



# USAID's Project NOVA

## *Quarterly Report*

### First Quarter Fiscal Year 2005

#### **Introduction**

Project NOVA, formerly known as Rural Reproductive Health/Maternal and Child Health Program (Phase II), is a five-year health project funded by the United States Agency for International Development (USAID) under the TASC2 contract no. GHS-I-802-03-00031-00 issued to Emerging Markets Group, Ltd. (EMG). Subcontractors participating in the implementation of the project in the Armenia are IntraHealth International and Save the Children.

USAID's Project NOVA is implementing project activities in cooperation with the Armenian Ministry of Health, local Marz health organizations, and local non-governmental organizations. The goal of Project NOVA is to improve the quality and access of rural reproductive, maternal and child health nationally, and to build the capacity of national institutions to sustain such improvements over a five year period.

This Project NOVA Quarterly Report describes the results of program activities for the period of October 1 to December 31, 2005. Project NOVA has successfully completed all start-up activities in the first quarter of the year, and initiated the programs within each of the four task areas.

#### **Technical Progress**

In the beginning of the quarter, the Project team submitted the performance management plan and the first year's work plan to USAID. In November, the Ministry of Health (MOH) officially recognized Project NOVA, and a national media launch announced the new initiative to all key stakeholders. Further, the Project team held launch meetings in the first three target marzes: Lori, Shirak and Tavush. Project staff established Marz-level project advisory committees, which have begun work. In addition, the project received its first short-term technical assistance visit in December, launching the clinical training program with an orientation of the national reproductive health (RH)/maternal and child health (MCH) training team and planning for the preparation of marz-level clinical training activities.

#### **AREA I: Improve reproductive health/maternal and child health performance of rural health facilities through training and equipment provision**

During the first quarter, the Project team collaborated with MOH officials to seek approval for national use of the clinical training curricula developed under PRIME II, and to identify a team of 33 national RH experts and trainers. At the same time, Project NOVA selected marz facilities that will serve as clinical training sites in the two new marzes, Shirak and Tavush, and began initial planning with those facilities to prepare them for their role in the project. In Tavush, the facilities are the Ijevan Maternity House, the Ijevan Mother and Child Health Center and the Gandzakar Family Medicine Office. In Shirak, the facilities are the Gyumri Maternity Hospital, the Gyumri Family Medicine Center, and Berlin Mother and Child Center. In December 2004, Project NOVA staff and medical consultant Larisa Aghababyan conducted a four-day orientation workshop for the training team at the project offices to familiarize all trainers with the project strategy, the curricula and competency-based clinical training approaches.

As part of the strategy to identify and secure private-sector support for the project objectives, the Armenian

Burns Supper committee confirmed that they would donate clinical equipment to the Project NOVA clinical training site Ijevan Maternity Hospital. The value of the equipment will be determined at their annual banquet/fundraising event in January. Project NOVA will coordinate the procurement and installation of this equipment, potentially valued at up to US \$30,000.

During the next quarter, the project team will focus on establishing strong clinical training sites through training and equipment provision, identifying and orienting regional trainers, and preparing for the first round of marz-level physician and nurse training. In addition, the team will begin planning for procurement of clinical equipment for training sites and for rural facilities.

#### **AREA 2: Strengthen management and supervision of rural RH/MCH services**

The first major activity associated with Area Two is the development of a management handbook targeting those primary health care managers who supervise RH/MCH care in rural areas. During this quarter, the project worked with the MOH and the national project coordinator to identify a team of national experts to work with Project NOVA to draft the handbook. Individual meetings with key government agencies helped orient national experts on the purpose of the handbook and their potential role in the working group. In December, the national experts held their first working group meeting, and reached a consensus on the priority topics to be included in the handbook.

Early in the next quarter, Project NOVA regional management consultant Dr. Mamuka Djibuti will travel to Armenia to provide assistance in formalizing the terms of reference for the handbook development and conducting a rapid assessment of PHC manager needs. A first draft of the handbook is expected by the end of the next quarter. The project will initiate the facility-based quality improvement activities in March or early April.

#### **AREA 3: Improve RH/MCH policy formulation and implementation**

The Project NOVA team worked on a number of policy issues during the first quarter of the project. First, several project staff actively participated in the MOH initiative to draft a national health policy, attending various MOH-sponsored meetings to review the draft policy, and joining with OXFAM and other non-governmental organizations to submit a letter to the Minister delineating specific rural healthcare recommendations for the draft policy.

Second, the Project team continued to advocate for MOH approval of the new infection prevention regulations prepared under the PRIME II project. In November, the MOH finally signed a Ministerial Order approving the document, and the Project NOVA team is collaborating with the MOH to develop a dissemination plan for those guidelines.

A third policy-related activity is the upcoming transparency/anti-corruption assessment. During this quarter, Project NOVA drafted a scope of work for an external consultant to conduct the assessment and make recommendations for specific actions the project can take to promote the government's anti-corruption strategy. The assessment will take place early in the next quarter.

#### **AREA 4: Increase consumer demand for services through community education and mobilization**

During this quarter, the project team conducted several activities to prepare for the start of the community component. Community mobilizers conducted follow-up visits to each of the 15 communities involved in the PRIME II program from Lori marz. The purpose of the visits was to determine the degree to which communities were able to remain active after intensive support from the project ended. The visits revealed that the communities remain active. The value of the community pharmacies increased in two of the villages; supervising physicians continue to make regular visits to the communities; and community and health facility links remain strong.

In addition, the Project team began the process of selecting a local NGO from either Shirak or Tavush to be the institutional partner involved in implementation of the community partnership activities. The team

identified nine potential NGOs in those two marzes, developed NGO assessment tools, and conducted interviews in Shirak marz. The team will make a final selection of an NGO in January.

The Project team drafted and submitted client educational materials on selected RH/MCH topics to the MOH for review and approval. Next quarter, the team will select the 30 intervention communities, and will conduct the community assessments.

### **Performance Management Plan (PMP)**

Project NOVA submitted the first draft of the Performance Management Plan to USAID in mid-November. Based on that document, the project staff spent considerable time throughout November and December to plan for and initiate the baseline community mapping exercise. The study relied on a set of twelve qualitative and quantitative instruments, developed from those of the PRIME II project. In December, the Project team began field work and data collector selection in Tavush marz. Fieldwork will be finalized in January, data entry will take place in February, and results will be released in early March.

### **Management, Collaboration, and Coordination**

- Project Manager Anna Benton traveled to Yerevan in October to launch technical activities and to create effective communication and management protocols among all project partners.
- Chief of Party Rebecca Kohler traveled to the United States on December 13 both for annual leave and to hold meetings with IntraHealth and EMG headquarters staff. The Program Manager served as acting COP. While in North Carolina, the Chief of Party had the following meetings:
  - Orientation sessions with IntraHealth staff to review the status of project implementation
  - Meetings with finance and administration staff to review office procedures for the new project in Armenia
  - Meetings with technical staff anticipated to travel to Armenia to support project objectives

*External Communication:* Throughout the first quarter of the project, the Project NOVA team concentrated on establishing a clear and effective external communication strategy to ensure that the project is well received and understood by key national counterparts. All national and marz-level launch events had strong and positive media coverage, and the Chief of Party appeared on a national television program to discuss the project and to show the PRIME II maternal health video, A New Beginning. The Project team is developing a project brochure, creating a website, and designing a monthly electronic newsletter to be finalized in the next quarter.

*Coordination meetings with counterparts:* Project NOVA staff participated in various meetings and events with government and international counterparts to facilitate coordination of project activities with other initiatives:

- Participation in the TOT Workshop on Prenatal and Infant Care organized by the Academy for Educational Development (AED).
- Participation in the Peace Corps Community Health Education Project Advisory Committee meeting.

### **Progress toward implementation of the project workplan and achievement of PMP benchmarks and indicators**

*Workplan:* Project NOVA successfully accomplished nearly all the activities outlined for the first quarter of the annual workplan. Some delays arose in Area Three (policy) related to the resignation of the newly hired policy specialist. The Project team responded by reviewing the job title and description in preparation for a new round of recruitment. The new job title will be “Health Systems Analyst”, and the Project team will initiate recruitment in early January. The anticipated start date for the new employee is mid-February.

Other potential areas of concern relate to the MOH’s approach to certification of training events. While the project anticipates MOH approval of trainers and training curricula, the environment for certification of trainings for facility licensure remains vague. The MOH has recently communicated that they will no longer be willing to sign training certificates. Further, they have not moved forward on clarifying a procedure for

official recognition of training programs supported by international organizations/projects. While the project cannot delay its training activities waiting for clarification, the absence of official recognition of the training activities will be a hindrance to full institutionalization of a training system and to the motivation of individual trainers and trainees to participate in the program. The project NOVA team will continue to address this issue with relevant government authorities, in hopes that over time the government will better articulate its guidelines on this matter.

*PMP benchmarks and indicators:* Once the data analysis from the community assessment is complete, the project will have baseline figures on all facility-level PMP indicators (a total of 14 out of the total of 25 indicators). To date, the project has made concrete progress on policy indicator 3.1: new and/or updated policies/strategies or ministerial orders on RH/MCH through the MOH approval of the infection prevention guidelines.

### **Administrative Progress**

- EMG has established management, operational and reporting procedures between the field team and its home office.
- EMG's Ricardo Bazan visited the Yerevan office to train local staff in financial management and reporting.
- The office in Yerevan moved to a new location, and the field office in Vanadzor is now fully functioning.
- Contracts for existing staff were renewed and several new positions were filled:
  - Policy Specialist (EMG staff), hired in December
  - Finance and Administration Director (IntraHealth), after the resignation of the originally bid individual in November, hired in December
  - Field Office Clinical Coordinator (IntraHealth), hired in December
  - Field Office Community Specialist (Save the Children), hired in November