Document up-dated in May 2009

Country: Kyrgyzstan

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	R'd	Time Period		Total Budget App. by Board USD	Approval Track	Total Amt Disb-ed up to last date USD	Last Disburse-ment Date
		HSS Prop.	Health Sector Strat.				
KGZ	1	2007-2008 2 years	2006-2010	1,155,000	**First Submitted**: 13/10/2006 **App. W conditions**: n/a **Not approved**: n/a **Resubmitted**: n/a **First Approval**: 07/02/2007	935,000	02/05/2009

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

Manas Taalimi Goals

- Improvement of Health Status of Population;
- Equity and Accessibility of Health Services;
- Decreasing of Financial Burden;
- Increasing Efficiency and Quality of Health Services;
- Improvement of Responsiveness and Transparency of the System

Proposal Goals

- Remove health system barriers in order to improve population health status, particularly for children from rural areas, poor families and vulnerable groups, through enhancing the effectiveness of primary care and public health services to provide high quality preventive and curative services;
- Improve and maintain immunization coverage.

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• Strengthening political commitment to immunization and ensuring financial sustainability; • Strengthening routine monitoring of immunization activities and coverage at the level of primary care and public health.	• Improving the physical infrastructure and working conditions of primary care and public health services; • Improving access to high quality primary care through capacity building, improved management and introduction of economic incentives; • Social mobilization and active involvement of the population in prevention and health promotion.

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SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational Although general immunization coverage is high, there are pockets of under coverage directly connected with access barriers and with quality issues. These are particularly relevant for follow-up vaccines such as DPT-3, for children in rural areas and from poor families, and among urban migrants.	• Strengthen political commitment to immunization and financial sustainability; • Social mobilization and active involvement of the population in prevention and health promotion.	114,528	10
Human Resource Development/Performance Management. Access barriers due to lack of providers in remote areas, low salaries and motivation of health care personnel, migration of health care workers to the capital and abroad, and low awareness of entitlements, especially among poor and vulnerable populations.	• Ensure access to high quality primary care through capacity building, improved management and introduction of economic incentives.	680,465	59
Drugs, Equipment, Supplies, Facilities Poor quality of primary health care particularly at the level of feldsher-midwife points, due to poor conditions of facilities, lack of functioning equipment, and insufficient training/qualifications of staff.	• Improve physical structure and working conditions of primary care and public health services.	239,996	21
Monitoring and Evaluation The overall public health service delivery system and surveillance capacity remain underdeveloped due to low salaries, weak coordination mechanisms with other health Improvement structures, under-investment in transportation and the cold chain, and outdated monitoring mechanisms.	• Strengthen routine monitoring of immunization activities and coverage at the level of primary care and public health.	77,060	7
Overheads	Management of HSS	41,696	3
TOTALS		**1,153,745**	**100.00**

** These figures are based on the budgets provided by the country

Health financing Gap: There is a significant funding gap of 465,735,048 dollars (total from 2007/08 through to 2009/2010) after the contribution from the Government of Kyrgyzstan and DPs has been considered. The GAVI HSS support of 9,916,614 will be used to reduce the gap.

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SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values	Final Targets	Expected Source of Data/Information
Outcomes/Outputs:			
• Infants vaccinated with BCG	101.120	104.340	
• BCG coverage	92	94	
• Infants vaccinated with DTP3	96.221	100.000	
• DTP3 coverage	90,3	92,6	
• Infants vaccinated with DTP1	96.542	100.400	
• Wastage rate in base year and planned thereafter	1,18	1,18	
• Infants vaccinated with Measles	92.352	98.054	
• Measles coverage	90,8	92,0	
• # of planned rayon level vaccine warehouses repaired	0	8	Data are obtained from: • MOH • RCI • RHPC
• # of NGO's working with migrants on health issues and are in regular contact with the RCI	0	15	
• # of FAPs receiving training in "WHO Practice of Immunization" (and as % of planned)	0	210	
• # of trainers trained at the oblast and rayon level in immunization, IMCI, and other maternal and child health programs	0	26	
• % of rayons where at least 90% of facilities received	0	25	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: Implemented through a sector wide approach.
Channelling/Management of funds: Funds would flow into the state budget of the Kyrgyz Republic and its distribution to programmed activities would use the existing allocation and procurement mechanisms of the Kyrgyz state budget as specified in the context of the SWAp.
Strategies proposed for sustainability of activities: All activities within the framework of the Manas Taalimi Programme. HSS plan includes government financing (republican budget and MHI funds).
Collaboration with/ Involvement of other organisations in *Proposal Design & Planning*: The proposal was prepared by a multi-stakeholder working group representing the Ministry of Health, Mandatory Health Insurance Fund, State Sanitary and Epidemiological System, Republican Centre for Immunoprophlaxis (RCI), and the Centre for Health System Development. Technical input and advice was provided by the WHO, UNICEF, and ZdravPlus on behalf of the wider group of Development Partners. The proposal was discussed at the Intersectoral Coordinating Committee for Immunization and approved by the Health Policy Council. i) *Proposal Management*: Through the Swap mechanism and Ministries of Health and Finance. ii) *Proposal Implementation:* Through existing governmental structures in the MOH, MHIF, SES, and RCI
Other Financial Support for HSS: Financed through direct budget support from the Joint Financiers (World Bank, DFID, KfW, SDC, SIDA) and through parallel financing from other development partners (USAID, UNICEF, WHO).

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