

# Child Survival Program in Azerbaijan



Mercy Corps is a non-for-profit organization that exists to alleviate suffering, poverty, and oppression by helping people build secure, productive, and just communities. The agency's programs currently reach more than 6 million people in over 39 countries. With headquarters in the United States and Scotland, Mercy Corps is an international humanitarian organization.

Since 1979, Mercy Corps has provided more than \$830 million in assistance to 80 nations. Mercy Corps is known nationally and internationally for its quick-response, high-impact programs. Over 91 percent of the agency's resources are allocated directly to programs that help those in need.

**Our Core Values:**

- We believe in the intrinsic value and dignity of human life.
- We are awed by human resilience, and believe in the ability of all people to thrive, not just exist.
- Our spiritual and humanitarian values compel us to act.



Working closely with community members through developed Village Health Committees (VHC) and actively involving women in the community decision-making process, the project is influencing gender barriers and related problems through the project implementation activities. Trained teams of project field staff are working very closely with community Health Educators and providing intensive educational sessions in women's and men's groups. Individual discussions with traditional family decision makers, usually mother-in-laws, and older members of the communities, are also conducted. These training opportunities serve to educate the population on earlier recognition of disease danger signs, home management of diseases and appropriate care giving behaviors. Village Health Committees are mobilizing communities and organizing Health Fairs in the project area with puppet shows, concerts and question-and-answers sessions for active dissemination of information on health topics. In order to support community activities, the project helped renovate training rooms in villages and donated basic furniture and teaching materials including leaflets, brochures, posters and other visual aids.

**Findings:** The project is running a Community Based Health Information System (CHIS) where vital data is collected by trained community health educators based on verbal autopsy. According to the CHIS collected and analyzed data, mortality rates for children under age 5 have decreased by more than half in the project target area. The mid-term project evaluation conducted in May 2004 showed that behavioral changes in the target area were astounding: breastfeeding rates doubled, appropriate diarrhea management increased by 60 percent, antenatal care by over 60 percent and successful pneumonia management increased by 80 percent. More specifically, 98 percent of mothers recognize ARI/pneumonia signs, 96 percent of women continued to increase amount of breastfeeding when children had diarrhea and 90 percent of women recognize 2 or more pregnancy related danger signs.

On the family level, the CSP stimulated behavioral change through education and promotion of prevention actions, early recognition of danger signs of diseases, improving quality of home health care and greater utilization of peripheral health care facilities. Care giving and care seeking behavior changed, resulting in the substantial reduction of mortality rates in children under age 5.

**Conclusions:** On the family level, the CSP stimulated behavioral change through education and support, improving quality of home health care and greater utilization of peripheral health care facilities. Care giving and care seeking behavior changed, resulting in a substantial reduction in mortality rates in children under age 5. DHA's capacities to apply health information, integrate services cooperatively with community activities, and facilitate community involvement in health decision-making were also strengthened, yielding positive mortality trends. Following the success of CSP in Azerbaijan, Mercy Corps' programming has branched to other CS projects.

**Policy Implications:** As the leading organization to promote IMCI at its project site, Mercy Corps advocated for institutionalization of IMCI at the national level and supported the MOH in establishing a National IMCI Office and DHAs as well as rolling out IMCI activities to the pilot sites. An important component was to promote WHO standards for IMCI protocol implementation to the MOH. Mercy Corps is the only agency in the country implementing HHH/Community-IMCI at the Child Survival project site.

The implementation of the Child Survival project in Azerbaijan has made the government and international donors aware of the maternal and child health needs in the country and has heightened awareness for the improvement of Azerbaijan's health system. Following the success of CSP in Azerbaijan, Mercy Corps' programming has branched to other CS projects.

**Location:**

- Yardimli, Lerik and mountainous area of Masalli

**Total population:**

- 148,000 people

**Program recipients:**

- 60,000 children under 5 years and WRA
- 5-yr. Project funded by USAID for \$1.5 million
- 284 communities in 3 rural mountain districts
- Inclement weather condition 30% of the area is inaccessible in winter
- Conservative Islamic society

**Background:** Initiated in 2001, The Mercy Corps Child Survival Project (CSP) focuses on serving populations in three districts in the southeastern region of Azerbaijan, a mountainous rural area of the country bordering Iran. The target population is 58,000 people which includes 19,000 children under 5 years of age and 39,000 women of reproductive age.

The project sites have a large Taylish ethnic minority characterized by traditional cultural values and a more conservative Islamic lifestyle. This rural population, although highly educated, has reverted to subsistence agriculture, day labor at low wages and out-migration in order to make ends meet. The region is located in an isolated under-served area of Azerbaijan where up to 30% of the target villages are inaccessible in the winter months.

The break up of the Soviet Union and the war with Armenia resulted in severe economic decline and led to a significant internally displaced population (IDP) and worsening health status. For instance, the infant mortality rate in the country has been steadily increasing since 1990. Both UNICEF in 2000 and the Centers for Disease Control in 2001 reported the IMR and CMR at 79/1000 and 102/1000 respectively. Although the official maternity level is 37.6/100,000, UNICEF estimated it to be 79/100,000 in 2002. The high levels of maternal and child morbidity/mortality are attributed to low levels of disease prevention behavior including poor treatment for pneumonia and diarrheal diseases, poor nutrition and low breastfeeding rates. Limited access to adequate routine and emergency health care also contribute to the poor rates.

Mercy Corps has taken the reality of this deterioration into account, particularly in relation to child and maternal health in developing a Child Survival Program framework and strategy. With this established need, the focus of the Child Survival Project in Azerbaijan is to reduce maternal and child morbidity and mortality rates through a multi-pronged approach in strengthening the ability of mothers, caretakers, and communities to take responsibility for their own health and for the health of their children. CSP interventions are aimed particularly at the household and community levels as well as peripheral health care level. We seek to share our achievements and lessons learned from country-level practical experience in order to foster productive dialog regarding child survival trends. The CS project includes the partnership and efforts of the community-based health initiatives, international agencies and local administration.

**Goal:** The central goal is to reduce maternal and child morbidity and mortality in the project area by the end of the project period (2006).

**Objectives:** Integration of community based preventive actions with improvement in the quality and utilization of primary health care in the target area through:

- 1) Sustained changes in care-giving and health seeking behavior;
- 2) Improved quality of health services;
- 3) Increased number of community health initiatives;
- 4) Improved support of primary health care by local Health Authority
- 5) Increased health programming capacity for Mercy Corps

**Methods:** The key program strategies consist of updated training in the intervention areas for health providers and educational activities for community members in the project areas. Training is the CS project's core activity and is continuously implemented on different levels: for project staff, for community members, and for government health care providers. IMCI (Integrated Management of Childhood Illnesses) is a significant component of the educational sessions and activities to foster disease identification and timely treatment. Specific health initiatives targeted by the project include: Pneumonia Case Management, Control of Diarrheal Disease, Maternal and Newborn Care, Breastfeeding, and Child Spacing. For health professionals, training consists of the WHO Guidelines on Essential Drugs, National Immunization Protocol, Safe Immunization Practice, Breastfeeding, Safe Motherhood, Family Planning, and Integrated Management of Childhood Diseases (IMCI).

