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**PROJECT HOPE/ARMENIA CONSORTIUM  
COOPERATIVE AGREEMENT NO. ANE-0001-A-00-0052-00**

**MID-TERM EVALUATION**

**October 6 - 23, 1992**

**The American Jewish Joint Distribution Committee, Inc.  
The American National Red Cross  
The Armenian Assembly of America Relief Fund, Inc.  
The People-to-People Health Foundation, Inc.**



**November 18, 1992**

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## LIST OF ACRONYMS

MOH = Ministry of Health  
MOC = Ministry of Construction  
SCI = Spinal Cord Injury  
IFRC = Federation of Red Cross and Red Crescent Societies  
PTRC = Post Traumatic Rehabilitation Center  
OT = Occupational Therapist  
RT = Rehabilitation Therapist  
FY = Fiscal Year  
PVO = Private Voluntary Organization  
HBI = Home Builders' Institute

## EXECUTIVE SUMMARY

### Background

The goal of Cooperative Agreement ANE-001-A-00-0052-00 was to help alleviate the suffering of victims of the December 1988 earthquake in Armenia by providing humanitarian relief, medical treatment, education, vocational training and other assistance for the victims of the Armenian earthquake. A \$5.7 million grant was awarded on September 26, 1990 for a consortium (Armenia Consortium) of four private voluntary organizations (PVOs): The People-to-People Health Foundation, Inc. (Project HOPE), The Armenian Assembly Relief Fund, The American Red Cross, and The Jewish Joint Distribution Committee (JDC). Project HOPE is the lead PVO for the consortium, and the other three organizations are subcontractors to Project HOPE. All of the members of the consortium were already active in Armenia prior to the award of the grant.

The purposes of the mid-term evaluation were to:

- o Enable the Project HOPE/Armenia consortium and A.I.D. to assess implementation of the four projects to date.
- o Enable each consortium member to revise their respective implementation plan as necessary to achieve the impact desired in each member's plan.

### Methodology

The evaluation team consisted of Mary Heslin, a consultant and specialist on management in the former USSR, Carl Varadian, a housing specialist, and Janice Cockrell, M.D., a specialist in pediatrics and rehabilitation medicine. The scope of work was drafted by Project HOPE with input and approval from USAID, and then reviewed with all team members. Scopes of work were also drafted for each individual team member.

The team engaged in the following activities during the evaluation process:

- a) Documents were reviewed to verify performance of activities.
- b) Interviews were conducted with PVO staff in Armenia and the U.S., Armenian government officials, and other individuals associated with the programs. Observation of the rehabilitation programs was performed.
- c) For the rehabilitation programs, a standard list of questions was developed and distributed in advance of the trip.

## Lessons Learned

It was clear to the evaluation team that the consortium model was an extremely useful one, although it has taken some time for four extremely independent PVOs to learn to operate and think as a team. Ideally, such a consortium should be formed before its members have all commenced operations in the area in question. However, the benefits which accrued to the individual members as a result of the consortium were nonetheless significant, and contributed substantially towards implementation of the programs' goals. Two major examples in this regard are the achievement of accreditation for the rehabilitation trainees from the Ministry of Health, and the procurement of financing from a nearly bankrupt government for the construction of the JDC clinic.

Although the benefits of working in a consortium were clearly greater for the three organizations working in a similar area (rehabilitation) there was certainly a net positive effect from the existence of a construction project in the Consortium. A major example of this is the construction of the JDC clinic with Armenian Assembly plant products.

It was also apparent to the evaluation team that success in Armenia is connected not just with technical expertise, but with persistence and understanding of the local situation. A common factor in the Red Cross, Project HOPE and JDC programs was that they all had Armenian- or Russian-speaking administrators whose main activity seemed to be wearing down the Armenian bureaucracy. While the Armenian Assembly personnel were all technically competent, their program lacked this essential component.

## Conclusions and Recommendations

### Rehabilitation Programs

The evaluation team found that the three rehabilitation programs (JDC, Red Cross, Project HOPE) had already achieved almost all of their objectives, or were well on their way to doing so. Major indicators of their success are the following:

- a) Accreditation of the rehabilitation professionals has been achieved. The level of their acceptance into the Armenian medical and teaching community is already significant and is steadily increasing. There is a palpable degree of professional pride among the graduates of the three programs.
- b) The trainees are operating at a high quality level, and providing an excellent level of treatment for their patients. The programs are meeting their objectives in terms of number of personnel trained and number of patients treated.

- c) The level of attention that these programs have drawn to the problems of the handicapped in Armenia is significant. Attitudinal changes are very evident in the patient population, and are beginning to be apparent in the general population.
- d) The Project HOPE orthotics laboratory has successfully completed the first stages of privatization.

Despite the high degree of success of these programs thus far, the evaluators still feel that the programs require some additional follow-on funding over the next two years. The economic system in the country is so difficult at this juncture that the programs are in danger of regressing significantly if funding is cut off in June 1993.

#### Construction Program

The Armenian Assembly is far from meeting its objectives as described in the annual workplans. The main reason for this is that the Ministry of Construction, which was supposed to fund housing construction, is bankrupt, and cannot to any degree fulfill its obligations under the initial agreement. The Armenian Assembly portion of the grant had two components: construction of earthquake resistant housing for earthquake victims, and establishment of a Western style manufacturing facility and training center for construction of houses and other materials adaptable for public access.

The second objective has been largely achieved, despite the current economic situation. The major indicators are as follows:

- a) The plant has been fully constructed and all equipment has been installed. With Armenian government approval, the plant is operating on the open market to purchase inputs, and is establishing its own sales prices. The plant is one of only a handful of construction enterprises in operation in Armenia under the current situation.
- b) Blocks from the plant have supported most of the foreign aid-related construction in the earthquake area over the past year, including a large Italian agro-industrial complex, the JDC clinic, a Red Cross clinic (unrelated to this grant), and construction of housing by a U.S. PVO.

The first component of the Armenian Assembly, large scale housing construction and construction training has not been achieved, mostly because of the aforementioned lack of funding. However, the evaluators believe that more progress could have been made and can be made in the training component with the addition of an on-site administrator who is fluent in Armenian or Russian and can work persistently and effectively with the local bureaucracy to institutionalize training programs and achieve accreditation for trainees.

Further, at the time that the evaluation team was present in Armenia, there was open disagreement between the Armenian Assembly and the Ministry of Construction over ownership and control of the plant. The first steps to resolve this situation in favor of the Assembly were taken immediately after the team's return to the U.S.

The team also noted the possibility that some factory production is being diverted, but found no direct proof of this. This situation, however, needs to be tightly monitored and controlled in future.

Also, the Armenian Assembly did not notify USAID and the consortium of certain instances of misuse of block, although the Assembly did take active steps to correct the problems identified on their own. In future, such circumstances must be made known immediately to USAID and Project HOPE.

Finally, the Armenian Assembly needs to decide on its disposition plan for the plant. It is suggested that it investigate privatization possibilities in conjunction with the Armenian State Committee in Privatization, which is interested in using this program as a model.

#### Consortium

It is recommended that the COP take a more active role in monitoring and resolving the conflicts between the Armenian Assembly and the Armenian bureaucracy.

It is also recommended that the COP assist in disseminating the knowledge and experience gained in the course of privatization of the Project HOPE orthotics laboratory to the other consortium members, particularly the Red Cross.

#### Conclusion

The consortium has succeeded in introducing a formerly unknown medical specialty -rehabilitation medicine- to the country of Armenia, with excellent results. The personnel involved are dedicated, hardworking, and have in most cases undergone severe physical discomfort in the process of implementation of this program under harsh economic conditions that were not foreseen at the time of the original grant.

Although implementation of the Armenian Assembly portion of the grant has not been ideal, there now exists in the earthquake zone a facility that is already having enormous impact and is capable of ultimately fulfilling most of the original objects despite the exceptionally unfavorable industrial climate.

The evaluators recommend granting the no-cost extension to the Armenian Assembly, and providing some additional add-on funding to the rehabilitation programs to get them through the next critical two years. The evaluators also conclude that the consortium model is effective, and suitable for utilization in other grant programs.

## I. BACKGROUND

The Armenian earthquake of December 7, 1988, affected at least one third of the Armenian population. Over 25,000 people were killed, more than 500,000 were left homeless, and thousands more were seriously disabled.

An immense disaster relief effort was immediately undertaken by numerous non-profit agencies, individuals and government agencies; however, it was clear that many of the consequences of the earthquake could only be alleviated by means of long term technical and humanitarian assistance.

Consequently, four private voluntary organizations that had been actively involved in Armenia since the first days after the earthquake, the People-to-People Health Foundation, Inc. (Project HOPE), the American Jewish Joint Distribution Committee, Inc. (JDC), the American National Red Cross (Red Cross) and the Armenian Assembly of America Relief Fund (Armenian Assembly) formed a Consortium to implement USAID Cooperative Agreement No. ANE-001-A-00-0052-00, awarded on September 26, 1990. The goal of this agreement is to alleviate the suffering of earthquake victims. The purpose of the agreement is "to provide humanitarian relief, education, vocational training and other assistance " to the earthquake victims. An outline of the agencies and their objectives is provided in table 1.

The goal of the midterm evaluation was to make judgments on whether the current implementation strategies will result in achievement of the stated objectives. The purposes of the midterm evaluation were:

- o enable the Project HOPE/Armenia Consortium and AID to assess the implementation of the four projects to date.
- o enable each consortium member to revise their respective implementation plan as necessary to achieve the impact desired in each member's plan.

### Methodology

A three person evaluation team participated in the midterm evaluation: Mary Heslin, a management specialist, Janice Cockrell, MD, a rehabilitation specialist and Carl Varadian, a housing expert. Mary Heslin acted as team leader. The team members spent two and a half weeks in Armenia during the month of October, 1992.

Prior to any contact with the programs, 1991 and 1992 work plans and reports were reviewed for all Consortium members, as well as Armenian Consortium Agreements, the Price Waterhouse privatization study, and other documents listed in Appendix 5. The offices of the Consortium members were visited, and US personnel interviewed.

For the rehabilitation projects, a list of ten questions was sent to the Program Director of each agency (see "Evaluation Questions") prior to leaving the country. Copies of the questions were forwarded to the Program Directors on site.

Upon arrival in Armenia, interviews were conducted with the Chief of Party, each program director, expatriate and Armenian medical, construction, and related personnel and appropriate governmental officials (see Appendix 4 for list of persons interviewed). All sites related to the projects were visited and appropriate documents inspected. Where precise data had not been collected, estimates were made based upon the last nine months. Results were compared with stated goals.

### The Current Situation In Armenia

Armenia is a small, landlocked Christian country bordered by Turkey (West), Azerbaijan (East/Southwest), Iran (South), and Georgia (North). Three of its borders may be considered unfriendly, and the fourth, Georgia, is currently unstable as a result of internal armed conflict. Armenia's population of 3.5 million is 95 percent ethnic Armenian. Since it declared its independence from the Soviet Union on September 23, 1991, it has been politically stable internally, and has been more progressive than most of the former Soviet republics in terms of economic reform, particularly in the area of privatization of agriculture.

However, fighting has intensified during this past year between Azerbaijan and Armenians located in the area of Nagorno-Karabakh, an enclave of ethnic Armenians that is located on the territory of Azerbaijan. As a result of these hostilities, massive numbers of refugees have been flowing into Armenia. Further, the Azeris have established a blockade between Russia and Armenia which has resulted in an almost total cut-off of energy supplies, which is disastrous for a country that was 99 percent dependent on energy imports in 1990. There is an alternative gas pipeline that runs through Georgia; however, it is easily sabotaged and is rarely in operating condition. Plans are being considered to import energy from Turkey or Iran, but, in addition to the political problems involved in such a project, the investment required for the infrastructure is prohibitively high.

As a result of the blockade, from December 1991 to January 1992, enterprises in Armenia were operating at 15 percent of capacity, 12 hour electrical blackouts were the norm, schools were closed and most hospitals and government buildings were unheated. This winter, with energy reserves non-existent, the situation is certain to be worse.

Another severe complication is the monetary situation, which is in a shambles due to the collapse of the Soviet banking system. The government is essentially bankrupt, and rubles are kept in

private hands. Foreigners who wish to change money are directed to a "bank," which turns out to be the sidewalk in front of the foreign trade bank where the black marketeers gather. There is no point in bypassing them--most days the bank itself has no rubles to exchange.

Inflation is also extreme: during the three weeks the evaluation team was in Armenia the ruble fell from 250/dollar to 350/dollar. The average monthly wage was only a few thousand rubles, while a kilo of cheese or a sausage cost over 300 rubles. The price of gasoline, which is trucked in from Georgia, has risen to the point that most people can not operate their cars. Long bread lines are now the norm. Understandably, the morale of the population is very low.

#### The Armenian Health Care Sector

The Armenian population grew up under the Soviet cradle-to-grave health care system, which disintegrated along with the former Soviet Union. Although nominally free, medical services (shots, a competent surgeon, a change of bed linen, etc.) were generally provided on the basis of bribes. As a result of a combination of government privatization goals and the pressure created by the Ministry of Health's (MOH's) inability to provide adequate financial support for its programs, privatization of medicine has been moving forward steadily, although most medical services are still state provided.

The field of rehabilitation medicine did not exist in Armenia prior to the earthquake. The only rehabilitation treatments in use were heat treatment and massage therapy. The Armenian medical community, however, is very conservative in its acceptance of new methods. The Consortium members involved in the rehabilitation programs constantly encounter and confront the strong resistance on the part of medical care providers and administrators to change the status quo.

#### The Armenian Construction Sector

The construction sector tends to be corrupt in most countries, and Armenia is no exception. Under the former Soviet system, Ministry of Construction (MOC) plants were the unofficial source of almost all materials used in private construction--vacation homes (dachas), garages, sheds, etc. Building inspectors were happy to take bribes, and materials, particularly concrete, were generally substandard. Although a detailed and uniform Building Code (Stroitelstvennie Normy i Pravila--Construction Norms and Regulations) existed for the Soviet Union, its provisions were bypassed on a regular basis. The consequences of this system were apparent during the earthquake.

Currently, like the rest of the government, the Ministry of Construction is essentially bankrupt, and has no access to fuel or raw materials. Only a handful of its facilities are

operating. What construction is going on in the country is either for private (rich) individuals or is financed by external sources, primarily foreign aid. The Ministry itself is destined for disbandment or reorganization in 1993, and its bureaucrats are all jockeying for better positions under the upcoming system.

#### Context of PVO Activities

The PVO personnel associated with the Consortium programs are living under conditions that few people would voluntarily tolerate. In the winter they live in unheated apartments and sometimes have to haul water from the bottom floors of their buildings. Electricity supply is erratic and limited to several hours at a time. Conditions in Gyumri for Armenian Assembly and JDC personnel are particularly trying during the winter season. Nights are long and temperatures dip below zero. The temperature inside their apartment building is often below the freezing mark.

## II. IMPLEMENTATION OF PROJECT ACTIVITIES

### Rehabilitation Programs

Three rehabilitation programs were evaluated by the team: the Project HOPE pediatric rehabilitation program at the Republican Pediatric Rehabilitation Center and orthotics program at Children's III Hospital in Yerevan, the Red Cross spinal cord injury program in Yerevan, and the JDC pediatric rehabilitation program in Gyumri (formerly Leninakan).

### RESULTS

In spite of the unexpected difficulties outlined in the background section which clearly could not have been foreseen by the funding agencies during the conception of the grant, all programs had met or were well on their way to achieving the originally desired objectives at the time of the evaluation team's visit, and had completed, or were close to completing, most of the major activities stipulated in the USAID approved Fiscal Year Plans for 1991 and 1992.

The goal for all of the rehabilitation programs was the same: To help alleviate the suffering of victims of the December 1988 earth quake by providing humanitarian relief, medical treatment, education, vocational training and other assistance for victims of the Armenian earthquake.

The following is a summary of the specific objectives for each organizations, and the outcomes based on the FY 92 work plans. Copies of the work plans are in Appendix 7.

#### Project HOPE

##### Objectives for FY 1992

Objective 1. The training of health workers from various disciplines to provide pediatric rehabilitation treatment and services for both inpatients and outpatients, in hospitals as well as in community based settings.

##### Activities and Outcomes

A nine month first year and nine month second year pediatric rehabilitation training program for physicians, nurse and rehab therapists, and a six month second year training program for orthotic technicians was conducted.

Outcome: 9 MD's, 13 therapists, 5 nurses and 4 orthotists are either fully trained or nearing completion of their training.

Additional activities under this objective include:

Revision and implementation of a revised curriculum

Expansion of clinical inpatient learning experiences

Ongoing procurement and development of education resources

Provision of fellowships to two Armenian doctors in the US during FY 1992

Institution of a collaborative effort between the three PVO's involved in rehabilitation in planning and implementation of certain aspects of rehab training programs

Recruitment of students for rehab training class taught by former HOPE trainees

Begin 9 month pediatric rehab training for physicians, nurses and rehab therapists by former HOPE trainees.

Outcome: The above activities have been successfully implemented. The former HOPE trainees have not only proven their effectiveness as instructors within the program, but are beginning to receive opportunities to teach in other Armenian institutions.

**Objective 2.** The provision of pediatric rehabilitation treatment and services in Yerevan, Spitak and Gyumri.

#### **Activities and Outcomes**

Provision of care , treatment and consultation in clinical settings to pediatric rehab patients

Outcome: 2578 pediatric patients have received treatment and consultation at the Republic Pediatric Rehabilitation Center in Yerevan, other hospitals in Yerevan, monthly clinics in Spitak, and weekly visits to the JDC clinic in Gyumri.

Statistical collection for development of a plan for effective service delivery within the context of the training program.

Outcome: The statistics have been collected, but not yet fully analyzed.

Establish outpatient services at RPRC and inpatient service delivery in one or more hospitals in Yerevan.

Outcome: Outpatient services have been fully established, and inpatient services have commenced through the hostel program of the RPRC.

Strengthen collaborative efforts between the three PVO's in planning and implementing service and delivery.

Outcome: Collaboration has been achieved, and is particularly strong between JDC and Project HOPE.

Procure medical equipment and supplies for service delivery.

Outcome: Necessary supplies were procured.

Objective 3. The development of a multi-disciplinary rehabilitation system which incorporates "state of practice" techniques.

#### Activities and Outcomes

Development of a multi-disciplinary rehabilitation system incorporating "State of practice" techniques.

Outcome: The RPRC is equipped, staffed with well trained rehab specialists, and functioning at a high level.

Equip and staff the RPRC for outpatient services and work to establish inpatient services in a treatment facility in Yerevan.

Outcome: The RPRC is appropriately equipped and staffed in this regard, and a hostel (in patient) treatment program is being implemented.

Two physician graduates assumed the role of Medical and Assistant Medical Director of the Program.

Work with the Ministry of Health to privatize the orthotics laboratory

Outcome: This has been essentially achieved.

Additionally:

Project HOPE is working with the Yerevan State Medical Institute to develop a rehab curriculum for medical students.

Continuing education programs are underway.

A data bank has been established and is in the process of implementation for use in the statistical analysis of data on patient needs. To this end, HOPE is working with the Ministry to coordinate data collection in this area.

JDC

#### Objectives for FY 1992

Objective 1. Construct a fully equipped Children's Rehabilitation Center in the center of Gyumri to provide outpatient physical and occupational therapy to Armenian children

disabled as a result of the earthquake.

#### Activities and Outcomes

Construction of the center according to California earthquake standards and with wheelchair access, requiring provision of an American structural engineer or project manager, establishment of procurement lists and procurement of building supplies and equipment.

Outcome: This has been achieved. The clinic was officially opened on November 8th. The remainder of the equipment and furnishings is to be delivered by November 25.

Objective 2. To develop and implement a one year program to provide the children with immediate physical and occupational therapy while the Center is under construction.

#### Activities and outcomes

Provision of supervision to the newly trained Armenian rehab therapists, including assessment of performance and provision of guidance, development of equipment list, dissemination of information on the program to encourage local participation, monitoring and adjustment of the treatment program, and provision of supplies.

Outcome: All of the above activities have been implemented, many in coordinations with and assisted by Project HOPE. The original objective anticipated treatment of 300-350 Armenian children during FY 1992. The actual number was 280 at the clinic, plus 50 patients at a local orphanage. (Therapists travelled to the site.)

Objective 3. To administer and manage the project

#### Activities and Outcomes

To provide administrative supervision of construction, including liaison with the Ministry of Construction and other agencies, procurement administration, and construction coordination.

Outcome: These activities were fully implemented.

Provide administrative supervision of the JDC clinic, including coordination of professional supervision, administration of procurement, and management of daily activities.

Outcome: These activities have been implemented.

To provide overall administrative supervision of the project, including working with the Armenian director of the Center, liaison with Consortium organizations, public relations work and dissemination of information, and budget administration.

Outcome: The above activities were implemented. Public relations efforts, including media interviews were good, resulting in a high level of awareness of the project in the local area.

#### FUNDING OF CONSTRUCTION FOR JDC CLINIC

In retrospect there should have an additional goal in the JDC 1992 plan: "Ensure funding of clinic construction by Armenian government." This turned out to be a major focus of effort, given that the government was almost bankrupt and was in no position to fulfill its financial obligations under the original protocol with JDC. It is only due to the heroic efforts of the JDC project manager and the COP that the necessary funding, against all probability, was obtained, and the clinic was in fact completed.

#### American Red Cross

##### Objectives for FY 1992

Objective 1. Provide Armenian medical personnel with the capability to provide direct patient care services for Spinal Cord Injury (SCI) persons both in the Rehabilitation Center and in the community.

##### Activities and Outcomes

###### Provision of medical treatment

Outcome: Care and rehabilitation services are being provided for a 24 bed unit. An additional 4 bed acute ward has not yet been opened because the nurses have yet to be undergo the necessary special training. Recruitment is underway for expatriate nurses/trainers for this unit. The actual acute ward, with the necessary specialized equipment has only been physically available since the middle of October, when the new PTRC hospital commenced operation.

###### Recruitment of Armenian medical trainees, training of classes

Outcome: Armenian staff were recruited for the 4th class of RN's and the 3rd class of RT's, and appropriate training was performed.

###### Nurse training and supervision, training and supervision of RT's

Outcome: Previously trained Armenian nursing and rehabilitation staff are supervised by Federation RN's, PT's and OT's. The second and third classes of RT's were trained.

Objective 2. Provide Armenian medical personnel with the capability to provide direct patient care services both in the Rehabilitation Center and in the community.

**Activities and Outcomes**

Training and supervision of Armenian physicians, including training abroad in Germany for one physician for six months.

Outcome: 4 physicians have been trained or nearing training completion.

Orthotist training and supervision, including training abroad in Switzerland for 2 orthotists for a two month period.

Outcome: Orthotists are trained and working in their specialty at the Center.

Objective 3. Provide community based care in both outpatient clinics and in patients' homes.

**Activities and Outcomes**

Provide consultation and care in outpatient clinics and in patients' homes.

Outcome: SCI care has been expanded in Armenia, with follow-up care and new patient screening.

Recognition of the Outpatient department (OPD) as a separate department within the SCI rehab unit, training of OPD staff.

Outcome: The department was created and staff trained.

OPD clinics and home visits to be run by Armenian staff with League supervision.

Outcome: The program is being implemented and visits are made on a regular basis.

Objective 4. Reduction of physical barriers and the enhancement of the quality of life for handicapped Armenians.

**Activities and Outcomes**

Conduct home, school and work place assessments, and provide technical assistance on access and adaptable designs.

Outcome: These activities are in progress; however their implementation is complicated by the general absence of construction in Armenia at this time. Several houses that are handicapped accessible are being constructed on the grounds of the PTRC, and some will be used as demonstration and training units.

Objective 5. Readily available supply of adaptive equipment for the disabled (address equipment needs and problems of handicapped Armenians)

#### Activities and Outcomes

Technical assistance to resolve supply issues of assistive technology (including wheelchairs, prosthetics and orthotics)

Outcome: There are still severe shortages of assistive technology, particularly wheelchairs. The PTRC orthotics lab has made much less progress than the Project HOPE lab in terms of identifying local supplies.

#### Problems Encountered by the Rehabilitation Programs

The problems listed below have, for the most part, been described in previous reports and are not within the control of the Consortium participants. However, some of the problems can perhaps be prevented in the future, particularly those resulting from interpersonal conflict.

1. Breakdown of the Soviet system. This has resulted in both problems and opportunities for the projects.
2. Severe shortages of fuel and food. Shortages in fuel have resulted in inability to heat the physical plants as well as inability or severe hardship for the health workers to get to work. Concerns about daily life make it difficult for workers to focus on their jobs.
3. Inflation and low salaries. Real income and savings have shrunk significantly in the past year, with the ruble going from 2/\$1 to 350/\$1. This has made it more difficult to procure supplies outside of Armenia and the former Soviet Union. Attempts are being made to find local suppliers.
4. Bribery within the medical system. In other Armenian hospitals nurses, therapists and physicians supplement their incomes with bribes. The Consortium personnel are not permitted to do this, and thus their unsupplemented incomes are far below those of other health personnel in the country.
5. Interpersonal conflict, particularly concerning expatriates, was mentioned frequently in interviews with Armenian personnel. In some cases, this apparently kept programs at a standstill for significant periods.
6. Lack of coordination of expatriate curricula and approaches to medicine have also been mentioned as causing some delays in the educational processes. In one instance, an expatriate tore up the curricula devised by his predecessor

and wrote entirely new ones. While some benefit of seeing different approaches has been noted, the somewhat arbitrary and authoritarian approaches used by some expatriates has caused confusion and resentment among many of the Armenians.

7. Necessity of the Armenians to adapt to a completely new system of medical practice, which involves extensive documentation, personal initiative and creative thinking, all of which were actively discouraged under the Soviet regime. Although the Armenians have found this new type of practice taxing and at times frustrating, those who have remained with the program express great pride in their newly-discovered skills, and are eager to develop them further. Drop-out rates are high during the training period (47% at Red Cross, and this year's Project HOPE first year nursing trainees had a 80% drop-out rate, although this far exceeds previous classes, which have been more on the order of 30% over all disciplines).
8. Patient follow-up has been difficult due to transportation problems, changes of patient address (particularly in Gyumri), and formerly poor documentation practices. Poor telephone service also contributes to difficulties with follow-up; most people do not have telephones, and even when telephones are available, it is difficult to place calls. A survey of missed appointments was recently done by the HOPE project, and the results indicate that patient transportation problems are a primary cause of missed appointments.
9. Lack of standardized evaluation methods. Although the 1991 and 1992 work plans were used for this evaluation, collection and analysis of statistics were only just beginning in both the HOPE and JDC programs, so comparisons across programs were difficult to make. A quality assurance program has not yet been instituted.
10. Separation of physician and nursing/therapy notes at the PTRC. The structure, location, and maintenance of charts is a chronic problem on most rehabilitation units. However, the medical notes should be available for the rest of the team as much as possible. This is a problem that must be solved by each rehabilitation unit within the confines of its program, physical plant, and legal constraints.
11. PTRC supplies. Although the PTRC staff are able to provide up to date bladder management for the SCI patients, this usually requires maintenance medications and catheters, or other equipment. Because complications from the urinary tract are the most common cause of morbidity and mortality in SCI patients, optimal bladder management is essential. At this time, the IFRC is supplying the medications and appliances for the SCI patients, but this is scheduled to continue for only one year. After that, the responsibility

will fall to the patient or to the PTRC. The cost to the individual patient, given the current rate of inflation and typical salaries is considerable.

12. Resistance of the MOH and other government officials to the new specialty and to the concept of privatization. A high level of patience and persistence over a long period of time was called for on the part of all of the Consortium members and the COP to successfully introduce the new specialty and gain acceptance of the concept of privatization.
13. Expatriate recruitment difficulties. As the memory of the earthquake recedes from Western public consciousness, the idea of working in Armenia is no longer seen as "sexy" by potential volunteers, and they become progressively more difficult to recruit. Some additional funding should have been written into the original grant to provide for public relations activity aimed at recruiting expatriate volunteers.
14. Over-emphasis in certain cases of expatriate in-country training over training abroad for Armenians. The evaluators noted that the level of morale and vision of the Armenians within the programs examined was to a large extent determined by the number of individuals who had had the opportunity to travel abroad and see Western methods in action. The Red Cross program in particular could benefit by sending one or two of the nurses and therapists abroad for training.

#### Implementation of the Armenian Assembly Program

In addition to the having the same goal as the rehabilitation programs ("to help alleviate the suffering of earthquake victims...)" the Armenian Assembly was to

- o Provide safe, adequate earthquake resistant housing for the Armenian earthquake victims
- o Establish a Western-style housing component manufacturing facility and training center to produce materials for the construction of houses and other public facilities, adaptable for handicap access.

Because of its nature as a production facility, the Armenian Assembly plant was more affected than the other Consortium members by the breakup of the Soviet Union and the continuing blockade of fuel and raw materials. The building program was dependent on the block plant, and the block plant was waiting for supplies and fuel. Additionally, the construction program is constrained by the length of the construction season, which is only from May to October.

The Armenian Assembly kept the Consortium and USAID informed about the nature of the obstacles facing them, and ultimately, in spring of 1992, managed to break the production road block through an infusion of start-up capital (authorized by USAID), and authorization by the Armenian government to operate on the open market instead of within the state system.

The plant is operating at a net profit (operating costs are less than receipts, but no provision is made to cover amortization), despite the many setbacks, the uncooperative bureaucracy and the lack of Ministry financing. Its profitability has made it a target: notwithstanding the April 10, 1991 agreement between the MOC and the Armenian Assembly and its failure to meet its legal obligations, the MOC has wilfully tried to gain control of the plant almost since the start.

The original protocol for the Armenian Assembly plant was the result of high level government meetings. Under the Soviet system, and now under the Armenian system, a protocol is essentially a letter of intent, which must be followed up by an agreement (contract) and a charter (similar to articles of incorporation). This was not done, and a legal vacuum was created which the Ministry of Construction stepped into. A series of standard Soviet-style documents was issued by the MOC assigning ownership of the plant to the MOC. (The Armenian Assembly was never notified of the existence of these documents.) The final document in the series, if signed, would have given control of the plant's financial resources directly to the MOC. At the point that the evaluation team visited the plant, all hard currency was controlled by (ie, kept in the physical possession of) the American project manager, while the Armenian plant manager and the Armenian chief accountant had signatory power over the plant's ruble bank account.

Immediately after the evaluation team's visit, and in response to the level of concern expressed by the team and USAID over this situation, the Armenian Assembly took immediate steps to negotiate an amendment to their previous agreement that re-establishes their control over the facility. The necessary supporting documents are currently being negotiated.

Implementation of the program's goals is discussed below:

Goal 1.

- o Provide safe, adequate earthquake-resistant housing for the Armenian earthquake victims.

This goal has clearly not been met. The primary reason for this is the inability of the Ministry of Construction to meet its obligations under the initial protocol, which included providing the inputs for the projected housing. Had the protocol between the Armenian Assembly and the Ministry of Construction been a commercial contract, it would have long been considered invalid

by reason of force majeure.

The Armenian Assembly did set up two training facilities to teach Western-style construction principles, through the Home Builders Institute of the National Association of Home Builders (HBI). The chief training activity was masonry, a 30 day course. In the United States it takes three years to become a journeyman mason. Nonetheless, 30 days of intensive training did produce positive results.

The Maralak facility has been successful in attracting students and training masons. Students are not allowed to smoke or carry on conversations during training, with all attention on the class demonstrations. The teaching method appeared to be thorough and seriously regarded by the students.

Looking at the result of traditional block laying by regular masons versus blocks laid by HBI trained masons in the Jewish Distribution Committee (JDC) was very dramatic. The HBI walls were straight and looked like they were set by professionals. The traditional walls were amateurish and sloppily laid, a typical Soviet trademark.

Some 60 students have been trained by HBI staff at Maralak. Tom Lapaglia, one of the masonry instructors, indicated there are 50 building sites in the area for single family homes, but the Ministry is unable to finance the construction.

There was reportedly open opposition by the local Ministry representatives to operate a second construction school in Gyumri. According to the HBI instructor, prospective students have been told not to attend the classes by the Armenian plant director and others who want to retain control over local construction workers. However, the plant director maintained that the only reason for lack of enrollment was that none of the organizations involved were willing to pay the workers' wages during the training period.

There is open animosity between the HBI instructors and Ministry officials. Only 13 students went through the Gyumri classes. From the HBI perspective, the Ministry appears to be more interested in maintaining control rather than producing housing. At the JDC facility, Armenian workmen tried to get evaluation team members to countermand the HBI instructions. The foreman was especially hostile to Western methods.

It was not possible for the evaluation team to unravel all of the intricacies of the interaction between HBI and the Armenian bureaucracy during their brief stay in Gyumri, but it was clear that there was misunderstanding and hostility on both sides. It is the opinion of the evaluation team leader that this conflict was not necessary, and that much of it could have been avoided if there had been an Armenian or Russian speaking American coordinator on site with experience dealing with

Armenian bureaucracy.

The following is a more detailed assessment of the major activities and outcomes related to Goal 1 according to the FY 92 work plan:

I) Staffing.

The number of instructors was reduced to two by the Armenian Assembly. A staff manual was completed. Judy Becker of HBI was credited for much of the written work. The lead instructor and the two trade instructors appear to be well qualified.

II) Coordinate Operations.

A list of Armenian resources including colleges, design centers, government agencies is available. HBI does have monitoring capabilities and has reported its findings.

III) Design Curriculum.

American codes are "on the shelf." The Housing Ministry produced a copy of the International Building Code, but there was no knowledge of its contents nor does it appear that earthquake resistant techniques are being implemented by the Ministry. HBI instructors are emphasizing maximum earthquake strength in their instructions, but are sometimes countermanded by Ministry representatives.

All building plans and site plans are supposed to be earthquake resistant, designed by the Yerevan Design Group. This is a long, cumbersome process, although the design groups were thought to be knowledgeable, especially the Armenian Design Studio. The Russians made a complete study of the earthquake and its consequences to construction. The Ministry is unable to produce a copy for examination. This would be worth pursuing. The Project Manager is working with the Gyumri City Engineer.

The Ministry of Education was supposed to promote HBI techniques in the vocational schools but has not done so. Masonry/concrete knowledge in Armenia has been greatly expanded with the efforts of the Armenian Assembly/HBI. Carpentry knowledge and practice is rudimentary on the rough level and very good for finish work. Plumbing knowledge and practice is very primitive, with the use of welding continuous pieces much like that used on ships. Electrical knowledge and installation is fair. All residents seem to have some knowledge about electrical upkeep.

Developing trade curricula has taken place only with masonry/concrete. There is the 30 day course with instruction manuals for both trainers and students, with a final practical examination at the end of the course.

The modules have not been translated into Armenian. No activity has taken place on developing courses for carpentry, plumbing, or electrical.

IV) Train Trades Trainers.

Three housing units were to have been built on the factory site which would house staff members. Later 20 additional housing units were to be built with hands-on Armenia trainers and students. Because the MOC had no funds for labor or supplies, this was not implemented.

Of the 60 Armenian trainers planned, only three were recruited. The HBI trainers stated the training of the three local trainers was a good indoctrination as to what is needed for training other instructors.

V) Implement Trades Training.

VI) Supply Trades Work Force.

The failure of the MOC to fund labor and materials for constructing housing and training workmen prevented the creation of additional skilled workmen and trainers.

VII) Design and Implement Training for Site Engineers.

VIII) Design and Implement Training for Superintendents.

The comment for V and VI also applies to VII and VIII. The Project Manager feels that the winter can be used for training personnel and honing the expertise of the most promising trainers.

Goal 2.

Establish a Western-style housing component manufacturing facility and training center to produce materials for the construction of houses and other public facilities, adaptable for handicap access.

I) Planning.

The first three aspects of the planning section were successfully completed. These include the formation of a Training and Manufacturing Advisory Committee (TMAC) comprised of US technical experts, creation of a work plan, and negotiation and signing of a second protocol. The second two aspects required the formation of a Housing Authority Board and an architectural design for handicapped persons. The Housing Authority was not formed, as there were no buildings to work with nor were there budgeted funds.

The Project Manager submitted a single family, "Berkus design." The Yerevan Design Group rejected the plan after a prolonged period of time, and submitted a triplex design which was from an American, San Diego design. The Project Manager stated the San Diego design was neither earthquake resistant nor designed for the handicapped. He also felt the design could not support a Gyumri area snow load. There was no time left to negotiate a new compromise design and have it built before winter, especially since no funds would be forthcoming from the Ministry. This goal remains in limbo, and reflects the lack of progress in working with a control bureaucracy.

#### II) Staffing.

There is adequate staff (80) to operate the plant, with an abundance of Ministry mandated supervisors. Additional employees are not needed until a larger number of housing units begin construction.

#### III) Procurement.

All stipulated equipment was procured and installed, including block plant fork lifts, delivery trucks, a lumber drying kiln, and other necessary equipment.

Necessary raw materials and fuel supplies were procured with Assembly funds on the open market.

#### IV) Manufacturing.

The Armenian Assembly has done a remarkable job of completing the housing component manufacturing facility and having a positive affect on regional construction. This is despite: erratic electrical supply; frozen water mains; gas shut offs; a mandated 180% wage increase; highly inflated gasoline prices (from 30 kopecks to 100 rubles per liter); Ministry mandated supervisors and the elimination of Ministry funding. The plant has been completed and is providing first class building components to a country that has not been accustomed to using quality materials for 70 years.

After a shakedown period of using various earth compounds and various kinds of water, a winning formula has developed producing strong block which tests favorably with American block.

The outcome of manufactured components to construct 2000 housing units was not achieved. However, the outcome of construction of facilities for other Consortium members was attained.

The plant produced 578,694 blocks through September 30, 1992. The blocks were used to construct two hospitals (J.D.C. and Dutch Children's Polytechnic), eleven agricultural buildings in Spitak, and 58 single family units in Saria (23) and Noenberian

(35). The latter are being constructed by the "Earthquake Relief Fund for Armenia." The blocks are also going into a planned development in Maralak for a school and athletic track as well as 50 foundations in Rubik.

In addition to the blocks, the Armenian Assembly has constructed 1200 roof trusses, 240 doors, 324 windows and 12,314 meters (40,400 L.F.) of interior trim. A local lumber dealer who tried to control the lumber supply at inflated prices was bypassed in favor of bringing in logs from Georgia. The Armenian Assembly facility has the capability to take rough logs, cut them to the scales needed, put them through a kiln and fabricate the finished wood products. The facility also produces corrugated roofing material. Products were sold or bartered for needed items such as a locomotive. The latter has reduced operating costs and government railway fees.

According to the Project Manager, and as confirmed by plant records examined by the evaluation team, approximately 10 percent of the block produced is unaccounted for. (Vince Giglio of HBI reported to Suzanne Olds of USAID Yerevan that in his opinion the actual amount is 12-14 percent.) This figure includes breakage, which has not been calculated, and for which no specific records exist. (All broken blocks are recycled back into the block-making process.)

Giglio asserted that he believed some of the blocks have been stolen by plant employees or other individuals, but the evaluation team did not find proof of this. (Given the background of the Armenian construction sector, it would not be surprising if this were the case.) This problem has yet to be directly addressed by the Armenian Assembly project manager, largely because of the ambiguity concerning his authority within the plant, a situation which is in the process of being resolved. The project manager is aware that a continuation of this situation is unacceptable on a USAID-funded project and is prepared to tackle the issue directly.

While the building component plant did not meet the first goal of producing housing units for the victims of the earthquake, a very valuable, modern facility is in existence to upgrade Armenian housing and make it earthquake resistant. Modern construction methods have been taught, and local persons trained both as tradesmen and instructors. Innovative techniques have made the plant self-sufficient and profitable in spite of the current inhospitable environment.

### III. IMPACT OF PROGRAMS

#### Rehabilitation Programs

In addition to the achieved outcomes of the three rehabilitation programs, spinoff results were apparent in each program. These include the ability of programs to share information, materials, and training, as well as the additive influence of all three programs in achieving local goals, such as accreditation, a national conference on rehabilitation medicine attended by over 500 physicians and professors, lectureships at medical colleges, and the general success of the introduction of a new field (i.e. rehabilitation medicine and modern orthotics) into Armenia.

Additional results, such as the cleanliness of all of the facilities and the pride and dedication manifested by the majority of Armenians employed in these programs cannot be quantified, but must be commented upon. Although bribery is rampant in the health care system in Armenia, the employees of these programs do not participate in this. For this reason, their incomes are below other professionals in similar positions in Armenia. Yet, attrition among those who have completed their professional training is low, and at the spinal cord center, three individuals have returned to their positions before their maternity leaves were up. All professionals are now on the payrolls of the Armenian Ministry of Health, except for the Project HOPE trained orthotists, who are in the process of privatizing.

All interviews with government officials and Armenian physicians not employed by but acquainted with the programs yielded nothing but positive comments, despite the fact that many of these individuals had initially resisted the new concepts being introduced. In fact, the ability of Armenia to sustain, develop and expand each of these programs has become a consistent concern of most of the interviewees.

Examples of program impact are listed below:

1. Accreditation of the trained professionals. This has been a major achievement of the program. Within a very short time, the Western method of rehabilitation has gained recognition among governmental officials and institutions. This is due for the most part to a careful initial approach which emphasized utilizing existing institutions as much as possible and maintaining close contact with government officials.
2. Teaching appointments at various medical colleges and nursing schools, as well as student clinical rotations. Again, due to the positive relationships which were formed and maintained with Armenian officials, individuals in all of the programs are involved in giving lectures and supervising clinical rotations for nursing and medical

students.

As one example, HOPE nursing graduates will give 80 minute lectures every two weeks at the Yerevan Medical College Number 1, starting November 4.

3. Requests for clinical training. Dr. Karine Balian, medical director of the PTRC, has already received several requests from training programs outside Armenia (in the former Soviet Union) to allow fellows to train at the PTRC. As soon as the program has settled in to its new location, these requests will be considered. This could be a means of receiving additional income to the institution.
4. Although acceptance of disabled individuals into the community is difficult to quantify, and though public buildings and sidewalks have not been made accessible at this point in time, during the weeks the evaluators were in Armenia, several disabled individuals were seen in public with their wheelchairs or crutches, and one child was seen racing down a street in Gyumri in his wheelchair with a playmate on his back. Furthermore, two of the SCI patients have married able-bodied individuals, and one of them recently gave birth to a healthy baby girl. Still, there are many more disabled individuals who do not go out in public, so this area needs to be addressed in an ongoing fashion.
5. As mentioned previously, the cleanliness and orderliness of the three program facilities is noted even by patients and their families. Some individuals have refused to go to other facilities because they do not wish to be treated in unsanitary or disorderly conditions.
6. Even government officials have commented upon the dignity with which patients and their families are treated in program facilities. The reputation of the professionalism of the rehab programs is spreading.
7. Although it was not in the original plan, the JDC therapists have been giving cognitive stimulation and/or rehabilitation therapy to fifty children in the Gyumri Orphanage for Disabled Children. They have been teaching the care givers at the orphanage stimulation and handling techniques. Increases in skills in many of the children have been noted, but not yet quantified.
8. Employees and students of the programs have been encouraged to notify the programs if they have to be absent. Notification of necessary absence has been happening with increasing frequency, indicating an increased sense of responsibility towards the programs.

9. Although the original work plans were directed towards a multi-disciplinary approach, the programs are all functioning on a higher interdisciplinary level, which represents state-of-practice in rehabilitation medicine.
10. A "professional rehabilitation", i.e. vocational rehabilitation program has been established at the PTRC, where disabled individuals will be retrained in professions such as jewelry-making, woodworking, and tailoring.
11. The National Institute of Health, which is the postgraduate education vehicle for physicians, and also for nurses, is interested in utilizing the Project HOPE site and personnel and in establishing a Department of Pediatric Rehabilitation at the NIH. Although there is currently a department of "therapy" and "rehabilitology", but officials at the NIH recognize that the type of rehabilitation that is being performed at the project sites is far different from the old Soviet practices.
12. The JDC clinic opened in Gyumri on November 8th. Its location in downtown Gyumri, bright external and interior coloring, and outdoor playgrounds for handicapped and non-handicapped children create an impact that goes beyond its specific function. Reportedly, the opening celebration for this clinic marked the first time music has been played in a public building in Gyumri since the earthquake.
13. Interpreters. A pool of skilled medical interpreters (English-Russian-Armenian) has been created that will be an asset to any future Western medical projects. These skills can be beneficial likewise to the general Armenian medical community in terms of translation of Western medical materials.
14. Public relations. An excellent documentary was produced by a Russian TV station on the PTRC program, and broadcast the evening before the opening of the hospital.
15. A conference on rehabilitation sponsored by the Ministry of Health and the Consortium was attended by over 500 physicians and professors.
16. Opening of the PTRC. The opening of the PTRC this year was a grand event in Yerevan, attended by the President and other high government officials. The building is beautiful and extremely visible, and its opening received intense media coverage. The fact that Western organizations such as the IFRC have given such priority to high visibility efforts to help handicapped people is helping to improve local attitudes towards the handicapped.

### Impact of Armenian Assembly Project

Almost all foreign aid related construction in the earthquake zone over the past year has been supported by the Assembly plant. Without this resource, the eleven buildings of the Italian agro-industrial center in Spitak would not be completed, nor would the JDC or Red Cross clinics have been built in Gyumri, or the houses in Sariar and Noenberian. Future foreign aid projects, in particular, a large housing project planned for next year by the Italian government, have taken the Assembly plant into account in their planning.

Further, the plant is one of the few operating industrial employers in the earthquake zone. Workers are being exposed to a new type of incentive-based management. Although the American manager for the Assembly plant is not an Armenian speaker and has no previous experience in the Soviet Union, he has demonstrated great sensitivity and creativity in regard to worker incentives. Since one of the greatest worker concerns is the food situation, (many work hours are lost when workers choose standing in line for bread over coming to work) he issues bonuses in the form of sacks of flour, which are almost invaluable in the current bread shortage. He also distributed plots of land within the factory walls to workers and their families to grow vegetables during the summer. A bakery is also under construction on the plant grounds.

#### IV. PRIVATIZATION OF PROJECTS

##### Project HOPE

The Project HOPE orthotics laboratory has already embarked upon the first stage of privatization. As of October 8 of this year, the lab members have been charging patients and establishing their own pay scales. As a necessary prerequisite to this momentous step, the lab has identified local (within the former Soviet Union) inputs for all orthotic devices produced in the lab. This process included a long, frustrating, but ultimately successful search for suitable thermoplastic materials. Additionally, permission for privatization of the unit was issued by the Ministry of Health, to a large degree as the result of persistence on the part of the COP.

The evaluation team leader made a surprise visit to the lab accompanied by a Newsweek correspondent. The correspondent was extremely impressed by the cleanliness and professionalism of the operation and spent close to an hour interviewing the lab director.

Project HOPE is ahead of the other members of the Consortium in terms of privatization, largely because of its commitment to this goal since the very early stages of the program.

##### American Red Cross

The orthotics lab at the PTRC also has great potential to be privatized and become a revenue generator (possibly via a leasing arrangement) for the PTRC. Although the Red Cross has a logistics specialist in Yerevan, his focus has been taken up by the PTRC construction and the orthotics lab has not been a priority. However, the lab could now easily ride on the coat tails of the Project HOPE lab, since the precedent for privatization has already been set by the Ministry of Health. Likewise, the lab could probably arrange to purchase thermoplastics and other supplies (at a reasonable mark-up) from the Project HOPE lab.

Privatization of the medical functions of the PTRC remains highly unlikely. (See Price Waterhouse Privatization Study.) However, there is discussion underway concerning the possibility of using the hospital's exceptional sports facilities (pool, sauna, gymnasium) as the basis for an after-hours sports facility for foreigners stationed in Yerevan.

##### JDC

According to the current plan, the newly opened JDC clinic in Gyumri will have a Project HOPE trained orthotist and operating orthotics facility next year. With the Project HOPE influence, it is likely that the Gyumri operation will quickly move towards privatization also.

### Armenian Assembly

The Armenian Assembly operation is conducive to privatization on many levels. (These options are discussed in detail in the Price Waterhouse Privatization Study.) The key prerequisite to this, however, is a clear decision by the Armenian Assembly on the preferred disposition of the plant. While this is in question, no progress can be made on privatization.

The head of the Privatization Committee (a government committee with same level of authority as a ministry--see Appendix 6) has expressed interest in working with the Armenian Assembly to develop a pilot privatization project in construction.

## V. EVALUATION OF CONSORTIUM

The past two years have proven the Consortium model to be valid, although its full implementation has been delayed. The main reason for this delay stems from the initial circumstances of the grant. All of the Consortium members were already active in, and to varying degrees considered themselves experts on, Armenia, at the time the USAID grant was awarded. Although the Cooperation Agreement number ANE-001-A-00-0052-00 clearly states Project HOPE is the contractor, and the other PVO's are subcontractors, the language of the Armenian Consortium Agreement indicates a clear desire to retain maximum independence for the individual Consortium members. It took a significant amount of time for the participants to see the Project HOPE and COP role as more than that of a coordinating body.

The role of the COP has been developed largely during the tenure of Armine Hovanissian. In October, under her leadership, the Consortium achieved accreditation by the Ministry of Health for the rehabilitation therapists trained by Project HOPE, the Red Cross and JDC. As COP, Ms. Hovanissian also worked diligently with the JDC to ensure that the funds initially committed by the government to construction of the JDC clinic were finally forthcoming, despite the essential bankruptcy of the government following the collapse of the Soviet system. It is moot whether either of these outcomes would have been achieved by the Consortium members acting individually.

The rehabilitation programs of the JDC, Project HOPE and Red Cross have unequivocally benefitted significantly the Consortium format, not only in terms of joint operations such as accreditation and financing for the JDC clinic, but from cross-training and sharing of resources. (One example of cooperation between Consortium members is the sharing of occupational therapists by JDC and Project HOPE.)

The interaction between the Consortium members has led to increased interaction between the various trainees and programs, and an increased sense of identity for the specialists in the new field of rehabilitation. The rehabilitation portion of the Consortium clearly constitutes a case where the sum exceeds the whole of its parts.

The Consortium format has yet to be as effective in regard to the Armenian Assembly. As of the time of the evaluation team's visit to Armenia, the Armenian Assembly had not taken advantage of the capabilities of the COP; nor was Project HOPE in Millwood fully aware of the extent to which the Assembly project, particularly the HBI component, was mired in the Armenian bureaucracy as opposed to delayed by the objective circumstances.

For example, upon the discovery of the misuse of Assembly-produced block in construction of a school (documented by Vince Giglio of HBI), the Armenian Assembly project manager informed

the appropriate municipal authorities verbally, and wrote a letter on September 1, 1992 to the Mayor of Gyumri describing the situation and demanding that it be rectified. (Copies of the letter were sent to appropriate MOC personnel, also.) When no action was forthcoming, the next logical step would have been to request the assistance of the Consortium in resolving the issue (as well as informing USAID). However, the Armenian Assembly did not send a copy of the letter in question to Project HOPE, or inform Project HOPE of the situation; nor did it inform USAID.

An essential weakness in the Armenian Assembly project throughout has been the absence of an Armenian or Russian speaking administrator in Gyumri with experience in dealing with Armenian bureaucracy. Short of resolving this situation directly, the COP and the Consortium could have been used to a large degree to compensate for this lack.

Although the positive impact of the Consortium in regard to the Assembly (and visa versa) is more limited than for the other programs, it is still significant. The major example is the cooperation between JDC and the Armenian Assembly in construction of the JDC clinic. In another instance, the IFRC referred one of its members to the Armenian assembly plant to get the blocks required for construction of a clinic in Gyumri.

## VI. STATEMENT OF FINDINGS

In general, the rehabilitation portion of the grant has been implemented successfully, in many areas exceeding expectations and objectives. The recommendations of the evaluators in terms of the remainder of the grant period are mostly related to fine tuning, and continuance of an excellent job.

Although all of the rehabilitation programs have fulfilled or are close to fulfilling their stated plans, and the major milestone of accreditation has been achieved, the existence and acceptance of Western-style rehabilitation practice is still fragile. Three years is a very short period for the introduction of an entirely new specialty, particularly given the extreme hardship conditions existing in Armenia at this moment and throughout most of the grant period. The evaluators strongly recommend that USAID consider continuance of funding for these programs, at a low level, over at least two additional years to ensure that the initial investment is not lost.

I) To be implemented within the present period and financing

### A. Standardize evaluations

1. Complete the master evaluation plan for Consortium
2. Evaluate training and service delivery
3. Standardize inter-institutional documentation and outcome measures
4. Track patients and identify gaps in service delivery, as per 1992 work plan
5. Supply the Consortium with the CARF manual on program evaluation
6. Begin a quality assurance program

### B. Continued educational input (in order of priority)

1. Journal subscriptions (Paraplegia, Developmental Medicine & Child Neurology, Archives of Physical Medicine & Rehabilitation), with translations and distribution of abstracts; full translation upon request through 1995
2. Fellowships abroad for physicians, therapists and nurse educators (4-6 month rotations)
3. Highly skilled expats to come for 3-6 month periods to serve all Consortium members

### C. Assist interested individuals in applying for research grants

### D. Encourage and expand lectures by trained program participants at local medical colleges and schools of nursing (a possible source of additional income)

- E. Encourage continued rotation of medical students and nursing students through rehab programs
  - F. There is an acute shortage of splinting materials in all programs. Local sources should be identified as soon as possible.
  - G. Continue attempts at raising public awareness of those with disabilities, and continue with interviews, barrier awareness days, wheelchair marathons, etc.
- II) Additional financing required
- A. Material supplies
    - 1. Medications and catheters for spinal cord patients through 1994
    - 2. More rehab equipment, utilizing updated procurement lists
    - 3. Identify local or CIS suppliers (this process has begun but needs to be completed)
    - 4. Consider ongoing salary supplementation and/or bonuses for the rehab professionals, without excessive administrative costs
    - 5. Supply fuel for physical plants, and have available alternative methods of heating, until local fuel shortages resolve
  - B. Orthotics lab in Gyumri
    - 1. Train orthotist through Project HOPE laboratory
    - 2. The orthotist should also have prosthetics training in the United States, so that he could monitor and adjust, but not fabricate prosthetics locally
  - C. Current services to the orphanage should be continued and possibly expanded to include a physical plant or financial assistance to provide food and fuel during the coming winter.
  - D. Fellowships abroad should be continued, and consideration should be given to sending professionals from all three to international rehab conferences. Guest lectureships in Armenia by expatriates should continue, as should translation of literature
  - E. Programs should continue to be monitored for another two years
  - F. Visits by US therapists should continue on a regular basis to keep motivation high and provide ongoing education

## Armenian Assembly

The major finding of the evaluation team was that the management of the Armenian Assembly portion of the project needs to be overhauled, and that Project HOPE and the COP must take a more active role in this component of the project for the remainder of the grant period.

Although many of the problems encountered by the Assembly have been objective in nature and largely insurmountable, the Assembly has not proven itself able to deal consistently, effectively and on a daily basis with the bureaucracy impeding implementation of the original plans. The current project manager is doing an incredible job in terms of keeping the plant operating in a situation where such operation is extremely improbable. However, proper design and implementation of the training component requires an additional person, fluent in Armenian and Russian and experienced in dealing with Armenian bureaucracy, whose major responsibility is to expedite the training and construction program in coordination with the COP.

Another reason for an additional Armenian Assembly representative in Gyumri is the extreme sensitivity of the issue of misuse of block. All necessary measures must be taken to ensure that Assembly block is properly accounted for, utilized correctly, and that any unsafe structures utilizing the block are identified and corrected, or destroyed.

It is the evaluators' opinion that even had the Armenian Assembly been adequately staffed in Gyumri over the last year, the objective situation was such that the current situation would not be significantly advanced in terms of actual construction. However, a certain amount of ground has been lost in the area of institutionalization of training. It is critical, now that the plant is operating, to move quickly over the winter to organize the training component and find it an institutional base.

### Recommendations for the Armenian Assembly

- o Hire an additional staff person for the Gyumri site who is fluent in Russian or Armenian and experienced in dealing with Armenian bureaucracy.
- o Develop a system to better quantify actual amounts of defective block that are rejected and recycled.
- o Using the innovative worker incentive programs already in place at the plant as a base, develop an incentive system for workers to benefit directly from the prevention of theft of block and other materials.
- o Come to a decision on final disposition of the plant, and draft a privatization plan based on that decision. Consider removing plant from the control of the MOC.

- o Explore the possibility of starting a pilot construction privatization program in conjunction with the Committee for Privatization. (The head of the Committee has expressed interest, and a USAID advisor is already installed in this office.)
- o Consistently and effectively utilize the capabilities of the COP in the resolution of bureaucratic problems related to the Assembly plant and program, particularly those problems involving entities based in Yerevan. Involve the COP in the details of negotiations with the Ministry of Construction concerning the articles of incorporation and other necessary legal documents for the plant to operate officially in Armenia.
- o Appoint the COP as a member of the board of the plant.
- o Immediately institute a policy to inform the COP, Project HOPE and USAID of any developments (such as misuse of Assembly blocks in public structures) which affect the safety of the population, or the reputation of members of the Consortium, the Consortium itself, or USAID.
- o Fully brief all employees and contractors on USAID policies and attitudes towards corruption in the work place. (In commercial ventures with former Soviet enterprises, a small percentage of shrinkage is acceptable and expected. However, USAID and its contractors are held to higher standards.)
- o Explore the possibility for establishing a training and construction program in conjunction with the Italian firm O.F.M.A (one of the Assembly plant's major customers in 1992), which reportedly has received tens of millions of dollars from the Italian government for construction of housing next year in the earthquake region.
- o Provide better cultural orientation for construction workers brought in to work on Assembly and HBI projects.
- o Work to institutionalize earthquake design training and building practices, and develop an accreditation program.
- o Work actively to create a demand for earthquake resistant design and materials. Educate the population regarding the specifics of earthquake resistant design through an expanded public relations effort. Try to interest the local media in features and documentaries on these methods.

The evaluation team recommends unequivocally that the Armenian Assembly be granted the no-cost extension of the grant, as they have requested. No progress can be expected with the training and construction program unless a full construction season (May to October) can be guaranteed.

The Armenian Assembly plant can be seen essentially as a jewel in a flawed setting. There has been no indication of willful mismanagement or bad faith on the part of the Armenian Assembly, and every indication that the Assembly can achieve whatever goals it chooses to concentrate on. To this point, the attention of the Assembly has been primarily focused on operation of the plant, with the result that it is up and running. When the issue of plant ownership was identified as an urgent problem by the evaluation team, the Armenian Assembly took the initial steps to resolve it within the week, signing an amendment to the second protocol which, on paper, removes control of the plant from the MOC. The necessary supporting documents (articles of incorporation) are now being drafted. Additionally, the American plant manager is to have final control over the plant's bank accounts.

The actual and potential impact of the Armenian Assembly plant is so great as to make it an excellent candidate for future USAID funding, given the final resolution over the next seven months of ownership issues, progress in development and institutionalization of the training program, and improvement in overall management.

PROJECT HOPE/ARMENIA CONSORTIUM  
SCOPE OF WORK FOR MID-TERM EVALUATION

I. Activity/Program to be Evaluated:

Project HOPE/Armenia Consortium  
Cooperative Agreement No. ANE-0001-A-00-0052-00

II. Background:

This project:  
is funded at \$5,700,000 under Grant No. ANE-0001-A-0052-00.  
began on September 30, 1990.  
addresses the immediate needs of the December, 1988  
earthquake victims and the long term needs of both the  
earthquake victims and handicapped adult and pediatric  
population.

III. Project Description/Goals/Purpose/Objectives:

Under the project, the American Jewish Joint Distribution  
Committee(JDC), the American National Red Cross(Red Cross),  
the Armenian Assembly of American Relief Fund, Inc.  
(Armenian Assembly), and the People-to-People Health  
Foundation, Inc (Project HOPE) proposed to:

form The Project HOPE/Armenia Consortium and coordinate the  
provision of short and long term assistance needed by the  
victims of the 1988 earthquake. The coordinated  
humanitarian relief efforts of the Consortium will achieve  
the goal of helping to alleviate the suffering of the  
earthquake victims by providing humanitarian assistance,  
medical treatment, technical education and vocational  
training. Two major programs have been implemented:

- o Training programs in safe construction practices to  
reduce future earthquake risks:
- o Training programs for health workers and medical  
treatment programs in rehabilitation medicine.

IV. Purpose of Evaluation:

The evaluation is to be seen as an "implementation"  
evaluation, that is the goal of the evaluation is to make  
some judgments as to whether or not the implementation  
strategies are likely to result in achieving the stated  
objectives. These objectives are stated in the AID approved  
implementation plan of each Consortium member. Therefore  
the mid term evaluation will:

- o enable the Project HOPE/Armenia Consortium and A.I.D. to assess the implementation of the four projects to date.
- o enable each Consortium member to revise their respective implementation plan as necessary to achieve the impact desired as described in each member's plan.

V (a).Statement of Work:

- o Review strategy, program and management activities.
- o Assess the "consortium" concept from the standpoint of being an effective management model.
- o Assess strategies in order to determine the likelihood of reaching the objectives stated in the respective Consortium member's Implementation Plan.
- o Assess what the projects have achieved to date in terms of measurable inputs(e.g. training sessions held, equipment and supplies provided), outputs(e.g. persons trained, houses built) and outcomes(increased acceptance of the handicapped child into the community).
- o Identify the strengths and weaknesses which facilitate or inhibit the accomplishments of individual Consortium member's program activities.
- o Identify any obstacles, particularly those identified by the Consortium in the Grant proposal, which could prevent or have prevented the programs from reaching their goals.
- o Identify program areas, activities and procedures which could benefit from fine-tuning.
- o Identify the steps the Armenian Assembly might employ to ensure that their subgrant component is completed by June 1993. These steps might include re-design of their program, bring in different resources or additional resources, or increase rapidity of privatization.
- o Provide recommendations that are meaningful within the context of the present political, social and economic environment with respect to the projects' priorities as well as the effectiveness of the respective Consortium member's workplan(implementation plan).

(b).Key Questions:

- o How do the actual achievements compare with projections?

- o What is the attitude of the Armenian Ministries that are counterparts to the Consortium programs toward the respective programs?
- o Is privatization of various program components feasible? What progress has been made toward privatization of program components which are feasible to privatize?
- o Have the programs prepared their Armenian counterparts sufficiently so that they can assume the management of the programs at the end of the Grant?
- o Are the appropriate Armenian governmental authorities accrediting the Consortium's trainees?

NOTE: Other questions may be formulated during the planning sessions prior to the Team departing for Armenia.

#### VII. Methodology:

- o The evaluation team will be a four person team: one AID representative, an expert in rehabilitation, a housing expert and a management specialist. The team will be selected by the Consortium Program Manager with input and concurrence from each Consortium member. The selection will be based on the person's CV, experience and availability for the time-frame of the evaluation. The team members selected must be approved by AID. It is envisioned that the Team Leader will be the management specialist.
- o Prior to departure for Armenia, the evaluation team will review pertinent project documents, including the annual workplans; monthly, quarterly and annual reports; Armenian Consortium Agreements, minutes of the meetings of the Consortium Coordinating Council; training curricula; Price Waterhouse report on privatization; and conduct interviews with staff at each Consortium member's headquarters. In country, the team will meet with and interview Consortium member's field staff, the appropriate Armenian government officials( Ministries of Health, Social Welfare, Construction, etc.); counterparts in program related hospitals and institutions; sub-contractor of Consortium members(e.g. Home Builders Institute); patient and families; USAID/Yerevan officials; and private volunteer organizations(PVOs), both expatriate and Armenian.
- o The content of the final version of the evaluation report is the responsibility of the external evaluators.

#### VIII Time Frame:

- o The Team Leader will begin the evaluation with visits to each Consortium member's headquarters and a review of program related documents on October 1 & 2, 1992. A team planning meeting will be held on October 6 at HOPE Center. The Team will depart on October 6 for Armenia. The in-country evaluation will begin on October 8 and continue until October 23, 1992. The team will depart Armenia on or about October 24, 1992. A debriefing with AID/Washington officials will be held on October 30th.
- o The Consortium has allocated 4 weeks of time to the external evaluators, approximately two weeks on site and two weeks for travel, pre-evaluation planning, preparing the evaluation report and debriefing meeting.

#### IX Reporting Requirements:

##### The report will include:

- o Executive Summary
- o Statement of the Findings - conclusions and recommendations (practical/action oriented and prioritized). Recommendations are to consider the political, social and economic climate during the life of the Grant to date.
- o Implementation and Level of Accomplishment of Project Activities (provides analysis and evidence to support findings, conclusions and recommendations).
- o Statement of Program's Impact to-date. Have the interventions of the Consortium's programs made measurable positive impacts.
- o Appendices
  - Scopes of Work
  - Description of Methodology Followed
  - Bibliography of Documents Analyzed
  - List of Agencies/Persons Interviewed
  - List of Sites Visited

##### Meeting and Debriefings:

- o The Team Leader will meet with AID Representatives and the Consortium Program Manager to finalize overall Evaluation Scope of Work; to draft a Scope of Work for other team members; to draft itinerary for meeting with Consortium Members and to develop an agenda for the Evaluation Team's planning meeting.

- o The Evaluation Team will have a planning meeting with the AID Project Officer and the Consortium Program Manager. Consortium Project Managers, at their volition, may be present at the planning meeting. At the planning meeting, the Team will finalize their individual Scope of Works prior to departure to Armenia.
- o The Consortium's Chief of Party(COP), Ms Armine Hovannisian, will arrange a first day in-country meeting with the appropriate USAID/Yerevan representatives. Organizing meetings with Armenian Government officials will be the responsibility of the COP. The COP will coordinate the initial meetings with the other Consortium member's field management personnel.
- o The Evaluation Team will hold an exit interview with the designated USAID/Yerevan contact person(s), the COP and field managers of the Consortium.
- o The Evaluation Team will hold a debriefing meeting with the appropriate USAID/Washington officials upon their return from Armenia.

**Submission of the Report:**

- o The Evaluation Report is due to the Consortium Program Manager, Project HOPE no later than 30 days from the last working day in-country. It is the responsibility of the Team Leader to ensure that the other team members prepare their section of the report in a timely fashion, so that it can be collated prior to distribution. It is recommended that as much of the report as possible be written in-country prior to departure.

**XI. Logistics:**

- o The COP and Consortium member's field management staff will provide assistance in obtaining housing in Yerevan and Gyumri, office space, access to computer, secretarial help, transport, and interpreters/translators, and communication as appropriate.
- o Project HOPE, Millwood, Virginia, will obtain the necessary visas, airline tickets, provide meeting facilities and secretarial support for writing reports, printing and communication as appropriate.

**X. Budget:**

\$25,000 to \$30,000

PROJECT HOPE/ARMENIA CONSORTIUM  
COOPERATIVE AGREEMENT NO. ANE-0001-A-0052-00  
SCOPE OF WORK  
FOR  
MARY HESLIN, MA  
TEAM LEADER AND MANAGEMENT EVALUATOR  
OCTOBER 1 TO OCTOBER 31, 1992

**PRINCIPAL DUTIES:**

Function as the Team Leader of the Project HOPE/Armenia Consortium's Mid-Term Evaluation Team to ensure the preparation of a mid-term evaluation based on the Scope of Work for the Mid-Term Evaluation as approved by USAID and the Consortium. Conduct the evaluation of the program management activities of the Consortium as a whole as well those of each member both at the respective member's headquarters and in Armenia.

**SPECIFIC DUTIES:**

1. Meet with the Consortium Program Manager to review Scopes of Work, program logistic needs, develop itineraries and agendas for meeting with Consortium members at their headquarters, develop the format, content and agenda for the October 6, 1992 evaluation team planning meeting.
2. Review pertinent program and Consortium documents relating to program content and management activities as provided by the Consortium Program Manager and Consortium members.
3. Travel to each Consortium member's headquarters and interview the appropriate management persons connected with the member's Armenia program, prior to the planning meeting to be held on October 6, 1992.
4. Travel to Armenia and conduct interviews and meetings with USAID in-country representatives, each Consortium member's field managers, local and expatriate staff, counterparts the Chief of Party (COP), sub-contractors and various Armenian government officials with a view to determining program and consortium management effectiveness.
5. Provide whatever assistance and leadership necessary to the other team members in conducting their respective evaluations to overcome problems and to ensure that the evaluations are completed within the allotted in-country time frame.
5. Conduct, with the other Evaluation Team Members, an exit interview with the USAID In-Country Representatives.
6. Write the management section of the Mid-Term Evaluation Report.
7. Ensure that the Mid-Term Evaluation Team members submit their finalized evaluation report promptly so that the final

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report will reach the Consortium Program Manager no later than 30 days after the last day in country.

8. Working with Project HOPE compile and finalize the Mid-Term Evaluation Report for submission to USAID..

PROJECT HOPE/ARMENIA CONSORTIUM  
COOPERATIVE AGREEMENT NO. ANE-0001-A-0052-00  
SCOPE OF WORK  
FOR  
JANICE COCKRELL. M.D.  
REHABILITATION PROGRAMS EVALUATOR  
OCTOBER 5 TO OCTOBER 31, 1992

PRINCIPAL DUTIES:

Conduct the Mid-Term evaluations of the American Jewish Joint Distribution Committee, Inc. (JDC), the American National Red Cross (ARC) and the People-to-People Health Foundation, Inc. (Project HOPE) respective rehabilitation programs in the Republic of Armenia. The evaluation will be undertaken using the methodology outlined in the Mid-Term Evaluation Scope of Work.

SPECIFIC DUTIES:

1. Review pertinent program and Consortium documents relating to the three rehabilitation programs as provided by the Consortium Program Manager and the respective Consortium members.
2. Interview by phone, mail or fax the person(s) responsible for the headquarter management of each rehabilitation program (ARC, JDC, and Project HOPE).
3. Travel to HOPE Center and participate in the planning meeting to be held on October 6, 1992.
4. Travel to Armenia and conduct interviews and meetings with USAID in-country representatives, each Consortium member's field managers, local and expatriate staff, counterparts, the Chief of Party (COP), Ministry of Health officials, chief physicians of clinics and hospitals with ties to the respective programs and patients and their families, where and when possible.
5. Conduct, with the other Evaluation Team Members, an exit interview with the USAID In-Country Representatives.
6. Write the rehabilitation section of the Mid-Term Evaluation Report following the format specified in the Mid-Term Evaluation Scope of Work.
7. Submit to the Team Leader the rehabilitation section evaluation report by the due date established by the Team Leader.

PROJECT HOPE/ARMENIA CONSORTIUM  
COOPERATIVE AGREEMENT NO. ANE-0001-A-0052-00  
SCOPE OF WORK  
FOR  
CARL VARADIAN  
HOUSING COMPONENT PROGRAM EVALUATOR  
OCTOBER 5 TO OCTOBER 31, 1992

PRINCIPAL DUTIES:

Conduct the Mid-Term evaluation of the Armenian Assembly of America Relief Fund, Inc. housing programs in the Republic of Armenia. The evaluation will be under taken using the methodology outlined in the Mid-Term Evaluation Scope of Work.

SPECIFIC DUTIES:

1. Review pertinent program and Consortium documents relating to the housing programs as provided by the Consortium Program Manager and the Armenian Assembly.
2. Interview in person, or by phone, mail, or fax the person(s) responsible for the headquarter management of the housing program.
3. Travel to HOPE Center and participate in the planning meeting to be held on October 6, 1992.
4. Travel to Armenia and conduct interviews and meetings with USAID in-country representatives, the Armenian Assembly's field managers and subcontracted trainers, local and expatriate staff, counterparts, the Chief of Party (COP), and appropriate Ministries and other government officials, as designated by the COP and the Armenian Assembly.
5. Conduct, with the other Evaluation Team Members, an exit interview with the USAID In-Country Representatives.
6. Write the housing section of the Mid-Term Evaluation Report following the format specified in the Mid-Term Evaluation Scope of Work.
7. Submit to the Team Leader the housing section evaluation report by the due date established by the Team Leader.

## METHODOLOGY

A three person evaluation team worked on the midterm evaluation: Mary Heslin, a management specialist, Janice Cockrell, a rehabilitation specialist and Carl Varadian, a housing expert. Mary Heslin acted as team leader. The team members spent two and a half weeks in Armenia during the month of October, 1992.

Prior to any contact with the programs, 1991 and 1992 work plans and reports were reviewed for all Consortium members, as well as Armenian Consortium Agreements, the Price Waterhouse privatization study, and other documents listed in appendix 5. The offices of the Consortium members were visited, and US personnel interviewed.

For the rehabilitation projects, a list of ten questions was sent to the Program Director of each agency (see "Evaluation Questions") prior to leaving the country. Copies of the questions were forwarded to the Program Directors on site.

JANICE COCKRELL, M.D.  
MID-TERM REHAB EVALUATOR

EVALUATION QUESTIONS FOR ARMENIA CONSORTIUM  
REHAB PROGRAMS

1. Please describe the medical and paramedical personnel involved in your project: number, disciplines, Armenian or US (or other) citizens, where they are based; if based in the US, how often have they visited the site in Armenia; language proficiency.
2. If translators and interpreters are employed, please describe how they are used.
3. Please describe your assessment of the accomplishments and barriers to progress to date (I have the most recent reports, but would like an update).
4. Were the non-Armenian personnel able to satisfactorily train the Armenian personnel?
5. Were the Armenian personnel able to satisfactorily train other Armenian personnel? If so, how was that monitored?
6. How are medical and paramedical personnel selected for your project?
7. How are decisions regarding the medical aspects of your project made: by non-medical personnel or in consultation with medical personnel?
8. What are the attributes of the "ideal Armenian project medical & paramedical personnel" in the minds of the individuals in your project headquarters? How closely do the Armenians employed in your project approximate the ideal?
9. If there is little resemblance between the ideal and the reality, can the project be adjusted to accommodate reality? In other words, are US standards being imposed unrealistically?
10. What is the role of your headquarters in monitoring and furthering the medical aspects of your project (i.e., is planning & management bottom-up, top-down or a combination of both)?

Upon arrival in Armenia, interviews were conducted with the Chief of Party, each program director, expatriate and Armenian medical, construction, and related personnel and appropriate governmental officials (see appendix 3 for list of persons interviewed). All sites related to the projects were visited and appropriate documents inspected. Where precise data had not been collected,

estimates were made based upon the last nine months.

Inputs and outputs were tabulated, and an attempt to standardize across all the rehabilitation programs was made. Results were compared with stated goals.

LIST OF SITES VISITED

Armenian Assembly Plant, Gyumri

International Red Cross Spinal Cord Facility, Orbelli Street (the original program site before the move to the PTRC)

JDC Clinic, Gyumri

Post Traumatic Rehabilitation Center, Yerevan (American Red Cross)

Project HOPE Orthotics Laboratory, Yerevan

Republican Pediatric Rehabilitation Center, Yerevan (Project HOPE)

## LIST OF PERSONS CONTACTED

Consortium Members

The American Jewish Joint Distribution Committee, Inc.

US-Based Personnel

Aryeh Cooperstock, Executive Director

Armenia-Based Personnel

Vincent Giglio	Project Engineer -Expatriate
Stella Grigorian	Project Manager -Expatriate
Dr. Mkrthich Poghosian	Center Director -Armenian
Tamara Vanoyan	Head PT -Armenian

The American National Red Cross

US-Based Personnel

Loretta Fitzgerald  
Associate for Europe, Project Coordinator  
American Red Cross, Washington, DC

Maria Princi  
Program Manager for SCI Rehabilitation and Community Outreach Program  
American Red Cross, Washington, DC

Armenia-Based Personnel

Azatuhi Azatian	Nurse Coordinator -Armenia
Carmen Azetisian	Head Nurse -Armenia
Ani Babajian	Nurse Educator -Armenia
Dr. Karine Balian	Medical Director -Armenia
Olga Dzuharian	Professional Rehabilitation Therapist
Mary Fitzgibbons	Expatriate Nurse -Ireland
Dr. Alexander Dmitrov	Expatriate Team Leader -Bulgaria
Anthony King	Administration and Finance Delegate/USA, International Red Cross, Yerevan
Alexander Marinov	IFRC Head of Delegation -Bulgaria
Susan McIntyre	Expatriate PT -USA
Dr. Mihran Nazaretian	Hospital Administrator -Armenia
Sofa Petrosian	RT Coordinator -Armenia
Angela Santizosian	Nurse Educator -Armenia
John von Kaenel	Logistics Delegate/USA, International Red Cross, Yerevan

## The Armenian Assembly Relief Fund

### US-Based Personnel

John Pasley, Project Director  
Ross Vartian, Executive Director  
Judy Becker, Home Builders Institute, Washington, DC

### Armenia-Based Personnel

Gassia Apkarian	Director, Yerevan Office
Koryun Gargolian	Armenian Plant Manager, Armenian Assembly Plant, Gyumri
Vince Giglio	HBI Training Supervisor - also construction manager for JDC clinic, Gyumri
Roland Hagopian	Plant Foreman, Block Plant, Gyumri
James Hayden	HBI, Gyumri
Thomas Lapagalia	HBI, Gyumri
Gregor Melikian	Former Consultant to Armenian Assembly
Thomas Myers	Project Manager, Gyumri

## The People-to-People Health Foundation, Inc.

### US-Based Personnel

Thomas Kirby, Country Manager/NIS  
Carolyn Kruger, Director of Nursing  
Laura Petrosian, Desk Officer/NIS  
Lewis Pierce, Director, International Management  
William Walsh, Jr., President

### Armenia-Based Personnel

Rita Dandrow	Expatriate Occupational Therapist
Armine Hovannisian	Chief of Party, Armenia Consortium
Olga Ghazarian	Interpreter -Armenian
Susana Hunanian	Lead Therapist -Armenian
Deirdre McDowell	Expatriate Physical Therapist
Dr. Laura Movsisian	Medical Director -Armenian
Janet Paarlberg	Expatriate Nurse Educator
Armine Sarkisian	Head Nurse -Armenian
Ara Tekyozian	Lead Orthotist -Armenian
Dr. Gayane Zakarian	Asst. Medical Director -Armenian

### Armenian Republic and Municipal Government

Dr. Sevak Avakian	Dept. of Foreign Affairs, Ministry of Health
Dr. Ara Babloyan	Minister of Health
Dr. Vahagn Demirdjian	Deputy Minister of Health
Rubin Durian	Deputy Minister of Construction
Ara Grigorian	Head of Foreign Relations, Ministry of Health
Rafael Hacopianian	Vice-Mayor of Gyumri
Karen Hamparstumian	Mayor of Gyumri

Raffi Hovanissian	Minister of Foreign Affairs (He resigned this position during the time the evaluation team was in Armenia.)
Yura Khazinian	Deputy Minister of Foreign Affairs
Matthew Der Manuelian	Special Advisor to the Minister of Foreign Affairs and former Director of Project HOPE/Yerevan
Gagik Martirosian	Minister of Construction
Gagik Noujinanian	Vice-Minister for Foreign Relations, City of Yerevan
Dr. Ashot Sarkisian	President of the Armenian Red Cross
Gulnara Shahinian	Director of Foreign Relations, City of Yerevan
Dr. Lavrent Souchian	Director of Health, Gyumri
Armen Yeghiazarian	Chairman, Privatization Committee of the Republic of Armenia

Other Armenians Contacted

Edward Bagdasarian	Director, Armenian Wine & Liquor Industry, Yerevan
Dr. Vahan Darpinian	Clinical Director, NIH
Dr. Karen Koloyan	Orthopedist, Institute of Traumatology & Orthopedics
Dr. Larissa Mouradian	Head Doctor of the Republican Pediatric Rehabilitation Center
Dr. Ophelia Nazarian	Head Doctor, Children's III Hospital
Dr. Haike Nicoghosian	Head of National Institute of Health
Fr. Der Norire	Etchmiadzen Staff
Dr. Rima Yessaian	Head Doctor of the Gyumri Orphanage for Disabled Children

Other Americans and Europeans Contacted in Armenia

G. Baraldo, O.F.M.A.  
Contractor for self-contained agroindustrial complex donated by Italy to  
city of Spitak

Harry Bedevian  
President, Multi-Fab International, Inc.  
U.S. businessman involved in construction in Armenia

Dorinda Elliot  
Correspondent, Newsweek

David Horn, Director, Huntsman Chemical Plant, Armenia

Vahey Khachatourian, Earthquake Relief Fund

John Lynn, EMB Group  
Consultant to the European Community in Armenia

Sheila MacVicar  
Correspondent, ABC News

Christopher D. Sahakian  
Consultant for Phillip Morris, Proctor & Gamble and Kraft in Armenia

USAID Personnel

Linda Bernstein, USAID, Washington DC

Susanne Olds, USAID, Yerevan

Steve Anlaian, USAID Housing Advisor to the Armenian Privatization Committee

John Wiles, USAID, Washington, DC

## LIST OF DOCUMENTS CONSULTED

Scope of work for Mid-Term Evaluation  
Summary of Consortium Activities  
Problems Identified by Consortium  
Annual Workplans for Red Cross 1991 and 1992  
Annual Workplans for JDC 1991 and 1992  
Annual Workplans for Project HOPE 1991 and 1992  
Quarter ending reports for Red Cross, JDC, Project HOPE 6/30/92  
Annual Report for Project HOPE  
Minutes of Consortium Meeting 6/3/92

## PROJECT HOPE:

Total Curriculum (used by all disciplines)  
Armenian translation of Total Curriculum  
Minutes outlining teaching responsibilities  
Nursing examination results  
Supplemental oral feeding module  
Oral-motor Feeding Rating Scale (w/Armenian translation)  
Survey of Missed Appointments

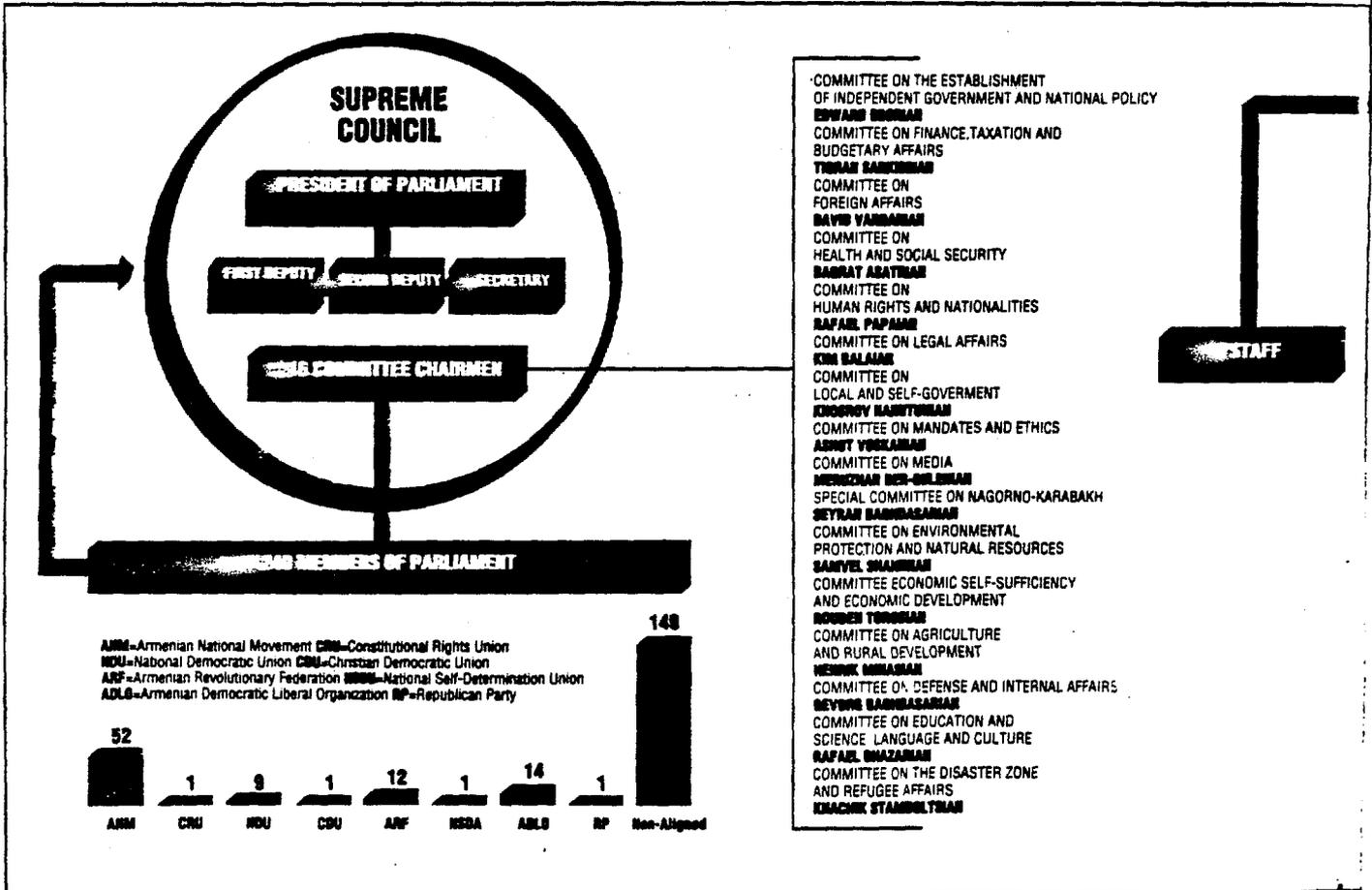
## RED CROSS:

Nursing Education Curriculum ("New Course" 8/92)  
Admission nursing assessment form  
Prescription sheet  
Activity sheet  
Daily input/output flow sheet  
Patient teaching checklist  
Discharge summary sheet

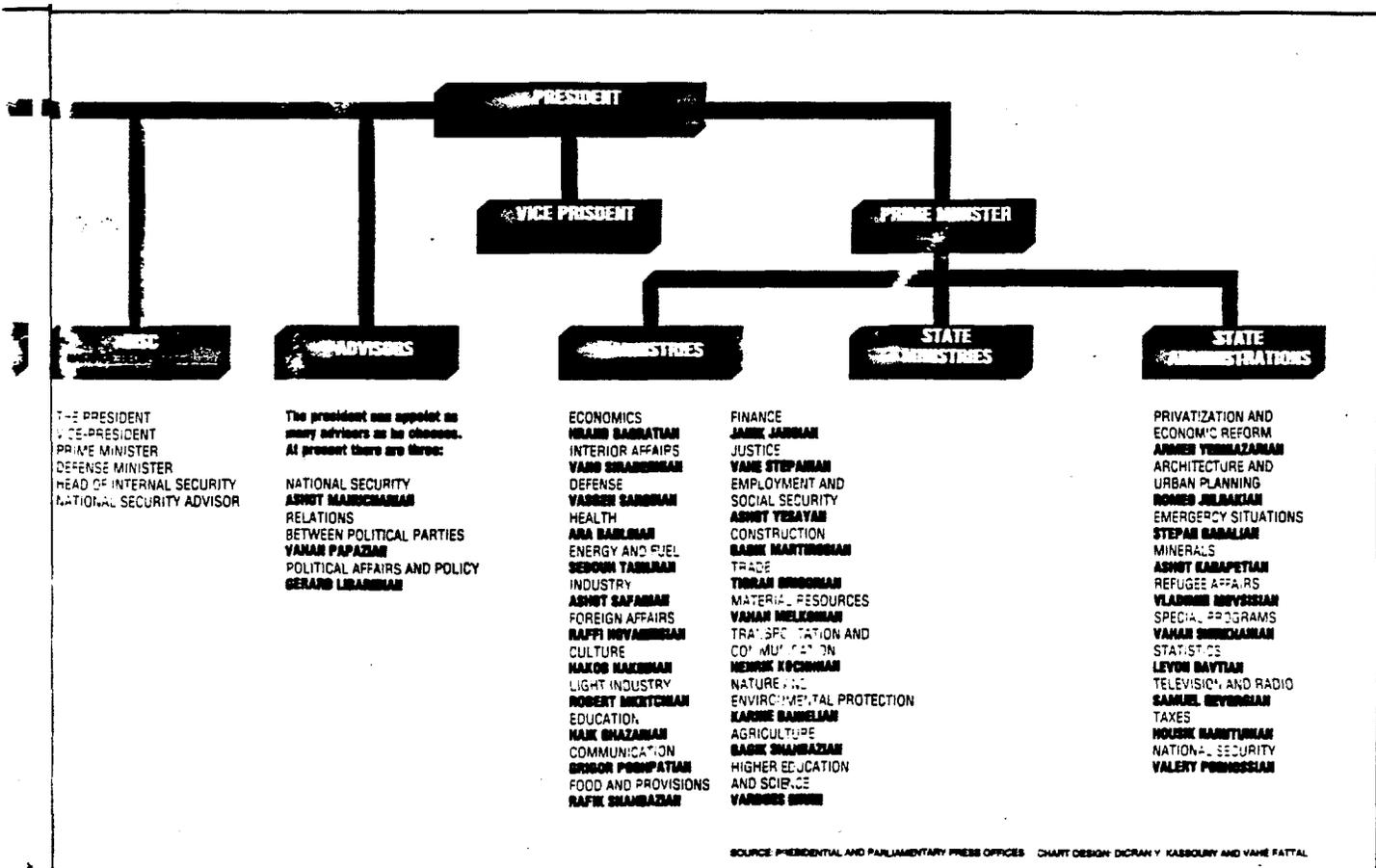
## CONSORTIUM:

Proceedings from Seminar on Pediatric Rehabilitation  
Yerevan, June 12, 1991

ARMENIAN GOVERNMENT ORGANIZATIONAL CHART AND MAP OF ARMENIA



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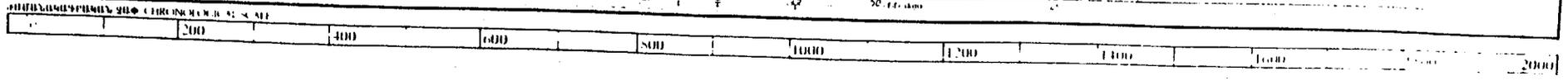
ԱՐԴԻ ՀԱՅԱՍՏԱՆԻ ՎԱՐՉԱԿԱՆ ԲԱԺԱՆՈՒՄՆԵՐԸ  
 ADMINISTRATIVE DIVISIONS OF PRESENT-DAY ARMENIA

BEST AVAILABLE COPY

	ՎԱՐՉԱԿԱՆ ԵՐՁԱՆՆԵՐ ADMINISTRATIVE REGIONS		ԵՐՁԱՆՆԵՐԻ ԿԵՐՐՈՆՆԵՐ REGIONAL CAPITALS	
22	Աբովյան	Abovyan	Աբովյան	Abovyan
32	Ազիզբեկով	Azizbekov	Ազիզբեկով	Azizbekov
7	Ախուրյան	Akhurian	Ախուրյան	Akhurian
1	Ամասիա	Amasia	Ամասիա	Amasia
12	Անի	Ani	Մարաշիկ	Marashik
19	Աշտարակ	Asharak	Աշտարակ	Asharak
20	Ապարան	Aparan	Ապարան	Aparan
14	Արագած	Aragatz	Մազիկահովիտ	Tzaghkahovit
29	Արարատ	Ararat	Վեդի	Vedi
13	Արթիկ	Artik	Արթիկ	Artik
28	Արտաշատ	Artashat	Արտաշատ	Artashat
34	Գորիս	Goris	Գորիս	Goris
9	Գուգարք	Gugark	Մեղրիտ	Meghrut
31	Եղեգնաձոր	Yeghegnadsor	Եղեգնաձոր	Yeghegnadsor
26	Էջմիածին	Ejmatzin	Էջմիածին	Ejmatzin
18	Թալին	Talin	Վերին Թալին	Upper Talin
5	Թումանյան	Tumanian	Ալավերդի	Alaverdi
10	Իջևան	Ijevan	Իջևան	Ijevan
3	Կալինո	Kalmino	Կալինո	Kalimno
23	Կամո	Kamo	Կամո	Kamo
17	Կրասնոսելսկ	Krasnoselsk	Կրասնոսելսկ	Krasnoselsk
25	Հոկտեմբերյան	Hoktemberian	Հոկտեմբերյան	Hoktemberian
15	Հրազդան	Hrazdan	Հրազդան	Hrazdan
35	Չափան	Chapan	Չափան	Chapan
2	Չուկաստան	Chukastan	Չուկաստան	Chukastan
27	Մասիս	Masis	Մասիս	Masis
30	Մարտունի	Martuni	Մարտունի	Martuni
36	Մեղրի	Meghri	Մեղրի	Meghri
21	Նանի	Nani	Եղվարդ	Yeghvard
6	Նոյեմբերյան	Noyemberian	Նոյեմբերյան	Noyemberian
11	Շամշադին	Shamshadin	Բերդ	Berd
16	Սևան	Sevan	Սևան	Sevan
33	Սիսիան	Sisian	Սիսիան	Sisian
8	Սպիտակ	Sputak	Սպիտակ	Sputak
4	Ստեփանավան	Stepanavan	Ստեփանավան	Stepanavan
24	Վարդենիս	Vardenis	Վարդենիս	Vardenis



Նորագոյն Քարաբաղի շրջան կազմակերպելու նպատակով Հոկտեմբերյանի և Թալինի միջև 1985-ին ստեղծվել է Նովեմբերյան մարզը:  
 The newest Baghratman region has been created between Hoktemberian and Talin in 1985



FISCAL YEAR WORK PLANS

ARMENIAN CONSORTIUM COOPERATIVE AGREEMENT NO. ANE-0001-A-00-0052-00  
 JDC-IDP CHILDREN'S REHABILITATION CENTER PROJECT, GYUMRY  
 FY 92 ANNUAL WORKPLAN

GOAL	PRINCIPLE OBJECTIVES	MAJOR ACTIVITIES	OUTCOMES	RESPONSIBILITY	TIME FRAME
<p>A. To alleviate the suffering of victims of the December 1988 earthquake in Armenia by providing humanitarian relief, medical treatment, education, vocational training and other assistance for the victims of the Armenian earthquake.</p>	<p>1. To construct a fully equipped Children's Rehabilitation Center in Gyumry (Center) to provide out-patient physical and occupational therapy to Armenian children disabled as a result of the earthquake.</p>	<p>1. Construct and equip the Children's Rehabilitation Center.</p> <p>a. Provide an American structural engineer or construction manager to control construction quality.</p> <p>b. Build the Center according to California earthquake standards.</p> <p>c. Establish a procurement list of needed office, physical and occupational therapy equipment and supplies needed for the Center.</p> <p>d. Obtain, ship and install physical &amp; occupational therapy equipment and some furniture for the Center.</p>	<p>1. A pediatric Rehabilitation Center in the most devastated earthquake zone will be built and equipped.</p> <p>a. The Center will be built according to California earthquake standards not practiced in the Soviet Union.</p> <p>b. The building will be especially appropriate for physical and occupational therapy treatment and will offer easy access for wheelchairs.</p>	<p>The Armenian Construction Ministry, local planning and construction agency, JDC-IDP construction supervisor, physiotherapy &amp; occupational therapy teams consultants, and JDC Headquarters staff.</p>	<p>Construction February 1990 - May 1992.                      Equipping May 1992 - September 1992.</p>

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ARMENIAN CONSORTIUM COOPERATIVE AGREEMENT NO. ANE-0001-A-00-0052-00  
 JDC-IDP CHILDREN'S REHABILITATION CENTER PROJECT, GYUMRY  
 FY 92 ANNUAL WORKPLAN

GOAL	PRINCIPLE OBJECTIVES	MAJOR ACTIVITIES	OUTCOMES	RESPONSIBILITY	TIME FRAME
(page 1)	2. To develop and implement a one-year program to provide the children with immediate physical and occupational therapy while the Center is under construction.	<p>1. Provide supervision to the newly trained Armenian Rehabilitation Therapists while they provide care for the handicapped children.</p> <p>a. Assess Rehabilitation Therapists' performance and provide necessary training and guidance on a continuous basis.</p> <p>b. Adjust the list of physical therapy equipment needed according to existent needs.</p> <p>c. Disseminate information on JDC-IDP's therapy program to encourage local participation.</p> <p>d. Monitor &amp; adjust the treatment program as needed.</p> <p>e. Provide equipment and supplies necessary for immediate physical therapy.</p>	1. 300 - 350 handicapped Armenian children will receive ongoing physical & occupational therapy.	Armenian Rehabilitation Therapy Team, JDC occupational therapist and Headquarters staff.	October 1991 to October 1992.  Beyond if necessary and if funds are available.

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ARMENIAN CONSORTIUM COOPERATIVE AGREEMENT NO. ANE-0001-A-00-0052-00  
 JDC-IDP CHILDREN'S REHABILITATION CENTER PROJECT, GYUMRY  
 FY 92 ANNUAL WORKPLAN

GOAL	PRINCIPLE OBJECTIVES	MAJOR ACTIVITIES	OUTPUT	RESPONSIBILITY	TIME FRAME
(page 1)	3. To administer and manage the project.	<p>1. To provide administrative supervision for the construction of the Center.</p> <p>a. Liaise with the Ministry of Construction, the local planning and construction agency, and the JDC construction manager.</p> <p>b. Administer the procurement activities and help with inventory and storage.</p> <p>c. Help coordinate the construction crew.</p> <p>2. Provide administrative supervision of the JDC clinic.</p> <p>a. Oversee the day-to-day activities of the clinic.</p> <p>b. Coordinate professional supervision of the Armenian Rehabilitation Therapists.</p> <p>c. Administer procurement activities.</p>	<p>1. The construction of the building will be properly supervised. The equipment will be acquired and installed.</p> <p>2. The JDC Clinic will be properly supervised. Administrative responsibilities will be fulfilled.</p>	JDC Project Coordinator; JDC Construction Manager; and JDC Headquarters staff.	October 1991 October 1992.

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ARMENIAN CONSORTIUM COOPERATIVE AGREEMENT NO. ANE-0001-A-00-0052-00  
JDC-IDP CHILDREN'S REHABILITATION CENTER PROJECT, GYUMRY  
FY 92 ANNUAL WORKPLAN

page 4 of 4

GOAL	PRINCIPLE OBJECTIVES	MAJOR ACTIVITIES	OUTPUT	RESPONSIBILITY	TIME FRAME
(page 1)		<p>3. To provide overall administrative supervision of the project.</p> <p>a. Work with the newly appointed Armenian Director of the Children's Rehabilitation Center.</p> <p>b. Liaise with the staff of the Consortium organizations.</p> <p>c. Develop and implement information and P.R. programs to disseminate knowledge about the Center.</p> <p>d. Administer the local JDC budget and report on overall activities.</p>	<p>The Project will be properly supervised; and the Armenian Center Director will be trained.</p>	<p>JDC Project Coordinator and Headquarters staff.</p>	<p>October 1991 October 1992.</p>

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[REDACTED]

**ARMENIAN CONSORTIUM  
COOPERATIVE AGREEMENT NO. ANE-0001-A-00-0052-00  
AMERICAN RED CROSS REHABILITATION AND COMMUNITY OUTREACH**

**FY 1992 ANNUAL WORKPLAN**

**ABBREVIATIONS/NOTATIONS**

**SCI - Spinal Cord Injury**

**OJT - "On-the-Job" Training: includes both lectures (theoretical) and practical ("hands-on") education**

**MD - Physician**

**Team Leader - Expatriate League physician assigned to Delegation in Armenia. This physician is an SCI specialist.**

**RN - Nurse**

**PT - Physical Therapist**

**OT - Occupational Therapist**

**League - League of Red Cross and Red Crescent Societies**

**League personnel - Expatriate personnel provided to the League by various National Red Cross Societies (American Red Cross, Canadian Red Cross, New Zealand Red Cross, etc.)**

**CAFE - Community And Family Education Program**

**OPD - Outpatient Department**

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ARMENIAN CONSORTIUM  
COOPERATIVE AGREEMENT NO. ANE-0001-A-00-0052-00  
AMERICAN RED CROSS REHABILITATION AND COMMUNITY OUTREACH

FY 1992 ANNUAL WORKPLAN

<u>GOAL</u>	<u>PRINCIPAL OBJECTIVES</u>	<u>MAJOR ACTIVITIES</u>	<u>OUTPUTS</u>	<u>RESPONSIBILITY</u>	<u>TIME FRAME</u>
To help alleviate the suffering of victims of the December 1988 earthquake by providing humanitarian relief, medical treatment, education, vocational training and other assistance for the victims of the Armenian earthquake	Provide Armenian medical personnel with the capability to provide direct patient care services for SCI persons both in the Rehabilitation Center and in the community	1. Provide medical treatment (care)	Supervise and provide care/rehabilitation services to 28 bed unit.	League personnel (RNs, PTs, OTs MD)	10.91-09.92
		2. Recruit Armenian medical trainees	Armenian staff for training (RNs-4th class; RTs-3rd class)	Armenian Red Cross	05.92-07.92
		3. Nurse training and supervision (OJT)	Supervision of previously trained Armenian RN staff	League RNs	10.91-09.92
		•3rd class (12 students/44 week program)	Trained Armenian RN staff (12)	League RNs/ Team Leader (MD)	10.91-04.92
		•4th class (44 week program)	Trained Armenian RN staff	League RNs/ Team Leader (MD)	08.92-09.92
		4. Rehabilitation Therapists (RTs) training and supervision (OJT)	Supervision of previously trained Armenian RT staff	League PTs & OTs	10.91-09.92
		•2nd class (12 students/44 week program)	Trained Armenian RT staff (12)	League PTs & OTs/ Team Leader (MD)	10.91-04.92
		•3rd class (44 week program)	Trained Armenian RT staff	League PTs & OTs/ Team Leader (MD)	08.92-09.92

ARMENIAN CONSORTIUM  
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AMERICAN RED CROSS REHABILITATION AND COMMUNITY OUTREACH

FY 1992 ANNUAL WORKPLAN

<u>GOAL</u>	<u>PRINCIPAL OBJECTIVES</u>	<u>MAJOR ACTIVITIES</u>	<u>OUTPUTS</u>	<u>RESPONSIBILITY</u>	<u>TIME FRAME</u>
To help alleviate the suffering of victims of the December 1988 earthquake by providing humanitarian relief, medical treatment, education, vocational training and other assistance for the victims of the Armenian earthquake	Provide Armenian medical personnel with the capability to provide direct patient care services for SCI persons both in the Rehabilitation Center and in the community	5.Armenian physician training and supervision (OJT)	SCI trained Armenian MDs (5)	Team Leader, RNs, PTs and OTs	10.91-09.92
		•Training abroad (Germany)	Advanced training for one of three "senior" MDs	SCI Center (Heidelberg, Germany)	11.91-04.92 (6 months)
		6.Orthotist training and supervision (OJT)	trained Armenian orthotists (2)	League Orthotist	10.91-09.92
		•Training Abroad (Switzerland)	Advanced training for Armenian orthotist (1)	Orthotic Workshop (Switzerland)	10.91-12.91 (2 months)
		•Training Abroad (Switzerland)	Advanced training for Armenian orthotist (1)	Orthotic Workshop (Switzerland)	01.92-03.92 (2 months)

ARMENIAN CONSORTIUM  
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AMERICAN RED CROSS REHABILITATION AND COMMUNITY OUTREACH

FY 1992 ANNUAL WORKPLAN

<u>GOAL</u>	<u>PRINCIPAL OBJECTIVES</u>	<u>MAJOR ACTIVITIES</u>	<u>OUTPUTS</u>	<u>RESPONSIBILITY</u>	<u>TIME FRAME</u>
To help alleviate the suffering of victims of the December 1988 earthquake by providing humanitarian relief, medical treatment, education, vocational training and other assistance for the victims of the Armenian earthquake	Provide community based care both in outpatient clinics and in patients' homes	1. Provide consultations and care in outpatient clinics and homes (home-visits)	SCI care expanded through Armenia (follow up care and screenings for new patients)	League RNs & PTs; Team Leader (MD); Armenian RNs, RTs & MDs	10.91-09.91
		2. Recognition of Out-patient Dept. (OPD) as separate dept. within SCI Rehab. Unit	Organized unit in place to provide outpatient and home visit services	League RN and PT	10.91-11.91
		3. Training of Armenian medical staff for OPD (TEAM 1)	Trained Armenian OPD/TEAM 1	League RN and PT (OPD)	10.91-04.92
		4. Initiate training of OPD/TEAM 2	Expansion of OPD/ trained Armenian OPD personnel	League RN & PT (OPD); Armenian OPD/TEAM 1	04.92-08.9.
		5. OPD clinics to be run by Armenian staff with League personnel supervision	Armenian staff providing outpatient services (clinics)	Armenian OPD staff (RNs and RTs)	06.92-09.9.
		6. OPD Home-Visits conducted by Armenian OPD/TEAM 1 & 2 with League personnel supervision	Armenian staff providing home-visiting services	Armenian OPD staff (RNs and RTs)	08.92-09.9.

ARMENIAN CONSORTIUM  
COOPERATIVE AGREEMENT NO. ANE-0001-A-00-0052-00  
AMERICAN RED CROSS REHABILITATION AND COMMUNITY OUTREACH

FY 1992 ANNUAL WORKPLAN

<u>GOAL</u>	<u>PRINCIPAL OBJECTIVES</u>	<u>MAJOR ACTIVITIES</u>	<u>OUTPUTS</u>	<u>RESPONSIBILITY</u>	<u>TIME FRAME</u>
To help alleviate the suffering of victims of the December 1988 earthquake by providing humanitarian relief, medical treatment, education, vocational training and other assistance for the victims of the Armenian earthquake	Reduction of physical barriers and the enhancement of the quality of life for handicapped Armenians	1. Conduct individual home, school and workplace assessments	Increased community awareness of barrier free environments	OPD staff and League OT; Armenian OPD staff	10.91-09.92 (ongoing)
		2. Provide technical assistance on access and adaptable designs (architects, builders, etc.)	Modifications of homes, schools, public buildings, etc.	OPD staff and League OT; Armenian OPD staff	10.91-09.92 (ongoing)
	Readily available supply of adaptive equipment for the disabled (address equipment needs and problems of handicapped Armenians)	1. Technical assistance to resolve supply issues of assistive technology (including wheelchairs, prosthetics and orthotics)	Document immediate supply needs  Identification of domestic resources and suppliers of assistive technology	League medical personnel (PTs, OTs and Orthotist); Armenian medical personnel	10.91-09.92 (ongoing)  04.92-09.92

ARMENIAN CONSORTIUM  
 COOPERATIVE AGREEMENT NO. ANE-0001-A-00-0052-00  
 AMERICAN RED CROSS REHABILITATION AND COMMUNITY OUTREACH

FY 1992 ANNUAL WORKPLAN

<u>GOAL</u>	<u>PRINCIPAL OBJECTIVES</u>	<u>MAJOR ACTIVITIES</u>	<u>OUTPUTS</u>	<u>RESPONSIBILITY</u>	<u>TIME FRAME</u>
To help alleviate the suffering of victims of the December 1988 earthquake by providing humanitarian relief, medical treatment, education, vocational training and other assistance for the victims of the Armenian earthquake	Computerized registry of disabled SCI Armenian earthquake victims	1. Input of new data/ alteration of report formats (as needed)	Continual update of SCI information	League personnel/ Armenian medical staff	10.91-09.92 (ongoing)
		2. Provision of reports and analysis	Identify unmet needs and services	League personnel/ Armenian medical staff	10.91-09.92 (ongoing)

COOPERATIVE AGREEMENT NO. ANE-0001-A-A00-0052-00  
 ARMENIAN ASSEMBLY VOCATIONAL TRAINING IN SAFE RECONSTRUCTION PRACTICES PROGRAM

REVISED ANNUAL WORKPLAN (OCTOBER 1, 1991 TO SEPTEMBER 30, 1992) FY #2

revision 1 November 15 1991: revised to show FY #2

GOAL	PRINCIPAL OBJECTIVES	MAJOR ACTIVITIES	OUTCOME	WHO	WHEN
<b>ARMENIA CONSORTIUM</b>					
To help alleviate the suffering of victims of the December, 1988 earthquake in Armenia by providing humanitarian relief, medical treatment, education, vocational training and other assistance for the victims of the Armenian earthquake					
<b>ARMENIAN ASSEMBLY RELIEF FUND, INC.</b>					
Provide safe, adequate earthquake-resistant housing for the Armenian earthquake victims					
	1. Facilitate improvement of construction techniques so that new structures are better able to resist future earthquakes	1. Design and implement training programs to develop local expertise in the construction of earthquake-resistant structures based on Western-style building and management principles	Develop a pool of construction workers properly trained in earthquake-resistant construction methods to build safe, new housing	Home Builder's Institute of the National Association of Home Builders	

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**HBI Training Program:**
**I. Staffing**

<b>A. Identify &amp; recruit</b>	<b>Designate or hire</b>	<b>HBI</b>	
1. Training operations coordinator	1. Training operations coordinator		COMPLETED
2. Lead instructor	2. Lead instructor		12/91-1/92
3. Trade instructors(3)	3. Trade instructors(3)		1/92-2/92
4. Curriculum coordinator	4. Curriculum coordinator		COMPLETED
<b>B. Train staff</b>		<b>HBI</b>	<b>COMPLETED</b>
1. Develop staff manual			

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**II. Coordinate operations**

<b>A. ID institutions/resources</b>			<b>COMPLETED</b>
1. List			
2. Establish agreements			
<b>B. Monitor activities</b>		<b>HBI</b>	<b>COMPLETED</b>
1. Establish mechanism			

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**III. Design curriculum**

<b>A. Assess needs &amp; resources</b>	<b>HBI training coordinator, curriculum coordinator</b>	<b>COMPLETED</b>
1. USA resources		
a. Codes		
b. Earthquake resistant techniques		
c. Building plans		
d. Site plans		
2. Analyze Armenian resources	<b>HBI training coordinator, curriculum coordinator</b>	
a. Knowledge/educational base		
i. Masonry/concrete		
ii. Carpentry		
iii. Plumbing		
iv. Electrical		

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<b>B. Develop trades curricula</b>		Curriculum coordinator	
<b>1. Masonry/concrete</b>	ID tasks, write text	all curricula:	
a. Instruction module/students		Task ID	complete
b. Instruction module/trainers		write text	11/91-1/92
c. Evaluation mechanism		evaluation module	3/92-3/92
d. Translate into Armenian		translation to Armenian	2/92-4/92
<b>2. Carpentry</b>	ID tasks, write text		
a. Instruction module/students			
b. Instruction module/trainers			
c. Evaluation mechanism			
d. Translate into Armenian			
<b>3. Plumbing</b>	ID tasks, write text		
a. Instruction module/students			
b. Instruction module/trainers			
c. Evaluation mechanism			
d. Translate into Armenian			
<b>4. Electrical</b>	ID tasks, write text		
a. Instruction module/students			
b. Instruction module/trainers			
c. Evaluation mechanism			
d. Translate into Armenian			
<hr/>			
<b>IV. Train trades trainers</b>	HBI trainers learn scope of training & techniques	HBI trainers	2/92-4/92
<b>A. ID local candidates</b>			
1. develop criteria/mechanism		Project coordinator	3/92
2. Select 60 candidates	60 candidates selected	Training coordinator Armenian Government	
<b>B. Orientation/intro to constructin techniques</b>			
1. Build 3 housing units at factory site (housing for staff)	HBI trainers become familiar with local materials and conditions	Training coordinator & trades instructors	3/92-4/92
<b>C. Hands-on training of local instructors</b>			
1. Build 20 housing units (10 groups of 6 people each erect 2	10 groups of 6 potential trainers become oriented local trainers learn how to use materials safely	Trades instructors & local instructor candidates	4/92-10/92 4/92-10/92

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units per group) & properly

D. Evaluate & modify training 4/92-10/92

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V. Implement trades training

A. local trainers & HBI Group 1: 180 graduates, 60 Local trainers with HBI 6/92-10/92  
 conduct hands-on trainers in FY #2, with 120 supervision (Training  
 training with group 1 trainees in 6 week ongoing coordinator plus 1  
 Select 30 leaders training program by Oct 92 instructor per trade)

B. 20 of the trainers Erect 100 housing units in 6/92-10/92  
 act as supervisors FY #2, with 20 houses per  
 and receive further month built by trainees

in const. management graduates produce an additional 6/92-10/92  
 50 units in FY #2, at an  
 increasing rate as more  
 trainees join the work force.

C. Evaluate & modify training 4/92-10/92

D. remaining 40 local Group 2: In FY #3, program Local trainers with HBI 10/92-9/93  
 trainers conduct expands and continues, addingsupervision (Training  
 hands-on training of Armenian-trained trainers, coordinator plus 1  
 Group 2, and select to a level of 100 new instructor per trade)  
 50 additional leaders graduates per month, with  
 a total of 1000 trainees  
 during the entire program

E. 20 of the trainers construct 1000 houses during 10/92-9/93  
 (5 from each trade) FY #3, with the rate of  
 act as supervisors construction rising to 3000  
 of 50 groups, each led units per year by year end  
 by one of the 50  
 leaders selected from  
 Group 2

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VI. Supply trades workforce

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A. Qualify workforce for production crews	1000 certified workers workers	Training coordinator local trainers	10/92 Group 1 11/93 Group 2
B. Place certified workers in jobs			
C. Identify leaders from trainers & trainees	candidates for supervisory training		5/92-8/93
<hr/>			
VII. Design & implement training for Site Engineers		Training coordinator	1/92-3/92
A. Create criteria	set objectives for engineers	Project coordinator Training coordinator	3/92
B. Select candidates	ID 3 candidates	Armenian Government	3/92
C. conduct needs assessment of training requirements	task list for training		4/92-6/92
D. design structure & make arrangements for US visit	Agenda & training materials	Project coordinator	6/92
E. Conduct visit & training	Training held for approximately 4 weeks (Washington, New Jersey, Las Vegas, Los Angeles)	Project coordinator Training coordinator	7/92-8/92
<hr/>			
VIII. Design & implement training for superintendants			
A. Create criteria		Training coordinator	4/92-5/92
B. Select candidates	ID 20 candidates from local instructor ranks	Training coordinator Armenian rep	

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C. conduct needs assessment of training requirements	task list for training	Curriculum coordinator	10/91
D. design structure	Agenda & training materials	Curriculum coordinator	10/91-2/92
E. Translate training materials into Armenian	textbook in Armenian	Curriculum coordinator	2/92-4/92
F. Conduct training	40 construction superintendants trained	Training coordinator	5/92-9/93

2. Establish a Western-style housing component manufacturing facility and training center to produce materials for the construction of houses and other public facilities, adaptable for handicap access.

ARMENIAN ASSEMBLY RELIEF FUND FACILITIES:

I. Planning

A. Confirm & convene Training and Manufacturing Advisory Committee (TMAC) comprised of technical experts in the US	Standing committee that will provide technical and advisory assistance to the program	Program associates	completed
B. Confirm that program will meet needs of local population	Validated workplan that will guide the program	TMAC, staff	completed
C. Negotiate & sign second protocol outlining responsibilities of Armenian Assembly and Armenian Government for the program	Legal document that will guide the program and enforce agreements for its success	Program associates, TMAC, Armenian Government	completed
D. Confirm & convene	Standing committee that	Project coordinator,	convened, and meeting

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Housing Authority Board comprised of governmental and non-governmental representatives in Armenia	will provide local participation and ultimately function as a housing authority to spearhead privatization	TMAC, Armenian Government	as required
E. Confirm architectural design for handicap access for housing units	Architectural plans to be used during the construction phase to guarantee access to housing for victims of the earthquake who suffered handicaps requiring special access	Project manager, TMAC Armenian Ministry of Construction	general design agreed working drawings 10/91-11/91
<b>II. Staffing</b>			
A. Identify & recruit	Qualified Project		
1. Technical/expatriate	Coordinator (Armenia)		
a. Project coordinator	and Project Manager (US)	program associates	completed
b. Manufacturing Superintendant	in place		
c. Site & planning engineer		project manager/US	11/91-12/91
2. Administrative staff/US	Qualified Manufacturing		
a. Project manager	Superintendant, Site & Planning Engineer, and Construction Manager in place		completed
b. Secretary			
<b>III. Procurement</b>			
A. Purchase equipment and vehicles necessary to start the manufacturing and construction process	block plant forklifts, block delivery trucks, lumber drying kiln additional equipment that will support the manufacturing and construction processes	Project manager, TMAC	completed see revised budget  1/92-4/92
B. Confirm equipment	Necessary vehicles and	Project manager	10/91-9/92

	and vehicles transport schedule to coincide with opening of the factories	equipment in place when factories begin production so that the manufacturing phase will remain on schedule		
C.	Confirm availability of raw materials necessary for the manufacturing process	Acceptable quality and quantity of raw materials to support manufacturing requirements and schedule	Project coordinator, manufacturing superintendant, Housing Authority Board	10/91-9/92
<b>IV. Manufacturing</b>				
A.	Install & test run existing plant equipment in manufacturing complex	Fully functioning factories to produce concrete block, trusses, roofing, windows, door frames	Manufacturing superintendant	completed
B.	Install & test run supporting equipment listed in III.A. above	Supporting equipment in place and operating to provide a supply of quality materials to the manufacturing processes and deliver finished products to construction sites	Manufacturing superintendant	completed
C.	Begin production of housing materials	Quality manufactured components to construct 2000 housing units and facilities required by other consortium members	Manufacturing superintendant	10/91-9/92
<b>V. Technical assistance</b>				
A.	Provide ongoing technical assistance	well-trained personnel who can continue to	Manufacturing superintendant,	10/91-9/92

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	to factory supervisors and workers on operating and maintaining equipment and implementing the manufacturing process	train others in manufacturing quality materials with maximum productivity and minimal equipment breakdowns	Manufacturers' reps	
B.	Provide technical assistance to construction supervisors and laborers in safe construction practices	well-trained personnel who can continue to train others in construction of houses and public buildings that are earthquake resistant and are equipped for handicapped access	Site & Planning Engineer	12/91-9/93
VI. Monitoring and reporting				
A.	Implement monitoring and reporting systems	Monitoring and reporting system that permits pro-active management of program obstacles and meets consotium and AID quarterly and annual reporting requirements	Program associates	10/91-9/93

ANNUAL WORK PLAN FY92  
 (OCTOBER 1, 1991 - SEPTEMBER 30, 1992)

GOAL	PRINCIPAL OBJECTIVES	MAJOR ACTIVITIES	OUTCOMES	RESPONSIBILITY	TIME FRAME
I. To help alleviate the suffering of victims of the December, 1988 earthquake in Armenia by providing humanitarian relief, medical treatment, education, vocational training and other assistance for the victims of the Armenian earthquake.	1. The training of health workers from various disciplines to provide pediatric rehabilitation treatment and services for both inpatients and outpatients, in hospitals as well as in community-based settings.	1. Conducting a 9 month first-year and a 9 month second-year pediatric rehabilitation training program for physicians, nurses, and rehab therapists, and a six-month second-year training program for orthotic technicians.	1. 18 first-year students (6 doctors, 6 rehab therapists and 6 nurses) and 19 second-year students (6 physicians, 4 rehab therapists, 5 nurses, and 4 orthotic technicians) will be trained at the Republic Pediatric Rehabilitation Center and local hospitals in Yerevan.	Project HOPE Pediatric Rehab Team.	10/91 to 08/92
		a. Revise and implement the curriculum and educational methodologies based on evaluation data.	A revised curriculum and educational resources will be in place and available for subsequent use.	Project HOPE Pediatric Rehab Team, Armenian counterparts and trainees.	10/91 to 09/92
		b. Expand clinical inpatient learning experiences for students.			
		c. Procure and develop educational resources. Educational equipment and resources procured and in place for student use.		Project HOPE Rehab Team and HOPE Center.	10/91 - on-going
		d. Provide fellowships for Armenian professionals in rehab to study in selected leading rehab centers in the U.S. At least two Armenian trainees will participate in a training program at one or more leading rehab centers in the U.S.A. during FY92.	Two Armenian Fellows are enrolled at two leading rehab centers in the U.S.A.	Project HOPE Pediatric Rehab Team, HOPE Center and MOH/ Armenia.	09/91 to 10/92
		A written evaluation and summary report on fellowships completed during year two will be available for future planning.	Project HOPE Pediatric Rehab Team, HOPE Center and MOH/ Armenia.	03/92 to 7/92	

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ARMENIA CONSORTIUM  
 COOPERATIVE AGREEMENT ANE-0001-1-A00-0052-00  
 PROJECT HOPE PEDIAT. REHABILITATION PROGRAM

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ANNUAL WORK PLAN FY92  
 (OCTOBER 1, 1991 - SEPTEMBER 30, 1992)

GOAL	PRINCIPAL OBJECTIVES	MAJOR ACTIVITIES	OUTCOMES	RESPONSIBILITY	TIME FRAME
		e. Institute a collaborative effort between Project HOPE, JDC and Red Cross in the planning and implementation of certain aspects of rehab training programs.	A plan of collaboration instituted between Project HOPE, JDC and Red Cross implemented.	Project HOPE, JDC, the Red Cross and Consortium Chief of Party (COP).	10/91 to 10/92
		f. Recruit students for pediatric rehab training class to be taught mostly by former HOPE trainees.	The appropriate number of students will be recruited through an approved selection process.	Ministry of Health, Project HOPE Rehab Team, Project HOPE graduates.	05/92 to 08/92
		g. Commence 9 month pediatric rehab training for physicians, rehab therapists and nurses by former HOPE trainees.	The training class for students recruited in (f) will commence.	Project HOPE Rehab Team, Project HOPE graduates.	09/92
	2. The provision of pediatric rehabilitation treatment and services in Yerevan, Spitak and Gyumri (Leninakan).	2. Providing care, treatment and consultation in clinical settings to pediatric rehabilitation patients.	Pediatric patients will receive treatment and consultation at the Republic Pediatric Rehabilitation Center in Yerevan, certain hospitals in Yerevan, and during frequent visits to the JDC facilities in Gyumri and monthly clinics in Spitak.	Project HOPE Rehab Team and Project HOPE graduates.	10/91 to 10/92
		a. Continue to collect statistics on needs and develop a plan for most effective service delivery and consultation within the context of a training program.	Statistics collected and analyzed and plan for service delivery and consultation periodically modified.	Project HOPE Rehab Team.	10/91 to 10/92

ANNUAL WORK PLAN FY92  
 (OCTOBER 1, 1991 - SEPTEMBER 30, 1992)

GOAL	PRINCIPAL OBJECTIVES	MAJOR ACTIVITIES	OUTCOMES	RESPONSIBILITY	TIME FRAME
		b. Establish permanent outpatient services at the Republic Pediatric Rehabilitation Center and inpatient service delivery for purposes of the training program in one or more hospitals in Yerevan.	Permanent outpatient services established at the Republic Pediatric Rehabilitation Center and inpatient service delivery for training purposes established in one or more hospitals in Yerevan.	Project HOPE Rehab Team and Armenian counterparts.	10/91 to 10/92
		c. Strengthen collaborative efforts between Project HOPE, JDC and Red Cross in planning and implementing service delivery.	Collaborative efforts between the Consortium members in the areas of rehab training and service delivery will be continued.	Project HOPE, JDC, the Red Cross and COP.	10/91 to 10/92
		d. Procure medical equipment and supplies for service delivery.	Medical equipment and supplies as listed in the proposal will be procured for service and training.	Project HOPE Rehab Team and HOPE Center.	10/91 to 10/92
	3. The development of a multi-disciplinary rehabilitation system which incorporates "state-of-practices" techniques.	3. Developing a multi-disciplinary rehabilitation system which incorporates "state-of-practice" techniques.	The Republic Pediatric Rehabilitation Center will be equipped, functioning and staffed with trained rehab specialists.	Project HOPE Pediatric Rehab Team and Project HOPE graduates.	10/91 to 10/92
		a. Work with the Rehabilitation Council (established by the Armenian Government) to develop and operationalize a plan to promote and strengthen its functioning and structure so that it may provide direct input into planning and decision-making for rehab services in Armenia.	An operational plan for the Rehabilitation Council is completed.	Project HOPE Pediatric Rehab Team and COP.	04/91
			Representatives of HOPE, the Red Cross and JDC will be integrated into the Rehabilitation Council which will serve to coordinate and sustain rehab services in Armenia.	Project HOPE, JDC and Red Cross.	10/91 to 10/92

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ARMENIAN CONSORTIUM  
 COOPERATIVE AGREEMENT NO. ANE-0001-1-A00-0052-00  
 PROJECT HOPE PEDIATRIC REHABILITATION PROGRAM

ANNUAL WORK PLAN FY92  
 (OCTOBER 1, 1991 - SEPTEMBER 30, 1992)

GOAL	PRINCIPAL OBJECTIVES	MAJOR ACTIVITIES	OUTCOMES	RESPONSIBILITY	TIME FRAME
		<p>b. Equip and staff the Republic Pediatric Rehabilitation Center with outpatient services and work to establish inpatient rehabilitation services in a major existing treatment facility in Yerevan.</p> <ul style="list-style-type: none"> <li>- develop an operational plan for procurement of equipment and supplies and a staff plan to cover services.</li> <li>- survey and procure equipment and supplies.</li> <li>- provide continuing education programs for designated counterpart staff.</li> <li>- work with the Yerevan State Medical Institute to develop a rehabilitation curriculum for medical students.</li> </ul>	<p>Republic Pediatric Rehabilitation Center is equipped and staffed with outpatient services as per operational plan.</p> <p>Operational plan for procurement of equipment and supplies and service staffing developed.</p> <p>Equipment and supplies needs surveyed, procured and delivered.</p> <p>Continuing education programs implemented and evaluated.</p> <p>Curriculum in rehabilitation for medical students at the Yerevan State Medical Institute established.</p>	<p>Project HOPE Pediatric Rehab Team, MOH and Project HOPE graduates.</p> <p>Project HOPE Pediatric Rehab Team and HOPE Center.</p> <p>Project HOPE Pediatric Rehab Team and HOPE Center.</p> <p>Project HOPE Pediatric Rehab Team.</p> <p>Project HOPE Pediatric Rehab Team, MOH and Yerevan State Medical Institute.</p>	<p>10/91 to 6/93</p> <p>10/91 to 5/92</p> <p>10/91 to 10/92</p> <p>10/91 to 10/92</p> <p>10/91 to 10/92</p>



ANNUAL WORK PLAN FY92  
 (OCTOBER 1, 1991 - SEPTEMBER 30, 1992)

GOAL	PRINCIPAL OBJECTIVES	MAJOR ACTIVITIES	OUTCOMES	RESPONSIBILITY	TIME FRAME
		<p>c. Work to encourage the establishment of a data bank for analysis of statistical data on rehabilitation patients and needs and effectiveness of various approaches to treatment.</p>			
		<p>- work with the Ministry of Health, the Republic Pediatric Rehabilitation Center, Red Cross and JDC to initiate and coordinate the collection of statistical data.</p>	<p>Collection of statistical data is initiated.</p>	<p>Project HOPE, Red Cross, JDC, Local counterparts.</p>	<p>10/91 to 10/92</p>
		<p>- encourage the Ministry of Health to establish a data bank for the analysis of statistical data on rehabilitation in the Republic.</p>	<p>Ministry of Health is encouraged to establish data bank.</p>	<p>Project HOPE, Red Cross, JDC, Local counterparts.</p>	<p>10/91 to 10/92</p>
		<p>- encourage the Ministry of Health to develop a standard system of nomenclature for the rehabilitation field.</p>	<p>Ministry of Health is encouraged to develop a nomenclature system.</p>	<p>Project HOPE, Red Cross, JDC, Local counterparts.</p>	<p>10/91 to 10/92</p>
		<p>d. Work with the Ministry of Health to privatize the HOPE orthotics laboratory.</p>	<p>Orthotics laboratory is privatized.</p>	<p>Project HOPE, Ministry of Health, Project HOPE graduates (orthotics) and USAID consultants.</p>	<p>10/91 to 04/92</p>

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ARMENIA CONSORTIUM  
 COOPERATIVE AGREEMENT 1. ANE-0001-1-A00-0052-00  
 PROJECT HOPE PEDIATRIC REHABILITATION PROGRAM

ANNUAL WORK PLAN FY92  
 (OCTOBER 1, 1991 - SEPTEMBER 30, 1992)

GOAL	PRINCIPAL OBJECTIVES	MAJOR ACTIVITIES	OUTCOMES	RESPONSIBILITY	TIME FRAME
	4. To develop and implement an evaluation plan for service and training programs and make recommendations for ongoing improvement and development.	4. Developing and implementing an evaluation plan for service and training programs and making recommendations for ongoing improvement and development.			
		a. Develop a master evaluation plan for program objectives.	A master evaluation plan is developed and approved by Consortium members and the Rehabilitation Council.	Project HOPE Pediatric Rehab Team, HOPE Center and COP.	04/92
		b. Develop pilot evaluation measurement tools.	Pilot evaluation measurement tools developed.	Project HOPE Pediatric Rehab Team, HOPE Center and COP.	04/92
		c. Obtain approval of evaluation plan from Consortium members and the Rehabilitation Council.	Approval obtained.	Project HOPE Pediatric Rehab Team, HOPE Center and COP.	06/92
		d. Implement year one of the project evaluation plan.	Evaluation measurement tools developed, evaluated and utilized for program implementation year one.	Project HOPE Pediatric Rehab Team, HOPE Center and COP.	09/92
		e. Revise evaluation plan and measurement tools based on pilot and planning group input.	Evaluation plan and measurement tools revised as needed based on pilot and planning group input.	Project HOPE Pediatric Rehab Team, HOPE Center and COP.	09/92 to 03/93

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