Project NOVA

Quarterly Report

Fiscal Year 2006: First Quarter (October – December 2005)

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 leading 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 **October 1 to December 30, 2005**. Project NOVA's second year got off to a strong start with USAID and the Ministry of Health (MOH) approving the year two work plan in early October. The local project team successfully launched activities in the two new marzes – **Gegharkunik and Kotayk** -- including holding formal launch events, establishing active marz advisory boards, and completing the facility/community mapping exercise (visiting nearly 150 health facilities). At the same time, the project team succeeded in wrapping up nearly all marz activities in the year one marzes (Lori, Shirak and Tavush) including completing the nurse training course and finishing activities associated with the Community Partnership for Health (CPH) initiative

***AREA 1:* Improve reproductive health (RH)/maternal and child health (MCH) performance of rural health facilities through training and equipment provision**

During this quarter, the Project team finalized the nurse training course in the north; selected the clinical training sites for the year two marzes; and continued efforts to strengthen national RH training capacity. Distribution of health post equipment and supply kits in the northern marzes, with the exception of adult and infant scales and glucometers, is finalized. Further, the project conducted a post-training follow-up exercise among 60 physicians who participated in the NOVA clinical training programs last year. The purpose of the follow-up monitoring was to provide on-site support in RH skills development and to better understand the barriers to applying their newly developed RH skills on the job. The data from the follow-up is currently being analyzed and a report will be prepared next quarter.

Project NOVA completed the half-year safe motherhood training course for 101 health post nurses in target marzes – Lori, Shirak and Tavush. Nurses learned skills in routine antenatal and postpartum care, stabilizing and referring pregnancy complications and community outreach. The course combined on-the-job self-study with periodic clinical training at specialized women's health centers. The Project together with the MOH organized final exams in each marz to assess the nurses' acquired knowledge and clinical skills. A total of 101 trainees passed their exams. Fourteen nurses achieved excellent scores. Following the training the nurses are now authorized to provide basic antenatal care. Next quarter, we will organize official certificate ceremonies in each marz.

After a comprehensive assessment of all major women's health facilities in the two new marzes, six facilities have been selected to serve as clinical training sites for NOVA in 2006. The criteria for selection include minimum quality services, high patient volume and strong management. In each marz, a maternity hospital, an outpatient women's consultation and a family medicine center will participate as training sites.

In December, NOVA held a ceremony in Yerevan for the training site Directors to sign memorandum of understanding (MOU) with each facility. The MOUs outline the roles and responsibilities of each party in conducting clinical training. The health facilities selected as clinical sites are:

Gegharkunik

- Martuni Maternity Hospital
- Sevan Polyclinic
- Ddmashen Family Medicine Centre

Kotayk

- Abovyan Maternity Hospital
- Hrazdan Polyclinic
- Tsaghkadzor Family Medicine Centre

The project is also building the capacity of national training institutions to sustain improvements in RH/MCH clinical training. During the end of last year, the project launched an initiative to strengthen nursing education at regional medical colleges. IntraHealth consultant Judith Fullerton conducted an assessment of nursing education available at three regional medical colleges in September. Following that activity, the project finalized the technical report, selected one regional college for intervention (Gyumri Regional College) and formed the working group who will guide all support to that college. The next activity will be a clinical skills training of trainers workshop for selected members of the working group and the faculty at the Gyumri College.

Last year, Project NOVA launched its initiative to strengthen the RH component of family nurse training. With guidance from the MOH, the project formed a 14-member family nurse working group composed of leading experts. The working group developed the foundational documents necessary to prepare a clinical skills training program, including clinical standards describing the specific RH skills a family nurse can perform. The group is currently working on a comprehensive training package similar to the one for family physicians. Also this quarter, the project reached agreement with the MOH to elaborate a new component on menopause for the family medicine training program. Once completed, the project will publish a final version of the training package.

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

This quarter, the project team focused on finalizing the management handbook. Following a review by USAID, the handbook underwent significant stylistic and technical revisions. It has been reformatted and is undergoing a final internal review before publication. The handbook is now referred to as a management guide. It covers the topics of organizational structure of primary health care (PHC), quality, supervision, legislation and finance. This quarter, the project will hold a national launch of the handbook and will distribute it to the PHC managers trained in the northern marzes.

As part of the RH/MCH quality improvement (QI) initiative, the project team worked throughout the last quarter with our six pilot sites. The site-level quality teams continue to periodically self-assess quality, identify gaps and refine action plans. In this quarter, all QI facility teams were actively engaged in implementation of these action plans. In most sites, the quality teams have identified gaps in the area of physical environment. Each site has established client suggestion boxes, and they have begun to promote them. The next quarter, the project will hold a review of the overall initiative to make recommendations for how to sustain the initiative in the existing marzes and expand into the new marzes.

AREA 3: Improve RH/MCH policy formulation and implementation

During this quarter, the team finalized the scope of work for a policy review of the role of rural health posts, established the government-endorsed working group, and held the first working session of that group. 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.

During this reporting period, the project postponed working on a costing study to determine how the project might collaborate with the newly-awarded PHCR project. Nonetheless, project staff continued to lay the foundation for such a study by drafting the scope of work, meeting with World Bank representatives, and conducting background literature review for the study. The project is prepared to begin the study when the environment is appropriate to do so. The study is designed to help the Republic 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 to change policies, redirect government funding, and raise awareness within the medical circles and the community as to how much these services actually cost.

One of Project NOVA's cross-cutting priorities is gender. This quarter, the Project NOVA local team began preparations for an IntraHealth consultancy visit to assist the government in better integrating gender into RH services. The visit is planned for April and will entail working with key experts to conduct a gender analysis of RH services and prepare a set of recommendations for how gender can be better integrated into project activities and health services.

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

The Project team has completed all work in the 30 communities involved in the CPH initiative in the northern marzes. In all communities, we held small end-of-program celebrations with community members. The final closing ceremony took place in December with the USAID Deputy Director Karl Fickenscher in attendance. In each village, the project formed Health Action Groups (HAGs) comprised of local authorities, health providers and community leaders. The HAGs worked with the project to review health problems in their communities and develop concrete action plans to address priority issues. Such actions included renovation or "upgrading" of existing health posts; strengthening the collaboration between community, health provider and supervisory health facility; and community education (such as health talks and establishment of community-based libraries). One important outcome of the CPH initiative is the establishment of strong referral linkages and trusting relationships among individual community members, health providers, and local government officials. The average community contribution toward achievement of action plans ranged from 50-70% of overall cost of the individual improvement efforts. Through their work with NOVA, community members came to recognize that they have the resources and capacity to solve many problems without extensive external assistance. Each of the communities involved in this initiative also benefits from NOVA's nurse training course and equipment provision.

The small-grants program is completed in Lori for the six communities that received seed monies to improve the quality and access of RH/MCH. All communities have completed their work and received their final disbursement of funds. Next quarter the final close-out events will take place in each community.

Based on the results of the community/facility mapping exercise in Gegharkunik and Kotayk, the project has identified an initial list of 30 new communities to participate in the CPH initiative. This list has been vetted with the marz advisory boards and will be finalized early next quarter. The next step is to conduct more extensive community assessments in each of the selected sites.

Also during this period, the project completed a survey of the non-government organizations (NGOs) present in Gegharkunik and Kotayk in order to select an implementation partner for this year's CPH initiative. After an initial screening of 26 NGOs, interviews with 7 of them, the Martuni Women's Community Council (MWCC) was selected. MWCC is an established women's NGO with extensive experience in community outreach activities in women's health. Next quarter the project, through Save the Children, will sign a contract with MWCC and their work will commence.

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 four educational booklets are under development. The topics are postpartum/infant care, family planning, women's health and sexually transmitted infections (STI). These booklets have been reviewed by USAID and have been submitted to MOH for approval. Once approved, they will be sent to the designer for formatting.

Performance Management Plan (PMP)

In this quarter, Project NOVA staff completed the baseline community/facility mapping assessments in Gegharkunik and Kotayk. The data are being entered now and a preliminary report will be ready next quarter. The team is now planning the follow up assessments in the year one marzes. As per the performance monitoring plan, only a sample of all facilities in Lori, Shirak and Tavush will be visited. The project has finalized the design for its internal integrated project monitoring system. An ACCESS database will link all project information, including data on all PHC facilities. The system is expected to be up and running by next quarter.

In partnership will the Geographic Information Systems (GIS) laboratory at the AUA, the project digitally mapped all communities and facilities in Lori, Shirak and Tavush. Plans are underway to do the same in Gegharkunik and Kotayk. The project expects to obtain basic GIS software next quarter to have full in-house capacity for all GIS needs of the project and to assist other USAID projects as needed. The project will prepare a technical report on use of GIS for health in Armenia. The report will summarize existing uses of GIS for health in Armenia and will outline the opportunities for how GIS can be used to help strengthen PHC services. It is expected that such a report will be complete in the third quarter 2006.

Management, Collaboration, and Coordination

Year two work planning and budgeting: While the technical work plan has been approved by USAID and MOH and is in the process of implementation, the project is awaiting approval of the year two budget, which has been modified to reflect the year two technical work plan and new project staff. As per the approved work plan, the project officially closed the Vanadzor Field Office in December and will open a Sevan Field Office in January. All equipment has been transferred to the new office. The new office will be staffed by a Field Coordinator, a Driver, the Clinical Coordinator and two Community Mobilizers. The third Community Mobilizer and a Driver will be based in Martuni at the MWCC.

Human resources: The current Chief of Party, IntraHealth staff member Rebecca Kohler, communicated her intention to resign from the position in December. She has served in this leadership capacity for the last four years, including the phase I of USAID's RH project (PRIME II) and phrase II (NOVA). The project expects to replace her next quarter and anticipates a smooth transition on the ground. Based on the new work plan, the project has successfully recruited for three new local positions as outlined in the year two work plan. These positions include a Field Coordinator for the Sevan Field Office, a fourth Driver for one of the project Nivas, and a Receptionist. The project submitted these positions to USAID for their approval and expects all three staff members to begin work once the approval is received.

Communication/outreach: The project learned that USAID Armenia does not require the project to revise its branding, and will accept the continued use of the project logo. Three monthly electronic newsletters were distributed to over 140 individuals. We are in the process of updating our general project brochure to reflect year two activities. In addition, USAID requested a success story from the project highlighting the nurse training, and it is being reviewed and finalized by USAID now.

Corporate visits and program support: The President of Save the Children USA Dr. Charles MacCormack paid a short visit to Armenia in November. While here, he visited a Project NOVA site in Yenokavan Village and had a meeting with the project staff and counterparts. Leslie Flynn, Health Practice Unit Director for EMG paid a short visit to the NOVA staff during her visit to Armenia also in November. EMG Program Manager Anna Benton provided some support to the NOVA team during her STTA for the PHCR project.

Coordination with PHC Reform: Project NOVA staff participated in a series of coordination meetings associated with the launch of the PHC Reform project, including the week-long workshop in November. NOVA shared financial, administrative and technical information with staff from the new project. NOVA expects to coordinate closely with the new project to ensure maximum benefit to the country.

Representation/training: Throughout the quarter, several government and international partners called

upon the NOVA team to provide expert guidance and advice. For example, NOVA staff gave formal presentations at two World Health Organization/MOH events in October – one on cancer prevention and another on quality standards in medical care. The team was invited to participate on a television panel for the major public network channel on pregnancy care: "Delivery: Is it free of charge or not". The team provided expert advice to Jinishian Foundation on their joint initiative with the MOH to establish the community nurse profession and to the MOH in its efforts to elaborate a unified family nurse curriculum.

In October, two Project NOVA staff members and a government counterpart traveled to Georgia to participate in a regional conference on PHC sponsored by American International Health Alliance. While at the conference, we gave a formal presentation on our work with rural nurses. Using private funding, IntraHealth and Save the Children sponsored a trip for the Monitoring and Evaluation Officer and a Community Mobilizer to travel to Turkey to participate in an evaluation workshop organized by Save the Children. The project also participated in the annual U.S. Peace Corps development fair in November. The annual event brings together all international and local development organizations to give volunteers an opportunity to network with potential sponsoring agencies. We learned during the fair that the Martuni Women's Community Council has a volunteer that will be working with NOVA.

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

Project NOVA successfully accomplished nearly all activities planned for the first quarter of the year. The delays associated with procurement of medical equipment prohibited us from completing the distribution of medical kits to health posts in the northern marzes. The adult and infant scales arrived in Yerevan, were cleared through customs in late December, and will be distributed in January. Such delays are not anticipated this year since the project procured sufficient supply of items to cover both years for those items sourced in the U.S.

Given changes in the local context and new information, the project suggests minor revisions to the approved work plan. For example, there in no longer a need to conduct a case-study on inadequate contracting on rural facilities offering maternity care. The legal basis for rural maternity centers is in flux, with many of them being merged with the nearby maternity hospitals. We have also since learned that many of these facilities actually do get fully reimbursed for their delivery care. Another activity that may change is the costing study, given the mandate for PHCR and World Bank to do costing studies, it might be not appropriate for NOVA to do so. Lastly, one Area 4 activity is to provide additional training to health action groups once their initial CPH program is over. We understand that the health promotion component of PHCR may continue such work, in which case it is not necessary.

PMP benchmarks and indicators: The project has made concrete progress on most program indicators. To date, Project NOVA trained 195 different nurses and midwives and 106 physicians in RH clinical skills and an additional 43 managers of PHC facilities. The MOH has approved this year's work plan and continues to be actively involved in all project activities. One important achievement for the project is the official sanctioning of the competency-based nurse training course. All nurses who successfully complete the six-month course will be officially authorized to offer antenatal care by government order.

The project is well on its way to begin full implementation of marz level activities in Gegharkunik and Kotayk, and has found the marz authorities in both marzes to be very open to fruitful collaboration with the project. Project NOVA will report on the impact of year one activities on target health facilities in the third quarter of the year after the follow-up facility survey takes place in March.