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PHCR

Primary Healthcare Reform Project

Quarterly Performance Report

January 1 - March 31, 2009

Primary Healthcare Reform Project

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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 awarded to Emerging Markets Group, Ltd. (EMG) on September 30, 2005. Subcontractors on the 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, 2009. The major project accomplishments that occurred during the report period include the following:

- Development of the renovation design and volume of work for 41 renovation sites for the year of 2009. Actual renovation activities will launch in May, 2009.
- Distribution of 173 sets of medical equipment to medical facilities of the following marzes and Yerevan.
- Presentation made for the Minister of Health, on recommendations for institutionalization of selected high value PHCR supported activities into GOA/MOH, with participation of 12 senior MOH officials as well as USAID Health Team.
- Publishing of 100 copies of the Armenian translation of the "Learning for Performance"; and the "Most Common Childhood Illnesses" training package that included 100 copies of the Trainee's Manual and 500 copies of the Trainer's Guide.
- Publishing of the Strengthening Quality Assurance (QA) in Primary Health Care in the Republic of Armenia package including:
 1. QA Toolkit (800 Armenian and 50 English copies);
 2. QA Implementation Plan (800 Armenian and 50 English copies);
 3. QA Training Guide: preparing Quality Coordinators for Marz level (100 Armenian and 50 English copies); and
 4. QA Training Guide: preparing PHC representatives to introduce Quality Assurance tools in their facilities (500 Armenian and 50 English copies.)
- Launch of the TOT course on "Most Common Childhood Illnesses" (MCCI) for 20 FM trainers from Zone 3-1 marzes, three national trainers on Integrated Management of Childhood Illnesses (IMCI), and two members of Armenian Association of Pediatricians (ArAsPed).
- Launch of the third six-and-half month Family Nursing and Community Nursing (FN/CN) training program for 135 rural FAP nurses of Armavir, Ararat, Aragatsotn, and Vayots Dzor marzes.
- Official launch, together with MOH, of the nationwide QA in PHC program that covers 137 'larger' PHC facilities; QA in PHC program Stage 1 two-day training courses, subsequent supportive visits, and formation of marz and facility level Quality Improvement Boards followed the launch.
- Launch of Small Grants Program for NGO and Community Health Committee (CHC) health trainings (Stage 2) in Ararat, Armavir and Aragatsotn marzes.
- Development of 2007 NHA with PHCR assistance. The compilation of NHA matrices was done applying PHCR developed NHA accounting system.
- Design of Encounter system reporting forms and their agreement with SHA.

ABBREVIATIONS AND ACRONYMS

AAFP	Armenian Association of Family Physicians
AGAT	Armenian abbreviation for Population Enrollment Health Register
CM	Community Mobilization
COAF	Children of Armenia Fund
ENER	Automated Enrollment and Encounter System
FM	Family Medicine
FN	Family Nursing
FY	Financial Year
HF	Healthcare Finance
HPIU	Health Program Implementation Unit
HSSD	Health and Social Security Department
IMCI	Integrated Management of Childhood Illnesses
LFP	Learning for Performance
MCH	Mother and Child Health
MIS	Management Information Systems
MOH	Ministry of Health
NHA	National Health Accounts
NIH	National Institute of Health
NSS	National Statistical Service
OE	Open Enrollment
OP	Operational Plan
PHC	Primary Healthcare
PHCRS WG	PHC Reporting Streamlining Working Group
PMP	Performance Management Plan
QOC	Quality of Care
SBMC	State Basic Medical College
SHA	State Health Agency
TB	Tuberculosis
TOT	Training of Trainers
UFMC	Unified Family Medicine Curriculum
UFNC	Unified Family Nursing Curriculum
WB	World Bank
WG	Working Group
WHO	World Health Organization
YSMU	Yerevan State Medical University
HSSD	Health and Social Security Departments

A. COMPONENT 1: EXPANSION OF PHC REFORMS

A1. Project effectively communicating with external world, counterparts and USAID (1-4)

- PHCR developed a number of documents including a 5-month review of PHCR Year 04 work plan progress, PHCR Year 1-4 achievements, PHCR Year 05 activity prioritization list, PHCR review of and response to Year 05 SOW prepared by USAID, and gave a presentation to Lori Rakoczy, USAID Washington based Desk Officer, summarizing the work of PHCR,.
- PHCR abstract on "Retraining of Family Physicians in Armenia Addresses the Primary Healthcare Practice Needs," was accepted for poster presentation during the 12th World Congress on Public Health, to be held in Istanbul, Turkey, April 27- May 1, 2009 and will be presented using personal time and funds of the primary author. Two other abstracts, one on Community Mobilization and the other on Institutionalization, were also accepted for presentation but will not be presented since use of project resources was not approved by USAID.
- PHCR met with Varduhi Petrosyan and Byron Crepes from AUA's Masters in Public Health Program to identify options for increasing collaboration – not just with MPH students but also other programs such as MBA, Political Science or Computer Information systems. Examples include using students as interns or for small projects such as building databases for QA.
- PHCR participated in a focus group discussion conducted by the Center for Health Services Research & Development/AUA on strengthening the public health services in Armenia. PHCR shared its practical knowledge of current health situation in Armenia, challenges and opportunities, particularly in relation with rural healthcare.
- PHCR participated in the presentation of findings of USAID/Mobilizing Action Against Corruption project 2008 National Household Corruption Survey.
- As a prelude to initiating Community Mobilization activities, PHCR met with the following people to discuss planned PHCR activities in Syunik and Vayots Dzor marzes: Aram Grigoryan, Head of Regional Governance Body of Vayots Dzor, Gagik Gevorgyan, Head of the Health and Social Affairs Division of Vayots Dzor Marzpetaran, Artashes Galstyan, Head of Vayots Dzor Marz Health Department; Vache Grigoryan, Deputy Marzpet of Syunik marz, and Suren Khachatryan, Marzpet of Syunik. As a result of the meetings, the local authorities agreed to provide the support required for carrying out the activities. (A1.2, A3.1)
- On March 26, PHCR participated in a workshop organized by WHO on the occasion of the World TB day. The key presenters at the workshop were Elizabeth Danielyan, Head of WHO Country Office in Armenia, Sandra Irbe, The Global Fund to Fight AIDS, TB and Malaria (GFATM) Eastern Europe and Central Asia Fund Portfolio Manager; Dennis Falzon from STOP TB Department (TB/HIV and Drug Resistance) WHO Head Quarters, Geneva; Masoud Dara from Green Light Committee (GLC) Monitoring Mission, Senior TB Consultant.

During the workshop WHO presented its TB report 2009 key data and highlighted the TB situation in Armenia. Armenia is reported to be among the countries with the highest rates of multi-drug resistant TB. Measures taken worldwide and in Armenia to tackle the spread of the disease seem to be having a positive effect in that over the last 2 years the morbidity indicators did not increase. Sandra Irbe, GFATM Eastern Europe and Central Asia Fund Portfolio Manager announced that a grant amounting to five million US dollars was provided to the NTP to solve the most important problems with TB management and diagnosis, and more resources are expected in the future to improve the TB situation in Armenia.

After the workshop PHCR discussed issues of collaboration with other participating organizations. Issues of infection prevention were discussed with Popa Christian, National Institute of Pneumology "Marius Nasta" in Bucharest, who promised support in providing materials for developing the module on "Infectiousness of TB Patient and Infection Prevention" by the YSMU

working group. Byron L. Crape, assistant professor MPH program coordinator from the AUA promised to provide necessary statistical data about the country situation with TB. The Head of the Belgium organization “Physicians Without Borders” requested further meetings with PHCR to define collaboration issues and further development trends, and offered his support in training material development. (A1.2 and B3.1)

- As part of PHCR’s series of roundtables on topics of common interest among partners and stakeholders, on February 20, 2009, PHCR showed a 50 minute video titled “Sick around the World”, that compared and contrasted health systems in six different countries: Singapore, Switzerland, UK, US, Taiwan, and Japan. One purpose of this roundtable was to better understand Armenia’s health system in the context of six other country health systems – specifically, the shape and direction Armenia’s health system was going, and whether that was the direction it ought to be going. Representatives of organizations such as World Bank, NOVA, USAID, World Vision, SPSS, were invited, along with PHCR team members. The event was concluded with a discussion on implications for Armenia. (A1.4)
- Per request of MOH, PHCR had a meeting with Tajikistan Republic representatives. These representatives included the Head of MOH Economic and Financial Department and Leading Specialist, Health Sector Reform Leading Specialist, and Senior Specialists from Ministry of Finance, all of whom were in Armenia with a study tour on Program Budgeting and MTEF. PHCR presented its activities in development of PHC policy objectives and policy measures (including quality indicators) that become part of MTEF document. (A1.4)

A2. Project monitoring system operational (1-4)

- Ten English and eight Armenian reports were submitted for publication:
 1. Facility Performance Assessment: Baseline Assessment of Targeted Primary Health Care Facilities in Kotayk, Tavush, and Gegharkunik Marzes, 2007 (English and Armenian);
 2. Facility Resource Assessment: Baseline Assessment of Targeted Primary Health Care Facilities in Lori And Shirak Marzes, 2006 (English and Armenian);
 3. Facility Resource Assessment: Baseline Assessment of Targeted Primary Health Care Facilities in Kotayk, Tavush, and Gegharkunik Marzes, 2007 (English and Armenian);
 4. Patient Satisfaction Survey: Baseline Evaluation in Lori And Shirak Marzes, 2006 (English and Armenian);
 5. Patient Satisfaction Survey: Baseline Evaluation in Kotayk, Tavush, and Gegharkunik Marzes, 2007 (English and Armenian);
 6. Household Health Survey: Baseline Evaluation, 2006 (English and Armenian);
 7. Facility Resource Assessment Survey: Follow-Up Assessment of Targeted Primary Health Care Facilities in Lori and Shirak Marzes, 2008 (English);
 8. Facility Performance Assessment Survey: Follow-Up Assessment of Targeted Primary Health Care Facilities in Lori and Shirak Marzes, 2008 (English);
 9. Patient Satisfaction survey: Baseline Evaluation in Aragatsotn, Armavir, and Ararat marzes (English and Armenian);
 10. Knowledge, Attitudes, and Practice (KAP) survey: Baseline Evaluation in Aragatsotn, Armavir, and Ararat marzes (English and Armenian) (A2, D3, F1)
- Armenian translation of Zone 1 Follow-up Facility Resource Assessment report and Zone 1 Follow-up Facility/Provider Performance Assessment report is completed by American University of Armenia/Center for Health Services Research and Development (CHSR). Currently the reports are

being final edited and formatted by PHCR M&E team, after which they will be submitted for publication.

- The combined report on Baseline Facility Resources & Facility/Provider Performance Assessment in Zone 3-1 is under review by PHCR M&E consultants.
- The combined report on Follow-up Patient Satisfaction and KAP survey in Zone 1 is under review by PHCR M&E consultants.
- The survey instruments for Facility Resource Assessment and Facility/Provider Performance Assessment were revised in accordance with USAID recommendations. The SPSS data screens were modified accordingly. The Interviewer Instructions for Facility Resource and Facility/Provider Performance Assessment were revised in accordance with instrument changes. The Armenian versions of the instruments and Interviewer Instructions were modified accordingly.
- PHCR project results for Years 1-4 were summarized and checked for consistency with the Project's PMP and OP. Revealed inconsistencies were eliminated. (A2)
- Quarterly data was collected for PHCR project's PMP and OP indicators.
- Data Analysis capacity has been added to PHCR MIS to allow users extract, analyze and aggregate information regarding to PHCR Project equipment procurement and distribution activities. (A2.3)

PHCR Family Planning Activities

- PHCR FN Specialist, in preparation for the FN/CN training of FAP nurses from Zone 3 Stage 1 and Vayots Dzor, met with clinical preceptors covering Reproductive Health module of PHCR FN/CN training, and disseminated information on Family Planning legislative and policy requirements.

A3. PHCR activities on Marz level begun.

- PHCR drafted a sample agreement for use between the referral ambulatory and the community mayor. This agreement defines the responsibilities of each party with respect to PHCR renovated Health Posts (e.g. related registration of the facility at the State Cadastre, the subsequent maintenance and use of the Health Posts). PHCR will share the sample agreement with all target community mayors and heads of referral facilities, and explain to them the importance of arranging legal agreements concerning responsibilities to operate and maintain upgraded health posts. (A3.1). *(See also under A4.)*

A4. PHC facilities renovated and equipped through zonal rollout including commitment from relevant authorities to take measures that enhance ownership and sustainability of FAPs (1-5)

- PHCR collected information from referral facilities of all renovated sites about conditions of PHC facilities renovated in Zone 3-1 Marzes, after the post-warranty period. Based on the information collected, PHCR made final post-warranty payments to all the construction companies that were involved in renovation activities in Zone 3-1. (A4.1)
- In terms of 2009 PHCR renovation sites, PHCR management decided to include Dzorastan village health post in Syunik Marz renovations list. Initially the site was assessed and selected by PHCR; subsequently, the village mayor informed PHCR that another donor organization was going to handle the renovation. Based on that information, PHCR limited its support to provision of furniture, after the site is renovated. However, recently PHCR was informed that the donor organization had refused renovating the site due to financial crisis. Apart from that, the Head of Syunik marzpetaran HSSD informed PHCR that Shinuhayr ambulatory selected for renovation in 2009 will be completely rehabilitated by another donor organization. Therefore, a decision was made to substitute Shinuhayr ambulatory with Dzorastan health post. The above changes did not affect the total number of PHCR renovation targets for 2009 – 41.

- The design company working with PHCR developed the renovation design and volume of work for 41 renovation sites for the year of 2009, from which five in Ararat, 24 in Syunik, and 12 in Vayots Dzor marzes.
- On 11 February, PHCR published a construction tender announcement for the renovation works in Ararat, Vayots Dzor, and Syunik Marzes in 2009, in “Haysatani Hanrapetutyun” newspaper. The announcement was also distributed among Ararat, Syunik, and Vayots Dzor HSSDs for them to post at marzpetaran buildings. Subsequently, 22 construction companies expressed interest in participating in the tender. PHCR conducted an information seminar for them on Friday, March 6, 2009. As a result, 20 out of 22 construction companies submitted their price bids for the renovation works. PHCR engineers examined the price bids to verify consistency of the presented documents and submitted price bids. Actual renovation activities will begin in May, 2009.
- PHCR contacted the mayors of all communities where PHCR is going to conduct renovation activities and the heads of relevant referral facilities, with a notification to fulfill their community commitments before May 2009, when renovation works will start by PHCR contractors.
- PHCR engineers conducted market research to find out whether there were changes in construction materials’ prices as a result of the AMD devaluation. No significant changes in the prices were found. (A4.3)
- PHCR started improving the technical documentation flow in the process of PHCR target facility selection and renovation stages. For each Zone a separate file will be developed including all stages of facility selection, assessment and renovation. As a beginning, PHCR started drafting the file for Aragatsotn marz renovations. The file includes *inter alia* communications between PHCR and marzpetaran, and reflects relevant information and *ex post facto* analyses of renovation activities at the target sites of the marz.
- In the reporting quarter, PHCR distributed 173 sets of medical equipment to medical facilities of the following marzes and Yerevan:
 - Yerevan – 19 sets to four training institutions (NIH, YSMU, BMC, EMC);
 - Aragatsotn – 39 sets to target FAPs and referral facilities (clinical preceptors);
 - Armavir – 31 sets to the marz medical college, FAPs, referral facilities, and clinical preceptor sites;
 - Ararat – 40 sets to the marz medical college, FAPs, referral facilities, and clinical preceptor sites;
 - Vayots Dzor - 17 sets to FAPs, referral facilities, and clinical preceptor sites;
 - Lori – 11 sets of additional equipment to 6 clinical preceptor sites;
 - Kotayk – eight sets of additional equipment to four clinical preceptor sites;
 - Tavush – eight sets of additional equipment to four clinical preceptor sites.
 - During next quarter, PHCR will distribute nine sets of medical equipment to seven facilities of Gegharkunik, 11 sets to six facilities of Shirak, and 36 sets to Syunik facilities. (A4.5, B2.1)

A5. PHC physical improvements sustained by rational management procedures

Planned to begin in July 2009.

A6. Assistance provided for developing supportive policy and regulatory environment for implementation of reforms

Specific results and/or activities are shown under each relevant component.

A7. Institutionalization of selected project interventions into MOH/GOA supported

- On February 5, 2009, PHCR made a presentation for the Minister of Health outlining recommendations for institutionalization of selected high value PHCR supported activities into GOA/MOH. Approximately 12 senior MOH officials participated in the meeting as well as USAID Health Team, PHCR COP, DCOP, and Team Leaders. The actual presentation was made by PHCR STTA Saro Tsaturyan, who prepared the report. At the end of the meeting a process was put in

place for reviewing and making decisions on the recommendations in the report. At the request of the Minister of Health, names were proposed by PHCR for Working Group members to review the report's recommendations in each of the six high value areas, and report back to the Minister with their response.

- Subsequently, PHCR had a meeting with First Deputy Minister Hayk Darbinyan to follow up on institutionalization steps at the MOH. Mr. Darbinyan stated that R. Yuzbashyan, Head of MOH PHC Department, is back from her trip and that she will process the MOH order on establishing institutionalization working groups. (A7.1)

B. COMPONENT 2: FAMILY MEDICINE

B1. PHC/FM policy improved (1-4)

- PHCR had a meeting with the Deputy Rector of the YSMU, and the Coordinator of Medical Programs of the Fund for Armenian Relief (FAR), on the issues of upgrading the continuing medical education (CME) system in Armenia. The Law on Healthcare assumes revitalizing of the CME system through a governmental policy that needs to be improved. A decision was made to create a working group with the participation of representatives of educational institutions, international organizations, and the MoH to discuss CME policy issues, and improve the quality of clinical trainings in the country. PHCR presented its input in the form of high quality practical training modules for PHC providers in different areas of family medicine and the methodology for developing and evaluating medical training courses.
- PHCR had a discussion with Dr. Adam Goldstein, a US specialist in the CME of Family Physicians, and NGO and YSMU representatives about recommendations on CME improvement in Armenia. The participants were unanimous in their opinion that the CME system in Armenia needs improvement, and that there is a need for NGOs to take up the role of developing professional clinical standards, and notwithstanding the opinion of the NIH and MOH Education Departments, the credit system needs to be improved as well, as it is not functioning in practice. Representatives of YSMU noticed that it would require international expertise, and Dr. Goldstein promised further support upon request. (B1.1)
- PHCR participated in the Leadership and Management Training for non-governmental organizations (NGOs), organized by the Academy for Educational Development (AED). The Leadership course was designed as a collaborative effort between PHCR and AED projects. PHCR supports capacity building of NGOs with the aim of further increasing their role in CME in Armenia. During this time PHCR also initiated a dialogue with AED STTA Dr. Adam Goldstein on the organization of a coalition on smoking cessation issues, particularly as it relates to the effects of second hand smoke on children and infants. (B1.2 and B1.4)

B2. FM Training Institutions have increased capacity / FM faculties strengthened (1-2).

- PHCR published 100 copies of the Armenian translation of the "Learning for Performance" manual, an IntraHealth developed guide for developing training courses in healthcare that includes all stages of instructional design, course development, implementation, and monitoring. (B2.1)

B3. Family Medicine Curriculum is up-to-date with training modules (1-3).

- PHCR studied literature on Tuberculosis (TB) diagnosis and management, including training materials developed by National TB Program (NTP):
 - training guide in 9 volumes, adopted by the Minister of Health decree dated 02.07.2004;
 - Marz level TB training program adopted by the MoH decree dated 12.17.2004; observations are the following:

- The modules are created with high professionalism, providing detailed reference materials and opportunity for self study.
- The main disadvantage of the training module is that it seems not to be adapted for the Armenian healthcare context and seems just a translation from the original version developed for countries where the healthcare system is based on nurses and other healthcare workers. Very often a statement can be seen in the text saying that a certain issue “varies in different countries” without a concrete indication of the situation in Armenian context. This suggests a literal translation without it being contextualized; in a “National Program”, specific statements are needed for a particular country – in this case Armenia.
- Tasks for nurses and physicians in the NTP modules are not specified and are presented in general, which may create obstacles in implementation. It is not specified whether the “healthcare provider”, who is the key implementer in the modules, is the physician or the nurse; giving them general recommendations instead of specific tasks may cause obstacles for effective performance. Teaching should correspond to the specific tasks.
- In relation to TB package development, PHCR had a number of meetings including:
 - On January 21, 2009, PHCR participated in a meeting with USAID Health Team, and WHO Country Office Representative Gayane Ghukasyan. One of the goals of the meeting was to define complimentary roles of USAID/PHCR and WHO in developing the training package on TB and PAL (Practical Approach of Lung Disease). The parties decided that PHCR will start development of the training package on TB/Direct Observation Treatment Strategy (DOTS) and that WHO will subsequently expand the package by including other aspects of PAL into it.
 - On January 26, PHCR had a meeting with the YSMU Deputy Rectors Prof. Mikael Narimanyan and Dr. Gevorg Yaghjyan, to discuss collaboration on TB training package development. During the meeting, PHCR presented its vision of the training package content, such as highlighting clinical knowledge on TB diagnosis and differential diagnosis, identifying latent course of the disease, and conditions when TB is contracted in addition to existing lung diseases, the diagnostic procedures, treatment follow-up, assuring patients compliance, contact investigation and management plan, screenings for TB, community work against creating a stigma on TB patients. In addition, PHCR presented the WHO Stop TB strategy and documents issued in 2008, and the US Center for Disease Control self-learning modules as successful accomplishments that could be used as reference materials for developing TB training materials in Armenia.
 - A meeting was held with YSMU FM chair on the organization, structure, and candidates for the working group to develop the TB training package. Another meeting was appointed to discuss the proposed package outline with TB specialists.
 - On February 12, 2009, PHCR held a meeting with the National TB program (NTP) representatives, and received their manual for family physicians’ training and discussed further participation of the Training Advisors in the PAL working group. The first meeting was held on February 18.
 - PHCR participated in a series of meetings with the WHO office representatives in Armenia and the international consultant on PAL, Martin Van Der Bloom, to discuss collaboration in the area of Tuberculosis (TB) guidelines and training materials development. The WHO representatives appreciate the collaboration with PHCR in this area as a prerequisite for assuring the quality of guidelines and training materials to be developed throughout the program.
- On March 5, PHCR made a presentation on the Learning for Performance (LFP) approach for the TB faculty members, at Abovyan TB dispenser. In addition, the topics of the TB training course and contracting issues were discussed. A decision was made to select trainers/working group members also from TB dispenser in Abovyan – five trainers/working group members from TB dispenser in total.

- On March 18, PHCR Training Advisor took part in a TB conference at the YSMU, with participation of Belgium Medical University professors. Working group members of the TB training package development were also among the participants. During the conference presentations were made on different TB related topics. After the conference the working group members gathered on a meeting to make clarifications on topics and scope of work of each working group member.
- PHCR developed and finalized the English version of the contract with YSMU on TB package development.
- PHCR drafted TB Course Planning tool including job-tasks of family physicians in TB area as well as details for each job task - knowledge and skills, learning objectives, learning evaluation methods, training materials, and learning approaches specified for each job-task. In addition, PHCR developed a preliminary timetable for the TB training course, and the course outline. The course outline needs to be discussed in detail with the group of specialists, and, based on the needs for training material development, specialists will be selected as working group members.

It is expected that the working group members will be YSMU TB, Internal Medicine and FM faculty representatives - professionals with active clinical practice and experience in the diagnosis and management of TB in primary and secondary care. Based on the selected topics, a decision was made to develop a 5-day training course including 3 days of classroom teaching and 2 days of clinical work, during which the trainees will be provided with an opportunity to visit the TB clinics in Abovyan, and to follow the patients care pathways from primary to secondary care, update and systemize their knowledge, learn the specifics and develop skills for TB diagnosis and care. YSMU intends to include PHCR developed TB course into the postgraduate curriculum of residents of all medical specialties.

The list of job tasks was presented to the YSMU Deputy Rectors Prof. Mikael Narimanyan, the Continuing Medical Education (CME) Deputy Rector Gevorg Yaghjyan, and the Head of TB Department Marina Safaryan, to discuss the number of qualified specialists that could be involved in the working group for training package development. A decision was made to invite the candidates for the working group members next week to discuss particular tasks. (B3.1)

- PHCR published the "Most Common Childhood Illnesses" training package – 100 copies of the Trainee's Manual and 500 copies of the Trainer's Guide as separate volumes, as well as 20 copies of the CD containing the Manual and the Guide, as well as lectures, PowerPoint presentations, and relevant audio/video materials. (B3.3)

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

For a report on provision of medical equipment, see Section A4.5 above.

B5. Family medicine providers' performance improved through training and QA activities (1-2).

- On March 30, 2009, after significant preparatory work, PHCR launched the TOT course on "Most Common Childhood Illnesses" (MCCI). The training course, which will be completed on April 8, 2009, is being conducted in the PHCR conference room and is based on the MCCI training package developed last year through PHCR support by the relevant YSMU working group.

The twenty-five participants in the course include 20 Family Medicine trainers (clinical preceptors) from Zone 3-1 marzes, three national trainers on Integrated Management of Childhood Illnesses (IMCI) and two members of ArAsPed. Through institutionalization of the training package into the UFMC, the TOT course was organized to update the knowledge and skills of Family Medicine clinical preceptors in managing illnesses most commonly found among children.

The course also covers job-aids developed by PHCR and approved by the MOH last year. The course utilizes tools such as PowerPoint presentations, video tutorials, lesson plans, and cases for small group discussions, pre- and post- course tests, and skills assessment checklists. The course topics covered are as follows:

1. "Child Healthcare Organization"
 2. "Childhood and Adolescent Immunization"
 3. "Fever, Febrile Seizures"
 4. "Acute Respiratory Infections"
 5. "Pneumonia"
 6. "Childhood Asthma"
 7. "ENT Diseases"
 8. "Infant and Child Oral Health"
 9. "Childhood Infectious Diseases"
 10. "Gastrointestinal Diseases"
 11. "Frequently Sick Children"
 12. "Child Neurological Examination"
 13. "Convulsive Syndrome"
 14. "Headache in Children"
 15. "Child Mental Health Problems"
 16. "Childhood Obesity"
 17. "Anemia"
 18. "Pediatric Emergencies"
 19. "Ambulatory Procedures in Pediatric Practice"- injections, wound care, otoscopy, etc.
- (B5.2)

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

Completed

B7. PHC nurses have completed UFNC training and retraining (1-3).

- On February 13, following significant preparatory work, PHCR signed a contract with the NIH for conducting Zone 3-1 and Vayots Dzor FAP nurse training.
- On February 16, an updated MOU was signed between PHCR and Jinishian Memorial Foundation (JMF); this is a statement of mutual intent of the two organizations regarding the strategic relationship in developing capacities of village nurses via the Community Nurse Training program in Armenia. According to the MOU the organizations agreed on the following division of responsibilities:
PHCR:
 1. Conduct a community training program for 135 FAP nurses in the Ararat, Armavir, Aragatsotn and Vayots Dzor marzes;
 2. Provide furniture (tables, chairs, etc.) and medical equipment to the regional training sites of clinical preceptors (Ararat, Armavir, Aragatsotn and Vayots Dzor marzes)
 3. Provide training manuals for all the nurses undergoing the training program and nurse clinical preceptors of mentioned marzes.JMF:

Provide transportation expenses and per diems for 60 FAP nurse trainees from Aragatsotn marz during six-and-half month training.
- On March 2, 2009, PHCR launched its third six-and-half month Family Nursing and Community Nursing (FN/CN) training program for 135 rural FAP nurses of Armavir, Ararat, Aragatsotn, and Vayots Dzor marzes, including:

- Ararat (30 FAP nurses) - actual training started on March 2, 2009. The theoretical part of the training will be held at the NIH FN chair, and the practical part at Ararat and Armavir marz clinical training sites.
- Armavir (22 FAP nurses) - actual training started on March 2, 2009. The theoretical part of the training will be held at the NIH FN chair, and the practical part at Armavir marz clinical training sites.
- Aragatsotn Group 1 (30 FAP nurses) and Group 2 (30 FAP nurses) - actual training started on March 09, 2009 and March 16, 2009, respectively. The theoretical part of the training will be held in Ashtarak city; the practical part will be held at Aragatsotn marz clinical training sites.
- Vayots Dzor (23 FAP nurses) - actual training started on March 23, 2009. The theoretical part and some of the practical aspects of the training will be held at the Information Center of Vayots Dzor Healthcare Foundation; the remaining parts of the training will be held at Yeghegnadzor PC and Zaritap Ambulatory, clinical training sites.

All trainees as well as clinical preceptors received training manuals and sets of nursing textbooks. (B7.3)

B8. Establishment of independent FM practices is supported (1-2).

- On February 26, 2009, at the FM faculty of the NIH, PHCR made a presentation on Independent FM Practices (IFMPs) for around 30 physicians undergoing FM training. The presentation was titled “Models for independent FM solo and group practices in Armenia, their possible legal and organizational types, state registration procedures, and challenges”.

The presentation included the main provisions of the Government Decree N 497-N (April 19 2007) “On Approving the Procedure for Implementation of Solo and Group IFMPs in Armenia”, as well as three PHCR-developed manuals for potential founders of IFMPs. The manuals cover three options for registering the entity of independent practices: solo practice registered as a Limited Liability Company (LLC), group practice registered as an LLC, and solo practice registered as individual entrepreneur. (B8)

C. COMPONENT 3: OPEN ENROLLMENT

C1. Policies and regulations in place to support open enrollment (1-5)

- The patient’s Ambulatory Medical Chart release form with filling and storing instructions and the declaration form with filling instructions were finalized and sent to the MoH Legal Department for MOH approval. Subsequently, they will be sent to the Ministry of Justice for approval and registration.

PHCR ensured that the Medical Chart release form storing instructions take into account the requirements set by the GoA Decree N 351 of March 9, 2006, on the approval of the lists of archiving documents, and respective dates.

The purpose of filling the declaration form is to ensure recording of the reasons for not submitting required document for enrollment (cases such as when the patient has lost the passport, the child does not have a birth certificate or was born in other country and the certificate was awarded in that country, etc), personally by the patient.

- PHCR continued advocating for the approval of OE database processing and data transfer draft decree by the GoA. MoH shared with PHCR the comments on the draft Decree received from the Ministry of Social Security (MSS) and Ministry of Justice (MOJ). PHCR assisted MoH in composing explanations and answers to these comments to be also submitted to the GoA along with the draft decree (C1.1 and C1.3)

C2. OE and other selected health information and reporting systems upgraded (1-3)

- Within the scope of preparations for piloting e-communication between the MoH, Yerevan Municipality and Yerevan based polyclinics for electronic transfer of OE data, PHCR received a request letter from the MoH asking to support the MoH with two servers. A similar letter was also sent from the MOH to USAID. PHCR is preparing to procure the two servers based on the approval provided by the CTO.
- To enhance the OE data analytical capacity at Yerevan Municipality Health department, PHCR provided two sets of computer equipment based on their request for the department staff. These computers will be linked into the local network and the staff can use OE data from Yerevan database.
- PHCR continued supporting establishment of OE vertical reporting system. Computer sets were transferred to two PHC facilities that recently obtained independent status, Nerkin Karmir Agbyur MA and Navur in Tavush marz, as well as to five polyclinics in Lori marz, and to Sari Taghi PC and PC#17 in Yerevan. In addition, computer equipment transferred to Yerevan PC 17 was installed and merged into the local network of the PC allowing for simultaneous OE data entry on multiple computers. (C.2.1.)
- PHCR developed a new OE database report based on a request from Yerevan Municipality. This report provides information about double registrations grouped by the facilities and physicians, and allows selecting a particular facility. (C.2.1, C.2.2 and C.2.3)
- PHCR OE team started updating the OE implementation manual to further translate it into English and post the updated Armenian and English versions on PHCR web site. (C1.5)

C3. Integrated and automated encounter system and OE system developed (includes performance based payment indicators), with implementation to follow adoption of enrollment based financing (1-8).

- PHCR and MOH (in particular MOH/SHA) joint activities aimed at establishment of a comprehensive modern nationwide healthcare information system led to an agreement to develop the “MIDAS-3” system. The MIDAS-3 system will integrate the two components of the National Health Information System (NHIS) of Armenia, AGAT, and MIDAS-2, including PHC Encounter System, into one application to provide unified management, access and reporting capabilities for 1) population enrollment with primary healthcare physician, 2) PHC patient tracking system, and 3) hospital patient tracking system. AGAT is the new name for the open enrollment automated information system designated to support population enrollment system nationwide while MIDAS is SHA’s national health finance software system.

It is envisaged that MIDAS-3 application will operate at three levels of logically grouped entities:

- Facility/provider level entities including PHC facilities and hospitals
- Regional level entities including regional SHA branches and marz health and social security departments
- National Level entities including MOH and SHA at MOH

In the near future, data transfer between the three levels will be done through manual electronic carriers (CD, flash cards, etc), but the system will incorporate tools and features to enable on-line (or networked) transmission once the Armenian infrastructure is able to support it.

- PHCR had a meeting with Erebouni MC Deputy Director (Erebouni MC is one of MCs effectively using the automated MIS for management and other purposes) to learn about their experience and their needs of improving MIDAS facility-level system. The main recommendation expressed by EMC specialist was to also include records on privately paid services in the hospital automated system; the recommendation was taken into consideration. (C3.1)

- With the help of PHCR STTA Charlie Burge, and in close collaboration with SHA, the ToR for the integrated software development and the entire RFP were finalized (see also under HF component) and the software development company selection tender announced on February 24, 2009. Seven companies who had expressed interest acquired the tender package.
- PHCR held an information meeting for bidders applying for integrated software package development tender. During the meeting, clarifications were provided to bidders regarding their inquiries. The Invitation to Bid (ITB) document underwent minor changes based on the questions and remarks of bidders, and the revised document was sent to seven participating bidders. (C3.1 and C3.2)
- PHCR drafted MIDAS-3 software product development plan describing the key phases and expected results of the development process. In addition, PHCR started drafting the contract with the software development company, which will *inter alia* include the software development plan. The main aspects of the contract were discussed with the PHCR lawyer who will prepare the first draft.
- For the purpose of selection of the software development company, PHCR with the support from STTA Charlie Burge developed the software development proposal evaluation criteria. (C.3.2)
- PHCR drafted a letter to be sent to the MoH to inform MoH officials of the need to legally regulate electronic medical data accumulation, processing, and exchange. The letter contains an attachment with extracts from Armenian and Council of Europe legal requirements for regulating the use and transfer of medical data (see also under Healthcare Finance section) (C3.3)

C4. Institutionalization of OE system into GOA/MOH supported (1-4).

- As a result of discussions on transferring the responsibility of ensuring OE database maintenance to the MoH and PHC facilities, PHCR drafted a contract template on provision of IT maintenance services to be signed between PHC facility and Harmony Foundation, the proposed service provider organization. In the model, PHC facilities, and not the MOH, will pay for the facility level OE database system maintenance services. Similarly, PHCR suggests marzpetarans to work with Harmony Foundation for maintenance of regional level OE database systems. PHCR pre-negotiated an average monthly rate per facility that will be adjusted based on certain criteria such as urban or rural location of the facility and type of facility (PC vs. ambulatory.) Harmony Foundation has agreed to keep the rate at a minimum level covering their occurred expenses.

In addition, PHCR drafted a letter to be sent to the MoH to officially inform the Minister of Health that PHCR's financial support for the database maintenance service discontinues from January 2009. The letter also emphasizes the need for the MOH to establish maintenance service for continuous and proper functioning of the database. (C.4.3 and C4.4)

D. COMPONENT 4: QUALITY OF CARE

D1. State-of-the-art Quality Improvement methodologies in use, including:

- **Train and implement QA tools and procedures approved by the GoA.**
- **Capacity building for QA implementation and institutionalization. (1-9).**

- On February 17, 2009, PHCR and MOH marked the official launch and orientation of the nationwide QA in PHC program. The event brought together some 200 participants, including Ministry of Health and local government officials, future coordinators of QA activities, directors of PHC facilities, representatives of medical education institutions, USAID, PHCR, and implementing partners. MOH Deputy Head of Staff Haik Grigoryan and USAID/Armenia Acting Mission Director Cynthia Pruett made opening remarks.

The QA program is envisaged to lead to improvements in five key areas: (1) improved patient access to care; (2) improved physical environment through better physical facilities and equipment;

(3) improved clinical and technical competence of PHC providers who will follow evidence-based practices and clinical standards; (4) improved patient and community satisfaction and better responsiveness to their needs; (5) improved PHC facility management. These initiatives, combined with performance based payment incentives, is expected to lead to improvements in health outcome indicators.

- PHCR signed service contracts with 45 Quality Coordinators to conduct the following activities in the assigned PHC facilities:
 - Training of PHC staff, focusing on introduction of the strategy and fundamentals of quality assurance content and processes along with formation and functioning of Quality Improvement Boards (QIB);
 - The use of quality indicators, and the self-assessment tool along with the problem solving process;
 - Following the training course, conduct supportive visits to assigned PHC facilities. During these visits the Quality Coordinator will meet with the newly formed facility QIBs, review completed self-assessment questionnaires, action plans, and provide necessary support both to use Quality Assurance tools and to resolve quality performance gaps at facilities.

- Following the official launch of QA in PHC program, the contracted Quality Coordinators started QA training for representatives of 137 'larger' PHC facilities (those with three or more PHC physicians), in all marzes of Armenia, and in Yerevan. In the reporting quarter, ten 2-day training courses on QA were conducted by the QC's - five in Yerevan, with participation of representatives from 35 PHC facilities, three in Lori marz, with participation of representatives of 14 PHC facilities, and two in Shirak marz, with participation of representatives from nine PHC facilities.

A total of twenty-six 2-day training courses will be conducted by 45 QCs. The training courses will be conducted over a period of three months – from the end of February to the end of May, 2009. All participants of the training courses receive copies of the set of four manuals that were developed by PHCR and approved by the MOH.

- Following the training of PHC facility representatives, the QCs follow up with a series of supportive visits to their respective facilities to help with establishment of QA processes. In the reporting quarter, 44 supportive visits were made to different PHC facilities, from which 38 in Yerevan, and six in Lori marz.

The supportive visits at this stage will continue until July 2009, thus completing the first stage of QA in PHC Program. The second stage of the QA Program, August 2009 – February 2010, will include a TOT for QCs on the remaining QA tools, training of the 137 PHC facilities in the new QA tools, and supportive visits to help solve problems and respond to issues that arise. The monitoring of QA Program implementation will be conducted by the MOH with PHCR's support. Based on the results of the QA Program implementation, PHCR will develop recommendations for the MOH on roll out of QA activities in the rest of PHC facilities (with less than three PHC physicians) of Armenia.

- In parallel with QA training, marz level QIBs were established through Mayor's order in Yerevan (#1341-A dated March 10, 2009), and Marzpets' decrees in Lori and Aragatsotn marzes. The decrees, developed through PHCR support, regulate all major issues as related to implementation of QA processes throughout PHC network of Yerevan city and the marzes, including establishment of QIBs.
- PHCR studied QA course participants' evaluation of the course; the majority of participants evaluated the course as "excellent". They mentioned that the training was well structured and organized, that the trainers were very well prepared, and that it would be nice to have such training courses on continuous basis. Most of them liked the practical part and group exercises.
- PHCR entered into a database training reports submitted by QCs. Payment Requests for the QCs were developed and submitted to IH Finance officer.

- Dr. Al-Assaf, MD, Consultant for IntraHealth International, traveled to Armenia from February 15 to February 26, 2009, to provide short term technical assistance to PHCR on specific activities related to Quality of Care. This included reviewing all manuals and documents already developed by PHCR for training and supportive supervision to prepare Quality Coordinators and preparation of the PHC facility quality representatives, and to review and comment on the detailed QA Implementation Plan. Through discussions with USAID, Project NOVA, and PHCR staff, Dr. Al-Assaf identified specific recommendations on how to utilize the experience and lessons learned from other projects in other countries in continuous improvement of QA. While in-country Dr. Al-Assaf worked closely with PHCR QoC team to: 1) identify potential issues that may affect implementation of the two QA curricula and any foreseeable challenges; 2) review and revise the Detailed Implementation Plan; 3) provide input to the supportive supervision templates; 4) provide feedback and recommend methods for effective monitoring and evaluation of the QA activities; 5) make recommendations for capacity development of staff and stakeholders; and 6) recommend additional considerations for institutionalizing QA activities in Armenia.
- On February 16, Al-Assaf debriefed the USAID Health Team on the QA initiative; this included findings on strengths and limitations of the QA program thus far, as well as short term and longer term recommendations for sustainability and institutionalization.
- On February 17, Dr. Al-Assaf participated in the QA in PHC program launch in Armenia, and made a short presentation about his experience regarding QA and encouraged the participants to successfully implement QA in Armenia. He met with Project NOVA management to identify similarities between the two projects and capture any lessons learned from that project. He also attended one of the training sessions for PHC representatives delivered by two of the QC's in Yerevan.
- Inessa Asmangulyan joined the PHCR team in the position of QoC Specialist.

(D1.3, D1.4, D1.9 and D2)

D2. Institutionalization of QA into GOA/MOH supported (1-4).

- *For D2 please see under D1.*

D3. Client satisfaction with quality of care monitored (1-2).

- The report on Follow-up Patient Satisfaction in Zone 1 is under review by PHCR M&E consultants (D3).
- *See also under A2*

E. COMPONENT 5: HEALTHCARE FINANCE.

E1. NHA data collected, analyzed and reports developed with PHCR assistance (1-4).

- 2007 NHA report was developed with PHCR assistance. The compilation of NHA matrices was done applying PHCR developed NHA accounting system.
- PHCR refined the tools for health care facilities survey and household health expenditures surveys to be conducted by the WB/HPIU. Field work for both surveys started in February, 2009. PHCR will use the database of household health expenditures survey for further analysis of access and equity indicators, such as the distribution of the burden of out-of-pocket expenditures, extent of catastrophic medical expenses, and effect on care seeking behavior. (E1.1)

E2. Institutionalization of National Health Accounts by GOA/MOH/SHA supported (1-4).

- NHA Steering Committee was expanded by a new member, A. Manukyan, Deputy Minister of Health. (E2.1)
- PHCR has supported NHA WG in refining tools for NHA data collection. Finalized tools will be presented to the NHA Steering Committee for approval. (E2.2)
- PHCR provided assistance to the NHA WG in NHA indicators' trend analysis on the base of 2004-2007 NHAs. (E2.3)

E3. Cost and prices of services are determined

- STTA support for reviewing/adjusting capitation rates is planned for June/July 2009

E4. Performance based payment (PBP) system established (1-3)

- The draft order of the Minister of Health, devised through the support of PHCR, on approval of performance based financing implementation schedule is being circulated at the MOH.
- PHCR developed a draft document on options for calculation of the size of bonus payment to be made to the facility. Performance based financing calculation approaches were presented to, discussed and agreed with the SHA. The approach for adjusting the money allocated to a certain facility by prevalence of disease among the surveyed facility population was also discussed. In addition, PHCR developed reporting forms for calculation of performance funds to be allocated to PHC facilities.
- PHCR has developed a draft list of diseases that will require follow-up (dispenser) care and assigned the ICD codes for automatic creation of patient's disease registries by MIDAS-3 system. The list was sent to the MOH/SHA for feedback.
- PHCR reviewed and gave feedback on SHA proposal on inclusion of additional indicators in the list of performance indicators. (E4.2)

E5. PHC facility reporting system streamlined (1-2)

- PHCR updated the Encounter form and the Guide for filling out the Encounter form together with its Annexes, for inclusion in RFP document for the integrated software development. Annexes include:
 - Annexes 1, 2: Encounter form Registration Journals filled out by medical staff and an operator;
 - Annex 3: List of Socially Vulnerable Population;
 - Annex 4: Purpose of patient's contact with PHC facility (ICD Z00-Z99 quick reference);
 - Annex 5: List/Codes of Provided Services;
 - Annex 6: List/Codes of Vaccines;
 - Annex 7: Disease Codes/ICD-10-Quick Reference.
- Per request of SHA, PHCR designed around 28 reporting forms to be generated by the Encounter subsystem of MIDAS-3, including reports on health statistics, patient's disease registries, PHC services utilization, prescribed medicines, performance fund allocation reports and other. The reporting forms that were agreed with the SHA, Yerevan Municipality Health and Social Security Department and PHC Reporting Streamlining Working Group, become part of the RFP document for integrated software development together with calculation approaches.
- Development of Encounter form training materials and schedule for trainers and PHC staff is in process. (E5.1 and E5.2)
- PHCR had a number of internal discussions on the issue of the legal regulation of personal medical data collection and processing. In that context, PHCR reviewed the legal/regulatory framework and currently used procedures with respect to personal data security, taking into consideration the recommendations of the Committee of Ministers of the Council of Europe on the Protection of

Medical Data, and Explanatory Memoranda to the Recommendation of the Committee of Ministers of the Council of Europe. Together with PHCR Legal Advisor, possible legal formulations addressing the aforementioned issues, including the possibility of making additions to the latest draft Law on Health, were discussed. PHCR had a meeting with S. Qrmoyan, Ministry of Health Legal Advisor, I. Abgaryan, Head of Legal Department, and S. Kharazyan, Head of Health Services Procurement and Information Department where PHCR presented the need for legal regulation of personal medical data collection, processing, and database management. PHCR passed to them all related information, including the analysis report on the current legal framework regulating personal data safety along with recommendations for their review and decision making. (E5.1)

E6. Financial management systems and computer equipment are in place at targeted facilities.

- As a part of ongoing monitoring process, PHCR conducted a survey of 17 sites in Zone 2 and Zone 3-1, where the accounting automated system was implemented. The results show that the system is functioning in all PHC facilities. The majority of PHC facilities use all functions of the software, while the others use certain blocks of the system, such as payroll, accounting for materials and supplies, formation of initial documents and reports. The latter facilities are in the process of developing relevant accounting databases that would allow them to use additional blocks of the system. (E6.1)

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

- PHCR has been preparing for the upcoming PHC Management training of PHC managers from Zone 3-2 (Vayots Dzor and Syunik marzes). Per request of Armavir Marzpet, six PHC managers will join the group of PHC managers from Vayots Dzor. The training for a group of 15 managers from Vayots Dzor and Armavir marz is expected to be launched on April 13, 2009. The training for Syunik marz PHC managers is planned for end of May-June. (E7.1)
- Per request of the Minister of Health (request was made at the presentation on institutionalization of PHCR activities, February 5, 2008) PHCR collected PHC Strategic Plans from Yerevan HSSD as well as from regional and rural PHC facilities. Four health facilities' (Yerevan #13 PC, Grigor Narekatsi MC, Vanadzor#4 PC, Hatsik MA) Strategic Plans as well as a sample PHCR summary reports on the developed plans (Summary Report on the Strategic Plans of Armavir Marz PHC facilities) together with an accompanying letter, was sent to the Minister of Health.
- Per request of Laura Yenokyan, Advisor to the Minister of Health, requested the Strategic Plan Development tools devised by PHCR. MOH is planning to distribute the Tools to all healthcare facilities under its ownership, so they can develop their own strategic plans. For that purpose, PHCR revised the Strategic Plan Development tools, including adapting them for use at the hospital level as well, and sent them to the MOH. (E7)

E8. Management support to Independent Family Medicine Practices is provided (1-2).

- PHCR is updating Excel based financial model in light of new utility tariffs and PHC financial/remuneration normatives. The model is used for development of IFMPs financial plan. (8.1)

E9. Assessed readiness of GoA (MoH) to move towards new health insurance schemes (1).

Completed

F. COMPONENT 6: PUBLIC EDUCATION

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

- The report on KAP survey in Zone 1 was finalized and is under review by PHCR M&E consultants (F1).
- *See also under A2*

F2. Health-literacy and health-seeking behavior is improved (1-9).

- As a prelude to initiating Community Mobilization activities, PHCR met with the following people to discuss planned PHCR activities in Syunik and Vayots Dzor marzes: Aram Grigoryan, Head of Regional Governance Body of Vayots Dzor, Gagik Gevorgyan, Head of the Health and Social Affairs Division of Vayots Dzor Marzpetaran, Artashes Galstyan, Head of Vayots Dzor Marz Health Department; Vache Grigoryan, Deputy Marzpet of Syunik marz, and Suren Khachatryan, Marzpet of Syunik. As a result of the meetings, the local authorities agreed to provide needed support for PHCR Community Mobilization activities to be carried out. (F2.1)
- PHCR PE team provided health education materials (posters, booklets, leaflets, guidelines) to Zone 3-1 NGOs for Stage 2 training purposes and distribution in the relevant communities. (F2.3 and F3.1)
- From February 23 through February 27, 2009, PHCR conducted a health TOT training for local NGOs of Ararat, Armavir and Aragatsotn marzes (Zone 3-1). Twenty four representatives from ten NGOs participated in the 5-day training. Certificates were awarded to the participants for completion of the following training modules:
 - Maternal and Child Health
 - Diabetes Prevention and Management
 - Hypertension Prevention and Management
 - Reproductive Health and Safe Sexual Behavior
 - Calcium and Healthy Bones
 - Dangers of Smoking on Infant and Child Health

With support from Project NOVA and World Vision, sets of leaflets and booklets were provided to trainees for distribution to all households of target communities in the above topics as well as in Tuberculosis. The Armenian EyeCare Project made a presentation on child eye care, and also disseminated related health education materials. (F2.4)

- PHCR modified the Community Mobilization training pre- and post-test questionnaire for better administration and data entry. (F2.4)
- Based on the comments received from Alexander Bazarchyan, Tobacco Control Program Coordinator in Armenia (NIH/MoH), and Narine Movsisyan, Tobacco Control Policy Project Manager (AUA), PHCR finalized the new module for NGO and CHC health trainings, “Dangers of smoking on infant and child health”, and incorporated it into the NGO and CHC Health Training Manual. (F2.5)
- PHCR provided training on the dangers of smoking on infant and child health to seven NGOs from Zone 2. NGOs, in their turn, through their 15 representatives, will pass the training to 36 CHCs of Kotayk, Gegharkunik and Tavush marz communities. The list of the NGOs includes:
 - REOR NGO
 - Martuni Women’s Council NGO
 - Dilnet Service NGO
 - Yerevak NGO
 - Support to Communities NGO
 - Ajakits NGO
 - CAD NGO (F2.5)

- PHCR started follow up visits to Zone 2 target communities. The visits will be conducted within the period of March 27 through April 10, 2009. (F2.7)

F3. Knowledge, attitudes and practices of population improved on OE and other relevant PHC initiatives (1-3)

Scheduled to begin next quarter.

F4. Public is aware of the service packages which are provided in primary care (1-2)

- PHCR in collaboration with the MoH is in the process of developing the BBP Poster and Booklet for the year of 2009. Around 80 percent of the work is completed. PHCR is envisaging printing 1500 copies of the 2009 BBP poster and 3000 copies of the booklet. (F4.1)

F5. Journalists are trained and deliver media in healthcare reform issues (1-2).

- PHCR conducted “Building Media Partnership for Health Improvement” workshops for journalists of Zone 3-2 (Vayots Dzor and Syunik). The workshops were conducted in Yeghegnadzor, Kapan, and Goris with eight participants in Yeghegnadzor, 11 participants in Kapan and eight participants in Goris. “Behavior Change Communication” training with particular focus on dangers of smoking on infant and child health was delivered during the workshop. Local TV and print media covered the events. (F5.1)

F6. Grants to NGOs result in community health action and primary care initiatives (1-2).

- PHCR launched Small Grants Program for NGO and Community Health Committee (CHC) health trainings (Stage 2) in Ararat, Armavir and Aragatsotn marzes:
 - The Armenian and English versions of RFA were posted on PHCR website.
 - A pre-bid workshop was held on January 30, 2009.
 - Applications from 13 NGOs were collected by the deadline on February 6, 2009.
 - Ten NGOs out of 13 applicants were short-listed:
 - Karakert NGO;
 - Armavir Development Center NGO;
 - ADC NGO;
 - The Greens of Ararat Marz NGO;
 - Hasmik NGO;
 - Public Initiatives Center of Aragatsoten NGO;
 - Zartonk NGO;
 - Aragatsoten NGO Forum NGO;
 - Ajakits NGO;
 - Meghvik NGO.
- All ten NGOs passed TOT capacity building trainings in summer 2008, and successfully implemented Small Grants Program Stage 1 in Armavir, Aragatsotn, and Ararat marzes during the period of September – November, 2008.
- All ten NGOs passed the abovementioned health TOT training.
 - Subsequently, 11 grants were awarded to the ten NGOs. (F6.1)

F7. Institutionalization of public health education into GOA/MOH supported (1-4).

- As a result of the meeting with the Minister of Health to present PHCR institutionalization report (see under A7), a working group will be formed for further discussion of PE institutionalization. The work group members are now identified and the list was submitted to the MOH. (F7.1)

- As part of institutionalization of PHCR PE activities, the final revision of CHC and NGO training manuals for printing is in the process. Revision of “CHC and NGO Capacity Building” manual is completed while revision of “Community Health Education” manual is started. (F7.2)