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PHCR PROJECT QUARTERLY REPORT

REPORT PERIOD: JULY-SEPTEMBER, 2006

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LIST OF ATTACHMENTS:

1. DRAFT REPORT ON ESTIMATION OF EXPENSES RELATED TO ASSIGNMENT OF A SPECIALIST TO HEALTHCARE FACILITIES OF REMOTE, BORDER, MOUNTAINOUS AND HIGH MOUNTAINOUS AREAS OF THE REPUBLIC OF ARMENIA ACCORDING TO THE DRAFT REGULATORY DOCUMENT (ENCLOSED) (2.3.3, 2.3.4).

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INTRODUCTION

The Primary Healthcare Reform Project (PHCR), funded by the United States Agency for International Development (USAID) under the TASC2 IQC No. GHS-I-00-03-00031-00, was issued to Emerging Markets Group, Ltd. (EMG) on September 30, 2005. Subcontractors on this project are IntraHealth International, Overseas Strategic Consulting, Ltd., Social Sectors Development Strategies (SSDS), and American University of Armenia's Center for Health Services Research.

This PHCR Project Quarterly Report (QR) describes the project activities and results during the period of July 1st to September 30th, 2006. The document presents detailed elements of work conducted, organized by each of the project components. Since this is the final QR of the first year, it also summarizes achievements for year 01 against set PMP targets in the form of a Table at the end of each respective Component presentations.

SUMMARY OF SIGNIFICANT ACHIEVEMENTS, DURING YEAR ONE

The PHCR Project has established a well-functioning organization with a presence both in Yerevan and in Lori and Shirac marzes, with close collaboration well-established with respective health directors and Marz Advisory Boards (MAB). The project has worked closely with these MABs, in particular in selecting 44 primary care facilities for renovation (renovation of 21 were ignition September 1st) and identifying key candidates for training in Family Medicine, Family Nursing, Management and in building capacity for training platforms and institutions. In Yerevan, the Municipality and the PHCR Project have collaborated closely in training and developing strategic plans for PHC managers. This has led to the formulation of 3-year strategic plans for all Polyclinic (PHC) networks in Yerevan municipality. The same approach to strategic planning has been replicated and extended in making 3-year strategic plans for the hospitals, which has reinforced the approach more broadly in the health system. Strategic planning has, therefore, become an important tool with which the PHCR project is assisting the Marz level roll-out of PHC reform.

The PHCR Open Enrollment (OE) and Reform team started reviewing the draft policy documents and develop instructions and manuals for Open Enrollment. The OE team has established close working relations with a network of key stakeholders and decision-makers in the MOH and with all Marz healthcare administrations throughout the country. A coordination group has been set up to lead the introduction of OE, and the OE team has initiated training of the key stakeholders, including preparations for a study tour to Estonia planned for October-November 2006 (in collaboration with AED) to learn about Estonian experience in the introduction of OE. A full information resource management (IRM) document for the OE management information system (MIS) and health financing mechanisms has been developed. This document covers all aspects of hardware, software, training and maintenance as the basis for initiating the MIS procurement and establishment process. The OE procurement and distribution plan for MIS is on target, as planned, for delivery during the first part of calendar year 2007.

The PHCR Family Medicine (FM) and Quality of Care (QOC) component has prepared key trainers to deliver new and modern methods of teaching, with Training of Trainers (TOT) delivered for more than 100 faculty staff, clinical preceptors and Family Medicine providers. Modern training materials has been developed for the Unified Family Medicine curriculum and

for Continuous Family Medicine education in infectious diseases (urinary tract infections), skin diseases, cardiovascular diseases (first component about myocardial infarction and unstable angina). Draft materials have been developed for laboratory diagnostics in primary care and emergency care. The PHCR Project has established close collaboration with the Chairs of Family Medicine and with the Family Medicine Association and Family Medicine Society. The Family Medicine and QOC component's work has also finalized the Unified Family Nursing curriculum, which has been submitted for final approval by MOH. In collaboration with the Zone 1 MABs, candidates were selected for the training of 130 nurses in Family Nursing, and candidates have been identified for training to become clinical preceptors and for participation in Continuous Family Medicine Education. The Family Medicine team has developed a QOC methodological package, based on evaluation of experience from the previous ASTP project, with emphasis on what has proven to be sustainable. The Quality of Care work is also linked closely with the formulation of indicators for performance as the basis for performance based payments (PBP). Under the QOC component, work has begun to develop and implement a computerized system for MOH licensing department.

The PHCR Healthcare Finance (HCF) team has assessed the needs for management training at the PHC level throughout Zone 1. Two training courses were delivered, and 35 PHC facility managers trained in management and strategic planning. The HCF team assisted 26 PHC facilities in the use of PHCR-developed management systems. Analytical and planning work that informed MOH/SHA decision-making about PBP plans was completed, and assistance was provided in the development of performance indicators (conducted in collaboration with other Project components) and reporting systems for the planned PBP system. The Healthcare Finance Team also worked to integrate the planned PBP reporting system with the planned revisions to MIDAS 2, the MIS that is currently in the final stages of development before implementation. The work with National Health Accounts (NHA) has reached stage 2 of the implementation scale. The first NHA study (for 2004) has been completed, with the second (for 2005) is underway. These ground-breaking national studies answer macro-level health financing questions for the first time.

The PHCR Public Education (PE) team has developed and delivered information materials requested by the MOH. Through posters and booklets distributed to PHC facilities throughout the country, these materials enhance public awareness about the basic services available at the PHC level as part of the basic benefits package (BBP). PHCR also trained journalists in Lori and Shirac marzes. The team also established and trained community health committees and conducted Participatory Rapid Appraisals (PRA) with community members in 25 communities throughout Lori and Shirac marzes. Community Health Committees have been developed and health education packages for community and patient education materials have been developed on topics and in a manner which complements the development of training materials for Family Medicine and family nursing. PHCR has also developed capacity-building materials and a grants manual and provided training for NGOs in preparation for making grant application; at the end of September PHCR received seven applications for small grants.

Details on the work and results of each component are provided below, with reporting activities and achievements presented against "Tangible Results" in the Year One workplan.

ABBREVIATIONS AND ACRONYMS

BMC	Yerevan State Basic Medical College
COP	Chief of Party
DCOP	Deputy Chief of Party
FAP	Feldscher-Akuscher Punkt (Health Post)
FM	Family Medicine
FN	Family Nursing
HF	Healthcare Finance
IRM	Information Resource Management
MIS	Management Information Systems
MOH	Ministry of Health
NGO	Non-Governmental Organization
NHA	National Health Accounts
NIH	National Institute of Health
OE	Open Enrollment
PE	Public Education
PHAST	Participatory Hygiene and Sanitation Transformation
PHC	Primary Healthcare
PHCR	Primary Healthcare Reform Project
QOC	Quality of Care
SHA	State Health Agency
SOW	Scope of Work
TOR	Terms of Reference
TOT	Training of Trainers
UFMC	Unified Family Medicine Curriculum
UFNC	Unified Family Nursing Curriculum
USAID	United States Agency for International Development
WB	World Bank
WG	Working Group
YSMU	Yerevan State Medical University

MANAGEMENT AND EVALUATION

1. Approvals, buy-in, and cooperation for project activities received from stakeholders

- Y02 Workplan was developed and submitted to USAID (1.1.2).

2. Ensured logic and efficacy, with all activities and methods leading to the defined objectives

- Ongoing, through application of Logical Framework Approach (LFA) principles and systematically held coordination meetings with counterparts and in particular Marz Advisory Boards (MAB).

3. Project management systems functioning

- Project activity information form for the USAID GIS completed specifying geographical location of project targets and/or involved institutions (1.3.1).

4. Project monitoring system established, and baseline data collected

- Data collection forms for MIS database, PMP indicator monitoring, and user interface for PMP indicators were developed. Data entry has started.
Data input electronic forms for 26 indicators, and reporting forms for 30 indicators were developed for the database structure. Reports on other indicators can be generated on an ad hoc basis. For remaining indicators standardized electronic reporting forms are under construction. Draft PMP report for Y01 prepared; PMP targets for Y02 proposed within PHCR (1.4.2).
- Data entry and cleaning for errors completed for all baseline assessment data from Lori and Shirak (facility assessment, facility self-assessment, and client satisfaction surveys). Data analysis has started. Preparation of reports on facility assessment and facility self-assessment is in process. Draft client satisfaction report prepared.
Statistical analysis conducted on data captured on PHC performance assessment survey conducted on FM and other PHC physicians, by the Quality of Care component (1.4.3, 5.6.2).

5. Project effectively communicating with external world

- PHCR website completed; all content uploaded and hyperlinks placed and verified and the PHCR project website updated on a regular basis (1.5.2).
- PHCR quarterly bulletin #3 developed for release in October (1.5.4).

6. PHCR field activities begun

- PHCR field office in Gyumri started operating; field office manager employed (1.6.4).

COMPONENT 1: EXPANSION OF PHC REFORMS.

1. Project-delivered support to change policies and to improve the regulatory environment for PHC reform.

- Written comments provided to WB/HPIU on the WB/HPIU-drafted regulations on Registration and Nomenclature of health care providers. PHCR project here delivered a proposal for a new Government Decree to regulate the authorization of healthcare providers (2.1.1, 5.2.1).

2. Criteria for facility selection defined, facilities mapped and selected in Zone 1.

- PHC facilities evaluation ongoing for the selection of facilities to become PHCR target training sites in Yerevan. New evaluation instrument developed to analyze the PHC site's ability to function as platform for the delivery of continuous FM education (2.2.1).
- The Project worked for PHC facility mapping and networking in Kotayk, Tavush and Gegharkunik, and checked with marz health directors in the three marzes on expected changes on the status of health posts and ambulatories. The lists were finalized. (2.2.1).

3. Skills and mechanisms for workforce planning methods and rural incentives mechanisms are transferred to and used by MOH

- Collaboration with MOH in the area of workforce planning established; together with MOH, a SOW has been developed for international expert input in Workforce Planning. The MOH input has provided clear identification of the needed technical assistance to MOH in Health Workforce Planning (2.3.2).
- The Health Finance Team compiled a list of medical staff vacancies in remote, border, mountainous and highly mountainous regions of Armenia (per Marz and per PHC facility). Based on the list, financial estimates for costs of implementing the draft regulation have been prepared and presented to the Economic Department of the MOH.

With amendments and suggestions provided by PHCR, Draft Government Decree accepted by Dr. Armen Karapetyan, Head of Economic Department at the MOH (2.3.3, 2.3.4).

4. Key target facilities have access to IT resources (hardware, software, support)

- Following USAID approval of the IRM document (July 26, 2006), the PHCR Project's IT specialists started process of procurement of the full IT system to support OE and PHCR Healthcare Financing mechanisms (2.4.1, 2.4.2).

5. Improved management, supervision and financial oversight at facility level - with IT systems coordinated.

- In cooperation with the Head of SHA Information Systems Department, PHCR IT specialists developed unique coding system for all PHC facilities to meet requirements of data exchange between OE automated information system and the MIDAS 2 system (Encounter Form based reporting from PHC level to SHA). The list of facilities with newly assigned codes sent to Heads of Health and Social Security Department in all marzes for review (2.5.2).

6. First phase: PHC facilities renovated and equipped for medical purposes

- The list of medical equipment and supplies to PHCR Project target facilities and to FM and FN providers developed, and procurement (tender) process started.

Methodology developed to estimate furniture needed for Zone 1 renovated PHC facilities, with the types and sets of furniture defined for each target facility. Procurement process for the furniture, equipment and supplies was started (2.6.6.).

Facility renovation (2.6.8 and 2.6.9):

- Tenders for construction and renovation of all selected Zone 1 PHC facilities completed and construction companies selected. PHCR engineers delivered training on local environmental compliance standards, issues, and mitigation measures to all construction sub-contractors (per USAID regulations).
- Renovation work commenced on September 1, 2006 in 21 communities of Lori and Shirak. Designs for 20 facilities been completed and renovation prepared to start including also in two polyclinics of Yerevan for establishing IT training sites/rooms. As of the end of September, construction companies reported completion of construction and renovation works in 12 Lori and Shirak PHC facilities. PHCR has developed formal handover and acceptance procedures for renovated facilities. Renovation works in nine additional facilities will be completed by late October.
- Schedule of renovation, demonstrating interim results, developed for each individual PHC facility, and renovation works are closely monitored by the Project team, both off- and on-site.
- Design engineers completed designs for the remaining 22 facilities in Zone 01 and designs for 02 polyclinic-based training sites in Yerevan for renovation will start in October. PHCR engineers reviewed all designs and made necessary changes, and a tender for renovation was prepared to be announced October 4 for renovation of the next batch of facilities to start in mid-October (2.6.8).

7. Second phase: mechanisms for sustaining the physical improvements (renovation, equipment) of PHC facilities are in place.

- A facility maintenance and assessment tool drafted, including an instrument to assess facility waste management. PHCR has developed environment impact checklist according to USAID regulations (2.7.1, 2.7.7).

Y01 PMP Comments – Expansion of PHC Reforms Component

<i>Indicators</i>	<i>Target for 2006</i>	<i>Results/Comments</i>
Indicator 3.2.2.1 # of PHC facilities renovated or equipped by PHCR	21	For 12 PHC facility renovations documented and reported as completed. Completion of renovation and formal handover of remaining 9 facilities will be finished in late October and a second batch of 22 renovation facilities and 02 Polyclinic sites are ready to start by mid October.

COMPONENT 2: FAMILY MEDICINE.

1. M&E plan for FM component developed and functioning

- Project’s FM team developed performance assessment tools (self-administered questionnaires) to identify the range of diagnoses and procedures performed by PHC physicians; these are to be used for baseline survey of QoC and performance of PHC physicians (Family Medicine and district physicians). The on-site assessment was completed in August; resulting statistical analysis completed and a draft narrative report prepared (3.1.1, see also under 5.3.1).

2. Project delivered assistance changed the PHC/FM policy and regulatory framework

3. Providers use up-to-date clinical standards and procedures, through training delivered by well-equipped and strengthened Family medicine training departments (PMP indicators 3.2.1.1.2, 3.2.1.1.4, 3.2.1.1.7)

- On 22 September, PHCR FM team members established collaboration with Dr. Nils Wahlgren, Director of the Stroke Management Program at the Karolinska Institute for Medicine University Hospital in Stockholm, Sweden. (Dr. Wahlgren leads the European Program responsible for maintaining the database and research on all the cases of thrombolytic therapy for stroke patients in 300 European clinics with a total number of 11,000 cases in the database.) Dr. Wahlgren expressed interest in collaborating with PHCR on the development of training materials for family physicians on stroke prevention, and in the development of the hypertension training package for UFMC and CFME as well as in training for nurses and in development of a strategy for primary prevention through public education (3.3.6)

4. Institutions training and re-training of Family Medicine and Family Nursing providers have increased capability (Increased capacity in delivering training modules and widened ability to deliver new forms of training) (PMP indicator 3.2.1.1.1)

- Survey conducted for baseline assessment of quality and clinical performance of PHC physicians at 10 sites in Lori and Shirak. (3.4.1, see also Component 4: Quality of Care, 5.3.1.)
- SOW for TOT for Zone 2 preceptors drafted and planned to be delivered mid-November (3.4.3).
- FM team delivered two practical seminars on how to use PHCR provided Evidence Based Medicine (EBM) resources including how to use PHCR provided up-to-date software about EBM for the YSMU and NIH FM Departments. Handout materials were also prepared and made available to the participants of the seminars (3.4.6, see also under 3.3). This training provided an important and necessary base for the Family Medicine department's further involvement in developing and delivering new training packages for UFMC and CFME.

5. Family Medicine curriculum is up-to-date with training modules (UFMC curriculum content) (PMP indicator 3.2.1.1.1)

- Start-packages and contracts for the contribution from NIH and YSMU in the development of the training packages "CVD: Unstable Angina and Myocardial Infarction," "Urinary Tract Infections" and "Dermatology" finalized (3.5.4)

6. First phase undertaken to establish FM training centers and sites (PMP indicator 3.2.1.1.5).

- New evaluation tools developed for assessment of Yerevan-based polyclinics as candidates for training platforms for FM/FN trainings. After completing assessment of first list of proposed sites, Yerevan marzpetaran healthcare (MAB) advisory board member Dr. Vanuhi Sedrakyan replied to PHCR's request with a second list of candidate PHC facilities to be considered as best practices/training platforms for FM clinical training. A new list of four polyclinics where clinical preceptors are based was proposed and the FM team initiated site visits and assessments at the proposed facilities to assess clinical preceptors' needs (3.6.1).

7. Zone 1 Clinical training centers and sites upgrading started (PMP indicator 3.2.1.1.5)

- See point #3.6.1 above.

8. At least 25 FM providers retrained and/or trained through UFMC and/or in-service continuous FM education (PMP indicator 3.2.1.1.5)

- In consultation with Lori and Shirak MABs, a list of Zone 1 FM/PHC physicians was selected for training in CFME. Priority was given to FM physicians who supervise renovation target FAPs that are functioning as referral facilities; in total 19 doctors in Lori marz and 20 in Shirak were selected, for a total of 39 candidates, thus exceeding the PMP target of 25 (3.8.2).

9. FN training departments in Zone 1 nursing colleges given support with methods, equipment and staff skills (PMP indicator 3.2.1.1.6).

- Preparation work continued for an 8-week TOT for Zone 1 nurse-clinical preceptors, and a 3-week TOT for Zone 1 regional college FN staff; 14 family nurses and 10 members of regional college staff were selected to be trained as FN clinical preceptors with the list of nurses approved by Marz Health and Social Security Departments (Marz Advisory Boards). Pre-selection of family nurses for the 6-month UFNC training was completed (3.9.1, 3.9.2, see also 3.10.2 below).
- The Fixed Price Contract with NIH for delivery of TOT for Zone 1 clinical preceptors and regional nursing college FN staff (with annexes) was finalized and ready to be signed for work to be started in October. PHCR is collaborating with NIH and BMC FN Department Chairs on the TOT curriculum (3.9.2)
- Potential US-based vendors for supply of training manikins and simulators identified; procurement documents for manikins for FM/FN chairs and training sites prepared (3.9.2, 3.7.2).

10. 130 PHC nurses have begun retraining to be family nurses (FN) and community nurses (CN) in Zone1 (PMP indicator 3.2.1.1.3)

- The first group of nurse trainees, including 42 nurses from Zone 1 FAPs targeted for renovation, was approved by Lori and Shirak MABs. All 42 nurses committed to undergo the 6-month training. The second trainee group (90 nurses) will include nurses from referral ambulatories and polyclinics supervising FAPs that are targeted for PHCR renovation, as well as PHC facility network FAPs. It is anticipated that nurses who successfully passed training on the reproductive health and community health modules provided by projects NOVA and Jinishyan Memory Foundation will participate in the UFNC 6-month training course (3.10.2).

11. Unified Family Nursing Curriculum developed (PMP indicator 3.2.1.1.8)

- Comments from CTO incorporated in the UFNC, and the final version of the Unified Family Nursing Curriculum submitted to the MoH for final approval (3.11.1).

12. Educational packages developed for 2 selected modules of the UFNC (PMP indicators 3.2.1.1.8 and 3.2.1.1.1)

- In consultation with NIH and Basic Medical College, PHCR concluded that STTA input is needed to facilitate the development of Family Nursing training materials and methods. Dr. Paul Dunn was proposed as STTA for FN, and the Project developed a specific SOW, materials and documents required for the preparation of his first mission to Yerevan (3.12.1)

13. Feasibility study undertaken of "Models" for autonomous FMGPs, in line with provisions of Government Decree (PMP indicator 3.2.2.1.4)

- Brief report was drafted/prepared on the PHCR desk study on "Feasibility of establishment of independent FMGP" and with comments on the Gov. Decree on independent group practices (3.13.2).

The PHCR project developed a questionnaire on the feasibility of establishment of FM independent practices to be self administered among 300 family physicians during the Armenian Association for Family Medicine (AAFP) annual conference on 19th of October.

14. Up-to-date clinical standards and job-aids provided for target-facility Family Medicine providers in Zone 1 (PMP indicator # 3.2.2.1.6).

- Ten job aids on PHC sensitive topics developed, including:

In adults:

- Hypertension,
- Coronary Heart Disease/Angina
- Diabetes
- Acute (Upper) Respiratory Tract Infections

In children:

- Fever (including Febrile convulsions)
- Lower Respiratory Tract Infections
- Acute childhood diarrhea
- Anemia
- Acute Otitis media.
- Tonsillitis

The job-aids have been developed and submitted for further elaboration and translation into Armenian with contracted working group for “job-aids development.” See also under Component 4: Quality of Care, # 5.5.2 (3.14.1).

15. Polyclinic support for Yerevan prepared for Y2

- See under item # 3.6.1 above.

Y01 PMP Comments – Family Medicine Component

<i>Indicators</i>	<i>Target for 2006</i>	<i>Results/Comments</i>
Indicator 3.2.1.1.1. # of pre/in-service study resources developed and institutionalized at educational institutions with PHCR assistance	4 was the target set for all project components	In Family Medicine, PHCR delivered 2; 1. TOT courses on UTI clinical teaching 2. TOT on dermatology
Indicator 3.2.1.1.2. # of participants who have completed PHCR supported primary health care training activities	35 was the target set for all project components	Target exceeded with 41 FM providers having completed PHCR-provided PHC training courses.
Indicator 3.2.1.1.3. # of nurses graduated from PHCR-supported Family Nursing specialization program	0	The list of the first group of nurse trainees to undergo 6-month UFNC training (including 42 nurses from the Zone 1 FAPs selected for renovation) approved by Lori and Shirak MABs and training ready to be delivered to 130 nurses during Year 02.

<i>Indicators</i>	<i>Target for 2006</i>	<i>Results/Comments</i>
Indicator 3.2.1.1.4. # of faculty trained in FM or other PHC fields with PHCR assistance	16	Target exceeded with 108 faculty staff from 6 faculties from Yerevan and Zone 1 marzes trained with PHCR assistance.
Indicator 3.2.1.1.5. # of FM training sites (clinical platforms) upgraded with PHCR support	2	Upgrade provided through clinical preceptor training for 8 training sites/platforms. In addition, training room renovation started in 02 Polyclinic sites in Yerevan.
Indicator 3.2.1.1.6. # of FN departments/branches in regional colleges established with PHCR support	1	<ul style="list-style-type: none"> • FN departments in Lori and Shirak marz nursing colleges are included in the equipment and supply distribution recipient list. • Contract with NIH finalized and ready to start deliver TOT in October 2006 for delivery of TOT for Zone 1 for 14 clinical preceptors and regional nursing college 10 FN staff.
Indicator 3.2.1.1.7. # of educational courses provided with PHCR support	5 was the target set for all project components	<p>The FM component provided 12 training courses covering the following 6 topics:</p> <ul style="list-style-type: none"> • EBM based and competency based learning methodology • Two workshops on Strengthening Family Medicine/Nursing Education and Practice • Three TOT courses on UTI clinical teaching • TOT on dermatology • Three TOT on Behavior Change Communication • EBM resource utilization
Indicator 3.2.1.3.8. Unified family nursing curriculum development/adoption scale	4 point Scale Target for 2006 = point 1	UFNC finalized and submitted to MOH

COMPONENT 3: OPEN ENROLLMENT.

1. Policies and regulations in place to support open enrollment

2. A national, regional and facility level network of facility-based and Marz and MoH employed OE coordinators established (PMP indicator 3.2.1.3.2)

- Open Enrollment (OE) National Coordination Group (CG) was established, and its first meeting was held on August 3rd. The list of normative documents to be developed agreed upon. In addition to the procedures on how to complete and circulate the enrollment and transfer forms, other normative documents were identified that needed to be developed and approved, including: the guiding document on the health information system and IT applications, personal data protection, and differentiation of procedures for rural and urban enrollees. Planning established, according to which CG members will participate in a 2-week OE study tour in Estonia, to study the patient enrollment system and to develop a roll-out plan for the implementation of the OE system in Armenia. The meeting also formally stated that, based on the decree on open enrollment, preparation work to implement OE will start from January 1st 2007, and the first half of the year will be used for installing equipment and gradual training of PHC staff in procedures (4.2.2).

3. OE coordinators and implementors trained (PMP indicator 3.2.1.3.2)

- Preparation work including logistics for the OE study tour to Estonia for PHCRP observers completed to take place between October 23rd and November 5th. The Project's OE team has been in close communication with the Estonian colleagues from the organization PRAXIS and exchanged relevant reading materials (4.3.4).

4. Open enrollment information system established, with vertical reporting system functional and ready for the launch of OE Q1 2007 (PMP indicator 3.2.1.3.2)

Open Enrollment Database (4.4.4):

- The development of the open enrollment database and OE IT system by PHCRP IT specialists has reached the following stage:
 - Data collection/management tool (database system) for collecting PHC facility catchment area addresses (street names, building and apartment numbers) finalized. The tool was designed and started the use through PHCRP IT specialists for address checking purpose. It aims to facilitate accurate data collection and data management processes.
 - Database internal dictionary (first, last and patronymic names, city and regions catalogs, etc) management module has been developed to manage internal catalogs in all facility, regional and national levels of OE automated information systems
 - A language-checking function for entered data was developed and added to all data entry forms (population, physicians, database users, facilities management form, etc). This module allows preventing non-Armenian language data entry and (very importantly) preventing errors due to data entry mistakes in the database.
 - Framework (structure) for OE automated information system “electronic help” module for users was developed.
 - The system allows continual checking and correction of PHC facility lists provided by SHA, reflecting the hierarchical infrastructure. This list includes information about the network/hierarchy of facilities, and is an essential part of OE automated information. Each facility will contain adequate facility code used by the SHA.
 - Hierarchic system of addresses developed includes marzes, regions, city and villages, streets, buildings and apartments. This system component tracks the location of data on the registered patient in the OE database and cross references to prevent registration of patients who are outside the service boundary of PHC facility (if it is restricted). The PHC facility and regional levels will use the automated OE system. (4.4.4).
- OE system database users' training plan and the OE system database administrator training plans finalized (4.4.5).
- Survey questionnaire interface and database modules for the MIS developed to accumulate and analyze OE IT needs assessment data received from all marzes and PHC facilities. Report with information required and generated by the database produced; based on this, the IT team will be able to provide marz health authorities with feedback on gaps in IT human resources (4.4.7.).
- OE database administrator and user manuals were drafted.

5. Open Enrollment Monitoring system developed (PMP indicator 3.2.1.3.2)

- First draft set of enrollment monitoring indicators developed (4.5.1).

Y01 PMP Comments – Open Enrollment Component

<i>Indicators</i>	<i>Target for 2006</i>	<i>Results/Comments</i>
Indicator 3.2.1.1.2. # of participants who have completed PHCR supported primary health care training activities	35 was the target set for all project components	<p>Eleven Marz Health and Social Security Department Heads received training with explanations and copies of documents:</p> <ul style="list-style-type: none"> • Open Enrollment GoA Decree N420 -N • Marz based IT resource assessment <p>Project also conducted planning with coordination committee and Marz Health Directors for the Estonia study tour, including training and drafting copies of:</p> <ul style="list-style-type: none"> • OE Policy Document • OE Implementation Manual • OE preparation and implementation plan
Indicator 3.2.1.1.7. # of educational courses provided with PHCR support	5 (for all components)	<p>None in OE activities</p> <p>OE implementation will be launched across the country, and the preparation stage start date is January 2007, with the first half of calendar year 2007 set for distributing equipment and providing preparatory training to key staff</p>
Indicator 3.2.1.3.1. # of facility level internal policies and procedures introduced with PHCR support	4 (for all components)	None in OE activities; see timing for OE implementation above.
Indicator 3.2.1.3.2. OE policies and regulations' implementation scale	Stage 2 of the scale	<p>Stage 1</p> <p>OE policy was up-dated and the GoA decree approved</p> <p>Stage 2</p> <p>Training on OE regulations and requirements started for the MOH and Marz level coordinators. Estonia OE study tour organized. OE implementation shifted, and the preparation stage start date is now January 2007. Stage 1 and 2 activities are continued.</p>
Indicator 3.2.2.2.2. # of facilities using PHCR developed management systems and/or practices	21 (for all components)	None in OE activities; see timing for OE implementation above.
Indicator 3.2.2.2.3. # of facilities provided with the resources necessary to conduct open enrollment	0	None in OE activities. The development of IRM document and attaining approval from USAID in preparation of IT and system procurement has taken less time than anticipated. Procurement process and deployment of equipment is well on target according to MOH decisions on OE timing.
Indicator 3.2.2.4.5. # of patients registered in OE in program areas	0	None in OE activities; see timing for OE implementation above.

COMPONENT 4: QUALITY OF CARE.

1. Policies and regulations in place to support QoC in Family Medicine and primary care; Draft amendments and corrections to Licensing Regulations for PHC facilities provided (PMP indicator 3.2.1.3.3)

- The MOH Licensing Department representatives and PHCR IT team has developed an action plan for licensing information system modernization.

The development of the new MOH licensing system has reached the following stage: licensing and other relevant information and documents required for development of the system reviewed by PHCR IT specialists; further clarifications provided from the MOH. Based on the information gathered, a database for the server side structure was designed, including tables, table indexes and table links. Licensing information system supporting hardware, list of furniture and specifications have been developed and are ready for procurement to start in October (4.1.1).

2. Draft amendments and corrections provided to Regulations for the authorization of persons to practice Family Medicine in Primary healthcare (PMP indicator 3.2.1.3.3)

- See also under Component 1: Expansion of Reforms, tangible result 1.

3. Monitoring system for QoC in place (PMP indicator 3.2.2.1.2)

- Input and analysis of data from baseline study of PHC physicians' QoC/ Performance completed; PowerPoint presentation showing the outcome of the study prepared and a draft narrative report prepared (5.3.1, see also 5.5.2).

Documents for Tender Announcement for the development of new medical charts were prepared (5.3.1).

4. PHC QoC strategy to define targets for renovation, training, forms and equipment established (PMP indicator 3.2.2.1.2)

- PHCR quality of care intervention strategy currently drafted, with clinical-topic focus set on improving the management of Diabetes and Hypertension patients at the PHC level.

This new draft developed to facilitate development of QoC in Armenian linked with a worldwide trend brought about after results from the STENO-2 trial and driven by the high priority given to addressing the urgent problem-area of cardio-vascular diseases in Armenia.

FM team conducted literature survey on WHO strategy paper on “Non-communicable disease prevention and management,” guidelines on diabetes management, diabetes care quality monitoring, and PHC-sensitive conditions management protocols. This review informed the development of an outline for “Reform in Diabetes Care in Armenia”.

STTA SOW to contribute to new QOC strategy was drafted. (5.4.1).

5. Patients have access to primary healthcare family medicine at good level of quality of care (PMP indicators 3.2.2.1.6 and 3.2.2.4.7)

- Contracts and TORs for job-aids developed, including establishment of the Job-Aids Work Group. Agreement reached with leaders of the Armenian Academic Society of Family Medicine (AASFM), Dr. Michael Narimanyan and Dr. Marine Ohanyan, about the need for NGO involvement in the development of job aids. USAID requires competitive procedures, through a tender announcement, to contract out work to develop job-aids; process has begun (5 5.2).

6. Patient satisfaction with quality of care monitored and assessed (PMP indicator 3.2.2.4.7)

- See under Management and Evaluation, # 1.4.3.

Y01 PMP Comments – Quality of Care Component

<i>Indicators</i>	<i>Target for 2006</i>	<i>Results/Comments</i>
Indicator 3.2.1.3 – 1: # of facility-level internal policies and procedures introduced with PHCR support.	4 (for all components)	The QoC package submitted to USAID for approval includes the following procedures: <ul style="list-style-type: none"> • PHC facility QoC committee regulation • Procedure on medical chart/record review by supervisor or peer • Procedure on maintenance and circulation of the ambulatory medical records/charts in PHC facilities • Procedure on monitoring and evaluation of the QoC in PHC facilities
Indicator 3.2.1.3 – 3: PHC provider authorization mechanisms established.	Stage 1 of the 5 point scale	Stage 1: - Revised and submitted written comments on WB/HPIU-drafted regulation on registration of health care providers, and nomenclature of healthcare specialties.
Indicator 3.2.2.1 – 6: # of job aids on PHC-sensitive conditions developed.	4	Contracting for the development of 10 job aids for common PHC-sensitive conditions is in process.
Indicator 3.2.2.2 – 2: # of facilities using PHCR developed management systems and/or practices	21 (for all components)	Draft package on “Quality improvement in PHC: strategies and measures for implementation in the RoA” submitted to USAID for revision.

COMPONENT 5: HEALTHCARE FINANCE.

1.&2. NHA Data Collected and Tables Completed/ NHA estimates of health financing agents/sources completed (PMP indicator: 3.2.1.2.1)

- The PHCR Finance Component continued to contribute to the activities of the NHA working group and the institutionalization of NHA through participation by the NHA specialist in working group discussions and the provision of TA in refining methodologies and collating data. The 2004 health expenditures data related to “Humanitarian aid and benevolent programs” were finalized with PHCR assistance, and international donors’ health expenditure data were cleaned and entered into the NHA matrixes.

PHCR provided assistance to the International Center for Human Development, hired by the WB/HPIU to conduct household and facility health expenditure surveys, in finalizing questionnaires and annexes, as well as in developing sampling procedures.

PHCR developed sections of the 2004 NHA report related to the goals and objectives of NHA, health expenditures of donor organizations, and humanitarian and benevolent programs (6.1.1. & 6.2.1.).

3. National Budgeting awareness is extended to facility level (PMP indicators: 3.2.1.1.2, 3.2.1.1.7, 3.2.1.3.1, 3.2.2.2.2)

- With the collaboration of Yerevan Municipality Health Department, the Project developed a PHC facility planning tool/guide. Data and information (requested by the Municipality Health Department) were integrated into the forms for allowing for analysis of PHC facilities (e.g. building conditions, equipment, human resources, patients utilization data, revenues & expenses structures). Feedback from Heads of Polyclinics N5 and N17 on the tool/guide was obtained.

On August 3 and 4, the Project's Health Financing Team conducted two half-day training workshops on PHC facility-level budgeting process improvement: "Strategic Planning as a basis for Annual Planning and Budget Development." In total, 35 facility managers and Chief Accountants from 26 polyclinics and Medical Centers of Yerevan attended the workshop.

The Health Financing Team provided PHC facility managers with tailor-made individual advice on the preparation of development plans and budgets to facility managers. At the end of August, almost all PHC facilities that had participated in the workshop submitted their 3-year development plans. After the PHCR workshop, the Health Department used the same unified form and guide developed by the Project to develop strategic plans for the hospital sector (6.3.1).

4. National MOH health planning and budgeting process is based on policy objectives

- In an effort to identify potential TA gaps in the assistance currently provided by the DFID Project in improving the MOH health planning and budgeting process (Workplan Task 6.4.1), the following activities were undertaken:
 - Held meeting with Atos Consulting, contracted by the DFID to implement the Armenia: Support to the Rollout of Programme Budgeting Project. PHCR staff met with Mark Worledge, Director of the Project, Katherine Ennis, Resident Advisor, Hovhannes Marqaryants, Health Minister's Advisor and the Project Advisor, and Movses Aristakesyan, the Project Advisor.
 - Reviewed DFID project-related materials and the project workplan for years 2006-2008
 - Participated in donor's liaison meeting held on September 14, 2006, to discuss progress of DFID Project
 - Reviewed new budget design proposal to be piloted, as well as 2007 MOH Budget Plan.

As an outcome of these activities, four possible areas for future collaboration were identified, including: i) development of performance indicators for primary health care services, particularly quality indicators; ii) costing of PHC services; iii) strategic planning within the MOH in relation to shifts of budget funding and expenditure to the primary health sector; and iv) collaboration between the PHCR and DFID projects in pilot marzes (Gegharqunik, Tavush).

A plan for collaboration with the DFID Project in providing TA is being developed (6.4.1).

5. Provide information to MOH/SHA to enable decision on the continuation or discontinuation of performance based payment system to facilities and performance based remuneration for providers at facilities (PMP indicator 3.2.1.2.2)

(6.5.1, 6.5.2 and 6.5.3 completed).

6. SHA (central and regional) and facility reimbursement/reporting system is streamlined (PMP indicator 3.2.1.2.2)

- The Project obtained data from SHA on hospital admissions in rural areas and calculated relative treatment volumes for each differentiated population (age and gender) group, aiming to adjust capitation formula for age/sex.

In order to obtain performance indicators the project developed reporting forms to collect nominators and denominators (6.6.1).

7. Cost of services is determined

- The Healthcare Finance Team reviewed the report prepared on the first phase of the BBP costing study prepared by the WB HPIU contractors, and participated in the working discussion on BBP costing study results and methodology held on July 4, 2006 and September 27, 2006 at the SHA. Preliminary findings will be shared with the STTA expected to arrive in early October, as part of the process of defining the parameters of additional costing work (6.7.1).

8. Financial management systems and computer equipment are in place at targeted facilities (PMP indicator 3.2.2.2.2)

- The Healthcare Finance Team carried out an assessment of accounting software and hardware at the Financial and Accounting Departments at all Polyclinics (PCs) in Yerevan. Results of the assessment showed that 38% of the PCs in Yerevan have accounting software in place, and the assessment has detailed their accounting training needs. A similar assessment conducted for Lori Marz and Shirak Marzes done during the previous reporting period. (6.8.1 and 6.8.2 completed)
- An assessment of the accounting software packages available in Armenia is currently underway (6.8.3).

9. Cost accounting and corresponding cost structures established in selected facilities in Zone 1 (PMP indicator 3.2.2.2.4)

- Work currently underway (6.9.1)

Facility staff trained in sound management and governance practices (PMP indicator 3.2.1.1.2 and 3.2.1.1.7).

- A management training needs assessment workshop for directors of target PHC facilities was conducted in Gyumri (Shirak Marz). Based on needs assessment results, the Project drafted a management training plan, training modules, and terms of reference for training provider in delivery of the trainings (6.10.1 and 6.10.2 completed).
- Training plan for basic computer skills (based on assessment of needs at each facility in Zone 1) was developed (6.10.5).

Y01 PMP Comments - Healthcare Finance Component

<i>Indicators</i>	<i>Target for 2006</i>	<i>Results</i>
Indicator 3.2.1.1.2. # of participants who have completed PHCR supported primary health care training activities	35 (for all components)	35
Indicator 3.2.1.1.7. # of educational courses provided with PHCR support	5 (for all components)	2
Indicator 3.2.1.2.1. National health accounts implementation scale	Scale 1 [21]	Scale 2
Indicator 3.2.1.2.2. Improved contracting mechanisms between SHA and PHC facilities in place	Scale 2	Scale 2
Indicator 3.2.1.3.1. # of facility level internal policies and procedures introduced with PHCR support	4	1 (by HF Component)
Indicator 3.2.2.2.2. # of facilities using PHCR developed management systems and/or practices	21	26
Indicator 3.2.2.2.4. # of PHC	15	0 (Procurement of IT equipment is

facilities using financial management tools provided by PHCR		on-going)
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COMPONENT 6: PUBLIC EDUCATION

1. Public education campaign monitored and results evaluated

- See under Management and Evaluation, item # 1.4.2 (7.1.2).

2. MOH has methods and capacity to conduct public education campaigns

- At meetings with MOH representatives (Ella Safaryan, Senior Specialist and PE advisor of PHC Department, and Ruslana Gevorgyan, Media Advisor to the MOH) recommendations were presented on how to institutionalize the MOH's role in community mobilization and PE within the context of PHC reforms. PHCR PHAST specialists provided practical examples from other countries to illustrate the recommendations. The PHAST specialists also provided information about the current MOH collaboration network for health promotion, where Central Asia, Caucasus and East Europe collaborate of under the leadership of WHO and the London School for Hygiene and Tropical Medicine (7.2.1).
- In preparation for the development of materials informing health care users about free medications, PHCR facilitated a meeting between MOH and Dr. David Lee, RPM Plus Consultant, to increase the technical know-how of the MOH's PR and Pharmaceutical Department. The poster and leaflet ("Basic Information on Free-of-Charge or Privileged Provision of Drugs") were discussed, and Dr. Lee's recommendations were included in the final versions of the printed materials (7.2.1., 7.6.2).

3. Health-literacy, health-responsibility and rational health-seeking behavior improved in target communities (PMP indicator 3.2.2.4.3)

- The Project delivered a 3-day TOT Capacity Building training to short-listed Lori and Shirak based NGOs; 20 NGO participants, 14 from Shirak and 6 from Lori.
- Topics included:
 - ✓ Adult Learning Strategies
 - ✓ Interactive Learning Methods
 - ✓ Cooperative Learning Methods
 - ✓ Conflict and Stress Management
 - ✓ Participatory Rural Appraisal (PRA)
 - ✓ Advocacy (7.3.1).
- PHAST Specialists, in collaboration with PE team, delivered Participatory Rural Appraisal and PHAST training sessions in
 - ✓ Shirak marz: Hovit (14 community members), Hovuni (16 community members)
 - ✓ Lori marz: Dsegh (24 community members), Teghut (24 community members), Fioletovo (7 community members)
- Health-focused PRA sessions delivered in 13 communities of Shirak marz. As result of the PRA, key behavioral and environmental health risks were identified by the communities' own members, laying the base for community action plans (7.3.2, 7.3.3).
- Final drafts of the public and patient education leaflet on Diabetes were developed, including the following topics:
 - "What is Diabetes?"
 - "Diabetes: Know more"

- Final draft of the patient guide on UTI was developed (with input from FM team). Topics covered:
 - ✓ "What is UTI?"
 - ✓ "UTI and Pregnancy"
 - ✓ "UTI in Children"
 - ✓ "What is Prostatitis?"
- Final drafts of the Armenian versions of the following CHC Training Modules were developed:
 - ✓ Adult Learning Strategies
 - ✓ Interactive Learning Methods
 - ✓ Cooperative Learning Methods
 - ✓ Conflict and Stress Management
 - ✓ PRA
 - ✓ Advocacy
 - ✓ Behavior Change Communication (BCC)
 - ✓ Project Design and Management module (revised according to input from PHAST Specialists)

- CHC training manual: "Healthy Community: Diabetes" with FM team and PHAST Specialist input was developed.

Development of the draft CHC training manual "Healthy Community: Osteoporosis" was initiated (7.3.3).

4. General awareness of Open Enrollment established (PMP indicator 3.2.2.4.3).

- Public education plan on OE drafted in collaboration with OE team and MOH OE working group, and discussed with USAID.
Preparation work on OE leaflet for the public has started and is ongoing (7.4.3).

5. General awareness of Family Medicine in the population increased.

- SOW for BCC Consultant developed in collaboration with counterparts, involving training of Shirak and Zone II Family Doctors, Family Nurses and Clinical Preceptors in Behavior Change Communication to improve their counseling skills in patient-provider interaction (7.5 and 7.3.2). STTA expected to commence at end of October 2006.

6. Public is aware of service packages provided in primary care (PMP indicator 3.2.2.4.3).

- Poster "Basic Information on Free-of-Charge or Privileged Provision of Drugs" was produced and submitted to MOH for distribution to heads of Marz Health Department.
Leaflet "Basic Information on Free-of-Charge or Privileged Provision of Drugs" was developed and submitted to MoH (7.6.1, 7.6.2).

7. Journalists trained in health issues (PMP indicator 3.2.2.4.2).

- SOW for BCC Consultant covering training of journalists in Shirak marz developed in collaboration with counterparts, with input for STTA planned for the end of October 2006 (7.7.1).

8. Community involved in and contribute to renovation and maintenance of Primary healthcare facilities (PMP indicators 3.2.2.4.3 and 3.2.2.4.6)

- PE team conducted Community Mobilization, Behavior Change Communication, and TOT trainings for CHC’s trainings with shortlisted Lori-based NGOs.

PE team conducted Community Mobilization and BCC trainings with short-listed Shirak-based NGOs for community mobilization and health behavior change activities to be implemented in Lori Marz. Training was based on the TOT provided by Dr. Zielony.

Overall 21 participants: 8 in Lori marz from 3 local NGOs, 13 in Shirak marz from 3 local NGOs.

Completed concept and design of “Health Ownership” Announcement Board for FAPs and other PHC facilities.

- 21 Community Health Committees formed in Shirak (13) and Lori (8).

9. Small grants to NGOs resulting in improved NGO capacity to conduct community education, health promotion, and disease prevention (PMP indicator 3.2.2.4.4)

- Small Grants Manual was finalized and approved by USAID (7.9.1, 7.9.2).
- Completed Request for Applications (RFA) for CM Stage 1 (reviewed and approved by COP and DCOP). Grant announcement for CHC Capacity Building Trainings in Lori and Shirak marzes advertised (7.9.2, 7.9.3).
- Held Small Grant pre-bid workshop (7.9.3).

Y01 PMP Comments – Public Education Component

<i>Indicators</i>	<i>Target for 2006</i>	<i>Results/Comments</i>
Indicator 3.2.2.4.2. # of journalists trained in health promotion issues	10	<ul style="list-style-type: none"> ▪ The PHCR project delivered “Building a Media Partnership for Health Improvement” workshops for Lori marz journalists to introduce PHCR Project to local journalists, with focus on how PHCR Project and local media together can increase health-related programming and news coverage on PHC reforms: 20 participants. ▪ “Behavior Change Communication” workshop for Lori marz journalists held on how to communicate health messages to the public: 10 participants
Indicator 3.2.2.4.3. # of PE information materials developed	12	<ul style="list-style-type: none"> ▪ Poster “Basic Information on Free-of-Charge services at Ambulatory-Polyclinic level Guaranteed by State for 2006” was developed, produced, and distributed to PHC facilities in all 11 marzes. ▪ Poster “Basic Information on Free-of-Charge or Privileged Provision of Drugs” developed, submitted to MoH and distributed to heads of Marz Health Department. ▪ Leaflet “Basic Information on Free-of-Charge or Privileged Provision of Drugs” developed and submitted to MOH. ▪ Booklet “Basic Information on Free-of-Charge services at Ambulatory-Polyclinic level Guaranteed by State for 2006” developed, produced and distributed to PHC facilities in all 11 marzes. ▪ “Healthy Lifestyle” calendar developed and distributed to PHCR communities in Lori and Shirak marzes. ▪ Leaflet “Community Recipe” developed and distributed to PHCR communities in Lori and Shirak marzes. (“Community Recipe” presents main principles to build

<i>Indicators</i>	<i>Target for 2006</i>	<i>Results/Comments</i>
		strong community.) ▪ Announcement Board “Healthy Lifestyle” developed and produced for PHCR communities in Zone 1 and Zone 2. ▪ CHC training manual: “Healthy Community: Diabetes” for CHCs drafted. ▪ Leaflet on Diabetes for general public drafted. ▪ Leaflet on UTI for general public drafted. ▪ CHC Capacity Building package (8 Modules) developed.
Indicator 3.2.2.4.4. # of PE programs implemented through PHCR small grants	4	Grants Manual approved by USAID September, 2006. Small Grants Program Stage 1 implementation started immediately after the approval. The Grants Concept developed prior to the approval. 21 PE programs (CHC Capacity Building trainings in 21 communities) will be completed by the end of 2006. Late approval of the Grants Manual by USAID is the reason for the delay.
Indicator 3.2.2.4.6. Number of rural communities with PHCR-facilitated community input into primary health care delivery in target areas	21	PRA sessions provided in 25 communities in Lori and Shirak marzes to help community members identify health risk behaviors. As a result - 21 Community Health Committees formed in Zone 1: <ul style="list-style-type: none"> ▪ Shirak - 13 CHCs ▪ Lori – 8 CHCs