills. In addition, no personnel specializing in the maintenance of equipment was assigned to each CDH, and electricians who are in charge of the facility maintenance only performed minor works such as replacement of power plug and bulbs. Therefore, when a problem with the medical equipment occurred, the user of the equipment requests for electrical engineers or goes to the Republican Center of Technical Services and Repair of Medical Equipment or medical equipment agencies, to repair the equipment.

4) Outline of equipment procurement plan

The equipment procurement plan was formulated based on the following selection policy, taking into consideration the service implementation situation, existing equipment, number of doctors, number of delivery rooms, and number of deliveries.

- Basic medical equipment needed to activate maternal and neonatal care and to improve maternal and child health care services (especially equipment essential for EmONC);
- Referring to the equipment package required for obstetric and neonatal care at the secondary medical facility set by MOHSPP;
- Equipment that can be operated and maintained by Tajikistan on technical and budget basis (including the availability of consumables and spare parts, etc.);
- Considering the infrastructure situation of the target facility (specifically grasp the power situation such as the size of the voltage fluctuation range and the power supply condition, and considering procurement of Uninterruptible Power Supply: UPS/Automatic Voltage Regulator: AVR)

- Avoid duplication with existing equipment or equipment planned by other donors; and
- Equipment that can be operated and maintained with the capacity of Tajikistan side, utilizing the experience of the previous project.

The timing and location (in Japan or in Tajikistan) of procurement were examined based on the timing of implementation of trainings planned in this Project and content of equipment required for the trainings. As a result, the equipment was procured in two batches: local procurement by the Project and procurement in Japan by JICA.

Although an agreement was obtained with the Tajikistan side and JICA on the equipment procurement plan, an ordinance by the MOHSPP related to medical facility and equipment was issued, and consistency with the ordinance became necessary.

(b) Health Facility Needs Assessment Survey (First Contract Period)

The health facility needs assessment survey had been conducted for developing a detailed rehabilitation plan in six CDHs and two numeral hospitals in Kushoniyon District. Although a numeral hospital is not targeted by the Project, these numeral hospitals, covering a big population, played an important role in providing community health. Therefore, it was decided to include the abovementioned numeral hospitals in the assessment. The assessment focused on understanding the condition of the water supply and drainage system, which tend to be problematic in all CDHs. At the same time, necessary information for developing a floor plan for the equipment installation was collected, and medical equipment allocation was decided based on this information.

1) Survey period

The survey had been conducted from October 2017 to February 2018 with data and information collection in Japan and Tajikistan.

2) Survey target

The targets of the survey include Nurek City Hospital, Baljuvon District Hospital, Khovaling District Hospital, Muminobad District Hospital, Levakant City Hospital, Kushoniyon District Hospital, Zargar Numeral Hospital, and Urtabuz Numeral Hospital in Kushoniyon District

3) Survey content

- Architecture survey (floor plan, finishing schedule)
- Facility survey (water supply and drainage, electricity, heating system, toilet, and sanitary instrument)

- Facility maintenance system survey
- Rough cost estimation development

4) Survey result

A preliminary survey result was presented and discussed in the Joint Coordination Committee (JCC) meeting and the TWG meeting in February 2018 and was finalized. It was agreed among MOHSPP, JICA Tajikistan Office, and the JICA Experts that the Project would not realize all proposed rehabilitation plans, and it was the plan being realized by other schemes such as MOHSPP, other development partners' budget, and the JICA grant aid scheme.

(c) Facility Survey (Second Period)

According to the results of the first facility survey conducted in 2017, among the maternity department of the six central hospitals in the project target districts and cities, there is a particularly high need for improvement of water supply facilities in two hospitals, i.e., Levakant Central City Hospital and Kushoniyon Central District Hospital. A hospital was selected as a target for water supply development assistance, and a detailed survey was conducted on the water supply facilities of the two hospitals.

1) Survey period

April to May 2021

2) Survey target

Levakant Central City Hospital, Kushoniyon Central District Hospital, Vodokanal (Water Supply Authority)

3) Survey content

About the water supply pressure of the existing water supply facilities on each floor, damage to existing faucets and equipment, etc. In addition, confirm the water treatment plant in Vodokanal, which supplies water to both hospitals, and the water supply situation.

4) Survey results

The scope of water supply improvement includes water supply facilities that can supply appropriate water pressure to the major points of all clinical departments in the main ward (first to third floors). In addition, a water receiving tank and a pressurized water supply system should be installed to ensure 24-hour water supply with appropriate water pressure. The main scope of maintenance is to improve the water supply of the entire hospital by repairing as many sanitary equipment as possible

(within the budget), such as broken faucets, sinks, hand washing, showers, and flush toilets. The water supply range for the existing water supply pipes on each floor should be examined based on the priority range of water use (obstetrics and gynecology), needs, budget, etc.

(d) Training Room Maintenance

Regarding the improvement of water supply and drainage facilities based on the facility survey (first time) conducted in the first contract period, this was not implemented immediately, so in the second period, it was decided to implement the improvement of the training rooms of each hospital.

In order to avoid duplication of training room development projects implemented by other donors, this Project selected Nurek Central City Hospital, Baljuvon Central District Hospital, and Khovaling Central District Hospital, which do not have assistance for training room development from other donors. From November 2019 to January 2020, a model of a fetus in the abdomen of a pregnant woman, a newborn model doll, and other items were purchased for the training room maintenance and distributed to the target hospitals.

Procurement of Medical Equipment

Based on the procurement plan, with regard to locally procured equipment, a one-stage two-envelope designated competitive bidding was conducted, inviting four companies with experience on procurement of medical equipment for international organizations as well as providing installation, adjustment, trial operation, initial operation training, and after sales services. The bidding documents were distributed on 24 May 2018, and a price opening meeting was held on 29 June 2018 with the presence of representatives from the MOHSPP and the JICA Tajikistan Office. As a result, a contract for procurement of medical equipment was concluded with Tibtajhizot Limited Liability Company (LLC). The locally procured equipment was delivered to the target hospitals from October to November 2018, when the hospital staff and the JICA Experts were present, and installation, performance check, and initial operation training were conducted.

Bidding was held in December 2018 for equipment procured in Japan by JICA, and equipment procurement will be promoted by the selected Sirius Corporation. The Project continued to support the provision of necessary information on procurement.

Trainings on Maintenance of Equipment and Other Activities

(a) Trainings on Maintenance of Equipment

The following activities, including trainings on maintenance of equipment, were conducted in order to improve the maintenance and management capacity of medical equipment.

The Standard Operating Procedure (SOP), equipment registration and maintenance sheet, and notes for equipment utilization record were prepared for maintenance of medical equipment, while trainings concerning maintenance were carried out at each target CDH. Details of the SOP and the recording formats are as follows:

・Standard Operating Procedure (SOP)

Among the locally procured equipment provided this time, SOPs were prepared for four items, such as phototherapy, incubator for newborns (stand closed type), infant warmer (incubator for newborns stand open type), and oxygen generator that require special attention. SOPs consisted of four parts such as: 1. How to use clinical aspects, 2. Usage guide for procured model, 3. Daily maintenance, and 4. Communication flow chart at the time of trouble. These SOPs were distributed to the target hospitals in November 2018 after a trial in the target hospital, explaining the contents to the TWG. The SOPs have been created in both Russian and Tajik versions to promote better understanding for hospital staff.

・Registration forms

- ✓ Registration sheet for medical equipment: Note procurement basic information (manufacturer's name, model number, procurement information, etc.) of each equipment and refer when necessary.
- ✓ Operation and maintenance sheet: Periodically describe the condition of each equipment and the response status when problems occur.
- ✓ Notes for equipment utilization record: Record every time information is inputted for each equipment, such as username, usage start/end date, diagnosis, etc.

In May 2018, before the equipment was provided, medical staff from Levakant CDH, Baljuvon CDH, and Khovaling CDH visited Jomi CDH (target hospital in the previous project) to observe, learn, and exchange opinions on the utilization and maintenance of equipment.

In addition, training on maintenance of equipment was conducted from November to December 2018 after provision of equipment. In this training, the JICA expert and Ob/Gyn, neonatologist, and midwives from Jomi CDH targeted in the previous project conducted the training by serving as

resource persons at the six target central districts/city hospitals in order to make participants understand the contents of SOP and operation of registration sheet for medical equipment, operation and maintenance sheet, and note for equipment utilization record, which were necessary for daily maintenance.

Table 2 Trainings on Maintenance of Equipment (First Contract Period)

Date	Location	Remarks
10 May 2018	Jomi CDH	Participants: medical staff of Levakant CCH
11 May 2018		Participants: medical staff of Baljuvon CDH
14 May 2018		Participants: medical staff of Khovaling CDH
28 November 2018	Nurek CDH	Participants: medical staff of the hospital in the left column
28 November 2018	Baljuvon CDH	Ditto
29 November 2018	Khovaling CDH	Ditto
29 November 2018	Muminobad CDH	Ditto
4 December 2018	Kushoniyon CDH	Ditto
4 December 2018	Levakant CCH	Ditto

Source: The Project

In February 2019, the JICA Experts (Project Team) together with the Director of Republican Center of Technical Services and Repair of Medical Equipment conducted monitoring to target hospitals to ensure that the provided equipment facilities are properly being used, whether maintenance was properly performed, or improvement of SOP and recording forms was necessary. In addition, practical instruction on the use and maintenance of equipment at the sites based on necessity was provided.

In the second period, in addition to the equipment procured in the 1st period, maintenance and management training and monitoring were implemented, including the equipment newly procured in Japan. From October 2020 to March 2021, the Japanese expert on equipment management was unable to travel to Tajikistan due to the spread of COVID-19. Instead of visit, remote (online) monitoring connecting Japan and Tajikistan was conducted by Zoom.

The equipment maintenance monitoring and training in second contract period is shown below.

Table 3 Equipment Maintenance Management Training and Monitoring (Second Contract Period)

4

Schedule	Location	Remarks
September 2019	Nurek Central City Hospital, Baljuvon Central District Hospital, Khovaling Central District Hospital, Muminobad Central District Hospital, Kushoniyon Central District Hospital, Levakant Central City Hospital	Participants include equipment maintenance personnel, medical personnel, etc.
January 2020	Nurek Central City Hospital, Baljuvon Central District Hospital, Khovaling Central District Hospital, Muminobad Central District Hospital, Kushoniyon Central District Hospital, Levakant Central City Hospital	Ditto
October to December 2020	Nurek Central City Hospital, Baljuvon Central District Hospital, Khovaling Central District Hospital, Muminobad Central District Hospital, Kushoniyon Central District Hospital, Levakant Central City Hospital	Conducted remotely (online). Equipment maintenance staff, medical staff, etc., participated.
January to March 2021	Baljuvon Central District Hospital, Khovaling Central District Hospital, Muminobad Central District Hospital, Kushoniyon Central District Hospital, Levakant Central City Hospital	Ditto
October-November 2021	Nurek Central City Hospital, Baljuvon Central District Hospital	Conducted on-site monitoring. Equipment maintenance staff, medical staff, etc., participated.
December 2021	Nurek Central City Hospital, Baljuvon Central District Hospital, Khovaling Central District Hospital, Muminobad Central District Hospital, Kushoniyon Central District Hospital, Levakant Central City Hospital	Persons in-charge of equipment maintenance and management, medical personnel, etc., participated. Conducted a survey to verify the effectiveness of distributing SOPs for PPE.
February to March 2022	Nurek Central City Hospital, Baljuvon Central District Hospital, Khovaling Central District Hospital, Muminobad Central District Hospital, Kushoniyon Central District Hospital, Levakant Central City Hospital	Persons in-charge of equipment maintenance and management, medical personnel, etc., participated. Conducted mini-training on connection and wiring to peripheral electrical devices.
May-June 2022	Nurek Central City Hospital, Baljuvon Central District Hospital, Khovaling Central District Hospital, Muminobad Central District Hospital, Kushoniyon Central District Hospital, Levakant Central City Hospital	Persons in-charge of equipment maintenance and management, medical personnel, etc., participated. Revised the equipment maintenance management sheet.

Source: The Project

From October 2020 to March 2021, remote (online) monitoring was conducted via Zoom. At the beginning of the monitoring, the hospital staff did not understand how to operate the personal computer (PC) and how to use Zoom, and it took time for the preparation and explanation before remote monitoring was implemented. In addition, local hospitals have poor internet connection environments, and internet connection failures occurred frequently.

In order to implement remote monitoring, it was necessary for the hospital staff to move the position of the PC camera so that the relevant part of the equipment could be seen through the interpretation of the national staff. It was very difficult to grasp the status of the equipment and the overall situation of the room (wiring, temperature, etc.) because the intention was not conveyed well, and the range that could be seen through the video was extremely limited. While paying attention to COVID-19, project local staff visited the hospital as much as possible and implemented remote monitoring through the smartphones held by the local staff, which improved somewhat, but the image was rough due to the weak internet communication environment. Even in that case, it was difficult to read the numbers on the equipment management screen and the contents of the maintenance management sheet.

Monitoring items include: (i) SOP installation and usage, (ii) equipment maintenance implementation, (iii) description of equipment registration sheet and maintenance sheet, (iv) (applicable equipment only) description of usage record notebook, and (v) equipment usage environment (room temperature, power supply, parts/cable connections, etc.) were evaluated on a three-point scale for each item (Done, Done and not done, Not done).

3) Verification of effectiveness of SOP distribution for personal protective equipment (PPE)
Since around February 2020, COVID-19 has spread, and as an emergency assistance from the JICA Tajikistan Office, personal protective equipment (PPE) was provided to the six target hospitals. In line with this, the Project created the SOP for putting on and taking off PPE and distributed it in June 2020 so that PPE can be used safely and appropriately. After that, the effect of distributing SOP with PPE was verified in December 2021.

As a verification method, the Project asked medical staff at each target hospital who received the SOP to demonstrate how to put on and take off PPE. Comprehension and proficiency were evaluated. In addition, the Project compared the evaluation score with the number of SOP references and the number of times PPE was used (taken and taken off) and analyzed the results to measure the effectiveness of putting on and taking off PPE using SOP.

As a result of the verification, the use of SOP improved the PPE score, suggesting that the distribution of SOP was effective. However, the highest score was for cases with both SOP reference and PPE use, indicating that it is important to actually practice putting on and taking off PPE with reference to SOP. In addition, since there is a difference in the average score between hospitals, instead of leaving PPE practice to individuals, putting on and taking off PPE should be incorporated

into the hospital's infectious disease control program and training, etc., to prevent infectious diseases from spreading again.

(b) Revision of the Operation and Maintenance Sheet

In the first contract period, the operation and maintenance sheet (including registration sheet for medical equipment) was prepared based on the previous project. However, the sheets were prepared only in Russian language as this is familiar and widely used, but in this Project, the Tajik version was created and distributed in consideration of the language skills of the target hospitals' staff. In addition, to clarify the person-in-charge of equipment maintenance, a column for the responsible person was added to the operation and maintenance sheet to raise awareness of the person-in-charge. Furthermore, notes for equipment utilization record were created referring to the notes that Jomi CDH of the target hospital in the previous project had made and operated so that the utilization status of the equipment can be referred immediately.

In the second contract period, SOPs, equipment registration/maintenance management sheets, and equipment usage record notes were prepared for equipment newly procured in Japan. Among the equipment newly procured in Japan, four items that require special attention when using, i.e., vacuum extractor, delivery bed, high pressure steam sterilizer (autoclave), and bilirubin meter, were prepared using SOP (Russian, Tajik, English version, respectively) and distributed to each hospital in November 2019.

In addition, COVID-19 spread from around February 2020, and in line with the provision of PPE to the target hospitals as emergency aid by the JICA Tajikistan Office for the spread of the new coronavirus, additional support from the Project was provided on how to put on and take off PPE. An SOP was created and distributed to the target hospitals in June 2020. Maintenance monitoring and training were conducted using the above SOP, equipment registration/maintenance management sheets, and equipment usage record notes at each target hospital.

Furthermore, as a result of maintenance management training and monitoring from 2019 to 2022, some hospitals responded appropriately to the description on the equipment maintenance sheet. In May 2022, the equipment maintenance sheet was revised again. In the revised equipment maintenance sheet, items that are particularly important when implementing maintenance have been added as confirmation items during regular maintenance. Additional confirmation items are the following three points.

(i) "Is the equipment turned on?"
(ii) "Is the connection with the peripheral device, correct?"
(iii) "Is the equipment clean (disinfected)?"

By clarifying points to be checked (important items) during regular maintenance, regular maintenance can be carried out more efficiently than before. For oxygen concentrators “Is the filter cleaned?" and for incubators “Is there an increase in temperature and humidity (after the power is turned on)?" were added as check items.

(c) Activity Results and Issues

It has also been confirmed that the way of using fetal doppler, pulse oximeter, and so on is insufficient. In addition, common to the target hospitals, the understanding of battery replacement and charging methods for battery-powered equipment was inadequate. Regarding operation and maintenance of equipment, there had been no custom of regularly checking the equipment in the target hospitals. Also, there had been some cases that problems on the equipment were left unattended.

For these issues, the JICA Experts (in terms of clinical aspects, experts in-charge of “maternal and child health” and “neonatal care”, and in terms of operations, experts in-charge of medical equipment mainly took part) gave direct instruction on sites, and supportive supervision (S/S) based on the reports and advice from JICA Experts and on-the-job training (OJT) (intensive trainings) by supervisors of the Institute of Perinatology were conducted. They focused on the specific issues of each hospital to solve these issues.

In the second contract period, the number of equipment increased, and equipment with more complicated operation was procured. With the exception of some hospitals, the use of appropriate equipment and the establishment of equipment maintenance were observed.

Monitoring items include (i) SOP installation and usage, (ii) equipment maintenance implementation, (iii) description of equipment registration sheet and maintenance sheet, (iv) (applicable equipment only) description of usage record notebook, and (v) equipment usage environment (room temperature, power supply, connection status of parts/cables, etc.). The status of each item is as follows:

(i) Installation and usage of SOPs - SOPs are now installed in appropriate locations, and are referred to when hospital staff do not know how to use and maintain equipment.
(ii) Status of equipment maintenance - Regular inspections have become established, and the

implementation of maintenance has also been improved. However, quality should be improved more.
(iii) Status of description in equipment registration sheet/maintenance management sheet - With the exception of some hospitals, it has become established.
(iv) (Applicable equipment only) Status of description in usage record notebook - It has become established except for some hospitals.
(v) Equipment usage environment (room temperature, power supply, parts/cable connections, etc.) - This was the biggest issue at the beginning, but it was improved.

It seems that "(iii) Status of description in equipment registration sheet/maintenance management sheet" and "(iv) Status of description in usage record notebook" have become a habit. Many hospitals did not properly implement "(v) Equipment usage environment (room temperature, power supply, parts/cable connections, etc.)" at the beginning, but improvement was seen by implementing mini-training specialized in this item. The equipment maintenance sheet was simple enough to check the operation status regularly and record the handling of problems, but the form was revised in May 2022 according to the level and situation of the equipment user.

In addition, in December 2021, with the support of *Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH*, often simply shortened as GIZ, the MOHSPP created the "Guidelines for the Maintenance and Management of Medical Equipment." It is scheduled to be distributed to all hospitals in 2022. The guideline states that future medical equipment management will use "OpenMedis" (open-source software for inventory management of medical equipment). In this Project, equipment registration sheets are used for management, but with the introduction of OpenMedis, it will be possible to manage medical equipment on the web system. The MOHSPP can also grasp the management status of equipment at each medical facility. Tablets will be distributed to hospital staff for use with OpenMedis (timing undecided).

Implementation of Water Supply Renovation

（a） Basic Policy

After the field survey conducted from April to May 2021, it was decided to implement water supply renovation for Kushoniyon Central District Hospital and Levakant Central City Hospital. The basic renovation policy confirmed through discussions with JICA is as follows:

Table 4 Policy for Water Supply Renovation

Basic Renovation Policy
・Khatlon Oblast's Kushoniyon Central District Hospital and Levakant Central City Hospital are the target sites. ・Both hospitals have multiple facilities such as main department including obstetrics and gynecology departments and pediatrics departments, health centers, infectious disease department, workshops, etc. Among these buildings, the main

ward will be the target of this water supply renovation.
・A receiving tank and a pressurized water supply system will be installed to ensure 24-hour water supply with appropriate water supply pressure. Next, the main scope of development is to improve the water supply of the entire hospital by repairing as many sanitary equipment as possible (within the budget), such as broken faucets, sinks, hand washing, showers, and flush toilets.
・Prioritize obstetrics and gynecology departments for the renovation of sanitary equipment.
・Existing manholes and existing drainage routes on the premises will be used as they are for the drainage of this Project.
(Some of the water supply and drainage pipes in the main ward of Kushoniyon CDH will be replaced with new ones.)
・The content of pumps and equipment to be adopted shall be the content that can be maintained and managed locally.
(In addition to the existing sewage drainage pump of Kushoniyon CDH, one additional unit will be installed in this Project.)

Source: The Project

(2) Implementation Schedule and Renovation Components

The survey started in April 2021, and a bid for local subcontractors was held from August to October 2021. Construction of the water supply system began on October 20, 2021, while on February 28, 2022, the completion of construction was confirmed with the hospitals. A defect inspection was also conducted in September 2022. The outline of the implementation process from survey to completion of construction and defect inspection is as follows:

Table 5 Water Supply Construction Schedule

Item	Schedule	Remarks
(1) Detailed Design Study		
1) Field survey	April 29-May 27, 2021	Dispatch two experts for water supply
2) Preparation of tender documents	July-August 2021	
(2) Pre-qualification Screening		
1) Notice of pre-qualification	Thursday, August 19, 2021	Announcement by a newspaper, which is Asia Plus
2) Distribution of pre-qualification documents	August 19-23, 2021	Document distribution by e-mail
3) Completion of pre-qualification	Monday, August 30, 2021	
4) Approval by the Tajikistan side (Examination result notification date)	Thursday, September 2, 2021	Reporting and confirmation to the Ministry of Health officials. Contact successful applicants by email
(3) Bidding Schedule		
1) Distribution of bidding documents	Friday, September 3, 2021	Distribution of tender documents by e-mail
2) Contractor question deadline	Friday, September 10, 2021	Receipt of documents by e-mail
3) Question and answer deadline (Addenda deadline)	Friday, September 17, 2021	Document distribution by e-mail
4) Proposal submission deadline	Friday, September 24, 2021	Direct receipt on paper
5) Bidding	a) Notification of technical review results : Friday, October 1, 2021 b) Price opening : Tuesday, October 5, 2021	The results of the technical review were communicated by Friday, October 1, 2021, and the vendors who have passed the review will be invited to the price opening on Tuesday, October 5.
6) Contract negotiation (Contract procedure)	From October 6, 2021	The bidding results were reported to the JICA headquarters/office and the Ministry

		of Health, and the contract was signed after obtaining their approval.
(4) Construction Contract/Construction Execution		
1) Construction contract date	October 13, 2021	
2) Construction start date	October 20, 2021	
3) Construction completion date	February 28, 2022	Within the contract fulfillment deadline
4) Defect inspection	September 2022	

Source: The Project

The contents of the water supply renovation component of the two target hospitals are shown below.

Table 6 Water Supply Development Component

Work Item		Content	Kushoniyon CDH	Levakant CDH
1	External / Internal Water Supply Piping Work	External: PE piping, branch valve, water meter Internal: PP piping, branch valve	✓	✓
2	Pump House Building Work	Size：5.5 m x 9.0 m= 49.5 m^2 Structure：Reinforce Concrete Framing, Brick Wall Truss：Wooden Truss, Metal Roof Finishing Water Reservoir Tank：20 ton x 2 tanks With Inspection Hatch and Ladders	✓	✓
3	Water Supply Pump System inside the Pump House	Pressurized Pump, 2 Nos：3 kW, 2800 L/min、Flow:11.45 m^3/h、Head: 40 m Pressurized Tank, 1 No：200 L Line Pump, 2 Nos：0.75 kW、 300 L/min Control Panel：Automatic Pressure Control System Water Level Control: Automatic Water Level Control Accessories：Submersible Pump, 2 Nos.: 0.75 kW Chlorine Putting Instrument: 2 Nos. Inspection Ladder: 1 No. for Reservoir Tank Inspection	✓	✓
4	Sanitary Instrument Repair work	Toilet bowl (Full replacement, internal unit replacement, additional installation, etc.) Sink (Full replacement, replacement of faucet only, additional installation, etc.) Shower (Full replacement) Water heater (Full replacement, replacement of piping, additional installation, etc.)	✓	✓
5	Water Supply and Drainage Pipe Replacement Work	New installation of water supply and drainage pipes, relocation of existing sanitary instrument, etc. (Especially from first to third floors of the Annex old main ward building)	✓	
6	Additional Drainage Pump Work	Single suction pump: Made in Russia (similar to the existing drainage pump) 1 No.: 7.5 kW、Flow: 40 m^3/h、 Head: 20 m	✓	
7	Test Running / Operational Guidance	General explanation of water supply system, explanation of water supply system in pump room, explanation of handling of sanitary equipment, explanation of chlorine input	✓	✓

Source: The Project

（c） Overview of Completed Construction

Most of the site works on both sites were completed on February 19, 2022, and on February 23, inspection and commissioning of the water supply equipment in the pump house began. After that, the water supply equipment was operated continuously, and a completion inspection was conducted in parallel with repairs and adjustments for problems (water leaks in pipes, etc.). On February 28, the JICA Experts (Project Team) held an on-site briefing session for hospital personnel, and confirmed the completion of the construction work with the hospital directors and equipment maintenance staff of the two target hospitals.

（d） Replacements of In-hospital Sanitary Instrument

Improvement status after completion of the work is as follows in terms of the number of in-hospital sanitary instrument replacements.

Table 7 Number of In-hospital Sanitary Instrument Replacements

Site	Contents	Toilet Bowl	Wash Basin	Shower Unit	Water Heater
Kushoniyon District Central Hospital	Total	18	74	7	9
	Of these, the number that has been replaced in this work	6	20	7	0
	Replacement of faucets, pipes, toilet seats, and internal equipment of tanks	7	45	0	0
	New installation	0	3	0	6
	Existing (Inspection only)	5	6	0	3
Levakant City Central Hospital	Total	17	85	7	10
	Of these, the number that has been replaced in this work	5	19	2	0
	Replacement of faucets, pipes, toilet seats, and internal equipment of tanks	4	49	0	0
	New installation	0	1	0	4
	Existing (Inspection only)	8	16	5	6

Source: The Project

Regarding the above table, most of the existing sanitary instruments that could not be used are now available for use after the renovation.

At the Kushoniyon CDH, of the total 18 toilets, only five "existing (inspection only)" toilets were usable, while the remaining 13 toilets were completely damaged or destroyed internal units. However, after the renovation, all 18 units were usable.

At the Levakant CCH, where the total number of toilets is 17, eight of the "existing (inspection only)" units in the table above are somehow still in use, while the remaining nine units are either

totally destroyed or have internal unit damage. After renovation, a total of 17 units were usable.

Although it was not included in the planned scope, the installation of six new water heaters in Kushoniyon and four new water heaters in Levakant were carried out in response to the request of the hospitals.

In this renovation, in addition to stable water supply, the Project suggests a method of dissolving chlorine to the water supply that can be handled in the hospital side in supplying safe water. The method considered is as follows:

Table 8 Chlorine Agent Input Test and Amount

Requirements for input test and input amount： ・ Chlorine agent uses bleaching powder (tablet type is difficult to obtain locally) ・ Put-in 20 ml of bleaching powder in the injection tube of each water tank with a measuring cup. ・ Put-in the injection tube into the water tank and check the subsidence. ・ Measure residual chlorine at any faucet in the main ward and confirm 0.1-1.0 mg/l. ・ If it is light or dark (strong chlorine odor), increase or decrease the chlorine agent. ・ Record the date and time, injection amount, measured residual chlorine concentration, and name of the person in-charge in the record book. ・ Perform once a day *After that, the frequency and amount of chlorine agent input were changed during the defect inspection (described later). This description is at the time of construction completion.
Calculation of input amount： Chlorine agent required amount (per tank) 10 ㎥ water tank x 0.3 mg/l = 3.0 g chlorine ÷ 0.7 (effective chlorine) = 4.3 g chlorine x 1.65 (consumption) = 7.0 g chlorine ÷ 0.7 effective chlorine amount = 10 g bleached powder ÷ 0.5 apparent specific density = 20 ml → 40 ml in 2 tanks

Source: The Project

At the Kushoniyon CDH, water can be supplied all day, instead of being limited to watering several times a day before the work. In addition, at the Levakant CCH, the water supply pressure fluctuated greatly before the work, but it was possible to supply water all day with stable water pressure after renovation. Furthermore, the water supply for all the toilets became available and hot water at the washing place became to use. Changes in water volume and water pressure are detailed in Chapter 3.

The Project conducted the training on how to use and maintain each water supply equipment, the JICA Experts (Project Team) also distributed teaching materials (DVD) recording usage / maintenance procedure manuals so that the training contents can be confirmed in the future.

（e）Defect Liability Inspection

From September 5 to 16, 2022, the person in-charge of maintenance of water supply facilities conducted defect inspections, including repairs of water supply facilities and sanitary equipment,

operation confirmation, and re-instructions such as chlorine injection.

The main failure was the damage on the faucet handle of the sanitary equipment, and the damaged part was replaced. In addition, there was clogging in dust removal filter of the faucet due to insufficient cleaning, but it was restored through cleaning. The water supply pressurization device in the pump house was readjusted to slightly reduce the amount of water supply. Contents of defect inspections are shown below.

Table 9 Contents of Defect Liability Inspection

Main Items	Kushoniyon CDH	Levakant CCH
External / Internal Water Supply Piping Work	Fine	Fine
Sanitary Instrument Repair Work	Repair for damage parts, *Mainly change faucet handle	Repair for damage parts, *Mainly change faucet handle
Water Supply Pump System inside the Pump House	Fine Test of all functions	Fine Test of all functions
Others	Re-training for pump system & chlorine management training	Re-training for pump system and chlorine management training

Source: The Project

Also, during the defect inspection, the JICA Experts (Project Team) reconfirmed the water supply pressure and water supply amount. Changes in water flow and water pressure at the time of construction completion and defect inspection are detailed in Chapter 3. Furthermore, during the maintenance and monitoring of the water supply facilities, maintenance staff commented that it was difficult for them to manage the addition of chlorine agents every day. To deal with the situation, the method was changed to once every three days. The details are as follows.

Demand for chlorine powder

Required chlorine concentration: 0.35 mg/l

10 m^3 water tank x 0.35 mg/l = 3.5 g chlorine x 2 (effective + consumption) = 7.0 g chlorine

÷ 0.7 chlorine content = 10.0 g bleached powder ÷ 0.5 apparent density = 120 ml

∗ Fill the chlorine box with 120 ml of chlorine powder once every 3 days.

Installation of chlorine box

・ Install chlorine canisters in each tank A and B.

・ Install the chlorine tank so that it sinks 1.2 m above the pool.

・ Even if the water level in the aquarium drops and the chlorine box (4 to 5 kg) is suspended in the air, tie it tightly with a rope to prevent it from falling.

・ If the chlorine box floats on the surface of the water, put a weight (such as a well-washed stone) on it and make it sink.

Amount of chlorine concentration

・ Measure residual chlorine and confirm 0.1-1.0 mg/l

・ If the chlorine concentration is too high, close the holes (7 mm) in the chlorine box one by one and operate.

・ If the chlorine concentration is too low, increase the holes (7 mm) in the chlorine box one by one and operate.

・On the second and third days of chlorine filling, shake the chlorine tank or remove it from the water surface about once a day to dissolve the chlorine component in the chlorine state.

Cleaning the chlorine tank

・ Bleaching powder used as chlorine will accumulate **Ca** in the form of chlorine after long-term use.

・Remove the large amount of white **Ca** deposits accumulated in the chlorine box about once a month.

・Approximately once every six months, take out the accumulated items and weighed stones and wash the box and stones thoroughly.

Precautions when working with chlorine agents

・Chlorine has a strong oxidizing effect.

・Do not touch or rub the product directly with your hands.

・When cleaning the chlorine box, please be careful not to touch your hands without gloves.

・If you have touched chlorine agents or accumulated substances, wash it immediately with water.

Source: The Project

The contents of the above table were explained to the maintenance personnel of both hospitals, and along with giving specific instructions, they were translated into Tajikistani and displayed in the pump house.

（f）Water Supply Monitoring and Hand Washing Contest

After the completion of the water supply work, the JICA Experts and local staff monitored the water supply maintenance. In order to perform appropriate maintenance and management of the water supply by the maintenance staff of the two target hospitals, the project expert gave instructions on how to do it such as adding chlorine agents and checking and recording the chlorine concentration.

In addition, the frequency of hand washing has increased because of the establishment of water supply facilities at the Kushoniyon and Levakant Central Hospitals. As a follow-up after the construction of water supply facilities, a “hand washing contest” was held in both hospitals to check the quality of hand washing. First, the neonatal care expert explained the examination method, and maternal and child health expert conducted hand washing training, “hand washing exercise". All hospital staff (doctors, midwives, nurses, and cleaners) in the maternal and child ward were asked to wash their hands one by one. Using Saraya's "Handwash Checker" scores were given on a 100-point scale, with 50 points for each of (i) and (ii) from the two aspects of (i) remaining washing by the handwash checker and (ii) handwashing time. After each person finished washing their hands, the two experts, who served as judges, gave a general review in the presence of the hospital director, and

presented the problems of hand washing.

August 29, 2022, Hand Washing Contest at the Kushoniyon Central District Hospital

A total of 48 hospital personnel participated. After applying the hand washing checker liquid, participants performed hand washing (time measurement), and were tested with the hand washing checker. Approximately 30% of the staff were confirmed that almost accurate hand hygiene quality by the hand washing checker, but the remaining 70% were detected with a lot of washing left and it could not be concluded that they were washing their hands properly. The common points among those who did not wash their hands correctly are: (1) they did not sufficiently lather the soap before washing it away, and (2) Although the procedures were performed (the order of proper hand washing was followed), each individual step for the hand washing procedure was not enough. It is thought that these are not reflected in concrete actions because the reason why soap bubbles are necessary for hand washing and the purpose of each hand washing procedure are not fully understood. On the other hand, the common feature of those who observed correct hand washing is that they were already accustomed to hand washing. It was observed that almost all of them lather soap sufficiently in the 30-second hand washing time and wash each part thoroughly in the order. It was speculated that these people wash their hands efficiently on a daily basis. Those with high scores were doctors, midwives, and nurses (first place was midwives, second and third places were doctors), while cleaners tended to have low scores.

August 30, 2022, Hand Washing Contest at the Levakant Central City Hospital

A total of 40 hospital personnel participated, and the contest was held in the same procedure as the previous day in about two hours. About 30% of the people confirmed by the checker that they were able to wash their hands properly. The problems common to those who had leftovers and those common to those who washed properly were the same as the previous day. However, there was no trend in scores according to job type in Levakant, and some cleaners had high scores.

(2) Activities Related to Output 2

Development of Data Collection Sheet, Conducting Baseline Survey, and Changes of the Indicator Values

(a) Development of Data Collection Sheet

In addition to the indicators for Output 2, which show below the collected information on the number of conducted cesarean-sections (C-section), number of vacuum extraction deliveries, usage of incubator and oxygen concentrators, and number of neonatal resuscitation table usage to monitor the progress activity. The data sheets were prepared by each target hospital and are included in the

project monthly report.

(Indicators of Output 2 of PDM)
- Percentage of delivery record, precisely described partogram, is increased.
- Percentage of "Form 111" (Record form for pregnant and postpartum woman) precisely described both body mass index and blood pressure (BP) is increased.
- Number of good practice examples as a result of critical case review is increased.

The following table explains the implications of the indicators and calculation methods.

Table 10 Implications of the Indicators and Calculation Methods

Indicator	Implications of the Indicator	Calculation Method
Percentage of delivery record, precisely described partogram is increased.	Describing the partogram correctly becomes the evidence when a problem occurs. What is referred to as "correctly described" is whether the measurement is conducted at the designated times, and if measured values are estimated to be correct, regarding the BP measurement value record of the partogram (total of 18 measurements from prepartum to postpartum).	The ratio of the number of times BP was taken at designated times (denominator) to the number of measured times. The rate at the first place (the last digit) is 0 (the scale unit of the aneroid sphygmomanometer that is commonly used in Tajikistan is 2 mmHg. Therefore, the probability that the first place is 0 is about one fifth or 20%.)
Percentage of "Form 111" (Record form for pregnant and postpartum woman) precisely described both body mass index and BP is increased.	To detect and to prevent eclampsia and pre-eclampsia become worse, the BP values were recorded correctly in the ANC record. As for the value of Body-Mass-Index (BMI), the Project decided not to collect due to less relations of BMI to eclampsia and pre-eclampsia. (Therefore, in the baseline survey, the Project did not collect the BMI data.) The BP values should be recorded 1) default number of times and 2) with the correct value. With regard to what is considered "correct", regarding BP measurement value in the records of ANC records (total of seven measurements under Tajikistan regulations), the Project examines the following points: 1 Are BP measurements taken all the time of ANC? 2 Are measured values estimated to be correct?	(1) The percentage of BP of a pregnant woman who underwent ANC seven or more times, and the first visit was less than 12 weeks of pregnancy. (2) Among the records that meet the above conditions, the ratio of one place (the last digit) is 0 (the scale unit of the aneroid sphygmomanometer normally used in Tajikistan is 2 mmHg. Therefore, the probability that one place or the last digit position becomes 0 should be about one-fifth or 20%.)
Number of good practice examples as a result of critical case review is increased.	The purpose of conducting critical case review is to prevent further mistakes on care. During the review, the Project finds the good practices, and these should be shared among the target hospitals.	-

Source: The Project

The baseline survey was conducted from September 2017 to February 2018, and an endline survey was conducted from March to August 2022. Results and discussion are presented in Chapter 3.

(b) Training on the Care for Pregnant Women and the Newborn

The following table shows the training activities on conducting care for pregnant women and the newborn by chronological order. Training was conducted intensively in the initial stage (first contract period) of the Project, and follow-up training was conducted in the second contract period to address the lack of capacity. Through discussions based on actual cases at the case review meeting, each medical person became aware of their lacking abilities and worked to strengthen their abilities through in-hospital training.

Table 11 Summary of the Training on Care for Pregnant Women and Newborn by Chronological Order

<table>
<tr><th>Time</th><th>Contents</th></tr>
<tr><td>Feb. 2018</td><td>・Contents and strategy of the training were discussed with the trainers in the Research Institute of Perinatology. The Project and the trainers agreed on starting with the contents of basic skills of emergency care at the second level, and for the hospitals staff to acquire the basic skills proficiency, since the level of knowledge and skills was low at the target hospitals.
・It was impossible to develop the customized training contents which focus on the necessary points only for the target hospitals according to MOHSP Regulation. Therefore, the Project and the trainers also agreed that the necessary points to be followed-up were implemented through supportive supervision (S/S).</td></tr>
<tr><td>Mar. 2018</td><td>The JICA Experts (Project Team) received the training contents on Emergency Obstetric and Neonatal Care (EmONC). The Project Team developed the training plan taking into consideration the timing of equipment provision. Also, the Project Team visited the postgraduate Medical Institute and confirmed the contents of the ultrasound training.</td></tr>
<tr><td>Aug.- Oct. 2018</td><td>EmONC (EPC) training was conducted on the following dates. (The title of the EmONC training is the Effective Perinatal Care –EPC-in Tajikistan.) The target participants of the training were Ob/Gyn, pediatrician, anesthesiologist, midwife and nurse, and they are working as a team. The training was conducted in the Institute of Perinatology.
<table>
<tr><th>Name of Target Hospitals</th><th>Date</th><th>Number of Participants</th></tr>
<tr><td>Levakand</td><td>Aug. 14-23</td><td>9</td></tr>
<tr><td>Kushoniyon</td><td>Aug. 27-Sep. 4</td><td>10</td></tr>
<tr><td>Baljuvon</td><td>Sep. 11-18</td><td>10</td></tr>
<tr><td>Muminobad</td><td>Sep. 24-Oct. 1</td><td>11</td></tr>
<tr><td>Khovaling</td><td>Oct. 8-15</td><td>11</td></tr>
<tr><td>Nurek</td><td>Oct. 16-23</td><td>12</td></tr>
</table></td></tr>
<tr><td>Dec. 2018</td><td>・The target hospitals participated in the USAID conference on BTN progress in the USAID target hospitals.
・Neonatal Care Guideline was revised by the MOHSP. There was a training session on the points to be revised for three days from 19 December. The neonatologists and nurses for neonatal care from the target hospitals participated the training.</td></tr>
<tr><td>Feb. 2019</td><td>The Project Team started the ultrasound training on February 4, for four months. (Participants should be one medical doctor from each target hospital.)</td></tr>
<tr><td>Mar. 2019</td><td>Training on anesthesiology on caesarian section (C-section) for the anesthesiologists was conducted in the target hospitals.</td></tr>
<tr><td>Apr. 2019</td><td>On-site training for midwives in Baljuvon and Khovaling was conducted.</td></tr>
<tr><td>May 2019</td><td>New guideline for neonatal and stillbirth BTN was started to develop.</td></tr>
<tr><td>October 2019</td><td>Ultrasound diagnosis follow-up training (two days each for each hospital)</td></tr>
</table>

October-November 2019	Support for obstetric hemorrhage care training planned by the MOHSPP (three-day training each in Bokhtar and Kulob areas)
December 2019	ANC follow-up at the Levakant PHC
March 2020	Follow-up on ultrasound diagnosis
July 2020	Training on perinatal audit guideline at the Institute of Perinatology for national supervisors
October 2020	Training on COVID-19 clinical guideline at the Institute of Perinatology for national supervisors
October 2021	Cross visit from Baljuvon to Nurek hospitals for ultrasound diagnosis
October-November 2021	Follow-up for ultrasound diagnosis

Source: The Project

One of the major activities of Output 2 was EmONC training (in Tajikistan, the title of the training is Effective Perinatal Care - EPC). Included in the training are the following basic and important skills:

- Method of recording in partogram;
- Essential care at the time of Stage 2 in delivery, when the baby comes out and rapid care for the newborn;
- Essential care at the time of Stage 3 in delivery, when placenta is removed;
- Dealing with complications during delivery such as bleeding and eclampsia, and timing of referral to the upper hospital;
- Dealing with neonatal hypothermia, premature, and asphyxia; and
- Method of developing Quality Improvement Action Plan (QI plan) development.

Participants of the training were the Ob/Gyn, pediatrician, anesthesiologist, midwife, and nurse. It was their first time to receive this kind of training, which had comprehensive contents of emergency care for pregnant women and newborn at delivery. Also, they worked as a team to deal with the complicated situation of pregnant women and newborn children. According to them, when faced with emergency cases before the training, what they did was to ask some other specialists or refer to upper-level hospitals.

Implementation of Case Review

（a） Purpose of Introducing Case Review to the Project Activity

The case review meeting is a major activity in the Output 2 activities, along with the EmONC training. Since there is a committee intervention in Tajikistan regarding maternal death cases with a view to incorporate punishment, the Project was not involved in this activity which reviewed near miss cases and severe cases rather than death cases for pregnant women. Otherwise, since the MOHSPP started to develop guidelines in May 2019 under the name Perinatal Audit, which collectively refers to stillbirth case review and neonatal death review, the Project expanded the scope of case review from maternal to neonatal and stillbirth after the guidelines were developed in July 2020.

A perinatal case review meeting is an in-hospital case review meeting to examine the causes of stillbirth and neonatal deaths, in accordance with the World Health Organization (WHO) Guidelines "Making Every Baby Count: Audit and Review of Stillbirths and Neonatal Deaths". In the previous phase of the Project, the Beyond the Number (BTN) method of reviewing of maternal critical case was introduced in the project hospitals with the cooperation of Dr. Marhabo Kamilova, BTN national coordinator and obstetrician at the Institute of Ob/Gyn and Perinatal Medicine. The JICA Experts (Project Team) led to improve teamwork among hospital staff and the creation of hospital protocols (local protocols) in accordance with the national standards, which in turn improved medical services based on the discussion of BTN meetings. On the other hand, the project hospitals also conducted trials on neonatal deaths, but were unable to break free from the traditional discussion of pursuing responsibility.

The purpose of the Project's perinatal case review is to prevent from worsening of eclampsia, pre-eclampsia, and hemorrhage in pregnant women, as well as neonatal asphyxia and premature birth, which are the leading causes of maternal and neonatal deaths in Tajikistan. Also, the purpose of implementing it as the project activity is to examine whether there were any errors in treatment, delays in treatment due to lack of communication between the parties involved, and to determine and implement action plans for each hospital staff to improve the situation. By bringing together obstetricians, neonatologists, midwives, nurses, anesthesiologists, and other related personnel to discuss cases of stillbirth and newborns, the Project also emphasized that severe cases that occur in the perinatal period can be prevented from becoming more severe by providing continuous care for mothers and babies. Future initiatives were also discussed during the meeting so that in-house training could be provided on these issues and efforts made to strengthen the knowledge and skills of the staff.

（b） Method of Introduction

Regarding the maternal critical case review meeting, in December 2018, the United States Agency for International Development (USAID) organized a workshop to share the results of the maternal critical illness case review meeting in the central hospitals of the five target districts of Khatlon Oblast (Khroson, Yavon, Jomi, Vakhsh, and Shartuz), in which the four target counties of the Project (Nurek, Baljuvon, Khovaling, and Kushoniyon) participated.

In addition, a perinatal case review orientation was held on June 12, 2019 at the Perinatal Institute for the target hospitals of the Project. The lecturer was the BTN national coordinator, and the participants were obstetricians (one or two) from the target hospitals. The lecturer explained the

characteristics of the perinatal case review (all patients and therapists are to be anonymous and not to criticize individuals), the members of the perinatal case review meeting (not only physicians but also co-medicals participate), the cases to be discussed, and the method of discussion (to delve into the reasons for the serious illness and resolve underlying issues).

The target hospitals, where perinatal case review needs to be introduced immediately, were then discussed, and it was decided to start implementation in Nurek, in addition to Kushoniyon and Levakant. It was decided to visit and observe the discussions at the other target hospitals for Baljuvon Khovaling Muminobad, where there are not so many severe cases of maternal deaths.

Although the BTN national coordinator initially planned to implement the project separately for pregnant women and newborns because of the vertical medical system of obstetrics and neonatology in Tajikistan, the JICA Experts (Project Team) decided that mother's symptoms should be included in the newborn cases since the condition of newborn depends on the condition of the mother. This has increased the momentum for reviewing cases of both pregnant women and newborns as perinatal case studies.

(c) Review Meetings Everyone Can Discuss

At the start of this Project, the above guidelines were issued by the WHO in September 2016, and a neonatologist from the Perinatal Institute attended a Perinatal Audit Seminar held by USAID in Bishkek in May 2017 and was informed to serve as a model. After the BTN national coordinator started the training for national supervisors on July 21, 2020, the JICA Expert (Project Team) asked her to support the Project. The BTN national coordinator was an obstetrician, and the neonatologist was present at the review meetings as an assistant. In addition, when one of the JICA Experts, a neonatal care specialist, was able to attend, he actively provided advice.

The following is a chronological list by hospital of the case review meetings conducted at the target hospitals. Basically, case review meetings were held when a case arises, so they were not held on a regular basis, but on average, case conferences were held once every three months in the following central district/city hospitals, namely: Kushoniyon, Nurek, and Levakant.

Table 12 Summary of Perinatal Audit Conducted at the Target Hospitals (Specific Actions to be Taken Afterwards)

	Date	Kushoniyon CDH	Nurek CCH	Levakant CCH
1	2020/2/15	Asphyxia, congenital heart disease		
2	2020/2/22		Asphyxia	
3	2020/3/10		Maternal DIC/HELLP syndrome	

4	2020/3/14	Premature baby, asphyxia		
5	2020/3/15	Severe anemia during delivery		
6	2020/8/10		Eclampsia	
7	2021/3/14	Maternal DIC		
8	2021/3/29			Meconium aspiration syndrome
9	2021/5/6	Placental abruption		
10	2021/5/27		Placental abruption and placenta previa（There was a delay in realizing that the bleeding was getting worse and a delay in stopping the bleeding. The two causes were explored, and the in-hospital treatment protocol was revised for each role.）	
11	2021/5/29			Eclampsia
12	2021/6/12		Stillbirth due to pre-eclampsia, UTI	
13	2021/6/18	Respiratory distress syndrome (RDS), severe asphyxia, encephalopathy（Insufficient skills in hemostasis by the physician was the cause, hence, in-house training was immediately implemented）		
14	2021/6/26			Antenatal fetal death, head presentation（In-hospital training was provided on the criteria for making an emergency cesarean section decision and the evaluation of the newborn immediately after birth.）
15	2021/7/15			Severe pre-eclampsia
16	2021/8/21			Hypotonic hemorrhage
17	2021/8/21	Traumatic brain injury, perinatal death		
18	2021/9/4			Maternal severe anemia
19	2021/9/19		Eclampsia	
20	2021/9/21	Premature birth, Rh-negative blood group		
21	2021/10/6		Intrauterine death. Maternal COVID-19 infection（Decided on the frequency of thorough fetal heart sound measurements.）	
22	2021/10/6		Urgent delivery; Pelvic presentation; Severe asphyxia（The Criteria for Emergency	

			Cesarean Decision was reconfirmed.）	
23	2021/10/7			Fetal distress （The importance of fetal heart rate measurement, the importance of preventing hypoglycemia in newborns, and thorough recording of blood saturation were reviewed.）
24	2021/10/15	Third delivery at home, in term; twins		
25	2021/12/2	Uterine hypotension, postmature infant		
26	2021/12/14	Eclampsia		
27	2021/12/18		Twins, severe asphyxia （Reviewed the use of uterine contractions to avoid detachment of the second fetus.）	
28	2021/12/25			Review of 14 cases in 2021 （Conducted annual reviews）
29	2021/12/26		Intrauterine death during delivery	
30	2021/12/26		Neonatal hypothermia （Reaffirmed the importance of blood glucose monitoring in newborns.）	
31	2022/2/5			Meconium aspiration syndrome （Reaffirmed the need to monitor critical illness, especially the importance of measuring oxygen saturation.）

Source: The Project

As a result of these activities, the most important point is that they are now able to discuss specific improvement measures by connecting perinatal and delivery data with neonatal outcomes. For example, in the previous phase of the Project, there were repeated general suggestions for improvement, such as the lack of human resources and the need for further training. In this Project, perinatal audit clarified clinical improvement points and enabled participants to conclude goals for themselves to work on. Also, during the previous phase, Dr. Kamilova led the discussion from beginning to end, and the hospital staff only responded while looking at medical records. In this Project, the hospital staff made a brief presentation on a flip chart summarizing the points of the clinical course in advance. The head of maternity led the discussion, and Dr. Kamilova took the lead in asking additional questions. Furthermore, in the previous phase, obstetrics and neonatal

departments often met separately, but in this Project, the JICA Experts (Project Team) observed that both obstetricians and pediatricians (sometimes anesthesiologists and intensive care unit (ICU) doctors) participated, and midwives and nurses also gave their own opinions.

◆ Example of Perinatal Audit at the Project Hospital (1)

Clinical diagnosis: Fetal distress

The hospital side reported that this was a case of asphyxia that occurred during a normal delivery of a full-term baby, but the neonatal audit revealed that it was caused by inadequate fetal management during delivery. In addition, it developed into a detailed discussion of care for asphyxia.

Meeting date: October 7, 2021 at the Levakant City Central Hospital
The discussion was led by the head of maternity, with obstetricians, neonatologists, midwives and nurses.
<Clinical course>
At 09:34 on September 11, a woman in her 40th week of pregnancy visited the hospital for delivery. Delivery started at 20:00 on the next day, September 12th, 0:00; rupture of membranes, fetal heart rate 147/min, 4:00; fetal heart rate 150/min, 5:00; fetal heart rate 142/min. 6:26; female baby was born (3,500 g, 51 cm). A loop of the umbilical cord was also noted. The Apgar score was 4 points, 1 minute after delivery and 5 points, 5 minutes after delivery, and resuscitation was started. Newborn heart rate 60/min. After oral cleaning, artificial respiration was performed with Ambu, but there was no spontaneous respiration. At 06:50 Spontaneous breathing by cardiac massage. Heart rate 120/min. Afterwards, she was given antibiotics to prevent infection in the NICU, and she continued to be in a serious condition. She was put on antibiotics (ampicillin and gentamicin) for 7 days. Glucose administration only once. On September 14th and 15th, Ringer, oxygen therapy, etc., were performed. On September 17, fresh frozen plasma was administered (for treatment of DIC - disseminated intravascular coagulation - but no laboratory data to support it). She was then referred to the Khatlon State Hospital.

Source: Perinatal Audit - Minutes of the Meeting

◆ Example of Perinatal Audit at the Project Hospital (2)

Clinical diagnosis: Severe asphyxia (CNS sequelae)

The case developed central nervous system sequelae due to hypoxic encephalopathy caused by severe asphyxia. The cause was agreed by the participants that delivery by caesarean section was necessary in a timely manner after rupture of the membranes. In addition to this, a discussion was held on the appropriate manner of informed consent, which is an inhibitory factor.

Meeting date: October 6, 2021 at the Nurek City Central Hospital
An obstetrician and a neonatologist explained the clinical course in order using a flip chart prepared in advance, and discussions were also held with midwives and nurses.
<Clinical course>
On June 26, a 39-week pregnant woman was hospitalized for delivery because her water broke. She was a primiparous mother and her fetus was in breech presentation. She was given misoprostol after amniotic rupture (presumably for uterine contraction purposes).
She gave birth on June 30th. Her newborn weight and height are 3,050 g and 51 cm. The Apgar score was 0 after 1 minute. 15 minutes after neonatal cardio-pulmonary resuscitation (NCPR), spontaneously breathing was observed. However, aspiration pneumonia, convulsion, cerebral hemorrhage, and cerebral edema were noted during subsequent hospitalization. The baby subsequently received care in the NICU and was discharged on August 7 with central nervous system sequelae.
<discussion>
(1) Why was the situation not reported in detail even though it was a breech presentation? In response to the question, an obstetrician admitted that the records were inadequate.
(2) When asked why the caesarean section was not performed, the obstetrician in charge answered that

the pregnant woman's family strongly opposed the operation when the doctor told families that she would undergo the caesarean section. Convincing the relatives was a point of contention. Participants asked questions such as whether the doctor's explanation was appropriate and whether it was good to take time to obtain permission from relatives for emergency surgery.

One of the participants said, "I want you to receive training on how to communicate with patients' families," but this opinion was denied by many other participants. The reason is that it is sufficient for the medical staff to confidently inform the patient's family that the doctor has determined that surgery is necessary, and that it is not a matter of learning how to communicate through training. Everyone agreed with this opinion.

Then, discussion was started on what should be done in order for doctors to convey this to their families with confidence. When the facilitator asked, “Are you confident that all the doctors are familiar with the clinical protocol?" all the participating doctors looked down. The facilitator explained that caesarean section for breech babies is a worldwide standard, but caesarean section for breech babies is conditional in Tajikistan. But Nurek's obstetrician did not seem to know that. This is because people in Tajikistan have long been resistant to caesarean section, and the World Health Organization (WHO) considers too many caesarean sections to be at high risk. It was explained in addition that the Ministry of Health and Social Protection (MOHP) has a policy to limit the number of caesarean sections. However, in this case, the conditions for caesarean section were met, and it was confirmed by the participants that the caesarean section should have been performed without the consent of the relatives.

The obstetrician in-charge did not seem to be confident enough to explain to the relatives, but the staff supported the obstetrician, and the facilitator and JICA Experts (Project Team) also advised that the obstetrician should think about saving the patient's life as a doctor, and emergency surgery should be done rather than worrying about the opinions of relatives.

Source: Perinatal Audit - Minutes of the Meeting

In addition, in November 2022, the findings from the above case study meeting conducted by the Project were presented at the Tajikistan National Congress of Obstetricians, Gynecologists, and Neonatologists.

Reference: Examples of neonatal BTN meetings in the previous phase

Meeting date: October 23, 2015 at the Shartuz Central Rayon Hospital

There was one neonatal doctor, six obstetricians, etc., and a young obstetrician played the role of secretary. At first, it was introduced that an obstetrician would be the facilitator, but there was no word from beginning to the end, and Alisher, a JICA Expert, proceeded as a facilitator.

The case was born at 10:00 pm on September 7. A 22-year-old pregnant woman with pre-eclampsia and mild anemia had a cesarean section due to premature abruption of the placenta on arrival. 37 weeks gestation, 2,600 g, Apgar 3/4. Spontaneous respiration was induced by warmth and skin stimulation. The infant's temperature was 37°C, RR 69/min, HR 137/min, and he was diagnosed with asphyxia. Although tachypnea was noted, the baby's skin turned pink, and the baby was returned to the mother. She tried to breastfeed but could not suck.

Tube feeding, oxygen administration, transfusion, administration of antibiotics, etc., were performed. After that, there was no examination by a neonatologist, and the nurse noticed that the condition was worsening, and although the doctor on duty ordered oxygen administration, he died 24 hours after birth.

The participants concluded that the cause of death was that the doctor was absent because it was a holiday, and that the doctor on duty was unable to grasp the situation properly and did not notice the worsening condition. However, despite continued tachypnea, postnatal monitoring was inadequate, as well as postnatal management, such as discontinuing oxygen administration and returning the baby to the mother from the neonatal room without administering fluids. Therefore, the JICA Expert advised that if the prenatal condition of the mother is serious, it should be managed by a neonatologist until the vital signs are stabilized.

Source: Perinatal Audit - Minutes of the Meeting

(3) Activities Related to Output 3

The R/D was revised in June 2021 and activities related to maternal and neonatal/infant referrals from primary health facilities to secondary health facilities were organized within Outcome 3. In addition, a pilot was targeted to the cities of Nurek and Levakant to establish a referral model.

The Antenatal and Postnatal Care Monitoring Training for City Supervisors

From the revision of the PDM until the end of the Project in December 2022, three training sessions were conducted by the national supervisor to the supervisors of city reproductive health centers who are responsible for PHC monitoring. The objectives, content and participants of each training session were as follows.

Table 13 Antenatal Care Monitoring Training

	Date	Content	Participants
1	April 2021	How to fill in the monitoring format	**Nurek City Reproductive Health Center：4** -Director of Nurek Reproductive Health Centers -3 nurses **Levakant City Reproductive Health Center: 7** -Director of Regional Reproductive Health Center -Regional supervisor (Ob/Gyn) in charge of monitoring— -Director of Levakant City Reproductive Health Center -Deputy Director of City Reproductive Health Center - 3 nurses
2	October 2021（On-the-job training during monitoring visit to PHC）	How to calculate gestational period Guidance on filling 029 Form	**Nurek City Reproductive Health Center：1** -Supervisor (Ob/Gyn) of Nurek City Reproductive Health Center **Levakant City Reproductive Health Center : 2** Director of Levakant City Reproductive Health Center and head of midwifery
3	December 2021	Reviewing the monitoring result	**Nurek City Reproductive Health Center：2** -Director and supervisor (Ob/Gyn) of Nurek City Reproductive Health Center **Levakant City Reproductive Health Center : 2** Director of Levakant City Reproductive Health Center and head of midwifery

Source: The Project

Antenatal and Postnatal Care Training for PHC Staff

The following table summarizes the antenatal and postnatal care training for PHC staff during the project implementation period.

Table 14 Antenatal and Postnatal Care Training for PHC Staff

Date	Content
July – August 2018	July 23 – July 27: Training was conducted for health workers of Nurek, Baljuvon, Khovaling and Muminobad RepHC (Name of the training package under MOH was "Safe Motherhood Training") July 30 – August 3: Training was provided for health workers of Kushoniyon and Levakant RepHC
April – May 2019	April 22 – April 27: Training was provided for PHC staff in Nurek City April 29 – May 4: Training was provided for PHC staff in Levakant City
March 2020	March 16 – March 17: Training for Understanding the Guidelines on Antenatal Care during COVID-19 was conducted for 17 PHC staff in Levakant. The training included how to conduct remote antenatal check-ups, counselling skills, instruction of breastfeeding with infection prevention and infection control in the health facility.
June 2020	June 18 – June 19: Training for Understanding the Guidelines on Antenatal Care during COVID-19 was conducted for 17 PHC staff in Nurek.
August 2021	August 24 – August 28: Antenatal Care Standard Guidelines Training was conducted for 16 PHC workers in Levakant. In accordance with the guidelines, the training included practical training, role-plays and group work on antenatal counselling, blood pressure measurement methods, methods for checking urine protein, methods for checking fetus heartbeat, nutritional guidance during pregnancy and complete breastfeeding guidance.
November 2021	November 9 – November 13: The Training on Antenatal Care Standard Guidelines was conducted for 18 PHC staff in Nurek, with the same content as the training in Levakant

Source: The Project

The Training of Trainers (ToT) on antenatal care was conducted in July and August 2018 for the target district and city RepHC. In the next stage of the training of antenatal and postnatal care for PHC staff, with district and city RepHC supervisor acting as instructors to strengthen the referral system, it was found that there was a shortage of training materials at PHC facilities, which hindered the implementation of the training. In response to the challenge, the district and city RepHC sent the budget request to the district government but were unable to secure a budget. Therefore, the following equipment was provided to PHC facilities for the smooth implementation of the training through the project budget.

Table 15 Safe Motherhood Training Provision Equipment List

	Equipment List	Quantity	Provided Institution
1	Digital tonometer	35	Nurek City PHC: 20 Levakant City PHC: 15
2	Rechargeable battery	31	Nurek City PHC: 17 Levakant City PHC: 12
3	Electronic weight scale (neonate)	29	Nurek City PHC: 16 Levakant City PHC: 12

Source: The Project

The Antenatal and Postnatal Care Training conducted in August and November 2021 was revised from the existing lecture-based curriculum to a curriculum incorporating practical skills, role-plays and group work, in line with the 2018 Revised Antenatal Care Standard Guidelines. In response to the finding that inter-personal communication skills during pregnancy counselling (nutrition,

breastfeeding, danger signs of pregnant women, preparation for childbirth) were identified as a challenge during the periodic monitoring, a counselling exercise was conducted by using the Mother and Child Handbook. In addition, time was set aside in the program to review the role of each facility in the referral.

During the COVID-19 pandemic period, individual antenatal care through home visit was recommended in the guidelines. Accordingly, the Project provided portable doppler with target PHC facilities to conduct antenatal care at home visits.

Table 16 Antenatal and Postnatal Care Training Material and Equipment

	Provision of Training Material and Equipment	Quantity	Provided Institution
1	Antenatal Care Standard Guidelines	100	Nurek City PHC: 50 Levakant City PHC: 50
2	Mother and Child Handbook	2,000	Nurek City PHC: 1,500 Levakant City PHC: 500
3	Birth Record Card（exchange card）	5,000	Nurek City PHC: 2,000 Levakant City PHC: 3,000
4	029 Form （antenatal check-up form）	5,000	Nurek City PHC: 2,000 Levakant City PHC: 3,000
5	Portable Doppler	21	Nurek City PHC: 5 Levakant City PHC: 16

Source: The Project

In order to respond to the COVID-19 pandemic from 2020 onwards, the Preliminary Guidelines on Antenatal Care during the COVID-19 pandemic was developed. The Project provided training to PHC staff in Levakant and Nurek in March and June 2021 on how to conduct remote antenatal care, counselling skills and breastfeeding guidance with consideration to infection prevention and nosocomial infection control. The minimum materials and equipment required to practice nosocomial infection prevention were provided to target PHCs during the training.

Table 17 Antenatal Care during COVID-19 Training Provision Equipment List

	Training Provision Material and Equipment	Quantity	Provided Institutions
1	Pulse oximeter	27	Nurek City PHC: 7 Levakant City PHC:20
2	Non-contact thermometer	19	Nurek City PHC: 6 Levakant City PHC: 12
3	Medical goggle	78	Nurek City PHC: 19 Levakant City PHC: 59
4	Medical mask	5,452	Nurek City PHC: 1,500 Levakant City PHC: 3,952
5	Medical gloves	3,068	Levakant City PHC: 3,068
6	Alcohol disinfectant	79	Nurek City PHC: 50 Levakant City PHC: 29

Source: The Project

Revision and Introduction of Antenatal and Postnatal Care Monitoring Format

In September 2021, following the recommendations made at the antenatal care monitoring coordination meeting held the previous month, the director of the National Reproductive Health Center and supervisors with a support of the Project revised the items of the antenatal care monitoring format as follows.

- Monitoring items were organized into normal and complicated pregnancies. This modification made it easier to ensure that complicated cases were referred to the upper-level facility.
- Referral criteria were categorized and clarified.
- A section has been added to check whether the referral card was brought at the time of referral and whether the birth record card was brought at the time of delivery.
- The monitoring method was changed to a random sampling of five to ten women who gave birth during the monitoring period.
- A field was added to provide information on the women monitored so that it could be checked if follow-up was required.

Supervision on Antenatal and Postnatal Care (PNC) by City Supervisors

(a) Conduct Monitoring to the Target PHC

Although there were interruptions due to the COVID-19 pandemic from 2020 onwards, antenatal care monitoring for PHCs by supervisors from the city RepHC in Nurek and Levakant was conducted on a regular quarterly basis. When visiting PHCs for antenatal care monitoring, the supervisors not only conducted monitoring but also provided technical guidance to PHC staff on how to fill in antenatal care record cards, counselling, and other clinical skills necessary for conducting antenatal care.

Table 18 Result of Antenatal Care Monitoring in Levakant (Target: 16 PHCs)

	Date	Activity during the Monitoring Visit	Remarks
1	April 2021	・ Monitoring on antenatal care at PHC (review of antenatal care record and observation of practice) ・ Instruction of filing monitoring format by national supervisor to city supervisor ・ National supervisor to city supervisor on how to provide instruction guidance to PHC staff	Participation of national supervisor
2	June 2021	・ Identification of challenges in the implementation of antenatal care ・ Confirmation whether PHC has practiced COVID-19 nosocomial infection prevention measures (Confirmation of	

		training effectiveness) ・ Provision of guidance on breastfeeding, nutrition and family planning counselling	
3	November 2021	・ Monitoring on antenatal care at PHC ・ Review of content of 029 Form ・ Provision of guidance on nutrition counselling and how to check fetal movement	
4	March 2022	・ Monitoring on antenatal care at PHC ・ Review of content of 029 Form ・ Provision of guidance on counselling session of delivery and postnatal period	
5	August 2022	・ Monitoring on antenatal care at PHC ・ Review of content of 029 Form ・ Provision of guidance on danger signs during pregnancy, how to record gravidogram, referral criteria and counselling on breastfeeding, nutrition and family planning	Participation of national supervisor

Source: The Project

Table 19 Result of Antenatal Care Monitoring in Nurek (Target: Three PHCs)

	Date	Activity during the Monitoring Visit	Remarks
1	July 2021	・ Monitoring on antenatal care at PHC ・ Identification of challenges in the implementation of antenatal care	
2	October 2021	・ Instruction of filing monitoring format by national supervisor to city supervisor ・ National supervisor to city supervisor on how to provide instruction guidance to PHC staff.	Participation of national supervisor
3	December 2021	・ Monitoring on antenatal care at PHC ・ Review of content of 029 Form ・ Identification of challenges in the implementation of antenatal care ・ Provision of guidance on counselling method for referrals to higher level facility and how to record gravidogram counselling	
4	August 2022	・ Monitoring on antenatal care at PHC ・ Review of content of 029 Form ・ Provision of guidance on danger signs during pregnancy, how to record gravidogram, referral criteria and counselling on breastfeeding, nutrition and family planning	Participation of national supervisor

Source: The Project

（b） Analysis of Monitoring Result

After each monitoring session, an analysis of the monitoring results was conducted between the national supervisor and district supervisors. In addition, antenatal care monitoring coordination meeting was held at the Khatlon Oblast Health Department in August 2021, attended by the national and regional RepHC directors and supervisors, to analyze the results of the monitoring conducted in Levakant City. During the meeting, monitoring items were analyzed by linking ‘results of (antenatal) care’ and ‘treatment/referrals’ to ensure that PHC staff had an accurate understanding of the

antenatal care results and whether appropriate treatment and referrals were carried out. For example, three questions were linked and analyzed to ensure that PHC staff did not miss cases that should have been treated or referred: 'Was a urinalysis performed three times?', 'Was proteinuria identified five times?' and 'Was appropriate treatment and referrals provided for cases of urinary protein?'. In addition, it was agreed that the items in the antenatal health check-up monitoring format would be grouped by relevant item in order to facilitate the analysis of results by supervisors.

After December 2021, the meeting was not held as a coordination meeting due to the COVID-19 spread, but the monitoring results were analyzed in each target city (Nurek and Levakant) and items to be followed up during the next monitoring were confirmed among the supervisors.

Referral Information Sharing between Primary and Secondary Health Facilities

Information on referral cases was shared through regular PHC weekly meetings with attendance of PHC staff, the city RepHC staff, Family Medicine Center (FMC) staff, and the head of the Maternity Department of CDHs in Nurek in July 2021 and the roles and responsibilities of referral in each level of facility were confirmed among participants. It was also agreed that the birth record card (exchange card) would be handed over directly from the Maternity Department to city RepHC then sent to the PHC facility where pregnant woman received antenatal care.

In September 2021, the regular PHC meeting in Levakant also identified facility level of roles and responsibilities in a reference system among the Maternity Department of CDH, city RepHC and PHC facilities. As in Nurek, the shortage of exchange card was identified as a challenge.

The Maternity Department of CDH and PHC staff explained that there was a shortage of the Exchange Cards and moreover, the card could be lost on the way when handed over to women at the discharge of hospital. When the Project provided the Mother and Child Handbook (MCH Handbook) and ensured that the referral system was functioning, the proportion of women admitted to the Maternity Department with MCH Handbook increased from 76% in 2020 to 89% in 2022 (the Project Endline Survey).

Table 20 Roles and Responsibilities of Facility in Referral

	Refer to Upper Facility	Refer Back to PHC
	Responsibility	**Responsibility**
Oblast Hospital	**Referred case – complications** 1. On the base of the exchange cards open Form 840 for woman*; 2. Take necessary analyses once again** 3. Organize emergency obstetric care	1. Release of D/C card 2. Exchange card is given for PHC 3. Inform district RepHC that the referred case is back to PHC

		and instruct how to follow-up the referred case at PHC by phone
Central District Hospital (Maternity Department)	**(Receiving the referral case from district RepHC/FMC)** 1. Confirm to receive the referral case (complicated cases) to PHC by phone; 2. Share information the treatment provided by CDH or inform that the referred case is referred to the upper (oblast hospital) to district RepHC/FMC; and 3. Before referring the case to upper level, phone to Oblast Hospital/Republican level of medical facility for checking the case (air medical service) at the CDH/ or coherence with upper level on referral case. In complication cases one Ob/Gyn has to accompany the woman.	**(After birth delivery at CDH - Normal case)** 1. Fill the Form 087 and send it back to PHC to RepHC's Ob/Gyn's hand for receiving further PNC. Inform the Ob/Gyn of RepHC about discharge of the woman. **(Referred case – complication)** 1. Fill in 087 Form and send it back to PHC to RepHC's Ob/Gyn's hand for continuous ANC/PNC. Request the postpartum woman to come back to PHC for continuous ANC/PNC. 2. Inform district RepHC that the referred case is back to PHC and instruct how to follow-up the referred case at PHC by phone
District Reproductive Health Center District Family Medicine Center	**(In case to refer upper health facility – CDH)** 1. Fill 069 Form and instruct pregnant women to visit CDH (To take exchange card with her) 2. Inform the referral case to CDH maternity **(Receiving the referral case from PHC and treated at the district RepHC /FMC)** 1. Confirm to receive the referral case to PHC by phone Share information on the treatment provided by district RepHC/FMC or inform that the referred case is referred to the upper (CDH) In complication cases, one Ob/Gyn has to accompany the woman.	**(Receiving the referral case from PHC and treated at district RepHC /FMC and send back to PHC)** 1. Fill in Form 070 and instruct a pregnant woman to go back to PHC for continuous ANC 2. Inform PHC staff that the referred case is back to PHC and instruct how to follow-up the referred case at PHC by phone 3. The responsible Ob/Gyn from district RepHC in RHC/HH should visit the woman after delivery (within 42 days in postpartum period)
Primary Health Care	1. Open 029 Form at the first ANC visit 2. Identify referral case during ANC 3. Fill in Form 069 and give to referred woman 4. Instruct pregnant woman to visit District RepHC with Form 069 5. Inform the referral case to District RepHC by phone	**(After birth delivery at CDH - Normal case)** 1. After birth delivery at CDH, PHC files 087 in 029 at the first PNC. **(Referred case – complication case)** 1. Inform district RepHC (or FMC or CDH) that PHC has received the referred case and 070 Form by phone 2. Attach 070 Form with 029 Form Follow the instruction by RepHC (or FMC or CDH) and continue providing ANC

Source: The Project

Finalization of Antenatal Care Monitoring Format

The antenatal care monitoring format was finalized based on the past two years monitoring implementation and the final version was submitted to the National Reproductive Health Center in November 2022.

(4) Activities Related to Output 4

Survey of the Current Supportive Supervision Systems

At the time of the baseline survey, the Perinatal Institute was identified as the supervisory body for Maternity Department of central district hospitals in Khatlon Region to conduct Supportive Supervision (S/S) (MOHSPP Decree 609, 2015). The S/S guidelines and score sheet were developed by the MOHSPP and the national supervisor was expected to make four times supervision visits per year. However, in 2018, before the Project support had been started, due to a shortage of budget on transportation and travel allowance for supervisors and unestablished S/S methodology, national supervisor's visit to CDHs was limited to respond to the complication cases, which CDHs could not manage.

In two districts (Kushoniyon and Levakant) out of the six target districts, S/S had been implemented with USAID support prior to JICA Project but the S/S score sheet only included evaluation result of MNI care and did not include challenges and suggestions for improvement in MNI care in the Maternity Department of CDHSs. In addition, the objective and results of the supportive supervision had not been shared with the maternity department staff.

In 2018, the EmONC (EPC) training was conducted for maternity department staff of target central district hospitals, led by the national coordinator (supervisor's supervisor) and supervisor of the Research Institute of Obstetrics, Gynecology and Perinatology. After the training, the national supervisor initiated supportive supervision visit to target CDHs to support the maternity department staff to practice the learning from the EmONC training in CDHs. The supportive supervision team consisted of obstetrician, a neonatologist, and a midwife, and the national coordinator, a mentor of national supervisors. The S/S team visited the target hospitals basically once a quarter as recommended in the guidelines and spent two days, although there were interruptions due to the COVID-19 infection status, for two days. Day 1 was based on patient records, patient interviews, observations, and practical skills conducted at CDHs. The S/S team was divided into two groups. The first day, obstetric and neonatal care provided in the Maternity Department was assessed, and on the second day, internal training was provided to the maternity department staff.

Development of Role and Responsibility and Qualification Requirements for Supervisors

A support supervision results review meeting was held in January 2020 with the participation of national coordinator, national supervisors, and the JICA Experts.

In the meeting, the supervision results were reviewed, and the common challenges were identified in target district hospitals. The main challenge in implementation of S/S was identified as the unestablished collaborative system between national and oblast supervisors. This is because role and responsibilities and qualification requirements of the national and oblast supervisors were not clearly defined in the previous system. Therefore, The JICA Experts together with the national coordinator compiled roles and responsibilities and qualification requirement based on the past year supervision experiences.

The meeting also identified the lack of uniformity in evaluation methods among supervisors and the fact that the evaluation table was not in line with the latest guidelines. In response, the JICA Experts and national coordinator revised the existing documents with additional evaluation methods and criteria and submitted it together with supervisors' responsibilities and qualification requirement to the MOHSPP in January 2020.

The score sheet and report format for assessing the quality of MNI care was revised during the supervision visit in 2021-2022 (see below item 'Implementation of Supportive Supervision'). The supervisor's role and qualification requirements, score sheet and report format were submitted to the Perinatal Institute as an S/S package.

Implementation of Supervision Training for National Supervisor

During the S/S review meeting conducted with the national coordinator in December 2019, capacity building of national supervisors was identified as a priority for strengthening the supportive supervision system. To address the challenge, a monthly training plan was developed by the national coordinator and the Project, and monthly clinical and supervisory skill training had been conducted by national coordinator since February 2020. The training was interrupted in 2020-2021 due to the impact of the COVID-19 outbreak, but the training has re-started and continued without the Project support since 2022

Table 21 Training for National Supervisor (2020 to 2022)

Date	Topic of the Training
February 2020	・ S/S evaluation methodology (case analysis, statistical analysis, observation and interview methodology) ・ Guidelines on obstetric bleeding
April 2020	・ Induction of labor ・ Analysis of prolonged delivery ・ Management of oxytocin
July 2020	How to organize a perinatal case review
September 2020	Steps of conducting supportive supervision
October 2020	(Instead of monthly training) Clinical guidelines on COVID-19（Management of pregnancy, childbirth and the postpartum period in case of COVID-19 infection）
November 2020	Steps of conducting supportive supervision（for newly appointed supervisors）
March 2021	・ Safe delivery of premature baby ・ Interpretation and utilization of partogram
June 2021	Antibiotic use for physiological delivery and C-section
August 2021	Assessment of pre-eclampsia
October 2021	Management of premature and low-birth weight baby
November 2021	Role and responsibility of supervisor
December 2021	Report writing skill
January 2022	Development of annual internal training plan
March 2022	Thromboembolism
April 2022	EmONC for thromboembolism case
May 2022	EmONC for thromboembolism case

Source: The Project

Implementation of Supportive Supervision

From the end of 2018 to the end of the Project, between seven and ten S/Ss were conducted for each target CDH. Initially, S/S by national supervisor was planned to conduct quarterly and S/S by oblast supervisor was planned monthly. However, due to oblast supervisor's limited understanding on clinical guidelines and busy schedule with oblast hospital workload, the plan had been changed that national supervisor had conducted quarterly basis supervision.

Although the S/S guidelines recommend that the Maternity Department of central district hospital was evaluated twice a year, the assessment had been basically carried out at every supportive supervision visit to identify challenges and respond it promptly since 2020. During the implementation of the S/S, it became clear that the evaluation criteria of the score sheet attached to the S/S guidelines were not clear and relied heavily on subjectivity, and that the evaluation items did not comply with the latest guidelines for obstetric and neonatal care, among other issues, so objective evaluation criteria were added to the score sheet and the content updated.

In addition, during the review of S/S results with national coordinators and supervisors, it was pointed out that the existing S/S report format was narrative and made it difficult to understand

challenges identified from the previous supportive supervision. In response to the pointing out, new report format was introduced, which supervision result, instruction, follow-up items are listed separately. (See Appendix 8 S/S Package).

On the other hand, it became clear that improving the quality of obstetric and neonatal care provided in the Maternity Department is highly dependent on management factors such as the availability of specialists, infrastructure and medical supplies such as drugs, and that there are still challenges beyond the supervisor's scope of responsibility.

Result of S/S Implementation in Nurek

The main activities implemented during S/S for Nurek Central District Hospital were as follows:

Table 22 Implementation of S/S (Nurek CDH)

	Date of S/S	Main Activity
1	2019/4/23 - 24	・ Evaluation of MNI care with score sheet ・ Establishment of Quality Assurance Committee ・ Organization of NICU（installation of medical equipment）
2	2019/7/2 - 4	・ Evaluation of MNI care with score sheet ・ Provision of internal training （how to record partogram）
3	2019/11/1-2	・ Evaluation of MNI care with score sheet ・ Confirmation of a progress of internal training
4	2020/1/22 - 23	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for maternity department staff ・ Provision of internal training （EmONC, B-Lynch, how to record partogram, neonatal resuscitation）
5	2021/4/19 -20	・ Evaluation of MNI care with score sheet ・ Provision of internal training （handwashing, B-Lynch, response to bleeding during delivery, definition of premature birth） ・ Assistance for developing QI Action Plan
6	2021/7/21 -22	・ Evaluation of MNI care with score sheet ・ Implementation of case review (Bleeding and eclampsia) ・ Provision of internal training （how to record partogram, family planning at postnatal period, neonatal resuscitation, evaluation of blood loss）
7	2021/11/12 -13	・ Evaluation of MNI care with score sheet ・ Provision of internal training （ vacuum extraction, neonatal resuscitation, how to record partogram, family planning at postnatal period） ・ Assistance for developing QI Action Plan

Source: S/S Report

Supportive supervision score level of the Nurek Maternity Department shows at the highest level among six target districts. There are several possible reasons for the result.

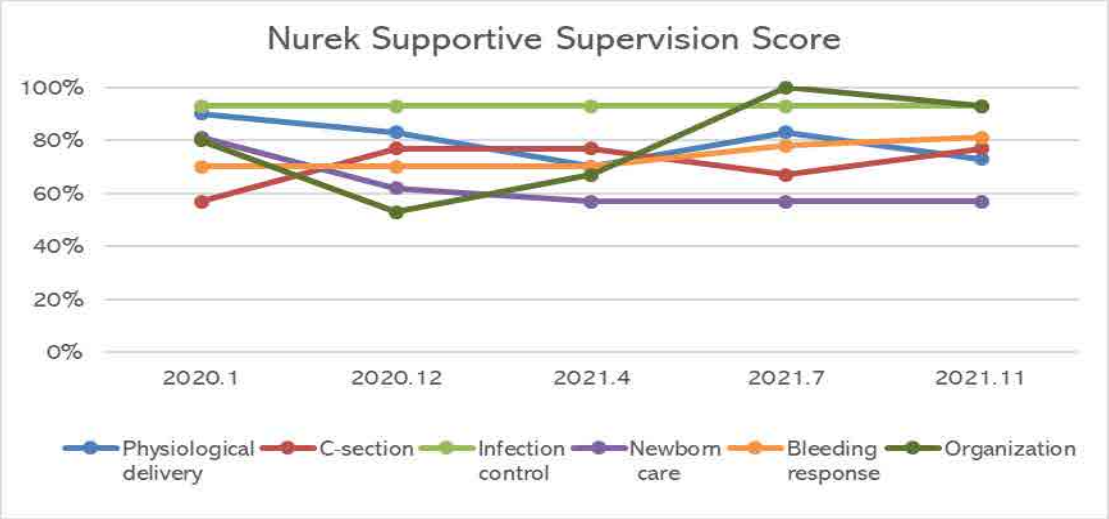
Firstly, the Maternity Department of Nurek CDH has contracted an experienced obstetrician and gynecologist of the Research Institute of Obstetrics, Gynecology and Perinatology. She has assisted organization of care and complication management in Nurek City Hospital a few days in a week as well as provided on the job training to all maternity staff. There were also some challenges. Scores in physiological delivery have been decreased because of the COVID-19 pandemic. Due to the pandemic, the Maternity Department prohibited pregnant woman's family from accompanying her during a birth delivery. It caused the overall score of physiological delivery to drop. Moreover, the Maternity Department had to move to the other building in the hospital compound due to the reorganization of the hospital in the framework of Islamic Development Bank (IDB) project. It caused mothers, who gave birth via c-section, to be separated from their children and it made difficult for mothers to practice Kangaroo care.

Secondly, both neonatologist and acute care physician have completed the EPC training and practiced the latest clinical recommendations such as spinal anesthesia, EmONC, using of incubators, phototherapy, etc. Accordingly, intensive care for neonate has been well organized such as monitoring of bilirubin and SPO_2 level. The reason for decrease of neonatal care in 2021 was due to the need to refer neonates to Dushanbe because of long-term incubator breakdowns.

Thirdly, the BTN had been conducted for the almost all case reviews and also introduced neonatal BTN. Result of discussions at BTN, which were solutions and responses were also reflected into practiced such as training on Apgar score, intensive monitoring for neonate with complication, and updating local protocols on neonatal care. Implementation of BTN also contributed to building teamwork because integration of both BTNs allowed all specialists to understand own responsibilities for different services.

Fourthly, good communication between the Maternity Department and city reproductive health centers made it possible to plan and prepare for the response to woman with complication.

Finally, the teamwork among specialists contributed to the organization of the department. Despite of high turnover of department staff, internal monitoring system had functioned and maintained equipment and monitored utilization of digital tonometer.



Source: S/S Score Sheet

Figure 4 Trends in S/S Scores in Maternity of the Nurek CDH

Result of S/S Implementation in Baljuvon

The main activities implemented during S/S for the Baljuvon Central District Hospital are as follows:

Table 23 Implementation of S/S (Baljuvon CDH)

	Date of S/S	Main Activity
1	2018/10/30-31	・ Confirmation of a progress of QI Action Plan ・ Evaluation of MNI care with score sheet ・ Organization of delivery room, registration room and nurse station ・ Development of local protocol ・ Development of internal training plan
2	2019/3/4 -5	・ Evaluation of MNI care with score sheet ・ Establishment of Quality Assurance Committee ・ Organization of NICU (installation of medical equipment)
3	2019/5/2 - 4	・ Provision of internal training （nosocomial infection control, how to record in partogram, emergency obstetric care (EmOC), counselling on preparation of labor）
4	2019/7/2 -4	・ Confirmation of a progress of QI Action Plan ・ Evaluation of MNI care with score sheet
5	2020/1/20 -21	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff
6	2021/1/4 -5	・ Confirmation of a progress of QI Action Plan ・ Provision of internal training (neonatal resuscitation) ・ Assistance for developing QI Action Plan and internal training plan
7	202/4/13 -14	・ Establishment of Quality Assurance Committee ・ Evaluation of MNI care with score sheet ・ Provision of internal training (how to record in partogram, EmOC） ・ Assistance for developing QI Action Plan and internal training plan (continued)
8	2021/7/16 - 17	・ Confirmation of a progress of QI Action Plan ・ Clinical knowledge and skill check for the maternity department staff
9	2021/11/18 -19	・ Confirmation of a progress of QI Action Plan

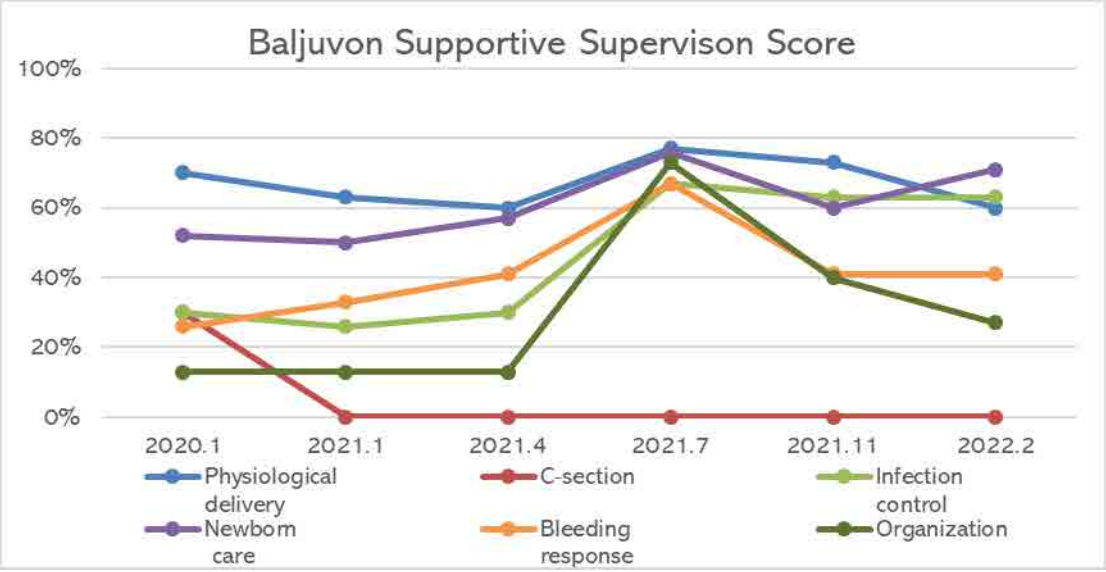
		・ Provision of internal training（Team approach, EmOC, evaluation of complication） ・ Assistance for developing QI Action Plan and internal training plan (continued) ・ Assistance for developing the request letter to local government
10	2022/2/17	・ Confirmation of a progress of QI Action Plan ・ Clinical knowledge and skill check for the maternity department staff

Source: S/S Report

All scores except C-section have improved in S/S in July 2021. There are two obstetricians and gynecologists assigned in the Maternity Department but both of them do not have skills to provide C-section. Besides one surgeon was assigned but left the hospital in 2022. Therefore, all complication cases were referred to Dangara or Kulob where the regional hospitals are located.

Neonatal care scores increased due to improved Apgar score determination, jaundice care and neonatal resuscitation at S/S in February 2022 compared with early 2020. National supervisor provided on the job trainings during supportive supervision and the supervisor assigned everyday practices clinical skills such as utilization of ambu-mask and filling in partogram.

The scores of organizations have improved when postnatal counselling was implemented. On the other hand, scores of referrals for pregnant woman and neonates have not been improved because most of cases were physiological delivery and there were no relevant cases to be assessed.



Source: S/S Score Sheet

Figure 5 Trends in S/S Scores in Maternity of the Baljuvon CDH

Result of S/S Implementation in Muminobad

The main activities implemented during S/S for the Muminobad Central District Hospital are as

follows:

Table 24 Implementation of S/S (Muminobad CDH)

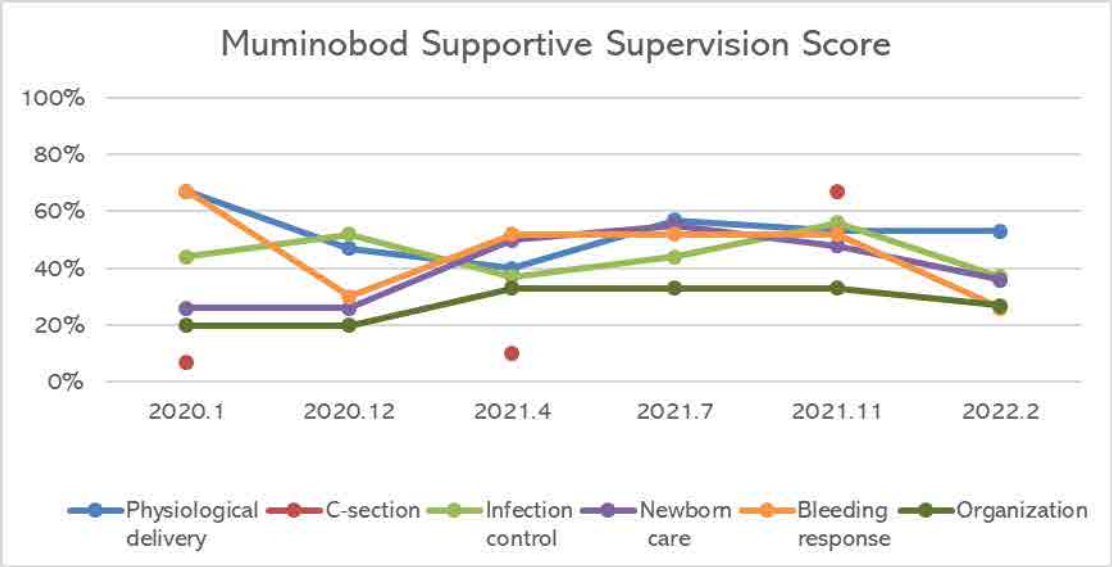
	Date of S/S	Main Activity
1	2018/12/28 -29	・ Evaluation of MNI care with score sheet ・ Provision of internal training (how to record in partogram) ・ Survey on training needs from the maternity department staff
2	2019/3/11-12	・ Evaluation of MNI care with score sheet ・ Provision of internal training (how to record in partogram and EmOC)
3	2019/10/11 -12	・ Evaluation of MNI care with score sheet
4	2020/1/10-11	・ Evaluation of MNI care with score sheet
5	202/7/29	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Provision of internal training (how to record in partogram, COVID-19 preventive measure and assessment of Apgar score)
6	202012/30 -31	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Provision of internal training (response to obstetric bleeding, magnesium management, eclampsia) ・ Checked how to use medical equipment ・ Assistance for developing QI Action Plan
7	2021/4/22 -23	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Provision of internal training (response to obstetric bleeding, eclampsia, how to record in partogram, care for premature baby magnesium management and neonatal resuscitation)
8	2021/7/12 – 13	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Provision of internal training（response to obstetric bleeding, magnesium management and neonatal resuscitation）
9	2021/11/15 -16	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Provision of internal training (eclampsia, magnesium management and referral to the upper facility) ・ Assistance for developing QI Action Plan
10	2022/12/18-19	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff

Source: S/S Report

From the beginning of the Project's support to S/S, the head of maternity did not follow the supervisor's advice on improving the quality of obstetric and neonatal care services. The Maternity Department of CDH, which is considered to be a secondary care facility, basically adopted a policy of only receiving physiological delivery and referring complicated cases to a tertiary care facility. Muminobad CDH has been identified as having poor accountability and team management skills of the head of maternity, which hinders the improvement of maternal and neonatal care service delivery. The Director of the Maternal and Child Health Department of the MOHSPP also visited the hospital

and discussed improvement plans with the director and head of the Maternity Department, but the situation had not improved.

Neonatal care had been slightly improved because a new neonatologist that has been recruited since 2021 and national supervisors assisted to update local protocols on neonatal care, which achievement was seen in all neonates wearing name tag and conduct of on-the job training for neonatologist and nurse.



Source: S/S Score Sheet

Figure 6 Trends in S/S Scores in Maternity of the Muminobad CDH

Result of S/S Implementation in Khovaling

The main activities implemented during S/S for the Khovaling Central District Hospital are as follows:

Table 25 Implementation of S/S (Khovaling CDH)

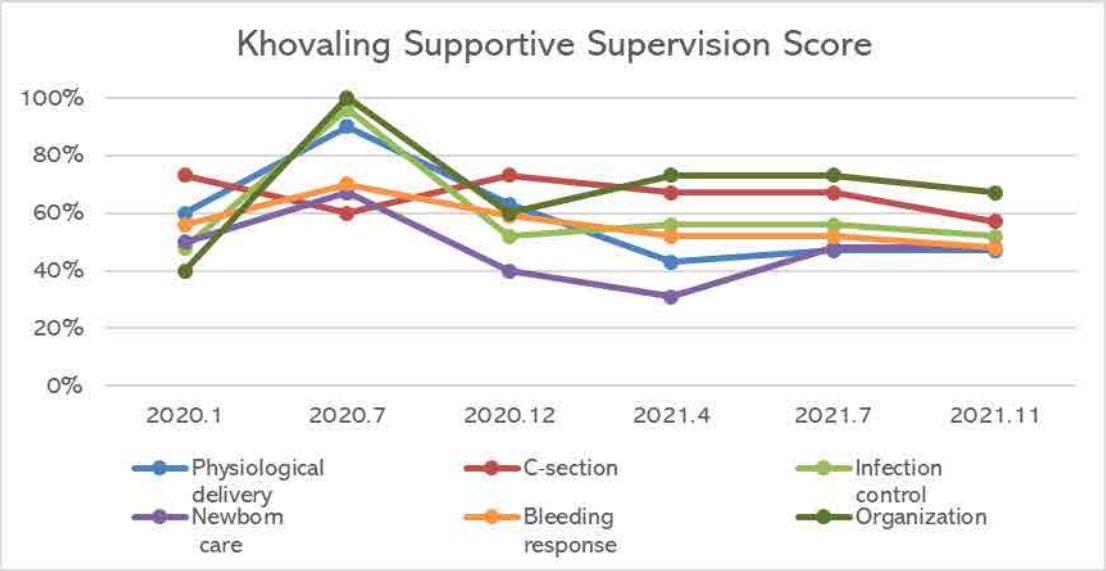
	Date of S/S	Main Activity
1	2018/11/12-13	・ Evaluation of MNI care with score sheet ・ Installation of medical equipment ・ Provision of internal training (how to record in partogram, assessment of Apgar score, family planning)
2	2018/12/24	・ Evaluation of MNI care with score sheet ・ Provision of internal training (analysis of partogram of hypertensive pregnant woman, neonatal resuscitation)
3	2019/7/3-4	・ Evaluation of MNI care with score sheet ・ Reviewing responsibilities of Ob/Gyn and midwife ・ Provision of internal training (monitoring with partogram)

4	2019/10/14	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ On the job training (how to record in partogram during delivery) ・ Provision of internal training (vacuum extraction and neonatal resuscitation) ・ Review and revision of local protocol
5	2020/1/17-18	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Review of C-section record and revision of incorrect record ・ Provision of internal training (neonatal resuscitation)
6	2020/7/24-25	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Provision of internal training (eclampsia, neonatal resuscitation, how to record in partogram)
7	2020/12/24	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Provision of internal training (eclampsia, neonatal resuscitation, how to record in partogram) ・ Assistance for developing QI Action Plan
8	2021/4/6-7	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Provision of internal training (obstetric bleeding and premature care)
9	2021/7/14-15	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Provision of internal training (management of magnesium, response to obstetric bleeding, neonatal resuscitation, how to record in partogram)
10	2021/11/2-3	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Provision of internal training (response to obstetric bleeding, thrombosis, sever eclampsia, premature care, how to record in partogram)

Source: S/S Report

Although overall scores had become slightly lower than at the start of S/S in 2020, all evaluation items were above average. Main challenge was the capacity building of entire department. Due to a poor teamwork and less opportunity to treat complicated case, young specialists did not have many chances to gain knowledge and skill. Learnings of various trainings including EPC training were not shared among staff and not either practiced in the department. Moreover, the Maternity Department of the hospital had not received cases with complication due to the limited capacity of the Maternity Department. These factors combined to create a negative circle.

All the scoring items in infection control had been improved in July 2020. However, the score was decreased because the Maternity Department had moved to a new building where functional water supply system is not available and has a limited space, which resulted to laundry unavailability and limited instrument storage.



Source: S/S Score Sheet

Figure 7 Trends in S/S Scores in Maternity of the Khovaling CDH

Result of S/S Implementation in Kushoniyon

The main activities implemented during S/S for the Kushoniyon Central District Hospital are as follows:

Table 26 Implementation of S/S (Kushoniyon CDH)

	S/S Date	Main Activity
1	2019/1/16-17	・ Evaluation of MNI care with score sheet ・ Development of internal training plan ・ Establishment of Quality Assurance Committee ・ Establishment of communication system at C-section ・ Provision of internal training (postpartum counselling, neonatal resuscitation, how to use ventilator)
2	2019/4/18-19	・ Evaluation of MNI care with score sheet ・ Provision of internal training (how to record in partogram, neonatal resuscitation)
3	2019/10/9-10	・ Evaluation of MNI care with score sheet ・ Provision of internal training (eclampsia) ・ Installation of registration book for ultrasound and doppler ・ Development of protocol on postnatal counselling for C-section case and spinal anesthesia
4	2020/1/13-14	・ Evaluation of MNI care with score sheet ・ Development of internal training plan ・ Provision of internal training （counselling on newborn care） ・ Organization of referral book
5	2020/12/25-26	・ Evaluation of MNI care with score sheet ・ Provision of internal training (birth delivery and postnatal care during COVID-19 pandemic）
6	2021/4/9-10	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff

		・ Provision of internal training (B-Lynch, hand washing)
7	2021/7/8-9	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Development of protocol for counselling on delivery and postnatal period ・ Provision of internal training (low birth weight care, guidelines on C-section, hand washing methodology)
8	2021/11/9	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Revision of C-section record ・ Provision of internal training (premature care)
9	2022/12/11-12	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff

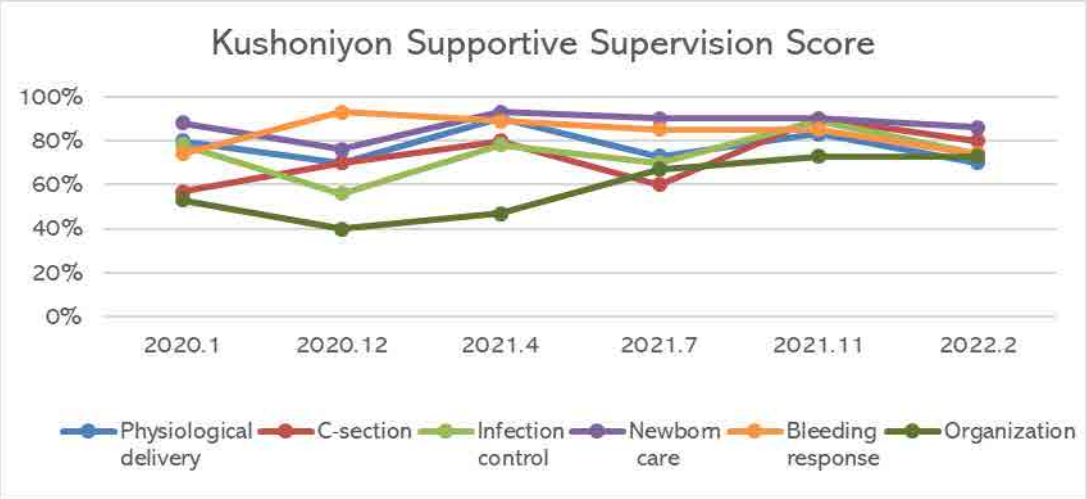
Source: S/S Report

The Maternity Department of the Kushoniyon District Hospital had been affected by the merge with Vakhsh Central District Hospital since 2021. There are both positive and negative impacts.

The positive impact was that the hospital can provide the care with complication cases, which used to be referred to the regional hospital in Bokhtar City. This is because obstetricians and gynecologists from Vakhsh CDH have enough experiences and skills and can treat complications. The result was shown in the score of organization by score improvement of appropriate referral of woman and neonates. Moreover, the score of C-section had improved because of experienced and skilled doctors from Vakhsh CDH Hospital.

On the other hand, the negative impact was a poor teamwork and management of the department. Two teams have existed in the Maternity Department because of the split between the Kushoniyon and Vakhsh teams. It has affected a routine work such as proper handover of complication cases and utilization of medical equipment. It was reported that obstetrician and gynecologists were restricted to use ultrasound machine. In response to the situation, supervisors attempted to create teamwork environment through online report meeting which requested the team to report (not from individuals), assisted in organization of BTN and instructed the team to prepare a report on maternal death cases.

Although quantitative assessment was not conducted, renovation of water supply facility showed the positive result and it is confirmed that water is supplied 24 hours a day.



Source: S/S Score Sheet

Figure 8 Trends in S/S Scores in Maternity of the Kushoniyon CDH

Result of S/S Implementation in Levakant

The main activities implemented during S/S for the Levakant Central District Hospital are as follows:

Table 27 Implementation of S/S (Levakant CDH)

	S/S Date	Main Activity
1	2019/7/2-4	・ Evaluation of MNI care with score sheet ・ Provision of internal training (eclampsia, physiological delivery, how to record in partogram, neonatal resuscitation, vacuum extraction)
2	2019/10/2	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for maternity department staff ・ Provision of internal training (physiological delivery, how to record in partogram, neonatal resuscitation, vacuum extraction)
3	2020/1/15-16	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for maternity department staff ・ Provision of internal training (administration of antibiotics after C-section, premature care)
4	2021/4/16-17	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Discussion on issues in MNI care among supervisors and maternity department staff (administration of anesthesia to eclampsia case) ・ Provision of internal training （response to obstetric bleeding）
5	2021/7/23-24	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff ・ Provision of internal training (pregnancy and delivery during the COVID-19 pandemic)
6	2021/11/10-11	・ Evaluation of MNI care with score sheet ・ Provision of internal training (neonatal resuscitation, premature care, analysis of hypotensive hemorrhage case)
7	2022/2/1 （Online）	・ Confirmation of QI Action Plan progress

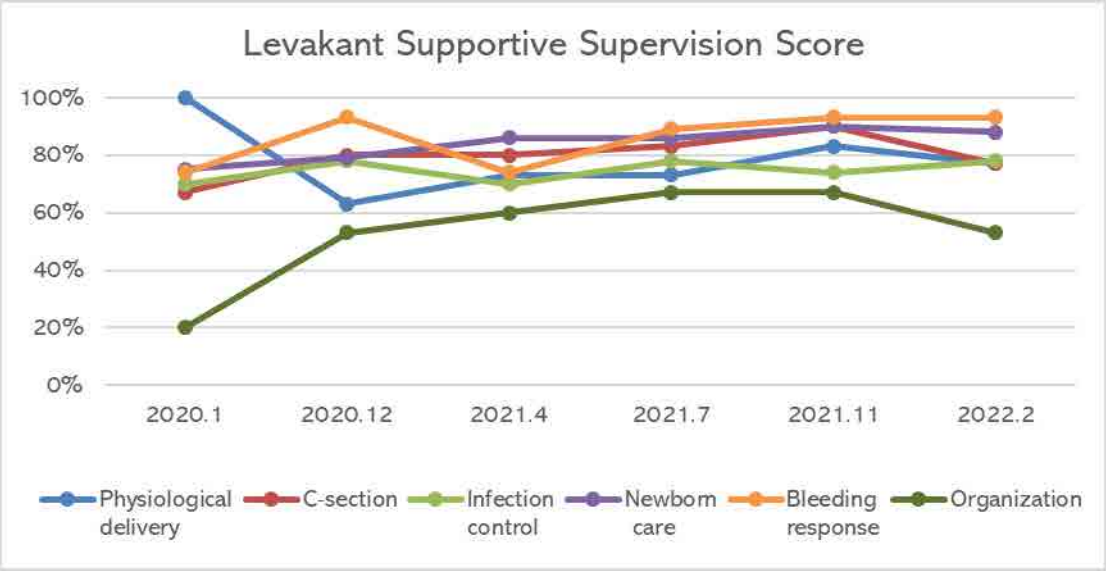
8	2022/2/14-15	・ Evaluation of MNI care with score sheet ・ Clinical knowledge and skill check for the maternity department staff

Source: S/S Report

High level of score in total can be explained by a good teamwork and establishment of internal education system. For example, all admitted women had been passed that prevented placenta discharge and identified fetus preposition and gestation age through ultrasound screening by an obstetrician. This could be performed because the former head of the Maternity Department had trained all his staff.

National supervisor had also followed up the progress of QI Action Plan regularly and had a close communication to assist the Maternity Department remotely.

Although overall score had decreased due to the COVID-19 pandemic from end of 2020 to 2021, Organization part had drastically been improved. It is because the Maternity Department has continued providing postnatal counselling and organizing BTN. The USAID project has also promoted BTN and encouraged the staff of the Maternity Department by providing online BTN meeting.



Source: S/S Score Sheet

Figure 9 Trends in S/S Scores in Maternity of the Levakant CDH

Support for Developing and Implementing Internal Training Plan

Through the quarterly S/S implementation, national supervisors have identified areas for improvement in obstetric and neonatal care in the target CDHs as well as clinical knowledge and

skill levels of the maternity department staff. Common challenges identified in the six target districts were partogram filling, assessment of Apgar score, low birth weight care, neonatal resuscitation, response to eclampsia and emergency obstetric care, and the all above items were included in the internal training plan for six CDHs.

The S/S was usually conducted over a period of two days, with an assessment of obstetric and neonatal care on the first day and lectures and practical training by the national coordinator and national supervisor on the second day, in accordance with the internal training plan.

Finalization of Supportive Supervision Package and Submission to MOH

The role and responsibilities of supervisor, evaluation methodology in accordance with QI Action Plan and report format had been developed, revised and compiled as S/S package based on the supportive supervision experience from 2019 to 2022 and submitted to the Scientific Research Institute on Obstetrics and Gynecology（Attachment 7 refers to S/S Package）

(5) Training in Japan

Training in Japan was conducted two times. The first course was conducted for 14 days, from November 10 to 23, 2018, for the Directorate of Health of Khatlon Oblast level and the directors of the target hospitals (seven participants in total), while the second course was held simultaneously for two types of participants: the dates for the administrative officers' course (four participants) were from November 10 to 16, 2019, and the technical course (7 participants): were for 14 days from November 10 to 23 2019. The following are the main objectives:

1) To understand the clinical practice of obstetric emergency as well as neonatal resuscitation in Japan in order to enhance the capacity of the Maternity Department at CDHs;
2) To learn about the community maternal and child health care through the transition of maternal and child health care system and history in Japan; and
3) To review the existing QI Plan based on the knowledge and learnings obtained from the training and to apply it on the mother and child health services provided at CDHs in Tajikistan.

Description below is a summary of the main lectures and visits.

Table 28 Summary of the Main Lectures and Visits

Lecture and Observation	Contents
History and Current Situation of Maternal and Child Medical Care	・ Statistics of basic indicators of maternal and child health, causes of death by age, transitions in the number of patients with main infectious diseases in Japan, Tajikistan, and neighboring countries of Tajikistan

in Japan	・Reasons for the low infant mortality rates and perinatal mortality rates in Japan such as developed infrastructure for maternal and child health, small economic disparity between urban and rural areas, and equal medical services received, universal healthcare insurance, health checkups and consultations provided by local governments, mother and child health handbook, volunteer activities such as mother and child health promotion members and so on ・History of pre-war and post-war mother and child health in Japan ・Future issues in Japan such as bias of population age composition (low birth rate, super aging society, burden of medical expenses, insurance, etc.)
Success and Challenges of Health Checkups for Pregnant Women and Infants in Japan	・Medical checkup system from pregnancy to early childhood and school children, group and individual medical checkup system ・Main contents of antenatal care, statistics of high-risk pregnant women, consultation rate of antenatal care ・Transition from home delivery to facility-based delivery ・Consultation rates of infant health checkups (3 to 4 months, 1.6 years, 3 years old) are more than 95%, outcomes and problems of health checkup for infants, contents of health checkup, follow up after health checkup
Current Situation and Challenges of Child Abuse	・Types, cases, and number of deaths of child abuse, traumatic disorder related to child abuse ・Incidence, process, and clinical features of mental problems and postpartum mental disorders in perinatal women ・Establishment of local inclusive support system to support perinatal women
Observation of Care Room for Pregnant and Nursing Mothers (San-san Room)	・Explanation of postpartum care (day-service type) in Kasugai City, Aichi Prefecture, such as targets, contents of service, consultation support by professionals, etc. ・Observation of the facility
Overview of Aichi Children's Health and Medical Center (ACHEMEC)	・Meeting with the President and Hospital Manager ・Hospital Information (medical and health departments and its contents)
Duties of Public Health Nurse in Japan	・Activities and roles of public health nurses ・History of Japanese public health nurse activity in accordance with the mother and child health system ・Activities, approach method (information service, survey and study, health counselling, education and training), details of consultation, prevention of children's accidents in ACHEMEC ・Tour of a model house for preventing children's accidents in the house
High-grade Pediatric Emergency Medical Care	・History of pediatric hospitals, emergency and intensive care in Japan and Canada, which is one of the advanced countries providing high-grade pediatric emergency medical care ・Characteristics of pediatric care, pediatric emergency ・Pediatric intensive care unit (PICU) ・Interview, medical examination including taking the vital signs to avoid missing hidden severe cases, case study ・Tour of the Outpatient Department of emergency, ambulance and PICU in ACHEMEC
Health Checkups for Infants	・Observation of 3-4 months old children's health checkup conducted at Toyota City Hall in Aichi Prefecture and facility dedicated to health checkups ・Explanation of the whole health checkup flow, observation of a group session regarding how to prepare and feed babies solid foods by a nutritionist
Mother and Child	・History of Mother and Child Health Handbook (Mother and Child Health

Health Handbook	Handbook was born in Japan), Mother and Child Handbook in the world, its roles and challenges
Project Cycle Management (PCM), Project Design Matrix (PDM)	・ Description of PCM method and making PDM ・ Writing out project stakeholders and discussing as stakeholder analysis ・ Write a problem regarding mother and child health individually and make a problem tree as problem analysis
Osaka Women's and Children's Hospital (OWCH)	・ An interview with the general director, hospital director, deputy hospital director, and an overview of the center was given. ・ Watching the video introducing OWCH ・ Visiting pediatric ward (hospital art drawn for the purpose of not making children scared to hospitalization and medical treatment), outpatients, examination department (CT), laboratory (description of Urea-plasma research)
Practice of Antenatal Care /Visit Obstetrics Outpatient	・ Characteristics of obstetric medical care in Japan, purpose of antenatal care, consultation interval, examination to be carried out ・ Characteristics of obstetrics outpatients at OWCH (set up the special outpatient for high-risk pregnant women in addition to general antenatal care) ・ Observation of the operation for twin-to-twin transfusion syndrome over the monitor ・ Visiting the obstetrics outpatient and observing the ultrasound examination of a pregnant woman ・ Watching the video of a cesarean section
Visit to Delivery Department and Operating Room	・ Visiting the Delivery Department of OWCH (visiting delivery room, inpatient room, nurse station, observation of emergency cart, etc.) ・ Tour of operating rooms (making it easy to move from ward to operating room)
Lecture related to Neonatal Care/ NICU Tour	・ Basic perinatal statistics in Japan ・ Perinatal care system and transportation system to support Japanese perinatal care ・ Introduction of Neonatal Mutual Cooperative System (NMCS) in Osaka ・ Program and its effects of the Neonatal Cardiopulmonary Resuscitation (CPR) training (everyone does not have to be skilled and it has been proven that basic technique enables to reduce neonatal asphyxia) ・ Tour of NICU and ambulance
Obstetric Transportation System	・ Obstetrics transportation system in Osaka Prefecture (city area) ・ Perinatal information system, sharing information in terms of consultation as well as transportation request ・ Obstetrics transportation system in Hokkaido (local area) (Lecture by a resident from Hokkaido)
Challenges of Perinatal Care in Japan	・ The basic idea for birth is that human power is great ・ Japan and Tajikistan have some similarities in terms of small-scale and distributed facilities for delivery ・ Reasons for low perinatal mortality rate, expense for pregnancy and delivery, need for prevention of child abuse
Workshop for Neonatal Resuscitation Method	・ Basic points of newborn resuscitation and the algorithm ・ Experience of airway control, Ambu bag or artificial respiration using Jackson's Lease and oxygen inhalation, cardiac massage, by using a simulation baby mannequin ・ Points in the implementation of the simulation, observation of implementation and review by a team composed of doctor, midwife, and nurse
Introduction of Cross Department Activities	・ Infection control activity in OWCH, position in organization, regional alliance

in the Hospital (Infection Control Section)	
Introduction of Cross Department Activities in the Hospital (Medical Safety Management Section)	・Regarding medical safety management at OWCH, it was the idea of personal carelessness and responsibility until the 1990s, but now, it is based on the premise to Err is Human, to improve the way of the entire organization needs to take measures ・Heinrich's Law (pyramid of thousands of unsafe acts, near misses, minor accidents or troubles and major accident) ・Medical safety system, communication system in case of incident occurrence, reporting system of incidents
Introduction of Cross Department Activities in the Hospital (ME Center)	・Explanation of the role of Medical Engineering (ME) Center, work, method of equipment management, tour of ME Center ・Difference between ME and Clinical Engineering (CE)
Action Plan Review	・Categorizing and giving a presentation based on five categories (warm chain, perinatal care, neonatal care, infectious disease control, others) about QI Plan making in each central hospital

Source：The Project

In designing the curriculum, the first week was designed mainly to learn about the history and systems of maternal and child health care in Japan and to deepen understanding on regional maternal and child health care. The second week was designed to provide clinical knowledge of obstetric emergency and neonatal resuscitation in Japan at the Osaka Maternal and Child Health Center, a regional comprehensive perinatal medical center. Overall, the training program and its implementation were highly evaluated by the participants.

The following lessons learned from the questionnaire administered to the training participants and from the training review conducted within the JICA Experts (Project Team).

- Although there were many opportunities for participants to provide input through lectures and observation tours, there were few opportunities for output in the form of practical skills and presentations. Although it is difficult to ensure sufficient time for outputs considering the training period, it was better to allocate more time as possible.
- In order to avoid deviating from the content of the lecture or repeating what has already been explained in other lectures, the seminar should be devised so that the Q&A sessions can be conducted effectively, for example, allowing time for review of the lecture content.

From the results of the questionnaire to the training participants, the following items were identified as specific items of knowledge that they gained from the lectures and observation and would like to utilize.

- Management of pregnant women from the early stages of pregnancy;
- Importance of health checkups for mothers and children and how to conduct them;

- Methods of neonatal resuscitation, organization of resuscitation teams, and timely provision of care without missing the first minute after birth;
- Organization and implementation of a nosocomial infection prevention team;
- Organization and implementation of a medical safety team;
- Proper use and management of medical equipment;
- Maintenance of delivery rooms;
- Introduction of whiteboards for information sharing in hospital department; and
- Utilize PCM methods for health management and planning.

2.2 Achievements of the Project

2.2.1 Outputs and Indicators

The indicators and achievement status of each output are described below.

Output 1- (1) "Operation and maintenance sheet" is duly observed at physically supported hospitals.

In the first contract period, equipment maintenance sheets (including equipment registration sheets) were distributed to all hospitals to which equipment was provided in November 2018, and use began after maintenance management training was conducted in the same month. Together with the distributed SOP and equipment usage record notes, they were generally effectively utilized.

In the second contract period, the Project encouraged the use of equipment maintenance sheets, including equipment newly procured in Japan, and conducted monitoring by experts in charge of maintenance. Monitoring by Japanese expert for maintenance has been carried out five to six times at each hospital since the start of the Project. In addition, during the travel suspension period due to the COVID-19 pandemic, remote monitoring was carried out two to three times at each hospital during. As a result of supporting the appropriate use of equipment and better maintenance management, including preventive maintenance at the user level, the hospitals became to be able to use and maintain equipment properly. The equipment maintenance sheet was a simple form that only required periodic checks of the operating status and recording of countermeasures against problems, but the form was revised according to the level and situation of the equipment user.

After the medical equipment and SOP / maintenance sheet were provided by the Project, the equipment maintenance status at each hospital at the time of 2019 (first monitoring) and the time of the monitoring visit in 2022 were evaluated on a 5-point scale for each item. The evaluation criteria are 5 = very good (almost no deficiencies and good maintenance), 4 = good (some deficiencies but mostly done), 3 = normal (some parts are done, but there are also deficiencies), 2 = bad (many

deficiencies), 1 = very bad (not done at all), and all items are evaluated by the Japanese expert (medical equipment (2) / maintenance) so that there is no deviation in the evaluation criteria. Regarding monitoring (evaluation) items, 5 items were set related to equipment maintenance activities in Output 1, "(1) Is the SOP set and used properly, (2) Is equipment maintenance properly carried out, and (3) Is the equipment registration sheet and maintenance sheet are described accurately, (4) Usage record notebooks are prepared and described properly, (5) Is the equipment usage environment appropriate, and is the connection to peripheral devices correct? "

The table below summarizes the changes in the status of equipment maintenance.

Table 29 Status of Equipment Maintenance in Each Hospital30

Item	Above: As of 2019 Below: As of 2022	Number of hospitals with a rating of 4 or higher (ratio)	Nurek Central City Hospital	Levakant Central City Hospital	Kushoniyon Central District Hospital	Baljuvon Central District Hospital	Khovaling Central District Hospital	Muminobad Central District Hospital
Total evaluation	2019	0 (0%)	3	2	2	3	2	1
	2022	3 (50%)	4	4	3	4	3	2
1. SOP set and usage status	2019	2 (33%)	4	3	3	4	2	2
	2022	3 (50%)	4	5	3	4	3	3
2. Implementation status of equipment maintenance	2019	1 (17%)	3	3	3	4	3	1
	2022	3 (50%)	4	5	3	4	3	2
3. Description status of equipment registration sheet / maintenance sheet	2019	0 (0%)	3	2	3	3	3	1
	2022	3 (50%)	5	5	3	4	3	2
4. Description status of usage record notes	2019	2 (33%)	3	3	3	4	4	3
	2022	6 (100%)	4	4	4	5	4	4
5. Equipment usage environment, connection to peripheral devices, etc.	2019	0 (0%)	2	2	1	2	1	1
	2022	3 (50%)	5	5	3	4	3	3

* 5 = very good, 4 = good, 3 = normal, 2 = bad, 1 = very bad Source: The Project

Nurek, Levakant, and Baljuvon CDHs have become able to maintain equipment well throughout the project period. "Total evaluation of 4 or higher" was set as the standard level of the result of the project activities, but these three hospitals were able to reach that level.

Regarding Kushoniyon, Khovaling, and Muminobad CDHs, although improvements were seen from 2019, they could not reach the level of good maintenance set by the Project. Once under the guidance of Japanese experts, the hospitals began to carefully manage and fill out maintenance sheet, but it was difficult to keep a good maintenance level after a certain period of time. Looking at each item, the target of this Project, such as the set and use of SOPs, the implementation of periodical

maintenance, and the description on the maintenance sheet, have been implemented at all hospitals. However, there were some cases such as lack of understanding of the contents of the SOP, omissions and forgetting of the contents on the sheet. Although the Project has promoted understanding of the importance and necessity of using SOPs and maintenance sheets through project activities, hospitals that have not yet fully established maintenance activities do not fully understand the importance and necessity. Further promotion of understanding is necessary.

On the other hand, large improvements were seen in all hospitals in the items of equipment usage environment (safety connection to peripheral devices, etc.). At first, hospital staff did not know the meaning of using an uninterruptible power supply (UPS) and an automatic voltage regulator (AVR) and how to connect them, so it was the least implemented item among all the items. It seems that explaining the correct connection method to peripheral devices each monitoring and conducting a "mini-training on the usage and connection of peripheral devices" was effective. Furthermore, when implementing equipment maintenance monitoring, not only the person in-charge of equipment maintenance, but also the director of the hospital and Obstetrics Department were involved in the monitoring, thereby promoting efforts for equipment maintenance management throughout the hospital (Obstetrics Department).

As mentioned above, the use of the equipment maintenance sheet and SOP has been established in the target hospitals, so the indicator of Output 1, “Operation and maintenance sheet” is duly observed at physically supported hospitals”, has been achieved.

Output 1-(2) The water supply situation in the Maternity Department is improved.

Both hospitals had low water volume and pressure before the renovation. As a result of the project work of the water supply facility, water volume and pressure can be secured all day.

At Kushoniyon CDH, water supply was supplied three times a day for three hours in the morning (6:00 to 9:00), two hours in the afternoon (11:00 to 13:00), and three hours in the evening (16:00 to 21:00) before the renovation. After the renovation, water can be supplied all day. Compared with Kushoniyon CDH, Levakant CDH is less likely to have water supplying outages, but it is stable after the renovation.

In September 2022, the water volume and water pressure were measured again at the same location (three times at two maternity department) for defect inspection. It was confirmed that there were no problems with the water volume and water pressure during the defect inspection. The records of

changes in water supply volume and water pressure before construction, after construction, and during defect inspection are shown below.

Table 30 Changes in Water Volume and Water Pressure at the Kushoniyon Central District Hospital

Location（Toilet）	Before Construction		Completion		Defect Inspection	
Date	2/11	2/16	2/25	2/26	9/13	9/15
Time	11:30	8:30	10:30	14:00	13:50	11:50
Water Quantity （Liter per 1 minute）	3.0	2.0	10.0	10.0	9.2	7.8
Water Pressure（Mpa）	0.05	0.04	0.20	0.22	0.20	0.18
Chlorine Contents (mg/L)	0	0	0	0.8	1.0	
TDS[1] (mg/L)	306	325	325	323	367	

Location (Examination Room）	Before Construction		Completion		Defect Inspection	
Date	2/11	2/16	2/25	2/26	9/13	9/15
Time	11:40	8:40	10:40	14:10	14:00	11:50
Water Quantity （Liter per 1 minute）	5	4	10	10	8.7	9.7
Water Pressure（Mpa）	0.06	0.04	0.24	0.22	0.22	0.20
Chlorine Contents (mg/L)	0	0	0	0.8	1.0	
TDS (mg/L)	325	325	325	323	382	

Source: The Project

Table 31 Changes in Water Volume and Pressure at the Levakant Central City Hospital

Location（Ward Room-3）	Before Construction		Completion		Defect Inspection	
Date	2/9	2/16	2/25	2/27	9/13	
Time	10:00	13:00	14:00	10:30	10:00	
Water Quantity （Liter per 1 minute）	5.0	4.0	10.0	10.0	8.8	
Water Pressure（Mpa）	0.06	0.04	0.22	0.22	0.22	
Chlorine Contents (mg/L)	0	0	0	0.8	1.0	
TDS (mg/L)	325	325	325	323	378	

Location（Kitchen）	Before Construction		Completion		Defect Inspection	
Date	2/9	2/16	2/25	2/27	9/13	
Time	10:10	13:10	14:10	10:40	10:00	
Water Quantity （Liter per 1 minute）	5.0	4.0	10.0	10.0	9.7	
Water Pressure（Mpa）	0.06	0.05	0.22	0.22	0.22	

[1] Total Dissolved Solids (TDS) is the concentration of inorganic salts dissolved in water (mainly calcium, magnesium, potassium, sodium, bicarbonate, chloride, sulfate) and organic matter dissolved in water. It means that the lower the number, the less impurities.

Chlorine Contents (mg/L)	0	0	0	0.8	1.0	
TDS (mg/L)	325	330	350	355	375	

Source: The Project

In both hospitals, the water supply pressure was slightly lowered during the defect inspection, but it was confirmed that there was no problem with water usage. On February 26 and 27 in the above table "at the time of completion" are the values measured at the stage of adding the chlorine agent.

Output 2：（1）Percentage of delivery record precisely described partogram is increased.

The baseline survey on the Output 2 indicators was conducted from October to November 2017 by transcribing the delivery records in the hospital for the month of September 2017 and the antenatal care records at the PHC facilities to a data collection table created in Microsoft (MS) Excel in the surveyor's computer on the spot. For the delivery records, the surveyor asked the maternity staff to prepare all delivery records for September 2017 at the target hospital, from which the blood pressure records were transcribed into MS Excel. For the antenatal care records, the surveyor visited the nearest village health center from the target hospital and asked the staff to prepare all antenatal care records completed in the same month, from which the blood pressure records were transcribed into MS Excel.

After data collection, the excel sheet was analyzed by the JICA Experts for the number of blood pressure measurements per person, the percentage of measurements taken at each designated time, and the first digit of measurements for blood pressure measurements during delivery, and as for during antenatal care, the percentage of measurements taken at each designated time and the first digit of measurements for blood pressure measurements.

(a) Number of Blood Pressure Measurements (Baseline and Endline Values) in the Partogram

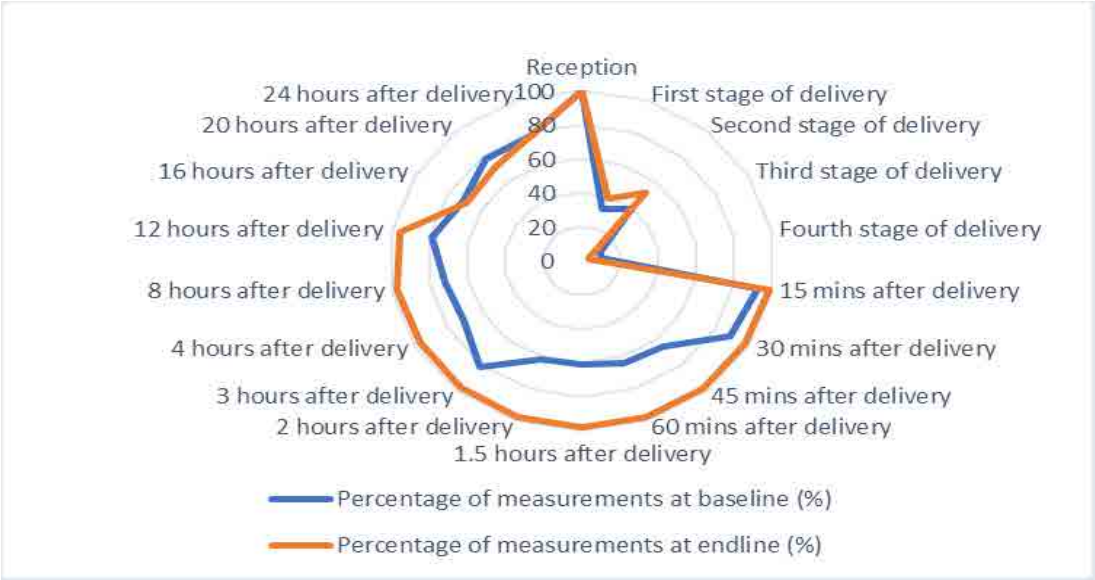
The partogram (delivery records) include a total of 18 blood pressure measurements between reception and 24 hours after delivery for each pregnant woman. As a baseline, the Project extracted a total of 403 blood pressure records from all delivery records of the target hospitals in September 2017 for a total of 403 blood pressure records (comprising 113 Nurek, 17 Baljuvon, 32 Khovaling, 93 Muminobad, 90 Kushoniyon, and 58 Levakant). Also, as an endline, a total of 306 blood pressure records for February 2022 were extracted (consisting of 47 Nurek, 25 Baljuvon, 36 Khovaling, 64 Muminobad, 65 Kushoniyon, and 69 Levakant).

No pregnant woman had her blood pressure measured all 18 times at either baseline or endline. The reason is that the standard requires that blood pressure be measured once in each trimester from the

first to the fourth trimester of delivery, but in reality, it is measured only once at some point.

Two major differences between baseline and endline were observed: first, the frequency of blood pressure measurements during and after delivery increased from baseline to endline. Specifically, at endline, postpartum blood pressure measurements were taken almost 100% of the time. However, the frequency of blood pressure measurements during delivery increased from baseline but still remained between 30-50% as described above. Another is that the standard deviation (SD) of blood pressure showed a greater spread at endline. While at baseline most blood pressures were recorded at a value of 110 or 120 in systolic blood pressure, at endline blood pressure was measured with an automated sphygmomanometer, suggesting that the measurements may have varied, resulting in more accurate readings.

The figure below shows the percentage of blood pressure measurements at each specified time period at baseline and endline.



Source：Baseline, Endline Survey of the Project

Figure 10 Percentage of Blood Pressure Measurements Taken Before and After Delivery at the Target Hospitals

(b) Accuracy of Measurements

In the baseline survey, a total of 9,256 blood pressure measurements were recorded in the delivery records for one month at the six target hospitals. Of these, 9,254 measurements had a first digit of zero, or 99.98% of all measurements. Since the scale unit of the aneroid sphygmomanometer used in Tajikistan is 2 mmHg, the probability of the first digit being 0 is 20%, but the survey results were

much higher than 20%, which is presumed to be inaccurate.

In the endline survey, a total of 8,982 blood pressure measurements were recorded in the delivery records for one month at the six target hospitals. Of these, there were 6,583 measurements with the first digit of 0, or 73.29% of all measurements. Since the scale unit of the automatic sphygmomanometer recommended for use during the project period is 1 mmHg, the probability of a zero first decimal place is 10%. Seventy-three percent is far from a 10% probability, but it indicates that blood pressure was measured more accurately than in the baseline study.

(c) Accuracy of Blood Pressure Values in Antenatal Care Records

In the baseline study, blood pressure values were analyzed from the antenatal care records of pregnant women who completed their checkups during the month of September 2017 at the village health center closest to the district/city central hospitals. A total of 185 blood pressure measurement records were collected, 78 from Nurek and 107 from Levakant. In the endline study, blood pressure values were analyzed from the antenatal checkup records of pregnant women who completed their prenatal checkups during the month of February 2022. A total of 28 blood pressure measurement records were collected, 25 from Nurek and 3 from Levakant.

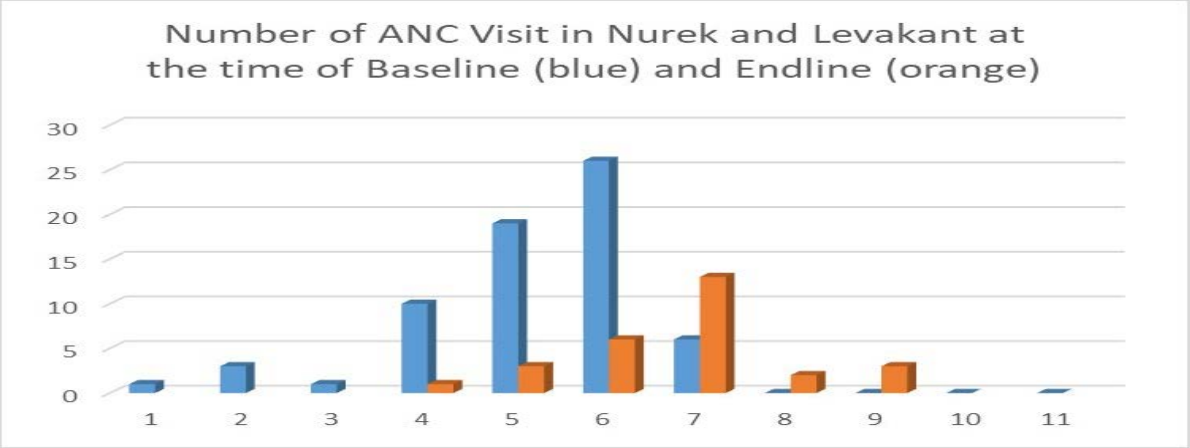
Of these, 21 subjects who had their first antenatal checkup within 12 weeks of pregnancy and who had completed the default number of seven checkups were analyzed for the study. The results showed that (1) 100% of the default number of blood pressure measurements were performed at both baseline and endline, and (2) in terms of accuracy, a total of 294 blood pressure records were recorded in the health checkup records at the baseline survey, of which 0 were measurements with a non-zero digit to the first decimal place. At the time of the endline survey, a total of 378 blood pressure records were recorded in the antenatal checkup records, of which 296 (78.3%) of the readings had a non-zero digit in the first decimal place.

Primary health care facilities such as health centers took blood pressure measurements with the understanding that they were more accurate than manual blood pressure measurements, with no resistance to taking blood pressure measurements with an automatic blood pressure monitor from the staff in the Maternity Department of the central district/city hospital.

(d) When to Start Antenatal Checkups

The JICA Experts reviewed a total of 66 and 28 antenatal checkup records at baseline and endline, respectively, at PHC facilities located at the center of the cities of Nurek and Levakant, and at the PHC closest to the center. It was found that the percentage of pregnant women who received their

first antenatal checkup within 12 weeks of pregnancy increased to 89.4% at baseline and 96.4% at endline. Furthermore, as shown in the figure below, the number of antenatal checkup visits was found to have increased when comparing baseline to endline.



Source：Baseline and Endline Survey of the Project

Figure 11 Number of Antenatal Care Visits in Nurek and Levakant at the Time of Baseline (blue) and Endline (orange)

Output 2：（2）Increase in the percentage of "Form 029" (Antenatal and Postnatal Health Examination Record Format) with accurate blood pressure

The accuracy of the antenatal care record format was indexed by the increase in the percentage of formats in which blood pressure was accurately recorded. Based on the information obtained from the collection of articles on blood pressure at antenatal checkups that physiological blood pressure variability tends to be lower in the 16th to 24th trimester of pregnancy than in the 36th to 40th trimester, the JICA Experts decided to look at the percentage of pregnant women who received an antenatal checkup within 12 weeks of pregnancy and whose blood pressure at the sixth checkup was lower than that at the second checkup.

In the baseline survey, there were 32 pregnant women meeting the above criteria in Nurek and Levakant, and 10 (31.3%) had lower systolic blood pressure (SBP) and diastolic blood pressure (DBP) at the second visit compared with the sixth visit. However, in the endline survey, 20 of 32 (83.3%) had lower blood pressure at the second checkup compared with the sixth checkup, which indicates that the accuracy of blood pressure measurement increased.

Output 2:（3）Increase in the number of good practices resulting from case review meetings

The introduction of case review meetings was considered at the start of the Project, but as shown in 2.2.3, only three hospitals (Nurek, Kushoniyon, and Levakant) accepted enough cases to hold case review meetings at the target hospitals. The number of case review meetings held at the three hospitals was 6 in 2020 and 24 in 2021.

For the definition of the number of good practices, in this Project, it was defined as the number of cases where specific measures were confirmed to have been taken after the case review meeting; since the case review meeting was held in earnest in 2020, a total of six case review meetings were held in 2020, but no specific measures were confirmed to have been taken afterwards. There were eight case review meetings were held in the first half of 2021, and three good practices were subsequently identified, including (i) revision of in-hospital treatment protocols, (ii) in-hospital training for medical doctors on obstetric hemostasis, and (iii) in-hospital training on the criteria for emergency Cesarean section decision and evaluation of newborns immediately after birth. Sixteen case review meetings were held in the second half of 2021, after which (i) thoroughness in fetal heart rate measurement was discussed with reference to frequency, (ii) the criteria for emergency Cesarean section decision was reconfirmed, (iii) the importance of fetal heart rate measurement and prevention of hypovolemia in newborns and thorough recording of blood saturation were reconfirmed, (iv) training on the use of uterine contractions to prevent detachment of the second fetus in the case of twins, (v) summarizing the case review meetings for the year, (vi) reconfirming the importance of monitoring blood glucose in newborns, and (vii) reconfirming the importance of measuring oxygen saturation, and other good practices were observed.

As noted above, the number of good practices was zero through 2020, but increased in 2021 with 10 cases identified.

Output 3: Number and rate of referrals from the Primary Health Care (PHC) facilities to the central district hospitals are increased.

The proportion of pregnant women identified as at-risk remained was unchanged at baseline and endline, but referral rate of pregnant women among high-risk group was increased by 10 points from 56% in 2020 to 66 % in 2022. As a result, it can be said that the Output 3 indicator is achieved.

In Nurek, the percentage of referred woman among pregnant women classified in the high-risk group increased by 28% from 60% in 2020 to 88% in 2022. In contrast, in Levakant, referral rate of pregnant women among high-risk group slightly decreased from 20% in 2020 to 39% in 2022. The reason why referral rate decreased is that the number of pregnant women who refused to refer increased in Levakant. It was analyzed that PHC staff had been replaced for the COVID-19

pandemic and new staff have not received initial trainings on antenatal care.

Table 32 Trends in the Number of Referrals from PHCs to Upper Facilities (Nurek and Levakant)

	Baseline Survey (March to May 2020)	Endline Survey (March to May 2022)
Number of registered pregnant women	535	592
Number of pregnant women categorized in a high-risk group (percentage)	55 (10.3%)	62 (10.4%)
Number of pregnant women who were categorized in a high-risk group and were referred to the upper facility (percentage)	31 (56.4%)	41 (66.1%)
Number of pregnant women who were referred but refused (percentage)	8 (14.5%)	7 (11.3%)
Number of pregnant women who brought referral letter at the timing of referral	31 (56.4%)	39 (62.9%)

Source: The Project Baseline and Endline Survey

Output 4： Evaluation score of supervisor's performance is improved.

The Project in collaboration of national coordinator of the Scientific Research Institute on Obstetrics and Gynecology, which is responsible of supervisor's capacity building, assessed completeness and accuracy of score sheet, feedback skill and national supervisor's clinical knowledge and skill. The first assessment was conducted after the PDM has been revised in October 2021 and last one was done in July 2022, and measured the improvement level of supervisors. The assessment was conducted on knowledge (fill-in-form) and skill (demonstration).

(a) Completeness and Accuracy of S/S Score Sheet

Completeness and accuracy of the score sheet was assessed by comparing the first post-revision of the S/S score sheet (2020) and the score sheet filled in the last S/S (2022). Three assessment criteria were set. First one was the number of items out of all assessment items for which scores were calculated according to the scoring criteria, the second one was the number of items with reasons and appropriate instructions to obstetric staff provided for items other than a full score (score 3), and the last one was the number of items that were calculated accurately. The total assessment results were calculated from the total of each evaluation item. The results confirmed that the mean score increased from 70% to 96% in all target districts, as shown in the table below.

Table 33 Changes of Completeness in S/S Score Sheet

District/City	Year 2020	Year 2022

Nurek	58%	86%
Baljuvon	44%	100%
Khovaling	50%	92%
Muminobod	100%	98%
Levakant	82%	100%
Kushoniyon	82%	98%
Average	70%	96%

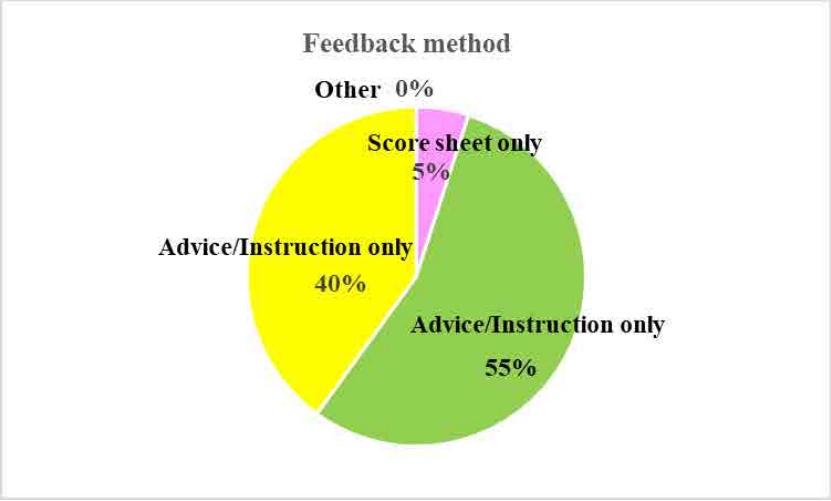
Source: The Project Baseline and Endline Survey

*Khovaling and Levakant adopt the results of 2020 and November 2021, when the last S/S was conducted

(b) Assessment for Feedback Skill

The feedback skill was assessed through the satisfactory survey on supportive supervision. Twenty-four maternity department staff in six target district hospitals were interviewed and asked how they had received S/S feedback from national supervisors. Although the indicator was newly introduced after the modification of PDM in June 2021 and there was no baseline data, 91% of interviewees responded S/S result was shared. Moreover, 95% of maternity department staff received "advice and instruction for improvement" and "advice and instruction for improvement with the score sheet".

In addition, 95% respondents answered that the feedback was made in a positive manner and 5% answered in a punitive manner.



Source: The Project Endline Survey

Figure 12 Result of S/S Feedback

(3) Results of Competency Tests for National Supervisors

In October 2021 and July 2022, the national supervisor competency tests were conducted separately for clinical knowledge and skills, by speciality areas of obstetrics, neonatology, and midwifery. October 2021 (first test) was used as the baseline value and compared with the test results conducted

in July 2022 (second test) improvement level was confirmed.

Table 34 Date and Number of Examinees

	Test Date	Number of Examinees		
		Ob/Gyn	Neonatologist	Midwife
First test	2021/10/29	6	3	3
Second test	2022/7/6	5	3	3

Source: The Project

The results of the tests for each specialized area are described below.

The knowledge test in the area of obstetrics evaluated the knowledge of causes of maternal deaths, normal delivery algorithms and how to check the uterus and understanding of complication guidelines. The results of the second test for the national supervisor in charge of Khovaling and Levakant were lower than the first, but the overall mean increased by 5 points. With regard to clinical skills, practical examination was conducted on the themes of B-Lynch and vacuum extraction. Whereas in the first test, the examiner, the national coordinator, selected one task from either B-Lynch or vacuum extraction, in the second examination, both tasks were given to all supervisors. Therefore, although it is difficult to make a before-and-after comparison of the two tasks, there was a large gap in the percentage of correct answers between supervisors for both tasks. Some national supervisors were working in gynecology and outpatient departments, and there were differences in results between supervisors who were routinely involved in obstetric and neonatal care in the Maternity Department. The reason behind the lower clinical skill results and lower percentage of correct answers for the supervisors in-charge of Khovaling and Muminobod was that the supervisor in-charge was replaced after the first examination and the supervisor who took the second examination did not have sufficient clinical experience.

The supervisor in-charge of Baljuvon and Kushoniyon CDHs did not take the first test due to sick leave. The supervisor in-charge of Levakant CDHs also did not take the second clinical skills test because of absence (the clinical knowledge test was taken after returning to the workplace).

Table 35 Knowledge and Skill Test Result (Ob/Gyn)

No.	District In-charge	Clinical Knowledge Test Result		Clinical Skill Test Result				Remarks
		2021.10	2022.7	B-Lynch		Vacuum Extraction		
				2021.10	2022.7	2021.10	2022.7	
1	Nurek	74%	88%	-	91%	50%	46%	
2	Baljuvon /Kushoniyon	-	88%	-	91%	-	69%	・First test was not taken due to sick leave (October 2021) ・In-charge of Baljuvon and Kushoniyon
3	Khovaling	89%	84%	83%	73%	-	31%	Supervisor was replaced between the first and second tests (between October 2021 and July 2022)
4	Muminobad	70%	88%	73%	36%	-	46%	Supervisor was replaced between the first and second tests (between October 2021 to July 2022)
5	Levakant	89%	78%	-	-	70%	-	Clinical skill test in the second test was not taken due to leave
Average		81%	86%	78%	73%	60%	48%	

Source: The Project Endline Survey

In the area of neonatal care, the supervisor's knowledge level of neonatal resuscitation, importance of breastfeeding, understanding of jaundice treatment algorithm, and confirmation method of fetal heartbeat was assessed. In terms of clinical skill assessment, jaundice and neonatal resuscitation were submitted as test questions, and treatment procedures and treatment methods for specific cases were confirmed through practical skills.

Each national supervisor of neonatologists serves two counties. As a result of the knowledge test, the test conducted in July 2022 showed an improvement in the results of all supervisors, and the average score also increased by 15 points compared with the initial test result in October 2021.

Table 36 Knowledge and Skill Test Result (Neonatologist)

No.	District In-charge	Clinical Knowledge Test Result		Clinical Skill Test Result				Remarks
		2021.10	2022.7	Neonatal Resuscitation		Jaundice		
				2021.10	2022.7	2021.10	2022.7	
1	Nurek/Baljuvon	77%	95%	100%	80%	-	100%	In-charge of two CDHs
2	Khovaling/Muminobad	77%	90%	100%	100%	-	50%	In-charge of two CDHs
3	Kushoniyon/Levakant	77%	91%	100%	80%	-	100%	In-charge of two CDHs
Average		77%	92%	100%	87%	-	83%	

Source: The Project Endline Survey

In the midwifery care, the written examinations confirmed knowledge on how to accurately complete a partogram, the importance of emotional support during active management in the third stage of labor, postnatal care, warm chain management, newborn temperature management, and breastfeeding. In the second examination, the mean was also improved, and two out of three supervisors achieved a perfect score.

In the clinical skills test, active management methods in the third stage of labor and catheter insertion were tested through oral and practical tests. In the clinical skills test, when asked about catheter insertion procedures, no examinee was able to correctly answer the question about cleaning the urethra as instructed in the guidelines.

Table 37 Knowledge and Skill Test Result (Midwife)

No	District In-charge	Clinical Knowledge Test Result		Clinical Skill Test Result				Remarks
		2021.10	2022.7	Active Management of Third Stage of Labor		Bladder		
				2021.10	2022.7	2021.10	2022.7	
1	Nurek	65%	100%	-	100%	100%	91%	
2	Baljuvon/Kushoniyon /Levakant	88%	100%	-	100%	100%	91%	In-charge of three CDHs
3	Khovaling/Muminobad	71%	96%	-	100%	100%	64%	In-charge of two CDHs
Average		75%	99%	100%	100%	100%	82%	

Source: The Project Endline Survey

2.2.2 Project Purpose and Indicators

Explanations of each of the indicators set forth in the project goals are described below.

The project purpose of this Project is "maternal, newborn and infant health system in the target districts/cities in Khatlon Oblast is strengthened." The following three indicators have been set.

- Both percentage of institutional delivery and number of deliveries at the central district/city hospitals in the target areas are increased.
- Mortality number of both newborn and stillbirth at the central district/city hospitals is decreased.
- Number of maternal and neonatal referral cases from the central district/city hospitals to upper level is decreased.

With respect to the project purpose indicators, the changes in the baseline and endline indicators are as follows. Increase in the number of facility deliveries and delivery rates, a decrease in the number of stillbirths and stillbirth rates, and a decrease in the number of referrals and referral rates were observed. On the other hand, no observation was seen for the number of neonatal deaths and rate during the project period. The results of the study for each indicator are described below.

Table 38 Indicator Changes between Baseline and Endline for the Project Purpose

	Indicators	Baseline Sep.2017 – Feb. 2018	Endline Mar. – Aug. 2022
Project Purpose	Number of facility deliveries (total) in six targeted hospitals (one-month)	478	667
	Facility delivery rates (total) for the six target hospitals	39.8%	63.0%
	Number of newborn deaths (total) in six target hospitals	13	20
	Newborn death rate (total) in six target hospitals (per 1,000 live birth)	4.5	5.0
	Number of stillbirths (total) in six target hospitals	34	33
	Stillbirth rate (total) in six target hospitals (per 1,000 live birth)	11.9	8.3
	Number of referrals of pregnant women to upper level in the six target hospitals (total)	79	75
	Referral rate of pregnant women to upper level in the six target hospitals (total)	1.1%	1.0%
	Number of referrals of newborn to upper level in the six target hospitals (total)	19	3
	Referral rate of newborn to upper level in the six target hospitals (total)	6.6	0.8

Source：The Project Baseline and Endline Survey

Number and Rate of Deliveries at the Target Hospitals

Data on facility delivery rates and number of deliveries are collected monthly. In order to capture trends, data were compiled every six months and converted to a monthly average to track changes. The following figure shows the change in each six-month period from the time of the baseline survey (September 2017-February 2018) to the time of the endline survey (March-August 2022). Data are shown as six months converted to one month.

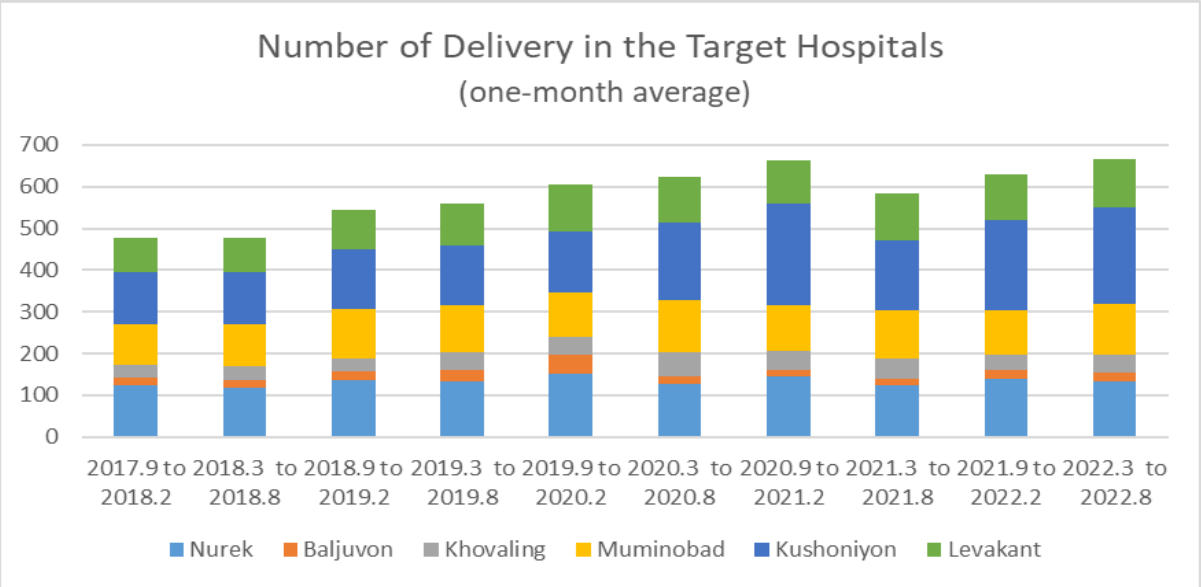
Both the facility delivery rate and the number of deliveries at the target hospitals increased when compared from the project baseline to the endline. The number of deliveries at the target hospitals increased steadily from the start of the Project until the COVID-19 pandemic; from the summer of 2020 to 2021, when COVID-19 spread in Tajikistan, all target hospitals were designated as COVID-19 patient hospitals, and each hospital ward was moved to a different location except for COVID-19 patients. As a result, the overall number of non-COVID-19 patients decreased. During this period, the number of facility deliveries temporarily declined; from around March 2021, the hospital's acceptance of patients gradually returned to normal, and from this time on, the number of deliveries recovered and increased again.

Notably, there were significant district differences among the six project hospitals, and these district differences did not change until the end of the Project. District characteristics are described below.

Table 39 Characteristics of the Project Target District

Region	Corresponding District/City Name	Characteristic
Urban	Nurek City, Levakant City	They are the second municipal division after Bokhtar and Klob among the 24 districts/cities of Khatlon Oblast. They have been important regions since the former Soviet era, with Russian engineers residing in the areas due to the presence of hydroelectric power generation since that time.
Rural	Baljuvon District, Khovaling District, Muminobad District	All districts are located in the mountainous areas, and the roads within the county are not well paved, making it difficult to get around. When it snows in the winter, some roads in the district are closed.
District Encompassing the Oblast Capital	Kushoniyon District	As the district encompasses the Oblast capital, Bokhtar, within the district, about half of the residents use the oblast and city hospitals in Bokhtar City.

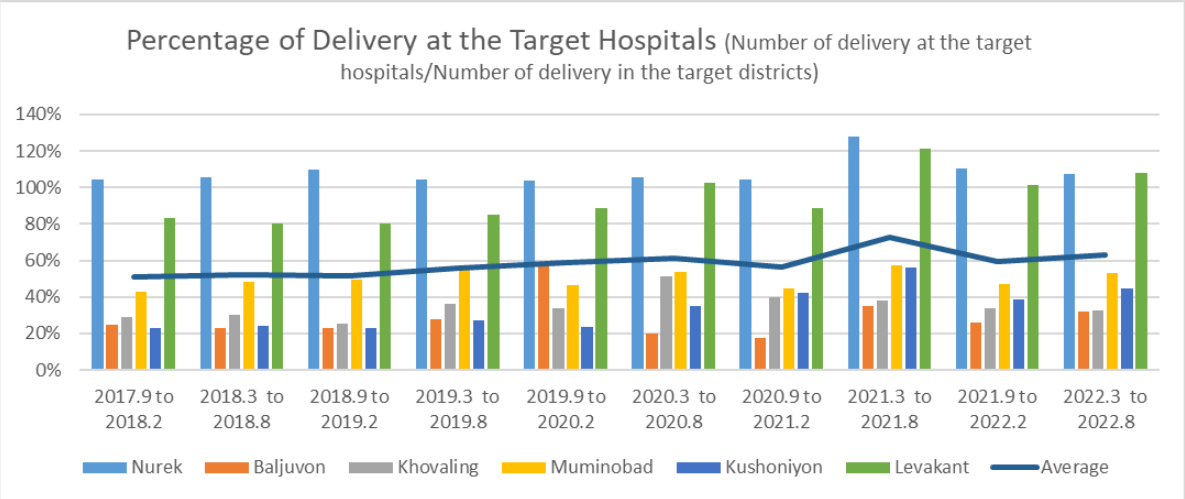
Source: The Project



Source：Data Collection of the Project

Figure 13　Change in the Number of Deliveries at the Target Hospitals

The number of deliveries at the target hospitals divided by the total number of deliveries in the districts is also shown below. In the mountainous districts of Baljuvon, Khovaling, and Muminobad, the facility delivery rate increased a little, but not dramatically. Since Kushoniyon District encompasses Bokhtar City, the oblast capital where the oblast and city hospitals are located, most of the pregnant women in the district deliver at the hospitals in Bokhtar City. The number of deliveries at the Kushoniyon District Hospital increased from about 20% at the beginning of the Project to about 40% at the end of the Project, largely due to the closure of the Maternity Department at the neighboring Vakhsh CDH due to the construction of a new maternity building.



Source：Data Collected by the Project

Figure 14　Changes in the Rate of Delivery at the Facility (Number of Deliveries at the Target Hospitals/ Total Number of Deliveries in the Districts)

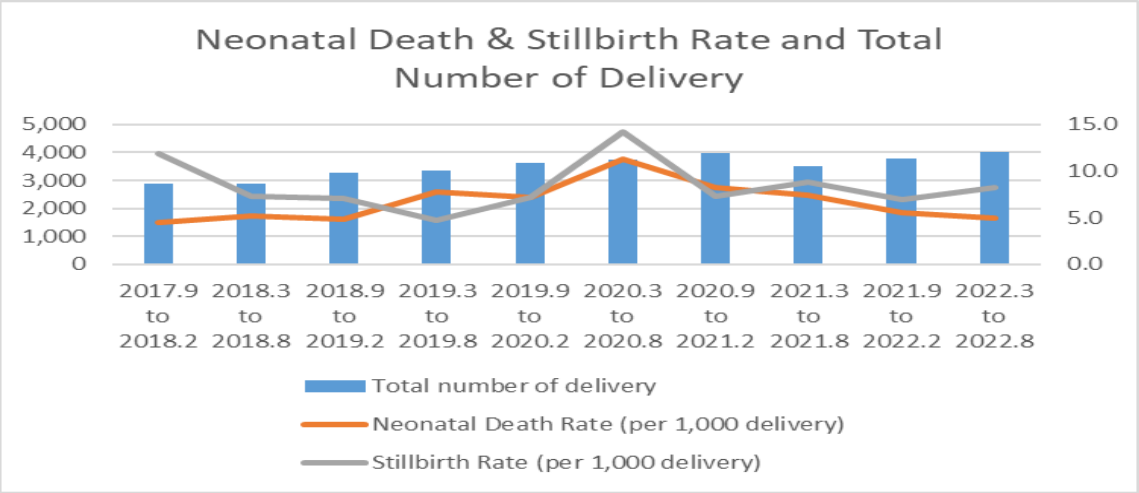
Note 1: Nurek's delivery rate exceeds 100% because it also accepts deliveries of pregnant women from other areas.
Note 2: Kushoniyon includes the city of Bokhtar, which has a tertiary care facility in the middle of the district, so at least half of the district's population is expected to deliver in the city. (Therefore, the Project does not expect 100%.)
Note 3: For the sake of convenience, the number of deliveries at the district central hospital is shown as a percentage of the total number of deliveries in the district, but this does not necessarily mean the facility delivery rate of the district, since there are also some numeral hospitals in the county (although the number of deliveries is small).

Number of Deaths of Newborn and Newborn Death Rate, Number of Stillbirths and Stillbirth Rate in the Target Hospitals

Data on the number of neonatal deaths and stillbirths at the district and city central hospitals were also collected monthly from the hospitals. Data for this indicator was also compiled on a six-monthly basis rather than monthly to simplify capturing changes, and the following shows the six-monthly changes from the baseline survey (September 2017 to February 2018) to the endline values (March to August 2022).

The number of neonatal deaths temporarily increased for about a year from the second half of 2019 after the provision of neonatal care equipment. This may be due to the fact that, after the equipment was provided, the target hospitals began to care for cases that had previously been referred to them, but the technology for using the equipment was not up to par, resulting in some deaths. However, the number of neonatal deaths has been steadily decreasing since then.

The trend of stillbirths was similar to that of neonatal deaths, rising for about a year immediately after the provision of medical equipment and then declining.

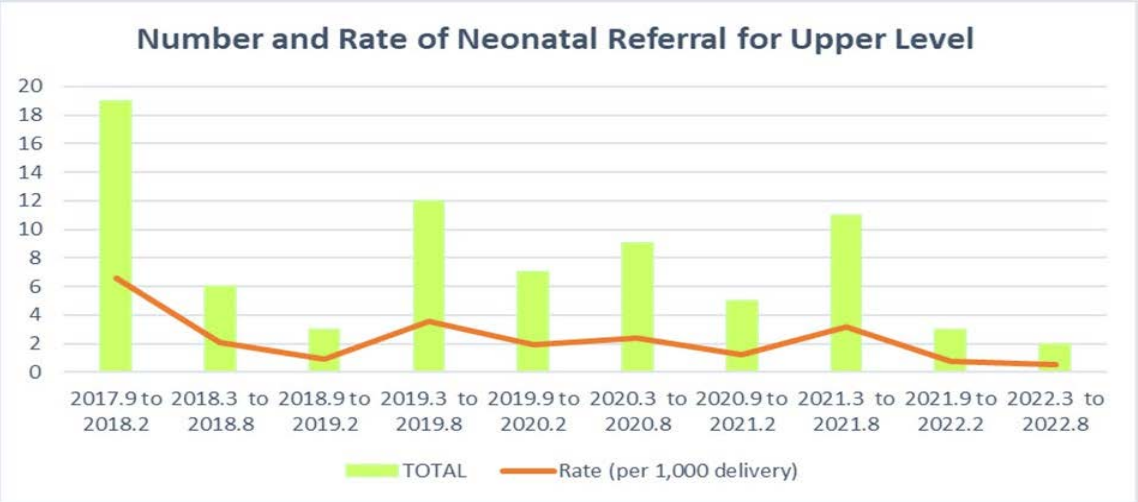


Source：Data Collected by the Project

Figure 15　Change in the Rates of Neonatal Death and Stillbirth

Number and Rate of Maternal and Neonatal Referrals from the Target District/City Central Hospitals to Upper Level Facilities

Regarding the number of maternal and neonatal referrals from CDHs to upper-level facilities, there was no particular change in the number or rate of maternal referrals, although there was a downward trend in the number and rate of neonatal referrals, as shown in Figure 16.

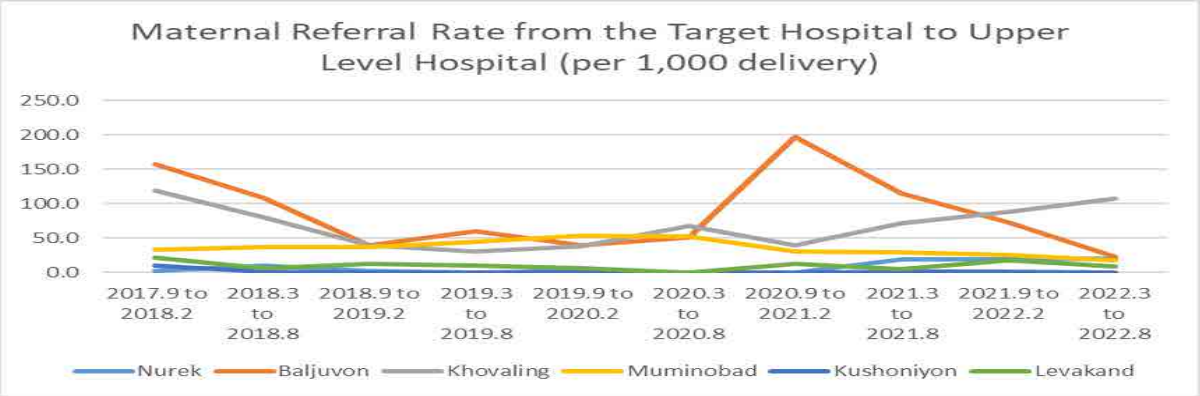


Source：Data Collected by the Project

Figure 16　Number of Neonatal Referrals from the Target Hospitals

For maternal referrals, the six target hospitals were originally divided into two types, namely: the first type, like Kushoniyon, Nurek, and Levakant, had at least three obstetricians and a 24-hour emergency system, and at least one obstetrician could perform Cesarean sections without problems;

and the other type is the absence of a sufficient number of obstetricians with a 24-hour emergency system, such as in Baljuvon, Khovaling, and Muminobad, and the absence of obstetricians who can perform Cesarean sections. Although the increase or decrease of maternal referrals can be discussed under the condition that an emergency system is in place and Cesarean sections can be performed, pregnant women were forced to be referred while these conditions were not met.



Source：Data Collected by the Project

Figure 17　Number of Maternal Referrals from the Target Hospitals

2.3 History of Project Design Matrix (PDM) Modification

The Project's PDM was originally described in the R/D signed on November 18, 2016.

Project Design Matrix（PDM）

Project Title (duration): Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (August 2017 – July 2021)

Target Areas: Nurek, Baljuvon, Khovaling, Muminobad, Bokhtar, and Sarband

Target Group: Direct beneficiaries are staff of Khatlon Oblast Health Department, Target District/City Hospitals and Numeral Hospitals, Primary Health Centers

Indirect beneficiaries are women in the reproductive age and infants in the target areas

Version 0

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal **Maternal, newborn, and infant health (MNI) status is improved in the target districts/cities in Khatlon Oblast.**	1. Infant mortality rate in the target districts/cities of Khatlon Oblast is decreased. 2. Number of maternal mortalities in the target districts/cities of Khatlon Oblast is decreased.	- Annual reports from the Medical Statistics of Khatlon	
Project Purpose	- Both percentage of institutional delivery	- Medical statistics of	- National health policy and local

	MNI health system in the target districts/cities in Khatlon Oblast is strengthened.	and number of deliveries at central district/city hospitals in the target areas are increased. - Number of mortalities for both newborn and stillbirth at the central district/city hospital is decreased. - Number of maternal and neonatal referral cases from central district/city hospital to upper level is decreased.	Khatlon - Baseline survey and data collection sheet (planned to be developed by the Project)	health administration do not significantly change. - No serious diseases outbreak affecting maternal and child death occur.
	<u>Expected Outputs</u>			
	Output 1. The functions of the maternity departments and pediatric departments of the central district/city hospitals and numeral hospitals are improved.	- "Operation and maintenance sheet*" is duly observed at physically supported hospitals. *Operation and maintenance sheet was developed and utilized for regular maintenance of the equipment during the Project Phase I.	- Operation and maintenance sheet	- Health professionals who received trainings do not leave their positions so as to affect the outputs of the Project. - Tajik side properly allocates necessary budget and distributes personnel for the project activities.
	Output 2. Knowledge and skills on MNI care of health professionals are strengthened.	- Percentage of delivery record precisely described partogram is increased. - Percentage of "Form 111" (Record form for pregnant and postpartum women) precisely described both body mass index and blood pressure is increased. - Number of examples of good practice as a result of critical case review is increased.	- Project progress report - Baseline survey and Monitoring score sheet (planned to be developed by the Project)	
	Output 3. Referral system for MNI care	- Number of good and challenging	- Project progress report	

is strengthened between primary and secondary level health care facilities. .	practices on MNI referral system is increased.		
Output 4. Capacity to manage MNI care is strengthened in the Health Department of Khatlon Oblast Government.	- Number of supervisory visits to primary health care facilities is increased. - Monitoring score is improved.	- Project progress report - Monitoring score sheet (planned to be developed by the Project)	
Activities	Inputs		Precondition
Output 1. 1.1. To conduct a study on the necessity of medical equipment and basic facilities/small infrastructures at the central district/city hospitals and/or the numeral hospitals 1.2. To provide medical equipment and facilities to the central district/city hospitals and the numeral hospitals 1.3. To conduct trainings on maintenance of medical equipment and facilities for the central district/city hospitals and the numeral hospitals 1.4. To rehabilitate or to renovate basic facilities/small infrastructures of the central district/city hospitals and/or the numeral hospitals following the result of the survey 1.5. To revise the "operation and maintenance sheet" developed and utilized during the Phase I of the Project to accord with the facility rehabilitation and renovation Output 2. 2.1. To develop a data collection sheet on the indicators 2.2. To conduct a baseline survey using the data collection sheet	(Japanese Side) 1. Dispatch of JICA experts -Chief Advisor -Project Coordinator -Health Systems -Maternal and Child Health -Neonatal Care -Medical Equipment and Facilities -Others 2. International trainings (in Japan/third country(ies)) and in-country trainings 3.Provision of equipment 4.Rehabilitation and renovation of basic facilities/small infrastructures 5.Overseas activity costs (Tajik Side) 1. Assignment of counterpart and administrative personnel (1) Project Director (2) Project Manager (3) Other counterpart and administrative personnel 2. Facilities, equipment and materials -Suitable office space with necessary equipment -Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA 3. Local cost - Means of transport and travel allowances		Political and security situation is stable.

2.3. To conduct trainings on MNI care including emergency obstetric and neonatal care at the central district/city hospitals 2.4. To conduct maternal critical case review at the central district/city hospitals 2.5. To conduct neonatal death and critical case review at the central district/city hospitals 2.6. To conduct stillbirth case review at the central district/city hospitals 2.7. To conduct trainings on antenatal care and postnatal care including referral cases at the primary health care facilities (e.g., Mother and Child Health Handbook) Output 3. 3.1. To establish the MNI referral working group between primary and secondary level health care facilities 3.2. To conduct regular meetings on the result sharing of the case review meetings between primary and secondary level health care facilities 3.3. To extract good and challenging practices on MNI referral system from the meetings 3.4. To work out the MNI referral model and submit it to the Ministry of Health and Social Protection of the Population as a policy recommendation Output 4. 4.1. To review the current monitoring system at the oblast/district level 4.2. To establish the MNI care management team at the oblast level 4.3. To develop an annual	for the JICA experts for official travel within Tajikistan - Running expenses necessary for the implementation of the Project	

	training plan on MNI care at the oblast level 4.4. To establish the district monitoring teams on MNI care activities 4.5. To develop monitoring score sheet on MNI care for the primary health care facilities and numeral hospitals 4.6. To conduct supportive supervision to the central district/city hospitals by the Oblast MNI care management team 4.7. To conduct supportive supervision to primary health care facilities and numeral hospitals by the district monitoring team (including usage of Mother and Child Health Handbook) 4.8. To conduct regular meetings between Oblast MNI care management team and district monitoring teams 4.9. To present/publish the findings from the project activities at the international/domestic conferences (meetings)/journals		

Later, following the COVID-19 pandemic in 2020, the (then) MOHSPP requested to extend the project period and review the activities, and the need for a revision of the PDM arose. In response, the experts discussed the PDM revision with JICA headquarters, and Version 1 was agreed with the MOHSPP at the JCC in April 2021. Version 1 of the PDM is indicated in the box below.

Project Design Matrix（PDM）

Project Title (duration): Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (August 2017 – December 2022)

Target Areas: Nurek, Baljuvon, Khovaling, Muminobad, Kushoniyon, Levakant

Target Group: Direct beneficiaries are National Supervisors, Staff of Khatlon Oblast Health Department, Target District/City Hospitals and Numeral Hospitals, and Primary Health Centers in Nurek and Levakant

Indirect beneficiaries are women in reproductive age and infants in the target areas.

Version1

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<u>Overall Goal</u> Maternal, newborn, and infant health (MNI) status is improved in the target districts/cities in Khatlon Oblast.	1. Infant mortality rate in the target districts/cities of Khatlon Oblast is decreased. 2. Number of maternal mortalities in the target districts/cities of Khatlon Oblast is decreased.	- Annual reports from the Medical Statistics of Khatlon	
<u>Project Purpose</u> MNI health system in the target districts/cities in Khatlon Oblast is strengthened.	- Both percentage of institutional delivery and number of deliveries at the central district/city hospitals in the target areas are increased. - Number of mortalities for both newborn and stillbirth at the central district/city hospitals is decreased. - Number of maternal and neonatal referral cases from the central district/city hospitals to upper level is decreased.	- Medical statistics of Khatlon - Baseline survey and data collection sheet (planned to be developed by the Project)	- National health policy and local health administration do not significantly change. - No serious diseases outbreak affecting maternal and child death occur.
<u>Expected Outputs</u>			
Output 1. The functions of the maternity departments and pediatric departments of the central district/city hospitals are improved.	- "Operation and maintenance sheet*" is duly observed at physically supported hospitals. - The water supply situation in the maternity departments is improved in Kushoniyon and Levakant. *Operation and maintenance sheet was developed and utilized for regular maintenance of the equipment during the Project Phase I.	- Operation and maintenance sheet	- Health professionals who received trainings do not leave their positions so as to affect the outputs of the Project. - Tajik side properly allocates necessary budget and distributes personnel for the project activities. No serious disease outbreak significantly affecting outputs.
Output 2.	- Percentage of	- Project	

Knowledge and skills on MNI care of health professionals are strengthened.	delivery record precisely described partogram is increased. - Percentage of "Form 029" (Record form for pregnant and postpartum women) precisely described both body mass index and blood pressure is increased. - Number of examples of good practice as a result of critical case review is increased.	progress report - Baseline survey and monitoring score sheet (planned to be developed by the Project)	
Output 3. Referral system for MNI care is strengthened between primary and secondary level health care facilities. .	- Number and rate of referrals from Primary Health Care (PHC) facilities to the central district hospitals are increased.	- Project progress report - Checklist for ANC introduced by the Project	
Output 4. Capacity of supervisors for the target district hospitals is enhanced on MNI care.	- Evaluation score of supervisor's performance is improved	- Project progress report - Monitoring score sheet (planned to be developed by the Project) - Evaluation sheet for supervisor	
<u>Activities</u>	<u>Inputs</u>		Precondition
Output 1. 1.1. To conduct a study on the necessity of medical equipment and basic facilities/small infrastructures at the central district/city hospitals 1.2. To provide medical equipment and facilities to the central district/city hospitals 1.3. To conduct trainings on maintenance of medical equipment and facilities for the central district/city hospitals 1.4. To rehabilitate or to renovate basic	(Japanese Side) 1.Dispatch of JICA experts -Chief Advisor -Project Coordinator -Health Systems -Maternal and Child Health -Neonatal Care -Medical Equipment and Facilities -Others 2.International trainings (in Japan/third country(ies)) and In-country Trainings 3.Provision of equipment 4.Rehabilitation and renovation of basic facilities/small infrastructures		Political and security situation is stable.

	facilities/small infrastructures of the central district/city hospitals 1.5. To revise the "operation and maintenance sheet" developed and utilized during the Phase I of the Project Output 2. 2.1. To develop data collection sheet on the indicators 2.2. To conduct baseline survey using the data collection sheet 2.3. To conduct trainings on MNI care including emergency obstetric and neonatal care at the central district/city hospitals 2.4. To conduct following case reviews; maternal critical case, neonatal death and critical case, and stillbirth. Output 3. 3.1. To conduct supervision trainings on antenatal care (ANC) to the district /city reproductive health centers (RepHCs) 3.2. To conduct trainings on ANC (including referral case and usage of Mother and Child Health Handbook) to PHC health worker (Nurek and Levakant City) 3.3. To develop and introduce the supervision checklist (Nurek and Levakant City) 3.4. To conduct ANC supportive supervision for PHC by district RepHC supervisor 3.5. To share referral information (including good practice and lesson learned) between central district hospitals and PHC facilities at the regular meeting (Nurek and Levakant City) 3.6. To submit the final version of ANC supervision checklist for PHC and pilot	5.Overseas activity costs (Tajik Side) 1. Assignment of counterpart and administrative personnel (1) Project Director (2) Project Manager (3) Other counterpart and administrative personnel 2. Facilities, equipment and materials -Suitable office space with necessary equipment -Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA 3.Local cost - Means of transport and travel allowances for the JICA experts for official travel within Tajikistan - Running expenses necessary for the implementation of the Project	

	model of good referral system to MOHSPP Output 4. 4.1. To review current monitoring system at the Oblast/district level 4.2. To develop Terms of Reference (ToR) and evaluation sheet for national supervisor 4.3. To conduct maternal and neonatal supervision training to national supervisor 4.4. To conduct supportive supervision to central district/city hospitals by the national supervisors 4.5. To assist in the development and implementation of central district/city hospital internal training plan based on Quality Improvement Action Plan by national supervisors 4.6. To finalize and submit the supportive supervision package[2] to MOHSPP 4.7. To present/publish the findings from the project activities at the international/domestic conferences (meetings)/journals		

2.4 Others

2.4.1 Results of the Environmental and Social Considerations (if applicable)

No applicable.

[2] The package includes supervision score sheet, Terms of Reference (ToR) for supervisor, and evaluation sheet for supervisor.

2.4.2 Results of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)

With regard to gender, the Project contributed to raising the number of pregnant women receiving health checkups and delivering at the facilities. When pregnant women who delivered at the target hospital in the mountainous area were asked why they chose to deliver in the hospital instead of home, they said that they themselves realized the importance of delivering in the hospital, and at the same time, their husbands' awareness of their pregnancy is improved. This reflects an improved cooperation from the husbands toward the expectant mothers.

With regard to poverty reduction, the installation of equipment provided by the Project, particularly the ultrasound machine at the district hospital, has enabled pregnant and nursing mothers who used to travel to distant hospitals for checkups are now receiving their examinations in nearby hospitals. This has reduced the financial and time burden on pregnant and nursing mothers.

In the case of the COVID-19 pandemic in particular, the provision of personal protective equipment at the health center level has reduced transmission within the health center and increased the sense of alertness of the local population to infectious diseases.

3. Results of the Joint Review

3.1 Results of Review Based on Development Assistance Committee Evaluation Criteria

3.1.1 Relevance

The Project remains highly relevant in view of the following reasons:

MOHSPP of Tajikistan developed and introduced the National Health Strategy, Republic of Tajikistan, 2010-2020 (NHS) in 2010 based on the National Development Strategy (NDS) and identified improving access, quality, and efficiency of health services as key priorities. In particular, the importance of antenatal care, delivery and neonatal care, prevention and treatment of common childhood diseases were included under the Basic Health Package, as strengthening maternal, child and adolescent health is an essential element for reducing the overall disease burden in the country.

As a successor strategy, the MOHSPP approved the National Health Strategy 2030 in 2021. In Section 3 of Chapter 5 of the strategy, improving health infrastructure and service delivery network for MCH service provision and establishing mechanism for continuously improving health services in PHC, maternity and pediatric departments have been set as goals. Therefore, the project implementation is highly justified.

In line with the abovementioned strategy, JICA had implemented the Project for Improving Maternal and Child Health Care System in Khatlon (March 2012 to March 2016) with provision of medical equipment, capacity building for equipment maintenance, and provision of MNI care and awareness in the target population. Although the Project achieved the results and improved MNI care in four target districts (Rumi, Jomi, Vakhshi, and Shartuz), challenges remained in in-service training system, monitoring system for MNI care and referral system.

In response to the remaining challenges, the Project for Improving Maternal and Child Health Care System in Khatlon Oblast (Phase 2) has supported the perinatal case review, monitoring PHC facility, and strengthening referral system as well as dissemination of prior project experiences.

The target areas include Baljuvon, Muminobad, and Khovaling districts located in the mountainous areas of Khatlon Oblast, where there are many unpaved roads and access to health facilities is limited. Furthermore, Baljuvon and Khovaling districts have the highest home delivery rates in Tajikistan, which is consistent with the National Health Strategy 2030 to reduce home delivery rates.

3.1.2 Coherence

The Project is highly consistent with the development policy of the Tajikistan government and Japan's Country Development Cooperation Policy for Tajikistan.

In the Japanese Ministry of Foreign Affairs' Country Assistance Policy for Tajikistan (September 2018) 'improvement of basic social services' is identified as one of the priority areas.

The development of water supply facilities to enable access to safe and clean drinking water in rural areas and the strengthening health system with focus on maternal and child health are set as goals.

Furthermore, the policy abovementioned clearly stated that capacity building on health care provision for health specialists and health administration, strengthening monitoring system and referral system, as well as organization of health infrastructure and strengthening maintenance management would be supported by JICA.

Within the framework of JICA's assistance policy, the Project was designed to strengthen MNI care through improvement of medical infrastructure, capacity building of health specialists, strengthening PHC monitoring and referral system and supportive supervision system.

The Project shared knowledge and experience on equipment maintenance methodology by introducing equipment registration sheet and SOPs, which may lead to the improvement of equipment maintenance capacity in the entire country of Tajikistan. In addition, the Project collaborated with the "Improvement of Medical Equipment Management and Maintenance System" in Tajikistan by participating in the progress meeting and maintenance management training; and collected information on ministry's plan for development of equipment guidelines and introduction of equipment management software, thereby implementing activities are consistent with the policies of the MOHSPP.

In strengthening the capacity of PHC staff, the Maternal and Child Health Handbook introduced by the United Nations Children's Fund (UNICEF) was adopted as a training material for antenatal and postnatal care, thereby strengthening counselling skills. Furthermore, when the MOHSPP revised the MCH Handbook in 2021 with the support of UNICEF, the JICA Experts made recommendations for the content based on the monitoring results to PHC, which is consistent with the promotion of MCH Handbook by JICA headquarters.

3.1.3 Effectiveness

The effectiveness of the Project is high, as the results of the activities have led to the development of effects and the project objectives have generally been achieved.

The project purpose is MNI health system in the target districts/cities in Khatlon Oblast is strengthened and the following three indicators are set. Although there was no clear effect in neonatal death and neonatal mortality during the project implementation period, the indicators were assessed to be highly effective. Therefore, the effectiveness of the Project is high.

In terms of neonatal deaths and neonatal mortality was judged to be high, as indicators were generally achieved, although there was no clear effect during the project period.

- Both percentage of institutional delivery and number of delivery at the central /district hospitals in the target areas are increased.
- Number of mortalities for both newborn and stillbirth at the central district/city hospitals is decreased.
- Number of maternal and neonatal referral cases from the central district/city hospitals to upper level is decreased.

Although the project targets were largely achieved, a disincentive to the implementation was the impact of the spread of COVID-19 infection. From around summer 2020 to 2021, when COVID-19 spread in Tajikistan, all target hospitals were designated as COVID-19 patient hospitals, which meant that the Maternity Department needs to be relocated and operated to limited functions, equipment were transferred to the specialized COVID-19 Department, and other measures were taken.

In addition, during the period when supervisors were contracted with COVID-19 and infection measures were taken, S/S could not be implemented as planned. Accordingly, supervisors were unable to provide adequate guidance and support to the maternity department staff in target CDHs.

In response to the situation, the project PDM was modified in agreement with the Ministry of Health that the project cooperation period was extended to implement delayed activities and to rehabilitate water supply facilities to prevent nosocomial infections for Levakant and Kushoniyon CDHs.

Furthermore, the Project had supported the conduct of online training and online BTN implementation through provision of computers and internet access with the Maternity Department of CDHs, which led to maintain cooperation system between national supervisors and maternity

department staff. The flexibility contributed to the achievement of the project objectives.

3.1.4 Efficiency

Project inputs were appropriate in terms of quantity, quality, and timing, and were used to achieve the results, which means that they were highly efficient. Contributing inputs are described below.

The project period was five years and five months, from August 2017 to December 2022, with a project cost of JPY 540 million (project pre-assessment table). A total of 13 Japanese and local experts were dispatched, with a total input of 104.41 man/months. Experts were dispatched to the appropriate fields in a timely manner, and installation of equipment and local operation expenses were allocated and two training courses in Japan were conducted as planned.

Clinical instruction on MNI care was provided to both national supervisors and maternity department staff by total four medical doctors (obstetrician-gynecologist, pediatrician, and surgeon).

Project inputs were appropriate in terms of quantity, quality, and timing, and were used to achieve the results, which means that they were highly efficient. Contributing inputs are described below.

As described in the Effectiveness Section, in response to COVID-19, the PDM was modified in June 2021 in an agreement with the government to extend the cooperation period and provide additional activities. The additional activities included the rehabilitation of water supply facilities, handwashing instructions, and PPE provision in the Maternity Department of Levakant and Kushoniyon CDHs.

The provision of water supply facilities and PPE was essential for implementing continuum of care for mothers and children in the COVID-19 pandemic, and the amount and timing of inputs were appropriate. As a result, despite interruptions and delays in activities in the COVID-19 pandemic, it can be said that the four outcomes were achieved.

3.1.5 Impact

Impact is considered to be high to some extent.

In order to assess the achievement level of the project purpose ' MNI health system in the target districts/cities in Khatlon Oblast is strengthened and the following three indicators are set, maternal mortality rate and infant mortality rate, which are the project indicators, are compared in 2017 and 2021. For infant mortality rate (IMR), when comparing 2017 and 2021, Khovaling, Muminobad,

Kushoniyon and Levakant had decreased. In Nurek and Baljuvon, mortality rates had increased.

It is because the number of patients increased in Nurek as a result of growing reputation for new equipment installation and competent doctors, which made CDH difficult to respond to severe cases. The increase of infant mortality in Baljuvon can be explained that the capacity of maternity department staff had not been enough to respond to the severe cases, although CDH had started accepting the cases, which used to be referred to the upper facility, after the installation of new equipment.

There are positive factors to improve infant mortality rate in both districts. In Nurek, the Maternity Department has been renovated by the Islamic Development Bank, which would provide maternal and neonatal care in a larger space, and in Baljuvon, the infant mortality rate is expected to start decreasing in the future as the maternity department staff gain experience in neonatal care. The number of maternal deaths was one in the six target hospitals in 2017, compared with six in 2021. Half of deaths happened in Kushoniyon Central District Hospital, but the increase trend is not expected to be continued.

The maternal death was increased mainly due to the management disruption caused by the merger with the neighboring Vakhsh Central District Hospital, rather than a lack of knowledge and skill of maternity department staff. Therefore, if the national supervisors continuously provide a support to the Maternity Department through the implementation of S/S, there is a high possibility that the project overall goal can be achieved.

3.1.6 Sustainability

Sustainability is moderate. Sustainability in political, technical, institutional and financial aspects is as follows.

1) Political Aspect

Under the maternal and child health program in Section 3 of Chapter 5 of the National Health Strategy 2030 developed by the Ministry of Health, improvement of health infrastructure and network for maternal and child health care provision and establishment of mechanism for improving the health service in PHC and Maternity and Pediatric Department are targeted. If this strategy is continuously adopted by the government, it is highly possible that the project promoting activities such as equipment maintenance, training for MNI care, BTN implementation, PHC monitoring and supportive supervision would be continuously implemented.

2) Technical Aspect

Achievement of the equipment maintenance is the establishment of the maintenance sheets and

registration record and reference to SOPs in the six target hospitals, particularly Nurek, Levakant, and Baljuvon had shown high performance.

The maintenance method for equipment is highly sustainable, as it can be continued by referring to the maintenance sheets and SOPs in the future, even when the staff are reassigned.

The sustainability of water supply facility use is ensured by distributing SOPs as well as provision of training on the use of water supply facility.

Perinatal case review meetings have been established in the Nurek and Levakant central district hospitals. If the perinatal case review meeting can be expanded from these two hospitals to other hospitals in the future, technical sustainability can be ensured.

The district RepHC has established the implementation of PHC monitoring by utilizing the PHC monitoring format introduced by the Project. However, in order to analyze the result and feedback, the challenges to the solution into PHC staff training plan, the national supervisor's assistance is essential.

The Institute of Ob/Gyn and Perinatology has enough experiences in implementing S/S by using the S/S tools developed by the Project. Therefore, sustainability is high if the research institute continuously implements supportive supervision to the target hospitals.

3) Institutional Aspect

Not only the maternity department staff but also the director of CDH and head of the Maternity Department received training on maintenance methodology and utilization of SOPs. The system is highly sustainable, as equipment maintenance can be managed by the institution if the person in charge of maintenance is replaced due to personnel transfers, etc.

The organizational sustainability of the monitoring and training system for PHC facilities is high, as both Nurek and Levakant RepHCs have assigned several supervisors. The sustainability could be further enhanced by involving the regional RepHC as a supervisor in order to strengthen the system.

The supportive supervision is possibly continued with the establishment of coaching system from the national coordinator to supervisors in the Perinatal Institute and the methodology of S/S implementation and sufficient number of supervisors assigned if the Research Institute of Obstetrics, Gynecology and Perinatology has been appointed as supervisory institution.

4) Financial Aspect

In ensuring financial sustainability, equipment, facility maintenance cost and travel costs for the national supervisors need to be secured by MOHSPP and local governments.

The National RepHC and the Research Institute of Obstetrics, Gynecology and Perinatology included monitoring and S/S activity in their annual work plan, but the travel costs were not secured in 2022. Eighty percent of the health sector budget allocated by the national budget (Joint Annual Review, Ministry of Health, 2022) is for the salaries of health staff and it remains as a challenge.

3.2 Key Factors Affecting Implementation and Outcomes

The biggest factor was still the spread of COVID-19. During the period of the COVID-19 pandemic in Tajikistan, most of the maternity departments in the target hospitals were moved to other locations within the hospital, and staff infected one after another, resulting in a situation where adequate care could not be provided for almost a year. Although the project extension allowed for a gradual return to normal operations and confirmation that care skills were returning to normal, the period during the COVID-19 pandemic and the return to work was marked by a significant drop in care skills in some areas. In other words, just as the equipment was finally installed in the target hospitals at the end of 2019 and care skills were about to be improved, the COVID-19 pandemic broke out, and the maternity staff of the target hospitals spent 2020 with little opportunity to become familiar with the equipment.

Secondly, in May 2020, during the COVID-19 extension, the minister and deputy ministers of the MOHSPP were transferred, and the deputy minister in-charge of maternal and child health was changed from first deputy minister to deputy minister. At this time, the new deputy minister in-charge of maternal and child health issued a MOHSPP decree changing the supervision of the Maternity Department in district level hospitals from the Research Institute of Ob/Gyn and Perinatology to a member of the supervisory staff appointed by the deputy minister. It took about a year to reconcile the system of supervision that the Project has been using in the project activities with the system presented in the new MOHSPP order.

3.3 Evaluation on the Results of the Project Risk Management

Project risk management has been conducted through meetings and discussions between the Joint Coordinating Committee (JCC) and the Technical Working Group (TWG). The JCC is the forum for setting project policy, as described in Section 1.3 Project Implementation Structure. The schedule,

location, and number of participants for each meeting are as follows:

Table 40 JCC Meeting Schedule

JCC	Date	Venue	Number of Participants	Main Participants
1	3 Oct. 2017	Meeting Room at MOHSPP	22	MOHSPP, Khatlon OHD, Head of the target hospitals, Embassy of Japan, JICA Tajikistan Office, JICA Experts (Project Team)
2	14 Feb. 2018	Meeting Room at MOHSPP	28	MOHSPP, Khatlon OHD, Head of the target hospitals, Embassy of Japan, JICA Tajikistan Office, JICA Experts (Project Team)
3	19 Oct. 2018	Meeting Room at Immuno-prophylaxis Center	22	MOHSPP, Khatlon OHD, Head of the target hospitals, Embassy of Japan, JICA Tajikistan Office, JICA Experts (Project Team)
4	5 July 2019	Meeting Room at Serena Hotel	30	MOHSPP, Khatlon OHD, Head of the target hospitals, Embassy of Japan, JICA Tajikistan Office, JICA Experts (Project Team), national supervisors at the Research Institute of Ob/Gyn and Perinatology, National RepHC, USAID and GIZ
5	21 Apr. 2021	Meeting Room at MOHSPP	30	MOHSPP, Khatlon OHD, Head of the target hospitals, Embassy of Japan, JICA Tajikistan Office, JICA Experts (Project Team), national supervisors at Research Institute of Ob/Gyn and Perinatology, National RepHC
6	6 Sep. 2022	Meeting Room at Hilton Hotel	30	MOHSPP, Khatlon OHD, Head of the target hospitals, Embassy of Japan, JICA Tajikistan Office, JICA Experts (Project Team), supervisors assigned by the deputy minister

Source：Minutes of JCC

The following table summarizes the items presented by the Project and comments from MOHSPP at each JCC.

Table 41 Contents of JCC Meeting

	Presentation	Comments by MOHSPP	Remarks
1	Introduction of JICA Experts and stakeholders, Project overview, Project organization, activity plan, and baseline survey methodology	・Close information sharing and cooperation with MOHSPP stakeholders ・Clarification of segregation with other development partners	-
2	Baseline survey results report, facility equipment survey results report, annual activities	・Request for more information on the proposed renovation of the Kushoniyon and Levakant Water Supply Facility ・Finalization of the equipment list ・Description of source review of statistics cited in the baseline report	The chief representatives of JICA Tajikistan Office explained that not all of the proposed facility renovations could be implemented within the framework of the Project, and suggested that MOHSPP should consider alternatives, to which MOHSPP agreed.
3	Report on activities for the past six months and plans for the next fiscal year	・Need to establish a maintenance management system for procured equipment	MOHSPP and the JICA Experts agreed on the next year's activity plan.

		・Need to establish a training room in the district central hospital. ・The Project will compile action plans for each hospital and reflect them in the next year's plan. ・Request for participation of the administrative officer of the MOHSPP in the second training program in Japan	
4	Report on activities for the past two years, discuss issues and responses, report on the level of achievement of project indicators, and share activity plans for the next two years.	・MOHSPP regulations require that an equipment maintenance officer be assigned to the district hospital. The MOHSPP requested that training be conducted under the Project. ・Provide opportunities for other district hospitals to visit and learn from district hospitals that are performing well. ・MOHSPP requested a report on equipment usage at the next JCC. ・There was a proposal to hold a joint roundtable with development partners and national and oblast supervisors with overlapping target areas to share S/S issues and approaches. ・The Minister's Advisor proposed to promote district hospital's services to the target population. ・Work on strengthening basic skills such as blood pressure measurement and partogram description during the next two-year project period. ・The role of the head of the district hospital in strengthening the district-wide health system, including referral, was confirmed by all parties involved. ・Khatlon OHD requested the JICA Experts to communicate closely with them in order to resolve the issues.	・Agreement between MOHSPP and JICA Tajikistan Office to conduct joint monitoring in six target districts. ・Reaffirms that training conducted by the Project must be approved by MOHSPP. ・MOHSPP will prepare perinatal case review guidelines (neonatal, stillbirth) as soon as possible.
5	Explanation of PDM revisions	・The deputy minister commented that the current S/S duration (two days) of the Research Institute is not sufficient and that the capacity of supervisors needs to be strengthened. ・A request was made to utilize a monitoring team led by the deputy minister in the S/S of the Project.	・Consider the use of the Deputy Ministerial Monitoring Team within the JICA Experts.
6	Presentation of the results of the monitoring conducted by the Deputy Ministerial Monitoring Team	・The Director of the Maternal and Child Health Department of MOHSPP gave the following instructions: 1. The district/city central hospitals and the PHC Department will develop an action plan based on the recommendations of the Deputy Ministerial Monitoring Team. 2. The MOHSPP Maternal and Child Health Department will ensure that the recommendations of the Deputy Ministerial Monitoring Team are implemented in each site. 3. The oblast RepHC will follow up on activities related to prenatal checkups and strengthen the capacity of obstetricians. 4. If the monitoring to be conducted at the end of 2022 confirms that the provided equipment is not being utilized, consideration will be given to moving the	・JICA Tajikistan Office commented that the provision of equipment from the JICA Office is an important input for improving the quality of medical services, but there are challenges in the maintenance and management. For new projects, the recommendations of the Deputy Minister's Monitoring Team will be taken into consideration in the project formulation process.

		equipment out of the target hospitals.	

Source：JCC Minutes of the Meeting

In addition, the dates, locations, and number of participants for each TWG meeting are as follows:

Table 42 TWG Meeting Schedule

TWG	Dates	Venue	Number of Participants	Main Participants
1	27 Sep. 2018	Meeting Room at Khatlon OHD	24	Khatlon OHD, Head of the target hospitals, Head of maternity of the target hospitals, JICA Tajikistan Office, JICA Experts (Project Team)
2	16 Feb. 2018	Same as above	24	Khatlon OHD, Head of the target hospitals, Head of maternity of the target hospitals, JICA Tajikistan Office, JICA Experts (Project Team)
3	22 Oct. 2018	Same as above	20	Khatlon OHD, Head of the target hospitals, Head of maternity of the target hospitals, JICA Tajikistan Office, JICA Experts (Project Team)
4	25 June 2019	Same as above	23	Khatlon OHD, Head of the target hospitals, Head of maternity of the target hospitals, JICA Tajikistan Office, JICA Experts (Project Team)
5	17 July 2021	Same as above	23	Khatlon OHD, Head of the target hospitals, Head of maternity of the target hospitals, JICA Tajikistan Office, JICA Experts (Project Team)

Source：TWG Minutes of the Meeting

The following table summarizes the presentations from the projects and comments from the Khatlon Oblast Health Department (OHD) at each TWG.

Table 43 Contents of TWG Meeting

	Presentation	Comments from Khatlon OHD	Remarks
1	Introduction of JICA Experts members and stakeholders, project overview, project organization, activity plan, and baseline survey methodology	Glad to see Khatlon Oblast continuously being supported.	-
2	Baseline survey results sharing, facility equipment survey results reporting, annual activities	・Without waiting for the Islamic Development Bank's support, the OHD would like JICA to develop an obstetric operating room at Nurek City Central Hospital ・OHD would like C-sections and aspiration deliveries to be performed actively at the district and city central hospital level ・Supervision activities to be carried out by Oblast Hospital staff.	The obstetric operating room in Nurek will be performed by the Islamic Development Bank. Facilitate the participation of oblast hospitals in supervision activities.
3	Report on activities for the past six months and plans for the next fiscal year	There are good examples of procured equipment.	Request from JICA Office staff to share training results after training in Japan.

4	Report on activities for the past six months, referral, discussion of S/S issues and solutions, planning for the next year	・ Equipment procurement and training have been completed, but the equipment is not being fully utilized. The Khatlon OHD would like the Project to conduct monitoring visits and ask for guidance. ・ The level of improvement in the services of the Baljuvon Central District Hospital is high in the eastern mountainous region. The number of health practitioners who handle delivery at the hospital is increasing.	・The first two years of the Project were period of investment through provision of equipment and training. While the latter two years will be a period of producing results.
5	Explanation of PDM revisions	・ The head of the Maternity Department of Nurek Hospital presented a case of neonatal death due to maternal COVID-19 infection. ・ The Head of Khovaling Central District Hospital commented that neonatal deaths could be prevented through antenatal checkups. The hospital director also suggested the need to strengthen PHC staff capacity. ・ Deputy Director of Khatlon OHD explained that even when pregnant women and newborns are referred to higher facilities, they are not treated appropriately due to lack of competence of specialists. ・ Khatlon OHD considers the utilization of provided medical equipment.	

Source：TWG Minutes of the Meeting

While the JCC meetings were the basic meetings for deciding the Project's policy, the Project also required in-depth discussions with the MOHSPP. The JICA Experts was required to consult with the MOHSPP before each activity, and to fill in the MOHSPP's own annual plan format and obtain the Minister's signature. In June 2018, a meeting was held between the JICA Experts and MOHSPP to discuss how to proceed with the project activities, with the attendance of JICA Tajikistan Office. At that meeting, both parties confirmed that the Project would complete the MOHSPP's annual planning format and obtain the Minister's signature, and that the daily coordinator of the Project would be the Director of the Maternal and Child Health Department, with the First Deputy Minister as the decision maker.

In May 2020, all ministers and deputy ministers of MOHSPP were replaced due to the COVID-19 pandemic. The Deputy Minister in-charge of this Project was also changed from First Deputy Minister to Deputy Minister in-charge of Maternal and Child Health. In line with this change, the counterpart (CP) for this Project had to be changed as well. In particular, changes were made to the

supervision work for Output 4. The new deputy minister issued a new MOHSPP decree that the supervision of district and city central hospitals would be carried out by personnel appointed by the Deputy. The meeting between the Project and MOHSPP was held in April 2022, again in the presence of the JICA Tajikistan Office, and it was confirmed that the supervision activities of the Project would be carried out in accordance with the MOHSPP Decree prepared by the new deputy minister.

Thus, there was a lack of recognition of the rules for MOHSPP's development partners and a change in MOHSPP's policy due to the change of ministers and deputy ministers, but in each case, both sides reached a better understanding through discussions between Project and MOHSPP in the presence of the JICA Tajikistan Office.

3.4 Lessons Learned

- Establish the relationship with MOHSPP
  In order to build a good relationship with the MOHSPP, the project scheme should be such that the MOHSPP can cooperate as much as possible in matters proposed by them. To do so, the JICA Experts should follow up with each main developing partner to find out what kind of activities they are conducting and what kind of structure they are using with MOHSPP to implement the Project.

- Activities in addition to training implementation are necessary for the technology to take root in the field.
  The first step in any activity is to conduct training, but the training packages are not sufficient to ensure understanding. The Project considered various ways to retain the skills in the field, and concluded that one of the best methods would be to provide the C/Ps with opportunities to reflect on cases they had actually experienced themselves. The Project searched for examples of case review sessions at the medical facilities in Tajikistan, and with the cooperation of a facilitator there, the JICA Experts introduced case review sessions at the project hospitals. As a result, the review of actual cases they had experienced provided an opportunity for serious discussion about their own care, leading to several good practices. Through this experience, the JICA Experts realized the importance of providing opportunities for reflection based on their own work in addition to conducting training.

- Careful consideration is needed when targeting districts that encompass large cities or districts with a shortage of human resources
  It is better not to target districts that encompass large cities such as Kushoniyon District. The

majority of the population uses medical facilities in large cities, making it difficult for the district to achieve results. In addition, although the Project targeted mountainous areas such as Baljuvon, Khovaling, and Muminobad, it was difficult to transfer technology for emergency medical care in places where 24-hour emergency care was not available to begin with. At the time of Project launch, no development partner was supporting these mountainous areas, and at the start of the Project, each hospital director promised to increase the number of staff, thus JICA implemented the Project, but the number of staff was not increased until the end, and the Project ended with no emergency system in place. Since the shortage of human resources is an important factor in the success or failure of project activities, JICA should target areas with the necessary human resources in the future.

4. Achievement of the Overall Goals After Project Completion

4.1 Plan of Operation and Implementation Structure of the Tajikistan Side to Achieve the Overall Goal

Chapter 2 of the National Health Strategy 2030, prepared by the MOHSPP in 2021, which is a review of overall health in Tajikistan during the previous National Health Strategy 2010-2020, indicates the following for maternal and child health. Targets are achievable if this trend continues in the future.

Significant progress has been made in improving maternal and child health indicators. The maternal mortality rate decreased from 97.7 per 100,000 live births in 1990 to 24.1 per 100,000 live births in 2018; from 2005 to 2017, the maternal mortality rate in Tajikistan decreased by 4.2% while the global maternal mortality rate decreased by 2.8%. The situation also improved for child health indicators: in 2017, the under-five mortality rate was 33 (vs. thousand live births) while the infant mortality rate was 24 (vs. thousand live births) (Demographic and Health Survey 2017).

In addition, the goals for the period up to 2030 include.

- Expanding access to comprehensive services for reproductive health, maternal, child, and adolescent health;
- Improved infrastructure and service delivery networks for maternal and child health services;
- Ensuring mechanisms to continuously improve the quality of services in PHC, obstetric and pediatric facilities;
- Reducing the prevalence of all forms of nutritional disorders (stunting, malnutrition, and obesity) by improving access to nutrition services with a focus on children under five years, adolescents, and women of reproductive age, and eliminating deficiencies of nutritional supplements, especially in children and women of reproductive age; and
- Expanding programs on early diagnosis of genetic disorders, identifying early children with various developmental disabilities and their families and expanding access to service delivery.

Organize systems, geographic accessibility, and quality of services related to prenatal screening for congenital heart disease and genetic malformations.

4.2 Prospects to Achieve Overall Goal and Recommendations for the Tajikistan Side

The project purposes were generally achieved during the project period from August 2017 to December 2022, as mentioned above.

Below are two indicators set for the overall goal of the Project "Health status of the pregnant women and newborn/infants in the target districts/cities of Khatlon Oblast is improved."

1. Infant mortality rate is decreased in the target districts/cities of Khatlon Oblast.
2. Maternal mortality rate is decreased in the target districts/cities of Khatlon Oblast.

Data for the above two indicators are available from the Khatlon Oblast Medical Statistics Department, and the JICA Experts will examine below the achievement of the overall goal for the next five to ten years for infant mortality and maternal mortality by looking at the data for 2017 and 2021.

For infant mortality rate (IMR), when comparing 2017 and 2021, there is a decrease in four districts and cities, namely: Khovaling, Muminobad, Kushoniyon, and Levakant; The mortality rate increased in Nurek and Baljuvon. The reason for the increase in Nurek's infant mortality rate from 13.8 to 18.1 may be due to the hospital's growing reputation and increase in severe cases. The general reputation of the hospital in Nurek has increased, as evidenced by the fact that it has been rated by supervisors as having the highest level of human resources, competence, and teamwork among the six target hospitals of the Project. However, this has led to the arrival of critically ill patients one after another, which in turn has led to an increase in mortality rate. However, this may be due to the fact that technology has not yet caught up with the newborn care that was previously provided by referrals after the installation of donated equipment. Baljuvon' s infant mortality rate also increased from 12.7 to 18.2, which may also due to the fact that after the installation of equipment, the hospital began to actively provide neonatal care at its own hospital, which had previously been referred, but the technology has not yet caught up.

As mentioned above, infant mortality rates have increased in Nurek and Baljuvon, but the JICA Experts believes that mortality rates will begin to decrease in the future. In Nurek, the renovation of the maternity ward by the Islamic Development Bank has begun in September 2022, and after the renovation, care will be provided in a larger space with more efficient flow lines. It will take time for Baljuvon to become confident in its care as it begins to implement neonatal care, but after that, the JICA Experts believes it is possible to decrease the number of cases.

Table 44 Change in Infant Mortality and Maternal Deaths, by Target Hospital between 2017 and 2021

	Year	Nurek	Baljuvon	Khovaling	Muminobad	Kushoniyon	Levakant
Infant Mortality Rate (per 1,000 LB)	2017	13.8	12.7	18.7	22.1	17.4	29.4
	2021	18.1	18.2	11.9	14.9	8.4	24.1
Number of Maternal Deaths	2017	0	1	0	0	0	0
	2021	0	1	0	0	3	2

Source: Medical Statistical Department Khatlon OHD

For maternal deaths, the JICA Experts decided to record only the number of deaths because a single difference in the numerator to the denominator (per 100,000 births) would appear as a large difference if the percentage were taken. In 2017, there was only one death overall, but in 2021, six deaths occurred. In 2021, three deaths occurred in Kushoniyon, which was taken seriously and the director was removed from the hospital. At that time, the Kushoniyon Central District Hospital was confused in management because of the following reasons: 1) Kushoniyon received maternity staff from Vakhsh District Central Hospital, which was demolished to make way for the new building. 2) The maternity department staff in Kushoniyon had to reorganize roles and responsibilities with the Vakhsh staff. 3) COVID-19 is still spreading, and the maternity department had to move to different location for normal delivery service. Therefore, the JICA Experts believes that the three maternal deaths in 2021 were due to management confusion rather than lack of staff knowledge and skills. Therefore, the JICA Experts does not believe that maternal deaths will continue to increase after the Project is completed.

However, it is easy to imagine that a sudden event such as an infectious disease outbreak would continue to have a significant impact on district level hospitals, which usually have health care systems that are not solid, and could pose a risk to achieving the overall goal.

Below a list of recommendations for achieving the overall goal from each of the project's outputs.

- Recommendations from equipment maintenance activities for Output 1

Although improvements in equipment maintenance were seen in all hospitals, some hospitals showed significant improvements while some hospitals showed little improvement. The characteristics of hospitals with improvement are summarized below.

1. The hospital director has leadership and is interested in equipment maintenance.
2. The Maternity Department is well controlled and active.
3. There is a sense of responsibility of the person in-charge of equipment maintenance, and motivation for maintenance.

In order to sustainably carry out appropriate equipment maintenance at the hospitals, it is important not only to carry out equipment maintenance, but also to pass on the skills and knowledge of the entire hospital, and to create a system and rules for that purpose. To prevent equipment malfunctions, not only those in-charge but also the medical staff who use the equipment need to understand how to properly use and manage the equipment. The manager is also required to provide appropriate encouragement to hospital staff. To maintain the motivation of staff in the maintenance and management, training and monitoring should be continued. Sustainable and appropriate equipment maintenance can be achieved by the hospital director by deeply recognizing the importance of equipment maintenance and building a system to properly maintain and manage medical equipment throughout the hospital.

- Recommendations from the activities of perinatal case review of the Output 2

Although the perinatal case review was an activity that was incorporated only in the central hospitals of Nurek, Kushoniyon, and Levakant, where meetings could be held, the JICA Experts observed the efforts of the maternity department staff in each hospital after the case review, and conclude that such an initiative is effective in Tajikistan.

The reasons for this are as follows:
(i) Although various training programs were conducted, few differences in subsequent performance could be seen only from the training program. The JICA Experts (Project Team) assumes that it is difficult to learn and understand the difference in performance after holding a case study session unless the session is specific and based on their own actual experiences. Since the case study group handled actual cases and were the participants themselves, they were able to discuss in detail what kind of care was lacking and what observations were insufficient.
(ii) Before the perinatal case review meeting was held, the idea of continuity of care for pregnant women and newborns did not prevail. Pregnant women and deliveries were clearly divided into two groups: obstetricians and midwives were in-charge of pregnant women and deliveries, and neonatologists and neonatal nurses were in-charge of the care of newborns once they are born. Therefore, at the starting stage of the case review meetings, the attitude was that only those in-charge of the pregnant woman should be involved in matters related to her. However, after the case review meetings were held under the term "perinatal," it became possible to consider whether there had been any problems during the previous pregnancy, even if the problem was with the newborn baby.

- Recommendations from the activities of PHC monitoring of the Output 3

The monitoring system from district RepHC to PHC had been well established and the monitoring

had been conducted regularly even before the project intervention.
The Project has worked on capacity building on supervisory skills such as analysis of monitoring result and feedback; and teaching method to PHC staff.
In order to continuously conduct PHC monitoring with Plan-Do-Check-Action cycle approach, the following recommendations are made:

- ✓ The involvement of the national supervisor is essential. To do so, it is inevitable to include travel allowance and transport costs in the government budget. The National RepHC is advised to include the organization of monitoring result review meeting and supervisory visit to the region in the annual work plan as well as to claim necessary expenses to the government.
- ✓ Under the situation where the travel of the national supervisor is limited due to budgetary constraints, it is proposed to involve the regional RepHC in the compilation and analysis of monitoring results. In the future, it is necessary to strengthen the capacity on result analysis and feedback skill for oblast supervisors and develop the system to provide appropriate antenatal care instruction to PHC staff.

- Recommendations from the activities of supportive supervision of the Output 4

Recommendations for achieving the project overall goal through supervision implementation are as follows:

- ✓ Supervision should continue to be provided by the same supervisors as far as possible and capacity building for supervisors should be also continued regularly. According to the supervisor's assessment result, neonatologist and midwife performed well, while Ob/Gyn test results were varied. The result was analyzed that some supervisors (Ob/Gyn) were replaced and new supervisor had to be re-trained, whereas same supervisors in neonatologist and midwife had been engaged until the end.
- ✓ The regular involvement of the same supervisor in the target central district hospital contributed in building mutual trust relationship with the maternity department staff. This makes it possible to continuously provide support for complicated and urgent cases. Further, have communication by phone and online between supervision visits. It is therefore important that the same supervisor will be responsible for the target districts as long as possible. As mentioned before, it is essential for the national supervisors to budget for per diem and travel expenses to continue the supportive supervision visit in the region. However, it takes time to secure the budget, hence it is recommended to introduce and utilize a tool (format) which will allow to monitor and confirm the progress of QI Action Plan and follow-up issues.

4.3 Monitoring Plan from the End of the Project to Ex-post Evaluation

Ex-post project evaluation monitoring will be conducted by looking at the changes in the overall goals in three to five years after the Project ends. Items will also be monitored to see if equipment maintenance activities, perinatal case review meetings, supervision to PHC facilities, and supervision to the district/city central hospital maternity department are implemented according to the aforementioned recommendations.

Attachment 1: Project Design Matrix ver.0 Eng

Project Design Matrix

Project title (Duration): Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (Month 2016-Month 2020,Tentative)
Target Areas: Norak city, Baljuvon district, Khovaling district, Muninobad district, Bokhtal district, and Sarband city in Khatlon Oblast
Target Group: Direct beneficiaries
Health officials in Health Department of Khatlon Oblast Government
Health professionals for maternal and child health care in the following
- Central District/City Hospitals
- Numeral hospitals
- Primary Health Care facilities

Indirect beneficiaries
Reproductive age women and infants in the target districts/cities

Version 0

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal Maternal, newborn and infant health (MNI) status is improved in the target districts/cities in Khatlon Oblast.	1. Infant mortality rate in target districts/cities is decreased in Khatlon Oblast. 2. Number of maternal mortality in target districts/cities is decreased in Khatlon Oblast.	- Annual reports from Medical Statistics of Khatlon	
Project Purpose MNI health system in the target districts/cities in Khatlon Oblast is strengthened.	- Both percentage of institutional delivery and number of delivery at central district/city hospital in the target areas are increased. - Mortality number of both newborn and stillbirth at central district/city hospital is decreased. - Number of maternal and neonatal referral cases from central district/city hospital to upper level is decreased.	- Medical statistics of Khatlon - Baseline survey and Data collection sheet (planned to be developed by the project)	- National health policy and local health administration do not significantly change. -No serious diseases outbreak affecting maternal and child death occur.
Expected Outputs			
Output 1. The functions of the maternity departments and pediatric departments of the central district/city hospitals and numeral hospitals are improved.	- "Operation and maintenance sheet*" is duly observed at physically supported hospitals. *Operation and maintenance sheet was developed and utilized for regular maintenance of the equipment during the project phase I.	- Operation and maintenance sheet	- Health professionals who received trainings do not leave their positions so as to affect the outputs of the Project. - Tajik side properly allocates necessary budget and distribute personnel for the project
Output 2. Knowledge and skills on MNI care of health professionals are strengthened.	- Percentage of delivery record precisely described partogram is increased. - Percentage of "Form 111" (Record form for pregnant and postpartum woman) precisely described both body mass	- Project progress report - Baseline survey and Monitoring score	

Attachment 1: Project Design Matrix ver.0 Eng

	index and blood pressure is increased. - Number of examples of good practice as a result of critical case review is increased.	sheet (planned to be developed by the project)	activities.
Output 3. Referral system for MNI care is strengthened between primary and secondary level health care facilities. .	- Number of good and challenging practices on MNI referral system is increased.	- Project progress report	
Output 4. Capacity to manage on MNI care is strengthened in Health Department of Khatlon Oblast Government.	- Number of supervisory visit to primary health care facilities is increased. - Monitoring score is improved.	- Project progress report - Monitoring score sheet (planned to be developed by the project)	

Activities	Inputs	Precondition
Output 1. 1.1. To conduct study on the necessity of medical equipment and basic facilities/small infrastructures at the central district/city hospitals and/or the numeral hospitals 1.2. To provide medical equipment and facilities to the central district/city hospitals and the numeral hospitals 1.3. To conduct trainings on maintenance of medical equipment and facilities for the central district/city hospitals and the numeral hospitals 1.4. To rehabilitate or to renovate basic facilities/small infrastructures of the central district/city hospitals and/or the numeral hospitals in follow of the result of the survey 1.5. To revise the "Operation and maintenance sheet" developed and utilized during the Phase I of the project to accord with facility rehabilitation and renovation Output 2. 2.1. To develop data collection sheet on the indicators 2.2. To conduct baseline survey using the data collection sheet 2.3. To conduct trainings on MNI care including emergency obstetric and neonatal care at the central district/city hospitals 2.4. To conduct maternal critical case review at the central district/city hospitals 2.5. To conduct neonatal death and critical case review at the central district/city hospitals 2.6. To conduct stillbirth case review at the central district/city hospitals 2.7. To conduct trainings on antenatal care and postnatal care including referral cases at primary health care facilities (e.g. Mother and Child Health Handbook)	(Japanese Side) 1.Dispatch of JICA Experts -Chief Advisor -Project Coordinator -Health Systems -Maternal and Child Health -Neonatal Care -Medical Equipment and Facilities -Others 2.International Trainings (in Japan/third country(ies)) and In-country Trainings 3.Provision of Equipment 4.Rehabilitation and renovation of basic facilities/small infrastructures 5.Overseas Activity Costs (Tajik Side) 1. Assignment of counterpart and administrative personnel (1) Project Director (2) Project Manager (3) Other counterpart and administrative personnel 2. Facilities, equipment and materials -Suitable office space with necessary equipment	Political and security situation is stable.

Attachment 1: Project Design Matrix ver.0 Eng

Output 3. 3.1. To establish MNI referral working group between primary and secondary level health care facilities 3.2. To conduct regular meetings on result sharing of the case review meetings between primary and secondary level health care facilities 3.3. To extract good and challenging practices on MNI referral system from the meetings 3.4. To work out the MNI referral model and submit it to Ministry of Health and Social Protection of the Population as a policy recommendation Output 4. 4.1. To review current monitoring system at Oblast/district level 4.2. To establish MNI care management team at Oblast level 4.3. To develop annual training plan on MNI care at Oblast level 4.4. To establish district monitoring teams on MNI care activities 4.5. To develop monitoring score sheet on MNI care for primary health care facilities and numeral hospitals 4.6. To conduct supportive supervision to central district/city hospitals by the Oblast MNI care management team 4.7. To conduct supportive supervision to primary health care facilities and numeral hospitals by the district monitoring team (including usage of Mother and Child Health Handbook) 4.8. To conduct regular meetings between Oblast MNI care management team and district monitoring teams 4.9. To present/publish the findings from the project activities at international/domestic conferences (meetings)/journals	-Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA 3.Local Cost - Means of transport and travel allowances for the JICA experts for official travel within Tajikistan - Running expenses necessary for the implementation of the Project	

Attachment 1: Project Design Matrix ver.0 Rus

Матрица плана реализации проекта

Наименование проекта (продолжительность): Проект по улучшению системы охраны здоровья матери и ребенка в Хатлонской области, 2 Фаза (месяц 2016 - месяц 2020, приблизительно)

Целевые зоны: город Нурек, Бальджуванский район, Ховалингский район, Муминабадский район, Бохтарский район и город Сарбанд Хатлонской области

Целевая группа проекта: Прямые бенефициары:

Персонал областного управления здравоохранения Хатлонской области

Медицинские работники отделений, оказывающих услуги охраны здоровья матери и ребёнка нижеследующих учреждений:

- Центральные районные/ городские больницы (ЦРБ)
- Номерные больницы
- Учреждения ПМСП

Косвенные бенефициары:

Женщины репродуктивного возраста и младенцы, проживающие в целевых районах/ городах

Версия 0

Описательное резюме проекта	**Индикаторы, допускающие объективную проверку**	**Средства проверки**	**Важные предположения**
<u>Основная цель</u> **Улучшено состояние здоровья матерей, новорожденных и младенцев (МНМ) в целевых районах/ городах Хатлонской области**	1. В целевых районах/городах Хатлонской области снижен коэффициент младенческой смертности. 2. В целевых районах Хатлонской области снижен коэффициент материнской смертности.	- Ежегодные отчёты Центра медицинской статистики и информации в Хатлонской области	
<u>Задача проекта</u> **Укреплена система охраны здоровья матерей, новорожденных и младенцев (МНМ) в целевых районах/городах Хатлонской области**	- Процент родов, проведенных в медицинских учреждениях, <u>и</u> число родов в центральных районных/ городских больницах_целевых районов увеличились. - Уровни материнской и младенческой смертности, а также мертворождений в центральных районных/ городских больницах снижены. - Снижено количество перенаправлении акушерских и неонатальных случаев из центральной районной/ городской больницы на вышестоящий уровень	- Информация и статистические данные по Хатлонской области - Базовое исследование / обследование и таблицы сбора данные (запланировано, что они будут разработаны в рамках проекта)	- Национальная политика здравоохранения и местное управление в сфере здравоохранения не предполагают значительных изменений - Не ожидаются вспышки серьёзных заболеваний, которые могут оказать значительное влияние на материнскую и

			детскую смертность
Ожидаемые промежуточные результаты			
Промежуточный Результат № 1: **Улучшено функционирование родильных и педиатрических отделений центральных районных/городских и номерных больниц.**	- Все больницы, получившие физическую поддержку, должным образом ведут табель "эксплуатации и технического обслуживания оборудования". * Лист эксплуатации и технического обслуживания был разработан и использован для регулярного технического обслуживания оборудования на первой фазе проекта.	- Табель эксплуатации и технического обслуживания	- Медицинские сотрудники, прошедшие обучение, не покидают свои должности, чтобы повлиять на результаты проекта - Таджикская сторона должным образом выделяет необходимый бюджет и распределяет персонал для проектной деятельности.
Промежуточный результат № 2: **Укреплены знания и навыки медицинских сотрудников в области охраны здоровья МНМ**	- Повышен процент родов с точным описанием течения партограммой. - Повышен процент использования формы 111 (форма учёта беременных женщин и женщин в послеродовом периоде), точно описывающей такие данные как индекс массы тела и кровяное давление. - Повышено количество примеров надлежащей практики в результате разбора критических случаев	- Отчёт о ходе реализации проекта - Базовое исследование / обследование и балльная таблица мониторинга (запланировано, что таблица будет разработана в рамках проекта)	
Промежуточный результат № 3: **Усилена система перенаправления между медицинскими учреждениями первичного и вторичного звена для оказания помощи МНМ**	- Повышено число примеров надлежащей и сложной практики в системе перенаправлении, связанных с МНМ3	- Отчёт о ходе реализации проекта	
Промежуточный результат № 4: **В областном управлении здравоохранения органов исполнительной власти Хатлонской области укреплен потенциал управления оказанием услуг по охране здоровья МНМ**	- Увеличено количество кураторских посещений в учреждения первичной медико-санитарной помощи. - Улучшены показатели мониторинга (баллы)	- Отчёт о ходе реализации проекта - Балльная таблица мониторинга (запланировано, что таблица будет разработана в	

		рамках проекта)	
Деятельность 1) Промежуточный результат № 1 1.1. Проведение исследования касательно необходимости медицинского оборудования и базовых приспособлений/ небольших инфраструктурных объектов в центральных районных/ городских и/или номерных больницах. 1.2. Поставка медицинского оборудования и приспособлений в центральные районные/ городские и номерные больницы. 1.3. Проведение обучения касательно технического обслуживания медицинского оборудования и приспособлений для центральных районные/ городские и номерные больницы. 1.4. Восстановление или ремонт основных сооружений/ небольших инфраструктурных объектов центральных районных/городских и/или номерных больниц вследствие результатов исследования 1.5. Пересмотр листа функционирования и техобслуживания, разработанного и использованного в ходе Фазы 1 проекта, для соответствия с восстановлением и ремонтом учреждения 2) Промежуточный результат № 2 2.1. Разработка таблицы для сбора данных по индикаторам. 2.2. Проведение базового исследования с использованием листа сбора данных. 2.3. Проведение курсов обучения по ОЗМНМ, включая неотложную акушерскую помощь и неонатальный уход в центральных районных/ городских больницах. 2.4. Проведение разборов критических акушерских случаев	**Вклады сторон:** (Японская сторона) 1. Предоставление экспертов ЯАМС(JICA) - Главный советник; - Координатор проекта; - Специалист по вопросам систем здравоохранения; - Специалист по вопросам охраны здоровья матери и ребенка; - Специалист по неонатальной помощи; - Специалист по медицинскому оборудованию и сооружениям; - Другие 2. Международные тренинги (в Японии/ третьей стране(ах)) и местные (национальные) тренинги 3. Предоставление оборудования 4. Восстановление и ремонт основных сооружений/ небольших объектов инфраструктуры 5. Затраты на деятельность за пределами страны (Таджикская сторона) 1. Назначение специалистов-партнеров со стороны министерства и административного персонала: (1) Директора проекта (2) Менеджера проекта (3) Других сотрудничающих специалистов и административный персонал 2. Помещения, оснащение и материалы - Подходящие офисные помещения с необходимым оборудованием - Поставка или замена оборудования, принадлежностей, инструментов, транспортных средств, запасных частей и других материалов, необходимых для реализации Проекта, за исключением оборудования и техники, поставляемой ЯАМС/JICA 3. Местные расходы - Транспортные средства и командировочные для экспертов ЯАМС(JICA) в ходе их	Предварительное условие Политическая ситуация и аспекты безопасности находится в стабильном состоянии

в центральных районных/ городских больницах. 2.5. Проведение разборов случаев неонатальной смертности и критических случаев в центральных районных/ городских больницах. 2.6. Проведение разборов случаев мертворождений в центральных районных/ городских больницах. 2.7. Проведение курсов обучения по антенатальной и постнатальной помощи, включая вопросы перенаправления от учреждений первичного звена (например, справочник по охране здоровья матери и ребенка) 3) Промежуточный результат № 3 3.1. Создание рабочей группы по вопросам перенаправлений МНМ между учреждениями первичного и вторичного звена. 3.2. Проведение регулярных встреч, посвященных обсуждению результатов разборов критических случаев между учреждениями первичного и вторичного звена. 3.3. Выделение передовой и перспективной практики в области системы перенаправлений по вопросам МНДЗ. 3.4. Разработка модели перенаправлений в области ЗМНМ и представление на рассмотрение в МЗСЗН РТ как программной рекомендации. 4) Промежуточный результат № 4 4.1 Обзор существующей системы мониторинга на областном/ районном уровне 4.2. Создание группы управления вопросами охраны МНМЗ на областном уровне 4.3. Разработка годового плана тренингов по охране МНМЗ на областном уровне 4.4. Создание районных групп мониторинга деятельности по охране МНМЗ 4.5. Разработка балльного листа мониторинга по охране	официальных поездок по Республике Таджикистан - Текущие расходы, необходимые для реализации Проекта	

МНМЗ для учреждений первичного звена и номерных больниц 4.6. Осуществление поддерживающего кураторства центральных районных/городских больниц со стороны областной группы управления вопросами охраны МНМЗ 4.7. Осуществление поддерживающего кураторства учреждений первичного звена и номерных больниц со стороны районных групп мониторинга (включая использования справочника по охране здоровья матери и ребенка) 4.8. Проведение регулярных встреч между областной группой управления вопросами охраны МНМЗ и районными группами мониторинга 4.9. Презентация/ публикация результатов проектной деятельности на международных/ местных конференциях (заседаниях) / журналах		

Attachment 1: Project Design Matrix ver.1 Eng

Project Design Matrix

Project title (Duration): Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (August 2017 – December 2022)
Target Areas: Norak city, Baljuvon district, Khovaling district, Muninobad district, Kushoniyon district, and Levakant city in Khatlon Oblast
Target Group: Direct beneficiaries
National Supervisors, Health officials in Health Department of Khatlon Oblast Government, District/City Reproductive Health Center
Health professionals for maternal and child health care in the following
- Central District/City Hospitals
- Primary Health Care facilities in Nurek and Levakant

Indirect beneficiaries
Reproductive age women and infants in the target districts/cities

Version 1

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal Maternal, newborn and infant health (MNI) status is improved in the target districts/cities in Khatlon Oblast.	1. Infant mortality rate in target districts/cities is decreased in Khatlon Oblast. 2. Number of maternal mortality in target districts/cities is decreased in Khatlon Oblast.	- Annual reports from Medical Statistics of Khatlon	
Project Purpose MNI health system in the target districts/cities in Khatlon Oblast is strengthened.	- Both percentage of institutional delivery and number of delivery at central district/city hospital in the target areas are increased. - Mortality number of both newborn and stillbirth at central district/city hospital is decreased. - Number of maternal and neonatal referral cases from central district/city hospital to upper level is decreased.	- Medical statistics of Khatlon - Baseline survey and Data collection sheet (planned to be developed by the project)	- National health policy and local health administration do not significantly change. -No serious diseases outbreak affecting maternal and child death occur.
Expected Outputs			
Output 1. The functions of the maternity departments and pediatric departments of the central district/city hospitals are improved.	- "Operation and maintenance sheet*" is duly observed at physically supported hospitals. - The water supply situation in the maternity departments is improved in Kushoniyon and Levakant. *Operation and maintenance sheet was developed and utilized for regular maintenance of the equipment during the project phase I.	- Operation and maintenance sheet	- Health professionals who received trainings do not leave their positions so as to affect the outputs of the Project. - Tajik side properly allocates necessary budget and distribute personnel for the project activities.
Output 2. Knowledge and skills on MNI care of health professionals are strengthened.	- Percentage of delivery record precisely described partogram is increased. - Percentage of "Form 029" (Record form for pregnant and postpartum woman) precisely described both body mass	- Project progress report - Baseline survey and Monitoring score	

Attachment 1: Project Design Matrix ver.1 Eng

	index and blood pressure is increased. - Number of examples of good practice as a result of critical case review is increased.	sheet (planned to be developed by the project)	No serious disease outbreak significantly affecting outputs.
Output 3. Referral system for MNI care is strengthened between primary and secondary level health care facilities. .	- Number and rate of referral from Primary Health Care (PHC) facilities to the central district hospitals are increased.	- Project progress report - Checklist for ANC introduced by the Project	
Output 4. Capacity of supervisors for the target district hospitals is enhanced on MNI care.	- Evaluation score of supervisor's performance is improved	- Project progress report - Monitoring score sheet (planned to be developed by the project) - Evaluation sheet for supervisor	
Activities	Inputs		Precondition
Output 1. 1.1. To conduct study on the necessity of medical equipment and basic facilities/small infrastructures at the central district/city hospitals 1.2. To provide medical equipment and facilities to the central district/city hospitals 1.3. To conduct trainings on maintenance of medical equipment and facilities for the central district/city hospitals 1.4. To rehabilitate or to renovate basic facilities/small infrastructures of the central district/city hospitals 1.5. To revise the "Operation and maintenance sheet" developed and utilized during the Phase I of the project Output 2. 2.1. To develop data collection sheet on the indicators 2.2. To conduct baseline survey using the data collection sheet 2.3. To conduct trainings on MNI care including emergency obstetric and neonatal care at the central district/city hospitals 2.4. To conduct following case reviews; maternal critical case, neonatal death and critical case, and stillbirth. Output 3. 3.1. To conduct supervision trainings on antenatal care (ANC) to district /city reproductive health center (RepHC) 3.2. To conduct trainings on ANC (including referral case and usage of Mother	(Japanese Side) 1.Dispatch of JICA Experts -Chief Advisor -Project Coordinator -Health Systems -Maternal and Child Health -Neonatal Care -Medical Equipment and Facilities -Others 2.International Trainings (in Japan/third country(ies)) and In-country Trainings 3.Provision of Equipment 4.Rehabilitation and renovation of basic facilities/small infrastructures 5.Overseas Activity Costs (Tajik Side) 1. Assignment of counterpart and administrative personnel (1) Project Director (2) Project Manager (3) Other counterpart and administrative personnel		Political and security situation is stable.

and Child Health Handbook) to PHC health worker (Nurek and Levakant city) 3.3. To develop and introduce the supervision checklist (Nurek and Levakant city) 3.4. To conduct ANC supportive supervision for PHC by district RepHC supervisor 3.5. To share referral information (including good practice and lesson learnt) between central district hospitals and PHC facilities at the regular meeting (Nurek and Levakant city) 3.6. To submit the final version of ANC supervision checklist for PHC and pilot model of good referral system to MOHSPP Output 4. 4.1. To review current monitoring system at Oblast/district level 4.2. To develop Terms of reference (ToR) and evaluation sheet for national supervisor 4.3. To conduct maternal and neonatal supervision training to national supervisor 4.4. To conduct supportive supervision to central district/city hospitals by the national supervisors 4.5. To assist development and implementation of central district/city hospital internal training plan based on Quality Improvement Action Plan by national supervisors 4.6. To finalize and submit the supportive supervision package[1] to MOHSPP 4.7. To present/publish the findings from the project activities at international/domestic conferences (meetings)/journals	2. Facilities, equipment and materials -Suitable office space with necessary equipment -Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA 3.Local Cost - Means of transport and travel allowances for the JICA experts for official travel within Tajikistan - Running expenses necessary for the implementation of the Project	

[1] The package includes supervision score sheet, Terms of Reference (ToR) for supervisor, evaluation sheet for supervisor.

Attachment 1: Project Design Matrix ver.1 Rus

Матрица плана реализации проекта

Наименование проекта (продолжительность): Проект по улучшению системы охраны здоровья матери и ребенка в Хатлонской области, 2 Фаза (август 2017 – декабрь 2022)

Целевые зоны: город Норак, Бальджуванский район, Ховалингский район, Муминабадский район, район Кушониён и город Левакант Хатлонской области

Целевая группа проекта: Прямые бенефициары

Национальные клинические кураторы (супервайзеры), Персонал областного управления здравоохранения Хатлонской области, районный/городской центр репродуктивного здоровья

Медицинские работники отделений, оказывающих услуги охраны здоровья матери и ребёнка нижеследующих учреждений

- Центральные районные/ городские больницы (ЦРБ)
- Учреждения ПМСП городов Норак и Левакант

Косвенные бенефициары:

- Женщины репродуктивного возраста и младенцы, проживающие в целевых районах/ городах

Версия 0

Описательное резюме проекта	Индикаторы, допускающие объективную проверку	Средства проверки	Важные предположения
Основная цель **Улучшено состояние здоровья матерей, новорожденных и младенцев (МНМ) в целевых районах/ городах Хатлонской области**	1. В целевых районах/городах Хатлонской области снижен коэффициент младенческой смертности. 2. В целевых районах Хатлонской области снижен коэффициент материнской смертности.	- Ежегодные отчёты Центра медицинской статистики и информации в Хатлонской области	
Задача проекта **Укреплена система охраны здоровья матерей, новорожденных и младенцев (МНМ) в целевых районах/городах Хатлонской области**	- Процент родов, проведенных в медицинских учреждениях, и число родов в центральных районных/ городских больницах целевых районов увеличились. - Уровни материнской и младенческой смертности, а также мертворождений в центральных районных/ городских больницах снижены . - Снижено количество перенаправлений акушерских и неонатальных случаев из центральной районной/ городской больницы на вышестоящий уровень	- Информация и статистические данные по Хатлонской области - Базовое исследование / обследование и таблицы сбора данные (запланировано, что они будут разработаны в рамках проекта)	- Национальная политика здравоохранения и местное упраление в сфере здравоохранения не предполагают значительных изменений Не ожидаются вспышки серьёзных заболеваний, которые могут оказать значительное влияние на материнскую и детскую смертность

Attachment 1: Project Design Matrix ver.1 Rus

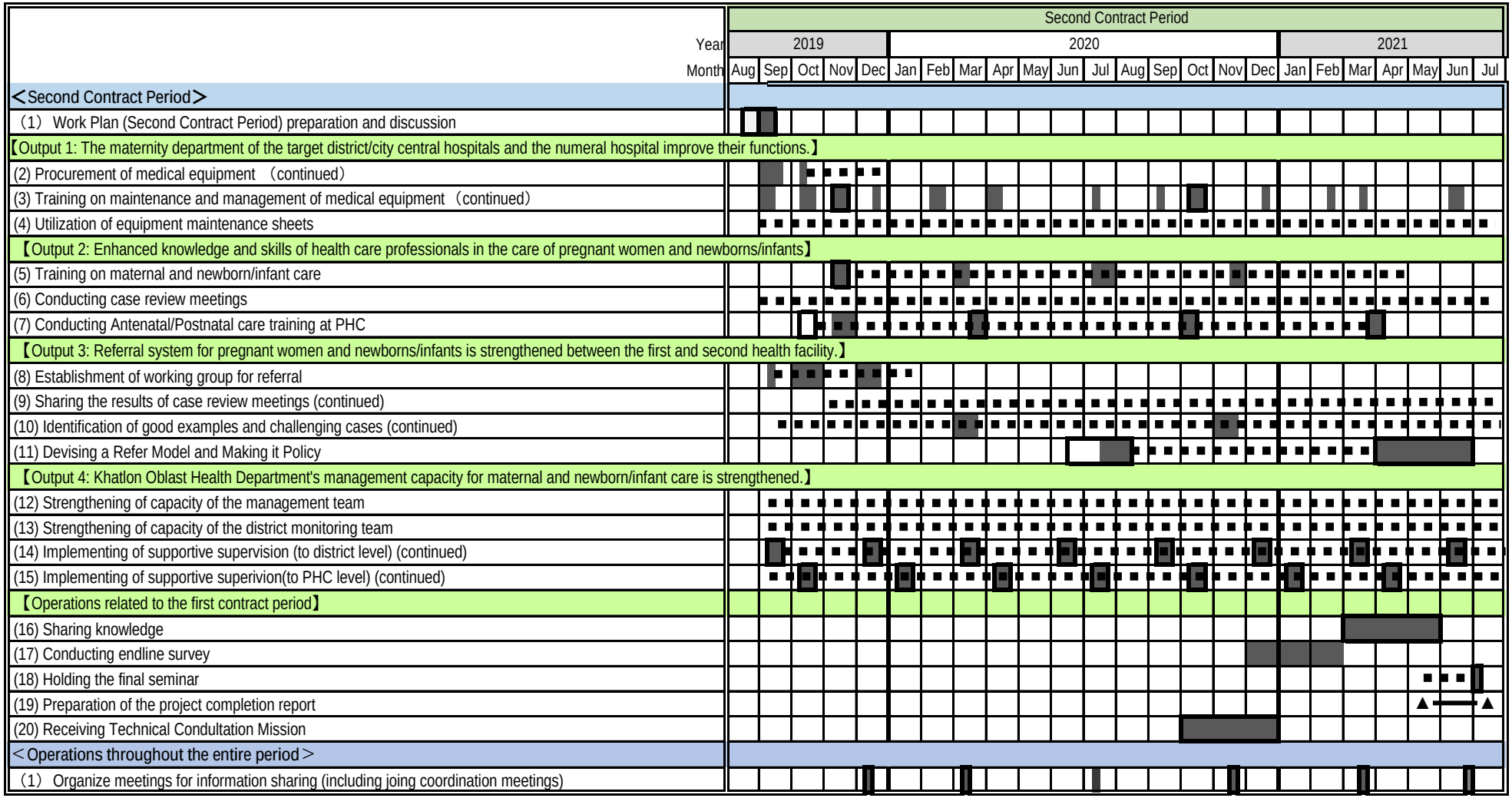
Ожидаемые промежуточные результаты			
Output 1. **Промежуточный результат № 1:** **Улучшено функционирование родильных и педиатрических отделений центральных районных/городских больниц**	"Все больницы, получившие физическую поддержку, должным образом ведут табель "эксплуатации и технического обслуживания оборудования". - Улучшилась ситуация с водоснабжением в родильных отделениях района Кушониён и г. Левакант *Лист эксплуатации и технического обслуживания был разработан и использован для регулярного технического обслуживания оборудования на первой фазе проекта.	- Табель эксплуатации и технического обслуживания	- Медицинские сотрудники, прошедшие обучение, не покидают свои должности, чтобы повлиять на результаты проекта Таджикская сторона должным образом выделяет необходимый бюджет и распределяет персонал для проектной деятельности.
Промежуточный результат № 2: **Укреплены знания и навыки медицинских сотрудников в области охраны здоровья МНМ**	- Повышен процент родов с точным описанием течения (партограммой). - Повышен процент использования формы 029 (форма учёта беременных женщин и женщин в послеродовом периоде), точно описывающей такие данные как индекс массы тела и кровяное давление. - Повышено количество примеров надлежащей практики в результате разбора критических случаев	- Отчёт о ходе реализации проекта - Базовое исследование / обследование и балльная таблица мониторинга (запланировано, что таблица будет разработана в рамках проекта)	
Промежуточный результат № 3: **Усилена система перенаправления между медицинскими учреждениями первичного и вторичного звена для оказания помощи МНМ** .	- Увеличивается количество и частота направления из учреждений первичной медико-санитарной помощи (ПМСП) в центральную районную больницу.	Отчёт о ходе реализации Контрольный список (чек лист) по антенатальной помощи, введенный Проектом	
Промежуточный результат № 4. **Расширяется потенциал клиническиих кураторов целевых районных больниц по уходу за матерями и новорожденными.**	- Улучшена работа клинического куратора	- Отчёт о ходе реализации Балльная таблица мониторинга (запланировано, что таблица будет разработана в рамках проекта Оценочный лист для коинического	

Attachment 1: Project Design Matrix ver.1 Rus

		куратороа	
Деятельность, запланированная в рамках проекта	**Вклады сторон:**		Предварительное условие
Промежуточный результат № 1. 1.1. Проведение исследования касательно необходимости медицинского оборудования и базовых приспособлений/ небольших инфраструктурных объектов в центральных районных/ городских и больницах 1.2. Поставка медицинского оборудования и приспособлений в центральные районные/ городские больницы 1.3. Проведение обучения касательно технического обслуживания медицинского оборудования и приспособлений для центральных районные/ городские больницы 1.4. Восстановление или ремонт основных сооружений/ небольших инфраструктурных объектов центральных районных/городских больниц 1.5. Пересмотр листа функционирования и техобслуживания, разработанного и использованного в ходе Фазы 1 проекта **Промежуточный результат № 2**. 2.1. Разработка таблицы для сбора данных по индикаторам. 2.2. Проведение базового исследования с использованием листа сбора данных. 2.3. Проведение курсов обучения по ОЗМНМ, включая неотложную акушерскую помощь и неонатальный уход в центральных районных/ городских больницах. 2.4. Провести следующие анализы случаев: критический случай в акушерстве (здоровье женщин),ранняя неонатальная смертность и критический случай в неонатологии (здоровье новорожденных), а также случаи мертворождения **Промежуточный результат №** 3. 3.1. Провести тренинги по мониторингу дородовой помощи (ДП) в	(Японская сторона) 1. Предоставление экспертов ЯАМС(JICA) - Главный советник; - Координатор проекта; - Специалист по вопросам систем здравоохранения; - Специалист по вопросам охраны здоровья матери и ребенка; - Специалист по неонатальной помощи; - Специалист по медицинскому оборудованию и сооружениям; - Другие 2. Международные тренинги (в Японии/ третьей стране(ах)) и местные (национальные) тренинги 3. Предоставление оборудования 4. Восстановление и ремонт основных сооружений/ небольших объектов инфраструктуры 5. Затраты на деятельность за пределами страны (Таджикская сторона) 1. Назначение специалистов-партнеров со стороны министерства и административного персонала: (1) Директора проекта (2) Менеджера проекта (3) Других сотрудничающих специалистов и административный персонал 2. Помещения, оснащение и материалы - Подходящие офисные помещения с необходимым оборудованием - Поставка или замена оборудования, принадлежностей, инструментов, транспортных средств, запасных частей и других материалов, необходимых для реализации Проекта, за исключением оборудования и техники, поставляемой	Политическая ситуация и аспекты безопасности находится в стабильном состоянии.

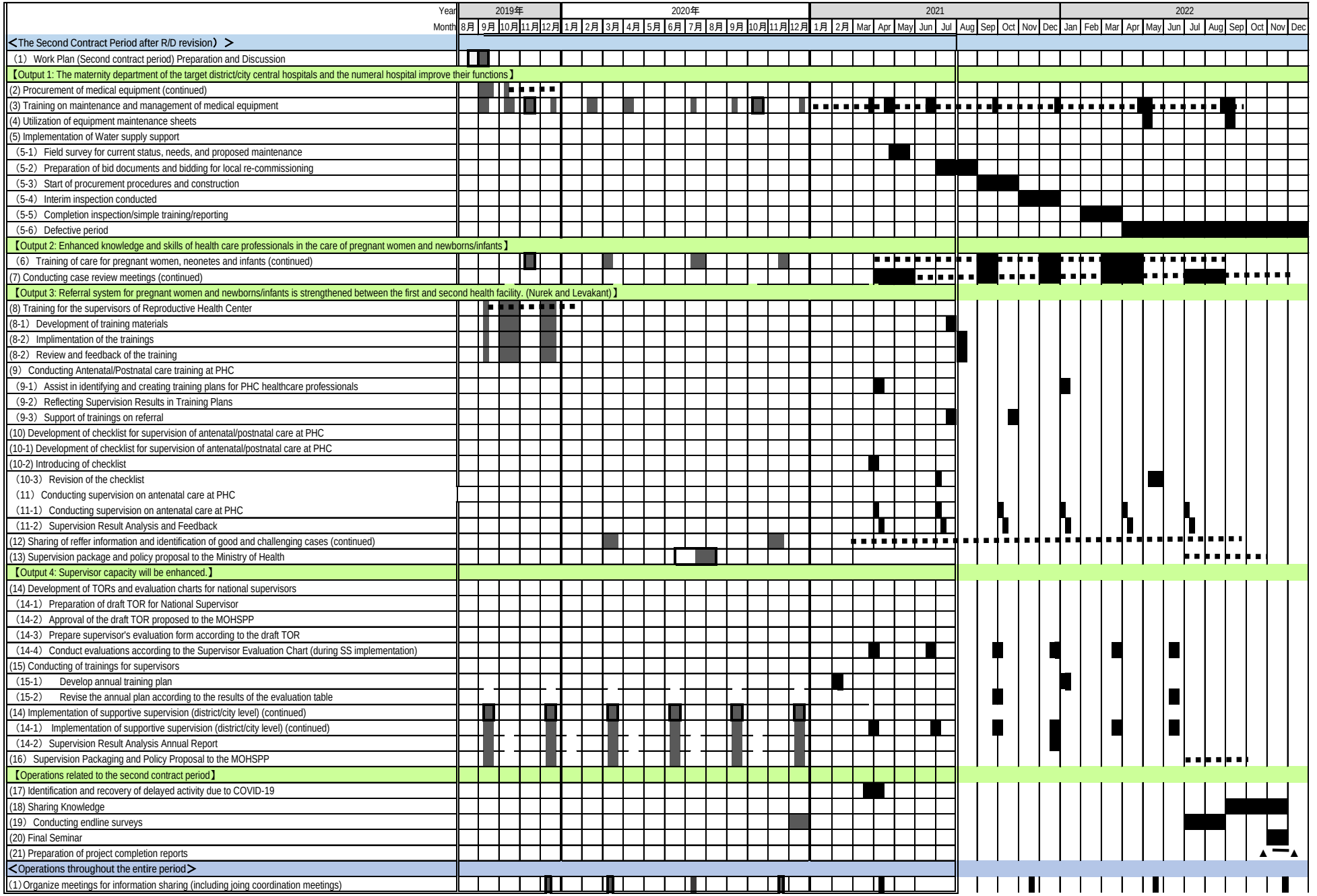
районных / городских центрах репродуктивного здоровья (РЗЦ) 3.2. Провести тренинги по ДРП (включая перенаправление к специалистам и использование Руководство по здоровью матери и ребенка) для медицинских работников ПМСП (гг.Норак и Левакант). 3.3. Разработать и внедрить контрольный лист (чек лист) (гг. Норак и Лавакант) 3.4. Провести поддерживающее кураторство по ДРП для ПМСП со стороны клинического куратора РЦЗ 3.5. Обмен информацией по вопросам перенаправления (включая передовую практику и извлеченные уроки) между центральными районными больницами и учреждениями ПМСП на еженедельном совещании (гг. Норак и Левакант) 3.6. Представить окончательную версию контрольного листа (чек лист) и модели пилота функционируюшей системы перенаправления в МЗСЗН **Промежуточный результат №** 4. 4.1. Обзор существующей системы мониторинга на областном/ районном уровне 4.2. Разработать Техническое задание (ТЗ) и оценочный лист для национального клинического куратора 4.3. Провести обучение по вопросам супервизии материнского и неонатального здоровья для национального клинического куратора 4.4. Проведение поддерживающего кураторства в центральных районных / городских больниц национальным клиническим куратором 4.5. Содействовать разработке и реализации плана внутреннего обучения центральных районных больниц на основе Плана действий по повышению качества национальным клиническим куратором 4.6. Представить пакет документов по поддерживающему кураторству в МЗСЗН 4.7. Презентация/ публикация результатов проектной деятельности на международных/ местных конференциях (заседаниях) / журналах	ЯАМС/JICA 3. Местные расходы - Транспортные средства и командировочные для экспертов ЯАМС (JICA) в ходе их официальных поездок по Республике Таджикистан - Текущие расходы, необходимые для реализации Проекта	

Attachment 2: Workflow (Second Contract Period Before RD rev)



Legend： Duration of field work　Duration of in-country work　▲—▲ Reporting and explanation　■ ■ ■ ■ ■ Continuing work

Attachment 2: Workflow (Second Contract Period After RD rev)



Legend： Duration of field work　Duration of in-country work　▲ Reporting and explanation　Continuing work

Attachment 3: Inputs of Japanese experts in Tajikistan

Project Title: The Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II

Name (Title of field)		Number of trip	2019 8	9	10	11	12	2020 1	2	3	4	5	6	7	8	9	10	11	12	2021 1	2	3	4	5	6	7	8	9	10	11	12	2022 1	2	3	4	5	6	7	8	9	10	11	12	Person-month
Akiyama Yoshiko Chief Adviser/Health system (1)	Plan	9		28			21																27				45				30			37				31			30			30		9.30
	Actual	9		9/2-29 (28)			12/2-22 (21)																4/1-25 (25)	5/26-27 (2)			8/26- (6)	10/14 (30) (14)				1/13- (19)	2/10 (10)	3/10- (22)	4/10 (10)	5/16- (16)	6/15 (15)		8/18- (14)	9/15 (15)		11/10- (21)	12/11 (11)		9.30
Konohaora Makiko Deputy Chief Advisor/ Health system (2) / MCH (1)	Plan	8				24	17	30	2														29				35		35			35		30							29			8.87
	Actual	8				11/7-12/17 (24) (17)		1/2-2/2 (30)	(2)														4/1-29 (29)				8/5-26 (22)				11/18- (13)	(12/16) (16)		2/3-2/27 (25)				6/16- (15)	7/10 (10)				10/13- (19)	11/29 (29)		8.37
Alisher Makhmudov Training Management（1）	Plan	-			12						12				20	10	5			10	10	10				12			12			6			12										4.37
	Actual	-			10/1-30 (12)						4/1-30 (12)				7/1-31 (20)	8/1-30 (10)	9/1-30 (5)			11/1-30 (10)	12/1-30 (10)	1/1-30 (10)							8/5-11 (7)	9/20-24 (5)	10/4-8 (5)		12/6-10 (5)		1/6-10 (5)				6/4-8 (5)			9/5-9 (5)			12/5-9 (5)		4.37
Okamoto Yoko Maternal and Child Health (2)	Plan	2		(14)																																		(13)						0.90
	Actual	2		9/2-15 (14)																																				8/27- (5)	9/8 (8)					0.90
Yamazaki Yoshihisa Neonatal Care	Plan	5		(14)																									(23)							(23)								(27)			2.90
	Actual	5		9/2-15 (14)																									9/16-20 (5)	10/6-14 (9)						1/13- (19)	2/10 (10)	3/3-3/18 (16)						8/20-30 (11)						2.80
Abo Hiroshi Medical Equipment (1)/ Maintenance planning	Plan	2			(13)																																						(15)			0.93
	Actual	2			10/15-27 (13)																																							10/13-25 (13)			0.87
Goto Nobuya Medical Equipment (2)/ Equipment planning	Plan	5		(12)																			(14)				(29)				(29)			(26)												3.67
	Actual	5		9/2-13 (12)																			4/1-3, 19-29 (14)					9/23- (8)	10/21 (21)		12/2-23 (22)			2/17- (12)	3/17 (17)			6/8-11 (4)								3.67
Goto Nobuya Project Coordinator (2)/ Training Management (3)	Plan	4		(26)				(14)																					(28)								(15)						(36)			3.63
	Actual	4		9/14-29 (16)				1/6-19 (14)																			8/5- (27)	9/2 (2)									5/19- (13)	6/7 (7)					11/24- (7)	12/22 (22)		3.60
Watanabe Masahiko Facility Plannning / Architecture	Plan	4																					(29)						(21)			(22)										(15)				2.90
	Actual	4																					4/29-5/27 (29)								12/17-30 (14)		2/3- (26)	3/4 (4)					9/3-18 (16)						2.97
Noto Hisayuki Facility Plannning /Facility	Plan	4																					(29)						(21)			(22)										(15)				2.90
	Actual	4																					4/29-5/27 (29)						10/7-21 (15)				2/3- (26)	3/4 (4)					9/3-18 (16)						3.00
																																													Total Plan	40.37
																																													Total Actual	39.85

Plan Actual Assignment of other projector paid by the contractor

Attachment 4: Participants of Knowledge Co-Creation Program

Title of training The Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (1st Training in Japan)
Training period 11th November – 22nd November 2018
List of participants

No.	Name	M/F	Organization／Position
1	Mr. IZATULAEV Akhror	M	Head of hospital, Main, Levakant central city hospital (2010)
2	Mr. TUMANOV Makhmadkul	M	Head of hospital, Main, Khushoniyon central district hospital (2015)
3	Mr. QAHORZODA Taghoibek	M	Head of hospital, Main, Central city hospital of Norak (2016)
4	Mr. SHARIPOV Rustam	M	Head of hospital, Main, Central district hospital of Muminobod (2018)
5	Mr. GULMAHMADZODA Zamir	M	Head of hospital, Main, Baljuvon central district hospital (2016)
6	Mr. GHAYUROV Sadridin	M	Chief Deputy, Main, Public Health Department of Khatlon Region (2018)
7	Mr. MURODOV Saidahmad	M	Head, Main, Central District Hospital of Khovaling (2012)

Title of training The Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (2nd Training in Japan) (For MOHSPP team)
Training period 11th November – 14th November 2019
List of participants

No.	Name	M/F	Organization／Position
1	Ms. Abdufatohzoda Guljahon	F	Director, Social Development Sector, Executive Office of the President of the Republic of Tajikistan
2	Ms. Yunusova Dilrabo	F	Head, Maternal Health and Family Planning Division, Ministry of Health and Social Protection of the Population
3	Mr. Toirov Ravshan	M	Head, Reforms Primary Health Care and International Relations Department, Ministry of Health and Social Protection of the Population
4	Ms. Davlatova Guljahon	F	Director, Research Institute of Obstetrician, Gynecology and Perinatology, Ministry of Health and Social Protection of the Population

Title of training The Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (2nd Training in Japan) (For OBGY team)
Training period 11th November – 21st November 2019
List of participants

No.	Name	M/F	Organization／Position
1	Ms. Shohnazarova Matlyuba	F	First Deputy Director, Khatlon Oblast, Public Health Department
2	Ms. Kamilova Marhabo	F	Head, Obstetrics Department, Tajik State Scientific Research Institute
3	Ms. Nematulloeva Dilnoza	F	Head, Maternity Department, Baljuvon Central District Hospital

4	Ms. Mukimova Firuzamoh	F	Head, Maternity Department, Khushoniyon Central District Hospital
5	Ms. Kamolova Gulandom	F	Head, Maternal Department, Norak Central City Hospital
6	Ms. Kamolova Nilufar	F	Obstetrician and Gynecology, Maternity department, Levakant Central District Hospital
7	Ms. Rahmonqulova Guljahon	F	Head, Maternity Department, Khovaling Central District Hospital

プロジェクトオフィス（クルガンテッパ）Project Office (KT)
Mr. Mustafo Majidov

プロジェクトオフィス（ドゥシャンベ）Project Office (Du)
Ms. Imomalieva Saida

貸与物品リスト
List of Property Lending

業務名称 (Name of Project)：ハトロン州母子保健システム改善プロジェクト　フェーズ2　The Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II
対象国 (Country)：タジキスタン　Tajikistan
事業担当部課 (Division in Charge)：人間開発部　保健第二グループ　保健第四チーム　Health Team 4, Health Group 2, Human Development Department

（2019年7月現在）
(As of July, 2019)

物品名称 (Name of Property)	規格・品番 (Standard, Part Number)	個数 (Quantity)	取得価格 (Purchase Price)			検査合格日 (Date of Inspection Passed)	配置場所 (Location)	現況 (Current State)	備考 (Remarks)	事業終了後の取扱い (After Completion of Project: Handover/Return)
			取得価格 (Purchase Price)	通貨 (Currency)	日本円換算取得価格 (In Japanese Yen)					
コピー機 Copy Machine	Sharp MX-3110 N	1	50,255.00	TJS	643,905	13-08-17	プロジェクトオフィス（クルガンテッパ） Project Office (KT)	稼働中 Working		実施機関に譲渡予定
コピー機 Copy Machine	Sharp MX-3110 N	1	50,255.00	TJS	643,905	28-08-17	プロジェクトオフィス（ドゥシャンベ） Project Office (Du)	稼働中 Working		実施機関に譲渡予定
PC (Lap Top)	HP laptop Pro45064i7	1	6,866.00	TJS	87,972	12-08-17	プロジェクトオフィス（クルガンテッパ） Project Office (KT)	稼働中 Working		実施機関に譲渡予定
PC (Lap Top)	HP laptop Pro45064i7	1	6,866.00	TJS	87,972	12-08-17	プロジェクトオフィス（クルガンテッパ） Project Office (KT)	稼働中 Working		実施機関に譲渡予定
PC (Lap Top)	HP laptop Pro45064i7	1	6,866.00	TJS	87,972	12-08-17	プロジェクトオフィス（ドゥシャンベ） Project Office (Du)	稼働中 Working		実施機関に譲渡予定
発電機（停電用） Generator	Gasoline Electricity Power Generator Rother RTR8000E, 6.5kW	1	8,850.00	TJS	106,999	04-04-18	プロジェクトオフィス（クルガンテッパ） Project Office (KT)	稼働中 Working		実施機関に譲渡予定
PC (Lap Top)	HP Probook G4	1	7,250.00	TJS	86,284	24-09-18	プロジェクトオフィス（クルガンテッパ） Project Office (KT)	稼働中 Working		実施機関に譲渡予定
PC (Lap Top)	HP Probook G4	1	7,250.00	TJS	86,284	24-09-18	プロジェクトオフィス（ドゥシャンベ） Project Office (Du)	稼働中 Working		実施機関に譲渡予定
【以下、JICAから貸与されている物品 (Property Lent by JICA)】										

Rehabilitation work of the water supply facility at Kushoniyon Central District Hospital & Levakant Central City Hospital on the project for improving maternal and child health care system in Khatlon oblast phase II

Defect Liability Survey

September 15, 2022

To: Director of Kushoniyon Central District Hospital

Object: Information of the completion of above-mentioned survey

.

Dear Sirs,

With regard to the above-mentioned project, we here by inform that Limited Liability Company " Obodkor-T" has successfully completed the defect repair work within the dated-on September 15, 2022.

Issued by the Project Team Engineer

Masahiko Watanabe
Engineer of the above-mentioned project JICA Project Team (Koei research and Consulting Inc.)

Acknowledge by the Director of Kushoniyon Central District Hospital

Tolibov Zubaydullo
Director of Kushoniyon Central District Hospital

Корҳои барқарорсозии иншооти обтаъминкунӣ дар беморхонаи марказии ноҳияи Кӯшониён ва беморхонаи марказии шаҳри Левакант оид ба лоиҳаи беҳбуд бахшидани системаи ҳифзи саломатии модару кӯдак дар вилояти Хатлон марҳилаи II

Тадқиқоти масъулияти камбудиҳо

15 сентябри соли 2022

Ба директори беморхонаи марказии ноҳия Кушониён

Маълумот дар бораи ба охир расидани тадқиқоти дар боло зикршуда

.

Мӯҳтарам,

Вобаста ба лоиҳаи дар боло зикргардида, мерасонем, ки ҷамъияти дорои масъулияташ маҳдуд «Ободкор-Т» дар санаи 15 сентябри соли 2022 корҳои таъмири камбудиҳоро бо муваффақият анҷом дод.

Аз ҷониби муҳандиси гурӯҳи лоиҳа

Масахико Ватанабе
Муҳандиси лоиҳаи дар боло зикршуда, гурӯҳи лоиҳаи JICA (Koei Research and Consulting Inc.)

Эътироф аз директори беморхонаи марказии ноҳияи Кушониён

Толибов Зубайдулло
Директори беморхонаи марказии ноҳияи Кушониён

Rehabilitation work of the water supply facility at Kushoniyon Central District Hospital & Levakant Central City Hospital on the project for improving maternal and child health care system in Khatlon oblast phase II

Defect Liability Survey

September 15, 2022

To: Director of Levakant Central City Hospital

Object: Information of the completion of above-mentioned rehabilitation work

Dear Sirs,

With regard to the above-mentioned project, we here by inform that Limited Liability Company " Obodkor-T" has successfully completed the defect repair work within the dated-on September 15, 2022.

Issued by the Project Team Engineer

Masahiko Watanabe
Engineer of the above-mentioned project JICA Project Team (Koei research and Consulting Inc.)

Acknowledgments by the Director of Levakant Central City Hospital

Gafurov Dilshod
Director of Levakant Central City Hospital

Корҳои барқарорсозии иншооти обтаъминкунӣ дар беморхонаи марказии ноҳияи Кӯшониён ва беморхонаи марказии шаҳри Левакант оид ба лоиҳаи беҳбуд бахшидани системаи ҳифзи саломатии модару кӯдак дар вилояти Хатлон марҳилаи II

Тадқиқоти масъулияти камбудиҳо

15 сентябри соли 2022

Ба директори беморхонаи марказии шаҳри Левакант

Маълумот дар бораи анҷоми корҳои барқарорсозии дар боло зикршуда

Мӯҳтарам,

Вобаста ба лоиҳаи дар боло зикргардида, мерасонем, ки ҷамъияти дорои масъулияташ маҳдуди «Ободкор-Т» дар санаи 15 сентябри соли 2022 корҳои таъмири камбудиҳоро бомуваффақият анҷом дод.

Аз ҷониби муҳандиси гурӯҳи лоиҳа дода шудааст

Масахико Ватанабе
Муҳандиси лоиҳаи дар боло зикршуда
Гурӯҳи лоиҳаи JICA (Koei Research and Consulting Inc.)

Миннатдории директори беморхонаи марказии шаҳри Левакант

Ғафуров Дилшод
Директори беморхонаи марказии шаҳри Левакант

Сана: 13 Ноябр , 2018/ Date: 13 November, 2018

Қабули тачҳизотҳо (қисми якум)

таҳти

Лоиҳаи Беҳтаргардонии Саломатии Модар ва Кӯдак дар вилояти Хатлон Марҳилаи дуюм дар Ҷумҳурии Тоҷикистон/

Receipt of Equipment (1st batch)

under

The Project for the Improving Maternal and Child Health Care System in Khatlon Oblast Phase II in the Republic of Tajikistan

To Koei Research & Consulting Inc.

Мо, Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолӣ, тачҳизоти зеринро қабул намудем /We, Ministry of Health and Social Protection of the Population, hereby received following equipment ;

№ баст/ Item No.	Номгӯи тачҳизот/ Name of Equipment	Миқдори умумӣ/ Total Q'ty	Норак БМШ/ Norak CRH	БалҷувонБМН/ Baljuvon CRH	ХовалингБМН/ Khovaling CRH	Муминобод БМН/ Muminobad CRH	КушониёнБМН/ Kushoniyon CRH	Леваканд БМШ/ Levakand CRH
		Миқдор/ Quantitiy						
1-1	Допплер/ Fetal doppler	6	2	1	1	2	0	0
1-2	Фототерапия/ Phototherapy	8	2	1	1	2	1	1
1-3	Инкубатор барои навзод/ Incubator for newborns	9	2	1	1	2	1	2
1-4	Инкубатори гармдиҳӣ / Infant warmer	5	2	1	1	1	0	0
1-5	Қуттии фаврӣ барои навзодон/ Emergency kit for newborns	4	1	1	1	1	0	0
1-6	Асбоби кад ва вазн ченкунӣ барои навзодон/ Balance and height scale for newborns	7	2	1	2	2	0	0
1-7	Дастгоҳи Оксигендиҳанда/ Oxygen Generator	8	2	2	2	2	0	0
1-8	Пульсоксиметр барои навзодон/ Pulse oximeter for newborns	6	1	1	1	1	1	1
1-9	Дастгоҳ барои чен кардани Ф/Х (дастӣ)/ Apparatus for measuring blood pressure (manual)	6	1	1	1	1	1	1
1-10	Дастгоҳ барои чен кардани Ф/Х (рақамӣ)/ Appartus for measuring blood pressure (digital)	19	4	2	3	2	4	4
1-11	Асбоби қад ва вазн ченкунӣ барои калонсолон/ Balance and height scale for adult	6	1	1	1	1	1	1
1-12	Генератори барқӣ/ Electric Generator	4	0	1	1	1	0	1

Қабул карда шуд аз ҷониби /Received and acknowledged by

Раҳматуллоев Шералӣ / Rahmatulloev Sherali

Сардори раёсати ташкили хизматрасонии тиббӣ ба модаро ну кӯдакон ва танзими оилаи ВТҲИА /
Head of Mother and Child and Family Health Planning Department
Ministry of Health and Social Protection of the Population

Сана: 10/11 ,2018/Date: 10/11 , 2018

<u>Қабули таҷҳизотҳо</u>

таҳти

Лоиҳаи Беҳтаргардонии Саломатии Модар ва Кӯдак дар вилояти Хатлон-Марҳилаи дуюм

дар Ҷумҳурии Тоҷикистон/

<u>Receipt of Equipment</u>

under

The Project for the Improving Maternal and Child Health Care System in Khatlon Oblast Phase II in the Republic of Tajikistan

To Koei Research & Consulting Inc.

Ин барои тасдиқ ва қабули руйхати таҷҳизотҳои дар поён оварда шуда таҳти сарлавҳаи Лоиҳа дар Беморхонаи Марказии Шаҳри Норак бо насби муносиби таҷҳизотҳо ва омӯзиши ибтидоӣ ва нигаҳдории онҳо мебошад / This is to certify the receipt of the equipment listed below under the captioned Project at Norak Central City Hospital with appropriate installation and initial operation training and maintenance.

No.	Номгӯи таҷҳизот Name of Equipment	Миқдор Quantity
1-1	Допплер Fetal Doppler	2
1-2	Фототерапия Phototherapy	2
1-3	Инкубатор барои навзод (намуди пӯшида) Incubator for newborns (stand closed type)	2
1-4	Инкубатори гармдиҳӣ (инкубатор барои навзод (намуди кушода) Infant warmer (Incubator for newborns stand open type)	2
1-5	Қуттии фаврӣ барои навзодон Emergency kit for newborns	1
1-6	Асбоби қад ва вазн ченкунӣ барои навзодон Balance and height scale for newborns	2
1-7	Дастгоҳи Оксигендиҳанда Oxygen generator	2
1-8	Пульсоксиметр барои навзодон Pulse oximeter for newborns	1
1-9	Дастгоҳ барои чен кардани Ф/Х (дастӣ) Apparatus for measuring blood pressure (manual)	1
1-10	Дастгоҳ барои чен кардани Ф/Х (рақамӣ) Apparatus for measuring blood pressure (digital)	4
1-11	Асбоби қад ва вазн ченкунӣ барои калонсолон Balance and height scale for adults	1

Қабул карда шуд аз ҷониби /Received by

/ Қаҳорзода Тағойбек/Qahorzoda Taghoybek

Сартабиб/Director

A-27

スキャン方式 "Norak Central City Hospital" 名称あり

Сана:09/11 ,2018/Date: 09/11 , 2018

Қабули таҷҳизотҳо

таҳти

Лоиҳаи Беҳтаргардонии Саломатии Модар ва Кӯдак дар вилояти Хатлон-Марҳилаи дуюм

дар Ҷумҳурии Тоҷикистон/

Receipt of Equipment

under

The Project for the Improving Maternal and Child Health Care System in Khatlon Oblast Phase II in the Republic of Tajikistan

To Koei Research & Consulting Inc.

Ин барои тасдиқ ва қабули руйхати таҷҳизотҳои дар поён оварда шуда таҳти сарлавҳаи Лоиҳа дар Беморхонаи Марказии Беморхонаи Марказии Ноҳияи Балҷувон бо насби муносиби таҷҳизотҳо ва омӯзиши ибтидоӣ ва нигаҳдории онҳо мебошад /This is to certify the receipt of the equipment listed below under the captioned Project at Baljuvon Central District Hospital with appropriate installation and initial operation training and maintenance.

No.	Номгӯи таҷҳизот Name of Equipment	Миқдор Quantity
1-1	Допплер Fetal Doppler	1
1-2	Фототерапия Phototherapy	1
1-3	Инкубатор барои навзод (намуди пӯшида) Incubator for newborns (stand closed type)	1
1-4	Инкубатори гармдиҳӣ (инкубатор барои навзод (намуди кушода) Infant warmer (Incubator for newborns stand open type)	1
1-5	Қуттии фаврӣ барои навзодон Emergency kit for newborns	1
1-6	Асбоби қад ва вазн ченкунӣ барои навзодон Balance and height scale for newborns	1
1-7	Дастгоҳи Оксигендиҳанда Oxygen generator	2
1-8	Пульсоксиметр барои навзодон Pulse oximeter for newborns	1
1-9	Дастгоҳ барои чен кардани Ф/Х (дастӣ) Apparatus for measuring blood pressure (manual)	1
1-10	Дастгоҳ барои чен кардани Ф/Х (рақамӣ) Apparatus for measuring blood pressure (digital)	2
1-11	Асбоби қад ва вазн ченкунӣ барои калонсолон Balance and height scale for adults	1

Қабул карда шуд аз ҷониби /Received by

БЕМОРХОНАИ МАРКАЗИИ НОҲИЯИ БАЛҶУВОН

Замир Гулмаҳмадзода /Zamir Gulmahmadzoda

Сартабиб /Director

Беморхонаи Марказии Ноҳияи Балҷувон /Baljuvon Central District Hospital

Сана: 02.11.2018/Date: 02.11 , 2018

Қабули таҷҳизотҳо

таҳти

Лоиҳаи Беҳтаргардонии Саломатии Модар ва Кӯдак дар вилояти Хатлон-Марҳилаи дуюм

дар Ҷумҳурии Тоҷикистон/

Receipt of Equipment

under

The Project for the Improving Maternal and Child Health Care System in Khatlon Oblast Phase II in the Republic of Tajikistan

To Koei Research & Consulting Inc.

Ин барои тасдиқ ва қабули руйхати таҷҳизотҳои дар поён оварда шуда таҳти сарлавҳаи Лоиҳа дар Беморхонаи Марказии Ноҳияи Балҷувон бо насби муносиби таҷҳизотҳо ва омӯзиши ибтидой ва нигахдории онҳо мебошад/ This is to certify the receipt of the equipment listed below under the captioned Project at Baljuvon Central District Hospital with appropriate installation and initial operation training and maintenance.

No.	Номгӯи таҷҳизот Name of Equipment	Миқдор Quantity
1-12	Генератори барқӣ Electric generator	1

Қабул карда шуд аз ҷониби /Received by

Замир Гулмаҳмадзода/Zamir Gulmahmadzoda

Сардабир/Director

Беморхонаи Марказии Ноҳияи Балҷувон /Baljuvon Central District Hospital

Сана: 09/11 ,2018/Date: 09/11 , 2018

Қабули таҷҳизотҳо

таҳти

Лоиҳаи Беҳтаргардонии Саломатии Модар ва Кӯдак дар вилояти Хатлон-

Марҳилаи дуюм

дар Ҷумҳурии Тоҷикистон/

Receipt of Equipment

under

The Project for the Improving Maternal and Child Health Care System in Khatlon Oblast Phase II in the Republic of Tajikistan

To Koei Research & Consulting Inc.

Ин барои тасдиқ ва қабули руйхати таҷҳизотҳои дар поён оварда шуда таҳти сарлавҳаи Лоиҳа дар Беморхонаи Марказии Беморхонаи Марказии Ноҳияи Ховалинг бо насби муносиби таҷҳизотҳо ва омӯзиши ибтидой ва нигаҳдории онҳо мебошад /This is to certify the receipt of the equipment listed below under the captioned Project at Khovaling Central District Hospital with appropriate installation and initial operation training and maintenance.

No.	Номгӯи таҷҳизот Name of Equipment	Миқдор Quantity
1-1	Допплер Fetal Doppler	1
1-2	Фототерапия Phototherapy	1
1-3	Инкубатор барои навзод (намуди пӯшида) Incubator for newborns (stand closed type)	1
1-4	Инкубатори гармдиҳӣ (инкубатор барои навзод (намуди кушода) Infant warmer (Incubator for newborns stand open type)	1
1-5	Қуттии фаврӣ барои навзодон Emergency kit for newborns	1
1-6	Асбоби қад ва вазн ченкунӣ барои навзодои Balance and height scale for newborns	2
1-7	Дастгоҳи Оксигендиҳанда Oxygen generator	2
1-8	Пульсоксиметр барои навзодон Pulse oximeter for newborns	1
1-9	Дастгоҳ барои чен кардани Ф/Х (дастӣ) Apparatus for measuring blood pressure (manual)	1
1-10	Дастгоҳ барои чен кардани Ф/Х (рақамӣ) Apparatus for measuring blood pressure (digital)	3
1-11	Асбоби қад ва вазн чеикуиӣ барои калонсолон Balance and height scale for adults	1

Қабул карда шуд аз ҷонибн /Received by

Муродов Саидаҳмад/ Murodov Saidahmad

Сартабиб/Director

Беморхонаи Марказии Ноҳияи Ховалинг/

Khovaling Central District Hospital

Сана: 02.11,2018/Date: 02.11 , 2018

Қабули таҷҳизотҳо
таҳти
Лоиҳаи Беҳтаргардонии Саломатии Модар ва Кӯдак дар вилояти Хатлон-Марҳилаи дуюм
дар Ҷумҳурии Тоҷикистон/

Receipt of Equipment
under
The Project for the Improving Maternal and Child Health Care System in Khatlon Oblast Phase II in the Republic of Tajikistan

To Koei Research & Consulting Inc.

Ин барои тасдиқ ва қабули руйхати таҷҳизотҳои дар поён оварда шуда таҳти сарлавҳаи Лоиҳа дар Беморхонаи Марказии Ноҳияи Ховалинг бо насби муносиби таҷҳизотҳо ва омӯзиши ибтидоӣ ва нигаҳдории онҳо мебошад/This is to certify the receipt of the equipment listed below under the captioned Project at Khovaling Central District Hospital with appropriate installation and initial operation training and maintenance.

No.	Номгӯи таҷҳизот Name of Equipment	Миқдор Quantity
1-12	Генератори барқӣ Electric generator	1

Қабул карда шуд аз ҷониби /Received by

Муродов Саидаҳмад/Murodov Saidahmad
Сартабиб /Director
Беморхонаи Марказии Ноҳияи Ховалинг /Khovaling Central District Hospital

AGREEMENT
BETWEEN
THE PROJECT FOR IMPROVING MATERNAL AND CHILD HEALTH CARE SYSTEM IN KHATLON OBLAST PHASE II
AND
THE RESEARCH INSTITUTE OF OBSTETRICS, GYNECOLOGY AND PERINATOLOGY ON
HANDING OVER OF THE EQUIPMENT

The JICA Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (hereinafter referred to as "the Project") and the Research Institute of Obstetrics, Gynecology and Perinatology (hereinafter referred to as "the Recipient") hereby certify the handing over of the equipment procured by the Project to the Research Institute of Obstetrics, Gynecology and Perinatology.

December 9, 2022

Ms. Akiyama Yoshiko
Chief Advisor
Japanese Expert Team
Koei Research &Consulting Inc (KRC)

Dr. Kamilova Marhabo
Chief Ob-Gyn department
The Research Institute of Obstetrics, Gynecology and Perinatology

ANNEX

1. Equipment to be Handed Over

Name of Property	Standard, Part Number	Quantity
PC (Laptop)	HP Probook G4	1

2. Terms of the Handing Over

(1) The Recipient shall allow no one to use the equipment for any personal purpose.

Сана: 09/11 ,2018/Date: 09/11 , 2018

Қабули таҷҳизотҳо

таҳти

Лоиҳаи Беҳтаргардонии Саломатии Модар ва Кӯдак дар вилояти Хатлон-

Марҳилаи дуюм

дар Ҷумҳурии Тоҷикистон/

Receipt of Equipment

under

The Project for the Improving Maternal and Child Health Care System in Khatlon Oblast Phase II in the Republic of Tajikistan

To Koei Research & Consulting Inc.

Ин барои тасдиқ ва қабули руйхати таҷҳизотҳои дар поён оварда шуда таҳти сарлавҳаи Лоиҳа дар Беморхонаи Марказии Беморхонаи Марказии Ноҳияи Муминобод бо насби муносиби таҷҳизотҳо ва омӯзиши ибтидой ва нигаҳдории онҳо мебошад /This is to certify the receipt of the equipment listed below under the captioned Project at Muminobad Central District Hospital with appropriate installation and initial operation training and maintenance.

No.	Номгӯи таҷҳизот Name of Equipment	Миқдор Quantity
1-1	Допплер Fetal Doppler	2
1-2	Фототерапия Phototherapy	2
1-3	Инкубатор барои навзод (намуди пӯшида) Incubator for newborns (stand closed type)	2
1-4	Инкубатори гармдиҳӣ (инкубатор барои навзод (намудн кушода) Infant warmer (Incubator for newborns stand open type)	1
1-5	Қуттии фаврӣ барои навзодон Emergency kit for newborns	1
1-6	Асбоби кад ва вазн ченкунӣ барои навзодон Balance and height scale for newborns	2
1-7	Дастгоҳи Оксигендиҳанда Oxygen generator	2
1-8	Пульсоксиметр барои навзодон Pulse oximeter for newborns	1
1-9	Дастгоҳ барои чен кардани Ф/Х (дастӣ) Apparatus for measuring blood pressure (manual)	1
1-10	Дастгоҳ барои чен кардани Ф/Х (рақамӣ) Apparatus for measuring blood pressure (digital)	2
1-11	Асбоби кад ва вазн ченкунӣ барои калонсолон Balance and height scale for adults	1

Қабул карда шуд аз ҷониби /Received by

/Шарипов Рустам/Sharipov Rustam

Сартабиб /Director

Беморхонаи Марказии Ноҳияи Муминобод/

Muminobad Central District Hospital

Сана: 03.11 ,2018/Date: 03.11 , 2018

Қабули таҷҳизотҳо
таҳти
Лоиҳаи Беҳтаргардонии Саломатии Модар ва Кӯдак дар вилояти Хатлон-Марҳилаи дуюм
дар Ҷумҳурии Тоҷикистон/

Receipt of Equipment
under
The Project for the Improving Maternal and Child Health Care System in Khatlon Oblast Phase II in the Republic of Tajikistan

To Koei Research & Consulting Inc.

Ин барои тасдиқ ва қабули руйхати таҷҳизотҳои дар поён оварда шуда таҳти сарлавҳаи Лоиҳа дар Беморхонаи Марказии Ноҳияи Муминобод бо насби муносиби таҷҳизотҳо ва омӯзиши ибтидоӣ ва нигаҳдории онҳо мебошад / This is to certify the receipt of the equipment listed below under the captioned Project at Muminobad Central District Hospital with appropriate installation and initial operation training and maintenance.

No.	Номгӯи таҷҳизот Name of Equipment	Миқдор Quantity
1-12	Генератори барқӣ Electric generator	1

Қабул карда шуд аз ҷониби /Received by:

Шарипов Рустам/Sharipov Rustam
Сартабиб /Director
Беморхонаи Марказии Ноҳияи Муминобод /Muminobad Central District Hospital

Сана:15/11 ,2018/Date:15/11 , 2018

Қабули таҷҳизотҳо

таҳти

Лоиҳаи Беҳтаргардонии Саломатии Модар ва Кӯдак дар вилояти Хатлон-

Марҳилаи дуюм

дар Ҷумҳурии Тоҷикистон/

Receipt of Equipment

under

The Project for the Improving Maternal and Child Health Care System in Khatlon Oblast Phase II in the Republic of Tajikistan

To Koei Research & Consulting Inc.

Ин барои тасдиқ ва қабули руйхати таҷҳизотҳои дар поён оварда шуда тахти сарлавҳаи Лоиҳа дар Беморхонаи Марказии Беморхонаи Марказии Ноҳияи Кушониён бо насби муносиби таҷҳизотҳо ва омӯзиши ибтидоӣ ва нигаҳдории онҳо мебошад/This is to certify the receipt of the equipment listed below under the captioned Project at Kushoniyon Central District Hospital with appropriate installation and initial operation training and maintenance.

No.	Номгӯи таҷҳизот Name of Equipment	Миқдори Quantity
1-2	Фототерапия Phototherapy	1
1-3	Инкубатор барои навзод (намуди пӯшида) Incubator for newborns (stand closed type)	1
1-8	Пульсоксиметр барои навзодон Pulse oximeter for newborns	1
1-9	Дастгоҳ барои чен кардани Ф/Х (дастӣ) Apparatus for measuring blood pressure (manual)	1
1-10	Дастгоҳ барои чен кардани Ф/Х (рақамӣ) Apparatus for measuring blood pressure (digital)	4
1-11	Асбоби қад ва вазн ченкунӣ барои калонсолон Balance and height scale for adults	1

Қабул карда шуд аз ҷониби /Received by

Туманов Маҳмадқул/Tumanov Mahmadkul

Сартабиб /Director

Беморхонаи Марказнн Ноҳияи Кушониён/

Kushoniyon Central District Hospital

Сана:05/11 ,2018/Date: 05/11. , 2018

Қабули таҷҳизотҳо

таҳти

Лоиҳаи Бехтаргардонии Саломатии Модар ва Кӯдак дар вилояти Хатлон-Марҳилаи дуюм

дар Ҷумҳурии Тоҷикистон/

Receipt of Equipment

under

The Project for the Improving Maternal and Child Health Care System in Khatlon Oblast Phase II in the Republic of Tajikistan

To Koei Research & Consulting Inc.

Ин барои тасдиқ ва қабули руйхати таҷҳизотҳои дар поён оварда шуда таҳти сарлавҳаи Лоиҳа дар Беморхонаи Марказии Шаҳри Левакант бо насби муносиби таҷҳизотҳо ва омӯзиши ибтидоӣ ва нигаҳдории онҳо мебошад./This is to certify the receipt of the equipment listed below under the captioned Project at Levakand Central City Hospital with appropriate installation and initial operation training and maintenance.

No.	Номгӯи таҷҳизот Name of Equipment	Миқдор Quantity
1-2	Фототерапия Phototherapy	1
1-3	Инкубатор барои навзод (намуди пӯшида) Incubator for newborns (stand closed type)	2
1-8	Пульсоксиметр барои навзодон Pulse oximeter for newborns	1
1-9	Дастгоҳ барои чен кардани Ф/Х (дастӣ) Apparatus for measuring blood pressure (manual)	1
1-10	Дастгоҳ барои чен кардани Ф/Х (рақамӣ) Apparatus for measuring blood pressure (digital)	4
1-11	Асбоби қад ва вазн ченкунӣ барои калонсолон Balance and height scale for adults	1

Қабул карда шуд аз ҷониби /Received by

Изатуллоев Аҳрор/Izatulloev Ahror

Сартабиб /Director

Беморхонаи Марказии Шаҳри Левакант/

Levakand Central City Hospital

Сана: 03.11 ,2018/Date: 03.11 , 2018

Қабули таҷҳизотҳо

таҳти

Лоиҳаи Беҳтаргардонии Саломатии Модар ва Кӯдак дар вилояти Хатлон-Марҳилаи дуюм

дар Ҷумҳурии Тоҷикистон/

Receipt of Equipment

under

The Project for the Improving Maternal and Child Health Care System in Khatlon Oblast Phase II in the Republic of Tajikistan

To Koei Research & Consulting Inc.

Ин барои тасдиқ ва қабули руйхати таҷҳизотҳои дар поён оварда шуда таҳти сарлавҳаи Лоиҳа дар Беморхонаи Марказии Шаҳри Левакант бо насби муносиби таҷҳизотҳо ва омӯзиши ибтидоӣ ва нигаҳдории онҳо мебошад / This is to certify the receipt of the equipment listed below under the captioned Project at Levakand Central City Hospital with appropriate installation and initial operation training and maintenance.

No.	Номгӯи таҷҳизот Name of Equipment	Миқдор Quantity
1-12	Генератори барқӣ Electric generator	1

Қабул карда шуд аз ҷониби /Received by

Изатуллоев Аҳрор/ Izatulloev Ahror

Сартабиб /Director

Беморхонаи Марказии Шаҳри Левакант/Levakand Central City Hospital

AGREEMENT
BETWEEN
THE PROJECT FOR IMPROVING MATERNAL AND CHILD HEALTH CARE SYSTEM IN KHATLON OBLAST PHASE II
AND
MINISTRY OF HEALTH AND SOCIAL PROTECTION OF POPULATION
ON
HANDING OVER OF THE EQUIPMENT

The JICA Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (hereinafter referred to as "the Project") and Ministry of Health and Social Protection of Population, Tajikistan (hereinafter referred to as "the Recipient") hereby certify the handing over of the equipment procured by the Project to the Ministry of Health and Social Protection of Population, Tajikistan.

December 9, 2022

Ms. Akiyama Yoshiko
Chief Advisor
Japanese Expert Team
Koei Research &Consulting Inc (KRC)

Dr. Nabiev Zoir
Head of Mother & child & Family Health Planning Department
Ministry of Health and Social Protection of Population

ANNEX

1. Equipment to be Handed Over

Name of Property	Standard, Part Number	Quantity
Copy Machine	Sharp MX-3110 N	1
PC (Laptop)	HP laptop Pro45064i7	1

2. Terms of the Handing Over

(1) The Recipient shall allow no one to use the equipment for any personal purpose.

AGREEMENT
BETWEEN
THE PROJECT FOR IMPROVING MATERNAL AND CHILD HEALTH CARE SYSTEM IN KHATLON OBLAST PHASE II
AND
THE PUBLIC HEALTH DEPARTMENT OF KHATLON OBLAST
ON
HANDING OVER OF THE EQUIPMENT

The JICA Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (hereinafter referred to as "the Project") and the Public Health Department of Khatlon Oblast, Tajikistan (hereinafter referred to as "the Recipient") hereby certify the handing over of the equipment procured by the Project to the Public Health Department of Khatlon Oblast.

December 2, 2022

Ms. Akiyama Yoshiko
Chief Advisor
Japanese Expert Team
Koei Research & Consulting Inc (KRC)

Dr. Sharipov Shaidullo Zaidulloevich
Director of Public Health Department
Khatlon Oblast

ANNEX

1. Equipment to be Handed Over

Name of Property	Standard, Part Number	Quantity
Copy Machine	Sharp MX-3110 N	1
PC (Laptop)	HP laptop Pro45064i7	2
PC (Laptop)	HP Probook G4	1
Generator	Gasoline Electricity Power Generator Rother RTR8000E, 6.5kW	1

2. Terms of the Handing Over

(1) The Recipient shall receive the equipment on **23rd December 2022** after completion of project activities.

(2) The Recipient shall allow no one to use the equipment for any personal purpose.

Minutes of 1st Steering Committee Meeting
on the "Project for improving Maternal and Child Health Care System in Khatlon Oblast phase 2"

Date: 3 October 2017 16:00 -17:00
Venue: Meeting Room, Ministry of Health and Social Protection of Population of the Republic of Tajikistan (MoHSPP RT), Dushanbe
Participants: the list is attached
Objectives: To agree the project implementation plan 2017-2019

1. Opening Remarks

The Steering Committee Meeting was started with the opening remarks by Dr. Sodikova , Advisor to the Minister of Health and Social Protection of the Population (MoHSPP) and followed by greeting of Dr. Kamolzoda, Deputy Minister of Health and Social Protection. Dr. Sodikova apologized on behalf of the First Deputy Minister, chairman of the meeting that she could not participate the meeting due to a health reason. She also expressed appreciation for the close cooperation with JICA and noted that the collaboration between MoHSPP and JICA have lasted over the past years.

2. Introduction

With regard to the Project for improving Maternal and Child health Care System in Khatlon oblast Phase 2 (hereinafter the Project), Dr. Rahmatulloev, Head of of Mother and Child and Family Health Planning Department briefed the outline of the new Project by explaining that the Project was the second phase of JICA project for maternal and child health in Khatlon region; Improvement of maternity department of central district hospital function, Strengthening of knowledge and skills on maternal, neonatal, and infant care of health professionals, Strengthening of referral system between secondary and primary health care facility for maternal, neonatal, and infant care, and enhancing capacity to manage on maternal, neonatal, and infant care of Khatlon Oblast Health Department. Followed by his speech, all participants of Tajikistan and Japan side were introduced.

3. Presentation

Ms. Akiyama, the Team leader of the Project, presented outline of the Project including project purpose, main activities, project indicators, project structure, plan of operation, donor demarcation and baseline survey methodology (Attachment 1).
During the presentation, she noted that project activities and target districts were duplicated with Islamic Development Bank (IDB) and USAID (Feed the Future) and the Project would coordinate with donors in a process of implementation. Ms. Akiyama added that the Project would provide medical equipment with districts where USAID has worked if it was needed.

4. Comment, Recommendation and Request

Comment and Recommendation were made by Dr. Rahmatulloev, Dr.Sodikova and Dr. Kamolzoda.

Comment from Dr. Rahmatulloev

1. MoHSPP and six hospital head doctors commit to provide necessary information and enough resources for project implementation. MoHSPP hope to discuss needs and situation with the Project. District hospital head doctors are expected to actively participate in a monthly meeting organized by Khatlon Oblast Health Department as well as to corporate with facility and equipment needs assessment survey.
2. The first phase of the project contributed to improve routine hospital service and also identified challenges. The second phase focuses on a rural area such as Khovaling, Muminobad and Baljuvon where the maternal

and child health problem remained. MoHSPP concerned high rate of home delivery in the area and about 60% of delivery is at home due to limited accessibility caused by road condition.

3. MoHSPP implements own project in a steady manner and is pleased to see that the Project also set realistic indicators.

Recommandation to the Project from Dr. Sodiqova

1. MoHSPP developed National Health Strategy 2010-2020 including maternal and child health monitoring indicators. Therefore, the Project is requested to adopt the indicators and to conduct a baseline survey accordingly. The project is also requested to share the needs assessment survey result with Technical Working group meeting.
2. The project is advised to involve MoHSPP and Khatlon Oblast health department staff in a field activities so that they can corporate with the Project and provide necessary information.
3. In Khatlon oblast, there are many donors working and duplication can be seen. The Project is recommended to report progress in a transparent manner so that MoHSPP can corporate donor coordination in a right timing.
4. For facility and equipment needs assessment survey, the Project is advised to corporate with architecture and engineer of State Service for Sanitary Epidemiology Surveillance who can advise a water quality and sanitary condition of target districts.
5. For the output indicator, the Project can refer to Tajikistan National Development Strategy 2030 which includes macroeconomic indicators of Tajikistan.

Comment from Dr. Khamolzoda
1. MoHSPP is interested in a methodology of the survey in general therefore the Project is requested to share the methodology and result of the survey.
2. Main problem of hospital facility is water supply and drainage system. Water supply and drainage system in Jomi and Shaartuz rayon hospital was rehabilitated by Japan government support. There remain the same problems in the Project target districts.

Request from MoHSPP
1. The German Bank rehabilitated a second floor of Norak rayon hospital, although MoHSPP originally requested the German Bank to cover all entire building. Therefore, the Project is requested to scope entire building of the hospital and consider health statistic such as still birth rate in a rehabilitation planning.
2. Duplication is another concern. Strengthening of supervision and referral system in Khatlon region has been supported by GIZ. The Project is advised to corporate with other donors through discussion.

5. Closing Remarks

Mr. Ken Inoue from JICA thanked the representatives of the Ministry of Health and Social Protection of Republic of Tajikistan, Khatlon Provincial Health Department and CRH managers, for their support and cooperation. And he also remarked that this project especially can contributed to the achievement of the third target of Sustainable Development Goals (SDGs) "Ensure healthy life for all ages and promote welfare" and the goal of Universal Health Coverage (UHC) "All people receive services for adequate health promotion, prevention, treatment, and functional recovery at affordable costs " through improvements in MCH. Therefore, strong expectations for achieving the goals of the project were expressed. Finally, Dr. Kamolzoda, Deputy Minister made closing remarks by emphasizing a significance of maternal health improvement through project activity and Mr. Kamolzoda expected the project to report a progress in next Steering Committee meeting next year.

Attachement:
1.Agenda of the meeting
2. Presentation (English and Russian)

Sherali Rakhmatulloev
Head
Mother and Child and Family Health Planning Department
Ministry of Health and Social Protection of Population of the Republic of Tajikistan

Yoshiko AKiyama
Team leader
Project for Improving maternal and Child Health Care System in Khatlon Oblast phase 2

Протокол 1-го Собрания Совместного Руководящего Комитета проекта «Улучшение услуг системы здравоохранения матерями и детям в Хатлонской области, Фаза 2»

Дата: 3-ое октября 2017, в 16:00
Место: Зал заседания МЗиСЗН, г. Душанбе

Количество участников: Список прилагается
Цель: Согласовывать планы реализации проекта на 2017-2019 гг.

1. Открытие

Заседание руководящего комитета началось с вступительного слова д-ра Дилорома Содиковой, советника министра здравоохранения и социальной защиты и приветствия д-ра Камолзода М., заместителя министра здравоохранения и социальной защиты. Д-р Дилором извинилась от имени председателя данного заседания, которым является первый заместитель министра, за то, что не смогла участвовать из за состояния здоровья. Она также выразила удовлетворение по поводу тесного сотрудничества JICA и отметила, что это сотрудничество длиться уже в течение последних лет.

2. Введение

Относительно проекта, д-р Рахматуллоев Шерали, начальник отдела охраны здоровья матери и ребенка и планирования семьи, с впечатлением отзывался о первой фазе проекта и отметил, что данный проект является второй фазой проекта JICA по охране здоровья матери и ребенка в Хатлонской области. Также было упомянуто, что функции родильных отделений центральных районных больниц улучшаться; знания и навыки медперсонала по материнскому, неонатальному и младенческому уходу укрепляются; система перенаправления матерей и новорожденных, а также и уход за ребенком усиливается между первичной и вторичной звеной службы медицинской помощи; укрепляется потенциал по управленческим навыкам в сфере материнского, неонатального и ухода за новорожденнымы в отделе здравоохранения Хатлонской области. Затем все участники с японской и таджикской стороны были представлены.

3. Презентация

Г-жа Йошико Акияма – руководитель проекта представила план проекта, включая: цели проекта, основные деятельности, индикаторы и структура проекта, план действий, демаркация деятельности среди доноров, а также и методолигия базового исследования.

В ходе презентации она отметила, что мероприятия по проекту и целевые районы дублируются с Исламским банком развития (ИБР) и USAID («Продовольствие во имя будущего»), и проект будет координировать работу с донорами в процессе внедрения. Г-жа Акияма добавила, что проект предоставит медицинское оборудование районам, в которых USAID работал, если в этом будет необходимость.

4. Предложения и рекомендации

Предложения и рекомендации со стороны д-ра Шерали, д-ра Дилором, и д-ра Камолзода.

Комментарии от д-ра Шерали

1. Министерство здравоохранения и социальной защиты и главврачи шести целевых больниц обязуются предоставить необходимую информацию и достаточные ресурсы для реализации проекта. МЗиСЗН хотел бы обсудить потребности и ситуацию с проектом. Ожидается, что главные врачи целевых районных больниц будут активно участвовать в ежемесячном собрании, организованной управлением здравоохранения хукумата Хатлонской области, а также с корпоративным опросом по оценке потребностей в объектах и оборудовании.
2. Первая фаза проекта способствовала улучшению повседневного обслуживания больниц и выявила проблемы также. А вторая фаза в особенности сосредаточна на сельскую местность в районах Ховалинг, Муминобод и Балджуван, где проблемы здоровья матери и ребенка все еще остается актуальной. МЗиСЗН беспокоится о высоком уровне домашных родов в этих зонах, около 60% роддов происходит на дому из за возможности доступа, и состояний дорог.
3. Министерство здравоохранения поддеживает проект поэтапно, и рады, что проект охватывает реалистичные индикаторы.

Рекомендации проекту со стороны д-ра Дилором

1. МЗиСЗН разработал Национальную стратегию здравоохранения на 2010-2020 годы, включая показатели мониторинга здоровья матери и ребенка. Поэтому, проекту предлагается принять индикаторы и провести базовое исследование соответственно. Проекту также предлагается поделиться результатами исследования по оценкам потребностей во время совещания Технической рабочей группы.
2. Проекту рекомендуется привлекать сотрудников МЗиСЗН и отдела здравоохранения Хатлонской области к работе на местах, с тем чтобы они могли работать с Проектом и предоставлять необходимую информацию.
3. В Хатлонской области работают много организаций и можно увидеть дублирование. Проекту рекомендуется предоставить отчет о ходе деятельностей на прозрачной основе, с тем чтобы МЗиСЗН мог обеспечить координацию доноров в правильный срок.
4. Для оценки потребностей объектов и оборудований, проекту рекомендуется сотрудничать с архитектором и инженером из Государственной службы санитарно-эпидемиологического надзора, который может проконсультировать относительно качество воды и санитарного состояния в целевых районов.
5. Для достижения индикатора результата Проекта, было предложено ссылаться на Стратегию национального развития Таджикистана до 2030г, которая включает макроэкономические показатели Таджикистана.

Комментарии от д-ра Камолзода

1. МЗиСЗН заинтересовано в методологии проведения исследования в целом, поэтому проекту предлагается поделиться методологией опроса и результатов.
2. Основной проблемой в учреждениях является система водоснабжения и дренажи. С помощью японского государста были востановлены системы водоснабжения в районах Джоми и Шартуз. Те же самые проблемы существуют в целевых районах.

Запрос МЗиСЗН

1. Немецкий банк реабилитировал второй этаж больницы города Норака, хотя МЗиСЗН изначально требовала от ИБР охватить все здание. Поэтому, Проекту предлагается охватить полное здание больницы и учитывать статистику состояния здоровья, такую как уровень мертворождаемости в планировании реабилитации.
2. Еще одна проблема - дублирование. Усиление кураторства и системы перенаправления в Хатлонском регионе осуществляются GIZ. Поэтому проекту порекомендовали обсуждать с другими донорами по этому направлению.

5. Закрытие

Г-н Кен Иноуэ из JICA поблагодарил представителей Министерства здравоохранения и социальной защиты Республики Таджикистан, Хатлонского областного управления здравоохранения и руководителей ЦРБ за их поддержку и сотрудничество. Он также отметил, что этот проект, в частности, может способствовать достижению третьей задачи Целей устойчивого развития (SDG) «Обеспечение здорового образа жизни для всех возрастов и содействия благосостоянию» и цели Всемирного охвата здравоохранением (UHC) и «Все люди получают услуги для адекватного укрепления здоровья, профилактики, лечения и функционального восстановления по доступным ценам" путем совершенствования ЗМиР. Поэтому были выражены сильные надежды на достижение целей проекта. Д-р Камолзода объявил заседание закрытым, где рассмотрелись воросы важности значения улучшения состояния здоровья матерей по проекту и выразил надежду услышать о прогрессе проекта на заседании СРК, который состоится в следующем году.

Прилагается:

1. Повестка заседания

2. Презентация (на англ. и рус. языках)

Шерали Рахматуллоев
Начальник отдела Здоровья Матери и Ребенка и Планирования Семьи, Министерства Здравоохранения и Социальной Защиты Населения РТ

Йошико Акияма
Руководитель Проекта
«Улучшение услуг системы здравоохранения матерями и детям в Хатлонской области, Фаза 2»

List of participants for the First Joint Coordination Committee (JCC) Meeting

№	Name	Organization	Position
1	Kamolzoda M.	Deputy Minister	MoHSPP RT
2	Sodiqova Dilorom	Advisor to the Minister	MoHSPP RT
3	Rahmatulloev Sheraly	Chief of Maternal & Child Department	MoHSPP RT
4	Sangor Zamir	Manager	CRH of Baljuvon
5	Ghayurov S.	Manager	CRH of Muminobod
6	Tursunov Kh.	Specialist	PHD of Khatlon
7	Rabiev R.	Manager	PHC of Khovaling
8	Murodov Saidahmad	Manager	CRH of Khovaling
9	Tumanov M.	Manager	CRH of Bokhtar
10	Zoidov T.	Manager	CRH of Norak
11	Izatulloev A.	Manager	CRH of Sarband
13	Isutsui Akiyuki	Third secretary of embassy of Japan	Embassy of Japan
14	Ken Inoue	Representative	JICA
15	Yumiko Yamashita	Project Formulation Advisor	JICA
16	Shokirjon Mahmadov	Program officer	JICA
17	Akiyama Yoshiko	Chief Advisor	JICA Project, KRC
18	Hatano Akiko	Medical Equipment (2)/ Equipment Planning	JICA Project, KRC
19	Watanabe Masahiko	Facilities Planning (Architecture)	JICA Project, KRC
20	Noto Hisayuki	Facilities Planning (Facility)	JICA Project, KRC
21	Sugino Yoshiharu	Project Coordinator	JICA Project, KRC
22	Mirzomudinov Khudoynazar	Technical Assistant/Translator	JICA Project
23	Farida Ashurova	Project Assistant	JICA Project
24	Saida Imomalieva	Project Assistant	JICA Project
25	Mustafo Majidov	Project Administrator	JICA Project

MINUTES OF MEETING
FOR
SECOND STEERING COMMITTEE
OF
THE PROJECT FOR IMPROVING MATERNAL AND CHILD HEALTH CARE SYSTEM IN KHATLON OBLAST PHASE II

The Second Joint Steering Committee Meeting (hereinafter referred to as "ST/JCC") of the Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase 2 (hereinafter referred to as "Project") was held on 14 February 2018 at the conference room of Tajikistan Ministry of Health and Social Protection of the Population (hereinafter referred to as "MoHSPP"), Dushanbe, Tajikistan. Discussions made among the attendees are briefly described in the document attached hereto.

Dushanbe, 19 February 2018

(Japanese side)

Mr. Tanabe Hideki
Chief Representative
Tajikistan Office
Japan International Cooperation Agency (JICA)

(Tajikistan side)

Dr. Umarzoda Saida Gairat
First Deputy Minister
Ministry of Health and Social Protection of the Population (MoHSPP)

Ms. Akiyama Yoshiko
Chief Advisor
Japanese Expert Team
Koei Research &Consulting Inc (KRC)

ATTACHMENT

Meeting agenda:

1. Opening Remarks

The Second Steering Committee Meeting was started with the opening remarks by Dr. Saida Umarzoda, First Deputy Minister of Health and Social Protection of the Population (MoHSPP). The First Deputy Minister emphasized that maternal and child health issue was the highest priority in the country and the President was interested in decrease of maternal and child mortality. She also thanked for JICA's past cooperation in health sector through provision of vaccine, medical equipment and hospital water supply system.

Mr.Hideki Tanabe, Chief Representative of JICA Tajikistan Office, expressed appreciation to all members for their participation and apologized for being absent in the first steering committee. Mr. Tanabe noted that JICA Tajikistan has been reviewing its cooperation strategy for the country and new strategy would be finalized in the end of March. He added that the health system strengthening remains as high priority in the strategy. He stated that JICA was ready to support MoHSPP own effort but cannot take all requests made by Tajikistan side.

2. Baseline Survey result presentation

Before presenting the baseline survey result, Ms. Yoshiko Akiyama, the Project Chief Advisor, stated that the Project would share the baseline survey result and propose the plan for hospitals to be able to provide quality maternal and child health service. She also added that the proposed plans also include options not covered by the project scope.

The Japanese Expert Team (hereinafter referred to as "the Team") explained the project progress since October 2017. The contents of presentations include the facility and equipment survey results as well as health professionals' skill level, referral system, monitoring system in practice and challenges and recommendation identified through surveys (see Attachment 1 Baseline Survey Presentation).

3. Questions and Comments

1) Output 1: Facility rehabilitation and medical equipment

<u>Facility rehabilitation</u>

The Team proposed water supply rehabilitation plan with well installation and pipe change in Bohar and Sarband district hospitals. In response to the plans, the Tajik side raised two inquiries on the plans– 1. whether septic in Bohtar and Sarband was taken into consideration during the study and 2. why Bohtar and Sarband were high priority in the proposal. The Team responded that septic is not going to be covered in the plan and the priority of the plan was set after consideration of demarcation with the Islamic Development Bank (IDB). The First Deputy Minister requested the Project to coordinate with IDB and to provide detailed information on advantages, disadvantages and cost estimation of the two proposed plans with MoHSPP and added that JICA's cooperation in water supply system improvement was well known as a successful case and the President also acknowledged it. The Team agreed to provide the detailed information of two proposed plans and to have further discussion with MoHSPP.

The Tajik side stated that many donors such as KfW, JICA, USAID and GAVI have been supporting 19 districts of Khatlon Oblast but not all the information was accessible. Therefore, they requested the Project to update the detailed activity information based on coordination and information collected from other donors' activities.

Equipment Provision

The First Deputy Minister appreciated that KfW and JICA established a good donor coordination model and requested the Project to follow the manner in terms of coordination with USAID. The Tajik side also requested the Project to reconsider priorities of the equipment in accordance with needs and service level of target district hospitals. The Tajik side asked the Project to consider the provision of suction pump, abortion equipment, hemoglobin meter, HIV and Hepatitis test kit with reproductive health centers and PHC facilities in target districts so that PHC facilities can smoothly refer patients to the upper levels.

(2) Output 2: Skill Improvement

The Tajik side proposed the Team to review the data together with MoHSPP, National and Oblast Statistic Department and Oblast Hospital before finalizing the baseline survey report and the Team agreed.

The Tajik side also called for the involvement of PHC health professionals in trainings planned by the Project.

(3) Output 3: Information Sharing (referral system strengthening)

The First Deputy Minister stated perinatal centers have been under construction in Kurganteppa, Kulob by KfW and Dangara hospital could be considered as the top referral level. She also mentioned that referral system would be revised after the construction the centers are completed.

(4) Output 4: Management (Monitoring and Supportive Supervision system strengthening)

The First Deputy Minister provided more detailed information on supportive supervision activity progress I Tajikistan including bi-annual coordination meeting and guidelines approval undertaken by MoHSPP and agreed with the Project to involve Khatlon Oblast Health Department in supportive supervision activity.

4. Measures

(1) Measures taken by MoHSPP

- Provide IDB contact and update project information to the Project as IDB representative is not in Tajikistan

(2) Measures taken by the Project:

- Provide detailed information of two proposed plans of water supply system rehabilitation in Bohtar and Sarband including advantages, disadvantages and cost estimation to MoHSPP.

- Finalize the medical equipment procurement list and to coordinate with other donors to avoid duplication.
- Receive new ANC monitoring format from National Reproductive Health Center and attach in the Baseline Survey Report

Measures taken by both parties

- Conduct the meeting among MoHSPP, National and Oblast statistisc department, Oblast hospital and the Project in order to review all collected data during the survey.

5. Closing Remarks

Advisor to the Minster thanked all ST/JCC members for full participation and explained that the project activity plan for 2018 has a strong link with JICA's other assistance such as provision of ambulance car and medical equipment to National Medical Center (Shifo Bakhsh Hospital). Therefore, she insisted JICA office to urge JICA HQ to speed up the implementation process.

Chief Representative of JICA Tajikistan Ofice expressed his happiness that the presentation was informative and questions and comment were serious and important. He added that discussions showed MoHSPP's ownership which was fundamental of success. As for medical equipment list, Mr. Tanabe explained that it seemed to be not yet finally fixed and committed by JICA , but JICA would provide equipment as much as possible in accordance with Record of Discussion. He added that JICA budget allocation is still under discussion but JICA tries to include equipment as much as possible.

As for facility rehabilitation plan, he stated that recommendation presented by the Team does not mean JICA would cover all the options. He also briefed the difference between technical assistance and grant aid assistance. He responded that JICA is happy to reply to Advisor to the Minister's request separately from the Project.

The Project Chief Advisor concluded the meeting by appreciating active discussion among all participants and asking the Tajik side to keep close communication with the Project when the Project faces problems.

The First Deputy Minister responded to the Project Chief Advisor that MoHSPP is always open and ready to work together to realize the project.

Attachment: 1. Baseline Survey Presentation

Participant List

№	Name	Position	Organization
1	Umarzoda Saida	First Deputy Minister	Ministry of Health and Social Protection of Population (MOHSPP)
2	Sodiqova D.	Adviser to the Minister	MOHSPP
3	Rahmatulloev Sh.	Head	Mother and Child and Family Health Planning Department MOHSPP
4	Mannov. O	Head	Department of Reform and PHC MOHSPP
5	Rahmatulloeva S	Expert	Mother and Child and Family Health Planning Department MOHSPP
6	Ghanizoda M.H	Director	National Reproductive Health Centre
7	Bandaev I.S	Director	National Republic Training and Clinical Family Medicine Centre
8	Murodov S.	Head Doctor	Khovaling Rayon Hospital
9	Mallazoda S.H	Head	Oblast Health Department of Khatlon
10	Tumanov M.	Head Doctor	Bokhtar Rayon Hospital
11	Gulmahmadzoda. Z	Head Doctor	Baljuvon Rayon Hospital
12	Sharipov R.	Deputy Director	Muminobod Rayon Hospital
13	Qahorzoda T.	Head Doctor	Norak Rayon Hospital
14	Izatulloev A.	Head Doctor	Sarband Rayon Hospital
15	Tsutsui Akiyuki	Third Secretary	Embassy of Japan, Tajikistan
16	Tanabe Hideki	Chief Representative	JICA Tajikistan Office
17	Yamashita Yumiko	Project Formulation Advisor	JICA Tajikistan Office
18	Mahmadov Shokirjon	Program Officer	JICA Tajikistan Office
19	Akiyama Yoshiko	Chief Advisor	JICA Project, Koei Research &Consulting Inc (KRC)
20	Konohara Makiko	Deputy Chief Advisor	JICA Project, KRC
21	Abo Hiroshi	Medical Equipment/Maintenance Planning	JICA Project, KRC
22	Hatano Aiko	Medical Equipment (2)/Equipment Planning	JICA Project, KRC
23	Watanabe Masahiko	Facilities Planning (Architecture)	JICA Project, KRC
24	Noto Hisayuki	Facilities Planning (Facility)	JICA Project, KRC
25	Sugino Yoshiharu	Project Coordinator	JICA Project, KRC
26	Majidov Mustafo	Project Administrator	JICA Project, KRC
27	Ashurova Farida	Project Assistant	JICA Project, KRC
28	Imomalieva Saida	Project Assistant	JICA Project, KRC

MINUTES OF MEETING
FOR
THIRD STEERING COMMITTEE
OF
THE PROJECT FOR IMPROVING MATERNAL AND CHILD HEALTH CARE SYSTEM IN KHATLON OBLAST PHASE II

The Third Joint Steering Committee Meeting (hereinafter referred to as "ST/JCC") of the Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase 2 (hereinafter referred to as "Project") was held on 19 October 2018 at the conference room of Immuno-prophylaxis Center, Tajikistan Ministry of Health and Social Protection of the Population (hereinafter referred to as "MoHSPP"), Dushanbe, Tajikistan. Discussions made among the attendees are briefly described in the document attached hereto.

Dushanbe, 9 November 2018

(Japanese side)

田邉秀樹

Mr. Tanabe Hideki
Chief Representative
Tajikistan Office
Japan International Cooperation Agency (JICA)

FOV 秋山 祥希子

Ms. Akiyama Yoshiko
Chief Advisor
Japanese Expert Team
Koei Research &Consulting Inc (KRC)

(Tajikistan side)

Dr. Umarzoda Saida Gairat
First Deputy Minister
Ministry of Health and Social Protection of the Population (MoHSPP)

ATTACHMENT 1

1. Opening Remarks

The Third Steering Committee Meeting started with the opening remarks by Dr. Saida Umarzoda, First Deputy Minister of Health and Social Protection of the Population (MoHSPP) by stating that the Project had been implemented successfully in a close cooperation with MoHSPP.

Sherali Rakhmatulloev briefed the agenda and the purpose of the meeting. Main agenda is to report six months activity progress including the completion of the 1st batch of the equipment installation and capacity building on equipment maintenance and maternal and neonatal care. He requested head doctors of CDHs to monitor the usage of the equipment and not to allow them to use it without any orientation and without sufficient level of competency of health professional.

2. Report on 6 months activity and agree plan for 2019

Ms. Yoshiko Akiyama, the Project Chief Advisor, reported activity implemented for March to September 2018, mainly about equipment installation, capacity building training and supportive supervision, and the plan for 2019 (see the attachment 2) .

Ms. Aiko Hatano, the consultant in charge of medical equipment planning, presented the procedure how equipment was installed in CDHs and how Standard Operation Procedure (SOP) was developed.

Dr. Dilorom Sodiqova, Advisor to the Minister and Dr. Zamir Gulmahmadzoda, head doctor of Baljuvon CDH, requested the Project to provide price of medical equipment in order to register the equipment in the hospital account and include the maintenance cost in a budget plan. Ms. Akiyama responded that the Project would discuss with JICA Tajikistan office and would reply to MoHSPP.

The Effective Perinatal Care (EPC) training result was additionally followed by Dr. Kamilova, national trainer, by explaining that EPC training was implemented with theoretical and practical approaches. According to Dr. Kamilova, trainees observed how the Institute of Obstetrician, Gynecology and Perinatology provided services and organized facility settings according to the guidelines by site tour.

The result of Training of trainers (TOT) on antenatal care was reported by Dr. Ganieva, national trainer. She reported that improvement could be seen in a comparison of pre- and post- tests result (increased from 44 points to 66 points) but capacity of health specialists at district Reproductive Health Centre (RHC) was still limited even after the training. She insisted that the internal training system was necessary to be established. She also stated the necessity of increasing capacity of family medicine doctor and nurse in antenatal care.

Dr. Umarzoda requested head doctors to establish internal training system and organize training room at district level by mobilizing resources.

3. Questions and Comments

Training in Japan

The First Deputy Minister requested the Project to explain the purpose and schedule of training in Japan. She also questioned what head doctors of CDHs could learn from the health system in Japan which is completely different and much advanced from Tajikistan health system and asked the Project to reallocate the Japan

training budget for additional activities in the country. Dr. Sodiqova who had been to Japan responded that head doctors could learn something from Japanese health system such as utilization of Maternal and Child Health handbook and it was worth sending them to Japan. Besides, First Deputy Minister proposed the Project to organize a short tour for policy makers of MoHSPP in order to observe health system in Japan. Dr. Sodiqova requested the Project to make agreement on trainee selection with MoHSPP in advance. She proposed National Reproductive Health Center and Institute of Obstetrician, Gynecology and Perinatology to provide comment on the action plan which would be developed by CDH directors during Japan training.

Ms. Akiyama briefly explained main purposes of Japan training as follows:

1. To learn maternal and child health care system transition
2. To observe how maternal and neonatal care service is managed in hospital
3. To develop the action plan

Dr. Sodiqova asked the participants to report their action plans to MoHSPP after returning from Japan. It was concluded that the Project would have separate meeting with the First Deputy Minister to brief detailed program of the Japan training.

The Annual Work Plan

Dr. Sodiqova, on behalf of the First Deputy Minister who left in the middle of the meeting, asked the Project to develop and submit a draft annual work plan by 15-17th December so that it could be finalized with a review of the Minister. She also proposed that the annual work plan should include head doctors action plan which would be developed during the Japan training.

Equipment Maintenance

Dr. Sodiqova expressed the necessity of establishing t equipment maintenance system at oblast level and enhancing equipment operation skill at facility level and disseminating to the population after the 2nd batch of equipment installation.

Dr. Qahorzonda, head doctor of Nureck CDH thanked MoHSPP and the Project for including Nurek in the project target districts and assisting the capacity building of health professionals. He shared an example of using new incubator which saved 1kg newborn baby with proper care.

Other issues

Dr. Sodiqova requested JICA Tajikistan office and the Project to support the development of National Health Strategy 2020-2030 and also to integrate the Project activity in the strategy.

4. Closing Remarks

Mr. Hideki Tanabe, Chief Representative of JICA Tajikistan Office expressed appreciation to MoHSPP for understanding the importance of equipment maintenance and informed that JICA would dispatch equipment maintenance specialist to MoHSPP in 2019. Mr. Tanabe also expressed his expectation that six head doctors who were going to Japan would develop good action plan and contribute to the annual work plan for 2019.

In response to the request for supporting the National Health Strategy development, Mr. Tanabe agreed to integrate JICA contribution and the Project activity into it, but he also said that supporting the development of the strategy was beyond the Project scope and it would be discussed in a separate meeting.

The Project Chief Advisor concluded the meeting by appreciating active discussion among all participants.

Participant List

No	Name	Position	Organization
1	Umarzoda S. Gh	First Deputy Minister	Ministry of Health and Social Protection of Population (MOHSPP)
2	Sodiqova D. N	Adviser to the Minister	MOHSPP
3	Rahmatulloev Sh.	Head	Mother and Child and Family Health Planning Department, MOHSPP
4	Yunusova D	Deputy	Safety Motherhood and Planning Family Department, MOHSPP
5	Idrisov Z	Leading specialist	Department of Reform and PHC, MOHSPP
6	Rahmatulloeva S	Senior specialist	Mother and Child and Family Health Planning Department MOHSPP
7	Kamilova M	Head of obstetrician department	Obstetrician Department Tajik Institute of Obstetrician, Gynecology and Perinatology
8	Ghanizoda M.H	Director	National Reproductive Health Centre
9	Ghanieva S	Deputy	Educational Department of Youth Centre, National Reproductive Health Centre
10	Murodalieva B	Deputy	National Reproductive Health Centre
11	Ghayurov S	Deputy Director	Khatlon Oblast Health Department, Kulob zone
12	Murodov S.	Head Doctor	Khovaling District Hospital
13	Tumanov M.	Head Doctor	Bokhtar District Hospital
14	Gulmahmadzoda. Z	Head Doctor	Baljuvon District Hospital
15	Sharipov R.	Head Doctor	Muminobod District Hospital
16	Qahorzoda T.	Head Doctor	Norak District Hospital
17	Izatulloev A.	Head Doctor	Sarband District Hospital
18	Tsutsui Akiyuki	Third Secretary	Embassy of Japan, Tajikistan
19	Tanabe Hideki	Chief Representative	JICA Tajikistan Office
20	Yamashita Yumiko	Project Formulation Advisor	JICA Tajikistan Office
21	Mahmadov Shokirjon	Program Officer	JICA Tajikistan Office

22	Akiyama Yoshiko	Chief Advisor	JICA Project, Koei Research &Consulting Inc (KRC)
23	Konohara Makiko	Deputy Chief Advisor	JICA Project, KRC
24	Abo Hiroshi	Medical Equipment/Maintenance Planning	JICA Project, KRC
25	Hatano Aiko	Medical Equipment (2)/Equipment Planning	JICA Project, KRC
26	Makhmudov Alisher	Consultant	JICA Project, KRC
27	Majidov Mustafo	Administrator	JICA Project, KRC
28	Imomalieva Saida	Project Assistant	JICA Project, KRC

Attachment 2: Presentation

MINUTES OF MEETING
FOR
FOURTH STEERING COMMITTEE
OF
THE PROJECT FOR IMPROVING MATERNAL AND CHILD HEALTH CARE SYSTEM IN KHATLON OBLAST PHASE II

The Fourth Joint Steering Committee Meeting (hereinafter referred to as "ST/JCC") of the Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase 2 (hereinafter referred to as "Project") was held on 5 July 2019 at the conference room of Dushanbe Serena Hotel, Tajikistan. Discussions made among the attendees are briefly described in the document attached hereto.

Dushanbe, July 2019

(Japanese side)

Mr. Tanabe Hideki
Chief Representative
Tajikistan Office
Japan International Cooperation Agency
(JICA)

Ms. Akiyama Yoshiko
Chief Advisor
Japanese Expert Team
Koei Research &Consulting Inc (KRC)

(Tajikistan side)

Dr. Umarzoda Saida Gairat
First Deputy Minister
Ministry of Health and Social Protection of the Population (MoHSPP)

Date: 5th of July 2019 (14:00-17:00)
Venue: Conference room at Serena hotel

Participants: List is as attached

Agenda:

1. Opening Remarks
2. Presentation of progress and achievements for 2 years
3. Plan of the Project activities for the next 2 years
4. Comment and Discussion
5. Closing remarks

1. Opening Remarks

The Fourth Steering Committee (S/C) Meeting was started with the opening remarks by Dr. Saida Umarzoda, First Deputy Minister of Health and Social Protection of the Population (MoHSPP), emphasizing that improvement of maternal and child health situation was the highest priority in the country and activities is being implemented under the President initiative. Dr. Umarzoda updated the progress of developing the National Health Strategy 2020-2030 and reminded that all efforts to reduce maternal and child mortality would be done by MoHSPP and development partners.

Dr. Umarzoda stressed that maternal and child health situation in Khatlon oblast was bad and provision of medical equipment as well as EmONC care was needed.

Dr. Umarzoda appreciated JICA's cooperation to Tajikistan and stated that JICA was one of the key development partners by listing the cooperation such as solar panel and water supply project.

Dr. Umarzoda explained that the objective of S/C meeting was to discuss a progress and challenges. She also requested district hospital (CDH) head doctors to submit training report to MoHSPP.

Mr. Hideki Tanabe, Chief Representative of JICA Tajikistan Office expressed appreciated the attendance of MoHSPP representative, development partners, representative of Embassy of Japan and the Project team. Mr. Tanabe stated that various activities such as procurement of medical equipment and trainings has been implemented for the first 2 years of the Project and he expected to know the progress and next 2 years plan. Mr. Tanabe proposed MoHSPP to include lessons and approach observed from the Project into new National Health Strategy. Mr. Tanabe reminded the difference between technical assistance and grant aid project by explaining the importance of capacity building of health personnel as well as procurement of medical equipment.

Mr. Tanabe stressed ex-trainee of Training in Japan to share the report with their staff in order to gain new knowledge and skill from this year's Training in Japan. He also explained the importance of ensuring sustainability because the project implementation period was fixed and it was time for ex-trainees to work independently

2. Presentation of progress and achievements for 2 years

Ms. Yoshiko Akiyama, the Project Chief Advisor presented the result of activity implemented for the past 2 years and the project implementation strategy by explaining that training follow-up was done through supportive supervision and strengthening referral system was focused.

After Ms. Akiyama' s presentation, progress and challenges under outputs were presented by the project team member and national coordinator of Research Institute of Obstetrician, Gynecology and Perinatology (please refer to the presentation slide). Ms. Akiyama stressed that the Project will be necessary to start BTN for neonatal and stillbirth which the guideline will supposed to be issued. The change of project indicators was presented after the reporting on progress and challenges. Ms. Akiyama illustrated that number of stillbirths at CDH was decreased by health workers skill improvement at birth delivery. Ms. Akiyama also stressed the dramatical change in newborn referral by quoting total number of referral case of last 6 months. She explained that the decrease of referral number was brought by incubator provided.

3. Plan of the Activity for next 2 years

Ms. Akiyama shared the activity plan of next 2 years such as 2nd batch of the equipment installation, BTN implementation, training for PHC facilities, EPC and ANC, training in Japan, implementation Quality Improvement Action Plan (QI plan) and strengthening oblast supervisor capacity.

4. Comment/Discussion

Comment, suggestion and request by participants are as follows:

	Comment, Suggestion, Request	Action and Agreement
Output 1	The First Deputy Minister requested the Project - to train the person in-charge of medical equipment at CDH - to report utilization situation of procured medical equipment in next S/C. -The First Deputy Minister requested CDH head doctors to secure the budget for spare parts procurement and maintenance fee.	-The Project is going to train preventive measure and basic repair skill and what to do in case of serious damages. - The Project is going to follow-up clinical part of equipment utilization through supportive supervision and report a progress in next S/C. -Head doctors accepted the request.
Output 2	-The First Deputy Minister requested the Project and CDH head doctors to improve a basic skill such as blood pressure measurement and partogram filling for next 2 years	-Head doctors agreed to include basic skill improvement in Quality Improvement Action plan. Supervisors also agreed to follow-up during supportive supervision visit.
Output 3	-The First Deputy Minister instructed CDH head doctors to be responsible for referral system strengthening because head doctor is responsible for entire district health system. - The First Deputy Minister also requested National Reproductive Health Center （RepHC）to assist for improving exchange card filling skill with district RepHC.	-Head doctors and National Reproductive Health Center are going to follow the First Deputy Minister's instruction.
Output 4	-USAID project member proposed the round table meeting for national and oblast supervisors of JICA, USAID and GIZ project target districts for identifying challenges and effective approach. -The First Deputy Minister instructed national coordinators to work closely with oblast supervisors for their capacity building.	-All parties are going to discuss and decide how and when to organize the round table meeting. -National coordinator agreed on joint work with national and oblast supervisors.
Other activity	-The First Deputy Minister proposed to make joint monitoring visit with	-All parties agreed to conduct monitoring visit.

	JICA office and the Project team to 6 target CDHs in September or October 2019. -Advisor to the Minister proposed the Project to sensitize the district population to utilize hospital service by media campaign. -The First Deputy Minister proposed the Project to include coverage rate of EPI and HIV prevalence in the project indicator and collect the data regularly.	-The Project team will plan for sensitization. -Ms. Akiyama explained the Project is not going to intervene EPI and HIV program directly, although HIV test is part of antenatal care. The First Deputy Minister understood and requested supervisor to collect the data on EPI for home delivery and HIV and include the indicator in the check list. The supervisors agreed.
Project Management	The First Deputy Minister sent the following requests to the Project. -Simultaneous interpreter is dispatched for next ST/JCC. -Official name of maternity hospitals have been changed. The Project should update the name when it is used in the presentation and document -Ministry order for training implementation should be issued only by MoHSPP, not other entities such as hospital, Research Institute and Khatlon Oblast Health Department	- The Project accepted the Frist Deputy Minister's requests.

5. Closing remarks

Mr. Hideki Tanabe, Chief Representative of JICA Tajikistan Office expressed his appreciation for S/C discussions on all important aspects for sustainability, securing budget, maintenance of equipment, and insisted the needs of equipment management system at CDH level and the importance of management role of head doctors. He also requested the Project to utilize MCH handbook.

Dr. Saida Umarzoda encouraged head doctors of 6 CDH to bring achievement from the project so that JICA would consider the improvement of construct water supply system in CDHs through grant aid scheme.

END

Attachment:
1. List of participants
2. Presentation slide

No	Name	Position	Organization
1	Umarzoda S. Gh	First Deputy Minister	Ministry of Health and Social Protection of Population (MOHSPP)
2	Sodiqova D. N	Adviser to the Minister	MOHSPP
3	Nabiev Z.N	Head	Mother and Child and Family Health Planning Department, MOHSPP
4	Tohirov R.J	Head	Department of reform, PHC and international department of MOHSPP
5	Darvershzoda B.	Director	Public Relation department of MOHSPP
6	Shosaidov Kh.	Journalist	MoHSPP
7	Mardonova S.M	Deputy	Obstetrician Department of Tajik Institute of Obstetrician, Gynecology and Perinatology.
8	Kamilova M. Yo	Head of obstetrician department	Obstetrician Department of Tajik Institute of Obstetrician, Gynecology and Perinatology.
9	Ghanizoda M.H	Director	National Reproductive Health Centre
10	Yunusov A	Neonatologist	Research institute of obstetrics, gynocological & perinatal research
11	Rajabzoda.	Director	Public Health Department Khatlon Oblast
12	Valiev A.	Head Doctor	Khovaling Central District Hospital of Khatlon oblast
13	Tumanov M.	Head Doctor	Kushoniyon Central District Hospital of Khatlon oblast
14	Gulmahmadzoda Z.	Head Doctor	Baljuvon Central District Hospital of Khatlon oblast
15	Sharipov R.	Head Doctor	Muminobod Central District Hospital of Khatlon oblast
16	Qahorzoda T.	Head Doctor	Norak Central City Hospital of Khatlon oblast
17	Izatulloev A.	Head Doctor	Levakant Central District Hospital of Khatlon oblast
18	Nishimura Eriko	Counsellor and Medical Attaché	Embassy of Japan, Tajikistan
19	Tanabe Hideki	Chief Representative	JICA Tajikistan office
20	Yamashita Yumiko	Project Formulation Advisor	JICA Tajikistan Office
21	Akiyama Yoshiko	Chief Advisor	JICA Project, Koei Research &Consulting Inc (KRC)
22	Konohara Makiko	Deputy Chief Advisor	JICA Project, KRC
23	Abo Hiroshi	Medical Equipment/Maintenance Planning	JICA Project, KRC
24	Makhmudov A.	Training Management	JICA Project, KRC
25	Majidov M.	Administrator	JICA Project, KRC
26	Ashurova F.	Project Assistant	JICA Project, KRC
27	Imomalieva S.	Project Assistant	JICA Project, KRC

28	Olimova L.	Deputy Team Leader	GIZ QIHS Project (Donor)
29	Razikova G.	Deputy Chief of Party	Feed the Future Tajikistan Health and Nutrition Activity.
30	Jaborova T	Clinical director	Tajikistan Health and Nutrition Activity (THAN).

1st Technical Working Group (TWG) Meeting
on the "the Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase 2"

Date: 2017. September 27 14:30 -15:30
Venue: Conference room of Khatlon Oblast Health Department, Kurgan-Tyube
Participants: List attached

Agenda:

1. Opening Remarks
2. Introduction of the Project Members
3. Outline of the Project
4. Project Implementation Committee
5. Plan of Operation (Work Breakdown Structure)
6. Baseline Survey
7. Discussion
8. Closing Remarks

1. Opening Remarks

The meeting was opened by Dr. Shonazarova M, the First Deputy of the Public Health Department of Khatlon region, remembering the 1st phase of the project cooperation and achieved progress in a field of maternal and child health care and stating launch of the 2nd phase of the Project(herein after JICA Project). Dr. Shonazarova announced six target districts - Bokhtar, Sarband, Nurek, Baljuvan, Khovaling and Muminobod.

2. Introduction of the Project Members

Then the project manager, Ms. Akiyama Yoshiko thanked all participants for the participation and introduced all project members. She started the project presentation, which included five topics. (See the slide 1-2)

3. Outline of the Project

Clarifying the main activities of the project, Ms. Akiyama highlighted the aim of the project, the target areas and the outputs of the project. The project outputs are:

1. The functions of the maternity (and pediatric) department of the central district hospital and numeral hospital are improved.
2. Knowledge and skills on MNI care of health professionals are strengthened.
3. Referral system for MNI care is strengthened between primary and secondary health care facilities.
4. Capacity to manage on MNI care is strengthened in Health Department of Khatlon Oblast Government.

Further, Ms. Akiyama presented the project duration, the main activities of each output, the indicators of the project and other purposes covering by project. (See slides 3-6).

4. Project Implementation Committee

Members of the national committee (Steering Committee) was introduce by slide. First Deputy Minister of Health and Social Protection of the Population is a supervisor of the project and Dr. Rahmatulloev Sherali, Head of Mother and Child Health and Family Planning Department is a project coordinator. All members of Technical Working Group were introduced as members of the regional committee (see slides 7-8).

5. Plan of Operation (Work Breakdown Structure)

The handout explaining Work Breakdown Structure was distributed to participants for detailed explanation.

For Output 1 activity, the survey for equipment and facility infrastructure needs assessment is conducted by three Japanese project experts at the central district hospitals. The survey takes place in October and a result will be provided to JICA headquarters for budget approval. It is planned to provide equipment in March, and rehabilitation will start in April. Concerning medical equipment, the project also covers trainings on operation and maintenance. (See slides 9-10)

The project provides a training record database with PHD of Khatlon oblast. The Project provides training courses on emergency obstetric care and neonatal care as well as conducting trainings on antenatal care and postnatal care including referral cases at primary health care facilities. It was also mentioned that supportive supervision would be implemented at central district/city hospital by the Oblast MNI management team. It was added that PHD manager of Khatlon Oblast and deputy directors of district hospitals, including the heads of maternity wards for a two-week training to Japan. (See slides 11-16)

6. Baseline Survey

The project plans to collect four varieties of data at baseline survey:

1. Current situation and necessary rehabilitation of the facility
2. Current situation and necessary equipment for MCH care
3. Numbers of delivery, maternal and neonatal death
4. Data collection on practice on delivery and neonatal care, and antenatal care

Ms. Akiyama explained data collection method of each assessment including surveyor and condition and requested hospital staff to assist and provide cooperation for the survey. (see slides 17-23)

7. Discussions

Representatives of PHC in district clarified whether PHC was in the Project target. Ms. Akiyama responded that other donor has been targeting primary care facility therefore the Project excluded PHC from the target.

Dr. Tumanov, Head Doctor of CRH Bohtar asked about rehabilitation of the sewerage and water supply systems. Dr. Tumanov inquired whether the hospital prepare the proposal developed by local architects. Ms. Akiyama responded that the hospital should submit if there was a proposal for sewage and water system and otherwise, Japanese experts would survey and prepared a plan. Ms. Akiyama added that the Project understood many documents were lost during the civil war in Tajikistan.

It was also suggested to consider provision of washing machines for laundry room of maternity departments. Ms. Akiyama answered that USAID project "Food for the Future" included in the plan and requested hospital to discuss with USAID.

8. Closing remarks

Ms. Shonazarova Matlyuba thanked Ms. Akiyama for detailed explanation and expressed her gratitude to the project for a great contribution in a field of maternal and child health care in the Khatlon region. She also requested all CRH managers and responsible persons of hospitals to assist project experts during the survey, and wished success in a future cooperation.

For

Dr. Shonazarova M.Sh
First Deputy Director
Khatlon Oblast Health Department
The Republic of Tajikistan

Akiyama Yoshiko
Project Manager
Project for Improving Maternal and Child Health Care System in Khatlon Oblast, Phase 2

Attachment 1

The list of participants of 1st Technical Working Group (TWG) Meeting

№	Name	Organization	Position	Contacts
PHD of Khatlon Region				
1	Shonazarova Matlyuba	PHD of Khatlon Region	First Deputy Director	[redacted]
2	Mirzoeva Rayhona	Regional Reproductive Health Center	Director	[redacted]
3	Nazarova Mavlyuda	Family Medicine Center	Director	
Bokhtar				
4	Tumanov Mahmad	Central Rayon Hospital	Head Doctor	[redacted]
5	Nazirov Habibullo	Primary Health Care Center	Manager	[redacted]
Baljuvan				
6	Sangov Zamir	Central Rayon Hospital	Head Doctor	[redacted]
7	Shodmonova Shahlo	Maternity department	Obstetric gynecologist	[redacted]
8	Haknazarova Balkhiyo	Primary Health Care Center	Manager	[redacted]
Muminabad				
9	Ghayurov Sadriddin	Central Rayon Hospital	Head Doctor	[redacted]
10	Vosiev Tuyboshi	Primary Health Care Center	Manager	[redacted]
Nurek				
11	Zoidov Taghoibek	Central Rayon Hospital	Head Doctor	[redacted]
12	Kamolova Gulandom	Maternity department	Obstetric Gynecologist	[redacted]
13	Saidov Sherali	Primary Health Care Center	Manager	[redacted]
Khovaling				
14	Murodov S	Central Rayon Hospital	Head Doctor	[redacted]
15	Rabiev Rahmatullo	Primary Health Care Center	Manager	[redacted]
Sarband				
16	Izatulloev Ahror	Central Rayon Hospital	Head Doctor	[redacted]
17	Boboev Daler	Maternity department	Obstetric Gynecologist	[redacted]
18	Ghaffurov Dilshod	Primary Health Care Center	Manager	[redacted]
Japan side				
19	Yamashita Yumiko	JICA Tajikistan Office	Project Formulation Advisor	[redacted]
20	Akiyama Yoshiko	JICA Project Phase 2	Project Maneger	[redacted]
21	Mahmudov Alisher	JICA Project Phase 2	Training management	[redacted]
22	Sugino Yoshiharu	JICA Project Phase 2	Project Coordinator	

23	Ashurova Farida	JICA Project Phase 2	Project Assistant	[redacted]
24	Majidov Mustafo	JICA Project Phase 2	Project Administrator	[redacted]

2nd Technical Working Group (TWG) Meeting
on the "Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase 2"

Date: February 16, 2018. 14:00 -15:50
Venue: Oblast Health Department Conference Room
Participants: List attached

Agenda:

1. Registration
2. Opening Remarks
3. Objective of the Meeting
4. Presentation of survey result
5. Plan of the Activity for 2018
6. Comment/Discussion
7. Closing remarks

1. Opening Remarks

The Second Technical Working Group was opened by S. Mallazoda, Head of Oblast Health Department and thanked the Project for Improving Maternal and Child Health Care System in Khatlon Obalst phase II for the corporation based in MCH. Mallazoda mentioned the issues raised during JCC meeting in Dushanbe and asked the project to coordinate with the Statistic department and to consider PHC level before making the final report. During his opening remarks speech, Mallazoda requested if the JICA Project could afford other districts with Express test, as it would be better since the availability of Lab test is available only in Qurghonteppa and Kulob.

2. Presentation of Survey Result

Before starting the presentation, the Project Chief Advisor, Ms. Yoshiko Akiyama mentioned that the Project will make some recommendations based on the results, but the Project cannot solve all the problems. She hoped the participants were not disappointed by the data, which the Project has collected during the baseline survey since September 2017, because these are the baseline data which were before implementation of activities.
The Japanese Expert Team explained the four (4) Outputs of Survey Results Presentation the headway of the project from September 2017-December 2018. The contents of presentations were on the facility and equipment survey result as well as health professional's skill level, referral system, monitoring system in practice and challenges and recommendation identified through surveys (see Annex 1 "Baseline Survey presentation).

3. Plan of the Activity for 2018

Ms. Yoshiko Akiyama explained the list of Medical Equipment for 2018 which will be implemented to six target districts of Khatlon oblast. In her speech, Ms. Yoshiko Akiyama requested all participants to inform her about any problems without hesitation, as the Project is ready to assist them by having close communication. As the first step of the activities, the project will conduct cross visits (business tour) for the six target districts and in the month of March its planning to send some health professionals of the six target districts to Jomi CDH as a good example during the phase I.

4. Questions and Comments

(1) Output 1: Facility

Priority for Rehabilitation of Building and Facilities

Head Director of CDH Norak raised a question that the main problem which we have is the part of maternity department is closed including operation section. The JICA project expert, during his presentation, mentioned even though some old part of maternity department is closed, there are no major problems. But the Head director explained that closing the operation section means they cannot conduct operation if there are many patients are there at the same time. Therefore, the Head Director of Norak suggested JICA Project to review and consider the issue of Maternity department in Norak once more because they also have no clue about IDB project. Ms. Yoshiko Akiyama's response was that the Project had information IDB's plan activity which IDB would reconstruct the hospital, therefore the Project excluded Maternity department section from the priority and asked the Head Director of Norak to give the Project some more time to obtain the latest IDB's plan.

(2) Output 2: Skill Improvement

Training on OB/GYNs

Dr. Mallazoda requested the Project to start the training on C-Section as soon as possible specifically in Khovaling and Baljuvon district. Another issue was regarding the vacuum extraction and that it is very vital equipment and if this equipment would be distributed to all six target districts, it would be better. Ms. Yoshiko Akiyama explained the Project will try the best to provide vacuum extraction based on guidelines which are under preparation.

The Tajik side inquiry was about duplication with the Project and IDB. What if IDB comes back to Baljuvon after six years, when JICA project has already completed its Project in four years in Baljuvon district. Ms. Yoshiko Akiyama responded to Tajik side inquires as for IDB, both JICA office and the Project are trying to get as much information as possible.

(3) Output 3: Supportive Supervision (National to District Maternity)

Supportive Supervision

The Tajik side made three (3) emphasizes about Exchange Cards at hospital levels and explained why the rate of registration of pregnant women is very low in CDH:

- Pregnant women go to their parents' houses when delivery. When they go to another hospital where located near from the parents' houses, they do not take exchange cards with them or they leave them in PHC facilities where they had received antenatal care (ANC).
- After having a few visits to ANC at the beginning of pregnancy, pregnant women never come again or visit less frequently.
- Some pregnant women do not carry exchange cards with them during ANC visits.

(4) Plan of activity

Cross visits

The Tajik side's concern was that it would be better if health professionals conduct cross visits instead of only visiting Jomi. Regarding this concern, Ms. Yoshiko Akiyama added that as for the beginning, the Project will conduct the business tour to the district and later on, the Project will conduct cross visits among target districts.

Shokirjon Mahmadov Programme Officer's comments (JICA Tajikistan Office):
Regarding IDB, JICA project cannot make any decision individually as IDB, JICA and MoH should work together to discuss each activity so that there would not be any duplication. He also clarified the two types of grants to all participants.

5. Closing Remarks:

In closing remarks Mallazoda thanked the Project Team and all the participants. The Oblast health department (OHD) hope the quality system of MCH in Khatlon oblast will be improved. At the end, he added the OHD is always ready to support and collaborate with JICA project.

Japanese side	Tajikistan side
Mr. Akiyama Yoshiko	Dr. Mallazoda S.
Chief Advisor	Director
Japanese Expert Team	Health Department of Khatlon Oblast
Koei Research &Consulting Inc (KRC)	Government

The list of participants of 1st Technical Working Group (TWG) Meeting

№	Name	Organization	Position	Contacts
PHD of Khatlon Region				
1	Mallazoda S.	Oblast Health Department	Head	[redacted]
Bokhtar				
2	Tumanov Mahmad	Central Rayon Hospital	Head doctor	[redacted]
3	Urmanova M	Central Rayon Hospital	Maternity department	[redacted]
4	Nazirov Habibullo	Primary Health Care Center	Manager	[redacted]
Baljuvan				
5	Gulmahmadzoda Z	Central Rayon Hospital	Head Doctor	[redacted]
6	Negmatulloeva D	Maternity department	Obstetric gynecologist	[redacted]
7	Haknazarova Balkhiyo	Primary Health Care Center	Manager	[redacted]
Muminabad				
8	Ghayurov S	Central Rayon Hospital	Head Director	[redacted]
9	Sadirova Z	Central Rayon Hospital	Obstetric gynecologist	[redacted]
10	Mulloeva G.	Central Rayon Hospital	Obstetric gynecologist	[redacted]
11	Vosiev Tuyboshi	Primary Health Care Center	Manager	[redacted]
Nurek				
12	Qahorzoda T.	Central Rayon Hospital	Head Doctor	[redacted]
13	Saidov Sherali	Primary Health Care Center	Manager	[redacted]
Khovaling				
14	Murodov S	Central Rayon Hospital	Head Doctor	[redacted]
15	Rabiev Rahmatullo	Primary Health Care Center	Manager	[redacted]
Sarband				
16	Gurezov F	Central Rayon Hospital	Deputy Director	[redacted]
17	Boboev Daler	Maternity department	Obstetric gynecologist	[redacted]
18	Saidov Q.	Primary Health Care Center	Manager	[redacted]
Japan side				
19	Mahmudov Shokirjon	JICA office	Programme officer	[redacted]
20	Yoshiko Akiyama	KRC, MCH Project Phase 2	Chief Advisor	[redacted]
21	Konohara Makiko	KRC, MCH Project Phase 2	Senior Consultant	[redacted]
22	Hiroshi Abo	KRC, MCH Project Phase 2	Medical Equipment/ Maintenance Planning	[redacted]
23	Yoshiharu Suginno	KRC, MCH Project Phase 2	Project Coordinator	[redacted]
24	Aiko Hatano	KRC, MCH Project Phase 2	Medical Equipment/ Equipment Planning	[redacted]
25	Masahiko Watanabe	KRC, MCH Project Phase 2	Facility Planning/ Architecture	[redacted]
26	Hisayuki Noto	KRC, MCH Project Phase 2	Facility Planning/ Facility	[redacted]
27	Farida Ashurova	MCH Project Phase 2	Project assistant	[redacted]
28	Mustafo Majidov	MCH Project Phase 2	Project administrator	[redacted]
29	Saida Imomalieva	MCH Project Phase 2	Project assistant	[redacted]

Third Technical Working Group (TWG) Meeting
on
" The Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase 2"

Date: 22.10.2018, 15:00 -16：30
Venue: Conference room of Khatlon Oblast Health Department
Participants: List is followed
Agenda:

1. Opening Remarks
2. Progress of the Project activity
3. Activity Plan of next 6 months
4. Closing remarks

1. Opening Remarks

The meeting was opened by Dr. Mallazoda S.Kh, Head of the Health Department of the Government of the Khatlon region. He thanked the project for long-term cooperation and explained that high rate of maternal and neonatal death still remained as challenges and improvement of maternal and child health care is as one of the priority area in Khatlon Region. He also added that JICA target districts would bring the best result with the Project support. Dr. Mallazoda stressed the shortage of health specialists such as obstetric gynecologist, neonatologists and pediatricians in particularly remote in Muminabad and Khovaling remained as challenges. He requested six head doctors to present the last six months activity report.

2. Progress of the Project activity

Ms. Yoshiko Akiyama, Chief Advisor of the Project explained the purpose of the meeting and presented a progress of last si month activity and plan for 2019. She summarized the six months activity progress by sharing the result of two clinical trainings and equipment installation (see the Attachment).

Medical Equipment Installation

Equipment Installation activity was presented by Ms. Aiko Hatano, Medical Equipment Specialist with appreciation for cooperative work on installation. She explained that some equipment like pulse-oximeter and phototherapy stand is not delivered due to shipment problem but informed that it would be arrived soon. Ms. Hatano shared a draft Standard Operation Procedures (SOP) for four equipment such as Phototherapy, Incubator, Infant warmer, and Oxygen generator, which is consist of clinical aspect, operation manual, maintenance instruction and repair contact flow. Sample registration and maintenance and record sheet were given to participants followed by Ms. Hatano's explanation.

She also shared the future plan that health specialist of Jomi CDH visits to the Project target districts to provide maintenance instructions . Head doctors CDH were asked to provide comments on SOP in two days. Dr. Gulmahmadzoda, Head Doctor of Baljuvon CDH requested the Project to translate SOP to Tajik language and the Project agreed.

Effective Perinatal Training (EPC)

Ms. Akiyama briefed implementation of eight days Effective Perinatal Care training which had been organized from August to October 2018. She remarked unique approach of inviting multi-disciplinary team composed by Ob/Gy, neonatologist, reanimatologist, midwife, and infant care nurse. Also, the lecturers

are also a group of corresponding specialists to the participants. The outcome of this training is designed "Quality Improvement Action Plan" for MCH activities for each CDH.
Dr. Rahmonkulov, head of the maternity department of Khovaling CDH provided a comment on EPC training that training was useful as it covered all aspects of perinatal care and showed how to improve quality. She reported that installed equipment was operated immediately after the training and two neonates life was saved by newly installed oxygenator. Otherwise, such a case had to be referred to Kulob.

TOT on Antenatal Care

Ms. Akiyama reported on the 5 days training for trainers on antenatal care was conducted at Khatlon oblast from July to August and it was divided by 2 session in Kulob and Bohtar city.
Detailed training result was followed by Dr. Mirzoeva, director of oblast Reproductive Health Center (RHC). Dr. Mirzoeva insisted the training was effective as it covered all national standards which was necessary for antenatal care services.

3. Activity Plan of next 6 months

Ms. Akiyama presented next six months activities such as ultrasound training, orientation for supervisors, supportive supervision, near miss case training and Japan training. She requested head doctors of CDH to bring Quality Improvement Plan to Japan as well as white coat and MCH handbook. Ms. Akiyama proposed head doctors to apply Quality Improvement plan of maternity department for other departments. Ms. Akiyama shared the 2nd batch of equipment procurement plan which would be delivered in 2019 and listed the equipment item such as ultrasound, vacuum extraction, ventilator and autoclaves. Dr. Gulmahmadzoda, Head Doctor of Baljuvon CDH inquired the qualification for ultrasound training and Ms. Akiyama replied that Obstetric and Gynecologist met the criteria. She added that ultrasound training is planned in January or February 2019.

4.Closing remarks

Ms. Yamashita Yumiko, Project Formulation Advisor of JICA Tajikistan thanked everybody for effective cooperation to the Project. She stressed the importance of equipment maintenance and requested head doctors to ensure health professionals gain sufficient knowledge to operate equipment. Ms. Yamashita also mentioned that JICA focused on human resource training in all sectors and insisted importance of disseminating training result in the country. Therefore, she requested head doctors who are going to Japan to develop a plan for disseminating training result and hoped that JICA office representative would attend a dissemination seminar.

The Attachment: Presentation slides

Yoshiko Akiyama
Team Leader
Project for Improving Materal and Child Health Care System in Khatlon Oblast, Phase 2

Dr. Mallazoda S.H
Director
Public Health Departement of
Khatlon Oblast of the Republic of Tajikistan

Participants List

	Name	Position	Organization
1	Mallazoda S.H	Director	Public Health Departement Khatlon Oblast
2	Ghayurov Sadridin	Deputy Director	Public Health Departement Khatlon Oblast (Kulob zone)
3	Mirzoeva Raihona	Director	Oblast Reproductive Health Center, Khatlon Oblast
4	Qahorzoda Taghoibek	Head doctor	Norak central city Hospital
5	Mulloeva Gulsara	Head of department	Maternal Department, Muminabad Central District Hospital
6	Izatulloev Ahror	Head doctor	Levakand Central City Hospital
7	Tumanov Mahamad	Head doctor	Qushoniyon Central Distrtic Hospital
8	Zuhurova Marziya	Head of department	Maternal department, Qushoniyon Central District Hospital
9	Murodov Saidahmad	Head doctor	Khovaling Central District Hospital
10	Rahmonqulova Guljahon	Head of department	Maternal Department, Khovaling Central Distritc Hospital
11	Gulmahmadzoda Zamir	Head doctor	Baljuvon Central District Hospital
12	Nematulloeva Dilnoza	Head of department	Maternal Departemtn, Baljuvon Central District Hospital
13	Yamashita Yumito	Project Formulation Advisor	JICA Tajikistan Office
14	Akiyama Yoshiko	Chief Advisor	JICA Project Koei Research & Consulting Inc (KRC)
15	Konohara Makiko	Deputy Chief Advisor	JICA Project, KRC
16	Makhmudov Alisher	Training Management	JICA Project, KRC
17	Abo Hiroshi	Medical Equipment/ Maintencance Planning	JICA Project, KRC
18	Hatano Aiko	Medical Equipment(2)/ Equipment Planning	JICA Project, KRC
19	Ashurova Farida	Project Assistant	JICA Project, KRC
20	Majidov Mustafo	Project Administrator	JICA Project, KRC

Fourth Technical Working Group (TWG) Meeting
On
"The Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase 2"

Date: 25.06.2019, 14:00 -16：00
Venue: Conference room of Khatlon Oblast Health Department
Participants: The list is attached
Agenda:

1. Opening Remarks
2. Objective of the Meeting
3. Update a progress of the project activity
4. Activity Plan of next 6 months
5. Comment/Discussion
6. Closing remarks

1. Opening Remarks

On behalf of the Director of Khatlon Oblast Health Department (OHD), the Deputy Director Dr.Shohnazarova Matluba made opening remarks by welcoming all participants and said that she visited JICA target district hospitals (CDH) together with the Project team and monitored the condition and services provided in CDHs. She thanked the Project for providing medical equipment which contributed to the quality improvement of maternal and child health care services. She praised Baljuvon CDH as one of the best performance rural district hospitals by explaining that the organization and service of Baljuvon CDH was very improved and the population comes to the hospital for delivery.
Dr. Shohnazarova also thanked that JICA Project supported ultrasound (US) training for OB/GY and neonatologist of maternity department of CDH, and CDH would receive ultrasound apparatus and other medical equipment which brings service quality improvement in a future.

In this regard, Ms. Yoshiko Akiyama, Chief Advisor of the Project requested CDHs to install US apparatus in the maternity department and Khatlon OHD to monitor appropriate usage of the equipment regularly.

2. Objective of the Meeting

Ms. Akiyama presented the agenda, the purpose of the meeting and the Project operation modality by using slide presentation.

3. Update a progress of the project activity

3-1. the achievement level of the Project indicator

She reported the progress of the Project activity by using the Project indicators. Three project indicators -No. of delivery, No. of neonatal death and No. of referral cases to the upper health facility were again reminded as key indicators and achievement level was confirmed together with the head of the CDHs. Ms. Akiyama stressed the purpose of the monthly data collection that the data is collected to understand the situation and discuss about the solution to the challenges, not for blaming. Therefore, she requested CDH to provide the accurate data.

The following is the achievement level of the indicator by target hospitals and strategy for improvement agreed between CDH and the Project.

Central District Hospital (CDH)	Achievement level of the Project indicator (number of delivery)	Strategy for improvement
Norak	Almost 100% of birth delivery was done at CDH by February 2019.	The level should be kept, and a quality of care should be more improved.
Levakand	Birth delivery was done in other hospitals of Levakand city but not in CDH. Number of home delivery was small.	Referral case (delivery in the upper level) can be treated in CDH. 0% of home delivery should be targeted.
Khushoniyon	60% of birth delivery was done in Bohtar city (oblast, city and numeral hospital).	0% of home delivery is targeted for next 2 years.
Muminobod	10% of home delivery was confirmed monthly due to the limited geographical access.	Home delivery should be decreased at least during the summer time when the road condition is better.
Khovaling	The rate of home delivery was high and it was getting increased due to misunderstanding on MoHSPP decree 90 (BBP package).	Many of home delivery was assisted by midwife. Midwives of CDH should be trained for encouraging pregnant women to come to CDH, instead of assisting home delivery.
Baljuvon	Home delivery was still observed but the number was getting less. The improvement can be confirmed in February 2019.	CDH will continue working for decreasing home delivery.

Ms. Akiyama also reported the number of neonatal and still birth death at 6 CDHs and explained the improvement trend.

Number of referral cases for pregnant and neonatal for last 6 months in 6 CDHs was also shared and was highlighted that number of referral cases from Muminobod and Levakand CDH was increased. The Project requested 2 CDHs not to refer the cases easily to the upper level and treat in CDH with utilization of medical equipment and knowledge and skill gained during the trainings.

3-2. Progress and challenges under the outputs

Output 1: Medical equipment provision and maintenance

Mr. Hiroshi Abo, the expert on Medical Equipment/ Maintenance Planning presented last 6 months' activity progress such as maintenance and operation training through cross-visit and on-the job training by Japanese experts. Challenges and further steps were also explained by requesting CDH to refer Standard Operational Procedure (SOP) and to secure maintenance budget. Mr. Abo also suggested to involve the National Center for Technical and Services and Repairs of Medical Equipment Maintenance.

Output 2: Trainings

Ms. Akiyama reported the result of ultrasound training and antenatal and postnatal care training conducted in Norak and Levakand.

Output 3: Strengthening of referral system

Ms. Akiyama and the participants discussed about the challenges of referral and summarized 3 main challenges – Refusal from the upper hospital, limitation of diagnose capacity of PHC workers and identification of risk group. In response to the challenges, head of CDHs requested the Project to organize EmONC training quarterly and risk group identification training. Ms. Akiyama accepted the request but insisted CDH to provide the cooperation for capacity building of PHC workers.

Output 4: Strengthening supportive supervision system

Ms. Makiko Konohara, the Deputy Chief Advisor of the Project presented a progress by highlighting the improvement such as C-section implementation, partogram filling and warm chain follow-up in the target hospitals.

Dr. Alisher Makhmudov, the Expert of Training Management identified the challenges in establishing supportive supervision (S/S) system and discussed the solutions with participants.

One of the big challenges in Baljuvon and Khovaling CDH is a shortage of health cadre. The Project and head of CDHs requested Khatlon OHD to allocate enough health professionals. Dr. Tursunov Kh, head child health specialist of OHD responded that OHD is not responsible for human resource allocation and MoHSPP is responsible. All agreed to raise the issue to the Steering Committee which will be held in 5 July 2019.

Another common challenge facing CDH is the team building of maternity department. The participant from Baljuvon suggested to involve night shift doctors in the internal training and hospital activity.

Dr. Makhmudov also shared S/S score result of Khovaling, Norak and Levakand CDH for the reference.

4. Plan of the Activity for next 6 months

Ms. Akiyama informed that the Steering Committee meeting is planned in 5th July at Serena Hotel and invited TWG participants.

She shared the delivery plan for the 2nd batch of the medical equipment and the BTN training plan for BTN which is expected in September in Norak and Kushoniyon CDH.

Ms. Akiyama stressed that the Project would send motivated Ob/Gy to Japan training.

5. Comment/Discussion

Dr. Rajabzoda M, Director of Khatlon OHD expressed his gratitude to the Project for its contribution to improvement of maternal and child health care in Khatlon region. He has acknowledged that the Project provided medical equipment and conducted operation and maintenance training. At the same time, Dr. Rajabzoda pointed that health professionals of CDH had still difficulties in using and maintaining equipment and he requested the Project to conduct more visit to instruct CDH professionals.

Dr. Rajabzoda emphasized that the goal is equipment appropriate utilization and Khatlon OHD and the Project jointly monitor a progress of equipment usage.

He asked the Project whether high number of referral cases in Muminobod was reported or not. Ms. Akiyama replied that the data was shown today and the Project also reported in the monitoring sheet developed bi-annually and shared with MoHSPP and Khatlon OHD.

Dr. Makhmudov explained the Project response to high referral case of Muminobod by sharing one-week intensive training result provided by national supervisors.

Ms. Akiyama repeated the important message that the Project has not worked for blaming someone but assisting to solve the challenges. Ms. Akiyama insisted that the first 2 years of the Project is investing period and it is the time to produce the outputs from this coming 2 years.

6. Closing remarks

Ms. Akiyama thanked all participants to attend TWG and also appreciated Khatlon OHD for the cooperation to the Project.

END

Dr. Rajabzoda M.	**Ms. Akiyama Yoshiko**
Director	Chief Advisor
Khatlon Oblast Health Department	Project for Improving Maternal and Child Health Care System in Khatlon Oblast, Phase 2
The Republic of Tajikistan	

The Attachment:

1. Participants list
2. Presentation slides

Participants List

#	Name	Position	Organization
1.	Rajabzoda M.	Director	Public Health Department Khatlon Oblast
2.	Shohnazarova M	Deputy Director	Public Health Department Khatlon Oblast
3.	Tursunov Kh	Head specialist	Public Health Department Khatlon Oblast
4.	Qahorzoda T	Head doctor	Norak Central City Hospital
5.	Kamolova G	Head of department	Maternal Department, Norak Central City Hospital
6.	Sharipov R	Head doctor	Muminabad Central District Hospital
7.	Mulloeva G	Head of department	Maternal Department, Muminabad Central District Hospital
8.	Izatulloev A	Head doctor	Levakand Central City Hospital
9.	Boboev D	Head of department	Maternal Department, Levakand Central City Hospital
10.	Davlatzoda M	Head doctor	Kushoniyon Central Distrtic Hospital
11.	Urmanova M	Head of department	Maternal Department, Kushoniyon Central District Hospital
12.	Valiev A	Head doctor	Khovaling Central District Hospital
13.	Rahmonqulova G	Head of department	Maternal Department, Khovaling Central Distritc Hospital
14.	Gulmahmadzoda Z	Head doctor	Baljuvon Central District Hospital
15.	Shodmonova Sh	Head of department	Maternal Departemtn, Baljuvon Central District Hospital
16.	Akiyama Yoshiko	Chief Advisor	JICA Project Koei Research & Consulting Inc (KRC)
17.	Konohara Makiko	Deputy Chief Advisor	JICA Project, KRC
18.	Makhmudov Alisher	Training Management	JICA Project, KRC
19.	Abo Hiroshi	Medical Equipment/ Maintenance Planning	JICA Project, KRC
20.	Chie Sagawa	Project Coordinator /Training management 2	JICA Project, KRC
21.	Ashurova Farida	Project Assistant	JICA Project, KRC
22.	Majidov Mustafo	Project Administrator	JICA Project, KRC
23.	Saida Imomalieva	Project Assistant	JICA Project, KRC

MINUTES OF MEETING
FOR
FIFTH STEERING COMMITTEE
OF
THE PROJECT FOR IMPROVING MATERNAL AND CHILD HEALTH CARE SYSTEM IN KHATLON OBLAST PHASE II

The Fifth Joint Steering Committee Meeting (hereinafter referred to as "ST/JCC") of the Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (hereinafter referred to as "Project") was held on 21 April 2021 at the conference room of the Ministry of Health and Social Protection of Population, Tajikistan. Discussions made among the attendees are briefly described in the document attached hereto.

Dushanbe, April 21, 2021

(Japanese side)

Mr. Takasaka Muneo
Chief Representative
Tajikistan Office
Japan International Cooperation Agency
(JICA)

(Tajikistan side)

Dr. Abdusamadzoda Z.K
Deputy Minister
Ministry of Health and Social Protection
of the Population (MoHSPP)

Ms. Akiyama Yoshiko
Chief Advisor
Japanese Expert Team
Koei Research &Consulting Inc (KRC)

Date: 21st of April 2021 (11:00-13:00)
Venue: Meeting room in Ministry of Health and Social Protection of Population

Participants: List is as attached

Agenda:

1. Opening Remarks
2. Objective of the meeting
3. Main points of changes of the Project Design
4. Discussion to the above points
5. Discussions
6. Closing remarks

1. Opening Remarks

The Fifth Steering Committee (S/C) Meeting was started with the opening remarks by Dr. Abdusamadzoda Zulfiya, the Deputy Minister of Health and Social Protection of the Population (MoHSPP). She welcomed Japanese sides especially Mr. Ashida Tatsuya, Director of Health Team 4 of the JICA Headquarters, Mr. Takasaka Muneo, the Chief Representative of JICA Tajikistan Office, and Mr. Hori Keite, Embassy of Japan and JICA MCH Project members.

On behalf of the Government of Tajikistan, MoHSPP and the Minister of Health Mr. Jamoliddin Abdullozoda, she expressed gratitude to Government of Japan, Embassy of Japan in Tajikistan and JICA for the continuous supports and cooperation to the health sector of Tajikistan.

Dr. Abdusamatzoda stated JICA as one of the key development partners which contributes a lot of successful projects for health system. It was mentioned that the current project is an example of improvement in MCH sector. She also said that the improvement of maternal and child health situation was the highest priority in the country and this project is in line with the National Health Strategy for the periods of 2010-2020 and 2030 onwards. The Project has contributed to the improvement of maternal and child health in Khatlon Oblast by supplying medical equipment, conducting required training, and strengthening the supportive supervision system in the six target districts.

By stressing about the pandemic situation with COVID-19 in the entire world she noticed that Tajikistan has passed difficult days and many efforts had been done for prevention of it. Starting from January 2021 there is no any COVID-19 cases registered and from 23rd of March the vaccination of AstraZeneca produced in India is started among the health workers of Dushanbe.

Due to COVID-19, many activities of the Project for Improving Maternal and Child health Care System in Khatlon Oblast Phase II had been cancelled in six pilot central district hospital(CDH)s for almost one year, it would be good to prolong the duration of the project and continue our collaboration to filfull the gaps.

Mr. Takasaka, the Chief Representative of JICA Tajikistan Office expressed appreciation the attendance of the Deputy Minister of MoHSPP and all the participants and JICA MCH Project team members in the Steering Committee. He stressed that it was a great honor for him to attend the S/C of the Project for Improving Maternal and Child health Care System in Khatlon Oblast Phase II. He mentioned that the challenges posed by COVID-19, which the World Health Organization (WHO) has declared to be pandemic, have made most countries take strict measures on quarantine, including travel restrictions. The Japanese consultants could not visit the country during pandemic, but he was aware that the Project continued implementing activities distantly with the support and supervision of MoHSPP. Taking the opportunity, Mr. Takasaka presented some emergency responses to COVID-19 situation that JICA and MoHSPP implemented within the framework of the technical cooperation during pandemics. The response was the provision of PPE and Lab items in February 2020 long before official announcing the pandemic situation in the country. In June 2020 and February 2021, additional PPE was provided to six target hospitals of Baljuvan, Nurek, Khovaling, Muminabad, Levakand and

Kushoniyon. Recently six oxygen generation systems were distributed in 6 hospitals of Dushanbe, Bokhtar and Kulyab and he was informed that more than 160 patients are receiving better oxygen therapy.

He thanked the Project for flexible action towards COVID-19 prevention and adjusted activities to emergency responses in Tajikistan. He also appreciated that the Project had done a great job by developing necessary materials for PPE to strengthen the capacity of health workers on PPE's proper use and utilization. All these emergency responses had been done under this Technical Cooperation Project despite the difficult situation under COVID-19.

At the end of his speech he wished that the cooperation between JICA and MoHSPP of Tajikistan would be continued in the future to strengthen the health sector and the MoHSPP would value this collaboration. He also stressed that the remaining period of the Project's realization would be mutually benefited.

On her turn, Dr. Abdusamadzoda mentioned that with the support of JICA MCH Project the quality of services to mothers and children had been improved in the six target districts of Khatlon Region as the Goal 3 of Sustainable Development strategy is reducing the maternity and neonatal mortality rates. She also said that MoHSPP was not ready for pandemic responses and thanked JICA for timely provision of necessary equipment and items to prevent the infection and death cases among population.

2. Objective of the meeting

Dr. Abdusamadzoda explained that the objective of S/C meeting was to agree on the revision of the Record of discussion protocol, especially the project design matrix and duration of the Project.

3. Main points of changes of the Project Design

Ms. Akiyama explained that due to COVID-19 the Japanese consultants could not visit Tajikistan for almost one year and some of the activities will be modified in the coming extension period. The Project's period will continue until December 2022 but in original plan, it was until July 2021.

4. Discussion about points

Ms. Akiyama briefly introduced participants with the Project's activities.

Output 1

Improvement of function of the target district hospitals.

Additional activities are planned for improving water supply in Kushoniyon and Levakand central district hospitals.

Added 2 more consultants as Project members for this matter, and the Project will conduct survey, tender, implementation, check, maintenance training, and monitoring.

Output 2

Improvement of knowledge and skills of health staff of the target district hospitals.

As a principal, it remains same. Additional point is focus on integration of COVID-19 preventive measures in all activities.

In the rest of the period, the project will focus on conducting maternal, neonatal, and stillbirth Beyond The Number (BTN) with national BTN coordinator.

Output 3

Strengthening referral system between primary health care (PHC) facilities and the target district hospitals.

The Project will select Norak and Levakand central district hospitals as pilots for the development of good referral models.

Output 4
Strengthening supervision system.
The project will continue to assist national supervision system on maternal and child health with supervisors.

Then Ms. Konohara was introduced to explain detailed activities of a output 3 and 4.
She explained activities under output 3 was planned in the framework of National Reproductive Health Annual Work Plan and requested Dr. Munira Ganizoda to present activities.

Detailed activities under output 3
Dr. Ganizoda Munira, the Director of the National Reproductive noted that the Annual work Plan for 2021 of National Reproductive Health Center is approved by the Deputy Minister. In the section 2 of the Work Plan which is to strengthen the capacity of primary health care professionals and maternity hospitals on reproductive health, family planning and safe motherhood, the Project and National Reproductive Health Center agreed to implement several activities under this section with the support of the Project. One of them is to conduct training on antenatal care (ANC) for PHC workers on COVID-19 among pregnant women (for Nurek & Levakand central district hospitals). It was already conducted with the approval of MoHSPP in Levakand and PPE was distributed to PHC facilities by the Project. The other activities include: - To conduct training on new ANC standard (Nurek & Levakand central district hospitals); To conduct training on monitoring to district supervisor (Nurek &Levakand central district hospitals). By conducting these activities, the Project will strengthen the internal and external supervision system and referral system from PHC facility to CDHs.

Detailed activities under output 4
Ms. Konohara continued the presentation **on output 4** which is strengthening supervision system through supervisors' capacity building, introduction of performance evaluation, and revision of supervision tools.

The cycle for improving maternal, neonatal, and infant care was explained by stages of Plan, Do, Check and Action (PDCA).

The Project organization
At the end of the presentation, organization of the Project was clarified by Ms. Akiyama by confirming the members of Steering Committee and the Technical Working Group.

5. Discussions

Deputy Minister Abduzamadazoda appreciated JICA MCH Project for its constant support and collaboration to six target CDHs in Khatlon oblast but also stated that some challenges remained regardless of the Project's support in pilot districts. She highlighted that one of the main challenges in maternal mortality is obstetric bleeding. Although the national standard on prevention of bleeding has been approved, distributed and implemented since 2008, the challenges have remained and not yet solved.

Another challenge which Dr. Abdusamadzoda mentioned was the high level of neonatal and antenatal death cases especially in Kushoniyon and Levakant districts. She requested the Project with National Reproductive Health Centre and Research Institute to respond to perinatal mortality.
A high number of cesarean section cases without reasonable indications in the pilot districts were also highlighted, which caused serious health conditions. "I think we should focus on provision of quality training and especially theoretical sessions should be strengthened with the practical skills in the framework of the Project work plan for the remaining period of the Project" said Dr. Abdusamadzoda.

She also proposed that all supervisors would be trained and prepared from Bokhtar zone itself for implementation of supportive supervision in the pilot districts. Dr. Abdusamadzoda mentioned that plans and additional activities for remaining Project period discussed today would be implemented with National Reproductive Health Center and Institute of Obstetric Gynecology and perinatology and bring effective results.

Dr. Rajabzoda, the Head of Oblast Health Department welcomed all participants and appreciated the Project for its inputs to six pilot districts in Khatlon oblast. He specified that in Khatlon oblast there are nine MCH projects being implemented but the share of JICA MCH Project support is really high. He mentioned that challenges in MCH area would be definitely solved with the partnership of MoHSPP and development partners.

Proposals by Dr. Abdusamadzoda:
Dr. Abdusamadzoda informed that "Public health and social development programme in Khatlon oblast for the 2021-2025" was approved by the Government of the Republic of Tajikistan in the beginning of 2021. She addressed to the JICA Headquarters representative to support the implementation of programme activities.

Dr. Abdusamadzoda shared the concern that the two-days supportive supervision is not enough. In order to achieve the sustainable improvement, Dr. Abdusamadzoda proposed to dispatch mobile team to pilot districts for 7 to 14 days. She also requested Ms. Akiyama Yoshiko and Ms. Konohara Makiko to improve the quality of supportive supervision on neonatal care because the current supportive supervision level was poor.

In response to Dr. Abdusamadzoda's proposals, Mr. Takasaka Muneo, the Chief Representative of JICA Tajikistan Office explained that the Japanese side needed to study the mobile team in order to make decision.

Thanking the MoHSPP and the JICA MCH Project, Dr. Tumanov M, the Head doctor of Kushoniyon CDH informed that the hospital has been collaborating with the Project for the last three years. He stressed the importance of medical equipment provided by the Project and capacity building for health workers of maternity department. He reported that a quality of medical services in the hospital has been improved and number of complication on bleeding and premature birth has decreased gradually. The head doctor of Kushoniyon expressed his happiness for the support of water supply system in the hospital.

6. Closing remarks

In conclusion, Dr. Abdusamadzoda expressed her appreciation to JICA representatives and other participants and she showed her expectations that the activities suspended during COVID-19 pandemic would be realized for a remaining project period.

Mr. Takasaka Muneo also thanked Dr. Abdusamadzoda. for organizing the ST/JCC meeting. He noted that Project's progress was discussed in the meeting and the Project's activities and changes were agreed. He also hoped for future cooperation towards maternal and child health care improvement.

END

Attachment:
1. List of participants
2. Presentation slide

List of participants

No	Name	Position	Organization
1.	Abdusamadzoda Z.K	Deputy Minister	Ministry of Health and Social Protection of Population (MOHSPP)
2.	Aminov O.T	Head	Child and Adolescent Health Care and Parental Skill Development Department, MOHSPP
3.	Yunusova D.Z	Deputy	Safety Motherhood and Planning Family Department, MOHSPP
4.	Kamilova M. Y	Head	Obstetrician Department of Tajik Institute of Obstetrician, Gynecology and Perinatology.
5.	Ghanizoda M. Kh	Director	National Reproductive Health Centre
6.	Rajabzoda M. M	Director	Public Health Department of Khatlon oblast
7.	Rabiev R.	Head Doctor	Khovaling Central District Hospital of Khatlon oblast
8.	Tumanov M.	Head Doctor	Kushoniyon Central District Hospital of Khatlon oblast
9.	Ashurov A	Head Doctor	Baljuvon Central District Hospital of Khatlon oblast
10.	Sharipov R.	Head Doctor	Muminobod Central District Hospital of Khatlon oblast
11.	Fayzalizoda S.	Head Doctor	Norak Central City Hospital of Khatlon oblast
12.	Ghafurov D.	Head Doctor	Levakant Central District Hospital of Khatlon oblast
13.	Hori Keite	Second secretary	Embassy of Japan, Tajikistan
14.	Ashida Tatsuya	Director, Health Team 4	JICA Headquarters (online)
15.	Yamashita Yumiko		JICA Headquarters (online)
16.	Takasaka Muneo	Chief Representative	JICA Tajikistan Office
17.	Kawabata Shohei	Project Formulation Advisor	JICA Tajikistan Office
18.	Tabarov Firuz	Programme Officer	JICA Tajikistan Office
19.	Akiyama Yoshiko	Chief Advisor	JICA Project, Koei Research &Consulting Inc (KRC)
20.	Konohara Makiko	Deputy Chief Advisor	JICA Project, KRC
21.	Goto Nobuya	Medical Equipment/Maintenance Management	JICA Project, KRC
22.	Makhmudov A.	Training Management	JICA Project, KRC
23.	Majidov M.	Administrator	JICA Project, KRC
24.	Ashurova F.	Project Officer	JICA Project, KRC
25.	Imomalieva S.	Project Assistant	JICA Project, KRC

ПРОТОКОЛИ ҶАЛАСАИ ПАНҶУМИ КУМИТАИ РОҲБАРИКУНАНДАИ ЛОИҲАИ «БЕҲТАРГАРДОНИИ ҲИФЗИ САЛОМАТИИ МОДАР ВА КЎДАК ДАР ВИЛОЯТИ ХАТЛОН» МАРҲИЛАИ II

Ҷаласаи панҷуми муштараки Кумитаи Роҳбарикунандаи Лоиҳаи беҳтаргардонии ҳифзи саломатии модар ва кўдак дар вилояти Хатлон, марҳилаи 2-юм (ки минбаъд «Лоиҳа» ном бурда мешавад) дар санаи 21-уми апрели соли 2021 дар толори Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолӣ (минбаъд «ВТҲИА» ном бурда хоҳад шуд), Ҷумҳурии Тоҷикистон баргузор гардид. Муҳокимаронихои байни иштирокчиён дар ҳуҷҷати замимагардида мухтасар шарҳ дода шудааст

Душанбе, 21 апрели 2021

(Тарафи Ҷопон)

Ҷаноби Такасака Мунео
Роҳбари намояндагии

Агентии Ҷопон оид ба ҳамкориҳои байнанмилалӣ дар Тоҷикистон (JICA)

(Тарафи Тоҷикистон)

Др. Абдусамадзода З.К
Муовиши вазири
Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолӣ (ВТҲИА)

Хонума Акияма Ёшико
Сармушовири Лоиҳа
Гурӯҳи коршиносони Ҷопон
Koei Research &Consulting Inc (KRC)

Сана: 21-уми апрели соли 2021 (11:00-13:00)
Макон: Маҷлисгоҳи Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолӣ

Иштирокчиён: Руйхат замима гаштааст.

Рӯзномаи маҷлис:

1. Суханони ифтитоҳӣ
2. Мақсади вохӯрӣ
3. Масъалаҳои асосии тағйирот дар тарҳи лоиҳа
4. Муҳокима дар бораи масъалаҳои дар боло зикршуда
5. Шарҳ/Муҳокима
6. Суханони хотимавӣ

1. Суханони ифтитоҳӣ

Ҷаласаи панҷуми Кумитаи Роҳбарикунанда (КР) бо сухани ифтитоҳии доктор Абдусамадзода Зулфия, муовини вазири тандурустӣ ва ҳифзи иҷтимоии аҳолӣ (ВТҲИА) оғоз гардид. Вай тарафи Ҷопонро, алалхусус ҷаноби Ашида Татсуя, директори дастаи тандурустии 4-и Агентии Ҷопон оид ба ҳамкориҳои байналмилалӣ (JICA), ҷаноби Такасака Мунео, роҳбари намояндагии JICA дар Тоҷикистон ва ҷаноби Хори Кейте, намояндаи сафорати Ҷопон дар Ҷумҳурии Тоҷикистон ва аъзоёни лоиҳаи "Беҳтаргардонии саломатии Модар ва Кӯдак дар вилояти Хатлон"-марҳилаи II (Лоиҳаи JICA) -ро истиқбол гирифт.

Доктор Абдусамадзода аз номи Ҳукумати Ҷумҳурии Тоҷикистон, Вазорати тандурустӣ ва Вазири тандурустӣ ҷаноби Ҷамолиддин Абдуллозода ба Ҳукумати Ҷопон, Сафорати Ҷопон дар Ҷумҳурии Тоҷикистон ва Агентии Ҷопон оид ба ҳамкориҳои байналмиллалӣ (JICA) барои дастгирӣ ва ҳамкории пайваста ба соҳаи тандурустии Тоҷикистон изҳори миннатдорӣ намуд.

Доктор Абдусамадзода JICA-ро ҳамчун яке аз шарикони стратегии рушд қайд кард, ки дар соҳаи тандурустӣ бисёр лоиҳаҳои муваффақ мегузорад. Зикр гардид, ки Лоиҳаи мазкур намунаи беҳтарин дар бахши солимии модар ва кӯдак мебошад. Вай инчунин гуфт, ки беҳбудии вазъи саломатии модару кӯдак афзалияти аввалиндараҷа дар кишвар буда, Лоиҳа бо Стратегияи Миллии Тандурустӣ дар давраи солҳои 2010-2020 ва 2030 мувофиқат мекунад. Лоиҳа ба беҳтар намудани саломатии модар ва кӯдак дар вилояти Хатлон тавассути таъмини таҷҳизоти тиббӣ, гузаронидани омӯзишҳои зарурӣ ва таҳкими системаи назорати сарпарастӣ дар шаш ноҳияи мақсаднок, саҳм гузоштааст.

Ҳамчунин, ӯ вазъи пандемияи COVID-19-ро дар саросари ҷаҳон гуфта гузашта, ва қайд намуд, ки Тоҷикистон низ рӯзҳои вазнинро аз сар гузаронид ва барои пешгирии он кӯшишҳои зиёде ба харҷ дода шуд. Аз моҳи январи соли 2021 ягон ҳодисаи нави COVID-19 ба қайд гирифта нашудааст ва аз 23 марти соли равон эмкунӣ бо ваксинаи истеҳсоли Ҳинд AstraZeneca дар байни кормандони тиб дар шаҳри Душанбе оғоз гардид.

Бинобар сабаби пандемияи COVID-19, дар шаш беморхонаи марказии ноҳиявӣ (БМН) кариб дар тули як сол бисёр чорабиниҳои Лоиҳа оид ба беҳтар намудани системаи солимии модар ва кӯдак дар вилояти Хатлон (марҳилаи II) амалӣ гашта натавонистанд ва хуб мебуд, ки муддати Лоиҳа дароз карда шавад, то ин, ки ҳамкории худро баҳри ноил шудан ба ҳадафҳои гузошташуда, идома диҳем.

Ҷаноби Такасака Мунео, роҳбари намояндагии JICA дар Тоҷикистон аз иштироки муовини вазири ВТҲИА, намояндагони беморхонаҳои ноҳиявии мақсаднок ва аъзоёни гурӯҳи Лоиҳаи "Беҳтаргардонии саломатии Модар ва Кӯдак дар вилояти Хатлон (Лоиҳаи JICA) дар Кумитаи роҳбарикунанда изҳори миннатдорӣ намуд. Вай таъкид кард, ки ширкат дар Кумитаи роҳбарикунандаи Лоиҳаи "Беҳтаргардонии саломатии Модар ва Кӯдак дар вилояти Хатлон"

марҳилаи II, барои ӯ шарафи олие буд, ӯ қайд кард, ки Ташкилоти Умумичаҳонии Тандурустӣ (ТУТ) COVID-19-ро пандемия эълон карда, аксари кишварҳои чаҳонро водор намудааст, ки оиди карантин чораиҳои қатъи андешанд, аз ҷумла маҳдудияти сафарҳоро. Мушовирони Ҷопон дар давоми пандемия натавонистанд ба кишвар ташриф оранд, аммо ӯ қайд намуд, ки Лоиҳа бо дастгирӣ ва назорати Вазорати тандурустӣ фаъолияти худро аз фосилаи дур идома медиҳад. Бо истифода аз фурсат, ҷаноби Такасака Мунео баъзе аз чораҳои фавқулоддаи вокуниши COVID-19-ро, ки JICA ва ВТҲИА тавассути ҳамкориҳои техникӣ дар давраи пандемия татбиқ кардаанд, пешниҳод кард. Дар доираи он, маводҳои инфиродии муҳофизатӣ ва таҷҳизоти лабораторӣ дар моҳи феврали соли 2020, хеле пеш аз эълони расмии вазъи пандемия дар кишвар, тақсим карда шуд. Дар моҳи июни соли 2020 ва феврали соли 2021, ба шаш беморхонаи мақсаднок дар Балҷувон, Норак, Ховалинг, Муминобод, Леваканд ва Кушониён, маводҳои инфиродии муҳофизатӣ иловагӣ дода шуд. Чанде пеш, шаш маҷмӯъи стансияҳои таъмини оксигени тоза ба 6 беморхонаи шаҳрҳои Душанбе, Бохтар ва Кӯлоб тақсим карда шуд ва бино ба иттилоъ, беш аз 160 бемор табобати нафасдиҳии сунъиро хубтар мегиранд.

Вай ба Лоиҳа барои амалҳои саривақтӣ барои пешгирӣ ва чораҳои вокуниши COVID-19 дар Тоҷикистон изҳори сипос кард. Инчунин вай миннатдории худро ба Лоиҳа изҳор дошт, ки дар таҳияи маводҳои зарурӣ оиди маводҳои худмуҳофизатӣ (СИЗ) бо мақсади баланд бардоштани иқтидори кормандони тиббӣ дар истифодаи сарулибоси худмуҳофизатӣ корҳои зиёдеро ба анҷом расонид. Ҳамаи ин чораҳои фавқулодда, сарфи назар аз вазъи душвории COVID-19, дар доираи ин Лоиҳаи ҳамкории техникӣ иҷро шуданд.

Дар ифтитоҳи сухани худ, ӯ изҳори умедворӣ кард, ки ҳамкории JICA ва Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолии Ҷумҳурии Тоҷикистон дар оянда низ барои таҳкими соҳаи тандурустӣ идома меёбад. Вай инчунин таъкид кард, ки давраи боқимондаи Лоиҳа барои ҳарду ҷониб муфид хоҳад буд.

Дар навбати худ, доктор Абдусамадзода қайд намуд, ки бо дастгирии Лоиҳаи JICA оид ба "Беҳтаргардонии саломатии Модар ва Кӯдак дар вилояти Хатлон"-марҳилаи II, сифати хизматрасониҳо ба модарону кӯдакон дар шаш ноҳияи мақсадноки вилояти Хатлон беҳтар карда шуд, зеро ҳадафи 3-юми Стратегияи Рушди Устувор ин коҳиш додани сатҳи фавти модарон ва навзодон мебошад. Вай инчунин иброз дошт, ки Вазорати тандурустӣ барои вокуниш ба пандемия дар оғоз омода набуд, ва аз JICA барои саривақт бо таҷҳизот ва ашёи зарурӣ ҷиҳати пешгирии сироят ва марг дар байни аҳолӣ, ташаккур намуд.

2. Мақсади ҷаласа

Доктор Абдусамадзода тавзеҳ дод, ки ҳадафи ҷаласаи Кумитаи Роҳбарикунанда дар бораи аз нав дида баромадани Протоколи Муҳокима, хусусан матритсаи тарҳрезии Лоиҳа ва давомнокии Лоиҳа мебошад.

3. Масъалаҳои асосии тағйирот дар тарҳи Лоиҳа

Хонум Акияма шарҳ дод, ки бинобар сабаби COVID-19, мушовирони Ҷопон қариб тули як сол натавонистанд ба Тоҷикистон ташриф оранд ва бинобар ин, дар давраи амалӣ гаштани Лоиҳа баъзе фаъолиятҳо тағйир дода мешаванд. Мӯҳлати татбиқи Лоиҳа то моҳи декабри соли 2022-ро дарбар мегирад, аммо дар нақшаи аслӣ то моҳи июли соли 2021 пешбини шуда буд.

4. Муҳокимаи натиҷаҳо

Хонум Акияма иштирокчиёнро бо фаъолияти Лоиҳа ба таври мухтасар шинос намуд.

Натиҷаи 1

Беҳтар намудани фаъолияти беморхонаҳои ноҳиявии мақсаднок.

Масъалаи беҳтар намудани таъминоти об дар беморхонаҳои марказии ноҳияи Кушониён

ва Леваканд ҳамчун чорабинии иловагӣ ба нақша гирифта шуд.

Ҳамчунин, оиди ин масъала 2 мушовири дигар ҷалб карда шуд, барои гузаронидани тадқиқот, тендер, татбиқ, тасдиқ, таълими нигоҳдорӣ ва мониторинг.

Натиҷаи 2

Баланд бардоштани дониш ва малакаи кормандони тиб дар беморхонаҳои ноҳияҳои мақсаднок.

Дар ин самт, фаъолиятҳо бетағйир мемонанд. Диққати иловагӣ ба ҳамгироии чораҳои пешгирикунандаи COVID-19 дар ҳамаи намуди фаъолиятҳо дода мешавад.

Дар боқимондаи ин давра, фаъолияти Лоиҳа ба гузаронидани таҳлилҳои ҳолатҳои музмини (ТҲМ) модарӣ, навзод ва мурдатаваллуд бо ҳамоҳангсози миллӣ доир ба ТҲМ равона карда мешавад.

Натиҷаи 3

Таҳкими низоми роҳҳат/интиқол байни муассисаҳои кӯмаки аввалияи тиббию санитарӣ (КАТС) ва беморхонаҳои ноҳиявии мақсаднок.

Лоиҳа барои таҳияи моделҳои хуби роҳҳат/интиқол, беморхонаҳои марказии ноҳияи Норак ва Левакандро ҳамчун шаҳрҳои пилотӣ интихоб мекунад.

Натиҷаи 4

Тақвияти системаи назорат.

Лоиҳа кӯмакро ба системаи назорати миллӣ дар соҳаи ҳифзи саломатии модар ва кӯдак бо сарпарасторон идома хоҳад дод.

Пас аз он хонум Коноҳара фаъолиятҳои натиҷаи 3-юм ва 4-умро муфассал шарҳ дод.

Вай қайд намуд, ки натиҷаи 3-юм аз фаъолиятҳое иборат мебошанд, ки дар доираи Нақшаи солонаи маркази милии солимии репродуктивӣ ба нақша гирифта шудаанд ва аз доктор Мунира Ғанизода хоҳиш кард, ки оиди ин фаъолиятҳо маълумот бештар пешниҳод намояд.

Фаъолиятҳои муфассал зери Натиҷаи 3

Доктор Ғанизода Мунира, директори Маркази миллии солимии репродуктивӣ қайд кард, ки нақшаи солонаи Маркази миллии солимии репродуктивӣ барои соли 2021 аз ҷониби Вазорат тасдиқ карда шудааст. Дар Боби 2-юми нақшаи корӣ, ки ба таҳкими иқтидори мутахассисони соҳаи тандурустии аввалия ва таваллудхонаҳо дар соҳаи солимии репродуктивӣ, банақшагирии оила ва модаршавии бехавф нигаронида шудааст, Лоиҳа ва Маркази миллии солимии репродуктивӣ розӣ шуданд, ки якчанд чорабиниҳоро дар доираи ин бахш бо дастгирии Лоиҳа амалӣ намоянд. Яке аз онҳо гузаронидани тренингҳо оид ба нигоҳубини то валодат (ЁТВ) барои кормандони КАТС оид ба COVID-19 дар байни занони ҳомила (беморхонаҳои марказии ноҳияи Норак ва Леваканд) буд. Он аллакай бо тасдиқи Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолӣ дар Леваканд гузаронида шуд ва маводҳои худмуҳофизатӣ (СИЗ) аз ҷониби Лоиҳа ба муассисаҳои КАТС тақсим карда шуд. Фаъолиятҳои дигар иборатанд аз:

-гузаронидани тренингҳо оид ба стандарти нави ЁТВ (беморхонаҳои марказии ноҳияи Норак ва Леваканд);

-гузаронидани тренингҳо оид ба мониторинг ба сарпарасторони ноҳиявӣ (беморхонаҳои марказии ноҳияи Норак ва Леваканд).

Бо гузаронидани ин чорабиниҳо, Лоиҳа системаи назорати дохилӣ ва берунӣ ва системаи роҳҳат/интиқол-ро аз муассисаи КАТС ба БМН тақвият мебахшад.

Фаъолиятҳои муфассал зери Натиҷаи 4

Хонум Коноҳара бо муаррифии Натиҷаи 4 идома дод, ки аз мустаҳкам намудани системаи назорат тавассути баланд бардоштани иқтидори системаи назоратӣ, ҷорӣ намудани баҳодиҳии фаъолиятҳо ва аз нав дида баромадани воситаҳои назорат иборат буд.

Давраи такмили нигоҳубини модарон, навзодон ва кӯдакон дар мисоли марҳилаҳои Банақшагирӣ, Татбиқ, Баррасӣ ва Амал (PDCA) шарҳ дода шуд.

Сохтори идоракунии Лоиҳа

Дар охири муаррифӣ, сохтори идоракунии Лоиҳа аз ҷониби хонум Акияма бо тасдиқи аъзои Кумитаи роҳбарикунанда ва Гурӯҳи кории техникӣ возеҳ карда шуд.

5. Муҳокима

Муовини вазир Абдузамадзода Зулфия, Лоиҳаи "Беҳтаргардонии саломатии Модар ва Кӯдак дар вилояти Хатлон"-марҳилаи II, JICA -ро барои дастгирӣ ва ҳамкории доимӣ дар шаш беморхонаи марказии ноҳиявии мақсаднок дар вилояти Хатлон, сипосгузорӣ кард, инчунин изҳор дошт, ки бо вуҷуди дастгирии Лоиҳа, дар ноҳияҳои пилотӣ баъзе мушкилотҳо боқӣ мондааст. Қайд карда шуд, ки яке аз мушкилоти асосии марги модарон ин - хунравии акушерӣ мебошад. Гарчанде, ки стандарти миллӣ оид ба пешгирии хунравӣ аз соли 2008 татбиқ, тасдиқ ва паҳн карда шудааст, вале мушкилот боқӣ мондааст ва ҳанӯз ҳалли худро наёфтааст.

Масъалаи дигаре, ки доктор Абдусамадзода зикр кард, ин сатҳи баланди ҳолатҳои фавти неонаталӣ ва антенаталӣ, хусусан дар ноҳияҳои Кушониён ва Леваканд мебошад. Вай аз Лоиҳа хоҳиш кард, ки дар ҳамкорӣ бо Маркази миллии солимии репродуктивӣ ва Пажӯҳишгоҳи тадқиқотӣ, баҳри бартараф намудани фавти перинаталӣ фаъолиятҳоро амалӣ кунанд.

Инчунин, шумораи зиёди ҳолатҳои буриши қайсарӣ бидуни нишондодҳои оқилона дар минтақаҳои таҷрибавӣ ба қайд гирифта шудаанд, ки дар натиҷа ба оризаҳои вазнин оварда расонидаанд. "Ман фикр мекунам, ки мо бояд ба таълими босифат диққат диҳем ва хусусан дарсҳои назариявӣ бояд бо малакаҳои амалӣ дар доираи нақшаи кории Лоиҳа, дар давраи боқимондаи Лоиҳа тақвият дода шаванд" – қайд намуд доктор Абдусамадзода. Ӯ инчунин пешниҳод кард, ки ҳамаи кураторон аз минтақаи Бохтар барои гузаронидани назорати сарпарастӣ дар ноҳияҳои пилотӣ омӯзонида шаванд. Доктор Абдусамадзода қайд кард, ки нақшаҳо ва чорабиниҳои иловагӣ барои давраи боқимондаи Лоиҳа, ки имрӯз муҳокима карда шуданд, дар якҷоягӣ бо Маркази миллии солимии репродуктивӣ ва Институти гинекология, акушерӣ ва перинатология амалӣ карда мешаванд ва натиҷаҳои муассир хоҳанд оварда.

Сардори Раёсати тандурустии вилояти Хатлон, Доктор Рачабзода, ҳамаи иштирокчиёнро хайрамақдам гуфт ва ба саҳми Лоиҳа дар шаш ноҳияи мақсадноки вилояти Хатлон баҳои баланд дод. Вай рӯшан кард, ки дар вилояти Хатлон нӯҳ лоиҳа дар соҳаи солимии модар ва кӯдак амалӣ карда мешаванд, аммо ҳиссаи дастгирии лоиҳаи JICA оид ба солимии модар ва кӯдак воқеан баланд аст. Инчунин қайд карда шуд, ки мушкилот дар соҳаи ҳифзи саломатии модар ва кӯдак бешубҳа дар ҳамкорӣ бо Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолӣ ва шарикони рушд ҳалли худро меёбанд.

Пешниҳоди доктор Абдусамадзода:

Доктор Абдусамадзода қайд намуд, ки "Барномаи солимии аҳолӣ ва рушди иҷтимоӣ дар вилояти Хатлон барои солҳои 2021-2025" аз ҷониби Ҳукумати Ҷумҳурии Тоҷикистон дар аввали соли 2021 тасдиқ карда шудааст. Вай аз намояндаи дафтари JICA дар Тоҷикистон хоҳиш кард, ки амалисозии фаъолияти барномаро дастгирӣ кунанд.

Доктор Абдусамадзода аз он нигаронӣ кард, ки назорати дурӯза аз тарафи сарпарастон кофӣ нест. Барои ноил шудан ба рушди устувор, доктор Абдусамадзода пешниҳод кард, ки як тими мобилӣ ба ноҳияҳои пилотӣ ба мӯҳлати аз 7 то 14 рӯз фиристода шавад. Вай инчунин аз хонум Акияма Йошико ва хонум Конохара Макико хоҳиш кард, ки сифати назорати сарпарастонро дар самти нигоҳубини навзодон беҳтар кунанд, зеро сатҳи кунунии назорати

сарпарасторон дар ҳолати паст қарор дорад.

Дар посух ба пешниҳоди доктор Абдусамадзода, ҷаноби Такасака Мунео, роҳбари Дафтари JICA дар Тоҷикистон, тавзеҳ дод, ки ҷониби Ҷопон ин масъаларо меомӯзад.

Бо арзи ташаккур ба Вазорати тандурустӣ ва Лоиҳаи JICA, доктор Туманов М, сардухтури беморхонаи марказии ноҳиявии Кушониён иттилоъ дод, ки беморхона дар се соли охир бо Лоиҳа ҳамкорӣ дорад. Вай аҳамияти таҷҳизоти тиббиеро, ки аз ҷониби Лоиҳа пешниҳод карда шуда буд ва фаъолиятҳоеро дар самти баланд бардоштани сатҳи иқтидори кормандони тиббии шӯъбаи таваллудӣ гузаронида мешавад, қайд кард. Вай хабар дод, ки сифати хизматрасониҳои тиббӣ дар беморхона беҳтар карда шуда, шумораи мушкилоти хунравӣ ва таваллуди бармаҳал тадриҷан коҳиш ёфтааст. Сардухтури беморхонаи марказии ноҳияи Кушониёни барои дастгирии системаи обтаъминкунӣ дар беморхона, хушнудии худро баён намуд.

6. Суханони хотимавӣ

Дар хотима, доктор Абдусамадзода ба намояндагони JICA ва дигар иштирокчиён изҳори миннатдорӣ намуда, изҳори умедворӣ намуд, ки фаъолиятҳои дар давраи пандемияи COVID-19 боздошташуда, дар давоми боқимондаи Лоиҳа амалӣ карда хоҳанд шуд.

Ҷаноби Такасака Мунео инчунин ба доктор Абдусамадзода барои ташкили ҷаласаи Кумитаи Роҳбарикунанда арзи сипос намуд. Вай қайд кард, ки дар ҷаласа пешрафти Лоиҳа муҳокима карда шуда, тадбирҳо ва тағйиротҳо дар Лоиҳа, ба мувофиқа расиданд. Вай инчунин барои ҳамкориҳои минбаъда дар соҳаи беҳдошти саломатии модар ва кӯдак изҳори умедворӣ кард.

АНҶОМ

Замима:
1. Руйхати иштирокчиён

Презентатсия

Рӯйхати иштиирокчиён

No	Ном	Вазифа	Ташкилот
1.	Абдусамадзода З.К	Муовини Вазир	Вазорати тандурустӣ ва ҳифзи иҷтимоии аҳолӣ (ВТҲИА)
2.	Аминов О.Т	Роҳбар	Шӯъбаи ҳифзи саломатии кӯдакон ва наврасон ва рушди малакаи волидайн, ВТҲИА
3.	Юнусова Д.З	Муовин	Раёсати ҳифзи солими модар ва кӯдак ва танзими оила, ВТҲИА
4.	Комилова М.Ё	Роҳбар	Шӯъбаи акушерии Институти акушерӣ, гинекология ва перинатологияи Тоҷикистон.
5.	Ғанизода М.Х	Директор	Маркази миллии солимии репродуктивӣ
6.	Раҷабзода М. М	Директор	Раёсати тандурустии мақомоти иҷроияи ҳукумати вилояти Хатлон
7.	Рабиев Р	Сартабиб	Беморхонаи марказии ноҳияи Ховалинг, вилояти Хатлон
8.	Туманов М.	Сартабиб	Беморхонаи марказии ноҳияи Кушониён, вилояти Хатлон
9.	Ашуров А	Сартабиб	Беморхонаи марказии ноҳияи Балҷувон, вилояти Хатлон
10.	Шарипов Р	Сартабиб	Беморхонаи марказии ноҳияи Муминобод, вилояти Хатлон
11.	Файзализода С	Сартабиб	Беморхонаи марказии шаҳри Норак, вилояти Хатлон
12.	Ғафуров Д	Сартабиб	Беморхонаи марказии шаҳри Леваканд, вилояти Хатлон
13.	Хори Кеита	Котиби дуюм	Сафорати Ҷопон дар Тоҷикистон
14.	Ашида Татсуя	Директор, Гурӯҳи саломатии 4	Агентии Ҷопон оид ба ҳамкориҳои байналмилалӣ JICA (онлайн)
15.	Ямашита Юмико		Агентии Ҷопон оид ба ҳамкориҳои байналмилалӣ JICA (онлайн)
16.	Такасака Мунео	Роҳбари намояндаги	Агентии Ҷопон оид ба ҳамкориҳои байналмилалӣ дар Тоҷикистон
17.	Кавабата Шоҳеи	Мушовири таҳияи лоиҳа	Агентии Ҷопон оид ба ҳамкориҳои байналмилалӣ дар Тоҷикистон
18.	Табаров Фируз	Ҳамоҳангсози барномаҳо	Агентии Ҷопон оид ба ҳамкориҳои байналмилалӣ дар Тоҷикистон
19.	Акияма Ёшико	Роҳбари лоиҳа	Лоиҳаи JICA, Koei Research &Consulting Inc (KRC)
20.	Коноҳара Макико	Муовини роҳбари лоиха	Лоиҳаи JICA , KRC
21.	Гото Нобуя	Мутахассис оиди таҷҳизоти тиббӣ / идоракунии нигоҳдорӣ	Лоиҳаи JICA, KRC
22.	Маҳмудов А.	Мутахассис оиди идоракунии	Лоиҳаи JICA, KRC

		омӯзишҳо	
23.	Мачидов М.	Маъмури Лоиҳа	Лоиҳаи JICA, KRC
24.	Ашурова Ф.	Афсари Лоиҳа	Лоиҳаи JICA, KRC
25.	Имомалиева С	Ёвари Лоиҳа	Лоиҳаи JICA, KRC

Attachment 6: MM of 6th JCC

MINUTES OF MEETING
FOR
SIXTH STEERING COMMITTEE (ST/JCC)
OF
THE PROJECT FOR IMPROVING MATERNAL AND CHILD HEALTH CARE SYSTEM IN KHATLON OBLAST PHASE II

The Sixth Joint Steering Committee Meeting (hereinafter referred to as "ST/JCC") of the Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase II (hereinafter referred to as "Project") was held on 06 September 2022 at the conference hall of Hilton Hotel, Dushanbe, Tajikistan. Discussions made among the attendees are briefly described in the document attached hereto.

Dushanbe, September 6, 2022

(Japanese side)

Mr. Takasaka Muneo
Chief Representative
Tajikistan Office
Japan International Cooperation Agency
(JICA)

(Tajikistan side)

Dr. Abdusamatzoda Z.K
Deputy Minister
Ministry of Health and Social Protection
of the Population (MoHSPP)

Ms. Akiyama Yoshiko
Chief Advisor
Japanese Expert Team
Koei Research &Consulting Inc (KRC)

Date: 6th of September 2022 (09:30-12:00)
Venue: Meeting Hall in Hilton Hotel, Dushanbe, Tajikistan

Participants: List is as attached

Agenda:

1. Opening Remarks
2. Greetings of JICA
3. Objective of the Meeting
4. Results of monitoring visit (Findings and Recommendations)
   1) MCH at primary health care,
   2) MCH at hospital (maternity department) care
   3) Neonatal care
5. Comment / Discussion
6. Plan of the Activity up to end of Project
7. Closing remarks

1. Opening Remarks

The Sixth Steering Committee (S/C) Meeting was started with the opening remarks by Dr. Nabiev Z.N, the Head of Mother and Child Health and Family Planning Department of the Ministry of Health and Social Protection of the Population (MoHSPP).
On behalf of Dr Zulfiya Abdusamatzoda, the Deputy Minister of MoHSPP he apologized that she could not attend the meeting due to her visits to Nurek and Dangara. but she sent her Dr. Nabiev Z.N stressed that he will chair the JCC meeting instead of the Deputy Minister. Afterwards the participants' attendance was checked by him.

In his speech expressed the gratitude to government and people of Japan, and JICA for the continuous supports and cooperation to the Mother and Child Healthcare sector of Tajikistan. Going back to the history of cooperation between the MoHSPP and JICA he noted that it is lasting for the 30 years starting since 1993 by training of civil servants on the development of public administration in Japan. Later in 2006 the JICA Office is established in Tajikistan and it started various technical projects' activities in Tajikistan. A huge contribution of JICA during pandemic period with COVID-19 was stressed.

JICA's Project for Improving Maternal and Child health Care System in Khatlon Oblast Phase II had been working in six pilot central district hospital(CDH)s for the last four years and the main purpose of the Project is to improve the MCH in the pilot districts which was implemented through provision of medical equipment, capacity building of medical workers, improving the referral system and supportive supervision activities. On July 24th, 2022 under the Order 412 on Monitoring Team was approved by the MoHSPP to conduct monitoring in six target districts' medical facilities covered by the Project. And the purpose of the meeting is to review the results of the monitoring held by the working group at maternity departments CDHs, Reproductive health centers and Primary healthcare facilities. He stressed that the aspects like: equipment utilization, maternal (obstetric complications, bleeding, eclampsia, preeclampsia) and neonatal care at the maternity department level, infectious control, antenatal care and usage of perinatal technologies had been checked.
At the end he thanked Japanese sides especially Mr. Takasaka Muneo, the Chief Representative of JICA Tajikistan Office, and Mr. Kawabata Shohei, the Project Formulation Advisor of JICA Tajikistan Office, Ms. Akiyama Yoshiko, JICA MCH Project Leader and Japanese colleagues connected online as well as Project staff members for participation and collaborations.

2. Greetings of JICA

Mr. Takasaka, Chief Representative of JICA Tajikistan Office appreciated the attendance of Dr. Nabiev Z.N, Head of Mother and Child Health and Family Planning Department of the Ministry of Health and

Social Protection of the Population and all the participants and JICA MCH Project team members in the Steering Committee. He stressed that it was a great honor for him to attend the ST/JCC of the Project for Improving Maternal and Child health Care System in Khatlon Oblast Phase II.

Due to COVID-19 pandemic the duration of the Project was extended from July 2021 until December 2022. Although it was a difficult time for the whole countries in the world, the MoHSPP and JICA managed to fight against COVID-19 on the framework of the MCH Project. Such support included provision of eight oxygen generator systems in the hospitals of Dushanbe, Bokhtar, Kulyab and Tursunzoda, as well as provision of medical equipment at 14 hospitals of Dushanbe and Khatlon oblast including the target hospitals of the project. JICA mobilized additional $2.3 million US dollars to fight against COVID-19 urgently in Tajikistan within the framework of this Project. In regards to the need for water supply to address the COVID-19 pandemic, JICA also included additional funding for provision of the water supply system in Kushoniyon central district hospital and Levakant central city hospital from October 2021 to February 2022. Apart from those emergency activities, the Project Team also successfully continued activities to realize positive improvements for mothers and children in Khatlon oblast.

Good news to share with participants was that in this August of the JICA Project has received an Acknowledgment from Mr. Kurbon Hakimzoda, the Governor of Khatlon Oblast for the Project's contribution to the Improvement of Maternal and Child health Care in Khatlon Oblast. It is a great honor to receive such a distinction and attention from the country.

At the end of his speech Mr. Takasaka mentioned that this meeting is the last Joint Steering Committee meeting of the Project before the completion. Therefore, he expressed interest in hearing the outcomes of the Project for the last five years.

The Team leader of the Project Ms. Yoshiko Akiyama expressed her gratitude and thankfulness for MoHSPP's deep commitment towards the Project during the last five years.

Dr. Nabiev Z.N noted that comparing with the five years before there are significant improvements in MCH sectors in these six target districts and cities including antenatal/postnatal care, home deliveries, and contraceptive issues.

3. Objective of the meeting

Dr. Nabiev Z.N explained that the objective of ST/JCC meeting was to share with the results of the monitoring: findings and recommendations.

4. Results of monitoring visit (Findings and Recommendations)

1). MCH at primary health care.

Presentation on the "Results of the PHC Monitoring of the pilot districts of the JICA Project" was presented by Dr. Jonova B.Y., the Head of the Family Medicine Development Analysis Department of State Institution "Republican Training and Clinical Center for Family Medicine". (See attached presenantion).

Before starting her presentation Dr. Jonova B.Y. thanked the JICA for the cooperation that she benefited some years ago being as one of the trainees she took part in the Trainings in Japan in Tokyo and gained significant knowledge from the studies.

A special questionnaire was developed for the assessment and it included a comprehensive analysis.

It was mentioned that the main activities on PHC level by the Project side were held in Nurek and Levakant.

Dr. Nabiev Z.N requested PHC managers to make notes regarding shortcomings in their districts and start working over them.

2). MCH at hospital (maternity department) care.

Dr. Akmerova N.Sh., the Head of Maternity department of the State Center "Istiklol Health Complex" made a presentation on "Monitoring of the provision of medical care in 6 maternity departments of

pilot districts in Khatlon region". Brief information on structure of facility, human resources, number of deliveries, equipment utilization, level of knowledge and skills of staff, medical documentations, water sanitation on each hospital were provided. Strengths, weaknesses and recommendations were reported. (See attached presentation).
She stressed about necessary key findings in two districts which is Levakant and Nurek. In Levakant with the contribution of the Project there is availability of running water in the maternity department. In all the districts all the provided equipment are functioning and can be used. Khovaling and Muminabad are 2nd level medical facilities, however the scope of their services is proved as a facility of 2nd level.
It should be noted that in CDH of Khovaling the staff of maternity department can provide an emergency neonatal care and the provided equipment are utilized properly. But in spite of the fact that the maternity department is located in a new building, there is no running water in the department. Besides, the services for delivery is chargeable and therefore the rate of home deliveries is high in Khovaling.
Regarding Kushoniyon CDH, it was stressed that maternity department has all necessary equipment and qualified staff but there was two maternal death cases. Number of deliveries increased in Kushoniyon due to the fact the maternity department of Vakhsh CDH is under construction and most of its population come for delivery to Kushoniyon CDH.

Dr. Nabiev Z.N., requested the CDH managers to take notes from these monitoring findings and improve the quality of services in their hospitals. This is not the responsibility of MoHSPP to take care of the situations of the districts, so the actions should be taken and to make focus on working with the hospital staff and to share this with the medical staff of their hospitals.

3). Neonatal care

The last presentation on "Monitoring of the improvement of the quality of care for newborns in maternity facilities by using the equipment provided by JICA" was done by Dr. Yunusov A.G., the Chief Specialist on Neonatology of the Research Institute of Obstetrics and Gynecology and Perinatology.
He noted that the previous speakers already mentioned about the key findings and the problem and he wanted to touch issues regarding neonatology. The big and remaining problem in the entire republic is the shortages of Neonatologists. In all six districts the neonatal care is not provided during night time. The equipment is idle and not used some districts and the babies with low birth weight and complications are referred to upper level.
Kushoniyon has two neonatologists but both of them are not providing the care during the night shift. One of the reasons that why the equipment is not used is that that during the weekends other doctors provide service and they don't have capacity how to use the equipment.

The pediatric nurse in Khovaling can work with equipment like incubator, phototherapy and put IV infusions to newborns. In Baljuvon CDH there is a neonatologist is skilled who passed refreshing courses in Dushanbe. Dr. Yunusov stressed that he was positively impressed by Levakant's pediatrician who could work properly with all the equipment and well managed the newborns. Also, the system of provision of neonatal care is well established in Nurek. They have a very good simulation training room where the doctors and nurses can improve their skills. All the obstetricians, midwives and nurses could prove their skills on neonatal resuscitation.
In Kushoniyon both neonatologists working very well.
At the end of his presentation, he recommended that if there is possibility to handover the equipment which are not in use to another level of medical facility like Dushanbe maternity hospitals which has a greater number of neonatal patients. He also noted that the overall infant death rate is decreased from 1% to 0.6% in all target districts.

Comments /Discussions

Dr. Nabiev Z.N., in regards to the last point of Dr. Yunusov he reminded about his visit to Muminabad

CDH in 2019 and found out that the equipment was still unfolded and covered and he asked the staff who came from the training to show the usage of the equipment but none of them could do it. So, that time he recommended to transfer them to ICU department or to Kulyab Central Hospital for utilization.

Dr. Nabiev Z.N., requested Dr. Yunusova D to present the report of monitoring to the Minister.
He also asked the managers of targeted CDH to tell their opinion about the results of the monitoring.

Mr. Kawabata Shohei expressed his thankfulness to presenters and for discussion. He wanted to inquire after the challenges after the five years of intervention of the Project. Since it's a great opportunity for both JICA and Tajik side as a lesson learned for the future. The provision of equipment is important inputs to improve the clinical practices since without the equipment certain type of interventions is impossible. According to today's discussion there is a challenge to maintain the medical equipment. Thus he expressed his hope that JICA receives recommendations how we can better deign the equipment provision in the future.

Participants exchanged opinions and based on the discussions and comments,
Dr. Nabiev made conclusion remarks of the meeting by requesting:

1. The heads of hospitals and PHC managers to establish and develop an Activity Plan based on the findings and recommendations and follow each item;
2. Dr. Yunusova and Dr. Aminov has to organize a monitoring by the end of the year to check and evaluate the progress of the implementations of recommendations;
3. Dr. Zaripova, the head of Oblast Reproductive Health center is responsible to monitor the implementation of Antenatal/Postnatal care activities in the region as well to involve Gynecologists and Family medicine doctors for provision ANC. Also, trainings should be conducted for capacity building of PHC staff;

At the same time, it was mentioned that if the monitoring which will be held at the end of the year shows that the equipment is not used then we come to the decision that the equipment should be moved. The MCH department of the MoH, are ready to provide assistance and cooperate with district hospitals Pay attention to your data and raise the issue during the online meetings which are conducted twice in a day

Closing Remarks:
Dr. Nabiev thanked the JICA and the Project for supporting the monitoring team. He expressed hope that the findings and recommendations will be followed.

Mr. Takasaka stressed that it was great honor for him to participate in the meeting and listen to the presentations and discussions regarding various issues of mother and child health care. Taking this opportunity, he expressed gratitude to the Tajik side for their support and cooperation and hear that Project worked for the improvement of the mother and child healthcare activities in the target districts of the Khatlon oblast. Also, as the Project effectively will come to the end by the end of this year, they will continue cooperation with MoH to strengthen the health system in Tajikistan.
He announced about the recent signing of the Record of Discussion with the MOH for a long term new technical cooperation project for improving the quality of PHC services which will be started from the next year. Based on the learned lessons from the MCH Project, the new project for PHC aims to improve the quality of healthcare by strengthening the capacity of PHC workers by increasing awareness about mother and child health, nutrition and non-communicable diseases prevention among community members and by small scale provision of equipment and rehabilitation in selective district facilities.

END

Attachment:

1. List of participants
2. Presentation slide

List of participants

1.	Nabiev Z.N	Head	Mother and Child Health and Family Planning Department, MOHSPP
2.	Aminov O.T	Head	Child and Adolescent Health Care and Parental Skill Development Department, MOHSPP
3.	Yunusova D.Z	Deputy	Safety Motherhood and Planning Family Department, MOHSPP
4.	Ghanizoda M. Kh	Director	National Reproductive Health Centre
5.			Research Institute of Obstetrics and Gynecology and Perinatology
6.			Maternity department of the State Center "Istiklol Health Complex"
7.	Jonova B.	Head	Department of the State Institution "Republican Educational and Clinical Center of Family Medicine"
8.	Muminova Sh.	Deputy	Research Institute of Perinatal
9.	Zaripova Gulbahor	Health Specialist	PHD of Khatlon
10.	Rabiev R.	Head Doctor	Khovaling Central District Hospital of Khatlon oblast
11.	Sharapov Safar	Head	Khovaling Primary Health Center
12.	Tolibov Z	Head Doctor	Kushoniyon Central District Hospital of Khatlon oblast
13.	Davlatzoda M	Head	Kushoniyon Primary Health Center
14.	Ashurov A	Head Doctor	Baljuvon Central District Hospital of Khatlon oblast
15.	Pirov Ilhom	Head	Baljuvon Primary Health Center
16.	Sharipov R.	Head Doctor	Muminobod Central District Hospital of Khatlon oblast
17.	Rozikov Saidamir	Head	Muminobod Primary Health Center
18.	Ghafurov D.	Head Doctor	Levakant Central District Hospital of Khatlon oblast
19.	Boboev Daler	Head	Levakant Primary Health Center
20.	Taghoev Sunatullo	Deputy	Norak Primary Health Center
21.	Savrulloev Daler	Deputy	Norak Central City hospital
22.	Endo Asumi	Health Team 4	JICA Headquarters (online)
23.	Takasaka Muneo	Chief Representative	JICA Tajikistan Office
24.	Kawabata Shohei	Project Formulation Advisor	JICA Tajikistan Office
25.	Tabarov Firuz	Programme Officer	JICA Tajikistan Office

26.	Akiyama Yoshiko	Chief Advisor	JICA Project, Koei Research &Consulting Inc (KRC)
27.	Yoko Okamoto	Ob/Gyn specialist	JICA Project, KRC
28.	Makhmudov A.	Training Management	JICA Project, KRC
29.	Majidov M.	Administrator	JICA Project, KRC
30.	Ashurova F.	Project Officer	JICA Project, KRC

Project for Improving Maternal and Child Health Care System in Khatlon Oblast Phase 2 (JICA)

Equipment List (1st batch)

Item No.	Name of Equipment	Total	Norak CRH	Baljuvon CRH	Khovaling CRH	Muminobod CRH	Kushoniyon CRH	Levakand CRH
		Quantity						
1-1	Fetal doppler	6	2	1	1	2	0	0
1-2	Phototherapy	8	2	1	1	2	1	1
1-3	Incubator for newborns (stand closed type)	9	2	1	1	2	1	2
1-4	Infant warmer (Incubator for newborns stand open type)	5	2	1	1	1	0	0
1-5	Emergency kit for newborns	4	1	1	1	1	0	0
1-6	Balance and height scale for newborns	7	2	1	2	2	0	0
1-7	Oxygen generator	8	2	2	2	2	0	0
1-8	Pulse oximeter for newborns	6	1	1	1	1	1	1
1-9	Apparatus for measuring blood pressure (manual)	6	1	1	1	1	1	1
1-10	Apparatus for measuring blood pressure (digital)	19	4	2	3	2	4	4
1-11	Balance and height scale for adults	6	1	1	1	1	1	1
1-12	Electric generator	4	0	1	1	1	0	1

Equipment List (2nd batch)

Item No.	Name of Equipment	Total	Norak CRH	Baljuvon CRH	Khovaling CRH	Muminobod CRH	Kushoniyon CRH	Levakand CRH
		Quantity						
2-1	Ultrasound system	6	1	1	1	1	1	1
2-2	Instrument set for delivery	8	2	2	2	2	0	0
2-3	Instrument set for Caesarean	4	1	1	1	1	0	0
2-4	Vacuum extractor	4	1	1	1	1	0	0
2-5	Bilirubin meter	6	1	1	1	1	1	1
2-6	Autoclave	10	2	2	2	2	1	1
2-7	Ventilator	2	1	0	0	0	0	1
2-8	Delivery bed	12	3	1	2	2	2	2
2-9	Patient monitor	3	1	0	0	0	1	1
2-10	Infusion pump	9	2	1	1	1	2	2

MAINTENANCE SHEET

No. _____

Periodically Check	☐Every Month	☐Every Week	☐Every Day

Date	Check Points	Check Status
	1) Does it power on? ☐Yes ☐No **2) Is it connected to an AVR or another electrical device?** ☐Yes / Not applicable ☐No **3) Is the equipment disinfected? Is it kept clean?** ☐Yes ☐No (Oxygen concentrator only) **4) Is the filter cleaned?** ☐Yes ☐No (Incubator only) **5) Is the temperature and humidity rising?** ☐Yes ☐No	Total Status ☐Good ☐Problem Situation (if problem) Action ☐Adjustment ☐Repair ☐Replace ☐Call Agent Signature
	1) Does it power on? ☐Yes ☐No **2) Is it connected to an AVR or another electrical device?** ☐Yes / Not applicable ☐No **3) Is the equipment disinfected? Is it kept clean?** ☐Yes ☐No (Oxygen concentrator only) **4) Is the filter cleaned?** ☐Yes ☐No (Incubator only) **5) Is the temperature and humidity rising?** ☐Yes ☐No	Total Status ☐Good ☐Problem Situation (if problem) Action ☐Adjustment ☐Repair ☐Replace ☐Call Agent Signature

ЛОИҲАИ «БЕҲТАРГАРДОНИИ ҲИФЗИ САЛОМАТИИ МОДАР ВА КЎДАК ДАР ВИЛОЯТИ ХАТЛОН, МАРҲИЛАИ 2-ЮМ»

Агентии Ҷопон оид ба ҳамкории байналхалқӣ

№ 48 аз « 18 » ноябри 2022

Ба Директори Муассисаи давлатии
«Маркази миллии солимии репродуктивӣ»

Д-р Мунира Ғанизода

Мӯҳтарам Мунира Ғанизода,

Аз номи Лоиҳаи беҳтаргардонии ҳифзи саломатии модар ва кӯдак дар вилояти Хатлон, марҳилаи II (Лоиҳа) миннатдории самимонаи хешро барои ҳамкориҳои судмандатон дар татбиқи Лоиҳа изҳори сипос менамоем.

Лоиҳа дар якҷоягӣ бо гурӯҳи назоратии муассисаи шумо, системаи мониторингро, ки ба муассисаҳои кӯмаки аввалияи тиббию санитарӣ нигаронида шудааст, тавассути расонидани кӯмак дар пешниҳоди омӯзиш оид ба нигоҳубини антенаталӣ, аз нав дида баромадани шакли (форма) мониторинг, таҳлили натиҷаҳои мониторинг ва инъикоси натиҷаҳои мониторинг дар нақшаи омӯзишӣ барои кормандони КАТС дастгирӣ намуд.

Дар натиҷаи фаъолият, шакли мониторинг таҳия карда шуд, ки дар он ҳолатҳои ҳомиладорӣ ба вазъи мӯътадил ва музмин ҷудо карда шуд. Илова бар ин, ҳуҷҷати масъулияти муассисаҳо барои додани роҳхат, тақдиди назар карда шуд.

Мо тавсия медиҳем, ки воситаҳои пешниҳодшуда аз ҷониби роҳбарони муассисаҳои шумо пайваста истифода шаванд ва илова бар ин, умедворем, ки онҳо ин восиатаҳоро дар дигар ноҳияҳо, вилоятҳо ва тамоми кишвар паҳн карда метавонанд. Барои ин, аз Шумо хохиш менамоем, ки шакли мониторингиро ба накшаи кории солонаи Маркази миллии солимии репродуктиви дохил намуда, фармони дохилиро оид ба тасдиқи «Масъулияти муассисаҳо барои додани роҳхат » ва пайгирии онро қабул намоед.

Мо ба Шумо барои ҳамкорӣ ва саҳматон дар Лоиҳа дар тӯли 5 соли охир миннатдории худро иброз медорем.

Бо эҳтироми самимона,

Ёшико Акияма
Роҳбари Лоиҳа
Лоиҳаи Беҳтаргардонии Ҳифзи саломатии Модар ва Кӯдак дар вилояти Хатлон, Марҳилаи II.

Замима:
1. Шакли мониторингӣ барои муассисаҳои КАТС
2. Масъулияти муассисаҳо барои додани роҳхат

МОНИТОРИНГИ МАЛАКАҲОИ АМАЛИИ ТАТБИҚИ СТАНДАРТҲОИ МИЛЛӢ

Баҳои малакаҳои амалии кормандон ба воситаи таҳлили ҳуҷҷатҳои тиббӣ ва назорати иҷрои марҳилаҳои амали клиникии стандартҳои Миллӣ гузаронида мешавад.

Баҳо:

ҲА – пурра аз рӯи стандарт иҷро кард

НЕ – аз рӯи стандарт иҷро накард ё нопурра иҷро кард

Пешниҳод барои баҳодиҳӣ:

1. Маълумот танҳо дар асоси омӯхтани формаи расмии «таърихи инфиродии зани ҳомила» пур карда мешавад (шакли №029);
2. Барои баҳо додани иҷроиши пурра «Стандарти Миллӣ оиди бурдани ҳомилагии физиологӣ» истифода бурда мешавад (Қарори Вазорати тандурустӣ №1104 аз 11.12.2018);
3. Дар мавриди гузаронидани мониторинги дохила баҳодиҳӣ аз тарафи роҳбари муассиса ва ё муовини ӯ гузаронида мешавад;
4. Маслиҳат дода мешавад, ки на кам аз 10 шакли №029 баҳо дода шавад.

Сана:	МСР/МСД/БС:	
Шаҳр:	Ноҳия:	Вилоят
Ном ва насаби роҳбари муассиса:		
Шӯъба:		
Ному насаб ва вазифаи сарпарастор:		

	№ корт	Ному насаб
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Ҳомиладории физиологӣ

Ҳомиладории физиологӣ Маълумот дар бораи зани таваллудкарда	Баҳодиҳӣ										Шумораи умумӣ (+)
	1	2	3	4	5	6	7	8	9	10	
Намуна	+	_	+	+	_	+	_	+	+	_	**6/10**
1.(1).Рақами инфиродии зани ҳомила											
2.(5) Оё мӯҳлати тахминии ҳомилагӣ ва валодат ҳангоми ташрифи якум муайян карда шудааст?											
3(6).Оё қайди анамнези ҳаёт ҳаст?											
4(7). Оё қайди анамнези акушерӣ ҳаст?											
5 (8). Оё қайди муоинаи умумӣ ҳаст?											
6(11). Оё муоинаи берунии акушерӣ гузаронида шудааст?											
7(12). Оё муоинаи маҳбалӣ гузаронида шудааст?											
8(13). Ташхис ва тавсияҳо сабт шудаанд?											
9(15). Дар ташрифи 1-ум ё 2-юм муоинаи машваратчӣ ё сарпараст акушер-гинеколог қайд шудааст?											
10(24).Оиди сифати ҷунбиши тифл навиштаҷот ҳаст?											
11(25). Муайян намудани таппиши дили тифл аз 26 ҳафтаи ҳомилагӣ											
12(26). Муайян намудани ҳолати тифл аз 28 ҳафтаи ҳомилагӣ											
13(42).Машваратдиҳӣ оиди ғизои солим, гигиенаи шахсӣ											
14(44).Тайёрӣ ба валодат											

15(45). Синамаконӣ											
16(46). Контрасепсия											
Ҳомиладории физиологӣ **Машваратдиҳӣ**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**Шумораи умумӣ (+)**
17(43). Аломатҳои хатарнок											
18(32). Тестгузаронӣ ба ВНМО											
19(41).Матриса дар муқоиса бо рӯзномаҳо дуруст қайд шудааст?											
20(55).Варақаи мубодилавӣ (№087) дар корти №029 замима шудааст?											
Резус мансубият											
21(2). Муайян намудани гурӯҳи хун ва Rh мансубияти ҳомиладор Агар ҷавоб ба ин савол “+” бошад, пас ба саволҳои баъдина (22, 23, 24, 25) ҷавоб додан лозим нест.											
22(3). Гурӯҳи хун ва Rh мансубияти падари тифл сабт шудааст?											
23(52). Ҳангоми хатари резус-изоиммунизатсия, машварат ва роҳхат оиди муайян намудани антителаҳо ва ворид намудани антирезусиммунно-глобуллин дода шудааст?											
24(53). Дар мӯҳлати 28-30 ҳафта/72 соати баъди таваллуд антирезусиммунно-глобуллин ворид шудааст?											
25(54).Дар мавриди мавҷуд будани антителаҳо барои валодат ба статсионаре, ки шароит барои гузаронидани хунгузаронии ивазкунанда мавҷуд аст, бистарӣ карда шудааст?											

Норасоиҳо дар ҷанин											
26(4). Мӯҳлати ҳомилагӣ ҳангоми ташрифи якум то 12 ҳафта											
27. Оё туршии фолат пеш аз 12 ҳафта таъин шудааст ё не?											
28(14). Таъиноти туршии фолат дуруст? . (Нишон додани вояи мавод) пеш аз 12 ҳафта											
29.Ташхиси ултрасадо дар 18-20 ҳафта ҳаст?											
30(50). Вобаста ба анамнези акушерӣ, Ба ҳомиладорони гурӯҳи хатари баланд аз ҷиҳати нуқсонҳои модарзодӣ таъиноти вояи табобатии туршии фолат / роҳхат ба муоинаи генетик ҳаст?											
ИВБ											
31(9). ИВБ ҳисоб ва баҳо дода шудааст?											
32(10). Дар холати ИВБ 18,5 кг/м2 ва кам ё 25кг/м ва зиёд муоинахои иловагӣ гузаронида шуда аст?											
33. норасоии вазни бадан (мушкилотҳои рӯъдаю меъда, камхунии дараҷаи вазнин(терапевт) ва фарбеҳӣ (эндокринолог) Муоинаи мутахассисони соҳавӣ сабт шудааст?											
34(40). Ҳангоми зарурат табобат таъинот шудааст /ба муассисаи тиббии сатҳи боло равона карда шудааст?											
35(51). Таҳлили қанди хун дар ҳомиладорони гурӯҳи хатар ҳаст?											
ФХ											
36(16). Нишондоди ФА ва набз ҳангоми ҳар як ташриф қайд шудааст?											
37(17).Ҳангоми ФА 140/90 мм. сут.сим. ва бештар протеинурия муайян карда шудааст ва бистарӣ кунонида шудааст / ба сатҳи болоӣ равона карда шудааст?											
38(39). Фишори баланди Хун, протеренурия (уролог), мушкилоти кори дил (кардиолог), (терапевт) Муоинаи мутахассисони соҳавӣ сабт шудааст?											
39(40). Ҳангоми зарурат табобат таъинот шудааст?											

40.Ҳангоми зарурат ба муассисаи тиббии сатҳи боло равона карда шудааст?											
41(47). Аспирин таъинот шудааст?											
Гравидограмма											
42(18).Қайд кардани баландии қаъри бачадон дар ҳама ташрифҳои баъди 22 ҳафта ва пур кардани гравидограмма дуруст?											
43(19).Баҳодиҳии гравидограмма аз 26 ҳафтаи ҳомиладорӣ ҳаст?											
44(20).Гравидограммаҳое, ки дар он нишондоди рушди ҷанин аз меъёр (10 персинтил) кам аст, ба муоинаи ултрасадо фиристода шуданд?											
45(21).Гравидограммаҳое, ки дар он нишондоди рушди ҷанин аз меъёр (90 персинтил) зиёд аст, ба муоинаи пурра фиристода шуданд?											
46(22). Гравидограмма (УЗИ, эндокринолог, генетик, қанди хун) Аз муоинаи ҳатмӣ гузашт?											
Анемия											
47(27).Таҳлили умумии хун 2 бор											
48(28).Муайян намудани сатҳи Hb хун 3 бор											
49(30). Пешгирӣ ва табобати камхунӣ дуруст таъинот шудааст. Таинот аз руи нишондоди гемоглогини хун.											
50(31).Ҳангоми нишондоди сатҳи Hb – 70г/л ба муассисаи тиббии сатҳи боло равона карда шудааст?											
51(40). Ҳангоми ғайриэътидолии дигар элементҳои хун дар ТУХ (таҳлили умумии хун) ба муоинаҳои мутахассисони соҳавӣ равона карда шудааст.											
Протеинурия											
52(35). Таҳлили умумии пешоб 3 бор											
53(36). Муайян намудани протеинурия 5 бор											
54(40). Ҳангоми зарурат аз муоинаҳои иловагӣ гузашт. (Натиҷаи пешоб, лейкотсит, эритротсит, бактерияҳо)											

55(23). Қайди шикоятҳо ва баҳодиҳии онҳо ҳаст?											
Резус конфликт											
56(33). Хун барои RW											
57(34). Муайян намудани HbS антиген											
Пре/эклампсия											
58(17). Ҳангоми ФА 140/90 мм. сут.сим. ва бештар протеинурия муайян карда шудааст ва бистарӣ кунонида шудааст / ба сатҳи боло равона карда шудааст?											
59(36). Муайян намудани протеинурия 5 бор											
60(37). Кишти бактериявии пешоб барои ББ ҳаст?											
61(38). Дар ҳолати КОЭ 10/ 5 ва зиёд табобат таъинот шудааст											
62. Дар ҳолати КОЭ 10/ 5 ва зиёд такроран муоина ва табобат гузаронида шудааст?											
63.Дар ҳолати КОЭ 10/ 5 ва зиёд											
64(40). Ҳангоми зарурат табобат таъинот шудааст / ба муассисаи тиббии сатҳи боло равона карда шудааст?											
65(47). Аспирин таъинот шудааст?											
66(48). Калтсий таъинот шудааст?											
67(56). Иқтибос аз картаи тиббии бемори бистаришуда (№070) дар корти №029 замима шудааст?											
68(49). Йод таъинот шудааст?											

Замимаи 2

Масъулияти муассисаҳо барои додани роҳҳат
(ба зан дар ҳолати то валодат/ баъди таваллуд ва кӯдакони навзод)

	Интиқол ба муассисаи сатҳи болоӣ	Бозгашт ба муассисаи КАТС
	Ӯҳдадориҳо	Ӯҳдадориҳо
Беморхонаи вилоятӣ	**Ҳолатҳои интиқол – ҳолатҳои мумкин** 1. Дар асоси картаи мубодилавӣ, картаи 840-ро барои бемор мекушоянд*; 2. Таҳлилҳои заруриро дубора мегиранд** 3. Ташкили ёрии таъҷилии акушерӣ	1. Иқтибос 2. Барои КАТС корти мубодилавӣ баргардонида мешавад. 3. Ба МСР-и ноҳияро дар бораи ҷавобшавии зан хабар медиҳад, ва супориш медиҳад, ки холати зан тавассути кормандони КАТС ба воситаи телефон пайгирӣ карда шавад
Беморхонаи марказии ноҳия (шӯъбаи таваллудӣ)	**Қабули бемори интиқолшуда аз тарафи МСР/МТО ноҳиявӣ)** 1. Кабули зани интиқолшударо (ҳолатҳои музмин) тавассути телефон ба муассисаи КАТС тасдиқ мекунад; 2. Оиди табобати ҳамон зани интиколшуда, ки дар беморхонаи марказии ноҳиявӣ гирифт, бо МСР/МТО –ии ноҳиячӣ мубодила мекунад ва ё хабар медиҳад, ки ҳолат ба муассисаи сатҳи болоӣ (беморхонаи вилоятӣ / ш.Душанбе) фиристода шуд 3. Пеш аз интиқоли бемор, ба беморхонаи вилоятӣ / сатҳи ҷумҳуриявӣ барои дидани ҳолат дар БМН (сан.авиатсия) занг мезанад / ё бо муассисаи сатҳи боло ҳолати интиқолро мувофиқа менамояд 4. Дар ҳолатҳои вазнин, духтури акушер гинеколог шахси интиқолшударо ҳамроҳи мекунад	**(Баъди валодат дар БМН –Ҳолати оддӣ)** 1. Шакли 087-ро пур мекунад ва онро ба муассисаи КАТС ба дасти духтури МСР барои гирифтани ёрии баъдина месупорад. Ва уро аз ҷавобшавии зан огоҳ менамояд. **(Ҳолати интиқол – бо ориза)** 1. Шакли 087-ро пур карда, онро ба дасти духтури МСР месупорад ва аз зан хоҳиш менамояд, ки барои нигоҳубини доимии ҳомиладорӣ/баъди таваллуд ба КАТС баргардад 2. Ба корманди МСР-и ноҳиявӣ хабар диҳед, ки зани интиқолшуда ба назди онҳо бозгардонида шуд ва ба воситаи телефон пайгирии нигоҳубини ҳолати мазкурро дар сатҳи КАТС дастур диҳед
аркази солимии репродуктивии ноҳия **Маркази тибби оилавии ноҳия**	**(Дар сурати мурочиат ба муассисаи тибби сатҳи болоӣ – БМН)** 1. Шакли 069-ро пур кунед ва ба занони ҳомила бигӯед, ки ба БМН ташриф оранд 2. Ба таваллудхонаи БМН дар бораи роҳҳат гузориш диҳед. **(Қабули ҳолати интиқол аз муассисаи КАТС, табобат дар МСР/МТО)** 3. Ҳолати интиқолро тавассути телефон ба муассисаи КАТС тасдиқ мекунад 4. Маълумотро дар бораи табобат аз тарафи МСР/МТО-и ноҳиявӣ бо БМН мубодила менамояд ё хабар медиҳад, ки роҳҳати мазкур ба беморхонаи сатҳи болоӣ (беморхонаи ноҳиявӣ) фиристода шудааст. 5. Дар ҳолатҳои вазнин, духтури акушер гинеколог шахси интиқолшударо ҳамроҳи мекунад	**(Қабули ҳолати интиқол аз муассисаи КАТС, табобат дар МСР/МТО-и ноҳиявӣ ва бозгашт ба КАТС)** 1. Шакли 070-ро пур кунед ва аз зани ҳомила хоҳиш кунед, ки барои нигоҳубини доимии ҳомиладорӣ ба КАТС баргардад. 2. Ба корманди муассисаи КАТС хабар диҳед, ки зани интиқолшуда ба назди онҳо бозгардонида шуд ва ба воситаи телефон пайгирии нигоҳубини ҳолати мазкурро дар сатҳи КАТС дастур диҳед 3. Табиби вобаста ба БС/МСД аз тарафи МСР нощияви бояд аз холи зан баъди валодат (дар муддати 42 рузи пас аз таваллуд) хабар гирад
Муассисаи КАТС (МСД/БС)	1. Хангоми аввалин ташрифи зани хомила ба муассисаи тиббӣ барои гирифтани ЁТВ, формаи 029-ро мекушояд 2. Зарурати интиқолро дар давоми кумаки ЁТВ муайян месозад 3. Формаи 069-ро пур карда, ба зани интиқолшаванда месупорад 4. Ба зан дастур медиҳад, ки бо формаи 069 ба МСР-и ноҳиявӣ мурочиат кунад. 5. Оиди ҳолати интиқол ба МСР-и ноҳиявӣ ба воситаи телефон ахборот медиҳад	**(Баъди валодат дар БМН – ҳолати оддӣ)** 1. Баъди таваллуди зан дар БМН, ҳангоми ташрифи якуми пас аз валодатӣ, формаи 087 дар формаи 029 часпонида мешавад. **(Ҳолати интиқол – бо ориза)** 1. Тавассути телефон ба МСР (МТО ё БМН) хабар додан, ки муассисаи КАТС занро қабул кард ва формаи 070-ро гирифт 2. Формаи 070 ба формаи 029 замима мегардад дастурҳои МСР (МТО ё БМН) ро риоя мекунад ва нигоҳубини антенатали/постналиро идома медиҳад

ЛОИҲАИ «БЕҲТАРГАРДОНИИ ҲИФЗИ САЛОМАТИИ МОДАР ВА КЎДАК ДАР ВИЛОЯТИ ХАТЛОН, МАРҲИЛАИ 2-ЮМ»

Агентии Ҷопон оид ба ҳамкории байналхалқӣ

№ 47 аз « 28 » ноября 2022

Ба директори
Муассисаи давлатии Институти илмӣ-тадкикотии акушерӣ,
гинекология ва перинатологияи Точикистон

Др. Гулҷаҳон Давлатзода

Мӯҳтарам Гулҷаҳон Давлатзода,

Аз номи Лоиҳаи беҳтаргардонии ҳифзи саломатии модар ва кӯдак дар вилояти Хатлон, марҳилаи II (JICA) миннатдории самимонаи хешро барои ҳамкориҳои судмандатон дар татбиқи Лоиҳа изҳори сипос менамоем.

Лоиҳа аз соли 2018 тақвияти системаи кӯмаки сарпарасторонро бо таваҷҷӯҳи махсус ба таваллудхонаҳои 6 беморхонаи ноҳиявии пилотӣ дар вилояти Хатлон дар якҷоягӣ бо гурӯҳи назоратӣ, ки аз ҳамоҳангсози миллӣ ва супервайзери муассисаи шумо, дастгирӣ намуд.

Гурӯҳ оиди кӯмаки сарпарасторӣ дар якҷоягӣ бо Лоиҳа дар тӯли 3 соли охир дар боздидҳои мунтазами назоратӣ иштирок намуда, дар баробари ин, ба таҳкими иқтидори малакаҳои назоратӣ барои сарпарасторон таваҷҷӯҳ зоҳир намуд. Ҳамчун натиҷагирии фаъолиятҳои мо, Лоиҳа воситаҳои нави назоратиро таҳия намуд, инчунин воситаҳои мавҷударо аз нав дида баромад ва ҳам ҳамчун як бастаи нави назоратӣ таҳия намуд.

Мо тавсия медиҳем, ки воситаҳои пешниҳодшуда аз ҷониби сарпарасторони муассисаҳои шумо пайваста истифода шаванд ва илова бар ин, умедворем, ки онҳо ин восиатаҳоро дар дигар ноҳияҳо, вилоятҳо ва тамоми кишвар паҳн карда тавонанд.

Мо ба Шумо барои ҳамкорӣ ва саҳматон дар Лоиҳа дар тӯли 5 соли охир миннатдории худро иброз медорем.

Бо эҳтироми самимона,

Ёшико Акияма
Роҳбари Лоиҳа
Лоиҳаи Беҳтаргардонии Ҳифзи саломатии Модар ва Кӯдак дар вилояти Хатлон, Марҳилаи II.

Замимаҳо:
1. Обязанности кураторов и национального координатора
2. Нақшаи боздид барои кӯмаки сарпарасторӣ
3. Рӯйхати санҷишӣ барои омодагӣ
4. Рӯйхати санҷиши барои баҳодиҳии маҳорати сарпарастор
5. Индикаторы внешней оценки качества стационарной помощи матерям и новрожденным для стационаров в службе охраны материнства и детства
6. Шакли ҳисоботи хаттӣ
7. Варақаи бақайдгирӣ

Приложение 1

Обязанности кураторов (внутренних, внешних) и национального координатора

В положении «Поддерживающее кураторство в Республике Таджикистан» описаны требования к типам специалистов, которые могут быть внешними или внутренними кураторами, перечислены их функциональные обязанности. Реализация поддерживающего кураторства показала, что в успешном использовании данного инструмента повышения качества помощи матерям и детям ключевую роль в укреплении потенциала национальных кураторов и прослеживании прогресса улучшения качества помощи после каждого кураторского визита национальными кураторами большую роль сыграла деятельность *национального координатора*. Поэтому в таблицу «Обязанности специалистов, работающих в системе поддерживающего кураторства» добавляются обязанности и ответственность национального координатора, что необходимо предусмотреть при очередном пересмотре клинического руководства или положения по поддерживающему кураторству.

Поддерживающее кураторство – непрерывный процесс улучшения качества помощи на уровне стационаров. В руководстве регламентируется, что кураторства должны проводиться раз в 3 месяца национальными кураторами. Этапы циклов составляют активности и обязанности внутренних кураторов и национальных кураторов. Областные кураторы вносят вклад в повышение качества помощи матерям и детям путем поддержки национальных кураторов и оказания помощи специалистам курируемых учреждений в экстренных ситуациях.

Цикл поддерживающего кураторства представлен на рисунке.

1. Обязанности кураторов

В ПОЛОЖЕНИИ О ПОДДЕРЖИВАЮЩЕМ КУРАТОРСТВЕ ПО УХОДУ ЗА МАТЕРЮ И РЕБЕНКОМ, Внешний куратор является главным специалистом МЗСЗН, ведущим специалистом Научно-исследовательского института и центров на национальном уровне и ведущим специалистом Управления здравоохранения на областном уровне. В приведенной ниже таблице, показана определенная ответственность внешнего куратора, разделенная между национальными и областными руководителями. В руководстве о ПК не определена ответственность *национального координатора.* Реализации поддерживающего кураторства в рамках Проекта JICA показало, что национальный координатор сыграл ключевую роль в укреплении потенциала кураторов, отслеживании прогресса в улучшении помощи матерям и детям после каждого цикла кураторского визита, и ответственности за национальных кураторов. Поэтому обязанности национального координатора добавляются в список.

	Цикл поддерживающего кураторства	**Внешний: национальный куратор**	**Внешний: областной куратор**	**Национальный координатор**
Подготовка к визиту ПК				
1	-Составление годового плана кураторской помощи	- Согласовать планы и мероприятия ПК с областным куратором и заведующим родильного отделения.	-Поддержка национального куратора в разработке планов и мероприятий совместно с заведующим родильного отделения.	-Консультации
2	-Анализ проблемы из отчета внутренних кураторов с предлагаемыми решениями	-Проанализировать выявленные проблемы в родильном отделении ЦРБ -Подготовить вопросы и пункты дискуссии для медицинских работников на основе результатов последнего оценочного листа	- Рассмотреть анализ, сделанный национальным куратором	-Поддержка национальных кураторов при проведении анализа

3	-Разработка плана работы куратора	- Разработать план работы куратора для ЦРБ на основе отчета о проделанной работе внутреннего куратора и пересматривать его ежеквартально (после каждого кураторского визита)		-Поддержка супервайзеров в разработке их плана работы -Мониторинг выполнения плана работы
4	- Подготовка плана кураторского визита	-Подготовить квартальный график кураторских визитов и согласовать с руководителем ЦРБ и областным куратором.	-Подготовить график ежемесячного кураторского визита совместно с национальным куратором и согласовать их с руководителем ЦРБ	
5		-Подготовить план мероприятий для каждого визита (Приложение 2) - Просмотреть и проконсультировать вопросы деятельности областного куратора.	-Подготовит план мероприятий для каждого визита и поделится с национальным куратором	-Консультировать разработанный план при необходимости
Осуществление кураторского визита				
6	-Изучение ситуации на местах и выявление проблем в области управления, медицинской информации, клинической практики, знаний и навыков персонала, сбор мнений обслуживаемого населения с использованием утвержденных вопросников, оценочных листов, учебно-методических материалов	-Анализ ситуации в соответствии со стандартами и проведение оценки по оценочному листу (Приложение 5) два раза в год.	-Поддержка национального куратора в проведении оценки.	-Поддержка национального куратора в проведении оценки.

7	- Определение приоритетных проблем, выявление причин и группировка проблем в зависимости от уровня их решения (МЗиСЗН, ОУЗ, районные руководители, персонал, общественность	- Разработать план действий по повышению качества (План действий по ПК) и внутренний план обучения для решения выявленной проблемы учреждения и согласование с руководителем учреждения	-Поддержка национального куратора в разработке Плана действий по ПК	
8	- Совместное обсуждение с медработниками учреждения выявленных проблем и поиск их решения с использованием лучших практик.	- Ежеквартально оказывать поддержку в учреждении в реализации Плана действий по ПК	-Поддержка учреждения по реализацию плана действий по ПК ежемесячно	-Мониторинг хода выполнения Плана действий по ПК
9	-Оценка практик в учреждении	-Обзор всех карт пациентов с партограммой, осложнениями и кесаревым сечением в течение отчетного периода, с целью оценки навыков заполнения медицинской карты и улучшения клинических знаний и навыков для ведения случаев -Точность и полнота учета новорожденных (неонатолог и педиатр)	-Проверка точности и полноту партограмм пациентов, регистрирующих за отчетный период	
10	-Реализация результатов оценки	-Ежеквартально пересматривать План действий по ПК совместно с родильным отделением ЦРБ.	- Содействовать в реализации Плана действий по ПК, контролировать ход реализации плана и отчитываться перед национальным куратором.	

11	- Мониторинг и оценка эффектив-но кураторских визитов, осуществляем кураторами			- Мониторинг и оценка эффективности кураторских визитов, осуществляемых национальными и областными кураторами
12	-Обратная связь	- Устно обсудите предварительные результаты с персоналом сразу после окончания визита	- Поддержка национального куратора	
13	-Поддержка системы непрерывного образования на уровне учреждения	- Проверить уровень знаний и практических навыков мед персонала родильного отделения и оценить услуги в соответствии стандартам с использованием оценочного листа (Приложение 4) - Пересмотреть (добавить) внутренний план обучения в соответствии с выявленным разрывом между навыками и практикой -Проверить документацию по АКС	- Проверить уровень знаний и практических навыков медицинского персонала родильного отделения и оценить услуги в соответствии стандартам с использованием оценочного листа (Приложение 5)	
14	- Проведение обучения на рабочем месте по мере необходимости	- Проведение обучения в соответствии с планом внутреннего обучения в ЦРБ	- Поддержка реализации внутреннего (ежемесячного) плана обучения в ЦРБ	-Поддержка куратора в проведении обучения на рабочем месте
15	Консультирование по ведению пациентов	- Во время кураторского визита консультирование заслуживающих внимание пациентов	- Содействие родильному отделению в предоставлении услуг в экстренных случаях и случаях осложнений.	

Отчетность и последующее наблюдение результатов ПК				
16	-Своевременно предоставлять отчеты о кураторских визитах и заключения	-Своевременное предоставление оценочного листа ПК, описательного отчета (Приложение 6), регистрационного листа (Приложение 7), контрольного списка навыков, обновленного плана действий по ПК с внутренним планом обучения с прогрессом. - Поделится с оценочным листом и заключительным отчетом с руководителем ЦРБ и родильным отделением (обратная связь)	- Своевременное предоставление оценочного листа ПК и прогрессом обновленного с внутренним планом обучения. - Поделится с оценочным листом и заключительным отчетом с руководителем ЦРБ и родильным отделением (обратная связь)	- Проверить качество отчетов и оценочных листов, подготовленных кураторами
17	- Проведение анализа и интерпретации количественных и качественных показателей деятельности учреждения (ий)	- Ежеквартально организовывать совместное заседание кураторов по проведение анализа и интерпретации количественных и качественных показателей деятельности учреждения(ий)	- Принять участие в совместном заседании по проведение анализа и интерпретации количественных и качественных показателей деятельности	-Мониторинг изменения показателя и оценка влияния ПК на улучшение качества обслуживания в ЦРБ. -Организация и содействие в проведении встреч кураторов
18		- Обеспечить обучение на рабочем месте для кураторов областного уровня ежеквартально во время кураторских визитов.		-Выявление пробелов и проблем в навыках кураторов и системе ПК - Обеспечить обучение для национальных и областных кураторов на основе выявленных пробелов и проблем.

1. Требования для Национального координатора

Ниже приведены предпочтительные требования для национального координатора

- Сотрудник учреждения, предоставляющий поддерживающее кураторство, назначается со стороны МЗСЗН (Приказ №609)
- Медицинский работник (акушер-гинеколог, неонатолог, педиатр, хирург и анестезиолог), который занимался клинической практикой в учреждении, предоставляющий поддерживающее кураторство
- Квалифицированный национальный преподаватель в области помощи матерям и детям
- Член рабочей группы по национальным клиническим руководствам в области укрепления помощи матерям и детям
- Опыт работы в качестве куратора и осведомленность с системой поддерживающего кураторства
- Опыт работы в качестве куратора в области материнской и неонатальной помощи
- Хорошие навыки общения и координации с МЗСЗН
- Понимание и следование последних международных рекомендаций по материнской и неонатальной помощи

2. Требования к Внешним кураторам (Национальный и Областной)

Ниже приведены предпочтительные требования для Внешнего куратора

- Сотрудник учреждения, предоставляющий поддерживающее кураторство, назначается со стороны МЗСЗН (Приказ №609)
- Медицинский работник (акушер-гинеколог, неонатолог, педиатр, хирург и анестезиолог), который занимался клинической практикой в учреждении, предоставляющий поддерживающее кураторство
- Опыт работы в качестве куратора и осведомленность с системой поддерживающего кураторства
- Хорошие навыки межличностного общения
- Практикующий специалист, работающий по принципам эффективной перинатальной помощи в своем медицинском учреждении.
- Хорошее понимание клинических руководств по ПК и всех стандартов, которые требуются для оказания помощи матерям и новорожденным в учреждениях здравоохранения второго уровня.
- Хорошие навыки написания отчетов в соответствии с руководящими принципами и навыками оценки практикующего специалиста

3. Требования к Внутреннему куратору

- Ведущий медицинский работник родильного отделения Центральной районной больницы
- Член комитета по улучшению качества
- Хороший навык анализа медицинской документации
- Опыт работы в качестве преподавателя для учреждения
- Хорошие навыки межличностного общения

Приложение 2

План визита Поддерживающего Кураторство (ПК)

<u>Перед посещением, пожалуйста, проинформируйте родильное отделение о посещении и согласуйте дату и время визита, чтобы убедиться, что весь основной персонал находится на рабочем месте во время посещении ПК.</u>

День 1

Задачи	Ответственный лицо
1. Встреча с мед. работником (руководитель ЦРБ, родильным персоналом) в родильном отделении ЦРБ для информирования о цели визита и ознакомления с программой. **Запрос на материнство (заранее):** -Подготовить карточки пациентов к просмотру (выбирайте из каждого месяца отчетного квартала) -Приготовьте журналы, формы для записи технического обслуживания. -Подготовить карточки пациентов, которым выполнялись кесарево сечения. -План по УК и план внутреннего обучения	Вся команда
2.Просмотр документации пациентов и регистрационных журналов по реализации Национальных стандартов и Акушерские кровотечения (АКС). **Разделит команду ПК для того чтобы:** -Оценивать партограммы (выбрать 45 записей для рассмотрения, используйте подготовленный способ для оценки) -Оценивать неонатальные карты -Оценивать карту пациента с осложнениями КС -Обзор протокола заседания АКС Результат обзора заполняется в Проектном контрольном списке JICA	Акушерка Неонатолог АК/Гин
3.Проверка знаний сотрудников относительно использования партограммы, применения окситоцина, неотложной акушерской помощи при акушерском кровотечении, эклампсии и т.д., тепловая цепочка, реанимации новорожденных. Результат проверки подается в Контрольный список проекта Способностей для оценки практики.	Вся команда

4.Посещение пациентов и консультации Спрашивайте у пациентов о кормлении и роды **-Проверка навыков и опыта** работников по использованию медицинского оборудования, имеющегося в отделении (инкубатор, фототерапия, пульсоксиметр, эмбриональный допплер, СПАП и случаи использования и т.д.), путем наблюдения.	Акушерка Вся команда
5. Баллы в соответствии с оценочной карты Если балл ниже 3, пожалуйста, объясните причину данного балла.	Вся команда

День- 2

Задачи	Ответственный лицо
6.Приказ № 1119 о выполнении мониторинга Проверить соответствие стандартам инфекционного контроля.	Акушерка и Ак/Гин
7.Обзор выполнения плана действий по повышению качества в отделении (прогресс и проблемы) Обновит после обсуждения	Вся команда
8.Обучение на рабочем месте -Воспользуйтесь учебным классом -Проверить прогресс плана внутреннего обучения и пересмотреть план внутреннего обучения.	Вся команда
9.Обратная связь с результатами: Обратная связь о достижениях и проблемах, с которыми сталкиваются родильное отделение и руководитель CDH, а также обсуждение решений обнаруженных проблем.	Вся команда и члены род. отд.

Доставляемые документы

В концу второго дня, пожалуйста, подготовьте указанные ниже документы

1. Описательный доклад
2. Контрольный лист для практики
3. Обновленный план по УК (макс-5-6 целей и 12-15 мероприятий)
4. Обновленный план обучения (на 3 месяца)
5. Регистрационный лист визита в рамках ПК
6. Оценочная карта (каждые 6 месяцев)

Приложение 3

Контрольный список готовности для кураторов

До визита		
1	Разработка плана ежеквартальных визитов по кураторскому визиту и информировать с курируемым родильным отделением	
2	Проанализировать проблемы, выявленные в ходе предыдущего кураторского визита	
3	Подготовка повестки дня по кураторскому визиту (план деятельности во время кураторского визита)	
4	Подготовка учебных материалов	
Во время визита		
5	Оценка ухода за МНМ, оказываемый в родильном отделении ЦРБ	
6	Запись результатов оценки в формах (оценочный лист, контрольный список навыков)	
7	Подтверждение выполнения Плана действий по повышению качества и Плана внутреннего об учения	
8	Разработка плана действий по повышению качества (ПК) и плана обучения на основе результ атов надзора	
9	Проведение внутреннего обучения с сотрудниками родильного отделения	
10	Сообщить главному врачу и заведующему родильного отделения о предварительных результа тах	
После надзора		
11	Разработать и представить отчеты о надзоре Национальному координатору через 10 рабочих дней после надзора	
12	Предоставить оценочный лист главврачу и заведующему родильного отделения	
13	Подтверждать ход выполнения " последующих действиях" вопросов, выявленных в ходе кура торского визита	

Приложение 4

Контрольный список для оценки практики в ЦРБ

Название ЦРБ:

Дата:

Кураторы:

Уход по ЗМиР (организация обслуживания): Количество родов в отчетном квартале Период проверки			
Элементы проверки		**Индикатор**	**Источник индикатора**
1. Акушерские техники в целом (проверьте все записи, зарегистрированные в течение периода мониторинга) Отберите 45 историй родов для анализа (отберите 15 историй родов зарегистрированных в течении каждого отчетного месяца случайным образом)	Использование партограммы в качестве инструмента мониторинга родов	Кол-во правильно заполненных партограмм / общее количество родов	Согласно истории родов
	Использование Допплера и стетоскопа во время родов	Кол-во записей использования Допплера и стетоскопа	Путем демонстрации использования Доплера и стетоскопа
	Использование цифрового аппарата по измерению АД	Кол-во пациентов, проверенных с помощью цифрового аппарата АД / общее количество записей родов	Согласно истории родов
	Анализ мочи (белок)	Количество проведенных анализов мочи / Общее количество родов	Анализ истории родов
2. Здоровье новорожденных и неонатальная реанимация	Использование пульсоксиметра	Число детей, у которых пульс и сатурации кислорода проверены / Общее число живорождения младенцев в квартале	Путем проверки детской карты или истории родов
	Использование билирубинометра	Кол-во новорожденных у которых билирубин был проверен каждый день в течении 3 дней (3 раза) / Общее количество записей	Согласно детской карты или истории родов
	Соблюдение протокола реанимации новорожденных	Кол-во новорожденных, к которым применена реанимация Число медработников, демонстрирующих соответствующие навыки	Опрос медработников, истории родов и детские истории Наблюдение за практикой во время демонстрации (проверка навыков у всех соответствующих медработников на день кураторского визита)

3. Тепловая цепочка	Температура в родзале и операционной комнате должно быть не менее 25 градусов	Да Нет Комментарий	Проверка помещений родильного отделения
	Температура тела новорожденного измеряется 2 раза (через 30 мин и через 2 часа после родов)	Количество записей с указанием температуры тела 2 раза Общее количество новорожденных, зарегистрированных в период мониторинга	Проверка историй родов (45 историй родов за отчетный период)
	Во всех комнатах установлены термометры (родзал, палата интенсивной терапии новорожденных, палата пациента)	Да Нет Кол-во палат в которых установлены:	Проверка помещений родильного отделения
	Контакт кожа к коже на > 2 часа	Кол-во матерей (младенцев), имеющих контакт кожа к коже / число опрошенных женщин Количество опрощенных послеродовых женщин	Интервью с роженицей в палате Опросите всех рожениц, которые в родильном отделении во время кураторского визита
4. Управление осложнениями	Местные протоколы относящиеся к НАП	Кол-во имеющихся: Кол-во полных протоколов (каждый шаг полностью описан): Кол-во правильных протоколов:	Проверка наличия, полноты и правильности всех протоколов родильного отделения
	Оценка потери крови	Число медработников, умеющих высчитывать кровопотери. Акушер гинеколог: Анестезиолог: Акушерка: Медсестра: - Уборщица:	Опрос всего медицинского персонала, которые находятся в учреждении во время кураторского визита .
	Наличие коробки НАП	Для кровотечение Да Нет Для гипертензии Да Нет	Проверка коробок НАП согласно стандарта
	Способность персонала вставлять кубитальный катетер	Кол-во сотрудников, способных выполнить процедуру введения канюли все акушерки – Количество медработников опрошенных	Проверка клинической практики

	Применение спинномозговой анестезии при кесаревом сечении.	Количество кесарева сечения с использованием спинномозговой анестезии / Общее количество кесарева сечения Всего операций КС за отчетный квартал	История родов или история болезни
	Операция в соответствии с показаниями	Кол-во историй родов с правильными показаниями для операции кесарево сечения / Общее количество кесарева сечения	История родов или история болезни
5. Адекватное направление	Адекватное направление	Кол-во направленных случаев на высший уровень / Общее кол-во регистрированных случаев направления	Журнал регистрация ЦРБ
6. Практика использования АКС	Учреждение улучшило помощь в случае критических ситуаций путем внедрения АКС	Количество критических случаев тяжелых преэклампсий и акушерских кровотечений Количество проведенных заседаний АКС / количество критических случаев Если не было КС, количество заседаний оценки соответствия помощи, оказанной при тяжелой преэклампсий и акушерских кровотечений – национальным стандартам	Отчеты родильного отделения Заполненный протокол заседаний АКС согласно форме За 3 месяца нет ни одного протокола
7. Политика снижения кесарево сечения, улучшения перинатального исхода	Использование вакуума	50% акушер- гинекологов владеют, за 3 месяца	Статистические данные и опрос сотрудников

Приложение 5

Индикаторы внешней оценки качества стационарной помощи матерям и новорожденным для стационаров в службе охраны материнства и детства

Медицинская организация:
Дата:

Оценка выполняется путем наблюдений, интервью с персоналом и матерями, а также путем выборочной оценки историй и медицинских карт. Оценивает независимый консультант РЦ. Периодичность измерения: 1 раз в квартал

№	Надлежащие акушерские технологии в общем Область обзора	Метология и критерии	оценка	КОММЕНТАРИЙ
		1. Роды		
1.	Оснащенность индивидуальных родзалов	Проверить установку оборудования в родильном отделении Критерии: ➢ Коробки для НАП (кровотечение и эклампсия) и реанимации новорожденных – 1 бал ➢ Соблюдение ИК (наличие воды, салфеток, место для мытья рук, контейнеры А, Б и ведро с раствором хлора) – 1 бал ➢ Наличие перечня оборудования по стандарту (включая часы, термометр, весы, набор для родов) - 1 бал Баллы суммируются, Максимум 3 бала		
2.	Частота партнерских родов Опрос всех послеродовых женщин на участие партнера:	Опрос всех послеродовых женщин на участие партнера: Критерии: ➢ 100% -3 бала ➢ 75% -2 бала ➢ 50 % -1 бал и меньше, 0% - 0балов Суммируются все балы Максимум 3 бала		
3.	Поощрение еды / питья во время родов / Возможность двигаться во время 1 периода родов Наблюдение и опрос	Наблюдения за родами (если есть на момент оценки) или Интервью с женщинами после родов Критерии: ➢ 100% - 3 бала ➢ 75% - 2 бала ➢ 50% - 1 бал ➢ меньше50% - 0 балов Максимум 3 бала		
4.	Использование партограммы для принятия акушерских решений	Проверить истории родов (№840/021) Критерии: **А. Использование для всех родов** – 3 балла **Б. Правильность заполнения 3**		

		балла 100% правильных партограмма, 75% правильно заполненных партограмм – 2 бала 50% правильно заполненных В. Интерпретация партограмм – при патологических родах (оценка провести невозможно) - 1бала Максимум – 6 балов		
5.	Усиленная психоэмоциональная поддержка персоналом	- Наблюдения родов (если есть на момент оценки) или - Интервью женщины после родов об отношение медработников во время родов (например, дали ли воды попить, обьясняли как тужится, массаж, поглаживание) <u>Критерии:</u> ➢ 100%- 3 бала, ➢ 75%-2 бала, ➢ 50% - 1 бал, ➢ 0% - 0 балов Максимум – 3 бала		
6.	Свободный выбор позиции для второго периода родов	Интервью женщины после родов <u>Критерии:</u> ➢ Все женщины роды не на спине – 3 бала ➢ Роды не спине 50% - 2 бала ➢ роды не на спине 25% - 1 бала ➢ все на спине - 0 Максимум – 3 бала		
7.	Отсутствие ограничения длительности 2 периода родов при отсутствии дистресса плода и наличии прогресса родовой деятельности (Использование приема Кристеллера, защита промежности, эпизиотомия)	Наблюдение за родами <u>Критерии:</u> ➢ Не применяют плохих практик - 3 бала ➢ Применяют одну практику - 2 бала ➢ Применяют 2 практики - 1 бала ➢ Применяют все 3 практики - 0 бала Максимум – 3 бала		
8.	Активное ведение третьего периода родов	Проверить истории родов (№840/021) Наблюдения родов (если есть на момент оценки) <u>Критерии:</u> А. Количество, используют в ➢ 100% - 3 бала, ➢ 75 % – 2, ➢ 50 %– 1 бала, ➢ 0 баллов - не используют		

		Б. Качество – используют 3 компонента – 3 бала, ➢ 2 компонента – 2 бала, ➢ 1 компонента -1 бал, ➢ ни один компонент – 0 баллов Максимум – 6 балов		
9.	Оборудование для реанимации новорожденных имеется и готово	Соблюдения за установкой и состоянии реанимационного оборудования для новорожденных Оборудование для мониторинга Рем столик Кювез Оксигенаратор Электроотсос <u>Критерии:</u> ➢ при наличии всего оборудования - 3 бала, ➢ не хватает 1 оборудования - 2 бала, ➢ 2 и более - 1 бал, ➢ нет оборудования - 0 бала Максимум – 3 бала		
10	Медицинский персонал (акушерки, акушеры-гинекологи, неонатологи) знают принципы реанимации новорожденных и могут их продемонстрировать	Медицинский персонал (акушерки, акушеры-гинекологи, неонатологи) знают принципы реанимации новорожденных и могут их продемонстрировать % правильной демонстрации практического навыка ➢ Все правильно – 3 бала, ➢ 75% - 2 бала, ➢ 50% - 1 бал, ➢ Все неправильно - 0 бала Максимум – 3 бала		
	Максимальное значение / *Всего 36*			
2. Кесарево сечения				
11	Процент Кесарево сечения (для учреждений второго уровня не более 6%)	Проверить истории родов (№840/021) <u>Критерии:</u> ➢ 6% и менее - 3 бала, ➢ от 6 до 10%, - 2 бала ➢ от 10 до 15 -1 бал, ➢ выше 15% - 0 бала Максимум – 3 бала		
12	Круглосуточно доступна операционная и оперирующий врач	Наблюдение за работой операционного блока и наблюдения за практическими навыками Ак/Ги используя контрольный список кесарево сечении <u>Критерии:</u>		

		➢ Все дежуранты владеют техникой КС и имеется операционная - 3 бала ➢ 50% дежурантов владеют техникой КС и организована ургентность - 1 бал Дежуранты не владеют техникой КС и организована ургентность - 2 бала ➢ Дежуранты не владеют техникой КС и не организована ургентность - 0 бал Максимум – 3 бала		
13.	Спинальная анестезия является преоритетным методом анестезии % КС под спинальной анестезией	Проверить истории родов (№840/021) 3 бала – 100% использования анестезии <u>Критерии:</u> Спинальной анестезии по показаниям ➢ 75% - 2 бала ➢ 50 % - 1 бал ➢ 50% - и меньше 0 бал Анализ историй болезни Максимум – 3 бала		
14.	Анестезиологи обучены технике спинальной анестезии	Опрос анестезиолога ➢ Все обучены - 3 бала, ➢ 75% – 2 бала ➢ 50% – 1 бал ➢ Никто – 0 бал Максимум – 3 бала		
15.	Все операции строго по показаниям	Проверить истории родов (№840/021) <u>Критерии:</u> ➢ Все операции по показаниям – 3 бала ➢ 75% 2 – бала ➢ 50% – 1 бал ➢ Ни одна операция – 0 бал Максимум – 3 бала		
16.	Есть письменное согласие	Проверить истории родов (№840/021) <u>Критерии:</u> ➢ Все истории имеют согласие - 3 бала, ➢ 75% - 2 бала ➢ 50% – 1 бал ➢ Нет письменного согласия - 0 бал Максимум – 3 бала		
17.	Рациональная антибиотико профилактика	Проверить истории родов (№840/021) <u>Критерии:</u> ➢ Все истории болезни с КС –3 бала ➢ 75% - 2 бала ➢ 50%1 – бал ➢ 0% - 0 бал Максимум – 3 бала		

18.	Послеоперационный уход рационален Обезболивание Прикладывание к груди Своевременное поднятие с места Соблюдение режима питания	Интервью со всеми женщинами после родов, **все ответы «+» - 1 бал** <u>Критерии:</u> ➢ Использование обезболивание – 1 бал ➢ Прикладывание к груди – 1 бал ➢ Своевременное поднятие с места – 1 бал ➢ Соблюдение режима питания – 1 бал Все баллы суммируются Максимум 4 бала если все ответы «+»		
19.	Совместное пребывание матери и ребенка в послеоперационном периоде Там где можно обеспечить совместное пребывание Через 6 часов после операций со спинальной анестезией Наличие детской кроватки в палате интенсивной терапии	Наблюдение за матерью и новорожденным <u>Критерии:</u> Интервью женщин: ***Все ответы «+» - 1 бал,*** ➢ Через 6 часов после операции со спинальной анестезии – 1 бал, ➢ Наличие детской кроватки в палате интенсивной терапии -1 бал Все баллы суммируются Максимум 2 бала если все ответы «+»		
20	Критерии выписки соблюдаются (использование пероральных анальгетиков, предлагается ли раняя выписка, достаточно ли консультируется женщина перед выпиской)	Опрос женщин о том, рекомендуется ли им следующая тема **А. Женщина знает об опасных симптомах** О питании самой женщины О режиме О контрацепции О грудном вскармливании Если женщина знает все 5 тем- 1бал Подтвердить с помощью истории родов (№840/021) Б. **Ранняя выписка (3 сутки) – 1 бал** **В. Состояние женщины позволяют наблюдение на амбулаторном уровне – 1 бал** Каждый критерий оценивается (интервью, анализ истории) Балы суммируется Максимум 3 бала		
	Максимальное значение / Max score: ***Всего 30***			

3.Инфекционный контроль (в общем)				
21	Наличие и правильная эксплуатация прачечной	Проверка прачечной Критерии: ➢ Наличие прачеченой – 1 бал ➢ Наличие шкафов для хранения белья – 1 бал ➢ Соблюдение потока – 1 бал ➢ Отсутствие всех критериев – 0 балов Баллы суммируется Максимум – 3 бала		
22	Наличие и правильная эксплуатация стерилизационной	Критерии ➢ Наличие функциоинирующего стерилизатора/автоклава - 1 бал ➢ Наличие журнала стерилазации - 1 бал ➢ Соблюдение потока - 1 бал Все балы суммируются, максимум – 3 бала		
23	Применяется ли разделение чистой и грязной зоны деятельности?	Метод: наблюдение ➢ Во всех подразделениях - 3 бала, ➢ В 2/3 подразделений – 2 бала, ➢ В половине и меньше подразделений - 1 бал, ➢ Нигде - 0 балов Максимум – 3 бала		
24	Правильная утилизация отходов, маркировка на А и В	Метод: наблюдение ➢ Во всех подразделениях - 3 бала, ➢ В 2/3 подразделений - 2 бала, ➢ В половине и меньше подразделений - 1 бал, ➢ Нигде - 0 балов Максимум – 3 бала		
25	Обработка, стерилизация и хранение инструментов	Метод: наблюдение ➢ Во всех подразделениях - 3 бала, ➢ В 2/3 подразделений - 2 бала, ➢ В половине и меньше подразделений - 1 бал, ➢ Нигде - 0 балов Максимум – 3 бала		
26.	Правильная утилизация биологических отходов (последа, крови, околоплодные воды и т.д)	А. Послед – утилизация в выгребную яму или в печи – оценить и выставить бал (от 0 до 3) Б. Кровь и околоплодные воды сливаются в отдельные воды - оценить и выставить бал (от 0 до 3) Балы суммируются, максимум – 6 балов		
27	Правильная утилизация острых предметов (иглы,	Метод: наблюдение ➢ Наличие отдельных коробок - 1		

	скальпели)	бал ➢ Сжигание коробок - 1 бал ➢ Использование средств индивид защиты 1 бал Максимум – 3 бала		
28	Надлежащие технологии мытья рук	Наблюдении ситуации: А. Жидкое мыло Б. Одноразовые полотенца В. Плакаты по технике мытья рук у каждого умывальника Г. Техника мытья рук <u>Критерии:</u> Все критерии – 3 бал ➢ Если 3 критерии – 2 бал ➢ Если 2 критерия – 1 бал ➢ Если 1 критерий ➢ Меньше – 0 бал Максимум – 3 бала		
29	Правильное использование перчаток (метод чистое к чистому, стерильное к стерильному)	Количество правильных практик ➢ Все правильно - 3 бала ➢ 75% правильных практик - 2 бала ➢ 50 % и меньше - 1 бал ➢ Никто – 0 бал Максимум – 3 бала		
	Максимальное значение / ***Всего 30***			
4.Уход за новорожденным и тепловая цепочка (в общем)				
30.	Температура в родзале и в операционной не ниже 25	А. Наличие термометра для измерения род зал, операционная, в послеоперационном отделении и в ПИТ для новорожденных. ➢ во всех помещениях термометр – 3 бала ➢ во всех кроме одной – 2 бала ➢ в половине – 1 бала ➢ в меньшей половине помещений – 0 бала Критерии: Наблюдение Б. температуры помещения ➢ во всех помещениях – 3 бала, ➢ в 2/3 помещений – 2 бала, ➢ в половине помещений – 1 бал, ➢ 1 помещение – 0 бала ➢ Если температура 25 градусов во всех помещениях, во всех помещениях – 3 бала, ➢ в 2/3 помещений – 2 бала, ➢ в половине помещений – 1 бал, ➢ 1 помещение – 0 В. Гипотермиия новорожденных,		

		измерение температуры тела у всех новорожденных. (норма 36,5 – 37,5) ➢ У всех новорожденных нормальная температура – 3 бала, ➢ У 2/3 детей – 2 бала, Половины детей – 1 бал, меньше половины – 0 балов. **Расчитать среднее арифмтическое по 3 критериям** Максимум – 3 бала		
31	Контакт «кожа к коже» > 2 часов Новорожденные по шкале Апгар 7/8 балов	Интервью с женщинами ➢ Длительность 2 часа - 3 бала ➢ Длительность 1 час - 2 бала ➢ Длительность 30 мин - 1 бал ➢ Меньше 30 мин - 0 балов Максимум – 3 бала		
32.	Надлежащее использование оценки по Апгар	Анализ истории родов ➢ Оценка Апгар правильно оценена и соответствует состоянию ребенка - 3 бала ➢ Оценка Апгар неправильно оценена и соответствует состоянию ребенка - 0 балов Максимум – 3 бала		
33.	Раннее прикладывание к груди и неограниченная длительность кормления /	Опрос женшин ➢ Все женщины отметили раннее прикладывание - 3 бала ➢ 75%- 2 бала , ➢ 50%, - 1 бал ➢ Меньше 50%- 0 балов Максимум – 3 бала		
34.	Надлежащая профилактика глазных инфекций (после первого кормления но не позднее, чем через час после рождения)	Опрос послеродовых женщин. ➢ Все женщины отметили накладывание мази - 3 бала, ➢ 75% женщин - 2 бала, ➢ 50% - 1 бал, ➢ Меньше 50% - 0 балов Максимум – 3 бала		
35	Измерение температуры новорожденного через 30 минут и через 2 часа после рождения / Checking newborn temperature at 30' and 2 h	Опрос женшин. ➢ Все женщины отметили измерение температуры 2 раза - 3 бала, ➢ 75% - 2 бала ➢ 50% - 1 бал ➢ Меньше 50% - 0 балов Максимум – 3 бала		
36.	Информирование и вовлечение матерей в уход за больным новорожденным / Involvement of mothers	Опрос женщин с больными новорожденными ➢ Все женщины отметили участие в уходе - 3 бала ➢ 75% - 2 бала		

	in sick newborn care	➢ 50% - 1 бал ➢ Меньше 50% - 0 балов Максимум – 3 бала		
37.	Назначение витамина К всем новорожденным По истории новорожденных	➢ Рутинно сделано всем детям - 3 бала ➢ 75% сделали – 2 бала ➢ 50% - 1 бал ➢ Меньше 50% - 0 балов Максимум – 3 бала		
38.	Надлежащая реанимация новорожденных /	Чек лист оценить всех новорожденных ➢ Вся команда правильно реанимирует правильно – 3 бала ➢ Если допускает ошибку 1 чел - 2 бала ➢ Если допускает ошибку 2 чел - 1 бала ➢ Если допускает ошибку все 3 чел - 0 балов Максимум – 3 бала		
39	Надлежащий уход за новорожденным с инфекцией	Анализ истории новорожденных ➢ Лаб анализы – 1 бал ➢ Мониторинг (профиль температуры и параметры ЧСС, пульс, кислород) – 1 бал ➢ Антибиотикотерапия - 1 бал Суммируются все балы Максимум – 3 бала		
40	Надлежащий уход за новорожденным после реанимации	Анализ истории новорожденных ➢ Мониторинг температры тела -1 бал ➢ Мониторинг сахара крови – 1 бал ➢ Мониторинг кальция/частота дыхания – 1 бал Суммируются все балы Максимум – 3 бала		
41	Надлежащее ведение маловесного новорожденного /	Посчитать количество выхаживаемых детей за квартал, мстории новорожденных ➢ 100 % детей выходили - 3 бала ➢ 75% - 2 бала ➢ 50% - 1 бал ➢ Меньше 50% - 0 балов Максимум – 3 бала		
42	Надлежащий уход за новорожденными с желтухой	Истории новорожденных ➢ Всем детям проводят блилирубинометрия - 1 бал ➢ Всем новорожденным с желтухой проводят фототерапия - 1 бал ➢ Все дети с желтухой выписаны с нормальным показателем билирубина – 1 бал		

		Суммирутся все балы Максимум – 3 бала		
43	Наличие идентификации новорожденных (бирки)	Проверка бирок у новорожденных ➢ 100 % детей с бирками 3 бала - ➢ 75% - 2 бала ➢ 50% - 1 бал ➢ Меньше 50% - 0 балов Максимум – 3 бала		
	Максимальное значение / Max score: ***Всего 42***			
5. Ведение акушерских осложнений				
44.	Правильная и быстрая оценка состояния и перенаправление (быстрая оценка состояния, сопроводительный бланк перенаправления)	Симулирование ситуации и оценка по чек листу А. Быстрая оценка ➢ Соответствие всем критериям быстрой оценки – 3 бала ➢ Наличие одной и более ошибок – 0 балов Б. Сопроводительный бланк ➢ Заполнен правильно – 3 бала ➢ Не заполнен или есть ошибки – 0 балов Суммируется все балы Максимум – 6 балов		
45.	Возможность быстрой транспортировки	Метод: наблюдение ➢ Наличие машины скорой помощи – 3 бала ➢ Отсутствие машины – 0 балов Максимум – 3 бала		
46.	Приемный покой укомплектован оборудованием для НАП	Метод: наблюдение ➢ Наличие полных коробок НАП в прием в приемном покое - 3 бала ➢ Отсутствие коробок или неполные коробки – 0 балов Максимум – 3 бала		
47.	Имеются наборы для НАП в отделении, доступны	Метод: наблюдение ➢ Во всех отделениях - 3 бала ➢ 75% - 2 бала, ➢ 50 и меньше - 1 бал, ➢ Нет коробок - 0 балов Максимум – 3 бала		
48.	Оборудована палата ИТАР должным образом (монитор, кислород, ИВЛ)	Метод: наблюдение ➢ Все оборудование - 3 бала ➢ 2 оборудования - 2 бала ➢ 1 оборудование – 1 бал ➢ Нет оборудования - 0 балов Максимум – 3 бала		
49.	Препараты плазмы в наличии	Метод: наблюдение ➢ А. Наличие всей группы - 3 бала, ➢ Нет всей группы – 0 балов		

		➢ Б. По 1 литру – 3 бала, ➢ Нет литра – 0 балов Суммируется все балы Максимум – 6 балов		
50.	Командный подход	Симуляция и оценка по чек листу Используйте чек лист Максимум 3 бала		
	Максимальное значение ***Всего 27***			
5 а. Кровотечения				
51	Имеется местный протокол по ведению кровотечения	Метод: наблюдение ➢ Имеется протокол - 1 бал ➢ Соответствие нац стандарту - 1 бал ➢ Полнота протокола - 1 бал Суммируются балы Максимум – 3 бала		
52	Правильная оценка объема кровопотери	Метод: наблюдение ➢ Все сотрудники обучены оценки обьема кровопотери – 1 бал ➢ Имеются инструменты для оценки кровопотери – 1 бал ➢ Объём кровопотери правильно подсчитан (анализ карты) - 1 бал ➢ Суммируется все балы Максимум – 3 бала		
53	Оперативная система оповещения Симулирование ситуации	Метод: наблюдение ➢ Собрались за 5 мин - 1 бал ➢ Наличие звонка или система оповещение по телефону - 1 бал ➢ Наличие плана оповещения - 1 бал Суммируются все балы Максимум – 3 бала		
54	Помощь при кровотечении соответственно местному протоколу Наблюдение и анализ карты По чек листу	Проверка практических навыков и оценка уровня знаний об уровне кровотечения с помощью чек листа по кровотечения (Используйте НАП при ПРК) Максимум – 3 бала		
55	Адекватна лабораторная поддержка (своевременность и все необходимое)	Проверить доступно ли список лабораторных услуг или нет Опрос сотрудников лаборатории об имеющимся обслуживания. Подтвердить качество лабораторного обслуживания по истории родов Анализ истории родов <u>Критерии:</u> ➢ Своевременность – 1 бал ➢ Необходимый перечень – 1 бал		

		➢ 24/7 – 1 бал Наблюдение Суммируются все балы Максимум – 3 бала		
56.	Обоснованность и своевременность использования компонентов крови, наличие согласия	Карта больного ➢ Наличие согласия – 1 бал ➢ Отсутсвтвие полипрагмазии – 1 бал ➢ Своевременность – 1 бал Суммируются все балы Максимум – 3 бала		
57.	Применяются методы временной остановки кровотечения	Анализ уровня знаний с помощью контрольного листа по кровотечении (Используйте приложения оценка навыков «Сдавление брюшной аорты» и «Двуручное сдавление матки» <u>Критерии:</u> ➢ 100% - 3 бала, ➢ 75% - 2 бала, ➢ 50% - 1 бал ➢ Меньше 50% - 0 балов Максимум – 3 бала		
58.	Используются методики органосохраняющих операций (Б-Линч) Использовать чек листы	Оценить уровня знаний с помощью чек лист по Б-Линч (Используйте приложения оценка навыков наложения швов по Б –Линчу) <u>Критерии:</u> ➢ 100% - 3 бала, ➢ 75% - 2 бала, ➢ 50% - 1 бал ➢ Меньше 50% - 0 балов Максимум – 3 бала		
59.	Сглаженность работ в команде	Тестировать всю команду, используя контрольный лист подхода к команде Используйте приложения НАП при ПРК) Рассчитать среднее арифметическое. Максимум 3 бала		
	Максимальное значение Всего 27			
5.б Гипертензивные нарушения				
60.	Имеется местный протокол ведения преэклампсии	Имеется протокол – 1 бал ➢ Соответствие нац стандарту – 1 бал ➢ Полнота протокола – 1 бал Суммируются балы Нет протокола – 0 балов Максимум 3 бала		
61.	Правильное назначение магнезии при пре-эклампсии	Анализ историй ➢ Если все истории правильно назначены – 3 бала,		

		➢ в 75% - 2 бала ➢ в 50% и меньше - 1 бал ➢ Нет правильных историй - 0 балов Максимум 3 бала		
62.	Критерии диагностики тяжелой преэклампсии соблюдаются	Анализ историй ➢ Если все истории правильно назначены – 3 бала, ➢ в 75% - 2 бала ➢ в 50% и меньше - 1 бал ➢ Нет правильных историй - 0 балов Максимум 3 бала		
63.	Надлежащая антигипертензивная терапия	Анализ историй ➢ Если все истории правильно назначены – 3 бала, ➢ в 75% - 2 бала ➢ в 50% и меньше - 1 бал ➢ Нет правильных историй - 0 балов Максимум 3 бала		
64.	Надлежащее ведение тяжелой преэклампсии	Анализ историй ➢ Правильная антигипертензиваная терапия – 1 бал ➢ Правильная магнезиальная терапия – 1 бал ➢ Своевременное родоразрешение – 1 бал Суммируются все балы Максимум 3 бала		
65.	Надлежащий мониторинг необходимых показателей (листы наблюдения, лабораторные данные)	Анализ историй ➢ Лист наблюдения – 1 бал ➢ Правильное заполнение листа – 1 бал ➢ Кратность лаб. исследований – 1 бал Суммируются все балы Максимум 3 бала		
66.	Выбор наилучшего метода и времени родоразрешения	Анализ историй ➢ Правильный метод – 1 бал ➢ Время родоразрещения – 1 бал ➢ Наличие согласия женщины – 1 бал Суммируются все балы Максимум 3 бала		
67.	Послеродовое наблюдение ведется должным образом (гемодинамические показатели, магнезиальная	Анализ историй ➢ гемодинамические показатели – 1 бал ➢ магнезиальная терапия -1 бал ➢ антигипертензивная терапия – 1 бал		

	терапия, антигипертензивная терапия)	Суммируются все балы Максимум 3 бала		
	Максимальное значение Всего 24			
		5.в Затяжные роды		
68.	Имеются местные протоколы	Имеется протокол – 1 бал ➢ Соответствие нац. Стандарту – 1 бал ➢ Полнота протокола – 1 бал ➢ Суммируются балы ➢ Нет протокола – 0 балов Суммируются все балы Максимум 3 бала		
69.	Все данные партограммы заполняются во время и правильно	Истории родов ➢ Заполнены в реальном времени - 1 бал ➢ Полнота (согласно чек листа) по количеству – если в 100 % - 2 бала, ➢ От 50 – до 99 % - 1 бал Суммируются все балы Максимум 3 бала		
70.	Интерпретация партограммы верна Опрос врачей и анализ историй	Анализ истории родов пациентов с осложнениями с помощью итогого листа (все истории родов с осложнениями зарегистрированные за оценочный период (3 мес.) Опрос Ак/Гин с использованием контрольного листа интерпритации партограммы <u>Критерии:</u> ➢ 100% правильная интерпретация - 3 бала ➢ 75% - 2 бала ➢ 50%- 75% - 1 бал ➢ Меньше 50% - 0 балов Максимум 3 бала		
71.	Окситоцин используется обоснованно, режим ведения верен	Опрос Ак/Гин с использованием окситоцина (используйте приложение опросный лист «Родостимуляция» <u>Критерии:</u> ➢ 100% правильно ответили - 3 бала ➢ 75% - 3 бала ➢ 50%- 75% - 1 бала ➢ Меньше 50% - 0 балов Максимум 3 бала		
72.	Имеются информированные согласия на все вмешательства	Истории родов ➢ 100% правильных историй – 3 бала ➢ 75% - 2 бала		

		➢ 50%-75% - 1 бал ➢ Меньше 50% - 0 балов Максимум 3 бала		
	Максимальное значение/Всего 15			
		5.г Преждевременные роды		
73.	Соблюдаются элементы ЭПУ (инд родзал, партнер, поддержка, партограмма, питье и т.д)	Наблюление за ситуацией ➢ Индивид родзал – 1 бал ➢ Температура 28 – 1 бал ➢ Партограмма – 1 бал Все балы суммируются Максимум 3 бала		
74.	Токолитики по показаниям, но не дольше 48 часов	Анализ истории родов ➢ Назначены при регистрации родовой схватки – 1 схватка за 30 мин – 1 бал ➢ Не назначены при раскрытии шейки больше 3 см – 1 бал ➢ Не назначены дольше 48 часов – 1 бал Все балы суммируются Максимум 3 бала		
75	Профилактика РДС ведется в положенные сроки и в надлежащем режиме	Анализ историй родов ➢ Профилактика ведется в сроки с 28 до 34 нед и плюс 5 дней – 1 бал ➢ Назначен Дексамтезон – 1 бал ➢ Дексаметозон по 6 мг каждые 12 часов 4 раза – 1 бал Все балы суммируются Максимум 3 бала		
76.	Индивидуальный подход при выборе токолитиков (Нифедипин или Индометацин)	Анализ историй ➢ Индометацин назначен в сроки до 30 недель беременности – 1 бал ➢ Индометацин назначен по схеме – каждые 30 мин – 1 бал ➢ Эффективность – сохранение беременности при 50% случаев – 1 бал ➢ Нидифидепин назначен в сроки после 30 недель – 1 бал ➢ Нифидепин по 1 табл каждые 30 мин до остановки схваток но не более 160 мг – 1 бал ➢ Эффективность – сохранение беременности при 50% случакв – 1 бал Суммируются все балы Все балы суммируются Максимум 6 балов		

77.	В активную фазу родов применяется ампициллин	Истории родов ➢ 100% использование ампицилина - 3 бала, ➢ 75% – 2 бала ➢ 50% - 1 бал ➢ меньше 50% - 0 балов Максимум 3 бала		
78.	Эритромицин используется при ДРПО в положенные сроки	Истории родов ➢ 100% использование эритромицина - 3 бала, ➢ 75% – 2 бала ➢ 50% - 1 бал ➢ меньше 50% - 0 балов Максимум 3 бала		
	Максимальное значение Всего 21			
		5.д Сепсис		
79.	А/б назначается всем при безводном периоде ≥ 18 ч	Анализ истории родов Критерии: ➢ 100% назначается - 3 бала, ➢ 75% – 2 бала ➢ 50% - 1 бал ➢ меньше 50% - 0 балов Максимум 3 бала		
80.	По показаниям проводится посевы на стерильность матери и новорожденного	Анализ истории родов Критерии: ➢ 100% проводится - 3 бала, ➢ 75% – 2 бала ➢ 50% - 1 бал ➢ меньше 50% - 0 балов Максимум 3 бала		
81.	Назначается ли 3 антибиотика	Анализ истории родов Критерии: ➢ 100% назначено 3 антибиотики - 3 бала, ➢ 75% – 2 бала ➢ 50% - 1 бал ➢ меньше 50% - 0 балов Максимум 3 бала		
82.	При установленном диагнозе хорионамнионит проводится родоразрешение	Анализ истории родов Критерии: ➢ 100% родоразрешение проведено - 3 бала ➢ 75% – 2 бала ➢ 50% - 1 бал ➢ меньше 50% - 0 балов Максимум 3 бала		
	Максимальное значение / Всего 12			

5.e. ВИЧ инфекция				
83.	Все не тестированные антенатально, проходят ДКТ	Анализ истории родов Критерии: ➢ 100% прошли ДКТ - 3 бала ➢ 75% – 2 бала ➢ 50% - 1 бал ➢ меньше 50% - 0 балов Максимум 3 бала		
84.	Есть препараты для АРВ Проверка наличия препаратов	Уточнить наличие АРВ – препаратов у медработника. Критерии: ➢ Есть препарат для матерей -1 бал ➢ Есть все 3 разновидности препарата для матерей и новорожденных– 1 бал, ➢ Есть препараты для новорожденных – 1 бал Суммируются все баллы Максимум 3 бала		
85.	Персонал обучен ППМР	Проверить уровень знаний об ППМР (Используйте Приложение тесты по ППМР Тестирование персонала) ➢ 100% прошли тестирование - 3 бала, ➢ 75% – 2 бала ➢ 50% - 1 бал ➢ меньше 50% - 0 балов Максимум 3 бала		
	Максимальное значение / Всего 9			
6. Организация (в общем)				
86.	Своевременное направление женщины на более высокий уровень оказания помощи	Проверить журнал регистрации для беременных <u>Критерии:</u> ➢ 100% направлены по показаниям - 3 бала ➢ 75% – 2 бала ➢ 50% - 1 бал ➢ меньше 50% - 0 балов Максимум 3 бала		
87.	Своевременное направление новорожденного на более высокий уровень оказания помощи	Проверить журнал регистрации для новорожденных <u>Критерии:</u> ➢ 100% направлены по показаниям - 3 бала ➢ 75% – 2 бала ➢ 50% - 1 бал ➢ меньше 50% - 0 балов Максимум 3 бала		

88.	Перенаправление не по показании	Журнал перенаправлений ➢ 100% направлены по показанию - 3 бала ➢ 75% – 2 бала ➢ 50% - 1 бал ➢ меньше 50% - 0 балов Максимум 3 бала		
89.	Послеродовое консультирование (грудное вскармливание, планирование семьи, уход за новорожденным и за собой)	Опрос всех послеродовых женшин о том, что получают ли они послеродовой уход (ГВ, ПС, уход за новорожденным и за собой) <u>Критерии:</u> ➢ По всем 5 темам - 1 бал, ➢ Со всеми женщинами –1 бал ➢ Наличие местного протокола по консультированию - 1 бал Суммируются все балы Максимум 3 бала		
90.	Анализ протоколы заседания АКС	Анализ с помощью протоколов АКС <u>Критерии:</u> ➢ Проводится заседание 1 раз в месяц – 1 бал ➢ Все случаи разобраны – 1 бал ➢ Принятые решения реализованы – 1 бал Суммируются все балы Максимум 3 бала		
	Максимальное значение /Max score: Всего 15			
	Общее аксимальное значение / Общее значение/288			

Результаты предыдущих посещений

№	Раздел	Полный счет	Сроки анализа	
1	Роды			
2	Кесарево сечения			
3	Инфекционный контроль			
4	Уход за новорожденным, тепловая цепочка			
5	Ведения акушерских осложнений			
5 а.	Кровотечения			
5.б	Гипертензивные нарушения			
5.в	Затяжные роды			
5.г	Преждевременные роды			
5.д	Сепсис			
5.е.	ВИЧ инфекция			
6	Организация			
Общий балл				

Приложение 6

Отчет о поддерживающем кураторстве

1. Период надзорного посещения

2. Название медицинского учреждения:

Укажите название медицинское учреждение, в котором будет осуществляться поддерживающее наблюдение.

3. Состав группы кураторов

Укажите имя, должность и аффилированное учреждение куратора

4. Цель визита

Кратко напишите цель надзора

Например, Обеспечьте поддерживающее наблюдение, оценив уход за матерями и новорожденными с помощью таблицы оценок и контрольного списка навыков, а также проведите занятия по ведению осложнений.

5. Круг обязанностей

Запишите задачи, которые выполнял каждый специалист. Например, акушер-гинеколог проверял навыки персонала родильного отделения с помощью контрольного листа, оценивал кесарево сечение, лечение осложнений, неонатолог оценивал неонатальный уход, а акушерки проверяли практику неотложной помощи.

6. Оценка степени внедрения предложенных рекомендаций.

Напишите рекомендацию о достижении прогресса, проделанную супервайзером во время последнего надзорного визита.

Куратор должен сослаться на результат предыдущего надзорного визита и сравнить его с последним показателем и написать анализ

7. Оценка плана выполнения плана комитета качества и клинической безопасности.

Сверьтесь с планом улучшения качества, покажите прогресс и кратко опишите результат - прогресс и замедление. В случае, если план не будет выполнен, напишите трудности.

8. Оценка количество правильно заполненных партограмм.

Укажите количество правильно заполненных партограмм и общее количество оцененных партограмм. Сравните предыдущую запись и напишите анализ

9. Анализ историй родов (включая количество КС)

Укажите количество историй родов, включая кесарево сечение. Сравните с предыдущими записями и напишите анализ

10. Проведение занятия с врачами и средним медперсоналом.

	Тема занятия	Тренер	Целевые специалисты	Кол-во участников

11. Осмотр и консультация больных

Запишите приведенные ниже статистические данные за период от прошлого поддерживающего надзора до последнего мониторинга:

	Данные	***Предыдущий***	***Последный***
1	*Кол-во поступлений (родов)*		
2	*Кол-во КС*		
3	*Кол-во осложнений*		
4	*Кол-во мертворождений*		
5	*Число случаев неонатальной смерти*		
6	*Кол-во материнских смертей*		

12. Положительные моменты (прогресс)

Сравните результат предыдущего наблюдения, определите улучшение и запишите его.

13. Выявленные проблемы:

Сравните результат предыдущего наблюдения, определите проблемы и запишите его.

14. Рекомендации

Для устранения проблем, указанные в № 13, напишите рекомендации

15. Последующие вопросы

Напишите план последующих действий для следующего надзорного визита (даже период до следующего надзорного визита) и методологию последующих действий, таких как телефон, онлайн-обучение, дополнительный визит и т.д.

Регистрационный лист кураторской поддержки **Приложение 7**

Название больницы

Родильное отделение ЦРБ Название больницы

1.Дата визита	2.имя и должность куратора	3. Итоговые результаты наблюдения	4. Ход выполнения плана по УК (улучшению качества)	5.Последующие вопросы	6.Другое
Инструкции					
Дата проведения надзорного визита (не дата составления отчета)		1. Сообщите о состоянии перинатальной помощи в районной больнице в соответствии с результатами оценочного листа 2. Вместо того чтобы перечислять результаты оценочного листа, перечислите области, где требуется особая поддержка, и где был достигнут прогресс со времени предыдущего наблюдения. 3. Уровень квалификации и знаний акушера, неонатолога, акушерки и медсестры должен быть включен в этот отчет и основан на результатах проверки квалификации (приложение 4)	1. Во время посещения супервизора супервизор должен подтвердить ход выполнения плана улучшения качества (QI) и включить информацию о состоянии прогресса. 2. Если есть какие-либо трудности в реализации плана, напишите об этом в этой части.	1. Опишите, как эти проблемы будут решаться на следующем супервизии (или до следующей супервизии), включая онлайн-обучение и онлайн-поддержку 2. Следует включить вопросы не только по уходу за матерями и новорожденными, но и вопросы управления, человеческих ресурсов и закупок.	Любые другие примечательные вопросы, такие как смерть матерей и новорожденных и замена персонала, должны быть написаны в этой части