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PHCR
Primary Healthcare Reform Project

Quarterly Performance Report

April 1 - June 30, 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 April 1 to June 30, 2009. The major project accomplishments that occurred during the report period include the following:

- Launch of renovation activities in 41 sites of Vayots Dzor, Syunik and Ararat marzes.
- Completion of distribution of medical equipment to medical facilities of all marzes of Armenia and Yerevan: final 56 sets distributed to Gegharkunik, Syunik, and Shirak marzes.
- Completion 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).
- Publishing of 500 copies of the Cardiovascular Disease (CVD) Management training package.
- Selection and awarding of a contract to a software developer company for development of MIDAS-3 system.
- Completion of Stage 1 two-day training course of QA for 137 'larger' PHC facilities;
- Minister of Health order #777-A on establishment of a Central level Quality Improvement Board at the Ministry of Health approved on June 1, 2009.
- Five marz level QIBs established and QIB meetings started.
- Publishing and distribution of 1500 sets of Pediatric Job Aids.
- Minister of Health order N_445-A "On Organization of PHC Management Training Course for PCH Managers of Syunik, Vayots Dzor and Armavir marzes within the scope of PHCR" approved on April 1, 2009.
- Completion of training of 30 PHC facility managers from Vayots Dzor and Syunik marzes in Primary Healthcare Management.
- Minister of Health order N_446-A on regulation of collection, processing, evaluation of PHC performance indicators, as well as on performance based financing and remuneration approved on April 1, 2009.
- Completion of Small Grants Program in Ararat, Armavir and Aragatsotn marzes, and launch of Small Grants Program in Vayots Dzor and Syunik marzes.
- Development, publishing and distribution of 1500 copies of the 2009 BBP poster and 3000 copies of the 2009 BBP booklet; and publishing of additional 5000 sets of health leaflets on six health topics.
- Publishing of eight Monitoring and Evaluation reports both in English and Armenian;
- Participation at the 12th World Health Congress with two presentations.

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 began preparation of its Year 05 work plan in anticipation of the Year 5 contract SOW remaining largely as was submitted to USAID by EMG. In addition PHCR updated its PMP indicators for the second quarter of the year 2009.
- PHCR is developing its bi-annual bulletin for the first half of 2009. The Bulletin is envisaged to be published in July, 2009. (A1.1)
- On April 10-13, together with other health related projects of USAID, PHCR participated in Health Expo 2009. The event was organized by Logos EXPO Center with the support of RA Ministry of Health. It brought together representatives of international organizations, local and foreign healthcare companies, medical centers, research workers, entrepreneurs and specialists working in medical products and services market. During the Expo PHCR presented its publications and health education materials.
- PHCR Training Advisor and PE Team Leader presented poster sessions on "Retraining of Family Physicians in Armenia Addresses the Primary Healthcare Practice Needs," and "A model for population's involvement in healthcare management", PHCR Community Mobilization Model, respectively, during the 12th World Congress on Public Health, held in Istanbul, Turkey, from April 27 to May 1, 2009. The first presentation was made at the session "Practice: Revisiting primary health care in the 21st century". The second presentation was presented at the final session, "Building a Civil Society to Support Healthy Communities". These were done without use of USAID resources.
- Per MOH request, PHCR participated in the workshop on "The Concept of NCD (Non Communicable Diseases) prevention, early detection, and treatment in Armenia." The workshop was organized by MOH, WHO, and WB /Armenia offices. In the course of the workshop, the participants discussed the draft of the NCD Concept and recommendations of WHO international experts.
- At the request of USAID, PHCR assisted the USAID consulting team in assessing MCH/RH/FP work in Armenia. PHCR accompanied the consulting team during one of its field visits and shared PHCR practical knowledge of current health situation in Armenia, challenges and opportunities, particularly in relation with MCH/RH.
- PHCR met with the WB Armenia representatives and updated them on a number of PHCR supported initiatives such as open enrollment, quality assurance, and performance based payment.
- PHCR participated in a survey conducted by USAID-financed Health System 20/20 Project, on "pay for performance".
- PHCR participated in a round table discussion on the results of anti-corruption participatory monitoring Birth-Assistance Voucher, held on June 13, in Armavir, and funded by USAID MAAC project.

(A1.2)

For A1.3 and A1.4 please see under relevant sections of individual components

A2. Project monitoring system operational (1-4)

- PHCR completed data gathering for PMP and OP indicators for FY04 second quarter. Data gathering for FY04 3rd quarter data for PMP and OP indicators is in process (A2).
- In terms of follow-up Facility Resource Assessment and Facility/Provider Performance Assessment surveys in Zone 2, PHCR updated and obtained USAID approval on relevant M&E instruments, hired and trained the interviewers, completed the field work, performed spot checks, reviewed the

completed questionnaires, hired and trained data enterers. Field work was started in the end of April and finished in mid-June. Thirty facilities were surveyed in Kotayk marz (16 of which were PHCR renovation sites, 14 referral sites), 13 in Tavush (9 renovation and 4 referral sites), and 12 in Gegharkunik (8 renovation and 4 referral sites).

For follow-up Facility Resource Assessment in Zone 2, data entry process is nearly completed. For Facility/Provider Performance Assessment, data entry into SPSS database and data cleaning is completed. The database is ready for analysis. (A2)

- PHCR published the following eight reports in Armenian and English:
 - *Facility resource assessment: baseline in Zone 1;*
 - *Facility resource assessment: baselines in Zone 2;*
 - *Facility resource assessment: follow-up in Zone 1;*
 - *Facility performance assessment: baseline in Zone 2;*
 - *Facility performance assessment: follow-up in Zone 1;*
 - *Patient satisfaction survey: baseline in Zone 1;*
 - *Patient satisfaction survey: baseline in Zone 2; and*
 - *Baseline Household Health Survey.*

English reports are available on PHCR web site (www.phcr.am). (A2, D3, and F1)

- PHCR added data analysis capacity to its MIS. This new capacity will allow users to extract, analyze, and aggregate information regarding PHCR Project equipment procurement and distribution activities. (A2.3)

PHCR Family Planning Activities

- PHCR participated in three-day seminar conducted by USAID/NOVA Project; the information received was used for updating the “Family Planning” chapters of the UFNC and draft TB Management training package.

A3. PHCR activities on Marz level begun.

- *See 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)

- In the reporting quarter, PHCR launched renovation of 41 sites in the PHCR Zone 3-2, from which 24 are in Syunik, 12 are in Vayots Dzor, and five in Ararat marz (from Zone 3-1). Currently, PHCR engineers are monitoring the work of construction companies at the mentioned sites. About 30-40 percent of renovation work is complete as of the end of June. (A4.4)
- PHCR continues development of “PHCR Target Selection and Renovation Guidelines” documentation describing PHCR renovation activities during the years of 2005-2009.
- Annual environmental check-list for Zone 3-2 PHC facilities renovation was submitted to USAID and approval obtained. In the reporting quarter, PHCR completed distribution of sets of medical equipment to medical facilities throughout the country. This quarter 56 sets were distributed to the following marzes:
 - Gegharkunik - nine sets of medical equipment to seven facilities;
 - Shirak - 11 sets to six facilities;
 - Syunik - 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

Please see relevant sections under individual components.

B. COMPONENT 2: FAMILY MEDICINE

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

- PHCR met with the World Bank consultant on CME, Professor Janko Kersnik, President of the Slovene Family Medicine Society. The consultant suggested publishing materials on PHCR approaches to FM trainings in international peer reviewed journals on Medical Education as a means of sharing successful experiences with others.

At the meeting with the WB consultant PHCR learned that the objective of his assignment was the evaluation of family physicians' and family nurses' retraining process including the curriculum and training packages. His assignment also included provision of recommendations on CME policy improvement including potential improvement of retraining effectiveness as well as recommendations on establishing a sustainable FM/FN CME system (after accomplishment of nationwide FM/FN trainings). This meant that there was an overlap between PHCR and WB PIU activities in regard with support to CME. Based on this and after assessment of the need for inviting an STTA on CME by PHCR and IntraHealth, it was decided not to involve an STTA in these activities.

However, PHCR has decided to hold a consensus building round table devoted to establishment of a sustainable FM/FN CME system with participation of all relevant stakeholders. This also followed meetings with S. Hovhannisyan, Head of FM Chair of NIH, and Donara Hakobyan, Deputy Head of BMC, to discuss options for establishing FAP CME system after completion of PHCR sponsored Family Nursing/Community Nursing (FN/CN) training. (B1.1 and B1.2) (see also under B1.3)

- PHCR had a meeting with the Children of Armenia Fund (COAF) clinical team. COAF requested PHCR-developed training packages for conducting trainings for eight physicians who are involved in their project in Armavir marz. PHCR provided them with ten copies of the training packages "Most Common Childhood Illnesses Management" and "CVD Management" each, together with counseling by PHCR staff. COAF requested counseling on selective use of training materials - based on limitations of their resources allowing only 2 or 3 day courses. (B1 and A1.2)

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

- PHCR published 500 copies of the CVD training package that will be distributed to trainees and trainers of the CVD course, and FM faculties of YSMU and NIH. (B2.1)

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

- As one of activities aimed at updating the Unified Family Medicine Curriculum (UFMC) with relevant training modules, PHCR initiated formation of a working group (WG) to develop a training package on "Tuberculosis Management in PHC" (TB Management). For that purpose, on April 1, 2009, PHCR contracted the Yerevan State Medical University (YSMU) to establish the WG and start development of the package. After formation of the WG, PHCR provided it with relevant

guidelines for development of the materials. As a result of intensive joint work and numerous meetings, the YSMU WG developed the first draft of the TB Management training package. The draft package was presented to and accepted by PHCR. Currently PHCR is in the process of reviewing the submitted draft package. After reviewing the draft package materials, PHCR will provide its comments and recommendations to the WG to be used in refining and finalizing the draft.

- PHCR participated in the three-day “Family Planning” training conducted by USAID/NOVA Project. Information received at the training was used for refining the “Family Planning” chapter of the draft TB training package, as well as updating the UFNC curriculum.
- PHCR made a presentation on PHCR Project activities in TB during a USAID round table of different organizations involved in TB management activities, held on May 13, 2009. (B3.1 and A1.2)

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 extensive preparatory work, PHCR launched a TOT course on "Most Common Childhood Illnesses" (MCCI). The training course that was completed on April 8, 2009, was conducted at PHCR conference room. The training 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 included 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 Armenian Association of Pediatricians (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.

Overall 13 trainers were contracted for the course. All trainees and trainers were provided with trainee manuals and trainer's guides respectively. Feedback from the training course participants indicated that they were very satisfied with the course implementation, training materials, and teaching methods. The average training pretest score was 45 percent, while the average post-test score amounted to 97 percent. (B5.1)

- In the reporting quarter, PHCR made preparations for the "Cardiovascular Diseases" (CVD) training course for clinical preceptors and primary healthcare cardiologists from Zone 3-1, which is scheduled to take place on July 6-14, 2009. As necessary preparations, PHCR developed and agreed the training schedule; developed and agreed the lists of trainees and trainers; contracted the trainers; developed and printed pre- and post- tests.

The CVD training package was developed by the YSMU WG in 2007 based on PHCR subcontract. The training package focuses on up-to-date evidence-based medicine (EBM) standards and provides teaching and assessment tools that enable competency-based and problem-based learning methodologies, with instructions for tutors and learners. (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).

- PHCR continued the 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, which was launched in March, 2009. The training is implemented through a contract with the NIH. Implementation of the FN/CN training is supported by Jinishian Memorial Foundation, which provides transportation expenses and per diems for 60 FAP nurse trainees from Aragatsotn marz during six-and-half month training. The number of training participants per marz is as follows:
 - Ararat - 30 FAP nurses;
 - Armavir - 22 FAP nurses;
 - Aragatsotn - 60 FAP nurses;
 - Vayots Dzor - 23 FAP nurses.

In the reporting quarter, PHCR made over 20 monitoring visits to the training sites in Yerevan and the mentioned marzes. During the monitoring visits, PHCR provided necessary technical support, clarifications, and comments for improving the training. In addition, numerous meetings were held with training coordinators from the NIH and BMC to address issues emerging in the course of the training. PHCR, together with NIH and BMC, reviewed, finalized, and ordered printing of FN/CN training final examination questionnaire.

Jointly with FN/CN training coordinators and NIH Chief Accountant, PHCR reviewed details of training intermediate report to check the conformity of information provided by the NIH against the contractual requirements. Upon acceptance of the intermediate report, the second installment will be paid to the NIH. (B7.3)

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

Please see under E8

C. COMPONENT 3: OPEN ENROLLMENT

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

- In the reporting quarter PHCR continued advocating for approval of OE database and IT application decree by the GoA. In this respect, PHCR received from the MoH the comments on the draft decree from the Ministry of Labor and Social Issues (MLSI) and the Ministry of Justice (MOJ). Upon MoH request, PHCR formulated explanations and clarifications to assist the MoH in providing feedback to the MOJ and MLSI comments. The relevant document was shared with the Head of MOH Legal Department. (C1.3)

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

- PHCR prepared computer equipment for distribution to newly organized Lusakunk MA. OE and related software products were installed. In addition, OE and related software products were installed in the new computer of Dalar MA. The previous computer provided by PHCR for Dalar MA was recently stolen. Investigation by the police did not recover the computer so the head of Dalar MA provided a new computer for OE database.
- PHCR transferred patient registration data from Berd MC to Nerkin Karmir Agbyur MA. This was done because Nerkin Karmir Agbyur MA recently changed its status to independent facility, and does not belong to Berd MC anymore. (C2.1)
- With PHCR assistance, MoH gathered OE databases from all marzes for the second half of 2009. All 11 databases were transferred into the national level database at the MoH, and will be consolidated into one national database. (C2.1 and C2.3)
- On April 14, 2009, PHCR organized a seminar for the Heads of marzpetaran HSSDs and marzpetaran operators to demonstrate to them the OE database specific functionalities and tools for retrieving and analyzing data. The seminar was also attended by representatives of the MoH and SHA.

Following this event and taking into account the interest expressed, a similar seminar was held for PHCR team members next day, on April 15. (C2.1 and C4.3)
- Throughout the reporting quarter, PHCR provided advice and technical assistance to PHC providers who had experienced problems related to the functioning of the OE database at their facilities.

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/SHA continued their joint activities aimed at establishment of a comprehensive modern nationwide healthcare automated information system, "MIDAS-3".

In that respect, PHCR together with SHA, developed technical specifications for MIDAS-3 software application taking into account that it should provide unified management, access and reporting capabilities for 1) population enrollment with primary healthcare physician, 2) PHC patient tracking/encounter system, and 3) hospital patient tracking system.

Following the development of technical specifications, PHCR announced a tender to select an appropriate software development company for MIDAS-3. As a result, PHCR received one bid from Yerevan Computer Research and Development Institute (YCRDI, also known as the Mergelyan Institute). After thorough evaluation of the bid received from YCRDI, and clearance from USAID regarding possible issues surrounding a single bid, PHCR began preparation of a contract with detailed annexes.

On June 01, the contract for the development and testing of MIDAS-3 system was signed between EMG/PHCR and YCRDI. Following the signing of the contract, the parties started working on features of the hospital system including price calculation formulae, made some modifications in the hospital part of MIDAS-3 database structure, and designed the conceptual structure of the reporting subsystem. In addition, PHCR, SHA, and YCRDI started the design of the encounter database and relevant tables, and the development of principles of importing data from the existing MIDAS-2 and AGAT systems into MIDAS-3 system. Completion of the development and testing stage of MIDAS-3 software system is expected by September, 2009.

(C3.2, C3.2, and C3.3)

- PHCR met with Management Sciences for Health (MSH) representatives involved in development of e-TB Manager System, and discussed ways of data exchange between PHCR MIDAS-3 automated database and e-TB Manager. PHCR has agreed to share with them catalogs of health facilities and communities, upon request. (C3.3 and A1.2)

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

- As one of activities aimed at supporting institutionalization of OE system into GOA/MOH, PHCR worked on development of a contract template that the PHC provider facilities may use to procure OE database related IT maintenance services from a relevant provider of such services, in this case – Harmony Foundation. Harmony Foundation was the company contracted by PHCR Project in the past to provide the mentioned services to PHC provider facilities. However, there is a need for PHC facilities to take over the responsibility of contracting and paying for IT maintenance services as PHCR is no longer funding this service.

For that purpose PHCR developed the draft contract template that was first internally processed, then shared with two PHC facility managers to get their input. After incorporating their input, PHCR thoroughly discussed the template of the contract with the director and lawyer of Harmony Foundation. Their comments were accordingly reflected in the final draft. Currently Harmony Foundation handles distribution of the template to PHC providers and other contracting related issues. PHCR supports the process by informing the PHC providers about the existing service.

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).

- To facilitate implementation of Stage 1 of QA in PHC Program, PHCR held working meetings at all marzpetarans of Armenia with Heads of HSSDs and QCs assigned to work with PHC facilities of the relevant marzes. Agenda of the meetings included review of progress, problem-solving, planning, and allocation of the roles, responsibilities, and necessary steps for implementation of Stage 1.
- PHCR completed the QA Stage 1 two-day training courses for larger PHC facilities (those with three or more PHC physicians) of Armenia. In the past three months, 15 two-day QA training courses were conducted in the following eight marzes of Armenia:
 - Tavush – 2;
 - Gegharkunik – 2;
 - Kotayk – 2;
 - Aragatsotn – 2;
 - Ararat – 2;

- Syunik – 2;
 - Armavir marz – 2;
 - Vayots Dzor – 1.
- A total of twenty-six 2-day training courses were conducted by 45 QCs over a period of from the end of February to the end of May 2009. All participants of the training courses received copies of the set of four manuals that were developed by PHCR and approved by the MOH. PHCR QoC team participated in the training courses and provided necessary technical support, and feedback. (D1.3)
 - Following the training of PHC facility representatives, the QCs followed up with a series of supportive visits to their respective facilities to help with establishment of QA processes. In the reporting quarter, 383 supportive visits were made to different PHC facilities. The breakdown of the visits is as follows:
 - Yerevan – 95;
 - Lori – 48;
 - Shirak – 52;
 - Tavush – 27;
 - Gegharkunik – 27;
 - Kotayk – 38;
 - Aragatsotn – 26;
 - Ararat – 26;
 - Syunik – 18;
 - Armavir – 18;
 - Vayots Dzor – 8.

Overall, 427 supportive visits were made by QCs. The supportive visits at this stage will continue until August 7, 2009, thus completing the first stage of QA in PHC Program.

- At the same time, PHCR has started preparations for the launch of the second stage of the QA Program, which will be implemented during August 2009 – February 2010. PHCR has drafted a detailed schedule for the second stage of the QA Program, and currently is working on finalizing it. The second stage of the QA Program 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. 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.
- Out of published 1500 sets of Pediatric Job Aids PHCR has already distributed 1057 sets to Yerevan (450), Gegharkunik (76), Syunik (68), Kotayk (119), Vayots Dzor (27), Shirak (109), Armavir (110) and Aragatsotn (48) marz HSSDs, and MOH (50). The Job Aids will be distributed among family physicians and pediatricians of relevant marzes and Yerevan.
- On June 1, 2009, the Minister of Health endorsed the order on establishment of a Central level Quality Improvement Board at the Ministry of Health (Order #777-A, June 1st 2009) with the following members:
 - Chairman of the board: Vahan Poghosyan, Head of Healthcare Organization department;
 - Board members:
 - G. Ayvazyan (SHA-deputy head)
 - R. Yuzbashyan (Head of PHC division)
 - K. Saribekyan (Head of MCH division)
 - L. Avetisyan (Head of Communicable and NCD department, SanEpid)

- S. Hovhannisyanyan (Head of FM faculty, NIH)
- D. Andreyanyan (Head of Health System Monitoring department, Information-Analytical Center, NIH)

With the purpose of ensuring continuous and regular collaboration with PHCR Project during the activities envisaged by the Quality Assurance implementation plan, the following responsible persons were assigned:

- G. Mnacakanyan (Chief Specialist, PHC division)
- N. Pashayan (Chief Specialist, MCH division)

The supervision over the implementation of this Order is assigned to the Minister.

It should also be noted that with the formation of the central level QIB, the complete structure and functions of the QIB has been established nationwide – a necessary condition for institutionalization and successful implementation of a sustainable QA program

- Through Marzpet decrees, Marz level Quality Improvement Boards (QIBs) were established in the following five marzes: Armavir, Gegharkunik, Kotayk, Vayots Dzor, and Syunik. So far, only Ararat and Shirak marzes have not established marz level QIBs. Following establishment, marz level QIBs of the following marzes held their first meetings: Kotayk, Tavush, Lori, and Yerevan. During the meetings, the QA implementation progress in the relevant marz was discussed based on the “summary intermediate reports” prepared in advance by the PHCR QA team (see below.) All issues raised during QIB meetings are recorded, and either selected to be channeled to the central level QIB at the MOH or solved by the marz level QIB itself, depending on the nature of the issue.
- For the purpose of tracking QA in PHC Program implementation progress, PHCR is maintaining an Excel file where all information related to QA implementation received through QCs is being entered. Based on the existing data, PHCR has already developed brief intermediate summaries of QA implementation progress for Yerevan, Kotayk, Lori, and Tavush marz PHC facilities. The following information was used to develop the summaries:
 - QA Trainings of PHC facilities provided by QCs;
 - Establishment of the QIBs in the PHC facilities;
 - Issues and progress related to collection of ten quality of care indicators;
 - Application of the self-assessment tool in the PHC facilities;
 - The most commonly occurring/observed issues stated in Quality Improvement Action Plan grouped by the QoC aspects – access, responsiveness, physical environment, management and technical competency;
 - Obstacles for introduction of Quality Assurance process in PHC facilities;
 - Solution to problems identified in the Quality Improvement Action Plan;
 - The main achievements of introducing quality assurance process in PHC facilities;
 - Other/current issues.

The intermediate reports were shared with QIBs of the relevant marzes during the QIB meetings. A full analysis of QA implementation will be done after the completion of the second stage of QA program.

- On April 02, 2009, PHCR hosted a Quality Assurance workshop for donor organizations. The purpose of the workshop was to understand who is doing what in the Quality Assurance area in order to enhance coordination. The workshop had the following agenda:
 - Opening: Kimberly Waller, USAID;
 - Presentations on “Who is doing what in Quality Assurance?” by the WHO, Project NOVA, and PHCR (10-12 minutes each); and
 - Discussion and next steps (D1.9)

- On June 24-25, 2009, PHCR team participated in the project NOVA wrap-up workshop “Working Together for Better Quality of Healthcare” in Tsaghkadzor. During the workshop, PHCR QoC Advisor made a presentation about “Fundamentals and current implementation status of the Armenia National PHC QA Program”. In addition, Advisor facilitated one of the small group discussions of the workshop - “What could be the role and responsibilities of Marz-level authorities in National QA program?”

(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).

- PHCR M&E team completed necessary preparations for the follow-up Patient Satisfaction and KAP surveys in Zone 2: questionnaires in Armenian and Russian, journal forms, interviewer training guides, driver forms, maps, and code list for selected facilities were copied; interviewer guides were updated and interviewers were trained, and necessary supplies were provided for field work. The actual surveys started on 09 June 2009. It is planned to complete the fieldwork by the end of July 2009. (D3 and F1)
- PHCR combined report on Facility resource & Facility/provider performance assessment in Zone 3-1 was reviewed by PHCR M&E consultants: Drs. Thompson and Petrosyan. After this, the combined report was finalized by PHCR Project Research director in terms of both content and formatting, and separated into two reports: Baseline facility resource assessment in Zone 3-1 and Baseline facility/provider performance assessment in Zone 3-1. Both reports were submitted to CHSR and were translated into Armenian by CHSR staff. Currently the translated reports are being proofread and fine-tuned by PHCR Project Research Director. (D3 and A2)

E. COMPONENT 5: HEALTHCARE FINANCE.

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

- 2008 PHCR analysis of health care affordability, using data from the 2006 Household Health Expenditure Survey, showed that 16 percent to 26 percent of Armenian households incur catastrophic health expenditures. Out of pocket health expenditures are highly regressive, substantially greater than public health expenditures, and appear to deter some necessary utilization of referral services. In response to this report, PHCR STTA Rich Feeley developed a document on policy options which might address the problem of health care affordability in Armenia. (E1.2)
- During the past quarter, PHCR, through series of working meetings, closely worked with the NHA WG on the development of 2008 NHA. The work was specifically related to defining the schedule for development of 2008 NHA; finalizing NHA matrices; options for collection of missing information; issues on finalization of tools and development of letters for institutionalization of data collection process; etc.
- For the purpose of collecting data on “Rest of the World” category for 2008 NHA, NHA Steering Committee, using PHCR developed tools (questionnaire and reference form), initiated a survey of donors’ health expenditures. In addition, the Committee requested information from the Government on expenditures made through benevolent programs and humanitarian aid.
- In that respect, PHCR provided support to organizations such as the World Vision, Eye Care Project, the WHO, and UNFPA, in filling out the questionnaire for donor health expenditures survey.

(E1.3, E 2.2 and E 2.3)

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

- PHCR is nearing finalization of its guide on NHA accounting methodology, an important tool that will be used by the NHA development working group in their future work.
- PHCR closely collaborates with the WB and HPIU on NHA development. In that respect, PHCR had a meeting with a WB Mission and presented the work done towards NHA development and institutionalization. Issues related to health sector performance assessment (HSPA) work were also discussed. HPIU/WB plans to have a large scale workshop and present the work on 2008 NHA and HSPA in November, 2009. Additionally, on June 18, PHCR made a presentation at the HPIU, with participation of WB expert on Healthcare Financing, on PHCR developed “NHA accounting methodology”. The methodology as well as work done with application of the methodology in development of 2008 NHA were highly acknowledged by the WB expert.

E3. Cost and prices of services are determined

- Based on stated concerns of the MOH that the current two tier capitation structure may provide disincentives for full primary care treatment of young children and the very old, PHCR STTA Rich Feeley reviewed capitation systems used for primary care in the UK and Estonia and relative utilization data for Russia, Uzbekistan, Mongolia, Chile and Israel. Key findings as well as proposed approaches for capitation adjustment per age and gender were presented and discussed at the SHA. PHCR STTA developed the report on “Adjusting of primary care capitation formula in Armenia”.
- PHCR developed an Excel based model to analyze the sensitivity of payments to individual primary care facilities if the capitation structure were changed. Adjustments in the capitation could be made quite readily using the model developed, while keeping the total national health care budget “revenue neutral.” The model was applied and analysis performed for a sample of 6 PHC facilities, including polyclinics and rural ambulatories. SHA expressed interest in testing various capitation structures with the model before setting primary care reimbursement rates (E3.1)

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

- PHCR assisted SHA/MOH in development of performance indicators to be monitored and the list of disease registries to be automatically created through the MIDAS-3 system. (E 4.2)
- Minister of Health order N_446-A on regulation of collection, processing, evaluation of PHC performance indicators, as well as on performance based financing and remuneration, was approved on April 1, 2009. (E4.2)
- SHA has been clear on the need for a method of verifying facility claims for payment under the performance incentive reimbursement system. Concern about possible falsification of such reports is one expressed reason for delaying the performance based reimbursement until 2011, when performance data should be available from the MIDAS-3 primary care encounter system (vs. paper based reported data by the PHC facilities). In preparation for this, PHCR STTA Rich Feeley reviewed currently planned information flows and suggests techniques for selecting those facilities to be audited and the reviews necessary to verify claimed performance. Proposed approaches for performance based payment system monitoring and auditing were presented and discussed at the SHA. Report on “Performance Measures Use and Verification” was developed by PHCR STTA (E4.2).
- PHCR STTA Rich Feeley debriefing with USAID was held on June 29.
- PHCR sent a letter to the Minister of Health to bring the Minister’s attention to the fact that effective implementation and sustainability of the MIDAS-3 system, through which personified

medical information will be collected and the databases created, needs to be supported by appropriate legal/regulatory framework. HF Team examined a number of possibilities for legal regulation of the Encounter system, including discussions with officials at the SHA, and presented options for improvement. The Team has started development of a regulatory document on Encounter database management and data processing at different levels. (E 4.3)

- PHCR estimated the number of Encounter forms, which can be expected each month for facilities with different levels of catchment area and defined average daily hours that will be spent by the facility for entering Encounter data (E 4.3).
- As it was stipulated by the Minister's Order N 446-A, SHA submitted the list of performance indicators, Encounter form, guide for filling an Encounter form and its annexes to the MOH for circulation and feedback. (E 4.3 and E 5.1)

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

- PHCR has started development of the document on "Questions and Answers" related to Encounter system application. (E 5.1)
- PHCR is getting prepared for a large-scale training on Encounter use. The training will start with a TOT course for 3 groups of 50 trainers, Quality Coordinators and/or Clinical Preceptors (QCs/CPs), which is scheduled for October-November. The TOT course will be followed by training of 608 PHC physicians (forming 31 groups) from 347 PHC facilities nationwide, which will last till the end of 2009. In addition, Encounter trainers will make supportive visits to PHC facilities assigned to them during January-February, 2010. The training plan and supportive visits were presented to and agreed with all QCs/CPs.

The groups of trainees were formed based on the number of PHC physicians working in PHC facilities. From PHC facilities that have:

- up to three PHC physicians- one physician was selected (director or leading physician);
- 4-8 PHC physicians - two physicians were selected (director or deputy director and statistician or leading physician);
- 9-11 PHC physicians – three physicians were selected (director or deputy director, statistician and head of pediatric or therapeutic department or leading physician);
- 12-20 PHC physicians - four physicians were selected (director or deputy director, statistician and heads of pediatric and therapeutic department or leading physicians);
- 21-40 PHC physicians- five physicians were selected (director or deputy director, statistician and heads of pediatric and therapeutic department or leading physicians);
- 41+ PHC physicians – six physicians were selected (director or deputy director, statistician and heads of pediatric and therapeutic departments or leading physicians).

PHCR, together with SHA, prepared the TOT course program for Quality Coordinators/Clinical Preceptors, training program for PHC staff, and the training plan. The full training package and PHCR planned assistance towards nationwide implementation of performance based payment system has been agreed with the SHA regional branches and the Marz HSSDs. (E 5.2)

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

Completed

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

- Minister of Health order N_445-A "On Organization of PHC Management Training Course for PCH Managers of Syunik, Vayots Dzor and Armavir marzes within the scope of PHCR", was approved on April 1, 2009. The Order approves the list of Management training participants, the refined training program, and states that the trainees will receive certificates of completion. The

Order also notes that the training program will be implemented through financial and technical support of PHCR.

PHCR completed training of 30 PHC facility managers from Vayots Dzor and Syunik marzes in Primary Healthcare (PHC) Management, a course developed by PHCR. By this, PHCR completed training of 262 PHC facility managers and representatives of marz health and social security departments from all marzes of Armenia and Yerevan. PHC Management training includes sessions on topics such as strategic planning, human resource management, financial management, rational drug use, health sector policy, legal and regulatory framework, and labor legislation.

After completion of the training course, Zone 3-2 PHC facilities developed their three year strategic plans, which were assessed and summary document on Marz PHC sector development prepared by the PHCR HF team. For all marzes, follow-up workshops on provision of feedback on submitted strategic plans were held, with participation of the heads of relevant HSSDs. In addition, all participants of the PHC Management training course were officially awarded certificates of completion signed by the Minister of Health and PHCR Chief of Party.

Feedback from trainees indicated that the overall training and individual sessions were effective and efficient in meeting the training program objectives. PHC facility managers emphasized the interactive and practical nature of the training and professionalism of the training team in addressing issues related to their daily work. As follow-up to questions raised by trainees, PHCR had discussions at the MOH with appropriate departments (Drug, MCH, PHC, Licensing) on issues such as licensing of additional services; list of first aid drugs to be kept by FAPs, ambulatories, and schools; psychotropic drugs management, etc. Additional training materials relevant to such issues were prepared and provided to trainees, including the list of ambulance drugs, licensing procedures for service provision on production, distribution, and use of psychotropic drugs.

All participants demonstrated motivation and commitment to meet and continue discussions on common problems and issues, as well as exchange information and news on health care policy and reforms, legal and regulatory framework, and financing. PHC facility managers were keen to involve their staff in the process of three year strategic plan development through activities such as PHC facility SWOT analysis, problem identification, and setting strategic objectives (E 7.1).

- PHCR made necessary preparations for the upcoming training of 25 PHC chief accountants from Syunik and Vayots Dzor marzes; this is planned for August, 2009, at PHCR office. (E 7.3)

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

- With the purpose of assisting potential founders of IFMPs to cover start-up costs, PHCR had a discussion with the Controller (Supervisor) of Turpanjian Rural Development and Adult Education Project implemented by AUA with the support of Turpanjian family, which provides loans for development of small and medium businesses at below market rates (six percent). Simplified loan provision conditions and requirements were shared with the HPIU. Potential founders identified by HPIU from Shirak and Tavush marzes may develop their business plans and submit to the Committee for review; the committee is formed from representatives of commercial banks and AUA. After submission of business plans they may undergo entrepreneurship training.

In addition, considering 2009 financial norms and new utility tariffs, PHCR updated the Excel based model for IFMP financial plan development. (E 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).

- PHCR Follow-up Patient Satisfaction and KAP surveys in Zone 1 were reviewed by M&E consultants: Drs. Thompson and Petrosyan. Currently, their comments on the reports are being addressed by PHCR Project M&E director. (F1).
- *See also under A2*

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

- PHCR updated the Basic Benefits Package (BBP) poster and BBP booklet, and published 1500 copies of the poster and 3000 copies of the booklet for distribution. Moreover, PHCR published an additional 5000 sets of health leaflets including leaflets on Mother and Child Health; Tuberculosis; Diabetes; Hypertension; Osteoporosis; and Urinary Tract Infections. The leaflets will be handed over to 45 QCs who will further distribute them to PHC facilities assigned to them, in response to a need expressed by the facilities in the course of QA activities. (F2.3 and F4.1)
- PHCR distributed the following public education materials to 50 communities of Zone 3-1:
 1. 11,600 sets of health leaflets on six health issues;
 2. 1,500 BBP posters 2009;
 3. 3000 BBP booklets 2009;
 4. 100 posters on free or discounted drugs provided by the government in 2009;
 5. 250 brochures on Maternal and Child Health (developed by USAID NOVA Project, and published by PHCR); and
 6. 500 PHCR 2009 Calendars.(F2.3 and F4.1)
- PHCR launched its Small Grants Program in Zone 3-2 target communities. As part of increased emphasis on community mobilization and health education in Year 5, the originally planned forty four communities involved in the program has been increased to fifty-four. (F2)
- As part of Small Grants Program in Zone 3-2, PHCR developed a schedule for CHC formation, and, through trips conducted from June 8 through June 12, started the formation process in Vayots Dzor and Syunik communities. During the visits, PHCR PE team presented the upcoming community mobilization activities to the heads of the Marz Health Departments as well as the mayors and nurses of the PHCR target communities in Zone 3-2. So far, 11 communities out of the planned 54 have already formed their CHCs. (F2.2)
- As part of Small Grants Program in Zone 3-2, on June 29, 2009, PHCR started a five-day TOT training of Zone 3-2 local NGOs in CHC Capacity Building. Successful NGOs will be eligible to apply to the PHCR Stage 1 Small Grants Program in Zone 3-2, aimed at training CHCs in Zone 3-2 target communities. (F2.6)
- Within the framework of PHCR Small Grants Program in Zone 2 communities, NGOs that had trained Zone 2 CHCs made follow up visits to those communities. Follow up visits are aimed at observing operation of local CHCs and their community mobilization activities, gathering feedback on issues and problems, and providing assistance in overcoming those. (F2.7)

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

- PHCR provided training to all CHCs of Zone 3-1 communities on PHC services provided in Armenia.

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

Please see under F1

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

- *F5.1 completed in the previous quarter.*
- *F5.2 planned to be held in September 2009.*

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

- PHCR completed the Small Grants Program in 50 communities of Zone 3-1, Ararat, Armavir and Aragatsotn marzes. All 50 CHCs were trained by selected 10 NGOs in different health topics.

From May 11 to 29, 2009, PHCR conducted final evaluation of Zone 3-1 Small Grants Program. To facilitate that, PHCR visited all 50 CHCs of target communities in Zone 3-1. The purpose of final evaluation is, through meetings with CHCs, to a) reveal effectiveness of CHC trainings by NGOs, b) plan for future community mobilization and health education activities, c) award certificates of completion to CHC members.

The meetings with CHCs indicated that in many communities CHC members had already independently started community mobilization activities as a result of the PHCR community mobilization program through the small grants. Many CHCs have increased the number of their members due to expressed interest of community members in CHC activities. Moreover, in a number of communities, CHC members and members of their families have already observed direct outcome of PHCR Small Grants Program in the form of quitting smoking, preferring/not ceasing breastfeeding, modifying daily diets, etc. (F6.1)

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

- As part of the process of publishing relevant PHCR materials, PHCR revised Armenian versions of CHC health training modules including:
 1. Maternal and Child Health
 2. Diabetes Prevention and Management
 3. Hypertension Prevention and Management
 4. Reproductive Health and Safe Sexual Behavior
 5. Calcium and Healthy Bones
 6. Dangers of Smoking on Infant and Child Health

In addition, PHCR revised CHC Capacity Building training materials. (F7.2)