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Primary Healthcare Reform Project

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 awarded to Emerging Markets Group, Ltd. (EMG) on September 30, 2005. Subcontractors on this project are IntraHealth International, Overseas Strategic Consulting, Ltd. and American University of Armenia's Center for Health Services Research.

This PHCR Project Quarterly Report describes the project activities and results during the period of January 1 to March 31, 2008. Major accomplishments that occurred during this reporting period can be summarized as follows: completion of engineering assessments in 120 PHC facilities in Zone 3 (Ararat, Aragatsotn, and Armavir regions); launch of family and community nursing training for 107 rural nurses in Zone 2 (Gegharkunik, Tavush, and Kotayk regions); adoption by the Government of OE refined procedures, as proposed by PHCR; delivery of training to 61 accountants of Zone 2 PHC facilities; completion of NGO TOT and launch of health trainings in 36 rural communities of Zone 2. In addition, and based on the Assessment Report, the EMG contract with USAID is being modified and budget reconfigured for the three option years

ABBREVIATIONS AND ACRONYMS

BMC	Yerevan State Basic Medical College
FM	Family Medicine
FN	Family Nursing
HF	Healthcare Finance
MIS	Management Information Systems
MOH	Ministry of Health
NHA	National Health Accounts
NIH	National Institute of Health
OE	Open Enrollment
PHC	Primary Healthcare
QOC	Quality of Care
SHA	State Health Agency
TOT	Training of Trainers
UFMC	Unified Family Medicine Curriculum
UFNC	Unified Family Nursing Curriculum
WB	World Bank
WG	Working Group
YSMU	Yerevan State Medical University

Primary Healthcare Reform Project

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A. COMPONENT 1: EXPANSION OF PHC REFORMS

A1. Project effectively communicating with external world, counterparts and USAID (1-2).

- PHCR Quarterly Bulletin #9 (Q1, 2008) is being finalized and will be distributed to more than 100 Project counterparts and stakeholders, including Health Advisory Board members from Zone 3 regions (Ararat, Armavir, and Aragatsotn), as well as target communities to be selected in the three regions. It is also posted on the PHCR website and sent out to more than 120 subscribers through a targeted subscription list (A1.1).
- At the request of MOH, all PHCR teams reviewed the newly drafted PHC strategy document (2008-2012) and contributed extensively to its improvement, in particular, in terms of its practical applicability. Dr. Ruzanna Yuzbashyan, Head of PHC Department at the MOH, gave highly positive feedback on PHCR-provided revisions (A1.2).
- Preparatory work is currently underway to hold a PHCR Zone 1 Graduation event on May 16, 2008 (A1.3).

A2. Project monitoring system operational (1-4).

- PHCR Monitoring and Evaluation (M&E) team is getting prepared for the follow-up assessments in Zone 1. Facility resource assessment, facility/provider performance assessment questionnaires and interviewer training guide were finalized, copies prepared, training and fieldwork supplies received and interviewers and administrative staff in Zone 1 were contacted. As part of the facility/provider performance assessment, performance of target health post nurses trained by PHCR project will be assessed (*see more details under B5 below*). The follow up assessments are scheduled to be launched as soon as the delivery of medical equipment to Zone 1 PHC facilities is complete (A2.1).
- Preparations are ongoing for Baseline Facility Assessments in Zone 3 (Ararat, Aragatsotn, Armavir). Interviewers and administrative staff to conduct the assessments have been identified. The baseline assessments are scheduled to be launched as soon as the list of target facilities in Ararat, Armavir, and Aragatsotn regions is finalized (A2.2).
- M&E team keeps the MIS database constantly updated with most recent data on PMP indicators (A2.3).

A3. PHCR activities on Marz level begun.

- At PHCR's initiative, regional health advisory boards were established in Armavir, Aragatsotn, and Ararat. Like in Lori and Shirak regions, health advisory boards in these regions comprise of regional health directors, PHC facility managers, family physicians and nurses, and officials from communities. Task is completed.

A4. PHC facilities renovated and equipped through zonal rollout (1-7).

- Jointly with referral PHC facilities of PHCR target sites the Project carried out monitoring visits to 36 PHCR-renovated ambulatories and health posts to identify any renovation defects. Construction firms have fixed all defects that were revealed. Task 4.1 is completed.
- Based on PHC facility short lists analyzed through PHCR mapping exercise and suggestions received from regional authorities on which PHC facilities they believe need to be upgraded the most, in January 2008, PHCR launched target PHC facility engineering assessment and selection process in Armavir, Aragatsotn, and Ararat regions. The analysis and assessment once again

demonstrated that these three regions are indeed the ones most in need of PHC physical upgrade support by the Project. Over the past three months, PHCR Engineering Team visited and evaluated nearly 120 rural PHC facilities in 96 communities across the three regions.

By late March, PHCR short listed 64 sites that meet all PHCR selection criteria and are fit for PHCR renovation interventions. Another nine meet some of the criteria, but have issues pending clarification, such as confirmation from regional authorities on allocation of school owned spaces for health posts. Upon receipt of these clarifications, those sites where community investments and commitments are feasible to accomplish in 2008, prior to commencement of upgrade activities by PHCR, will be prioritized and selected as targets for this year. The remaining sites from the three regions will be considered as Phase 2 intervention sites, and PHCR will plan its activities after its commitments have been accomplished. In early April, PHCR will finalize the list of target facilities in Armavir, Aragatsotn, and Ararat, and will submit it to the regional authorities and the MOH for approval.

To note, the selection was based on a number of criteria, including previous upgrade interventions by other donor organizations, community participation and contribution, allocation of a proper space for physical upgrade, existence of a nurse and her preparedness to participate in PHCR organized training, remote location, etc. (A4.2, A4.3).

- Through a competitive process, PHCR obtained letters of interest from nine design engineering companies who are interested in conducting design work for PHCR renovation targets in Zone 3. Based on sample designs submitted, the Project engineers selected seven companies who will be contracted as soon as the final selection of target sites has been made (A4.4).
- Delivery and placement of furniture in Zone 1 and Zone 2 communities was completed in December 2007. On the medical equipment list, PHCR cooperated with Jinishian Memorial Foundation (JMF), who undertook to supply a few items, including 221 glucometers. Distribution of equipment in Lori, Shirak, Tavush, Gegharkunik, and Kotayk regions is pending receipt from Jinishian Memorial Foundation (JMF) of the glucometers to be distributed as part of the medical equipment kits (A4.7).

A5. PHC physical improvements sustained by rational management procedures.

A6. Content and process of institutionalizing relevant PHCR interventions advocated for among senior MOH/GOA decision-makers.

B. COMPONENT 2: FAMILY MEDICINE

B1. PHC/FM policy improved.

- For report on activities under B1.1 please see A1.2.

B2. FM Training Institutions have increased capacity / FM faculties strengthened (1-6).

- On February 13, 2008, PHCR conducted a roundtable on FM training activities, with 25 invitees participating. The roundtable aimed to discuss the current state and needs in continuous FM education in Armenia, as well as to define the roles of various organizations involved, to ensure efficient collaboration and partnership.

Another objective of the discussion was to promote the principle of continuous improvement, in this case, of training outcomes, through involvement of policy makers. For this purpose, PHCR introduced the “Learning for Performance” (LFP) methodology and plans for its use in FM trainings in Armenia. The participants agreed that the LFP methodology is effective and can be successfully applied for FM undergraduate and postgraduate medical education in Armenia. They also approved the PHCR-proposed idea to conduct an assessment of PHC providers’ performance, as a first stage of LFP trainings aimed to identify any existing performance gaps.

As part of the roundtable, a discussion on LFP Armenian terminology was held. A common understanding was reached that the participants will remain in contact to further discuss and build consensus on learning and teaching terminology in Armenian, and to develop a Glossary of terms (B2.1, B2.3).

- PHCR renewed the Up-to-Date subscription (3 years) and bought 3 copies of Mosby’s “Handbook on Physical Examination” for FM chairs. The first set of Up-to-Date EBM materials has been received on CDs and has been installed on computers at FM chairs (B2.6).
- PHCR attended the annual conference of the Family Medicine Academic Society (FMAS), where FMAS annual report 2007 and strategic plan for 2008 were presented. The main reason for PHCR to participate in the conference was that it gave another chance to identify ways and methods in which the Project can support the activities of this FM association. It is worth noting that the development under PHCR support of the training package on Cardiovascular Disease was stated as a significant achievement in the FMAS annual report.

B3. Family Medicine Curriculum is up-to-date with training modules.

- Throughout the first quarter of 2008, PHCR FM team continued the development of the outline for the “Most Common Childhood Illnesses” training package, as well as the drafting and reviewing of the contract to be concluded with the YSMU that includes seven pediatric job-aids. As part of this preparatory process, PHCR FM Training Advisor reviewed an extensive body of medical literature and had working meetings with specialists in various childhood diseases. The Contract along with five annexes including module description; structure; quality requirements, and preliminary agenda for the subsequent training course, has now been finalized and will be signed by late April.

The working group comprising YSMU and NIH FM chair staff, and prominent local specialists in childcare (Prof. Narimanyan, Dr. Marina Ohanyan, Dr. Nuneh Barseghyan, Dr. Armenuhi Eloyan, Dr. Karine Abelyan, Dr. Hovhannes Khazaryan) reviewed the training packages outline drafted by PHCR, submitted feedback on the structure and topics suggested by PHCR. At the first WG meeting, roles and responsibilities of all members were determined, and a work plan was agreed.

According to the Contract, all WG members will be responsible for the quality of the developed training package.

B4. FM/FN clinical training sites established/upgraded at Marz level.

- Distribution of furniture in Zone 1 and 2 was complete in late December, 2007. For a report on provision of medical equipment, please see point A4.7 above.

B5. FM providers' performance improved through training and QA activities (1-3).

- As recommended by the Assessment Report and discussed with the USAID / Armenia Health Team, PHCR will conduct an assessment of PHC providers' performance. STTA Shannon Salentine was invited (March 24-April 3, 2008) to assist PHCR in defining the scope for and designing the assessment,. The primary goal of the STTA is to improve the performance of nurses at the facility level by identifying performance gaps of nurses and clinical preceptors. Specific objectives that the STTA aimed to accomplish were as follows:
 - Define PHCR and project partner data needs as related to nurse and clinical preceptor training programs;
 - Develop a protocol and set of instruments for identifying performance gaps among FAP nurses and clinical preceptors;
 - Provide recommendations and assistance in planning for data collection and analysis activities.

STTA achievements:

1. Designed overall methodology and drafted assessment protocols for two assessments. This includes recommendations on the following:
 - Geographic scope and number of clinical preceptors to be assessed;
 - Geographic scope and number of health post nurses to be assessed.
2. Drafted data collection instruments to capture the following:
 - Health post nurse practices and performance in specific clinical procedures;
 - Clinical preceptor performance in specific clinical areas and procedures;
 - Perceptions of clinical preceptors and health post nurses as related to the support they receive to perform in their designated roles (knowledge and skill, clear expectations, availability of supplies and equipment, supportive supervision and motivation and incentives).
3. Identified necessary resources for both assessments
4. Drafted data analysis plan (report format) for both assessments
5. Drafted workplan for PHCR clinical preceptor and nurses assessments

Recommendations on next steps:

1. Review and update assessment workplans as necessary
 - Finalize schedule for nurses assessment
 - Finalize schedule and budget for clinical preceptors assessment
2. Engage and consult with additional stakeholders in assessment activities (World Bank, World Vision, etc.)
 - Finalize case studies for clinical preceptor assessment (B5.1).

B6. Unified Family Nursing Curriculum is up-to-date with EBM-based training materials (1-3).

- PHCR FN advisor continued providing technical support to FN trainers in reviewing and improving training materials and updating multiple-choice questions and skill checklists (to be used in pre- and post-training assessment) for Zone 2 UFNC/community nursing training. Training materials for Tuberculosis, Palliative Care, Emergency Care, Eye Care, Geriatric, Respiratory Diseases, Communications in PHC, Diabetes, and Gastroenterological Disorders modules were revised and improved (B6.1).
- PHCR FM team developed and submitted an abstract “Community Nurses in Armenia: A New Cadre of Providers” for the 30th Annual International Caring Conference to be held on April 6-9, 2008 in Chapel Hill, North Carolina, US. PHCR abstract was accepted, and PHCR FM team leader was invited to attend the conference as a presenter. The conference is organized by the International Association for Human Caring, University of North Carolina at Chapel Hill School of Nursing.

B7. PHC nurses have completed UFNC training and retraining (1-2).

- Task B7.1 (“Complete UFNC- 6.5 months UFNC-based nurse training for 129 nurses in Zone 1 marzes”) was completed in November, 2007.
- During the report period, PHCR worked on the design of the UFNC/community nursing training in Zone 2 comprising Tavush, Gegharkunik and Kotayk regions. Through numerous discussions with stakeholders including NIH, BMC, and JMF, all details of the training (schedule, logistical arrangements, remuneration, etc.) were sorted out and finalized.

On March 20, contract with NIH for delivery of training to 107 rural nurses from across the three regions was signed. Training for nurses from Kotayk region will be conducted in Yerevan, at NIH premises, while training for Gegharkunik and Tavush region nurses in Martuni regional nursing college and Ijevan Mother and Child Care Center, respectively. To ensure that the latter two have enough capacity to host the training, PHCR provided them with furniture. Besides that, FN trainers will also be provided with manikins that are currently being procured by PHCR.

It is worth noting that an arrangement on sharing some of the training expenses was made with JMF: they agreed to cover meal and incidental expenses (M&IE) for 42 nurses from Tavush region. JMF also agreed to assume publishing expenses for reproductive health training manuals.

On March 31, PHCR launched the UFNC/community nursing training for the first group of 29 rural nurses from Kotayk region. Training for the three groups is scheduled for launch later in April (B7.2).

B8. Establishment of independent FM practices is supported (1-3).

- PHCR finalized guidelines on “Establishment and State Registration of Independent and Individual FM Practice with Sole Proprietor’s Status” and “Establishment and State Registration of Independent FM Individual/Group Practice with a Limited Company Status”. Positive feedback on the both guidelines was received from Prof. Michael Narimanyan, Head of FM Society/Head of YSMU FM chair and YSMU Vice-Rector. Prof. Narimanyan also found it necessary that the guidelines be included in the UFMC. Furthermore, he mentioned that there is a need for an extensive discussion on independent practice issues, and proposed that a series of roundtables be organized at the premises of the YSMU FM Department (B8.2).

C. COMPONENT 3: OPEN ENROLLMENT

C1. Policies and regulations in place to support open enrollment (1-4).

- PHCR-drafted amendments to the Government Decree No 420-N, dated March 30, 2007 “On PHC Physician Selection and Registration With Them” were approved by the MOH and officially issued as Government Decree No 140-N, dated February 13, 2008 (effective starting March 15, 2008). The amendments lay down enrollment procedures to apply in case of refugees, persons with no permanent residence, and nationals of other countries. Circumstances under which a PHC physician has the right to refuse enrollment are also expressly listed. The requirement to submit passport and birth certificate copies was lifted.

PHCR also finalized draft supportive regulations for the OE process, including (1) form for an excerpt from the Medical Chart to be filled out when a patient is transferred from one PHC service provider to another; (2) statement form to be filled out in special cases (e.g. where a child to be enrolled does not have a birth certificate, or is a citizen of a country other than his/her parents; the patient lives in a long care unit; a patient has lost his/her passport, etc.); and (3) template for the contract to be signed between the health post nurse of a rural community and the PHC facility, where some of the members of the community enrolled with another PHC service provider. Draft documents were discussed with MOH officials, and will be submitted to the Ministry for final approval along with the user’s guide on identifying and eliminating OE double entries (*also see under C1.2*) (C1.1).

- Draft GoA Decree on OE database processing and transfer was refined further and shared with the Legal Department at the MOH. The draft decree, in particular, envisages data exchange between OE and other databases (such as databases for passport and social security card data). After preliminary approval by the MOH, the draft will be submitted for feedback to the SHA, NIH and Yerevan Municipality staff.

In the meantime, PHCR IT team jointly with stakeholders is also clarifying and reviewing the basic concepts and terminology to be used in the OE database processing and transfer decree. These efforts aim to define and use the right wordings and Armenian equivalents for concepts relating to possession, management, processing, operation and running of the OE database, to identify the role and responsibilities of institutions involved, and to provide terms and conditions for OE data transfer (C1.2).

- PHCR developed a form and user’s guide to identify and eliminate OE double entries (for paper files and electronic databases). The documents were submitted for feedback to Yerevan Municipality staff and a few managers of Yerevan polyclinics. Once the feedback has been received and incorporated, the documents will be sent for approval to the MOH.

After the final approval, the guide along with other supportive regulatory documents, including a copy of the governmental decree N140-N on OE and the template for an excerpt from the Medical Chart with fill-out instructions, will be distributed to all PHC providers across the country (C1.2, C1.4).

C2. OE information and reporting system functional for operation in Year 2008 (1-5).**Table 1. Open Enrollment Statistics (as of late February)**

Region	Total Population	Enrolled	Enrolled of Total, %	Entered into Electronic Database	Entered into Database of Enrolled, %
Armavir	280,182	251,746	90%	166,566	66%
Ararat	274,197	239,480	87%	140,420	59%
Aragatsotn	139,515	83,169	60%	82,291	99%
Kotayk	275,071	204,391	74%	142,708	70%
Lori	282,681	260,987	92%	173,503	66%
Shirak	271,749	233,010	86%	152,933	68%
Syunik	153,029	100,993	66%	33,015	33%
Gegharkunik	239,446	175,500	73%	75,928	43%
Vayots Dzor	55,759	45,067	81%	19,883	44%
Tavush	134,238	130,239	97%	65,411	50%
Yerevan	1,103,800	957,789	87%	418,302	44%
Total (as of late February)	3,209,667	2,682,371	84%	1,470,960*	55%
Total (as of late January)	3,207,362	2,589,639	81%	1,094,534*	42%

*Double entries and erroneous data with repeating passport numbers excluded.

- PHCR continues to provide support to health authorities of all Armenian regions and Yerevan in collecting OE data and generating OE status reports. As a first step, lists of PHC facilities for all regions were revised based on the most recent facility optimization results and communicated to Health and Social Security Departments. PHCR assists regional health authorities in filling local databases, consolidating regional OE database and generating reports on transferred population and invalid records from PHC facilities. A template to record double registration entries was finalized and will be submitted to the MOH for approval in early April (C2.1).
- OE automated information system database structure was documented to make future integration with other PHC automated systems possible. In addition, OE information system was enhanced with new functionality to allow (a) generation of reports and export of report data to Excel and HTML formats, and (b) direct printing to make output data printing easier (C2.3).
- PHCR OE team with support from IT STTA started discussing the possibilities of integrating PHC enrollment and encounter IT systems. A draft report identifying and assessing possible integration options, recommendations, and budget was presented to USAID Health Team (C2.5).

D. COMPONENT 4: QUALITY OF CARE

D1. State-of-the-art quality improvement methodologies in use, including: a) reviewed policies and regulations to support QoC; b) monitoring system for QoC implemented in each PHC network; c) capacity building for QA implementation and institutionalization (1-10).

- PHCR continued discussing the quality assurance (QA) strategy with the MOH. At the request of Dr. Ruzanna Yuzbashyan, Head of PHC Department at the MOH, PHCR QOC Advisor further revised the document focusing on the “Quality Assurance in PHC” section, adding two new sections titled “QA Implementation Phases and Measures” and “QA Monitoring and Evaluation”. Dr. Yuzbashyan accepted the revisions, and the document will be submitted for approval by late April (D1.1).
- From March 3 to 20, 2008, PHCR worked with STTA Mary Segall to further revise the existing QOC papers and prepare an updated and strengthened QOC framework and tools, implementation work plan, and training curricula.

As a result of the work done, the QA implementation plan was turned into a detailed workplan with a budget and clearly defined timeline. The QA self-assessment tool was re-organized around the six quality indicators that were selected as the focus of the initial QA implementation stage.

Communication continues with Mary Segall to finalize the QA package and QA implementation plan (expected by mid April, 2008) (D1.3).

- On March 13, PHCR FM & QOC team delivered a presentation on the PHCR-developed QOC package at the MOH. The meeting gathered over 20 key counterparts, including the Minister of Health, First Deputy Minister, Head of PHC, Mother and Child Care, and International Departments of the MOH, SHA Head, as well as other Ministry staff. Feedback received from the MOH on the QA strategy package was highly positive and encouraging. The team will continue working to refine the QA implementation plan and the PHC facility/provider internal (self) assessment tool, as the latter needs to be tailored to fit the six performance-based payment indicators (D1.4).
- During meetings with YSMU and NIH FM chair heads, a decision was made to have FM academic staff invited to participate in the QA TOT course that PHCR plans to deliver. PHCR-developed QA training curriculum will also be handed over to YSMU and NIH, to incorporate in the UFMC, and continuous medical education curricula. Thus, QA content and methods will be part of the basic training received by FM providers (D1.6).

D2. Improved capacity at MOH Licensing Department (1-2).

D3. EBM-based standards / protocols for assessing QoC in PHC in place (1-2).

D4. Client satisfaction with QoC monitored (1-2).

E. COMPONENT 5: HEALTHCARE FINANCE.

E1. Resources provided and NHA staff capacity building carried out for NHA institutionalization (1-5).

- Task E1.1 (“2006 NHA report completed with PHCR technical assistance”) and task E1.2 (“Indicators of Equity and Access analyzed”) were completed in December 2007.
- PHCR HF team continues to contribute to the activities of the NHA working group whose objectives is to prepare the 2007 NHA report. PHCR participated in WG meetings to define the scope and action plan for the development of the 2007 NHA report, compiled a list of donor organizations working in the field of reproductive health to obtain expenditure data for this category and assisted the WG in preparing presentation materials for the second meeting of the NHA Working Group of CIS countries (held in WHO Headquarters in Geneva, on February 19-21, 2008) (E1.3).
- As part of technical support in development of an NHA automated system that will allow the NHA team to minimize the lag time between data collection and final publication of NHA results, PHCR searched for available NHA software providers and identified “Prognoz” company, a company in Russia that has a developed NHA software package. HF team organized a review of the software and question/answer conference calls with the software developers and the NHA WG (February 15, February 28, 2008).

In addition to the above, PHCR is building an Excel based model to assist NHA WG to analyze the trends of NHA indicators over time. To date, a scope of work for the model development, type of information to be included, proposed outputs, and approaches for analysis of main indicators have been defined and agreed upon with the NHA WG members (E1.5).

E2. Cost and prices for services are determined (1-3).

- Task E2.1 “Normative cost of PHC laboratory and instrumental services are determined”, task E2.2 “Final cost data and excel based normative costing model are presented to MOH/SHA” and task E2.3 “Support SHA in laboratory and diagnostic services pricing and PHC budget planning” were completed in December 2007.
- The SHA approached PHCR requesting additional support in testing assumptions for pricing of laboratory services and to prepare the SHA to obtain higher level support for the model within the MOH, MOFE and other relevant stakeholders. As part of the further support provided, PHCR calculated costs for laboratory services with and without depreciation and maintenance costs, compiled the list of laboratory and instrumental services most frequently performed at different types of PHC facilities (polyclinics, rural ambulatories and health centers) and defined the list of equipment and consumables used for laboratory services production process.
- PHCR held two presentations of the PHCR-developed costing model. The first one was held on March 5, 2008 at the SHA for SHA staff, Representatives from MOH, NIH, private companies offering laboratory and instrumental services and outpatient and inpatient facilities attended. The second presentation of the normative costing model to a larger audience was delivered on March 12, 2008 at the MOH and was attended by the Minister of Health, representatives from SHA, PHC and hospital care facilities, as well as USAID/Armenia Health Team) (E2.2).

E3. Performance based reimbursement system established (1-3).

- PHC reporting forms for performance indicators baseline data collection were revised and sent to the SHA to launch baseline data collection process (E3.1).

- PHCR provided the SHA (central and branch offices) with 12 computers to support the OE process, as well as the introduction of performance-based financing systems (E3.2).
- Design of the study tour for MOH officials aimed to build capacity in development of performance-based financing system is currently in process. To this end, PHCR reviewed the experiences of Kemerovo in Russia, UK and Estonia. Heads of the Economic Department of Kemerovo Health Insurance Fund and the Health Department of Estonian Health Insurance Fund were contacted by phone, and materials provided on the websites of the both organizations were thoroughly studied. In spite of some limitations, the model and experience of the UK provides the best fit for what Armenia plans to do. These study results were presented during the meeting with AED representatives held at the PHCR office on February 12, 2008. Additionally, we provided communication initiated with the UK Ministry of Health to AED for further follow-up (E3.3).

E4. Enhanced SHA capacity to monitor BBP program's execution.

N/A

E5. PHC facility reporting system streamlined.

- PHCR developed a draft document on review of PHC reporting system, which was presented to the working group, established by the Minister's order (N287 A, 28.02.08), for streamlining of provider reporting in light of expected MIDAS-2 system modification to include an encounter system capability.

PHCR HF team reviewed the SHA-proposed encounter form to be used in PHC facilities. After studying the encounter forms developed under the USAID-funded Armenian Social Transition Program (ASTP) and similar activities implemented in Russia and Egypt, PHCR proposed and vetted with WG members a number of changes to the SHA-proposed template.

E6. Financial management systems and computer equipment are in place at targeted facilities (1-2).

- PHCR conducted assessment of potential target facilities in Kotayk, Gegharkunik and Tavush regions for implementation of an automated accounting system based on predefined criteria and selected 10 facilities for target intervention (E6.2).

E7. Facility staff trained in sound management and governance practices (1-3).

- Based on discussions with the heads of regional Health and Social Security Departments, PHCR HF team prepared a preliminary list of PHC managers to enroll in the management training course in Zone 3 (Ararat, Aragatsotn, and Armavir regions). This list will be finalized based on discussions with the managers to assess level of commitment.

As part of ongoing work to improve the curriculum of the management training course, on March 14 and 25, PHCR met with "RPM Plus" project representatives/trainers to review the contents of the proposed "Rational Use of Medicine" training module (E7.1).

- Through consultations with regional Health and Social Security Departments, PHCR drew up and finalized a list of 61 PHC facilities accountants to be trained in Zone 2, comprising Tavush, Gegharkunik, and Kotayk regions. The "Financial Accounting and Cost Accounting" course contains 40 hours of coursework and aims to strengthen the financial management of the PHC facilities and comprises modules such as "Armenian Accounting Standards", "Cost Accounting", "Armenian Tax Legislation", and "Labor Legislation".

As of April 1, 29 accountants from PHC facilities from Kotayk region (delivered in Yerevan) and 15 accountants from Tavush region (delivered in Ijevan) were trained, with all graduates awarded certificates on successful completion of the course. Training for 17 accountants from Gegharkunik region (in Martuni) will commence on April 10 (E7.2).

E8. Management support to independent FM practices is provided (1-3).

- Analysis of the independent FM practices business model continues. PHCR finalized the Excel-based financial model for FM solo practices (FMSPs) (E8.1).

F. COMPONENT 6: PUBLIC EDUCATION

F1. Baseline established to measure impact of public education interventions (1-2).

- “Knowledge, Attitudes and Practice” (KAP) survey tool was developed with input from PHCR STTAs to measure the impact of PHCR public education activities on target population. The survey will be implemented in Zones 1 and 3, in parallel with Client Satisfaction Surveys (F1.1, F1.2).

F2. Health-literacy and health-seeking behavior is improved (1-7).

- As discussed with USAID Health Team, between March 4 and 14, follow up visits to Zone 1 communities were made jointly with NGOs who had delivered trainings to 21 CHCs in Lori and Shirak regions. Nineteen out of the 21 communities were visited. Visits to Garnarich (Shirak) and Khnkoyan (Lori) communities were not possible due to road conditions, and will be done by mid-April.

During the visits, CHCs were trained in the newly developed “Breastfeeding” topic of the Child Care Module (*see also under F2.3*) (F2.1).

- During one of Project NOVA’s partner meetings, PHCR met attending representatives of NGOs from Ararat, Armavir, Aragatsotn, Vayots Dzor and Syunik regions. PHCR PE team took the occasion to introduce them to the Project’s PE and community mobilization (CM) activities. Cooperation with the NGOs will continue as PHCR enters Zone 3 regions (F2.2).

At USAID’s request, PHCR presented its public education (PE) activities and CM concept and strategy to World Vision and Project NOVA. They both requested that PHCR conduct capacity building TOT trainings for their community trainers. It was agreed that the training for 20 World Vision trainers would be organized in April, 2008. As regards Project NOVA trainers, since in Ararat, Armavir and Aragatsotn, Project NOVA and PHCR will cooperate with the same local NGOs, 16 representatives of these NGOs and four NOVA trainers will attend TOTs to be delivered by PHCR in the three regions.

- “Child Care” training module was supplemented with the PHCR-developed and USAID-approved topic on breastfeeding. The topic was delivered to all CHCs in Zone 1 as part of additional trainings conducted by PHCR staff and contracted NGOs, and will be delivered as part of subsequent health trainings in all other regions (F2.3).
- PHCR developed health leaflets on *Diabetes Prevention and Management, Hypertension Prevention and Management, Calcium and Healthy Bones, Tuberculosis, and Urinary Tract Infections*. As authorized by USAID, the World Vision child care leaflet and the reproductive health booklet developed by Project NOVA will be used along with PHCR-developed health leaflets.

The PHCR-developed health leaflets have been submitted to MOH for review and approval. Dr. Ruzanna Yuzbashyan, Head of PHC Department at the MOH will coordinate the entire approval process, which is expected to continue until mid-April (F2.4).

- Eight NGOs were selected by PHCR and are currently delivering CHC health trainings in Zone 2 under the Project’s Small Grants Program Stage 2. Breakdown by regions and communities is as follows:
 - *Reor NGO* – Gegharkunik regions (Zovaber, Chkalovka, Gagarin, and Getik communities)
 - *Martuni Community Women’s Council NGO* – Gegharkunik region (Makenis, Akhpradzor, Jaghatsadzor, and Norabak)
 - *Teachers’ Union NGO* – Kotayk region (Goght, Zovk, Kamaris, Katnakhbyur, Nor Gyugh, Getargel, Ptghni, Getamej, Jraber, and Nurnus)

- *Ajakits NGO* – Kotayk region (Kaputan, Zovashen, Sevaberd, and Zar)
- *Support to Communities NGO* – Kotayk region (Nor Yerznka, Zoravan, Saralanj, Teghenik, and Aragyugh)
- *Dilnet Service NGO* – Tavush region (Gosh, Nerkin Gosh, and Hovk)
- *Yerevak NGO* – Tavush region (Zorakan, Lusahovit, and Verin Tsaghkavan)
- *Kaghni NGO* – Tavush region (Varagavan, Tovuz, and Verin Karmiraghbyur)

Prior to launching CHC trainings, in February 2008, PHCR delivered a 30-hour TOT course to 19 members of the above mentioned NGOs. The course covered the PHCR-developed health modules currently taught to the CHCs.

Health training monitoring visits by PHCR PE team are currently ongoing. To make sure that NGOs deliver CHC TOT trainings according to PHCR standards, the Project endeavors to visit at least one community attached to each of the eight NGOs. To date, nine communities (8 NGOs) in the three regions have already been visited.

It is suggested that follow-up visits be made a year after the completion of CHC health trainings to those communities where PHCR established CHCs. The visits will aim to assess CHC activities in the community, identify possible problems, glean lessons learned, and hear success stories (F2.5).

F3. General awareness of OE process and PHCR interventions established in general population (1-6).

- Community booklets describing community history and PHCR interventions for Zone 1 communities (Armenian and English versions) have been typeset, and are now in the process of final proofreading (F3.6).

F4. Public is aware of the service packages which are provided in primary care.

- PHCR developed and submitted to the MOH for approval draft contents of BBP 2008 poster and booklet. Dr. Ruzanna Yuzbashyan, Head of PHC Department at the MOH, has approved the drafts. Feedback from Dr. Karine Saribekyan, Head of MCH Department at the MOH was received and is now been incorporated. Upon final approval by the MOH, both materials will be published and disseminated to PHC facilities and other stakeholders across Armenia (F4.1).

F5. Journalists are trained and deliver media in healthcare reform issues (1-3).

- As a first step to establish contacts with media in Armavir region, PHCR PE team had a meeting with Larisa Muradyan, Vice-Governor of the region, and Nver Petrosyan, Media Advisor to Armavir Governor. Two local TV channels and two print outlets were named as main active local media channels (F5.1).

F6. Grants to NGOs result in community health action and primary care initiatives (1-3).

- For report on activities under F6.1 please see F2.5.
- Task 6.2 (“9 small grants awarded to NGOs to deliver TOT trainings of CHCs in Zone 02 PHCR target communities on CHC capacity building topics: The Role of CHC in Community Development Process; Adult Learning Strategies; Participatory Methods; Interactive Teaching; Cooperative Teaching and Team Building; Conflict Management; Behavior Change Communication; Project Design and Management; Advocacy”) was completed in December 2007.
- As a first step to launch Small Grants Program in Zone 3 regions, PHCR PE team conducted preliminary assessment of NGO availability and status in Armavir region. Under the support of the

Vice-Governor of the region, a workshop was organized, which was attended by 12 representatives of six local NGOs. PHCR introduced the participants of the workshop to PHCR Community Mobilization Program, as well as the details of the Project's Small Grants Program (F6.3).