



Project NOVA

Quarterly Report

Fiscal Year 2005: Fourth Quarter (July – September)

Introduction

Project NOVA 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 are IntraHealth International and Save the Children. The goal of Project NOVA is to improve the quality and access to rural reproductive, maternal and child health nationally, and to build the capacity of national institutions to sustain such improvements over time. USAID's Project NOVA is implementing project activities in cooperation with the Armenian Ministry of Health, marz health organizations and local non-governmental organizations.

This Project NOVA Quarterly Report describes the results of program activities for the period of July 1 to September 30, 2005. Project NOVA's first year proved very successful. Efforts during the first half of the year focused on transitioning from the PRIME II project, expanding the team, and establishing a presence in the two new marzes – Shirak and Tavush. The project has been in full implementation over the last six months in target marzes with national capacity building efforts. National and marz counterparts have been extremely satisfied with the scope and depth of the technical assistance programs and the rapid results on the ground. The project is now recognized as a primary source of technical expertise in rural health as well as in reproductive and child health care.

Specific results to date include the following:

- More than 140 providers have undergone clinical skills training, and are putting into practice their new competencies.
- Over 100 primary health care facilities have been reinforced with basic equipment and supplies.
- Through private sector partnerships, the project has secured more than \$120,000 in donations of much-needed clinical equipment and supplies for rural health care facilities.
- In collaboration with leading government experts, the project produced a handbook for primary health care managers that will serve as an up-to-date guide for better management practices and approaches.
- A comprehensive review of the inefficiencies in the health care system, with an emphasis on informal payments and weaknesses in the government sponsored health care program, has been widely disseminated and well-received.
- Thirty rural communities are actively engaged in improving the quality of health care, with each community contributing on average 60 percent of the resources toward the physical upgrades of the facilities.
- Using geographic information software, the project has digitally mapped the entire primary health care delivery network in two marzes.
- The project has designed and launched project communication strategy, including logo, monthly newsletters, website, and print materials.

All direct technical support in the marzes in the form of training, management support and community mobilization is expected to be complete by the first quarter of 2006. Additional monitoring and support activities will continue in those marzes for another three to six months. A sample of all primary health care facilities and providers will participate in a follow-up assessment of quality of care. Additionally key leaders and marz-level experts will play a role in introducing the project strategies and expected results to the new marz representatives.

AREA 1: Improve reproductive health/maternal and child health performance of rural health facilities through training and equipment provision

During this quarter, the Project team continued to implement the comprehensive nurse training program in Shirak, Tavush and Lori marzes for 107 nurses and midwives. All nurses have completed 6 teaching modules. The project team organized a roundtable discussion among marz health directors and regional trainers to review implementation of the nurse training program, identify its strengths and weaknesses, and make recommendations for strengthening it. Participants debate a number of critical issues related to rural health care and how to sustain project activities.. The Project team has initiated formal discussions with the Ministry of Health officials to conduct state-approved examination and provide appropriate certification for all the nurses who have undergone the training program.

Also during this quarter 25 obstetrician/gynecologists and dermatovenerologists participated in 5-day clinical training course on principles of STI Integrated Care Management. As clinical practica for these trainings Project NOVA organized two free clinic days in each marz to assure sufficient patient flow for the clinical training sites as well as to provide free of charge medical services for STI patients.

Judith Fullerton, IntraHealth Consultant, traveled to Armenia to work in close collaboration with local stakeholders to conduct a review of basic education for nurses and midwives in reproductive health/maternal and child health (RH/MCH). The purpose of the review was to assist Project NOVA and counterparts to design its program of support to strengthening education programs in RH/MCH at the network of nursing colleges in regions of Armenia. As a result of this assignment, Project NOVA is proposing to introduce the Safe Motherhood Clinical Skills (SPL) modules into the basic curricula of nursing, family nursing and midwifery studies. The project team is working to conduct official briefing of the recommendations of this review to the Ministry of Health counterparts.

Distribution of health post equipment and supply kits, with the exception of adult and infant scales and glucometers, is finalized. Distribution of equipment for clinical training sites is still underway. All distribution for the year one marzes will be complete by next quarter.

Project NOVA launched its initiative to strengthen the reproductive health component of family nurse training in July. With guidance from the MOH, the project formed a 14-member family nurse working group composed of MOH leading experts, National Institute of Health (NIH) and medical college family nurse faculty as well as members of the family nurse association of Armenia. The working group undertook the first steps in developing the matrix of reproductive health clinical skills and clinical teaching standards for family nurses.

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

This quarter Project team conducted series of management trainings for 43 heads of rural health facilities from Shirak, Tavush and Lori Marzes. This modular management training is based on the project's management handbook and covers organizational structure of PHC, quality, supervision, legislation and finance. The training sessions and site visits to the rural health posts were facilitated by leading experts from MOH, State Health Agency (SHA) and American University of Armenia (AUA).

As part of the RH/MCH quality improvement (QI) initiative, the project team facilitated self-assessments in the QI intervention sites to identify gaps and develop action plans. In this quarter, all QI facility teams were actively engaged in implementation of these action plans. Based on the identified needs, project team has initiated procurement of equipment and supplies for these PHC facilities.

AREA 3: Improve RH/MCH policy formulation and implementation

This quarter, the Armenian version of the health systems review was finalized and distributed. A hard copy of the report was sent to the Minister of Health and a wide community of key counterparts. Aiming at addressing the most significant (relevant to Project NOVA activity areas) health system inefficiencies highlighted in the health system review an Activity Plan was developed and submitted to USAID. The planned measures will take place over the next year and will concentrate on health system strengthening. The

actions focus on further targeted policy and costing studies and increasing clients' knowledge of free health services.

The team elaborated a scope of work for conducting a policy review of the current and future role of rural health posts. The goal of this exercise is to create an advocacy strategy to clarify roles of health posts and community nurses in the reformed health system, as well as to support elaboration of improved PHC financing mechanisms.

The second essential direction for the forthcoming year is the costing study. A scope of work for the study is drafted. The study will be designed with support from EMG and done in collaboration with other agencies and projects which support government efforts to better understand the cost of care. Project NOVA intends to help the government of Armenia to determine the actual cost of the pregnancy care and how that relates to the current and planned government budget process. It is important to provide evidence-based data in order to change policies, redirect government funding, and raise awareness both within the medical circles and the community as to how much these services actually cost.

Project NOVA continued to provide expert advice and recommendations to the Standing Committee on Social Affairs, Health Care and Environment in support of the Draft Law on Health.

One of Project NOVA's cross-cutting priorities is gender. This quarter, the Project NOVA Health System Analyst worked with the Armenian Association of Women with University Education (operating with support from UNIFEM) to produce a policy paper aiming at "Mainstreaming Gender issues into PRSP". Men and women are vulnerable or exposed to different types of health risks, including many associated with RH/MCH. Addressing gender-disaggregated health issues will raise the efficiency of the health care system and will contribute to the better health outcomes of the population.

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

The Project team has been working actively in the 30 communities selected to participate in the CPH program. The methodology entails a process of community assessment, action planning, implementation, and monitoring in each community by establishing health action groups (HAGs). The HAGs in all communities have developed action plans and are implementing them. Renovations are complete in 13 communities and 70 percent of the work is completed in the other communities. Save the Children used cost savings in other line items to purchase furniture sets for 25 of the health posts. The sets include a desk, three chairs and a medicine shelf. The furniture will be delivered to all sites by the end of October. Close outs of each community project will take place next quarter.

The pregnancy care educational booklet is being distributed to communities along with other educational materials donated from other donor projects (including the Eye Care Project, World Vision and UMCOR). Another three educational booklets are under development, on postpartum/infant care, family health and sexually transmitted infections.

The small-grants program is underway in Lori for communities interested in receiving seed monies to improve the quality and access of RH/MCH services through the Community Partnership for Health program. Eleven communities submitted applications, and a steering committee consisting of project staff and local health authorities selected six communities representing the different regions in the marz. The project through Save the Children awarded small grants to the local municipalities and is currently supervising their implementation.

Performance Management Plan (PMP)

In this quarter, Project NOVA staff began preparations for the baseline assessments in the two new target marzes and the follow up assessments in the three current target marzes. In partnership with the Geographic Information Systems (GIS) laboratory at the AUA, the project digitally mapped all communities and facilities in Shirak and Tavush and presented the data to USAID and to the Ministry of Health. Work is underway to

map Lori marz using data from PRIME II.

Management, Collaboration, and Coordination

Year two workplanning

The project staff worked throughout the quarter to prepare and vet a detailed year two workplan that encompassed activities remaining in year one target areas as well as all new activities planned for the year. The work plan includes a narrative, a matrix, a travel plan, and a slightly revised organizational chart.

Program headquarters support

Emerging Markets Group Program Manager Anna Benton traveled to Armenia in July to conduct a program monitoring visit and to assist the local office in work planning for year two. She held various technical meetings with staff, visited project sites, and organized a short, in-service training on writing for the web.

Human resources

The IntraHealth Monitoring and Evaluation Officer resigned in the third quarter and was replaced by Zaruhi Mkrtchyan who began work August 1. USAID approved the hiring of an EMG Management Information Systems (MIS) Specialist, and recruitment took place throughout the quarter. A final candidate has been selected, and EMG will seek USAID approval next quarter with the expectation that he will begin work in November 2005. Also related to human resources, the project hired an attorney to review the current labor contracts to determine their compatibility with the newly enacted Armenian Labor Code. She prepared a formal report with specific recommendations to the policies and labor contracts. These will be put in place next year following the approval of the new budget.

Communication/outreach

The Project NOVA team continued to strengthen its external communication mechanisms this quarter. Project staff attended the USAID branding workshop in Yerevan and initiated negotiations with Mission staff to “rebrand” the project. The website (www.nova.am) design is complete and the site will be launched early next quarter. The monthly electronic newsletter is being distributed to over 140 individuals on a regular basis. The project was well-represented at the annual U.S. Embassy July 4th reception with a poster displaying our work.

Representation/training

Three Project NOVA staff members traveled to Georgia to participate in an information exchange with Georgian colleagues to review reproductive health programming in each country. The exchange visit was jointly organized by Project NOVA and Academy for Educational Development in Armenia and John Snow Incorporated in Georgia. Three other staff members gave formal presentations on our work at the International Young Medics Conference in Yerevan in October, based on acceptance of abstract submissions. The three presentations covered the nurse training, family medicine and reproductive health, and gender-based violence. Two staff members participated in the American University of Armenia Conference of the Regional Association of Schools of Public Health.

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

Project NOVA successfully accomplished nearly all activities outlined for the year. Some delays arose related to procurement of medical equipment for health posts. The project hoped to procure all equipment on the local market through a tender process, but ran into difficulties identifying appropriate supply sources for two important items – adult and infant scales. All items have been ordered, and the project is now awaiting their arrival in the first quarter 2006. Given the lessons learned in procurement this year, next year’s equipment procurement processes are expected to be very smooth and timely.

Another delay relates to the capacity building efforts with national nursing institutions (Area One). The workplan indicates that the project would begin to strengthen the training programs of the family nursing institutions and basic medical colleges in the second and third quarter of the year. Both activities began in

earnest in the last quarter of the year, and will be in full-swing throughout the next year. The timeframe established for these initiatives is unrealistic given the workload of the technical staff on marz implementation and initial start-up activities. The capacity building efforts are intended to reinforce the marz activities and take place over the life of the project. A few months delay in beginning these activities will not have an overall impact on project indicators or progress.

PMP benchmarks and indicators

The project has made concrete progress on most program indicators. For example, to date, Project NOVA has conducted 13 clinical site preparation trainings in the process of establishment of 6 clinical training sites, two national training events and nine clinical skills classroom training events. Overall, 195 different nurses and midwives and 106 physicians have participated in project training programs. In addition, 43 managers of PHC facilities in the target marzes have been trained to strengthen their management and supervision skills. The Ministry of Health approved all project tools and materials for use in marz implementation; all maternity hospitals have received updated protocols; quality improvement efforts are underway in target facilities; and all planned communities are now actively engaged in improving health care service provision. More than 100 health posts and 6 clinical training sites in target marzes were provided with equipment and supplies in accordance with program objectives. Project NOVA will report on the facility level quality indicators in the first half of next year after the follow-up facility survey in the three northern marzes.