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# Strengthening Health Systems, Improving Reproductive Health

Regional Programme Health in Central Asia (Technical Cooperation)

(2012-2015)

## Context

Despite the successful reforms that have already been achieved, there are still weaknesses in the healthcare systems of the three Central Asian countries: Kyrgyzstan, Tajikistan and Uzbekistan. In the area of sexual and reproductive health and rights (SRHR) there are deficiencies in quality standards and quality management systems, management deficits, as well as a lack of educational and preventive measures for health professionals and the population. HIV-prevention and reproductive health services are implemented separately, leaving the potential synergies of an integrated approach untapped. Access to services in the areas of SRHR, HIV- and drug abuse prevention is limited, especially for people in rural regions. On the one hand, the state and civil society institutions have limited capacity and resources for the implementation that would allow them to offer gender- and target group-specific, high-quality health services. On the other hand, limited knowledge about SRHR and HIV transmission routes among the population restricts the use of services and increases the health risk.

## Goals

The German Federal Ministry for Economic Cooperation and Development (BMZ) uses the instruments of financial and technical cooperation (FC/TC) to support the Central Asian countries in reforming their health systems. The regional programme "Health in Central Asia" (TC) is implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.

Our objective is to improve the access to gender-sensitive, human-rights-based and integrated services in the areas of SRHR, HIV- and drug abuse prevention.

Therefore, acknowledging that different target groups can be reached more easily by means of integrated services, as well as promoting gender equality, are of central importance.

Taking into account national strategies of partner countries is crucial

Project name	Regional Programme Health in Central Asia
Commissioned by	German Federal Ministry for Economic Cooperation and Development (BMZ)
Countries	Kyrgyzstan, Tajikistan, Uzbekistan
Main partners	Ministries of health, youth, social development and education
Duration	Phase 1: 2009-2011 Phase 2: 2012-2015

for a successful programme implementation. Simultaneously, we also work to strengthen regional cooperation. Our programme partners include the ministries of health, youth, social development and education, along with civil society organisations. In addition, we work in close collaboration with the Kreditanstalt für Wiederaufbau (KfW), as well as with other bilateral and multilateral organisations and with the private sector.

## Interventions

The partner countries receive support in the following priority areas:

### **Improving the quality of services in the area of SRHR**

We support the ministries of health in developing and introducing clinical guidelines and national standards in the various areas of SRHR, especially maternal health, e.g. prenatal care, obstetrics, neonatal care, emergency obstetric care and family planning. Promoting practice-based trainings of the health personnel in medical and management topics and strengthening training institutions guarantees the sustainable integration of the guidelines into daily work and, in turn, the improvement of health services. In health education, we cooperate closely with local civil society structures, e.g. with neighbourhood associations (mahallas), women's committees, religious leaders and non-governmental



left, Mother with her child, Kyrgyzstan

right, Health promotion among youth,  
Join in Circuit in Kyrgyzstan

Bild: © GIZ / Programmarchiv





left, Birth preparedness school, Tajikistan

right, Informing the population about family planning, Uzbekistan

Bild: © GIZ / Programmarchiv

organisations, as well as with the health personnel and the educational sector. Together, we develop education and information measures on reproductive health for and with the population and integrate them into existing structures.

### **Health promotion among young people**

Our goal is to support selected organisations and networks in the youth and education sector in providing needs-oriented services for young people in the areas of SRHR, HIV- and drug abuse prevention. We advise the ministries of health, education and youth and support the partners in developing interactive and participatory methods geared towards young people in order to discourage risky behaviour. The 'peer-to-peer' approach plays a key role in this field. In addition, support is targeted at strengthening non-governmental organisations working with young people and particularly key populations (drug users, sex workers, street children and labour migrants).

### **Improving the conditions for accessing SRHR services through basic social protection**

We support measures that facilitate the access to services in the area of SRHR, particularly for vulnerable groups. These include improvements of the social information systems such as the social passport in Kyrgyzstan or the single-window approach (a single entry point for all services) in Tajikistan. The goal of these improvements is to enable more people in need, especially women of child-bearing age, to obtain social benefits - and, in turn, health services. Capacity development measures for social workers and information campaigns about social rights supplement these measures.

## **Results**

Implementing different measures, we strengthen numerous partner institutions in Kyrgyzstan, Tajikistan and Uzbekistan and continuously contribute to improving the quality of SRHR services. In Tajikistan and Kyrgyzstan, international accreditation standards for hospitals have been adapted to national conditions and the institutions carrying out the accreditation process, have been strengthened (Kyrgyzstan) or established (Tajikistan). Thus 30% of hospitals in Kyrgyzstan will pass through the internationally considered accreditation process by the end of 2015, improving the quality of these facilities. By implementing different measures in the area of human capacity development (HCD), developing new training programmes (traditional and e-learning) and strengthening educational institutions, more than 3,000 of medical and non medical professionals have improved their knowledge in the area of SRHR.

In Uzbekistan, in 1,300 mahallas (neighbourhood associations), key stakeholders such as men, mothers-in-law and religious leaders have been trained in the areas of reproductive health, gender and health education, which play important roles in the context of family planning. This is a crucial condition for strengthening self-determined family planning by men and women.

In the area of health education for young people, national resource centres have been established in Kyrgyzstan and in Tajikistan. The centres are now fully operational and are available as documentation centres, offering training courses for interested youth organisations and serving as bridges to state structures for these organisations. In all three countries, we support more than 30 civil society organisations and state partners working in the area of SRHR, with young people and most at risk populations.

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