Quarterly Report
January – March 2008: 2nd Quarter FY08

This Project NOVA Quarterly Report describes the results of NOVA's programmatic activities during the period of January 1 – March 31, 2008. Project NOVA was in full-scale implementation with all marz-level and national-level interventions in Armenia in accordance with its Statement of Work and FY08 workplan.

AREA 1: Improve RH/FP/MCH Performance of Select Networks

Tangible Result: Providers' knowledge and skills improved

- Project NOVA continues the implementation of its flagship Safe Motherhood Clinical Skills (SMCS) training courses for 102 community nurses from the five project-supported health networks in the south. This self-paced performance-based training consists of eight interrelated modules carried out over the course of six to nine months. This quarter community nurses successfully completed Module 3 (Antenatal Care) and Module 7 (Working with the Community) with an average knowledge increase of 36% for both modules (see Attachment A for details). In addition, Project NOVA revised and updated Modules 4 and 5 based on the state-of-the-art information in the area of emergency obstetric care and newborn resuscitation.

- In order to monitor and speed up integration of key MCH interventions into routine medical practice, Project NOVA continues to conduct monitoring visits. Results show that newly-trained healthcare providers use the acquired knowledge and skills. Following December 2006 WHO recommendations on the prevention of postpartum hemorrhage, Project NOVA introduced active management of the third stage of labor (AMTSL) in Armenia. All NOVA-supported in-patient facilities successfully practice AMTSL demonstrating overall reduction of postpartum hemorrhage across all sites based on the statistical data collected on the quarterly bases. In the area of newborn and infant care, healthcare providers routinely use new approaches and principles. During routine infant care visits pediatricians refer women, if appropriate, for family planning counseling. However, most of the babies continue to be tightly swaddled. Not all pediatricians and family doctors know how to correctly complete child medical cards. Also, one major challenge is the routine use of partogram during labor and delivery that is currently not regulated or required by the Ministry of Health. This was discussed with the Ministry of Health and plans are underway for 2009 to develop national in-patient service delivery protocols for labor and delivery that will include technical assistance from Project NOVA for implementing AMTSL. Project NOVA will continue its follow-up visits to assist newly trained healthcare providers in the integration of acquired clinical knowledge and skills.

- In early 2008 the MOH developed new standard medical cards for children under the age of 18. The new cards included a revised growth assessment chart and immunization calendar. Project NOVA supported the MOH in the final development and production of

childhood medical cards and instructions. New cards and instructions will be printed and distributed next quarter. Upon agreement with the MOH, Project NOVA staff will monitor the correct usage of new medical cards for children during training follow-up visits, and will provide ongoing technical assistance to pediatricians and family doctors in NOVA-supported sites.

Tangible Result: Training capacity strengthened

- On February 5-6, 2008 Project NOVA conducted a two-day Evidence-Based Medicine (EBM) update workshop – an annual meeting of national MCH experts and trainers. This year a total of 13 MCH experts and trainers had the opportunity to learn about project results and achievements in 2007 and discuss plans for 2008 – 2009. In addition, the group discussed outcomes of the Comprehensive MCH trainings, monitoring visits and received updated clinical information from the Cochrane system reviews. The following EBM topics were introduced to the participants: application of amniotomy for shortening labor; evidence-based practices for fetal to newborn transition, including resuscitation, suctioning and impact of maternal anesthesia; application of estrogens and progesterone during peri-menopause period; and determination of nuchal translucency as a screening test implemented during the first quarter. All workshop attendees had a chance to participate in the interactive presentations and express their opinions regarding the topics.

- The Family Planning and Reproductive Health Counseling Training Package was finalized by Project NOVA staff, and in March 2008 approved by the MOH for national utilization. The complete training package consists of a Trainer's Guide and Trainee's Handbook. These were developed using evidence-based recommendations and best practices identified by WHO and international organizations – recognized leaders in the field of family planning and reproductive health. Roll-out FP and RH training events are scheduled to be conducted by national and regional trainers in five project-supported health networks next quarter.

- Plans are underway to conduct a series of Key RH Competencies training courses for family physicians in five project-supported health networks. As the outline of this 10-day training course was developed almost 5 years ago, the contents are being revised to reflect the latest MOH provisions (included in the 2008 Basic Benefits Package) regarding the role and scope of practice for family doctors in the delivery of reproductive health services in Armenia. In addition, the updated training package will integrate information on preconception care and family planning counseling.

- Project NOVA continued the implementation and monitoring of the pre-service nursing and midwifery training pilot initiative at Gyumri Medical College. While faculty members implement the pilot using newly-developed training curriculum, syllabus and methodology, Project NOVA conducts routine monitoring visits to the college. NOVA monitors to what extent the faculty members adhere to the content of the syllabus; what problems/discrepancies have been observed related to the course syllabus; to what extent does the faculty adhere to the timing, class agenda and session objectives; and whether they use audiovisual materials, mannequins and interactive techniques. Monitoring visits revealed that in comparison with previous quarters, faculty members have improved the quality of teaching.

AREA 2: Strengthen Management and Supervision

Tangible Result: Quality assurance system at hospitals introduced

- In January Project NOVA conducted Marz Advisory Board meetings for Vayk and Talin Health Network. Meeting attendees included Project NOVA staff, health department authorities, and representatives from respective clinical training sites and local NGOs. Participants discussed the issues pertaining to the implementation pace of Project NOVA clinical training events; outcomes of Quality Assurance Team activities, including the results of self-assessments; dissemination and presentation of NOVA's health education materials in rural communities and the clinical setting; and the current and future status of the Community Partnership for Health (CPH).

- The Project continued the implementation of its Quality Assurance (QA) activities at five QA sites: Armavir Medical Center, Vedi Maternity, Vayk Medical Center, Sisian Medical Center and Talin Medical Center. As part of this initiative, QA team members at three sites – Armavir, Vayk and Sisian – successfully completed their fourth and final self-assessment. Percent change in Quality Indexes Total Score varied from 4% in Armavir Medical Center to 16% in Vayk Medical Center (see table below). In the future QA teams will concentrate on the analysis of the site statistics and near miss case reviews.

Scoring of Project NOVA Quality Assurance Self-Assessment Exercises

Dimensions of Quality	Armavir MC Self-assessment				Vedi Maternity Self-assessment				Vayk MC Self-assessment				Sisian MC Self-assessment				Talin MC Self-assessment			
	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV
Access	90	77	83	75	96	85	92		67	77	77	73	67	80	83	93	75	93	93	
Responsiveness	69	58	78	75	81	83	86		72	83	89	94	69	72	72	100	86	94	94	
Environment	68	76	76	74	74	74	79		84	92	89	89	84	84	84	95	76	87	92	
Management	78	87	93	93	93	97	97		100	100	100	100	86	87	87	97	96	97	97	
Competence	93	93	95	95	86	96	96		82	82	95	98	96	96	98	96	89	91	96	
Total Score	*83*	*83*	*88*	*86*	*84*	*91*	*92*		*80*	*91*	*91*	*93*	*85*	*88*	*89*	*96*	*85*	*93*	*95*	

- Project NOVA continued to provide technical and financial support to the establishment of Schools of Motherhood (SoM) in Vedi, Vayk, Sisian and Talin. QA team members identified and secured dedicated rooms for Schools of Motherhood. Rooms are now equipped by Project NOVA with essential supplies needed for the proper functioning of the SoM: basic furniture, TV, video-DVD player, client educational materials, pregnancy exercise balls, etc. In addition, the SoM room identified at Vedi Maternity required major transformation, and was renovated with Project NOVA support in March 2008. At the request of the MOH Chief Ob/Gyn and with support from USAID, two additional SoM were established in Yerevan at the Institute of Perinatology, Obstetrics and Gynecology (IPOG) and Erebuni Medical Center. The SoM room identified at IPOG will be renovated and equipped by Project NOVA with significant contribution from IPOG, and will serve as a demonstration site for regional facilities. Official opening ceremonies of the four newly established Schools of Motherhood are scheduled for April 2008.

AREA 3: Improve RH/MCH Policy Formulation and Implementation

Tangible Result: RH/FP/MCH policies reviewed

- At the request of the MOH, Project NOVA contributed to the development of the National Primary Health Care (PHC) Strategy for 2008 - 2013. Project NOVA contributions included, but are not limited to:
  - ***Workforce planning as an essential component of an effective PHC:*** the profile of the healthcare workforce shall be designed to meet people's needs for healthcare; appropriate steps are taken to match the supply to the demand.
  - ***Maternal and Child Health (MCH) as an integral part of PHC:*** it has been clearly demonstrated that MCH must be part of PHC and a priority area for the Government of Armenia, for when the two ends are pursued separately, neither is usually attained.
  - ***Good management is crucial to success:*** people with management capacities must be identified and trained to create a core of managers with modern management skills – a combination of leadership, professional knowledge, attitudes and skills, as well as administrative expertise. The most successful organizations are those that motivate their staff, reward them for good work and involve them in decision-making. Good management therefore includes paying attention to organizational development and to creating incentives for all staff.
  - ***Nurse as a key component of PHC, and an essential vehicle for health for all:*** nurses are well positioned to provide PHC, health promotion and educational activities in rural areas; however, there is a need for standard performance-oriented competency-based undergraduate, postgraduate and continuous education for nurses.
- Project NOVA drafted amendments to the Republic of Armenia Law on Drugs and Law on Advertisement, and submitted proposed changes to the Ministry of Health for consideration. The recommended amendments allow the advertisement of prescription medications in professional peer-reviewed journals. This change will allow notifying practicing physicians about new pharmaceutical products in the market from a credible source - the newly-established Journal of Obstetrics, Gynecology and Neonatology and other similar professional medical journals.

Tangible Result: Evidence-based RH/FP/MCH service delivery promoted

- Project NOVA shared the following evidence-based materials in the monthly newsletters: repeat doses of prenatal corticosteroids for women at risk of preterm birth for preventing neonatal respiratory disease; closure versus non-closure of the peritoneum at Caesarean Section; and interventions for tubal ectopic pregnancy. All evidence-based medicine updates along with relevant links are available on the Project NOVA website (www.nova.am) in both English and Armenian.

Tangible Result: Best practices and messages documented and disseminated

- Project NOVA wrote a Success Story depicting achievements of the Vayk Medical Union doctors in managing labor and newborn care in March 2008. The fruitful collaboration between Project NOVA staff, medical personnel of the delivery ward and national experts/trainers resulted in strengthening life saving skills of the health workers in Vayk.

- Project NOVA continues the distribution of monthly electronic newsletters to over 135 individuals from local and international organizations. The newsletters in both English and Armenian highlight key project activities, including information on training for

community nurses in Safe Motherhood Clinical Skills and producing a new family planning client education brochure "Do You Know Your Contraceptive Choices?" The newsletters also depict the EBM workshop organized for the group of national trainers and the meeting with local partner NGOs. In addition, the newsletter describes one community meeting in Ararat marz under the terms of NOVA's Community Partnership for Health initiative and health talks conducted by community nurses in the project target communities.

- Project NOVA disseminated a newly-produced patient education family planning brochure titled "Do You Know Your Contraceptive Choice?" in five project-supported health networks. This is the fourth booklet in the series of NOVA's client education materials, which provides details on contemporary and traditional methods of contraception.

- In order to raise awareness on the State guaranteed healthcare services in the areas of reproductive, maternal and child care a poster and a booklet have been drafted using 2008 Basic Benefits Package. Both the brochure and poster will be approved by USAID and MOH, and then produced and disseminated country-wide within the next quarter.

- With permission from WHO Europe, Project NOVA translated into Armenian and reformatted two WHO posters titled: *Making Pregnancy Safer* and *Proper Handwashing Technique and Positions during Labor and Delivery*. NOVA is in the process of reconciling branding requirements of WHO Europe and USAID.

Tangible result: Knowledge management capacity improved

- Project NOVA conducted a series of interrelated events to further introduce Geographic Information System (GIS) into the health sphere in Armenia. This reporting quarter Project staff established a working relationship with the Chairman of Communities Finance Officers Association for data sharing and GIS use, and received complete information on the status of rural communities of Armenia. Additional data resources were studied for potential application of GIS, including: National Statistical Services (NSS) Demographic Handbook 2007; NSS Statistical Yearbook of Armenia 2007; NSS Social Conditions of RA 2006; NSS Marzes of RA in Figures, 1998-2002; and World Vision Anemia Dataset among others. Select health and population-related data from these sources were linked with Project NOVA information system and made it possible to use it in mapping and GIS analysis. Based on the above-described data and as a follow up of a series of workshops on the application of GIS in the health sphere (organized in December 2008), staff created several new maps:
  - Community Self-Assessment of the Quality Health Care Services in Armavir, Vayk, Talin, and Sisian Health Networks
  - Infant Mortality Rates in Armenia, 2001-2006
  - Child Mortality Rates in Armenia, 2001-2006
  - Birth Rates in Armenia, 2001-2006
  - Anemia Rates and Cases in Select Communities of Armenia

- The bilingual Project NOVA website that was launched in March 2007 is updated on a daily basis. This quarter it included presentations on partnering with local NGO's, new client-education and training materials, drawings from the artwork competition to decorate the newly reconstructed Schools of Motherhood, and much more.

AREA 4: Increase Consumer Demand for High Quality RH/FP/MCH Services through Community Education and Mobilization, Renovation and Equipping of Facilities

Tangible result: Better informed and mobilized community in RH/FP/MCH

- The Community Partnership for Health (CPH) initiative successfully continued its health mobilization and education activities in 50 rural communities of Armavir, Talin, Vayk and Sisian health networks:
  - Community nurses have been conducting health talks on a regular basis in all fifty communities. Five mandatory topics presented by the nurses covered pregnancy and postpartum period warning signs; healthy lifestyle during pregnancy; sick child care; infant feeding, including exclusive breastfeeding for the first six months; and family planning during postpartum and postabortion period.
  - NOVA staff and members of Health Action Groups (HAGs) completed midterm community self-assessments in all fifty communities to evaluate the quality of healthcare services offered in their community before and during Project NOVA interventions (see Attachment C). The data from baseline and midterm self-assessments were entered into project MIS, analyzed and visualized with the use of GIS. An endline self-assessment will be conducted by the members of the Health Action Group toward the end of the project.
  - Facilitated by Project NOVA Community Mobilizers, village mayors met separately with the representatives from the corresponding supervisory health facilities to discuss maintenance of health posts for all fifty rural communities. As a result, the village mayors included significant portion of the health post maintenance cost in their community budgets.
  - Follow-up Action Plans have been elaborated by the members of HAGs in eight rural communities of Vayk health network. Follow-up Action Plans developed individually for each community revealed communality of the problems and their solutions:
    - Replacement of health posts' water pipes;
    - (Re)construction of health posts' sewerage system;
    - Establishment of gas heating at health posts during winter season;
    - Further maintenance of health posts;
    - Acquisition of additional health educational materials for the community health library.
- In February 2008 the Community Partnership for Health initiative was launched in ten rural communities of Vedi health network:

List of Vedi Communities Participating in the CPH Initiative

No.	Community Name	Population Size	WRA	Number of children	Annual number of births
1	Yegheghnavan	1,830	379	338	12
2	Shaghap	1,024	210	180	9
3	Dashtaqar	656	152	148	4
4	Goravan	2,764	1000	706	26

No.	Community Name	Population Size	WRA	Number of children	Annual number of births
5	Sisavan	2,326	568	652	20
6	Vanashen	2,614	598	613	23
7	Nor Ughi	900	240	213	6
8	Vedi wine factory	650	172	146	6
9	Yeraskh	871	240	268	12
10	Paruir Sevak	649	223	126	4

- Community need's assessments completed in all 10 communities identified the following major problems common for all communities:
    - poor physical conditions of health posts;
    - inadequate relationship between health posts and supervisory healthcare facilities, physicians from supervisory health facilities do not visit health posts on a regular basis, there is no established partnership between health post and supervisory facilities, and poor referral system;
    - poor general population awareness regarding maternal and child health;
    - lack of information regarding free of charge state-guaranteed primary health care services.
- Health Action Groups (HAGs) were established in 8 communities. Members of HAGs consisted of the village mayor, community nurse, school principle, and representatives of Avagani Council, physician from supervisory facility, young mothers and housewives.
- The first community meetings took place in 8 communities with active participation from local NGOs. During these meetings community members discussed health-related issues in their communities and possible solutions and actions.
- Action plans were developed in 8 communities. Action plan items included the problems revealed during needs assessments.

Tangible result: Local NGOs capacity strengthened

- In February Project NOVA signed a fixed price subcontract with the "Renaissance and Progress" local NGO to implement the CPH initiative activities in Vedi health network of Ararat Marz. The NGO will enter into a 15 month subcontract to support community activities during Year Four-Five of project implementation.

- On February 8, 2008 Project NOVA brought together its current local NGO partners from five project-supported marzes: Ararat, Armavir, Aragatsotn, Syunik and Vayots Dzor. The main purpose of the meeting was to learn about the NGO's experience partnering with Project NOVA, including knowledge and skills gained, lessons learned, and challenges faced; to share ideas and suggestions for future community-level interventions; as well as to discuss sustainability of Project NOVA activities. A total of 25 participants including representatives from five local NGOs, Project NOVA, PHCR, Peace Corps and Save the Children were present.

- In February, four local NGOs working with Project NOVA in Vedi, Vayk, Talin and Sisian Health Networks organized drawing contest on the subject of "Happy Families in My Imagination". The best 21 drawing were selected to decorate the walls of the newly-established Schools of Motherhood.

- Project NOVA completed its collaboration with "Huys-98" a local NGO that was sub-contracted to implement CPH activities in Vayk health network.

Research, Monitoring and Evaluation

- In March 2008 Project NOVA completed a report outlining the results of a small-scale study to examine the availability and affordability of modern methods of contraception in rural pharmacies and PHC facilities in Armenia. Data collectors contacted over 150 healthcare facilities and pharmacies. Study results show limited availability (18%) of the appropriate contraceptive method mix in all types of facilities participating in the study throughout the five health networks. Only 6% of ambulatories and health centers, 44% of pharmacies and 80% of polyclinics had the appropriate method mix. No methods of family planning were available at rural health posts. Overall, pharmacies provided a better choice of modern contraceptives than public PHC facilities where methods are available free of charge. Method mix availability was higher (61%) in urban facilities compared to rural areas (3%). While the availability of condoms and hormonal pills was the highest in all types of facilities, IUDs were difficult to find in both private and public sector. The calculation and analysis of annual costs of modern methods of contraception in Armenia revealed that the IUD was the most affordable method of contraception and spermicides the most expensive. Comparison of direct individual expenses associated with the use of each method during a one-year period with average individual annual wages in Armenia demonstrated that most of the modern methods constituted more than 1% of the yearly wages. Expenses related to contraceptive use also indicated that, with the exception of the IUD, the cost of an abortion for women was lower than the cost of using contraception for a year. The study has shown a greater need for more effective FP services, including better financial and geographic access to modern methods of contraception in rural areas.

- Under the terms of its quality assurance initiative, Project NOVA seeks to better understand patients' opinion regarding existing healthcare services, and therefore conducted a quantitative study to investigate women's perception of quality MCH services in five-project supported health networks. Study findings were finalized in the report produced in February 2008. The main conclusions to draw from this research are that half of the women are unhappy with healthcare services, particularly with the aspects of cleanliness, comfort, and financial access to services, in addition to significant unhappiness with the relationship between healthcare providers and clients. Although the full range of primary healthcare and maternal healthcare services are covered by the GoA through BBP, almost all women reported that financial constraints continue to play an important role in their decision for not seeking medical assistance when needed. The availability of healthcare services and providers continues to be another factor hindering people's healthcare seeking behavior. Negative interactions and ill-mannered healthcare providers are considered to be indicators of poor quality of services. The research showed that existing physical conditions in many healthcare facilities of the project supported networks are considered poor. Facilities have problems with running water, dysfunctional heating and electricity, shabby and old premises and furniture, lack of equipment and

instruments, and basic cleanliness – all of these problems are commonly reported by women. Consequently, overall sanitary conditions of the healthcare facility and observation of infection prevention measures play a significant role in women's definition of quality in healthcare setting.

- Project NOVA prepared a draft report to compare the results of the baseline and follow-up assessments of programmatic activities in Shirak, Tavush, Gegharkunik and Kotayk marzes that took place during project Years 1 and 2. The report will be finalized and translated into Armenian next quarter.

- As part of routine training follow-up and monitoring of programmatic activities in five health networks, Project NOVA continues monitoring compliance of healthcare facilities with USAID Family Planning Compliance rules and regulations. This reporting quarter Vedi Maternity was assessed for its family planning compliance. No violations of the USAID Family Planning Compliance requirements have been recorded or reported (see Attachment D for completed form for Vedi Maternity).

- In order to learn about key reasons for the utilization as well as perceived burden of diseases at rural health posts, Project NOVA initiated another small study in five project-supported health networks. A small self-reporting questionnaire was developed to collect information on the actual utilization of health posts by rural population. The questionnaire was distributed among 102 rural health post nurses who are currently undergoing Project NOVA training in Safe Motherhood Clinical Skills. Data from the questionnaire is expected to be collected next quarter and entered into SPSS for analysis. Findings from the study will be formalized into a report and presented to USAID next quarter.

- The Project made progress on the PMP by contributing to the following indicators (See Attachments B for a complete table of updated progress indicators):
  - Number of healthcare providers trained in MCH and other project-supported areas disaggregated by sex;
  - Number of follow-up Action Plans developed;
  - Number of Health Action Groups established;
  - Number of health talks conducted by Health Post Nurses;
  - Number of women giving births who received Active Management of the Third Stage of Labor (AMTSL) through Project NOVA support.

Management, Collaboration, and Coordination

- **Progress on Annual Workplan:** Project NOVA successfully accomplished almost all activities planned for the 2nd Quarter in the Annual Workplan. In some instances activities were initiated and completed ahead of schedule. See the updated Annual Workplan report (Attachment E) for the status of each activity.

- **Project operations and internal project management:**

  - Regional Office located in Vayk, Vayots Dzor Marz was closed in January 2008.
  - Armen Dallakyan left Project NOVA to pursue his career elsewhere. Lilit Hovakimyan left the Project to obtain Master's Degree in Epidemiology.

- Project NOVA is in the process of developing an internal information exchange mechanism that will streamline its internal knowledge management processes. A number of free open-source software were analyzed, and as a result Apache Server, PHP and Joomla software packages were installed on NOVA's server to facilitate the development of NOVA new Intranet System. The first version of the newly developed Intranet system is under consideration by the project staff.

- **Corporate visits and program support:** No STTA or corporate visits took place this reporting quarter. Two visits by Tim A. Clary, EMG, and by Sara Lewis Espada, IntraHealth International, are scheduled for the next quarter.

- **Collaboration and coordination with MOH:** Informal and formal meetings with MOH representatives took place during this reporting period to enhance collaboration and coordination of Project NOVA activities.

- **Staff development:** Project NOVA Administration and Finance Unit personnel attended a workshop on Armenian accounting standards and tax legislation. NOVA's Communication Officer has been taking part in the training on Corporate Public Relations, conducted by Armenian Public Relations Association. Training sessions organized after working hours, twice a week, cover fifteen topics reflecting different aspects of PR planning and organization, and give an overview of modern methods of organization promotion through communicative technologies: techniques of working with mass-media; corporate image; selection of correct communicative channels for effective delivery of the information to the target groups; mass media relations; principles of efficient press-release writing; etc. It is expected that this professional development course will further enhance NOVA's Communications Component.

- **Coordination with other international projects in Armenia:** Project NOVA continued to collaborate with other international projects and organizations in Armenia to capitalize on their technical expertise, maximize the use of human and financial resources and avoid duplication of efforts:
  - Project staff participated in the number of events organized by international and national agencies and organizations working in Armenia in the area of maternal and child health.
  - In January 2008, Project NOVA received a donation of painkillers and fever-reducers (Calpol) for children from Glaxo Smith Kline. A total of 600 packs with suppositories were distributed at project-supported health networks.
  - Project NOVA staff contributed to the review of the current Armenian legislation from the gender perspective conducted by UNDP Gender and Politics in Southern Caucasus Project.
  - In order to maximize collaboration between PHCR and Project NOVA in the areas of quality of care, a special meeting was held for PHCR staff to share NOVA's experience and lessons leaned in the implementation of its Quality Assurance Initiative at five project-supported Quality Assurance sites.
  - At a request from World Vision, Project NOVA provided technical support in the development of the client-education book "Question and Answers on Women's Health".
  - Project NOVA established a relationship with Canadian Gold Mining Enterprise in Kapan, Syunik Marz. Deno Gold is interested in collaborating with Project NOVA to improve provision of local MHC services as part of their social corporate

responsibility activities in the city of Kapan.

Upcoming Major Activities

- Continuation of SMCS training for Health Post community nurses.
- Complete community meetings and finalize action plans in all targeted communities of Vedi Health Network.
- Initiate capacity building training for HAGs in 42 communities of Armavir, Aragatsotn and Syunik marzes.
- Production and dissemination of select WHO Making Pregnancy Safer Posters.
- Development of health talks aid flipchart for Community Nurses.
- Implementation, monitoring and evaluation of Gyumri pre-service training curriculum pilot initiative.
- Continuation of CPH activities in Armavir, Talin and Sisian health networks.

Attachment A. Status of Project NOVA Training of Community Nurses in SMCS during January – March 2008

Training Course	Health Network	Number of participants	Knowledge Pre-test	Knowledge Post-test	Percent change
Save Motherhood Clinical Skills	Vedi	14			
• Module 1 completed				96%	N/A
• Module 2 completed			77%	94%	17%
• Module 3 completed			55%	92%	37%
• Module 7 completed			57%	92%	35%
• Module 4 on-going			52%	TBD	
• Module 5 upcoming					
• Module 6 upcoming					
Save Motherhood Clinical Skills	Armavir	13			
• Module 1 completed				95%	N/A
• Module 2 completed			65%	92%	27%
• Module 3 completed			58%	93%	35%
• Module 7 completed			50%	90%	40%
• Module 4 on-going			40%	TBD	
• Module 5 upcoming					
• Module 6 upcoming					
Save Motherhood Clinical Skills	Talin	35			
• Module 1 completed				97.6%	N/A
• Module 2 completed			65%	90%	25%
• Module 3 completed			57%	88%	31%
• Module 7 completed			54%	92%	38%
• Module 4 on-going			45%	TBD	
• Module 5 upcoming					
• Module 6 upcoming					
Save Motherhood Clinical Skills	Sisian	25			
• Module 1 completed				98%	N/A
• Module 2 completed			63%	94%	31%
• Module 3 completed			62%	93%	31%
• Module 7 completed			50%	95%	45%
• Module 4 on-going			56%	TBD	
• Module 5 upcoming					
• Module 6 upcoming					
Save Motherhood Clinical Skills	Vayk	15			
• Module 1 completed				97%	N/A
• Module 2 completed			77%	95%	18%
• Module 3 completed			63%	94%	31%
• Module 7 completed			55%	91%	36%
• Module 4 on-going			55%	TBD	
• Module 5 upcoming					
• Module 6 upcoming					

Attachment B. Progress on Project NOVA Indicators for Q2 FY08

Project NOVA Progress Indicators	FY05 ACTUAL (A)	FY06 ACTUAL (B)	FY07 ACTUAL (C)	FY08 ACTUAL					Project-today TOTAL (A+B+C+D)	FY08 TARGET
				Q1	Q2	Q3	Q4	Total (D)		
Number of people trained in MCH	229	259	430	36	13			49	967	170
Women	N/A[1]	N/A	402	35	12			47	N/A	N/A
Men	N/A	N/A	28	1	1			2	N/A	N/A
Number of people trained in RH/FP	46	50	26	0	0			0	122	145
Women	37	41	24	0	0			0	102	N/A
Men	9	9	2	0	0			0	20	N/A
Number of providers completed Management/Supportive Supervision training	45	38							83	
Number of people trained in other areas (e.g. QI, IP, gender, GIS, etc.)	123[2]	153[3]	202	41[4]	0			41	519	26
Women	115	143	194	21	0			21	473	N/A
Men	8	10	8	20	0			20	46	N/A
Number of facilities (health posts) to which basic equipment and supplies were distributed	105	73	31	54	0			54	263	69
Number of new RH/FP/MCH training curricula/packages developed and introduced	1	2	4	0	1[5]			1	8	1
Number of policy documents reviewed/prepared	2	2	3	0	1[6]			1	8	1
Number of professional publications, presentations and posters presented and/or published	8	4	11	7	0			7	30	4
Number of client and provider materials developed, produced and disseminated			5[7]	0	0			0	5	4
Number of new approaches successfully introduced	0	1	1	0	0			0	2	1[8]
Number of Health Posts rehabilitated	29	36	9	44	0			44	118	53
Number of higher level facilities rehabilitated	N/A	N/A	1	2	0			2	3	7
Number of Health Action Groups established	30	36[9]	56	0	8			8	130	10
Number of follow-up Action Plans developed			0	29[10]	8			37	37	40
Number of clinical training sites established	6	6	6						18	
Number of health talks conducted by Health Post Nurses	600	423	1,097	227	449			676	2,796	TBD
Number of women giving births who received AMTSL through Project NOVA support*			458	731	617			1348	1806	TBD

[1] Information on sex of participants of the clinical training sites' trainings is not available
[2] IP training
[3] IP and gender sensitization training courses
[4] GIS training (part I, II and III)
[5] Family Planning and Reproductive Health Counseling
[6] PHC Strategy
[7] (1) The Future is in Your Hands; (2) Ten Things you Need to Know after Having a Baby; (3) 2007 BBP Poster; (4) 2007 BBP booklet; (5) Do you Know your Contracep ive Options
[8] School of Motherhood
[9] Includes 30 HAGs in Gegharkunik and Kotayk and 6 HAGs established in Lory under seed grants component
[10] Follow-up HAGs in Gegharkunik and Kotayk

Attachment C. Results of the Community Self-Assessments for the Quality of Healthcare Services

Health Network/ Community	Quality Dimensions									Overall Score for The Quality of Healthcare			
	Assess			Responsiveness			Environment						
	B[a]	M[b]	F[c]	B[a]	M[b]	F[c]	B[a]	M[b]	F[c]	B[a]	M[b]	F[c]	change
Aragatsotn Marz, Talin Health Network													
Areg	8	16	TBD	16	21	TBD	10	23	TBD	42.5%	75.0%	TBD	32.5%
Ashnak	10	22	TBD	12	24	TBD	11	22	TBD	41.3%	85.0%	TBD	43.8%
Agarak	12	12	TBD	13	19	TBD	2	20	TBD	33.8%	63.8%	TBD	30.0%
Yeghnik	7	21	TBD	13	27	TBD	0	23	TBD	25.0%	88.8%	TBD	63.8%
Dashtadem	8	17	TBD	10	24	TBD	0	22	TBD	22.5%	78.8%	TBD	56.3%
Davtashen	10	16	TBD	12	21	TBD	9	21	TBD	38.8%	72.5%	TBD	33.8%
Karmrashen	7	10	TBD	13	19	TBD	5	22	TBD	31.3%	63.8%	TBD	32.5%
Katnaghbyur	8	23	TBD	11	26	TBD	6	23	TBD	31.3%	90.0%	TBD	58.8%
Zarinja	9	22	TBD	14	27	TBD	2	22	TBD	31.3%	88.8%	TBD	57.5%
Nor Artik	4	15	TBD	13	21	TBD	1	16	TBD	22.5%	65.0%	TBD	42.5%
Garnahovit	7	11	TBD	12	20	TBD	20	38	TBD	48.8%	86.3%	TBD	37.5%
Akunk	5	18	TBD	15	24	TBD	4	22	TBD	30.0%	80.0%	TBD	50.0%
Vosketas	13	15	TBD	11	19	TBD	8	17	TBD	40.0%	63.8%	TBD	23.8%
Partizak	8	17	TBD	13	20	TBD	13	21	TBD	42.5%	72.5%	TBD	30.0%
Kaqavadzor	12	19	TBD	12	24	TBD	0	22	TBD	30.0%	81.3%	TBD	51.3%
Shgharshik	13	17	TBD	11	20	TBD	12	15	TBD	45.0%	65.0%	TBD	20.0%
N.Sasnashen	16	19	TBD	11	24	TBD	11	22	TBD	47.5%	81.3%	TBD	33.8%
V.Sasnashen	11	21	TBD	11	18	TBD	5	20	TBD	33.8%	73.8%	TBD	40.0%
Average for Talin Health Network										35%	76%	TBD	41%
Armavir Marz, Armavir Health Network													
Aygeshat	8	20	TBD	8	23	TBD	2	19	TBD	22.5%	77.5%	TBD	55.0%
Lukashin	20	20	TBD	18	21	TBD	7	16	TBD	56.3%	71.3%	TBD	15.0%
Yeraskhahun	16	18	TBD	20	24	TBD	9	10	TBD	56.3%	65.0%	TBD	8.8%
Haykavan	3	15	TBD	5	7	TBD	0	8	TBD	10.0%	37.5%	TBD	27.5%
Artashar	22	22	TBD	14	24	TBD	14	21	TBD	62.5%	83.8%	TBD	21.3%
Amasia	17	21	TBD	21	23	TBD	15	23	TBD	66.3%	83.8%	TBD	17.5%
Nor Armavir	22	22	TBD	24	26	TBD	18	19	TBD	80.0%	83.8%	TBD	3.8%
Nor Kesaria	19	22	TBD	10	25	TBD	6	16	TBD	43.8%	78.8%	TBD	35.0%
Jrashen	13	21	TBD	11	26	TBD	8	16	TBD	40.0%	78.8%	TBD	38.8%
Yeghegnut	15	20	TBD	16	22	TBD	13	21	TBD	55.0%	78.8%	TBD	23.8%
Araks	17	22	TBD	20	23	TBD	12	21	TBD	61.3%	82.5%	TBD	21.3%
Arazap	16	17	TBD	22	23	TBD	9	17	TBD	58.8%	71.3%	TBD	12.5%
Average for Armavir Health Network										51%	74%	TBD	23%

Health Network/ Community	Quality Dimensions									Overall Score for The Quality of Healthcare			
	Assess			Responsiveness			Environment						
	B[a]	M[b]	F[c]	B[a]	M[b]	F[c]	B[a]	M[b]	F[c]	B[a]	M[b]	F[c]	change
Vayots Dzor Marz, Vayk Health Network													
Nor Aznaberd	4	12	17	12	20	19	13	22	22	36.3%	67.5%	72.5%	36.3%
Saravan	8	14	20	7	18	25	12	21	23	33.8%	66.3%	85.0%	51.3%
Azatek	2	10	17	8	15	19	10	19	19	25.0%	55.0%	68.8%	43.8%
Artavan	2	12	18	7	15	19	15	20	21	30.0%	58.8%	72.5%	42.5%
Gndevaz	5	13	19	8	19	20	13	21	23	32.5%	66.3%	77.5%	45.0%
Arin	11	15	22	8	16	20	11	19	21	37.5%	62.5%	78.8%	41.3%
Karmrashen	14	16	16	10	17	22	13	21	21	46.3%	67.5%	73.8%	27.5%
Herher	9	15	19	13	22	23	13	20	22	43.8%	71.3%	80.0%	36.3%
Average for Vayk Health Network										36%	64%	76%	41%
Syunik Marz, Sisian Health Network													
Mutsk	7	21	TBD	4	21	TBD	5	20	TBD	20.0%	77.5%	TBD	57.5%
Shamb	3	19	TBD	8	21	TBD	0	20	TBD	13.8%	75.0%	TBD	61.3%
Vorotan	11	21	TBD	11	22	TBD	5	18	TBD	33.8%	76.3%	TBD	42.5%
Tasik	6	20	TBD	10	20	TBD	9	18	TBD	31.3%	72.5%	TBD	41.3%
Aghitu	3	21	TBD	7	24	TBD	0	19	TBD	12.5%	80.0%	TBD	67.5%
Tsghuk	9	21	TBD	8	18	TBD	6	19	TBD	28.8%	72.5%	TBD	43.8%
Sarnakunk	4	20	TBD	1	19	TBD	4	18	TBD	11.3%	71.3%	TBD	60.0%
Noravan	10	23	TBD	6	25	TBD	0	21	TBD	20.0%	86.3%	TBD	66.3%
Tolors	4	19	TBD	7	25	TBD	10	20	TBD	26.3%	80.0%	TBD	53.8%
Akhlatyan	4	20	TBD	7	25	TBD	6	19	TBD	21.3%	80.0%	TBD	58.8%
Ouyts	2	19	TBD	9	23	TBD	4	19	TBD	18.8%	76.3%	TBD	57.5%
Salvard	3	20	TBD	13	24	TBD	8	18	TBD	30.0%	77.5%	TBD	47.5%
Average for Sisian Health Network										22%	77%	TBD	55%

a - Baseline Assessment;
b - Midterm Self-Assessment;
c- Follow-up Self-Assessment

Attachment D. Family Planning Compliance Monitoring Visit to Vedi

During January – March 2008, the Vedi facility has been visited by Project NOVA staff to assess family planning compliance: Below please find completed Family Planning Compliance Monitoring tool for Vedi Maternity.

1. Do you currently provide any family planning services?	Yes
2. What type of family planning services does your facility provide?	IUD insertion/removal Prescription of pills Dispensing condoms and/or spermicides Counseling Emergency contraception Family planning client routine check up
3. What family planning methods do you currently have available at your facility?	Condoms Spermicides Emergency contraception pills
4. Do your providers use any financial or in-kind incentives to increase the number of family planning users?	No
5. How are healthcare providers at your facility compensated for the provision of family planning services?	No special compensation for FP services is offered.
6. Is there a particular number of family planning clients you must reach?	No
7. What are the consequences of not meeting the quota?	N/A
8. Are family planning IEC materials visibly displayed and/or available to clients at your facility?	Yes
9. What IEC contraceptive materials are available?	10 things women need to know after having a baby Do you know your contraceptive choices Other: World Vision FP Poster, Do you Know Your Contraceptive Options (in Russian)