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PHCR
Primary Healthcare Reform Project

PHCR PROJECT QUARTERLY REPORT

REPORT PERIOD: APRIL-JUNE 2006

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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, and American University of Armenia's Centre for Health Services Research.

This PHCR Quarterly Report describes the project activities and results during the period of April 1st to June 30th, 2006. The table below presents detailed elements of work conducted, organized by project component.

MANAGEMENT AND EVALUATION

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

- Approvals have been received and the quest for full cooperation and buy-in from stakeholders is ongoing in close collaboration with Marz Health Directors and Marz Advisory Boards.
- Meetings were held with the IntraHealth program manager for detailed planning of FM & QoC component activities, including STTA consultants' SOW.
- Meetings were held between the Armenian MOH, World Bank PIU and PHCR Project on May 16, and frequently during June, to review areas of potential overlap between the WB PIU and PHCR Project. Upon agreement, the PHCR team reviewed activities in the work-plan to ensure their compliance with the terms of the contract and produce a final revised PHCR workplan. As requested by the USAID Health Advisor team and CTO, all elements for noted for deletion were eliminated from the PHCR workplan.
- On May 30, PHCR held a meeting with MoH Chief of Staff Dr. Gagik Sayadyan during which Health Advisor Nancy Nolan proposed support for a broad MoH IT strategic plan and the improvement of communication between Marz Health departments and MoH.
- On May 3, PHCR submitted an approval for procurement of an IT system for open enrollment and primary care health information management to USAID. At the meeting with MOH Head of Staff, USAID Health Advisor Nancy Nolan stated that USAID through PHCR would consider paying Internet and e-mail costs for key MoH staff, for a specified list of users in the MoH.
- PHCR meets weekly with the USAID team of Health Advisors Nancy Nolan and Alisa Pereira to receive technical instructions and guidance and to discuss project implementation. These meetings also often include CTO Kathleen McDonald and acting Health Advisor Janean Martin.

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

- Ongoing, thorough application of LFA principles. Coordination meetings with counterparts are held.

3. Project management systems functioning

- Interviews continued for vacancies within the Project, including Open Enrollment Advisor, Policy and Legal Advisor, and the Shirak field office manager position. The MIS Specialist and HIS Specialist have been selected, approved, and employed.
- The Vanadzor field office officially opened on April 20th, and is currently working according to the workplan developed by the PHCR Project.

4. Project monitoring system established, and baseline data collected

- Baseline facility assessment and client satisfaction survey tools were developed, reviewed and translated into Armenian and Russian. Logistic plans for baseline assessments in Lori were developed, interviewers hired, and supplies obtained. Interviewer guides for facility assessment and patient satisfaction questionnaires were prepared, and interviewer training conducted. Assessment tools were pre-tested in Vanadzor PHC facilities, refined and finalized.
- A baseline assessment of the target facilities, and a client satisfaction survey in Lori was completed. The data from these assessments have been reviewed and are ready for entry. SPSS data entry screens have been pre-tested and are ready to enter facility assessment and self-assessment data.
- Staff needed to conduct baseline facility assessment in were Shirak hired, and assessments in the marz are currently in process.
- Household survey instrument were developed and discussed within the Project team. A training manual for interviewers to conduct household surveys is in process of development
- An assessment tool for community participation was developed.
- The MIS specialist reviewed PHCR Project main documents and met with the teams to discuss information for the MIS database and format of documents that will be available for public access. A preliminary list of variables was developed for each PMP indicator to be included in the MIS database. File management system development is also in progress.
- The development of high-priority information tables including marzes, cities, positions and participant tables are in the process of development. These tables and relations between them are the core of an MIS database system.

5. Project effectively communicating with external world

- The Project held start up events in Vanadzor and Gyumri (on June 7 and June 20, respectively) that marked the commencement of the Project activities in Lori and Shirak. The events were attended by more than 100 stakeholders in both marzes. The Project obtained written agreements with facility managers and community leaders of target facilities in both marzes on community contribution to the facility and the PHC services improvement process.
- At the request of USAID, a poster depicting PHCR Project activities was prepared and submitted.
- A request was sent to Dr. Armen Soghoian, Health Director in Yerevan, to provide the Team with an official listing of facilities for the PHCR Project assessment in Yerevan.
- PHCR Project is collaborating with RPM+ and World Vision on quality of care issues, and has made available to WV's MMT Manager, a list of proposed PHC quality indicators for nationwide implementation. QoC implementation tools including a medical chart review checklist developed by PHCR Project were submitted to RPM+ representative, Ovsanna Najaryan, upon her request.
- On May 24, the Project's FM & QoC team leader met with Yerevan municipality health and social department representatives.
- On May 25, the Project's COP and FM & QoC team leader met YSMU director, Dr. Gohar Kialyan, to discuss the project, YSMU undergraduate education needs and possible linkages with undergraduate FM education.
- The Project prepared relevant Government decrees on the rights of NIH, YSMU, BMC and affiliated Regional Medical Colleges to train and qualify providers as FM physicians and FN specialists and Ministerial orders on the post graduate/continuing education credit system.
- The Medical Advisor of the Project is cooperating with the Republican Sanitary Epidemiological station for obtaining statistical data on animal bites and availability and provision of corresponding vaccines and antitoxins at PHC facilities.

- On June 23, the FM & QoC team leader participated in the meeting with the WB mission representatives and introduced PHCR Project Continuous Medical Education component.
- On June 23-24, FM team members (as former Salzburg seminar fellows) attended Weill-Cornell seminar in Salzburg satellite symposium “Cardiology-2006” organized at the Yerevan State Medical University. Some of the topics presented during the seminar included: “Update on angina, 2006”, “Unstable angina, theory and practice”, “Modern issues of cardiac failure treatment”; “Electrophysiological treatment of arrhythmias”, “Preparation of the cardiologist patient for non-cardiac surgery”; “Sudden coronary death, Prevention”. Case presentations by the local cardiosurgery and arrhythmologists’ groups were very useful, providing information about the services available in Armenia.
- On June 29, the PHCR Project training advisor was invited to participate in a workshop on “Primary Healthcare and Homeopathy in India” at the Family Medicine and Traditional Medicine Department of the Yerevan State Medical University. A one-hour presentation was made by a group of family physicians that attended a course in India sponsored by the Indian government and private practicing physicians. The lecturers presented the current state of the primary care system in India, and the significance of non-traditional approaches in patient treatment in primary care. The participants discussed the future of nontraditional medicine in Armenia:
- The Project held a meeting with NIH Director Dr. Dumanyan to present the idea of establishing an OE national database at the Health Information Analytical center under the NIH, and considering it as the OE database “National Home”. Agreement “in principle” was received and next steps will be at the technical level through regular meetings with the HIAC specialists.
- A letter on establishing an OE national database at the NIH as institutional home and the duplicate national database at the SHA was sent to Dr. Dumanyan and Dr. Ara Ter-Grigoryan accordingly. A confirmation response and MoH CC member nomination is expected.

PHCR Project website:

- The bidding process for the selection of the web developer company was completed. An agreement with Impresario Productions LLC who submitted the best offer was drafted, discussed, finalized and signed. The website development schedule envisages completion and launch of the website in mid-August.
- The first draft design of the Project’s website is currently under discussion and will be finalized according to the website development schedule.
- Writing of the website contents in English according to the website structure approved by the EMG Home office completed and discussed within the Project. The translation of the website contents into Armenian is in process.

PHCR Project Quarterly Bulletin:

- PHCR Project Bulletin for Q1, 2006 was developed, approved, printed and distributed to the stakeholders who attended various events organized by the Project.
- The structure for Q2, 2006 Bulletin was defined, visual material selected, and writing of the contents continues and will be completed by mid July.

6. PHCR field activities begun

- Feedback letters were received from Satenik Beybutyan, Head of Shirak Marz Health Department and Robert Dilbaryan, Head of Lori Marz HD, nominating Advisory Board candidates and defining preliminary lists of PHC facilities, which shall be assessed for ‘defects’ by engineers. This work is ongoing.
- A letter-request was drafted for Armen Soghoyan, head of Yerevan Municipality Health Department, to define specific needs at Polyclinic PHC facility(s) in Yerevan for renovation,

- especially considering Family Medicine training center requirements; and to specify training and retraining needs in FM/N.
- SNIP requirements for PHC facilities were received from Sanitary Epidemiological Services of MoH and discussed with the construction engineers. Further requirements in this area need to be addressed to make it clear for renovation process. The Soviet SNIP standards are still formally in place, but obviously are obsolete when requiring large multiple rooms for a rural FAP. A letter has been drafted to request MOH formal approval to disregard obsolete SNIP standards for PHCR Project renovation work at PHC facilities.
 - PHCR drafted the SOW for the construction engineer, with specified tasks to analyze defects at short-listed PHC sites in Lori and Shirak marzes as a base for (i) design engineers work to specify needed renovation work, and as a base for (ii) the tendering bid procedure to engage renovation contractor(s).
 - The project interviewed candidates and subcontracted construction engineers on service contract agreements.
 - The project finalized the short-list of facilities in Lori and Shirak Marz for site-assessments and a detailed action plan for the renovation component.
 - The project initiated design of PHCR Project renovation standards and a facility physical conditions assessment tool.
 - Seven applicants for Shirak field office were interviewed, and a short list prepared. Selection and hiring is under discussion with the DCoP.

COMPONENT 1: EXPANSION OF PHC REFORMS.

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

- Work is ongoing. PHCR Project has given input to the development of a draft decree about workforce incentives for rural PHC locations, and assisted MoH with input into the process to develop policy and technical guiding instruments for Open Enrollment. The SOW for Dr Adam Goldstein was developed, including the task to assess policy barriers and regulatory reform needs, to enable the Family Medicine provider to operate as intended in accordance with the FM charter. In the area of the Open Enrollment, the Government decree was issued April 6th, and was then made available to the MoH and PHCR. Following this, PHCR presented the outline draft plan for the OE process to regional Marz Health Directors at the MoH monthly April gathering of Marz Health directors.
- The issues OE decree does differ in some key important components from the text which was recommended by PHCR project. The text proposed by PHCR specialist included a section defining responsibilities both for the (i) MoH and (ii) Marz level. In the final decree, the text addressing the responsibilities of the Marz authorities was deleted. This presents a major operative difficulty, since the MoH formally has no right to instruct and order Marz level staff at the healthcare or managerial level. Marz administrations are governed under the Ministry of Regional Affairs. Consequently, PHCR Project has now initiated discussions with MoH Chief of staff, 1st Deputy Minister of Health and head of the Primary Care department to solve this issue. The proposed method is either (i) for the Minister of Health to write a letter asking the Marz Governors to assist in the upcoming process of implementing Open Enrollment, or: (ii) for the Minister of Health to write a letter to the Minister of Regional Affairs, and ask for an order from MoRA to the Marz Governors to assist in the preparation and implementation of the Government Decree of Open Enrollment. If left unresolved this issue can cause serious delays and a lack of coordination in the nation-wide preparation and implementation of Open Enrollment. Finding a solution to this critical issue is currently a priority task for the Policy and reform effort in the Open Enrollment and Reform team.
- A job description for the Policy and Legal Advisor was developed, and the hiring of the Advisor is pending.

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

- Facility selection criteria were developed and were consistently used in the assessment of facilities in Lori and Shirak. Based on these, 22 facilities in Lori and 23 in Shirak were selected for renovation. The said criteria also served as a basis in preparation for the written “Agreement Forms” for the launch meeting in Vanadzor, June 7.
- The final short list of PHC facilities in Shirak marz was shared with the Shirak Marz Health Department.

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

- A draft Government regulation on “Assignment of health specialists to health institutions in the remote and bordering regions of the Republic of Armenia” was presented at the workshop on “Strengthening family medicine education and practice”. Recommendations and comments made during workshop were submitted to the MOH, Department of Education, Science and Personnel Management.
- According to the workplan, Component 1 (Expansion of reforms), point 3.1 and 3.2, a training module including a Power Point presentation was prepared. This covered workforce intermediate-term planning methods (according to the methodology of the World Health Organization), and skills for analysis of PHC workforce supply and demand, which will be transferred to the Ministry of Health. Two types of supply models and three types of requirement models (required and optional data), as well as utility tables, are considered. A number of indicators including demographic, economic, health personnel and ambulatory care indicators were also considered.
- The team met with the Head of the Department of Education, Science and Personnel Management of the Ministry of Health, Mr. T. Sahakyan, Head of Subdivision of Personnel Management, Mrs. R.Yeritsyan on draft regulation issues.
- The financial implications of the proposed draft Government “Regulation on assignment of medical specialists to health establishments in remote, bordering, mountainous and highly mountainous settlements of the Republic of Armenia” were calculated, including assumed financial expenses related to introduction of recommended incentives for physicians assigned to work in remote sites; feasible financial sources were defined. These recommendations were sent to the NIH and SMU for comments. There is a need to continue to lobby for approval of recommendations, seek further calculations about financial resources needed, and financial feasibility of incentives.

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

- PHC facility hardware requirements were identified.
- IRM and Open Enrollment functional requirement specification was finalized and formatted. The IRM document has been edited clearly stating the role for National Health Information Analytical Center at the NIH and for the SHA as a state contractor and payer for the PHC services to establish and to operate the national level enrollment database. The documents were sent to USAID for review and approval.
- PHCR Project IT team met with Charles Burge, CoP of a project that deals with development of Information System for the Police of the Republic of Armenia. The objective of the meeting was to discuss issues related to procuring hardware, software, installation, warrantee, and training for the mentioned system, where they have gained significant experience.
- The design of MIS software conceptual framework was started. SQL database server has been installed in a computer which was allocated for this particular purpose. An initial base table of database has been designed. Initial user forms have been designed.
- PC # 19 IT training room/space assessment has been conducted and assessment report developed.

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

- PHCR Project management is discussing the possibility of and ways to provide financial support to the WG for Medical Chart revision.
- There is ongoing training of the new enrollment-supporting IT specialist, involving in the enrollment database development work.

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

- For renovation of PHC facilities, the Team drafted PHCR renovation standards, and developed a systematic facility physical assessment tool (identification of defect specifications).
- The PHC engineering team completed the assessment visits in Lori marz. Assessments were made in 28 villages and towns; in total, the team reviewed and assessed more than 50 options of facilities for FAPs, ambulatories and polyclinics, since at least two assessments of different options were carried out in each village or town. The team also met with PHC staff and community heads, introduced the PHCR Project, its mission and goals.
- Budget estimations for renovation work in Lori and Shirak marz have been completed.
- The Project's Medical Advisor visited five FAPs in Lori marz with the FAP and Ambulatory Renovation Working group to assess the needs for medical equipment. The draft report has been shared with COP and FM & QoC Team.
- The Project's Medical Advisor prepared a list of laboratory equipment and medical equipment for the PHC facilities. An evaluation of the equipment & supply list for PHC facilities developed by ASTP has been completed.
- The Medical Advisor is assessing available sources for purchasing equipment for the PHC facilities and is currently completing a PHC facility staff management training needs assessment.
- Based on the discussions with Lori and Shirak marz health department heads there is a finalized list of facilities selected for renovation in Lori and Shirak.
- PHCR Project is planning to subcontract several design-engineering companies to complete design-engineering works for facilities in Lori and Shirak marzes by late June, and prepare tenders for construction companies. PHCR expects to start the actual renovation works in early July.
- PHCR visited nine polyclinics in Yerevan: Polyclinics #1, #5, #9, #7, #15, #20, #22, Kharberd and Sari Tagh Polyclinic in "Grigor Narekatsi" MC for initial review and assessment, and visited and made initial assessment of two polyclinics in Gyumri: #1 and #2.
- On June 7-8 the Project Medical Advisor visited four FAPs in Lori marz to assess the needs for medical Equipment & Supply. The list of equipment and supplies for PHC facilities drafted was circulated within the Project, refined and submitted to the COP.
- The Medical Advisor is working on the outline of the staff and equipment needed for the antibiotic resistance surveillance in Armenia.
- The Medical Advisor is working on the content of the surgical equipment needed for contaminated wounds and animal bites. After further research, additional content was added to the "Hygiene, infection control, contaminated wounds and animal bites for the Family Doctor" materials.
- The Medical Advisor has incorporated comments suggested by the COP concerning the laboratory and medical equipment list of the PHC institutions corresponding with the renovation of the PHC institutions in the rural areas and the FP training needs. He also made contacts and looked for Medical Emergency box with MSF (F) and MSF (B), as well as visited "MEDITEC" shop to see the Medical emergency box.

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

- PHCR is reviewing the WB PIU maintenance instructions of WB PIU for possible inclusion in management training for PHC facilities.

COMPONENT 2: FAMILY MEDICINE

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

- The QoC monitoring tool has been developed and field-tested and specific checklists prepared for post-training tests of performance.

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

- The FM team has started work to review the BBP PHC regulation package to identify gaps and barriers for expansion of FM practice. This links also in practical work with planned training (dermatology) where many barriers exist that hamper the FM provider.
- The FM & QoC Team met with an IT specialist to discuss possibilities of also designing training packages in an electronic format, and feasibility of telemedicine and online learning.
- The Team met with YSMU dermatology department staff to finalize the outlines for dermatology and urinary tract infections (UTI)s training packages.
- On May 18, PHCR organized a two-hour workshop on the role of Medical Associations. Dr. Adam Goldstein led this workshop which highlighted the policy benefits of US associations.

3. Providers use up-to-date clinical standards and procedures, through training delivered by well-equipped and strengthened family medicine training departments.

- A draft handbook has been developed on the topic of Problem Based Learning in Family Medicine as guide to tutors and students, and the PHCR team has studied a wide array of publications on training methodologies and EBM resources for Family Medicine and Family Nursing. Based on a thorough review of evidence, practical guidelines and supportive tools have been developed to start work with faculty and clinical preceptors.
- On May 16-17, FM STTA Dr Adam Goldstein delivered TOT courses in dermatology for FM faculty staff and clinical preceptors.
- The FM STTA consultant Dr. Larisa Aghababyan delivered two TOT courses in UTI (a week-long each). Each training was attended by nearly 25 participants. All participants received certificates for training course participation.
- The FM team made plans to support FM/FN chairs in organizing English classes for chairs' staff. The total number of NIH, YSMU and BMC FM/FN trainers who expressed willingness and commitment to take English classes estimates as 48. The FM team will interview the candidates to select the participants for two groups: the first group for participants with basic English knowledge, the second group for a medical English course for participants with advanced English knowledge.

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).

- PHCR Project STTA Dr. Adam Goldstein proceeded with the one year subscription to EBM UpToDate materials for FM faculties. PHCR is currently preparing an agreement letter from the heads of NIH and YSMU FM faculties on access to evidence-based family medicine resources to be shared with faculty members to support training material, standards, job aids

development by faculty members through collaboration with PHCR Project. The draft agreement submitted to DCOP. Simultaneously, the FM/FN Advisor is searching for available Russian language literature resources on Nursing to be purchased for Family Nursing chairs

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

- The FM training working group has been established and has begun designing the specifications regarding targets for a training package on urinary tract infections in family medicine primary care, and also corresponding training package for nurses and outline of patient education and counseling materials for patients and community education.
- The COP developed Standard Operating Protocols for training package development and implementation to be tested first on “Dermatology for Family Physicians” and for “Urinary tract infections course for family physicians.”
- STTA consultant Adam Goldstein submitted a trip report including recommendations on the next steps of (1) dermatology training; (2) training in all modules; (3) strengthening of FM associations in Armenia. The report will be translated and shared with key FM counterparts.
- On June 9 the working group came up with an outline, timetable and format of UTI training course developed by Larisa Aghababyan.
- The ToR for working groups and individual experts to be contracted for training package development was drafted.
- The Training Advisor of the Project is working on training packages on Cardiovascular diseases and UTI:
 - Conducted literature search on unstable angina, studied Internet resources and the materials received during the International cardiology conference
 - Started drafting a presentation on the outline of the training package on unstable angina
 - Worked on the UTI training package, finalized the English text for the first chapter of the manual.
 - Worked on PowerPoint Presentation for the lecture on STD related UTI.
 - Reviewed the case scenarios, checklists and questionnaires sent by STTA Larisa Agababyan

6. First phase undertaken to establish FM training centers and sites.

- Letters were written to Health department directors in Lori, Shirac and Yerevan Marzes, asking for identification of needs with regard to upgrading of polyclinics to become FM training sites.
- Upon findings from site assessments, PHCR have now asked MoH to provide formal approval for Vanadzor Polyclinic No. 5 to be allowed to function as Family Medicine training Center/site. PHCR field assessments of Polyclinic sites identified that this polyclinic in Vanadzor town has received many years of technical assistance, renovation and equipment support from USAID, with training local doctors in Family Medicine and with considerable investments. The Polyclinic No 5 is, however, not permitted to function as a Family Medicine training Center. This issue is consequently addressing a systematic problem, which needs to be solved in preparation for future PHCR investments to establish PC based FM training centers.
- Needs assessment, engineering assessments of PHC facilities and involvement of preceptors in TOT training is underway.
- The Project visited Yerevan based polyclinic #7 and Child polyclinic #2 for preliminary assessment. Yerevan Municipality Advisory Board proposed the polyclinics as targets for renovation. The issue of converting the polyclinics into the FM training sites and establishment of FM departments within these polyclinics will be discussed with the CoP.

7. Zone 1 Clinical training centers and sites upgrading started.

- Six clinical preceptors from Zone FM clinical training sites participated in the training on Behavior Change Communication held by PE STTA consultant Robert Zielony.
- Activity will be continued once assessment work has been completed.

8. At least 25 FM providers retrained and/or trained through UFMC and/or in-service continuous FM education

- On June 8th the FM team conducted a one-day clinical workshop on Tuberculosis and UTI for 13 participants from Lori marz, including four clinical preceptors, seven family physicians and two nurse trainers from Vanadzor nursing college.
 - The WHO approach to PHC providers role in TB prevention and management was introduced by WHO regional advisor Dr. Olena Radziyevska, and ongoing (DOTs) and expected (DOTs +) TB programs were introduced.
 - Risk factors, prevalence, diagnostics and management of UTI in PHC was introduced by STTA Larisa Aghababyan.

9. FN training departments in Zone 1 nursing colleges given support with methods, equipment and staff skills.

- On May 3-4, The Project's FM & QoC team held a Family Health Nursing Workshop with representatives from Zone 1 regional colleges. A Working Group on strengthening regional college FN departments was formed during the workshop and PHCR's needed contribution in the strengthening of the regional college FN departments was defined.
- Dr. Goldstein met with the head of Nurse Association Dr. Geganush Stepanyan to discuss the needs of the Armenian Nurse Association and the opportunities for cooperation with similar associations in the US.
- On May 18, the FM & QoC Team held a meeting with heads of BMC and NIH FN chairs to present on the training of 130 nurses. The following issues were agreed upon:
 - feasibility of using regional colleges to conduct training of 130 nurses,
 - mechanisms of collaboration between Yerevan-based nursing colleges and regional FN chairs to strengthen the latter,
 - the specific need for a nurse STTA consultant and SOW for STTA
 - criteria for selection of nurse-trainees.
- Twelve representatives from regional nursing colleges were involved in ToT courses held by Dr. Larisa Aghababyan. Two representatives from Zone 1 and four representatives from Zone 2 (Tavush marz -Dilijan) and Zone 5 (Syunic marz- Kapan) nursing colleges were involved in the second group of UTI training course held by Larisa Agababyan.
- Two representatives from Vanadzor nursing college participated in the PHCR Project clinical workshop on Tuberculosis and UTI held in Vanadzor.
- ToT for Zone 1 nursing college staff to be conducted by NIH and BMC FN chairs was planned and agreed with NIH FM faculty dean Samvel Hovhannisyian.
- Four representatives from Vanadzor nursing college FN department participated in the training course on Behavior Change Communication.

10. 130 PHC nurses have begun retraining to be family nurses (FN) and community nurses (CN) in Zone 1.

- The FM & QoC Team and the COP planned the format and organization of training/retraining for 130 rural nurses and trainee selection criteria linked with the sites selected for renovation.
- On May 30, the Project's FM/FN Advisor introduced the PHCR Project proposed format, duration, and organizational mode of 130 rural nurse training/retraining mechanisms of cooperation between regional colleges with Yerevan based FN chairs with regional colleges to NIH FM dean Samvel Hovhannisyian and BMC director Donara Hakobyan. Both of them agreed to the proposed format.

- Planning for ToT for regional nursing college staff to be conducted by Yerevan based FN chairs is in process.
- The SOW for the family nursing STTA has been drafted, discussed with the PHCR Project COP and the Heads of NIH and BMC FN chairs, and submitted to IntraHealth HQ. The activities to be covered by the STTA during 90 consultancy days are:
 - Develop FN teaching package and materials (according to priority list) related to unified family nursing curriculum and appropriate teaching and training methodologies: Case-based training, distance learning combined with didactic teaching in periods of 5-10 days per month, and recurrent in-service practical skills training under active preceptor-supervision.
 - Deliver hands-on training for family nursing faculty in regional colleges.
 - Deliver hands-on training of family nurse students in regional colleges and in regional training sites (polyclinics and ambulatories).
 - Deliver training and tools for the clinical preceptors who shall guide the distance learning of family nursing trainees.

11. Unified Family Nursing Curriculum developed.

- The Project's FM/F Advisor has completed the discussions with the NIH and BMC FN chairs on the amendments and additions to the UFNC content amendment. A letter requesting UFNC approval has been drafted and will be submitted to the MoH Education and HR department in early July.

12. Educational packages developed for two selected modules of the UFNC.

- Preparation of FM training packages in dermatology and urinary tract infections is underway. Development of training packages for Family Nurses will follow in parallel with development of training packages for physicians, creating a base for the needed and necessary professional collaboration between physicians and nurses.
- A working group for development of nurse training package on two selected topics (dermatology and UTI) was established. On June 23, the FM/FN Advisor of the Project conducted the first WG meeting. Nursing specifics of training packages were discussed.
- The Project's FM team looked for and studied the contracts concluded for the development of clinical training materials by ASTP, NOVA and WB.

13. Feasibility study undertaken of "Models" for autonomous FMGPs, in line with provisions of Government Decree.

- PHCR Project drafted TOR for feasibility of establishing FMGPs and outlined resources, training and other inputs required to successfully implement and sustain the independent practices in Armenia.
- The Project reviewed the draft Government Decree on establishment and performance regulation of FM solo and group practices in RA. The Team identified inconsistencies and bottlenecks.
- PHCR Project was asked by WB PIU to engage an international expert to review and comment on the draft decree on Family Medicine Group Practices (FMGPs), which will have to be presented in final form to the GoA for approval. USAID approved PHCR project's initiative to work with the WB to develop a scope of work and identify a qualified STTA for this task. FM team contributed in drafting the SOW for STTA.

14. Up-to-date clinical standards, job-aids provided for target-facility Family Medicine providers in Zone 1.

- An assessment of needs at the primary care level was initiated in close collaboration with Yerevan Marz Advisory Board.
- The Project's Family Medicine team is studying materials on QoC provided by COP: job aids for QoC in choice of drug treatment for empirical treatment of community acquired infections, Iatrogenesis as a major cause of mortality, drug safety, QoC rules for safe antibiotic use etc.

15. Polyclinic support for Yerevan prepared for Year 2

- Collaboration and discussions started with Yerevan Advisory Board, and preparations have been made with site assessment instruments for systematic assessment of Yerevan Polyclinics.
- See under FM component activity # 6.

COMPONENT 3: OPEN ENROLLMENT.

1. Policies and regulations in place to support open enrollment

- The Team developed and translated a draft activity-plan for the OE preparation stage.
- The OE GoA decree was issued on April 6, 2006.
- Activity-plans for the OE preparation stage were finalized. These were produced and distributed at the MoH April 25th meeting for Marz Health Department heads.
- A draft letter to Marzpets from the Minister of Health has been prepared requesting their support in OE preparation activities in all Marzes. Further discussions will be held with Dr. Boris Davtyan in his role as MOH marz coordinator.

2. A national, regional and facility level network of facility-based and Marz and MoH employed OE coordinators established.

- A meeting with NIH Director Dr. Dumanyan was held to discuss collaboration with Marz-based NIH staff and to assess the possibility of placing the institutional home for the OE system in the MoH information analytical center. The NIH department is now preparing a data assessment as a base for the annual MOH budgeting process for better prospective budget planning. The COP has asked to link in the PHCR Project HF team with the budgeting work, thus, connecting the process for performance-based contracting and remuneration, and connecting the development of a new budgeting process to new data that will be generated by the Open Enrollment system.
- PHCR Project OE team met with Dr. Davidyants, Head of HIS Analytical center to conduct a follow-up discussion on the establishment of the OE national level database in the center and consequent steps in that direction.
- Follow-up activities were conducted with Marz Health Department Heads to facilitate the filling out of forms to gather data on IT resources in PHC facilities and in Marzpetarans.

3. OE coordinators and implementors trained

- PHCR Project conducted a follow-up meeting with Deputy Head of MoH staff on establishing the OE Work Group composed of all marz health department heads.
- A meeting with Marz Health and Social Security Department was held. A template was designed by the PHCR Project and distributed among the meeting participants to accumulate and assess data on the existing resources for enrollment support in Marzes.
- The Project visited polyclinic #17 for the assessment of the room suggested by the Yerevan HSD and PC Director for the purposes of IT training center establishment.

- Discussions regarding an OE study tour are in process. The Project sent OE Information Request forms to several countries, including Slovenia, Hungary, Czech Republic, Poland, Estonia, and Lithuania.

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

- Team discussions were initiated for the development of a policy and regulatory framework for OE electronic data transfer between agencies of different ownership and status.
- The list of IRM hardware was finalized.
- A meeting was conducted to identify the potential facilities for renovation in Yerevan, and the number and location of a few polyclinics to allocate space for establishing a staff training center for IT.
- PHCR Project OE staff provided explanation in response to calls from marzes on how to fill the IT resource forms. OE IT & HR needs assessment questionnaires have been received from Vayots Dzor & Shirak Marzes.
- Facility hardware and human IT resources assessment paper forms for Yerevan city have been prepared and given to Yerevan Municipality Health and Social Security department for dissemination among Yerevan PHC facilities.
- A second expected location to be served as IT training room for Yerevan city in Cardiology institute has been examined and current situation documented.
- The OE MIS development continues. An enrollment data entry form has been designed. Population Enrollment data registration functions have been developed. Data entry subsystems have been tested for three-level operability and data exchange functionality. Design of duplication and population transfer forms is in process. Enrollment registration form redesigned and checked for correct data entry. Temporary tools were developed to support random data entry in the database for testing and piloting. Yerevan city addresses have been formatted.
- Training materials and OE database software user manual development continue. Password management window description and usage was documented.
- Error pre-checking functions for enrollment system have been developed and now all hand entries into enrollment system are being checked before inserting dates into Database.
- The data entry part of OE database including population, physicians and system users registration, editing and removal prepared and sent to Vanadzor IT specialist for multidirectional testing of the system.
- According to an agreement with SHA, the universal coding system for all PHC facilities (to be used for both Enrollment and SHA Encounter system) was developed and send to SHA for review. A universal coding system is one of the important components for systems integration.
- Functions for direct writing of Enrollment system Database backups on CD-R/RW devices have been developed.
- Development of a transfer module to support user-friendly interface for easy to use data transfer between physicians continued.
- Development of duplication module cleaning continued. Special design changes have been made to provide more reliability to the form when performing duplication checking on large-scale data.

5. Open Enrollment Monitoring system developed

- Applicants for the OE specialist position and the Legal Advisor position were interviewed.

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.

- The Project's QoC Advisor has drafted the PHCR Project QoC strategies including quality indicators, benchmarks, standards, quality monitoring mechanisms and tools for PHC/FM. The MOH- drafted Government Decree on project "Establishment of Information System /Archive for the the MOH Licensing department" was created. Upon USAID request the draft decree was translated into English and submitted. PHCR project's contribution in realization of the MOH proposed project will be discussed and agreed with USAID.

2. Draft amendments and corrections provided to regulations for the authorization of persons to practice Family Medicine in Primary healthcare.

- The Project obtained some draft recommendations on the healthcare provider registration system and the draft nomenclature of healthcare prepared by the WB. The documents will be reviewed and commented on.

3. Monitoring system for QoC in place.

- The Project's QoC Advisor developed a tool for assessing PHC medical records' quality, based on a survey on quality of medical records/charts in three city polyclinics of Yerevan. Results were summarized and delivered during a "Medical Records and Quality of Care" presentation held on May 19.
- Based on the revised MCR benchmarks ("Quality indices") the QoC Advisor re-assessed findings of the short qualitative study on Quality of medical records/charts in three city polyclinics of Yerevan to present at USAID's meeting on QoC .
- On May 31 the Project's QoC Advisor made a presentation on "Quality of Primary Health Care in Armenia: needs and ways for improvement" at the USAID Health partners' workshop/working meeting, and:
 - presented findings of the qualitative study on Quality of medical records/charts in three city polyclinics of Yerevan; discussed the revealed problems, as well as issues as related to use of medical records for QI purposes;
 - introduced the basic approaches and strategies for PHC QI, ways of implementing QI strategies, draft system of monitoring and evaluation of the PHC quality, suggested quality indicators and benchmarks for PHCR QI component, the outline content of PHC QI draft package;
 - presented the planned activities and issues to be addressed, as well as suggestions about the areas for USAID health partners' co-operation.
- The Project's QoC Advisor developed the draft Procedure for Medical records/Charts Storage and Circulation in PHC facilities, which was added to the PHCR Project QoC implementation Package.
- The Project's QoC Advisor is currently working on the new Medical Record form and has met with Marietta Andreasyan, Director of Polyclinic "Erebuni" and the MoH PHC Department to discuss their views and suggestions regarding medical chart circulation in polyclinics.

4. PHC QoC strategy to define targets for renovation, training, forms and equipment established.

- Ongoing.

5. Patients have access to primary healthcare family medicine at good level of quality of care.

- The Project's Medical Advisor is cooperating with the head of the clinical laboratory of "Malatia" hospital on a research on antibiotic resistance, and has discussed feasibility of and needs for equipment for conducting research.

6. Patient satisfaction with quality of care monitored and assessed.

- The patient satisfaction baseline assessment underway in Lori and Shirak marzes.

COMPONENT 5: HEALTHCARE FINANCING.

1. & 2. NHA Data Collected and Tables Completed/ NHA estimates of health financing agents/sources completed

- PHCR NHA specialist actively continued to contribute to the activities of the NHA working group through participation on periodic working group discussions and provision of technical assistance to NHA WG.
- Areas of technical input were in the improvement and finalization of questionnaires for assessment health facilities and drugstores, as well as in development of questionnaire for evaluation of NGO expenditures in the health sector in Armenia.
- Assistance was provided to the NHA WG in estimation of 2004 and 2005 household's health expenditures data using the database from 2004 Living Standards Measurement Survey and the breakdown of aggregate information on health expenditures obtained from WHO per activities for years 2004 and 2005. This assistance was provided in order to complete the corresponding rows of NHA matrixes.
- The Project provided to the NHA WG data regarding 2004 expenditures on HIV/AIDS (obtained from UNAIDS) for the NHA WB to draft HIV/AIDS sub-accounts.
- The NHA Specialist participated in the training workshop: "Health System Performance Assessment" (HSPA) organized by WHO and WB (instructors: Dr. Bakhuti Shengelia, Dr. Anatoly Nossikov and Jens Wilkens) at the National Institute of Health.
- The Project HF Team provided support to the members of the NHA WG in presentation preparation and translation for the NHA progress report delivered at the third workshop on "National Health Accounts for Commonwealth of Independent States including Sub-Analysis of HIV/AIDS Programs". Three members of the NHA WG, Naira Davtyan (MoFE), Samvel Kharazyan (SHA/MoH), Arsen Davtyan (SHA/MoH), as well as the PHCR HF Team Leader attended the workshop held on June 14-16, 2006 in Bishkek, Kyrgyzstan.
- NHA WG and NHA Specialist met with the WB Mission and HPIU representatives to present progress and preliminary findings to date, as well as problems encountered by the NHA team while collecting data and constructing tables. During the meeting agreement was obtained to shift the deadline of submission of 2004 NHA report to September 2006. The NHA Specialist during subsequent months will provide technical support to NHA WG in development of 2004 NHA report, particularly sections related to NHA purpose and objectives; questionnaire description used for collection of health expenditures data from the sample health care facilities and drug stores; implication of results obtained from households health expenditures survey in NHA report; donors survey results evaluation; assessment of 2004 activities done within the frame of "Humanitarian aid and benevolent programs".

3. National Budgeting awareness is extended to facility level.

- Yerevan Municipality Health Department (YMHD) requested that all health care facilities under its supervision submit three-year development plans including budgets for 2006-2008. The poor results from about half of the facilities, which had presented 2-3 pages of vague and poorly written goals with inconsistent structure, revealed an opportunity for PHCR technical support. PHCR management met with the Head of the YMHD, Armen Soghoian and Deputy Head, Robert Sukiasyan to discuss possible areas of support. After several meetings and discussions YMHD agreed that PHCR assistance would be of great importance in improving the planning and budgeting skills and capacity of facility managers, as well as help streamline the strategic planning and budgeting process of the Yerevan Municipality. The HF Team prepared a preliminary action plan and is obtaining agreement from YMHD.
- The HF team reviewed and assessed development plans of 15 PHC facilities to identify common weaknesses. The HF Team began to develop a facility-planning tool/guide and training module for a two half-day training workshop planned at the end of July. It is expected that participants of the training outlined above will include two managers from each Yerevan healthcare facility, representatives of Yerevan Health Department and MOH.

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

- The Project HF team obtained and is currently reviewing the new budgeting methodology developed by the Ministry of Finance and the DFID Project implemented by Atos Consulting. The methodology has been developed in accordance to the Law on “Budgeting System of RA” and requirements of Prime Minister’s Decree N 419 on “Adoption of timetable of implementing of the second phase activities for 2007 state budget plan development in RA”.

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

- Following his consultancy in Armenia during March 2005, STTA Igor Sheiman submitted a report on “Assessment and Recommendations for PHC Payment System in RA”. This report was translated into Armenian and sent to First Deputy Minister, Hayk Darbinyan for feedback. On June 7 we received a response from the MOH stating that the MOH had no comments to the report.
- Based on PHCR Consultant Igor Sheiman’s recommendations, the HF Team drafted Performance-Based Payment (PBP) System Implementation Workplan for PHC Providers in Yerevan. A series of meetings with the PBP WG has been conducted to discuss Igor Sheiman’s report; PBP system implementation workplan; rationale for inclusion of indicators, clinical domains, reporting and verifications; proposed set of performance indicators; data sources needed to measure these indicators.
- A working plan to conduct experiment on improving PHC performance based system of payment in one Marz was agreed upon. It was decided during the meeting to link performance indicators to specific targets of main policy documents. In this regard, the Project HF team reviewed main policy papers and developed summary document in which under each target a set of performance/quality indicators were proposed.
- To insure sustainability of the PBP WG, the COP sent a letter to First Deputy Minister of Health Haik Darbinyan on formalizing the status of the performance-based payment working group and appointing a chairman to the working group. On May 26, 2006, the Minister of Health issued Order N 581-A on the establishment of the Working Group on development of performance based payment/remuneration system of PHC providers. Dr. R. Yuzbashyan was assigned as the Leader of the Working Group.

- To assess the current status of the PBP working group, finalize the PBP workplan, as well as suggest a strategy towards development of utilization targets the SOW for STTA Igor Sheiman's second trip was developed and approved by USAID.
- Igor Sheiman visited Yerevan from June 16 to July 1. He met with the PBP WG to finalize the list of performance indicators to be linked to financing, list of indicators to be used for monitoring purpose and PBP system implementation workplan. At the request of USAID, on June 22 Igor Sheiman delivered a presentation on his assessment and recommendations for PHC payment system in Armenia from his first trip to Armenia. Participants of this presentation and discussion included the USAID management team from DSRO, EREO and the Program Office including the Acting Mission Director, as well as the PHCR DCOP and other key PHCR staff.
- Together with PHCR HF Team members STTA Sheiman conducted a series of meetings and discussions with key stakeholders, aimed to determine the current status of work of the PBP WG. Based on later discussions with Dr. Ara Ter-Grigoryan, Head of SHA, where he expressed his concerns regarding 2007 PHC budget possibilities for the PBP system experiment in Yerevan, as well as expressed concern from USAID, a decision was taken (as agreed to with USAID and SHA) not to tie the performance based system to incentive based payment. Instead, it was decided to focus assistance in finalizing the performance indicators, defining performance targets, collecting data and identifying deviations across different types of PHC facilities and regions.
- PHCR STTA Igor Sheiman also reviewed the scope and adequacy of the capitation formula for primary care, including adequacy of methodology used to determine the formula and overall incentives to avoid perverse provider behavior. To adjust the capitation formula for age and sex the consultant proposed methodology as well as developed age-group coefficients for Armenia.

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

- The team will focus Performance Based Contracting work on setting up the systems and collecting data as agreed to with USAID and MOH/SHA.

7. Cost of services determined

- PHCR project HF team and PHCR STTA reviewed and discussed the WB/HPIU BBP costing objectives and intermediate report developed by "Business Consult" Ltd. The final report on results of BBP costing study will be available on September.
- PHCR STTA Igor Sheiman proposed a strategy for development of standards for health care services volume (utilization targets) as well as normatives for financial expenditures (standard unit cost). The strategy has been discussed with MoH and SHA representatives.
- During August/September we plan to engage an STTA specifically to review the final results of the WB Costing Study and prepare a methodology and detailed plan for the PHCR Costing work. We plan to also discuss this issue with the WB HPIU.

8. Financial management systems and computer equipment are in place at targeted facilities.

- Requirements for HF computers and system solutions were incorporated in the IRM documentation with support from EMG home office specialist. PHCR project HF Team identified computer equipment needs at the PHC facilities for financial management purposes. The team also performed an inventory of computer hardware in polyclinics, ambulatories and health centers of Shirak and Lori Marzes, as well as an inventory of financial accounting software at target facilities.
- The HF Team developed a questionnaire and conducted a workshop in Vanadzor with target facilities in order to assess financial accounting, financial reporting, budgeting and cost

accounting needs at PHC facilities. During the workshop the Project team provided clarifications regarding accounting standards relevant for PHC facilities, including: “Presentation of Financial Statements”, “Inventories”, “Property, Plant and Equipment”, “Leases”, “Revenues”, “Accounting for Government Grants and Disclosures of Government Assistance”. The second assessment/workshop was conducted with accountants in target facilities in Shirak Marz (Panik MC, Aghin MC, Akhurik MA, Mayisyan MA, Pempashen MC, Horom MA, Jajur MA, Marmashen MA). Assessment results will be compiled and finalized in July.

9. Cost accounting and corresponding cost structures established in selected facilities in Zone 1.

- HF Team conducted cost-accounting information needs assessment at polyclinics, ambulatories and health centers of Zone 1. The results of the assessment study will be finalized in July.
- An SOW for International STTA to assess cost-management methodologies, tools and systems based on international best practices and the Armenian reality was drafted and sent to EMG Home Office. Home Office is currently in the process of identifying a suitable STTA candidate to present to USAID for approval.

10. Facility staff trained in sound management and governance practices.

- In order to assess the training needs of managers from PHC facilities, management training materials and training modules developed by ASTP/PADCO and NOVA project were reviewed. The PHCR Project Training Specialist conducted interviews with trainers, who provided management training to PHC managers within the frame of the above-mentioned projects, group discussions with the heads of Polyclinics (“Alaverdi”, N1 and N4) at Lori Marzpetaran and in-depth interviews with the heads of Polyclinics (“Gugarq” and N4). Preliminary findings, conclusions and recommendations of managers’ training needs assessment study were presented to and discussed with the Project staff.
- During the Vanadzor Project Launch event in June, a specific management training group discussion was held with the purpose to obtain feedback from healthcare facility managers regarding the preliminary results acquired from the training needs assessment and proposed framework for management training interventions, as well as to define areas for knowledge and skills/competencies improvement. PHC Facility managers also stressed that the issues stemming from the controversies inherent in various instructions issued in the framework of health care reform implementation should be incorporated in round-table discussions.
- On April 25 the project Health Finance Specialist delivered a course on “Health Financing” to 33 nurses, who undergo Family Nursing retraining at the Basic Medical College.

COMPONENT 6: PUBLIC EDUCATION.

1. Public education campaign monitored and results evaluated

- Meetings within PHCR are being held to discuss public education survey needs. A list of suggested indicators for public education campaign tracking and survey frequency based on needs and M&E budget will be proposed.
- Chris Wild is following up with budget implications and needs for house hold survey for PE.

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

- A training request was developed for MoH for a study tour abroad on OE system.
- BBP poster and BBP booklet development processes implemented in close collaboration with MoH and utilized as PE capacity building practical method (on the job training).

3. Health-literacy, health-responsibility and rational health-seeking behavior improved in target communities.

- A review of community-based methods for collaborative decision making such as participatory rural appraisal (PRA) and SARAR/PHAST is in process.
- A draft SOW for PHAST methodology specialists created; specialists were contacted about potential availability.
- Public Education Specialist (PES) conducted PRA stakeholder meetings in first eight PHCR Project communities selected for FAP renovation in Lori Marz. Preparation work to start bidding among Lori-based, short-listed NGOs to support PHCR CMA initiated.
- Health Education Specialist participated in the ToT on UTI initiated by FM team.
- The PE Team cooperates with the FM & QoC team on the format of assessment of community behavioral and environmental health risks for identifying needs for community mobilization programs, as well as on SOW of STTA on behavioral change.
- Public Education Specialist participated at the “Healthy Life Style” workshop initiated by the National Institute of Education
- Draft TOR for short-term community mobilization assistance from local NGO completed. Short list of potential NGOs capable of doing short term work for PHCR created
- Public Education Specialist (PES) conducted PRA stakeholder meetings in first eight PHCR communities that were selected for FAP renovation in Lori Marz. Six of eight communities fully meet community mobilization activities (CMA) criteria.
- Introductory meeting with the short listed Lori based NGOs held in Vanadzor.
- Detailed work plan for Dr. Bob Zielony, Behavior Change Specialist was developed. Bob Zielony, the BC specialist arrived in Yerevan and accompanied the PE team to Lori Marz.
- PE team visited four communities in Lori marz for health behavior assessment. The following villages were assessed: Teghut, Dzoragyugh, Haghpat and Dsegh. Bob Zielony, the Behavior Change specialist and Ruben Margaryan from FM team accompanied PE team during the trip. The trip report is in the process of development.
- The trip report and health behavior analysis based on the health assessment questionnaire developed. The report includes results obtained from the health behavior assessment trip in twelve Lori Marz communities implemented by PE team. The Small Grants Program content will be developed based on the behavior assessment results.
- SOW for a position of Graphic Designer drafted and discussed.
- On May 19, TOT for (BSMC) Basic State Medical College faculty members on Modern Teaching Approaches led by Varuzhan Avanesyan and Behavior Change Communication led by BC specialist conducted at the BSMC. Modern Teaching Approaches training conducted at the request from the BSMC management. Forty-five participants trained.
- TOT on Health Behavior Change for Patients with Chronic Diseases for two Yerevan based FM faculties and clinical preceptors conducted. Twenty-five participants trained. The same topic planned for Vanadzor based Family physicians and clinical preceptors.
- Healthy Calendar designed, approved, printed and is being distributed to stakeholders attending PHCR Project organized events.
- Introduction of community mobilization and healthy lifestyle activities to Shirak marz communities started. First trip to Shirak marz implemented by the Public Education Specialist.
- Upon request from USAID, Dr. Bob Zielony and PE team facilitated USAID health partners’ meeting. One of the goals of the meeting was to introduce participatory approach in community mobilization activities. Some interactive techniques were introduced to the participants. Another goal of the workshop was to conduct team-building activities as a catalyst for better interagency collaboration among the health partners.
- TOT on Health Behavior Change Communication for Vanadzor based FN Chair and clinical preceptors delivered by Dr. Bob Zielony in close cooperation with PE team and FM team. Number of participants – 11.

- Steps and Strategies for Community Mobilization Activities and Behavior Change Communication TOT workshop conducted for Lori based NGOs selected for implementation of Lori Marz community mobilization, health behavior change and PHAST activities. Varuzhan Avanesyan, the Public Education Specialist (PE team) facilitated the first part of the workshop. Dr. Bob Zielony led the second part of the workshop
- The trip report and health behavior analysis based on the health assessment questionnaire drafted and is being finalized. The report includes results obtained from the health behavior assessment trip in 12 Lori Marz communities implemented by PE team.
- ToT Module on Diabetes drafted by the Health Education Specialist and is being reviewed by Bob Zielony, the BC specialist.
- Health Education Specialist is working on patient education module on Dermatology and UTI diseases (in collaboration with FM team).

4. General awareness of Open Enrollment established.

- Design of national OE awareness strategy underway; consultations with stakeholders, including the Ministry of Health PR Department and the Media Advisor to the Minister continue. Establishment of public education National Working Group on OE is one of the issues under consideration.
- New OE leaflet “Choosing your Doctor” currently being developed.
- Brainstorming for OE video physician tutorial “Step by Step Guide to Enrolling Patients” conducted, hiring of video script producer for PE video materials recommended. Short list of video production companies based on certain criteria developed and put forth for consideration by the Project.

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

- Public awareness strategy is in the process of development.

6. Public is aware of service packages provided in primary care.

- BBP Poster distributed to stakeholders.
- BBP booklet developed, discussed with MoH, Yerevan Municipality and other counterparts. Distribution of BBP booklets to stakeholders is on-going, however the Project has ensured submission to MoH and other major stakeholders.
- Workshop on OE and PHC free of charge services discussed with OE team, COP and MoH and planned for mid July

7. Journalists trained in health issues.

- “Building a Media Partnership for Health Improvement” workshop for journalists in Lori marz was held on May 17. Seventeen local journalists (TV, radio, print) attended the workshop.
- “How to Communicate Health Behavior Change Messages” workshop led by Dr. Bob Zielony conducted for Lori based journalists on June 30. Case studies based on HIV, Obesity and Smoking were used during the workshop. *Stages of Change* theory as well as *The language of HIV/AIDS* was introduced to the participants. The main objective of the workshop was to improve knowledge of behavior change communication principles and quality of health journalistic writing. Number of participants – 10. Number of outlets – 10.

8. Community involved in and contributing to renovation and maintenance of Primary Healthcare facilities

- Preparation underway for field-testing of health-focused PRA-based methods for the community mobilization activities
- A meeting was held with PHCR Project engineers to discuss community involvement in renovation and maintenance
- Capacity Building Agreement Form for NGO trainings drafted
- Community Health Behavior Assessment Report and Health Behavior Analysis for 12 Lori communities completed.
- Short list of Lori based NGOs experienced in health and community mobilization activities completed. Meetings held with relevant NGOs by Public Education Specialist.
- Lori based NGO with the capacity of TOT on Health Issues identified.
- “Health Behavior Change” and “Teaching Methodologies” training for Lori based NGOs planned.
- Health Behavior Assessment Trip to Dsegh, Haghpat, Teghut and Dzoraghbyur completed.
- Short list of Lori based NGOs experienced in health and community mobilization activities completed. Meetings held with relevant NGOs by PE team and BC specialist.
- “Health Behavior Change Methodologies” training for Lori based NGOs planned for June 30.
- Three Lori based NGOs trained by PE team and the BC Specialist for community mobilization and health behavior change activities in Lori Marz.

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

- A draft Grants Manual submitted to BC specialist. .
- The project is undergoing a second round of interview and selection of a Grants Manager. Previous candidates proposed and approved by USAID declined to join the PHCR Team for personal reasons.
- Results from the health behavior assessment in twelve Lori communities have led to the development of a small grants component for the project.