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PHCR
Primary Healthcare Reform Project

INTRODUCTION

The Primary Healthcare Reform Project (PHCR), funded by the United States Agency for International Development (USAID) under the TASC2 IQC No. GHS-I-00-03-00031-00, was awarded to Emerging Markets Group, Ltd. (EMG) on September 30, 2005. Subcontractors on this project are IntraHealth International, Overseas Strategic Consulting, Ltd. and American University of Armenia's Center for Health Services Research.

This PHCR Project Quarterly Report describes the project activities and results during the period of October 1 to December 31, 2007. Three project-wide activities occurring during this time are noted: in October, Richard Yoder arrived and assumed responsibilities of Chief of Party; the external evaluation and report was completed; and the PHCR work plan for Year 3 has been updated and incorporated recommendations from the evaluation report, and has been distributed to key government and related stakeholders for feedback. Special emphasis is placed on incorporating "institutionalization" activities so that appropriate PHCR interventions continue when the project ends.

ABBREVIATIONS AND ACRONYMS

BMC	Yerevan State Basic Medical College
FM	Family Medicine
FN	Family Nursing
HF	Healthcare Finance
IRM	Information Resource Management
MIS	Management Information Systems
MOH	Ministry of Health
NHA	National Health Accounts
NIH	National Institute of Health
OE	Open Enrollment
PHC	Primary Healthcare
RFP	Request for Proposal
QOC	Quality of Care
SHA	State Health Agency
TOR	Terms of Reference
TOT	Training of Trainers
UFMC	Unified Family Medicine Curriculum
UFNC	Unified Family Nursing Curriculum
WB	World Bank
WG	Working Group
YSMU	Yerevan State Medical University

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A. COMPONENT 1: EXPANSION OF PHC REFORMS

A1. Project effectively communicating with external world, counterparts and USAID (1-2).

- PHCR Quarterly Bulletin #8 (Q4, 2007) is being finalized and will be distributed to more than 100 Project counterparts and stakeholders, including Health Advisory Board members from Kotayk, Gegharkunik and Tavush, as well as 36 target communities in the three regions. It is also posted on the PHCR website and sent out to more than 120 subscribers through a targeted subscription list (A1.1).
- During November 3-7, Primary Healthcare Reform Project (PHCR) participated in the 135th Annual Meeting and Exposition of the American Public Health Association (APHA) held in Washington DC, the oldest and largest gathering of public health professionals in the world, attracting more than 13,000 health specialists each year.

At one of the sessions dedicated to discussing current trends in health systems management, PHCR Team Leader for Health Sector Reform and Open Enrollment Dr. Gayane Gharagebakyan (see photo) delivered a presentation entitled "Using General Practitioner Selection as a Social Technology Tool to Catalyze Primary Healthcare (PHC) Reform: The Armenian Case". The presentation covered a range of issues related to the newly introduced open enrollment mechanism and patient empowerment processes. A poster with brief information on the issues covered by the presentation was also exhibited at the exposition (A1.2).

A2. Project monitoring system operational (1-4).

- Zone 2 baseline facility and performance assessment report was finalized and submitted to PHCR management.

"Performance Management Plan was revised; FY08 targets were set for the Performance Management Plan and Operational Plan" (A2.4).

A3. PHCR activities on Marz level begun.

PHCR drafted letters to the heads of Zone 3 (Armavir, Ararat and Aragatsotn) regional authorities (marzpets) as a formal notice on launching PHCR activities in the three regions.

A4. PHC facilities renovated and equipped through zonal rollout (1-7).

- Renovation work in all 36 rural PHC facilities (including 31 health posts and five medical ambulatories) was complete on November 23, 2007. Acceptance acts have now been signed with all renovated PHC facilities.

In an effort to ensure sustainability of PHC facility upgrade and community education efforts, PHCR currently provides support to the staff of the renovated facilities in developing a poster, which will contain information on the renovation work accomplished and Community Health Committee activities. The poster will also inform on the referral facility physician visit days (A4.1).

- To make the renovation planning and budgeting process for Zone 3 more refined, justified and effective PHCR Engineering team did a thorough summary analysis of renovation data for Zones 1 and 2. As part of the analysis, an electronic database of construction materials and their market prices used in renovation works was established (A4.2).

- PHCR summarized and analyzed information on community participation and contribution in renovation works. The result showed direct and indirect contributions equivalent to AMD 44,042,880 in Zone 1 communities, and to AMD 40,891,400 AMD in Zone 2 communities. Ration of direct to indirect contributions in Zone 1 communities was 1:6, while 1:2.2 in Zone 2, where the proportion of direct investments was larger (A.4.5) .
- PHCR currently collects data on PHC facilities in Ararat, Aragatsotn, Armavir, Syunik, Vayots Dzor, considering investments to upgrade them, which have been made by other donors to date. While selecting potential target sites, PHCR endeavors to coordinate with other donor partners (including Project NOVA and Children of Armenia Foundation). After data collection is completed, PHCR will discuss the list of potential target facilities with regional health and social security departments (A4.3, see also under A3).
- Renovation works in three leftover Zone 1 facilities (Isahakyan, Jiliza, and Lernantsk) were complete in mid-November, 2007 (A4.6).
- Distribution of furniture to the 36 renovated PHC facilities in Zone 2, as well as the remaining PHC facilities in Zone 1 was complete by the end of December, 2007.

Medical equipment distribution plan was reviewed and finalized; the list of recipients and volume of supplies envisaged was revisited and approved. On October 26, procurement contracts with two of the eligible suppliers, “Prom Test” and “Delta”, were signed. Delivery of medical equipment to PHC target facilities and clinical training sites in Zones 1 and 2 is scheduled to commence in late January (A4.7).

A5. PHC physical improvements sustained by rational management procedures.

A6. Content and process of institutionalizing relevant PHCR interventions advocated for among senior MOH/GOA decision-makers.

B. COMPONENT 2: FAMILY MEDICINE

B1. PHC/FM policy improved.

- PHCR FM and QOC, and HF teams supported the MOH in developing relevant sections of the MOH’s “PHC Development Strategy for 2008-2012 (B1.1).

B2. FM Training Institutions have increased capacity / FM faculties strengthened (1-6).

- PHCR finalized the Armenian version of the “Learning for Performance” manual. To discuss the manual, draft plan for its implementation, as well as the PHCR-drafted “Glossary of Training and Learning Terminology” (in Armenian), on December 13, PHCR FM Training advisor met with Project NOVA training team. Further discussions on the both topics will be held at a roundtable, which will be conducted in January with all partner organizations attending (F2.1, F2.3).
- The FM team worked on the format of the “Learning for Performance” TOT to be conducted by IntraHealth STTA Judith Winkler. Key areas for her scope of work were listed and submitted to IntraHealth. The TOT contents will be based on the outcome of the performance gaps assessment that PHCR intends to conduct (see also under B5.1 below) (B2.2).

- PHCR remains in constant touch with the cardiovascular diseases training package developer working group and the FM faculty of YSMU to update the package with newly released EBM materials and guidelines on a regular basis (B2.6).

B3. Family Medicine Curriculum is up-to-date with training modules.

- PHCR FM team started preparatory work for the development of the “Management of Most Common Childhood Illnesses” training package for the UFMC. As a first step, the Project held meetings with counterparts who had developed materials on relevant topics, including Project NOVA and Children of Armenia Foundation (COAF). Pediatric guidelines recently developed by the World Bank were also considered. During the meeting with COAF staff, a preliminary agreement on cooperation was reached, including institutionalization of the training package to be developed and joint delivery of relevant trainings to family physicians.

To discuss matters related to package development and curricula/training materials existing in this area, on December 13, PHCR FM team also had a meeting with Dr. Karine Saribekyan, Head of Mother and Child Health Department at the MOH. Dr. Saribekyan expressed her approval of this PHCR initiative and preparedness to assist in reviewing the draft training package as soon as it has been compiled. Issues including package structure, potential working group members and package development plan were also discussed.

B4. FM/FN clinical training sites established/upgraded at Marz level.

- Distribution of standard sets of furniture (including a desk, a table for medical equipment, chairs, a shelf, a couch, a cabinet roller, and a partition) to 12 clinical training sites in Zone 1 and 2 was complete in late December, 2007.

For a report on provision of medical equipment, please see point A4.7 above.

B5. FM providers’ performance improved through training and QA activities (1-3).

- Following feedback and recommendations provided by the USAID evaluation team in October 2007, PHCR plans to implement an assessment of FM providers’ performance. The major outcomes of the assessment are envisioned, as follows:
 - To inform the FM chairs and policy makers on the development of an FM TOT program using the “Learning for Performance” approach;
 - To assess strengths and weaknesses of the existing FM curriculum and training program;
 - To evaluate performance of FM service providers and identify the ongoing and new interventions related to improving provider knowledge and skill, availability of supplies and equipment, awareness of job responsibilities and expectations, supportive supervision and motivation and incentives.

As a result of internal discussions on the design and the scope of the assessment, the decision was made to invite STTA to support this specific activity. STTA scope of work is being compiled (B5.1).

B6. Unified Family Nursing Curriculum is up-to-date with EBM-based training materials (1-3).

- PHCR FN advisor meets with BMC and NIH trainers on a regular basis to update them on the most recent FN EBM data and guidelines and keep UFNC training materials up-to-date (B6.1).

B7. PHC nurses have completed UFNC training and retraining (1-2).

- In November, 2007, PHCR finished delivering the 6.5-month UFNC training to PHC nurses from Lori and Shirak regions. After passing the examination successfully, all 129 nurses were awarded certificates, which provide the nurses with official qualification of a family/community nurse that is recognized nationwide.

The examination was held for two days in each group and comprised a 100-multiple choice question written test and a demonstration of clinical skill. The results of the written pre- and post-tests were 29.5% and 79.5% in Lori region, and 33.5% and 90% in Shirak region. Overall, of 129 nurses, 110 graduated with excellent, and 16 with good scores (on a ten-point scale).

The certificates were awarded to nurse graduates during official award ceremonies held on December 5 in Gyumri, and on December 11 in Vanadzor. In both regions, the events were attended by local stakeholders who delivered speeches expressing their gratitude to the USAID-funded PHCR project for implementing such unprecedented in terms of both coverage and quality, training initiative for rural PHC providers (B7.1).

- PHCR continues working on the design and the budget of the UFNC training for PHC nurses from Zone 2 regions. The suggested number of trainees is 114. The Project collaborates with stakeholders in the three regions (including regional health authorities) to finalize the list of trainees, as well as logistical issues. PHCR family nursing advisor holds regular meetings with NIH and BMC trainers who will deliver the training to refine and update the training materials.

The contract with the NIH on delivery of training in Zone 2 regions has been finalized and is expected to be signed by the end of January 2008.

On November 7, PHCR and Jinishian Memorial Foundation (JMF) signed a Memorandum of Understanding, which contains provisions regarding strategic cooperation between the two parties in building the capacity of rural nurses via the Community Nurse Training program in Armenia. In particular, in November-December, 2007, JMF trained nurse clinical preceptors across the country who will provide clinical skills training as part of the UFNC training to be delivered by PHCR (B7.2).

B8. Establishment of independent FM practices is supported (1-3).

- For report on B8.1 activities please see B1 above.
- PHCR is currently drafting guidelines “On Establishing and Registering Independent FM Practices in the Form of a Private Entrepreneurship” and “On Establishing and Registering Independent FM Group Practices with the status of a Limited Liability Company” (B8.2).

C. COMPONENT 3: OPEN ENROLLMENT

C1. Policies and regulations in place to support open enrollment (1-4).

- PHCR-drafted amendments to the Government Decree No 420-N, dated March 30, 2007 “On PHC Physician Selection and Registration With Them” were approved by the MOH and submitted to the Ministry of Finance and Economy, Ministry of Territorial Governance and Ministry of Justice for feedback and approval. The amendments, in particular, specify that additional regulations need to be issued in cases of under-enrollment of patients by a PHC physician, and this will be subject to regulation by the MOH.

- PHCR drafted accessory regulations referred in, and required by the Government of Armenia decree and enrollment order, to be approved by the MOH for a more precise regulation on a number of OE issues. E.g., PHCR drafted a summary medical chart for those patients who wish to shift from one PHC facility to another one. A sample contract governing relationship between health post nurse and physicians of ambulatory other than the referral ambulatory of the same health post, was drafted and submitted to the MOH for discussion and feedback.
- PHCR also updated the existing regulation for OE transfer form filling and circulation. The update requires PHC facilities to handle the transfer forms electronically rather than manually. PHCR distributed the updated regulation to the regional health departments with a request to pass it on to all PHC facilities (C1.1).
- PHCR team continues working on draft OE IT regulatory document and its practical application mechanisms (C2.1).

C2. OE information and reporting system functional for operation in Year 2008 (1-5).

- PHCR developed a set of forms that will be used for enrollment data vertical reporting to regional health departments. The set was distributed to the regional health departments with a request to pass it on to all PHC facilities (C2.1).
- PHCR OE IT team provided advice and technical assistance to all regional, as well as Yerevan health and social security departments on how to collect, analyze and report OE electronic data. The team also delivers ongoing support to the assigned staff at PHC facilities across the country on data entry, database processing, and electronic reporting process (C2.2, C2.4).
- OE automated information system has now been installed at all regional and Yerevan health and social security departments. The system is functional in all regions except Armavir, Gegharkunik, Tavush, and Vayots Dzor, where deployment works currently continue. PHCR staff is waiting for final space allocation for servers to install them operational.
- OE automated information system was upgraded at former ASTP pilot sites, including Vanadzor PC #4, Erebouny medical center polyclinic and PC #17 YSMU #2 polyclinic, “Grigor Narekatsi” medical center "Nor Aresh" polyclinic, “Grigor Narekatsi” medical center “Sari Tagh” polyclinic and polyclinic #4, Vanadzor PC #1, Vanadzor PC #3, Vanadzor PC #5, Vanadzor PC #2. The upgrade was necessary to make their integration into regional and national level databases possible. The Project also continued installing the system at PHC facilities across Armenia.
- PHCR OE IT team updated the current version of the OE automated information system. The capability of encrypting/decrypting sensitive data was added to increase security level on the regional and national levels (C2.3).

Table 1. Latest Enrollment Statistics (per region, broken down by population over and below 18)
(as of late November)

Total	77%	79%	75%	53%		
Region	Enrolled			Data Entered into Database		
	Total	< 18	> 18	Total	< 18	> 18
Armavir	279,212	79,842	199,370	243,728	69,446	174,282
	243,728	69,446	174,282	153,708	55,680	98,028
	87%	87%	87%	63%	80%	56%
Aragatsotn	140,419	53,003	87,416	79,971	26,122	53,749
	79,971	26,122	53,749	43,810	16,887	26,923

Region	Enrolled			Data Entered into Database		
	Total	< 18	> 18	Total	< 18	> 18
	57%	49%	61%	55%	65%	50%
Ararat	274,197	78,279	195,918	148,382	46,273	102,109
	148,382	46,273	102,109	98,883	32,800	66,083
	54%	59%	52%	67%	71%	65%
Kotayk	275,071	73,019	202,052	201,725	62,017	139,708
	201,725	62,017	139,708	140,449	42,300	98,149
	73%	85%	69%	70%	68%	70%
Lori	281,346	75,030	206,316	257,371	68,254	189,117
	257,371	68,254	189,117	115,317	67,914	47,403
	91%	91%	92%	45%	100%	25%
Shirak	271,749	78,764	192,985	214,923	66,737	148,186
	214,923	66,737	148,186	205,988	64,272	141,713
	79.1%	84.7%	76.8%	95.8%	96.3%	95.6%
Syunik	153,029	41,611	111,418	90,950	26,455	64,495
	90,950	26,455	64,495	37,181	10,896	26,285
	59%	64%	58%	41%	41%	41%
Tavush	134,238	45,289	88,949	116,759	37,456	79,303
	116,759	37,456	79,303	51,384	13,928	37,456
	87%	83%	89%	44%	37%	47%
Gegharkunik	239,446	72,480	166,966	172,413	48,251	124,168
	172,413	48,251	124,168	79,500	24,531	54,969
	72%	67%	74%	46%	51%	44%
Vayots Dzor	55,798	15,868	39,930	41,667	13,363	28,304
	41,667	13,363	28,304	10,250	841	9,409
	75%	84%	71%	25%	6%	33%
Yerevan	1,103,800	260,000	843,800	907,659	226,190	654,130
	907,659	226,190	654,130	382,513	135,687	246,826
	82%	87%	78%	42%	60%	38%

C3. Options identified for linking OE processes and data to broader healthcare needs.

D. COMPONENT 4: QUALITY OF CARE

D1. State-of-the-art quality improvement methodologies in use, including: a) reviewed policies and regulations to support QoC; b) monitoring system for QoC implemented in each PHC network; c) capacity building for QA implementation and institutionalization (1-12).

- Discussions have been initiated with IntraHealth to be more active in providing technical support to the PHCR QA team in the structure, content and processes of QA. The particular shape this support will take is part of the discussion.
- Meetings have been held with Ruzanna Yuzbashyan, Head of PHC department at the MOH, on formal circulation of the Quality Assurance (QA) Strategy and its further submission to the

Government of Armenia for approval (the draft QA Strategy was submitted to MOH on September 27). Dr. R. Yuzbashyan will address the issue jointly with relevant MOH departments.

MOH decided to submit the QA Strategy for governmental approval next year, as part of the “Strategy of development of the PHC in Armenia for years 2008-2012”. The QA Strategy will be incorporated in the latter document as a sub-strategy. PHCR has been informed that the Strategy is expected to be approved latest May 2008. Soon after approval by the Government, the MOH will approve the rest of the QA package (QA implementation plan, appendices/QA tools), and will have them ratified by the Ministry of Justice (D1.1).

- In December, PHCR conducted a workshop (roundtable) on PHC QA implementation. The event was attended by PHC providers (physicians and nurses), facility managers and representatives of Yerevan municipality and Aragatsotn marz HSS departments. As an outcome of the workshop, PHCR obtained their views/feedback on different options of QA tools/methods implementation. The summary of results and a report will follow under separate cover (D1.2).
- Following the roundtable and in discussions with the COP, an alternative model of training design was developed in which PHCR would train Master Trainers from each Marz who would then train facility staff in QI content and processes. This will allow the PHCR QA team to provide overall technical support throughout implementation and more closely monitor the process. Although this design allows implementation of QA for all PHC facilities during the remaining three years of the project, the initial phase of training and implementation will be closely monitored to assess the feasibility of continuing with this training design. If necessary, adjustments will be made to ensure a sound and sustainable process. (D1.3).
- PHCR QOC advisor provided feedback and suggestions on the Training Curriculum for the implementation of PHC QA Strategy as drafted by STTA Lauren Crigler. Also started developing the draft Progress (pre- and post) Test for Quality Assurance Training (D1.7).
- A PHCR-drafted guide for filling-in the new ambulatory medical chart was submitted to Dr. Ruzanna Yuzbashyan, Head of PHC Department, and Izabella Abgaryan, Head of Legal Department at the MOH. The guide is required to complete the procedure of the governmental registration of the new medical chart form (D1.12)

D2. Improved capacity at MOH Licensing Department (1-2).

- PHCR-hired operators completed data entry at the MOH Licensing Department. The department was also upgraded with furniture and computer equipment, including workstations and peripheral devices (D2.1).

D3. EBM-based standards / protocols for assessing QoC in PHC in place (1-2).

- Had a working meeting with Karine Saribekyan, Head of Mother and Child Health department at the MOH to discuss development of job aids for the management of most common childhood diseases in PHC practices. Dr. K. Saribekyan will provide suggestions about forming a working group for that purpose (D3.1).

D4. Client satisfaction with QoC monitored (1-2).

N/A

E. COMPONENT 5: HEALTHCARE FINANCE.

E1. Resources provided and NHA staff capacity building carried out for NHA institutionalization (1-5).

- PHCR provided assistance to the NHA working group in developing of 2006 NHA report (E1.1).
- With the purpose to evaluate the equity of and access to health care, PHCR has analyzed indicators on: (i) burden of out of pocket health expenditure at different income levels, and (ii) proportion of households per income quintiles groups, which had not received necessary treatment, using 2006 household expenditures survey database as well as 2004, 2005 and 2006 Living Standards Measurement Surveys databases. The summary report was developed and sent to the SHA, WB HPIU, and NHA working group members for consideration in 2006 NHA report. The analysis of trends of these indicators over the time will provide framework for monitoring and evaluation of health sector reforms (E1.2).

E2. Cost and prices for services are determined (1-3).

- For application of agreed with the SHA indirect cost calculation approach, PHCR conducted additional sample survey and obtained cost information from 66 polyclinics and ambulatories of Yerevan and the nine regions. The data were processed, analyzed and the indirect cost allocation normative was calculated (for ambulatories vs. polyclinics and rural vs. urban).

In late November HF Team completed calculation of normative costs for 117 laboratory and instrumental, as well as physiotherapeutic services rendered in PHC sector using an Excel based Model. The Model contains detailed data on all groups of direct/indirect costs, involved in delivering the mentioned services, including labor cost rates by staff categories, equipment depreciation and maintenance costs, cost of materials used, administrative staff costs, building and non-medical equipment depreciation and maintenance costs, utility costs, land and property taxes, bank charges, and other costs.

On December 7, 2007, PHCR officially handed over the normative costing model package to the SHA staff. As part of the handover ceremony, the model was presented, and fifteen members of SHA staff were trained on using of the Costing Model. The normative costing package also contains a document, providing the detailed description of the model, assumptions used in the Model as well as cost factors that have to be annually revised by the SHA (labor rates, reagent prices, equipment purchase costs) (E2.1, E2.2).

- As part of the support to the SHA, PHCR assisted in 2008 budget calculation for laboratory and instrumental services delivered in PHC as well as in setting the prices on bases of the normative costs of the services (E2.3).

E3. Performance based reimbursement system established (1-3).

- Revised PHC reporting forms for performance indicators baseline data collection (E3.1)
- PHCR received approval from USAID to provide Yerevan/Marz SHA branch offices with 12 computers and related IT equipment for the purpose of improving technical capacities of SHA and supporting the implementation of the performance based financing system (indicators data collection, processing, summarizing, evaluation, etc.) (E3.2).

E4. PHC facility reporting system streamlined (1-3).

- Review of PHC facility reporting system is underway (E4.1).
- Review of PHC encounter form is underway (E4.2.)

E5. Financial management systems and computer equipment are in place at targeted facilities (1-2).

- The Project has drafted the PHC accounting policy to supplement the PHCR-developed working chart of accounts. The latter was revised to comply with the GFS (General Finance Statistics) requirements. The accounting policy, PHC working chart of accounts and guide on typical accounting transactions were submitted to the MOH for giving legal status to the package through a government decree. MOH Legal Department developed the draft Government Decree on “Confirmation of essential package of documents for improving accounting practices at the polyclinic/ambulatory level”, which includes the above mentioned PHCR developed package. MOH will send draft decree to the Ministry of Economy and Finance, Ministry of Justice, and the Government for approval (E5.1).

E6. Facility staff trained in sound management and governance practices (1-3).

N/A

E7. Management support to independent FM practices is provided (1-3).

N/A

F. COMPONENT 6: PUBLIC EDUCATION

F1. Baseline established to measure impact of public education interventions (1-2).

N/A

F2. Health-literacy and health-seeking behavior is improved (1-7).

- Community Health Committee (CHC) capacity building trainings under Stage 1 PHCR small grants program are complete in all 36 communities of Zone 2 regions. PHCR monitored the schedule and quality of trainings delivered by the selected NGOs all the way through. A total of 360 CHC members received Certificates on successful completion of the training (F2.1).
- Work on public health education leaflets on seven health topics is underway (F2.3, F2.4).
- Plans for delivery of TOT on health topics for Zone 2 (small grants program Stage 2) were finalized (F2.5).
- PHCR Public Education team worked with the MOH on the health education and community mobilization strategy to include in the overall “PHC development strategy” document. PE activities sustainability scale was proposed to emphasize institutionalization of PHCR’s public education activities:
 - Public Health Education (PHE) strategy package for MOH developed and advocated
 - The Strategy Package, including PHE tools, guidelines, procedures and implementation mechanisms approved by MOH
 - The establishment of PHE office advocated and supported or persons are identified in MOH who will be responsible for PHE.
 - Capacity build at the corresponding office/people at the MOH to conduct PHE activities
 - Financing is allocated for PHE strategy implementation

F3. General awareness of OE process and PHCR interventions established in general population (1-6).

- Report on activities under F3.3 please see F2.1.
- Distribution of CDs with OE public tutorial and OE physician tutorial, as well as OE promotion materials is underway. Audio version of the OE PSA was broadcast on local FM channels.
OE reform processes were presented to the participants of the Adult Learning Week Job Fair. A total of 150 OE FAQ booklets and 20 OE posters were distributed to the attendees (F3.5).
- Community booklets describing community history and PHCR interventions for Zone 1 communities (Armenian and English versions) are currently being finalized (F3.6).

F4. Public is aware of the service packages which are provided in primary care.

N/A

F5. Journalists are trained and deliver media in healthcare reform issues (1-3).

- On October 19, 2007, PE team in collaboration with FM team and Gyumri Medical College conducted a follow up seminar on PHC reform topics for 13 Shirak-based journalists, including 8 print and TV media channel representatives. The participants were introduced to the recent developments in OE reform and PHCR community mobilization activities in the region. An overview of the community nurse clinical training process was also provided. PHCR-delivered nurse training was presented to the journalists. They also had a chance to interview nurse trainers and trainees.

F6. Grants to NGOs result in community health action and primary care initiatives (1-3).

- For report on activities under F6.1 please see F2.5.
- NGO reports on CHC capacity building trainings were reviewed and accepted by the PHCR grants committee (F6.2, also see under F2.1).