Project NOVA

Quarterly Report

Third Quarter (April – June 2006)

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 assisting with 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 (RH/MCH) 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 April 1 to June 30, 2006. Project NOVA is in full-scale implementation for all marz-level interventions in accordance with USAID and the Ministry of Health (MOH) approved year-two work plan. The project team successfully completed implementation of all the clinical training courses for primary health care physicians on essential clinical competencies in RH/MCH care. Overall, 51 family physicians and STI care providers from Kotayk and Gegharkunik marzes had an opportunity to go through 10- and 5-day clinical training events. At the same time, the project team is implementing the modular course on Safe Motherhood clinical skills training program designed for rural nurses and midwives.

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 NOVA technical team successfully accomplished all of the clinical training events designated for primary health care physicians- including family physicians and STI care providers (obstetrician-gynecologists and dermato-venerologists). The team conducted four clinical training events involving 51 PHC physicians on the actual issues of RH/MCH services delivery.

The RH clinical skills trainings for family physicians encompassed 10 days and the STI care providers underwent five-day clinical training on STI integrated care management. During those clinical training events, Project NOVA hosted free clinic days in four pre-selected clinical training sites in Kotayk and Gegharkunik marzes. Overall, the group of Project NOVA experts provided counseling and care for over 70 patients with various RH/ dermatological issues. In addition, the providers gave free medicine to patients with

relevant symptoms.

The Project NOVA technical team and regional trainers facilitated the Safe Motherhood clinical skills training program in Kotayk and Gegharkunik Marzes. Eighty rural nurses successfully completed the self-paced modules on Infection Prevention, Antenatal Care, Postpartum and Newborn Care. In June the nurses and midwives of pre-selected facilities started Module 6 on Infant Care principles. Staff held regular meetings with regional trainers during clinical practice days in Abovyan, Hrazdan, Sevan and Martuni inpatient and outpatient clinical training sites. These sites received mannequins and the first portion of supplies for enhancing the process of effective clinical training.

The Project NOVA team worked jointly with 14 national family nurse experts to finalize the draft RH clinical skills training package with supplementary resource guides for family nurses. The training package was pilot tested during six days among the working group members and the team took into consideration suggestions for further revisions. Next quarter the project team will continue its efforts in the final revision of the RH clinical skills textbook for submission to USAID and MOH for approval.

Project NOVA is in the process of revising the Safe Motherhood self-paced curriculum in collaboration with Basic Medical college. The curriculum is intended to be incorporated in the pre-service education curricula of Gyumri Medical College. The team held round-table discussions with the college and a final proposal will soon be submitted to USAID and the MOH for approval.

The Robert Burns Supper Club donated funds toward the purchase of medical equipment for Gegharkunik Marz. The British Embassy closely cooperated with Project NOVA to choose the appropriate facility and equipment. The funds will be used to purchase a Breeze Ventilator for newborns for the Martini Maternity hospital in Gegharkunik Marz. The parties signed MOUs and the supplier is in the process of filling the order. The remaining funds raised this year will be allocated to Alaverdi Maternity hospital in supporting them to obtain a sensor for the ultrasound examination devise.

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

This quarter the project team began implementing the five-module management training course for Primary Health Care (PHC) Managers in Gegharkunik and Kotayk marzes. The aim of the training is to provide the managers of PHC Facilities with hand-on practical experience for acquiring critical management skills. The content of the course covers topics similar to those outlined in the Management handbook designed by Project Nova in 2005. Twenty health care managers from Kotayk and 18 managers from Gegharkunik are attending the training courses. Upon the completion of the theoretical part of each training session, the participants have practical on-site visits and team work. The project team coordinated two management training modules in Kotayk and four modules in Gegharkunik with the involvement of national experts in the delivery of training sessions. All health managers engaged in management training course have received Project NOVA Management Handbooks.

Also this quarter, Project NOVA organized training on the basics of the quality improvement (QI) initiative and its methodology for newly selected QI site staff. Staff conducted on-site self-evaluation and action plans development in three of the newly selected QI site-- Byureghavan and Garni Health Centers and Ddmashen Medical Ambulatory. In the next several months the QI teams will following up on previously developed action plans with regular support from Project NOVA staff. Providers are conducting regular self-assessments in the Year 1 QI sites, Jajur Medical Ambulatory and Mets Parni Health Center. Project staff have conducted regular monitoring of the action plans.

In an effort to strengthen client feedback in the QI sites, Project NOVA designed a poster promoting client feedback. The poster is in the final stage and will be ready for printing next quarter.

AREA 3: Improve RH/MCH policy formulation and implementation

Project NOVA finalized the costing SOW and hosted EMG Costing expert, Leslie Flinn. The study aims at helping the GoA determine the actual cost of running a rural Health Post (FAP), the services delivered at the health post and how these relate to the current and planned government budget process. Ms. Flinn will prepare a technical report on the framework, methodology and tools for the study as well as the recommended action plan as it relates to the costing study of health post services, operational costs and budgeting for the planned activities. The team set up meetings with key decision makers, policy developers and counterparts for shaping the framework of the costing study. Additionally, the team selected two final candidates for the local consultant positions to conduct the core study according to the developed framework and action plan.

The team finalized a draft document of the review of the status of health posts. The objective is to create an advocacy strategy to clarify roles of health posts and community nurses in a reformed health system, as well as to support the development of improved PHC financing mechanisms. The health post review will be sent to counterparts for their review. There is a meeting planned for the latter half of July with national experts and international counterparts to finalize the document.

The Project drafted and submitted a comprehensive review of health economic principles and their implications on the availability and preparation of medical professionals. This review calls attention to strategic planning for the preparation of medical professionals, which is currently left entirely to market regulations in Armenia.

The MCH Department of the MOH requested that Project NOVA initiate work on regulating the RH/MCH services through the development of a number of registration and referral forms as well as protocols and guidelines. Since RH/MCH services are part of PHC services and since the PHCR project is already developing unified encounter and patient forms at the PHC level, Project NOVA intends to closely collaborate with PHCR in this effort.

The Project NOVA team continued preparations for a visit from a gender consultant to improve the integration of gender issues into RH services. An international expert from Cultural Practices organization, Deborah Caro will be arriving in Armenia in July to orient the team and key national counterparts on a gender analysis in RH/MCH and prepare a set of recommendation on better addressing gender dimensions of RH. Specifically, Ms. Caro will conduct a 2½ day workshop on gender integration in RH/MCH services, in-service training for USAID Mission and staff, hold working sessions with staff and counterparts as well as review Project NOVA PMP and monitoring indicators from a gender perspective.

Project NOVA continued the FP pilot initiative to improve access to FP methods in Ijevan Mother and Child Health Center. By the end of the reporting quarter there were 85 patient referrals to gynecologists for acquiring FP methods or gynecological care. Pediatricians referred these patients after reviewing a questionnaire with mothers who bring their children to the outpatient clinic. For comparison, the baseline data indicate that during the three month period of January-March, 2006 there were only 25 visits to the gynecologist for family planning purposes.

After receiving approval from USAID, Project NOVA finalized work on the BBP poster and brochure outlining free RH care services. Before proceeding with printing the poster and booklet, project staff conducted focus group discussions on the RH booklet to assure its user-friendliness in Byureghavan Health Canter in Kotayk and Ddmashen Ambulatory in Gegharkunik Marz. Next quarter Project NOVA will print both the brochure and poster.

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

During this quarter the project team started intense work with the 30 communities engaged in the CPH program (10 in Kotayk and 20 in Gegharkunik). Community assessments were completed in all 30 communities of Kotayk and Gegharkunik marzes and initial meetings were conducted in all 30 communities to establish action groups and develop plans. Action plans are now being implemented in all 30 communities.

As part of the sustainability strategy in Tavush and Shirak marzes, the project launched a small-grants competition for communities interested in receiving seed monies to improve the quality and access of RH/MCH services through the Community Partnership for Health program. Project NOVA staff developed an application package and announced the competition during a workshop for interested community leaders and health providers in early May. Ten proposals were received from the communities of Tavush and Shirak marzes. The project team reviewed these proposals with Marz Advisory Board members and visited all ten communities for final selection. Six selected communities will be announced in early July and the grants will be administered through Save the Children.

Project NOVA established health action groups in 30 rural communities in Shirak and Tavush marzes. These groups successfully strengthened health services in each of their

communities, with an emphasis on RH/MCH issues. The project team will be signing a four-month subcontract with *Ajakits*, a local NGO, who worked with Project NOVA in the above mentioned communities last year. Ajakits will implement activities designed to reinforce the work initiated by Project NOVA in these communities and to solidify the structure and effectiveness of health action groups.

Performance Management Plan (PMP)

Project NOVA PMP indicators were updated and sent to the USAID for review and approval.

The Project NOVA Monitoring and Evaluation team completed the follow-up assessment of a selected sample of primary healthcare facilities in the Shirak and Tavush marzes. The team conducted the assessment in 98 health posts and 21 medical ambulatories. The follow-up report will be completed and submitted during the next quarter.

Staff adjusted the training data sets this quarter to make them more user-friendly. Staff created monitoring follow-up data tables and forms and continued the data entry process. In addition, staff developed special forms to better illustrate the supervision hierarchies of health care facilities in Armenia.

The team studied and prepared a report on health related GIS applications to show health officials how they can use this technology and improve their practices. The report is titled: "Application of Geographic Information Systems in Armenia in Health Sphere". For making the GIS maps more informative and publicly available, some GIS layers were converted into HTML and presented as online maps on the project website. In particular, the GIS section of the website was enhanced with interactive maps and satellite images of South Caucasus, Marzes and Communities of Armenia, Health Facilities grouped by types, etc.

During this quarter, the team finalized the report on the results of monitoring and technical feedback visits to the primary health care providers. The results of the monitoring and technical feedback visits will be ready for dissemination next quarter.

Management, Collaboration, and Coordination

Human resources: At the beginning of this quarter Lusine Ghazaryan, Project NOVA Program Manager undertook the position of the Acting Chief of Party. It is projected that the new Chief of Party will be joining the Project NOVA team next quarter and serving in the leadership capacity for Project NOVA. In May the project hired a new staff member, Marianna Hakobyan in the position of the Program Associate to assist the technical team in a number of programmatic activities.

Communication/outreach: During this quarter, three monthly electronic newsletters were distributed to over 140 individuals from local and international organizations highlighting project activities in FP counseling and quality improvement, sub grant

process for seed funding, RH training for family physicians, STI care management for PHC physicians, and nurse trainings. A new success story based on a nurse interview was approved by USAID and placed on the Project NOVA website reflecting the health care provider's feedback on the project NOVA training in Safe Motherhood clinical skills.

Corporate visits and program support: IntraHealth International staff member and Program Manager Sara Espada visited Armenia during the period of April-May to support the team during the transition from one COP to the next, as well as to provide assistance and oversight in key programmatic activities. With the project team, she visited a number of health care facilities, namely Ijevan Mother and Child Health center to learn about the implementation of the FP initiative, as well as to Gyumri to participate in the meeting announcing community seed grants. During her visit she also participated in the marz Advisory Board Meetings in Gegharkunik and Kotayk marzes.

EMG Program manager Leslie Flinn visited Armenia in June to provide leadership and expertise in Project NOVA Costing STTA. She had a series of meetings with the representatives of the State Health Agency and the MOH, as well as PHCR counterparts and USAID to coordinate on the efforts of designing the methodology and framework of the costing study.

Coordination with PHC Reform: Project NOVA staff participated in a number of workshops organized by PHCR on Family Medicine and Family Nurse training and education, namely a two-day workshop on the "Improvement of Family Medicine Training and Practice" and a two-day workshop on "Family Nurse Education and Training". Project NOVA staff also participated in the presentation of the results of the: "Village health post-nurse capacity development and certification program" organized by the Jinishian Memorial Foundation in coordination with the MOH and NIH.

Representation/coordination: Project NOVA staff participated in an AUA-hosted forum on "Millennium Challenges Feminization of Tobacco Epidemics in Armenia: Can We Avoid It?" where Project NOVA work in this arena was presented as a part of USAID/Armenia health portfolio interventions. Project NOVA staff also hosted UNFPA consultants from Norway and Turkey and the Project CTO, Anna Grigoryan, to share the experience of its activities in gender and gender-related violence.

Project NOVA CTO, Anna Grigoryan conducted a site visit to the Hrazdan Polyclinic, Project NOVA clinical training site and participated in the Kotayk Marz Advisory Board meeting headed by the Kotayk Deputy Marzpet, Dr.Levon Mikaelyan.

Project NOVA is represented in a UNIFEM-supported publication with an abstract on health sector related gender issues. Also during this quarter Project NOVA presented an abstract on "Competency-based training in RH for Family Physicians" at the "Education through Life 2006" conference.

The Project NOVA Community Advisor, Iren Sargsyan, attended the Global Health Council Conference May 30-June 2, 2006. Immediately after this event she participated in

the Global Health Program Learning Group (PLG) on June 5-9. Save the Children Headquarters organizes the Health PLG for SC health managers worldwide on an annual basis to share their experiences, learn innovations and new approaches regarding the design and management of health programs as well as the development of the SC annual health strategy.

Project NOVA was also represented in a four-day practical workshop on: "Cervical Cancer screening: Best Practices" organized by WHO in June. This team shared successes with respect to practical trainings on Pap test performance for family physicians in which Project NOVA is involved.

Lusine Ghazaryan and Mariam Daldabanyan visited the IntraHealth International HQ in Chapel Hill, NC June 19-23 to attend a compliance workshop conducted by consultant Bob Strauss. In addition, they met with various technical and programmatic staff to review the status of Project NOVA.

Three abstracts submitted by Project NOVA staff have been approved for presentation at the European Annual Public Health Conference to be held in Montreaux, Switzerland, November 16-18.

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

Workplan: Project NOVA successfully accomplished nearly all activities planned for the third quarter of the annual workplan. However, some delays occurred with the implementation of a capacity- building plan for Ajakits. The preparatory work on the forms of administering the plan is underway and pending approval. In addition, there were delays in the clinical item procurement and distribution. Glucomoters and scales have been procured and the remaining items are on order.

The team encountered some delays in the development of the leadership skills handbook for community leaders mostly due to the need to further explore responsible point persons. The PHC provider monitoring and feedback report was delayed due to data entry and numerous technical revisions.

PMP benchmarks and indicators: During the reporting period, the project made concrete progress on PMP indicators 1.1 and 2.1: number of primary health care providers trained and the number of managers trained in supportive supervision through an expanded implementation of most of the anticipated scope of clinical and management trainings. In addition, activities in other areas such as RH/MCH policy formulations and implementation, community partnership and quality improvement have contributed to initial progress in several other indicators.