



Quarterly Report April – June 2008: 3rd Quarter FY08

This Quarterly Report describes the results of NOVA's programmatic activities during the period April 1 – June 30, 2008. Project NOVA was in full-scale implementation with all marz-level and national-level interventions in Armenia in accordance with its Statement of Work and FY08 workplan. Based on the Contract Modification dated May 20, 2008 family planning (FP) activities were expanded to northern Armenia.

AREA 1: Improve RH/FP/MCH Performance of Select Networks

Tangible Result: Providers' knowledge and skills improved

- Project NOVA continues the implementation of its flagship Safe Motherhood Clinical Skills (SMCS) training course for 102 community nurses from the five Project-supported health networks in the south. This self-paced performance-based training consists of eight interrelated modules carried out over the course of six to nine months. This quarter community nurses successfully completed Module 4 (Intrapartum Emergencies) and Module 5 (Postpartum and Newborn Care) with an average knowledge increase of 36% for both modules (see Attachment A for details). In addition, Project NOVA revised, updated and started the implementation of Module 6 (Infant Care).
- In order to monitor and accelerate integration of key maternal and child health (MCH) interventions into routine medical practice, Project NOVA continues to conduct monitoring visits to the Project-supported facilities. Results show that newly-trained healthcare providers use the acquired knowledge and skills. During routine infant care visits pediatricians refer women, if appropriate, for FP counseling. During the period of February-May, 87 women were referred for FP counseling of which 71 complied by attending the Women's Consultation for counseling. However, in the majority of cases requested FP commodities were not available and the clients received only counseling. Project NOVA continues its follow-up visits to assist newly trained healthcare providers in the integration of acquired clinical knowledge and skills.

Tangible Result: Training capacity strengthened

- During the reporting period, Project NOVA started implementation of Family Planning and Reproductive Health Counseling training designed for ob/gyns, midwives and nurses. A team of three trainers consisting of two ob/gyns (one regional and one national trainer) and a family physician (national trainer) conducted the training course(s). Overall, 40 medical workers participated from two regions (Vayk and Armavir). Pre- and post-tests demonstrate an average knowledge increase of 31% (See Table 1). The participants showed great interest in the content and participatory training methodology.

Table 1: Family Planning and Reproductive Health Counseling Training

| | # of participants | Pre-test score | Post-test score | Knowledge Change |
|---------|-------------------|----------------|-----------------|------------------|
| Vayk | 18 | 76% | 95% | 19% ↑ |
| Armavir | 22 | 49% | 93% | 44% ↑ |
| Total | | 62.5% | 94% | 31.5% ↑ |

- During the reported period, Project staff revised the content of the training package “Key RH Competencies for Family Physicians”. The updated 8-day training curriculum includes training on FP, sexually transmitted infections (STIs) (including HIV/AIDS), reproductive health cancer prevention, patient education and counseling, etc. The updated training package also reflects the latest Ministry of Health (MOH) provisions included in the 2008 Basic Benefits Package on the role and scope of practice for family doctors in the delivery of RH services in Armenia. Next quarter, Project NOVA will send the training package to the MOH for approval, followed by implementation of the trainings in the five health networks.
- Project NOVA completed the SMCS pre-service nursing/midwifery pilot training initiative at the Gyumri Medical College. The new SMCS training curriculum was incorporated into existing pre-service training curriculum using materials from the Project NOVA self-paced competency-based SMCS post-graduate training for health post nurses. Medical college faculty trained by Project NOVA in instructional design and SMCS teaching methodology conducted the pilot training. Ninety-two students from nursing and midwifery departments participated in the pilot initiative. The Project evaluated the initiative using a pre-post evaluation design (see section on Research, Monitoring and Evaluation).
- To promote the role of nurses in the primary healthcare system, Project NOVA worked with the following organizations to organize a study tour to Egypt to review the expanded role of nurses: the Academy for Educational Development, the Egyptian Family Planning Association, the Institute for Training and Research in Family Planning, the International Health Program/Public Health Institute Santa Cruz, California, USA. Armenian state officials and key experts in nursing participated in the study tour. During the study tour participants gained knowledge about the structure and organization of clinical and preventive care in various types of facilities (primary health care units, family health and rural health posts) managed by the Ministry of Health, military and private hospitals. The final outcome of the tour was to select one problem or issue related to nursing practices. The team selected the absence of a licensing system for nurses in Armenia. The study tour participants plan to improve standards of nursing practice in Armenia through establishing a nursing licensing system in Armenia by October 2010.

AREA 2: Strengthen Management and Supervision

Tangible Result: Quality assurance system at hospitals introduced

- In April-May Project NOVA conducted Marz Advisory Board meetings for Vayk, Vedi, Armavir and Talin Health Networks. The meetings were conducted in collaboration with

Marz Health Departments, officials from the Project-supported health networks and local NGOs working in the area. Advisory Board meeting discussions included: Project NOVA clinical training events; Quality Assurance Teams achievements, including the results of self-assessments and site-specific statistics; dissemination and presentation of Project health education materials in rural communities and the clinical setting; and community-related issues.

- The Project continued the implementation of its Quality Assurance (QA) activities at five QA sites: Armavir Medical Center, Vedi Maternity, Vayk Medical Center, Sisian Medical Center and Talin Medical Center. As part of this initiative, QA team members at all sites completed a final (forth) self-assessment. Percent change in Quality Indexes Total Score varied from 4% in Armavir Medical Center to 16% in Vayk Medical Center (see table 2).

Table 2: Scoring of Project NOVA Quality Assurance Self-Assessment Exercises

| Dimensions of Quality | Armavir MC Self-assessment | | | | Vedi Maternity Self-assessment | | | | Vayk MC Self-assessment | | | | Sisian MC Self-assessment | | | | Talin MC Self-assessment | | | |
|-----------------------|----------------------------|-----------|-----------|-----------|--------------------------------|-----------|-----------|-----------|-------------------------|-----------|-----------|-----------|---------------------------|-----------|-----------|-----------|--------------------------|-----------|-----------|-----------|
| | I | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV | I | II | III | IV |
| Access | 90 | 77 | 83 | 75 | 96 | 85 | 92 | 96 | 67 | 77 | 77 | 73 | 67 | 80 | 83 | 93 | 75 | 93 | 93 | 93 |
| Responsiveness | 69 | 58 | 78 | 75 | 81 | 83 | 86 | 94 | 72 | 83 | 89 | 94 | 69 | 72 | 72 | 100 | 86 | 94 | 94 | 97 |
| Environment | 68 | 76 | 76 | 74 | 74 | 74 | 79 | 89 | 84 | 92 | 89 | 89 | 84 | 84 | 84 | 95 | 76 | 87 | 92 | 97 |
| Management | 78 | 87 | 93 | 93 | 93 | 97 | 97 | 97 | 100 | 100 | 100 | 100 | 86 | 87 | 87 | 97 | 96 | 97 | 97 | 97 |
| Competence | 93 | 93 | 95 | 95 | 86 | 96 | 96 | 96 | 82 | 82 | 95 | 98 | 96 | 96 | 98 | 96 | 89 | 91 | 96 | 97 |
| Total Score | <i>83</i> | <i>83</i> | <i>88</i> | <i>86</i> | <i>84</i> | <i>91</i> | <i>92</i> | <i>97</i> | <i>80</i> | <i>91</i> | <i>91</i> | <i>93</i> | <i>85</i> | <i>88</i> | <i>89</i> | <i>96</i> | <i>85</i> | <i>93</i> | <i>95</i> | <i>97</i> |

- In April facility-based QA teams analyzed site statistics and reviewed cases of near misses for maternal mortality. Positive changes were observed in some of the indicators collected – an increase in early coverage (i.e. percent of pregnant women registered during first trimester of pregnancy) from 38.5% to 47% and decrease in percent of postpartum hemorrhage from 4.3% to 2.2%.
- In April Project NOVA launched four official opening ceremonies for newly established Schools of Motherhood (SoM) in target networks - Vedi, Vayk, Sisian and Talin. The Project equipped the designated rooms for SoM with essential supplies including: basic furniture, TV, video-DVD player, client health education materials, pregnancy exercise balls, etc. The SoM room identified at Vedi Maternity required major transformation and was renovated with Project NOVA support.
- In addition, at the request of the MOH Chief Ob/Gyn and with support from USAID, additional SoMs were established in Yerevan at the Institute of Perinatology, Obstetrics and Gynecology (IPOG) and the Erebuni Medical Center. The SoM room at IPOG was renovated and equipped by Project NOVA with significant contribution from IPOG, and will serve as a demonstration site for regional facilities. The official opening ceremony of the newly established IPOG School of Motherhood is scheduled for August 2008.

AREA 3: Improve RH/MCH Policy Formulation and Implementation

Tangible Result: RH/FP/MCH policies reviewed

- Project NOVA provided extensive technical assistance to the MoH in conceptualizing and designing the Obstetric Care State Certificates (Maternal Certificates). This innovative system, launched nationwide on July 1st, 2008, promotes women's awareness of free obstetric care services and monitors the quality of obstetric care and freedom to choose the facility for delivery. The Certificate serves as a base for the state financial reimbursement to the health facilities for services provided.
- Project NOVA copied and distributed, to the Project-supported facilities, the Ministerial Orders approving the standards of RH/MCH care services. These standards are included in the state guaranteed Basic Benefit Package (BBP) of healthcare services.

Tangible Result: Evidence-based RH/FP/MCH service delivery promoted

- Project NOVA shared the following evidence-based medicine information in the monthly newsletters: early breastfeeding reduces neonatal mortality; prolonged, exclusive breastfeeding linked to improved cognitive development; and diet or exercise, or both, for weight reduction in women carrying excess weight after childbirth. All evidence-based medicine updates along with relevant links are available on the Project NOVA website (www.nova.am) in English and Armenian.

Tangible Result: Best practices and messages documented and disseminated

- Project NOVA wrote a Success Story depicting the fruitful partnership between the Burns Supper Club, a charity event hosted by the British Embassy and USAID/Project NOVA. The Project used the resulting donation to purchase life-saving equipment for several health facilities. The new equipment enables healthcare providers to better assess, diagnose, treat and monitor the health of mothers and their children.
- Project NOVA continues to distribute monthly electronic newsletters to over 135 individuals from local and international organizations. The newsletters in both English and Armenian highlight key project activities, including information on the establishment and opening of four SoM in Vedi, Talin, Vayk and Sisian. The newsletters also covered the capacity building trainings organized for the members of Health Action Groups established by NOVA, the successful progress of community nurse training in Safe Motherhood, the Project NOVA training in FP/RH counseling and the new BBP 2008 brochure and poster.
- With permission from WHO Europe, Project NOVA translated into Armenian and reformatted and printed two WHO posters (from the series of Making Pregnancy Safer) titled: *Proper Handwashing Techniques and Positions during Labor and Delivery*. NOVA is in the process of disseminating the posters in five project-supported health networks, as well as the Women's Consultations and Maternities nationwide.
- Project NOVA organized local media coverage of the opening ceremonies of the SoM and ran a National TV program on the Vedi SoM opening broadcast. The Medical Bulletin newspaper and Healthcare magazine published special Articles on the openings dedicated to the commemoration of Motherhood and Beauty day in Armenia on April 7.
- Project NOVA continues to present its health education brochures in rural areas of Armavir. The presentations of the main topics discussed in the brochures are followed by extensive Q&A sessions.

- Project NOVA will print additional copies of all client education materials (*Antenatal Care and Healthy Pregnancy; 10 Things Women Need to Know after Having a Baby; The Future is in Your Hands; Do You Know Your Contraceptive Choices?*) that were very well received by women throughout the country. USAID's PHCR Project also distributed NOVA's brochure on *10 Things Women Need to Know after Having a Baby* to its Project-supported communities.

Tangible result: Knowledge management capacity improved

- Project NOVA continues to provide technical assistance to the Armenian Society of Obstetrician-Gynecologists and Neonatologists and the IPOG in the development and production of the peer-reviewed Armenian Journal of Obstetrics, Gynecology, and Neonatology. The third issue (Vol. 2, No. 1) of this Journal was published (500 copies) in June 2008. It will be disseminated among Armenian healthcare providers and medical scientists as well as medical education institutions in July-August 2008. The electronic version of the Journal is posted on the Project NOVA website (www.nova.am). The articles report on the achievements, diagnostics and research findings related to the aforementioned fields and are categorized into three major thematic groups: 1) reproductive health, family planning and maternal & child health; 2) organization of healthcare services; and 3) evidence-based medicine. This semiannual Journal also aims at promoting the use of evidence-based medicine (EBM) in routine clinical practice in the Republic of Armenia. Its special EBM pages provide summaries of Systemic Reviews from the Cochrane Database. EBM themes of the third issue include: Estrogen and progestin use in peri- and postmenopausal women; use of amniotomy (artificial rupture of amniotic sac); and continuous support during pregnancy.
- Project NOVA continues to publicize its work in Armenia and internationally
 - Iren Sargsyan, Project NOVA community mobilization team leader, travelled to Washington, DC from May 26 - 31 to present "Innovative Approaches to Engage Communities in Quality Healthcare" at the special panel session "Leadership and Management Development: Creating Stronger, Healthier Communities" at the Global Health Council Conference.
 - Marianna Hakobyan's (Project NOVA Child Health Training Coordinator) abstract on "Key to Success: Integration of Preconception Care through Policy, Service Delivery and Community-level Intervention in Armenia" submitted to the 1st Central and Eastern European Summit on Preconception Health and Prevention of Birth Defects was accepted for oral presentation in Budapest in August 2008.
 - Zaruhi Mkrtchyan's abstract "Improving Healthcare in Rural Communities of Armenia through Nurse Training and Community Partnership: Results of Project NOVA Evaluation" was accepted for oral presentation during the 136th APHA Annual Meeting & Exposition in October 25-29, 2008 in San Diego, CA.
- Project staff published the following three articles:
 - G.V.Panajyan "Estrogen and progestin use in peri- and postmenopausal women", *Obstetrics, Gynecology, and Neonatology Scientific-Practical Journal*; Vol. 2 No. 1; p. 40-46.
 - K.E.Adamyan "Amniotomy usage preferences", *Obstetrics, Gynecology, and Neonatology Scientific-Practical Journal*; Vol. 2 No. 1; p. 46-50.

- M.S.Hakobyan “Continuous support during pregnancy”, *Obstetrics, Gynecology, and Neonatology* Scientific-Practical Journal; Vol. 2 No. 1; p. 50-52.
- The bilingual Project NOVA website launched in March 2007 is updated on a daily basis. This quarter it included information on the health education talks conducted by nurses in rural communities, capacity building training and the start of a new series of trainings in Family Planning/Reproductive Health Counseling and other Project activities.
- Project NOVA completed the BBP poster and brochure aimed at raising awareness of the state guaranteed healthcare services. The 2008 BBP brochure includes information on all state-guaranteed free maternal and child health services at both inpatient and outpatient levels, social protection of pregnant women, child birth registration as well as newly introduced Obstetric Care State Certificates launched nationwide on July 1st, 2008. The BBP poster provides general information on the topics included in the brochure. It attracts attention and encourages women to know and protect their rights and request the brochure from their health provider. The Project will distribute the brochures and posters in all marzes. Some share of these publications will be passed to USAID SPSS Project for further distribution in social service offices and the MOH.

Database

- NOVA created a special database to collect infant and maternal mortality data for Armenia by region. The database is linked to the geographic information system.
- NOVA developed a questionnaire and corresponding database for a survey on the quality of the roads in the regions of Armenia where Project NOVA has current activities. The data collected by Project community mobilizers and drivers has been entered into the database.
- NOVA translated four datasets in the MIS database into Armenian, including names of marzes, regions, communities and health facilities. This information was used in the design and creation of specific Armenian language maps for external users. The remaining datasets will be translated into Armenian if the need arises.

Geographic Information System (GIS)

- NOVA held a meeting with Vladimir A. Davidyants, Head of the Information Analytical Center of National Institute of Health (NIH) as well as Head of the Epidemiology Department of NIH, to discuss data sharing and collaboration issues. To follow up on this meeting, the Project NOVA MIS Specialist met with the database specialists of the Center and studied their old and new database systems. Data exporting possibilities from the old system into a new one are under consideration. The National Institute of Health provided Project NOVA with data on the birth and infant mortality rates by region from 2004 to 2006.
- Development of new GIS maps:
 - Based on the data obtained from regional health facilities, new maps were created including Infant Mortality and Maternal Mortality Rates by Regions for the period from 2005 to 2007.
 - Updated and reprinted health facilities renovation map.
 - Added SoM to the Project NOVA Interventions maps.
 - Translated several maps into Armenian.
 - During USAID/MOH monthly meeting conducted special presentation on Project NOVA’s GIS experience for the Minister of Health, Mr. Kushkyan.
 - Road quality map development is in process.

Intranet

- Developed and introduced Project NOVA's new Intranet System to the Project staff.

Website

- Project NOVA updated and added new presentations and materials to its website including: presentations on Basics on Reproductive Health and Family Planning Counseling, the third issue of the Armenian Journal of Obstetrics, Gynecology, and Neonatology (Vol. 2, No. 1), a poster and a booklet on BBP Included RH/MCH services, and the Armenian versions of two WHO Posers (series of Making Pregnancy Safer).

AREA 4: Increase Consumer Demand for High Quality RH/FP/MCH Services through Community Education and Mobilization, Renovation and Equipping of Facilities

Tangible result: Better informed and mobilized community in RH/FP/MCH

- The Community Partnership for Health (CPH) initiative successfully continued its health mobilization and education activities in 52 rural communities of Armavir, Talin, Vedi and Sisian health networks:
 - Community needs assessments were conducted in 10 communities of the Vedi network in Ararat marz. The assessments revealed the following key challenges:
 - ✓ poor physical conditions of health posts;
 - ✓ inadequate relationship between health posts and supervisory healthcare facilities (physicians from supervisory health facilities do not visit health posts on a regular basis, there is no established partnership between health post and supervisory facilities, and poor referral system);
 - ✓ poor general population awareness regarding maternal and child health; and
 - ✓ lack of information regarding free state-guaranteed primary health care services.
- Project staff conducted community meetings, established Health Action Groups (HAGs) and developed action plans in 10 communities of Ararat marz. HAG members include the village mayor, community nurse, school principle, and representatives from the Avagani Council, a physician from the supervisory facility, young mothers and housewives.
- Community action plans including rehabilitation and furnishing of health posts through community mobilization are being implemented in 10 rural communities of Vedi network.
- Community nurses continued conducting health talks on a regular basis in 42 communities of Armavir, Talin, Sisian and Vayk health networks. The five main topics presented by the nurses covered pregnancy and postpartum period danger signs; healthy lifestyle during pregnancy; sick child care; infant feeding, including exclusive breastfeeding for the first six months; and FP during postpartum and postabortion period.
- Project staff initiated Capacity Building training for its HAG members starting April 16, 2008. The 3-day training built capacity of the HAGs established by Project NOVA in the targeted rural communities. Local partner NGOs that completed certified TOT training organized by International Foundation for Election Systems (IFES) in 2004 and

Counterpart International in 2007, conducted the capacity building training. Approximately 300 members of HAGs from 42 rural communities of Sisian, Talin and Armavir Health Networks will benefit from this training. By the end of the training, participants will be able to:

- ✓ Create a community budget
- ✓ Develop a community strategic plan
- ✓ Identify and prioritize existing problems in the community
- ✓ Raise funds to solve identified problems
- ✓ Develop a project proposal and apply for funding

Tangible result: Local NGOs capacity strengthened

- Project NOVA successfully completed its collaboration with the “Armavir Development Center”, a local NGO sub-contracted to implement CPH activities in the Armavir health network.

Research, Monitoring and Evaluation

- In June 2008 Project NOVA completed an evaluation of the SMCS pre-service training at Gyumri State Medical College. The results of the evaluation are presented in the table below. The increase in knowledge and skills was evident for all cohorts participating in the evaluation. Nurses and midwives showed significant increase in skills and performance. More than half of the nurses and midwives were able to perform selected skills compared with none of them being able to perform at the baseline. Knowledge increase was approximately 45-60% compared with the baseline.

| | <i>Baseline</i> | <i>End-line</i> | <i>Percent Change</i> |
|--|-----------------|-----------------|-----------------------|
| <i>Nurses 3rd year</i> | <i>N = 28</i> | <i>N = 27</i> | |
| <i>Skills</i> | | | |
| AMTSL | 0% | 56% | 56% |
| Immunization | 0% | 63% | 63% |
| <i>Knowledge</i> | | | |
| Antenatal care, postpartum care, intrapartum emergencies | 30% | 99% | 69% |
| <i>Midwives 3rd year</i> | <i>N = 28</i> | <i>N = 30</i> | |
| <i>Skills</i> | | | |
| AMTSL | 0% | 40% | 40% |
| Immunization | 0% | 50% | 50% |
| <i>Knowledge</i> | | | |
| Antenatal care, postpartum care, intrapartum emergencies | 30% | 75% | 45% |
| <i>Midwives 4th year</i> | <i>N = 30</i> | <i>N = 28</i> | |
| <i>Skills</i> | | | |
| Aorta compression | 0% | 68% | 68% |
| Manual Removal | 0% | 75% | 75% |
| <i>Knowledge</i> | | | |
| Antenatal care, postpartum care, intrapartum emergencies | 48% | 96% | 48% |
| AVERAGE (for knowledge) | 37% | 89% | 52% |
| AVERAGE (for skills) | 0 | 58% | 58% |

- Project NOVA completed the review of the Health Post (HP) Attendance study and

presented its findings to USAID. Findings of this study indicate that during the one year period of January – December 2007 an average of 13.3 patients were seen weekly by community nurses serving rural HPs. More than six out of ten patient visits (64%) to HPs were conducted for basic MCH services and more than half of all visits were for children under 14 years of age with the vast majority of childcare visits related to immunization and routine well-child check-ups. More than one out of four patient visits (23%) to rural HPs were due to acute and chronic adult conditions, such as heart disease, urinary tract infections, acute respiratory illnesses and other acute conditions. In spite of the community nurses' perception of the high prevalence of chronic conditions in their communities, which assumes a high demand for adult chronic care at rural HPs, only 13% of all visits were recorded for such conditions.

- Project NOVA continues to work on the evaluation report comparing the results of the baseline and follow-up assessments of programmatic activities in Shirak, Tavush, Gegharkunik and Kotayk marzes that took place during project Years 1 and 2. Upon approval of her daily rate and scope of work, Ms. Virginia Hight from IntraHealth headquarters will assist in finalizing the report in July/August.
- As part of routine training follow-up and monitoring of programmatic activities in five health networks, Project NOVA continues monitoring compliance of healthcare facilities with USAID Family Planning Compliance rules and regulations. During the period of January – March 2008 Family Compliance monitoring visits were conducted in 42 lower-level facilities (Health Posts, which are involved in the Community Partnership for Health component of the Project NOVA in Sisian, Talin, Armavir and Vayk Health Networks). During the reporting period the Project summarized results of these visits:
 - ~ Health Post level service providers give information on FP methods and service availability and refer to higher level Family Physicians or Ob/Gyns.
 - ~ Educational materials on FP are available in all 42 facilities.
 - ~ In all Health Posts of Sisian, Vayots Dzor, Talin and Armavir Health Networks the following educational brochures are available:
 - 10 things women need to know after having a baby
 - The future is in your hands
 - Do you know your contraceptive choices

The summary of FP Compliance for higher-level facilities is available in Attachment C.

No violations of the USAID Family Planning Compliance requirements have been recorded or reported at visited health facilities (Maternities).

- The Project made progress on the PMP by contributing to the following indicators (See Attachment B for a complete table of updated progress indicators):
 - Number of healthcare providers trained in Reproductive Health and Family Planning disaggregated by gender;
 - Number of healthcare providers trained in other areas (capacity development for members of Health Action Groups) disaggregated by gender;
 - Number of client and provider materials developed, produced and disseminated
 - Number of health talks conducted by Health Post Nurses;
 - Number of women giving birth who received Active Management of the Third Stage of Labor (AMTSL) through Project NOVA support.

Management, Collaboration, and Coordination

- **Progress on Annual Workplan:** Project NOVA successfully accomplished almost all activities planned for the 3rd Quarter in the Annual Workplan. In some instances activities were initiated and completed ahead of schedule. See the updated Annual Workplan report (Attachment D) for the status of each activity and a separate status report on additional FP activities.
- **Project operations and internal project management:**
 - Dr. Karine Abelyan joined the project as a Family Planning Coordinator reporting to the Team Leader of the Performance Improvement Team.
 - Project NOVA is in the process of developing an internal information exchange mechanism that will streamline its internal knowledge management processes. The team reviewed and analyzed several free open-source software, and as a result Apache Server, PHP and Joomla software packages were installed on NOVA's server to facilitate the development of a new Intranet System. The first version of the newly developed Intranet system is under consideration by Project staff.
- **Corporate visits and program support:**
 - Tim A. Clary, EMG, travelled to Armenia on April 16 – May 2, 2008 to provide general management oversight, assist in institutionalizing a financial monitoring system for the last 18 months of the project and finalize the workplan and budget for additional FP funds.
 - Sara A. Lewis, IntraHealth International, traveled to Armenia June 22 – July 4 to provide general management oversight, conduct a staff retreat, work on the literature review for MCH referral systems and serve as Acting Chief of Party from June 30 – July 4.
- **Collaboration and coordination with MOH:** Informal and formal meetings with MOH representatives took place during this reporting period to enhance collaboration and coordination of Project NOVA activities.
- **Staff development:**
 - During May – June the Project Nova staff attended the Microsoft Office Training Program organized by the Extension Department of American University in Armenia. Training included an advanced level course (mainly oriented on the 2007 edition) in Microsoft Word, Excel, Outlook and PowerPoint. This staff development activity was funded by IntraHealth International.
 - In March – April the Project NOVA Communication and Dissemination Officer participated in a “Corporate PR” training course organized by APRA (Armenian Public Relations Association). The course focused on PR research, branding development, external PR counseling, internal communication structure and other corporate PR related issues.
- **Coordination with other international projects in Armenia:** Project NOVA continued to collaborate with other international projects and organizations in Armenia to capitalize on their technical expertise, maximize the use of human and financial resources and avoid duplication of efforts:
 - Project staff participated in a number of events organized by international and national agencies and organizations working in Armenia in the area of maternal and

- child health. Project NOVA staff attended the following events:
- March 28, launch of Mission East’s Healthy Start Project;
 - May 30 – 31, Project NOVA - Open Medical Institute’s Satellite Symposium on Maternal and Infant Health; and
 - March 16, launch of UNFPA’s regional Combating Gender-Based Violence Project .
- During April – May Project NOVA provided technical assistance to the Vedi Maternity in the development of the proposal for the US Department of Defense to renovate, equip and furnish the Vedi Maternity Delivery Department. Vedi Maternity, a rural maternity hospital, serves a population of almost 50,000 people from Ararat District providing maternal and newborn healthcare services to rural and semi-rural residents. Every year over 800 babies are born at Vedi Maternity. The Vedi Maternity building is in poor physical condition requiring major renovation. Sewage and water systems are not functioning properly and the facility lacks basic furniture and equipment for the provision of maternal and child health services. The combination of USAID’s clinical training, renovation of the premises and the provision of essential equipment and furniture will significantly improve the quality of maternal and newborn services in the Ararat District and contribute to the reduction of maternal and newborn mortality and morbidity.

Upcoming Major Activities

- Continuation and final exams for Health Post community nurses in SMCS Training.
 - Start Module 8 of SMCS in September
- Training of ob/gyns, nurses and midwives in FP/RH counseling and client-provider interaction skills
 - 102 nurses in July/August (Q4)
 - 54-76 people to be trained in RH/FP counseling in July (Q4)
- Training of family doctors in key reproductive health competencies
 - Key RH Competencies for Family Physicians planned for August – September 2008
 - Will train about 15-20 people from each network
- *Making Quality Real* Workshop for Quality Assurance Team members
- Roundtable meeting on the results of NOVA’s Contraceptive Availability and Affordability Study
- Renovation and furnishing activities at 10 Vedi rural communities
- Completion of HAG’s Capacity Building Training
- Conduct final community self-assessment in Sisian
- Roundtable meeting “Complex approach: reduction of primary causes of maternal and infant mortality and morbidity through focused preconception, antenatal, emergency newborn and obstetric, and postpartum care”
- Development of MCH health talk flipchart for Community Nurses.
- Finalization of Gyumri pre-service training curriculum pilot initiative.
- Continuation of CPH activities in Vedi, Talin and Sisian health networks.

Attachment A. Status of Project NOVA Training of Community Nurses in SMCS during April – June 2008

| Training Course | Health Network | Number of participants | Knowledge Pre-test | Knowledge Post-test | Percent change |
|---------------------------------|----------------|------------------------|--------------------|---------------------|----------------|
| Save Motherhood Clinical Skills | Vedi | 14 | | 96% | N/A |
| • Module 1 completed | | | 77% | 94% | 17%↑ |
| • Module 2 completed | | | 55% | 92% | 37%↑ |
| • Module 3 completed | | | 57% | 92% | 35%↑ |
| • Module 7 completed | | | 52% | 94% | 42%↑ |
| • Module 4 completed | | | 66% | 94% | 28%↑ |
| • Module 5 completed | | | 60% | | |
| • Module 6 on-going | | | | | |
| Save Motherhood Clinical Skills | Armavir | 13 | | 95% | N/A |
| • Module 1 completed | | | 65% | 92% | 27%↑ |
| • Module 2 completed | | | 58% | 93% | 35%↑ |
| • Module 3 completed | | | 50% | 90% | 40%↑ |
| • Module 7 completed | | | 40% | 87% | 47%↑ |
| • Module 4 completed | | | 61% | 88% | 27%↑ |
| • Module 5 completed | | | 76% | | |
| • Module 6 on-going | | | | | |
| Save Motherhood Clinical Skills | Talin | 35 | | 97.6% | N/A |
| • Module 1 completed | | | 65% | 90% | 25%↑ |
| • Module 2 completed | | | 57% | 88% | 31%↑ |
| • Module 3 completed | | | 54% | 92% | 38%↑ |
| • Module 7 completed | | | 45% | 93% | 48%↑ |
| • Module 4 completed | | | 55% | 97% | 42%↑ |
| • Module 5 completed | | | 69% | | |
| • Module 6 on-going | | | | | |
| Save Motherhood Clinical Skills | Sisian | 25 | | 98% | N/A |
| • Module 1 completed | | | 63% | 94% | 31%↑ |
| • Module 2 completed | | | 62% | 93% | 31%↑ |
| • Module 3 completed | | | 50% | 95% | 45%↑ |
| • Module 7 completed | | | 56% | 84% | 28%↑ |
| • Module 4 completed | | | 64% | 97% | 33%↑ |
| • Module 5 completed | | | 67% | | |
| • Module 6 on-going | | | | | |
| Save Motherhood Clinical Skills | Vayk | 15 | | 97% | N/A |
| • Module 1 completed | | | 77% | 95% | 18%↑ |
| • Module 2 completed | | | 63% | 94% | 31%↑ |
| • Module 3 completed | | | 55% | 91% | 36%↑ |
| • Module 7 completed | | | 55% | 93% | 38%↑ |
| • Module 4 completed | | | 71% | 97% | 28%↑ |
| • Module 5 completed | | | 68% | | |
| • Module 6 on-going | | | | | |

Attachment B. Progress on Project NOVA Indicators for Q3 FY08

| Project NOVA Progress Indicators | FY05 ACTUAL (A) | FY06 ACTUAL (B) | FY07 ACTUAL (C) | FY08 ACTUAL | | | | | Project- today TOTAL (A+B+C+D) | FY08 TARGET |
|--|-----------------------|-----------------------|-----------------------|------------------|----------------|------------------|----|--------------|---|-----------------|
| | | | | Q1 | Q2 | Q3 | Q4 | Total (D) | | |
| Number of people trained in MCH | 229 | 259 | 430 | 36 | 13 | 0 | | 49 | 967 | 170 |
| Women | N/A ¹ | N/A | 402 | 35 | 12 | 0 | | 47 | N/A | N/A |
| Men | N/A | N/A | 28 | 1 | 1 | 0 | | 2 | N/A | N/A |
| Number of people trained in RH/FP | 46 | 50 | 26 | 0 | 0 | 40 | | 40 | 162 | 145 |
| Women | 37 | 41 | 24 | 0 | 0 | 40 | | 40 | 142 | N/A |
| Men | 9 | 9 | 2 | 0 | 0 | 0 | | 0 | 20 | N/A |
| Number of providers completed Management/Supportive Supervision training | 45 | 38 | | | | | | | 83 | |
| Number of people trained in other areas (e.g. QI, IP, gender, GIS, etc.) | 123 ² | 153 ³ | 202 | 41 ⁴ | 0 | 233 ⁵ | | 274 | 752 | 26 |
| Women | 115 | 143 | 194 | 21 | 0 | 149 | | 170 | 622 | N/A |
| Men | 8 | 10 | 8 | 20 | 0 | 84 | | 104 | 130 | N/A |
| Number of facilities (health posts) to which basic equipment and supplies were distributed | 105 | 73 | 31 | 54 | 0 | 0 | | 54 | 263 | 69 |
| Number of new RH/FP/MCH training curricula/packages developed and introduced | 1 | 3 ⁶ | 4 | 0 | 1 ⁷ | 0 | | 1 | 8 | 1 |
| Number of policy documents reviewed/prepared | 2 | 2 | 3 | 0 | 1 ⁸ | 1 ⁹ | | 2 | 8 | 1 |
| Number of professional publications, presentations and posters presented and/or published | 8 | 4 | 11 | 7 | 0 | 4 ¹⁰ | | 11 | 34 | 4 |
| Number of client and provider materials developed, produced and disseminated | | | 5 ¹¹ | 0 | 0 | 4 ¹² | | 4 | 9 | 4 |
| Number of new approaches successfully introduced | 0 | 1 | 1 | 0 | 0 | 1 | | 1 | 2 | 1 ¹³ |
| Number of Health Posts rehabilitated | 29 | 36 | 9 | 44 | 0 | 0 | | 44 | 118 | 53 |
| Number of higher level facilities rehabilitated | N/A | N/A | 1 | 2 | 0 | 2 ¹⁴ | | 4 | 5 | 7 |
| Number of Health Action Groups established | 30 | 36 ¹⁵ | 56 | 0 | 8 | 2 | | 10 | 132 | 10 |
| Number of follow-up Action Plans developed | | | 0 | 29 ¹⁶ | 8 | 0 | | 37 | 37 | 40 |
| Number of clinical training sites established | 6 | 6 | 6 | | | | | | 18 | |
| Number of health talks conducted by Health Post Nurses | 600 | 423 | 1,097 | 227 | 449 | 308 | | 984 | 3104 | TBD |
| Number of women giving births who received AMTSL through Project NOVA support* | | | 458 | 731 | 617 | 589 | | 1937 | 2395 | TBD |

¹ Information on gender of participants of the clinical training sites' trainings is not available

² IP training

³ IP and gender sensitization training courses

⁴ GIS training (part I, II and III)

⁵ Capacity Development Training for HAG members (as of June 24, 2008)

⁶ **A correction has been made to this indicator to include development and production of Management Handbook in 2006**

⁷ Family Planning and Reproductive Health Counseling

⁸ PHC Strategy

⁹ Contributed in support of MoH order for implementation of Obstetrical Care State System

¹⁰ Three articles of the project staff published in the Armenian Journal of Obstetrics, Gynecology, and Neonatology and one presentation in Global Health Council

¹¹ (1) The Future is in Your Hands; (2) Ten Things you Need to Know after Having a Baby; (3) 2007 BBP Poster; (4) 2007 BBP booklet; (5) Do you Know your Contraceptive Options

¹² 2 WHO posters; BBP poster and brochure

¹³ School of Motherhood

¹⁴ Maternity schools in Vedi Maternity and IPOG

¹⁵ Includes 30 HAGs in Gegharkunik and Kotayk and 6 HAGs established in Lory under seed grants component

¹⁶ Follow-up HAGs in Gegharkunik and Kotayk

Attachment C. Family Planning Compliance Monitoring Visits to Higher-level Facilities

During April – June 2008, Family Compliance Monitoring visits have been conducted in all 5 higher-level facilities supported by the project. The summary of visits is presented in the table below.

| | |
|---|--|
| 1. Do you currently provide any family planning services? | 5 out of 5 facilities surveyed provide family planning services |
| 2. What type of family planning services does your facility provide? | 5 out of 5 facilities insert/remove IUDs 5 out of 5 facilities prescribe pills 1 out of 5 facility administers Depo-Provera 4 out of 5 facilities dispense condoms and/or spermicides 5 out of 5 facilities provide counseling 4 out of 5 facilities provide emergency contraception 4 out of 5 facilities conduct family planning client routine check up |
| 3. What family planning methods do you currently have available at your facility? | 1 out of 5 facility has contraceptive pills 3 out of 5 facilities have condoms 1 out of 5 facility has IUDs 1 out of 5 facility has spermicides (out-dated) 1 out of 5 facility has emergency contraception pills NOTE: Project NOVA is not supporting contraceptive commodities. |
| 4. Do your providers use any financial or in-kind incentives to increase the number of family planning users? | No provider at any of five facilities uses any financial or in-kind incentives for increasing number of family planning users. |
| 5. How are healthcare providers at your facility compensated for the provision of family planning services? | No special compensation for family planning services is offered in 5 out of 5 facilities surveyed. |
| 6. Is there a particular number of family planning clients you must reach? | In 5 out of 5 facilities surveyed there is no target for FP clients. |
| 7. What are the consequences of not meeting the quota? | N/A |
| 8. Are family planning IEC materials visibly displayed and/or available to clients at your facility? | In 4 out of 5 facilities the family planning educational materials are visibly displayed. In one facility the materials are not displayed but available. |
| 9. What IEC contraceptive materials are displayed? | “10 things women need to know after having a baby” is displayed in 3 out 5 facilities “The future is in your hands” is displayed in 4 out of 5 facilities “Do you know your contraceptive choices” is displayed in 5 out of 5 facilities Other brochures: USAID/MoH/JHU poster is displayed in 1 out of 5 facility |