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Primary Healthcare Reform Project

## INTRODUCTION

The Primary Healthcare Reform Project (PHCR), funded by the United States Agency for International Development (USAID) under the TASC2 IQC No. GHS-I-00-03-00031-00 was awarded to Emerging Markets Group, Ltd. (EMG) on September 30, 2005. Subcontractors on 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, 2008. The major project accomplishments that occurred during the report period include the following: holding of Zone 1 graduation ceremony in Vanadzor attended by nearly 150 people; selection of 45 target PHC facilities in Zone 3 (Ararat, Aragatsotn, and Armavir regions); delivery of 193 medical equipment and supplies kits to family physicians, family/community nurses, and family medicine faculties; delivery of training to 91 managers of PHC facilities of Ararat, Aragatsotn, and Armavir regions; on-going of 6.5 month training of 100 community nurses in Tavush, Kotayk, and Gegharkunik regions; and completion of health TOT trainings in 36 rural communities of Zone 2.

## ABBREVIATIONS AND ACRONYMS

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

### Primary Healthcare Reform Project

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## A. COMPONENT 1: EXPANSION OF PHC REFORMS

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

- PHCR Quarterly Bulletin #10 (Q2, 2008) is being finalized and will be distributed to more than 100 Project counterparts and stakeholders, including Health Advisory Board members from Zone 3 regions (Ararat, Armavir, and Aragatsotn), as well as target communities selected in the three regions. It is also posted on the PHCR website and sent out to more than 120 subscribers through a targeted subscription list (A1.1).
- Throughout the quarter, all PHCR teams continued contributing to the final reviews of the new MOH PHC strategy document (2008-2013). The final version of the strategy document was submitted to the Government of Armenia and was approved by the Government in the GOA Protocol Decree N24, dated June 19, 2008 (A1.2).
- On June 6, 2008, PHCR held a Graduation Ceremony in Vanadzor to mark the completion of most of its key activities in Lori and Shirak (Quality of Care is the most significant activity remaining). The event was attended by nearly 150 participants, including the Minister of Health and other Ministry of Health officials; Chair of Standing Committee on Social Affairs, Health Care and Environmental Protection; United States Agency for International Development (USAID) officials; Lori region marzpet; representatives of regional authorities; community mayors; primary healthcare (PHC) facility management staff; family physicians; nurses; and other guests. Opening speeches were delivered by the Minister of Health Dr. Harutyun Kushkyan; Dr. Ara Babloyan, Chair of Standing Committee on Social Affairs, Health Care and Environmental Protection, National Assembly of Armenia; Mr. Robin Phillips, USAID/Armenia Mission Director; and Mr. Aram Kocharian, Lori marzpet. Dr. Richard Yoder, PHCR Chief of Party, updated the attendees on PHCR nationwide activities, as well as accomplishments in the two regions. The second part of the event comprised awarding of gratitude certificates to 40 mayors of PHCR target communities in the both regions who supported Project's activities locally. The ceremony was followed by stakeholder testimonials, and a concluding speech by Dr. Ruzanna Yuzbashyan, Head of PHC Department at the Ministry of Health, who emphasized the role of PHCR in improving the quality and accessibility of PHC in Armenia. PHCR's approach that brought the health sector reforms to the grass-root level, closer to communities, as well as PHC physicians and nurses, was also highlighted at the event.

Key Armenian media channels, including H1 TV, H2 TV, Kentron TV, ALM TV, Shant TV, AR TV, "Hayastani Hanrapetutyun" daily, Armenpress News Agency, as well as Lori and Shirak local media (total number of media representatives – 18) attended and covered the event (A1.3).

- PHCR conducted a mid-year review of work plan status, and found that the Project is on target for meeting most of its activity goals. Where this was not the case, reasons and obstacles were identified and corrective actions prescribed.
- According to USAID policies, PHCR team needs to ensure compliance with US family planning (FP) legislative and policy requirements, including knowledge refresher activities and on-line training on FP legislative and policy requirements. In June 2008, six relevant members of PHCR staff completed the on-line USAID FP training and were awarded completion certificates. According to current reports, all partners and activities are in compliance with the regulations and no violations were found.

On June 30, PHCR met with Dr. Astghik Grigoryan, USAID/Armenia to review PHCR FP Compliance Plans and Instruments developed last year and discuss any possible issues related to ensuring compliance with US FP legislative and policy requirements. Changes proposed by Dr. Grigoryan will be incorporated in the PHCR FP Compliance Plan.

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

- PHCR M&E Team conducted follow-up Facility Resource and Facility/Provider Performance assessments in Lori and Shirak regions.

Completed questionnaires received from the both regions were reviewed and data entry personnel were trained. Data entry and cleaning from the both assessments were completed by late June; data analysis for the Facility Performance survey is in process. Analysis of the data on follow-up nurse performance assessment obtained as part of these assessments has been completed (A2.1, also see under B5.1 below).

- PHCR M&E Team conducted baseline Facility Resource and Facility/Provider Performance assessments in Ararat, Armavir, and Aragatsotn regions. As part of the preparatory work, potential survey sites for the assessment were mapped and survey tools were finalized and printed.

Completed questionnaires received from the three regions were reviewed. Data entry personnel were trained. Data entry and cleaning from the baseline Facility/Provider Performance assessment was completed by late June; data entry and cleaning for the baseline Facility Resource Assessment is in process.

- M&E team keeps the MIS database constantly updated with most recent data on PMP indicators. For the recently revised and approved PHCR Scope of Work (SOW) for the Option Years, the M&E team cross-checked the PMP and the revised the SOW to make sure the indicators in the both documents are aligned (A2.3).

## **A3. PHCR activities on Marz level begun.**

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

- After assessing about 120 PHC facilities in 96 communities of Ararat, Armavir, and Aragatsotn regions, PHCR, in collaboration with regional Health and Social Security Departments, selected 45 PHC facilities for upgrading in 2008. Mayors and management officials of selected communities signed written commitments to complete their part of improvements (space allocation, roof renovation, water supply, heating system installation, etc.) prior to PHCR starting any renovation work (A4.3).

- For the purposes of bidding to select engineering design companies, 45 selected PHC facilities were divided into four lots. Through the competitive bidding process, three licensed companies were selected and contracted. The new PHCR-developed template contract with the engineering design companies contains a requirement for them to carry out follow up visits to ensure that their designs have been complied with (authorship follow up).

In June, the PHCR engineering team and the selected engineering design companies completed design drafting and cost estimates for all selected PHC facilities. Design technical documentation was included in the tender package for construction and renovation services. The invitation to participate in the tender was advertised through media, and PHCR expects to be able to compile the short list of construction companies by early July (A4.4).

- PHCR delivered 174 medical equipment and supplies kits to family physicians, clinical preceptors, and community nurses in Lori, Shirak, Gegharkunik, Kotayk, and Tavush regions. Another 19 medical kits were handed over to family medicine and family nursing faculties of Yerevan State Medical University, National Institute of Health (NIH), and Yerevan State Basic Medical College (BMC). Each kit contains nearly 20 items, including a sphygmomanometer with a phonendoscope; an otoscope; an ophthalmoscope; scales for adults, as well as a medical bag with urinary strips, pregnancy check strips, C-reactive protein strips, and other medical supplies. The kits also include glucometers that have been contributed by Jinishian Memorial Foundation.

In all regions, PHCR staff also conducted refresher training on how to use the equipment included in the kits (A4.7).

**A5. PHC physical improvements sustained by rational management procedures.**

- PHCR-developed maintenance manuals for renovated PHC facilities were distributed to the nurses of all target PHC facilities in Tavush, Gegharkunik, and Kotayk (A5.1).

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

- As a first step to initiate the process of institutionalizing key PHCR activities into the GOA/MOH so they continue when the project ends in 2010, the Project contracted with STTA Saro Tsaturyan. Since it can take several budget cycles for some activities to be fully institutionalized, the work needs to begin now. The objectives of this exercise are to (a) make recommendations on the most appropriate “home” for the institutionalized activity, (b) provide estimates of the marginal costs (capital and recurrent) of institutionalizing the selected activities, and (c) prepare a plan for having these selected activities institutionalized over the life of the project. A preliminary list of key activities includes quality of care policy and strategy; continuing medical education of family physicians and family nurses; health education; open enrollment systems; NHA; PHC facility strategic planning and budgeting process.

The STTA work is scheduled for completion by July 19. Following this, a presentation is planned for the Minister of Health and other key MOH officials.

## **B. COMPONENT 2: FAMILY MEDICINE**

**B1. PHC/FM policy improved.**

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

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

- Armenian translation of the Learning for Performance (LFP) manual was finalized. One hundred copies will be printed and distributed to the FM/FN training institutions (B2.1).
- As agreed between USAID/Armenia Health Team, IntraHealth International Inc. program manager, and PHCR Chief of Party, STTA for conducting a TOT course on the “Learning for Performance” methodology has been cancelled. The rationale behind this decision was that the key stakeholders and participants were not prepared to dedicate the time required for this training (5 full days) and to use the learnings by making relevant changes in their curricula. At most, they could agree to 2-3 half days, which was not considered sufficient to learn the LFP methodology (A2.2).
- On June 30, 2008, PHCR launched a 54-hour TOT course on “Most Common Childhood Illnesses” training package for FM faculties and clinical preceptors. The objective of the course was to provide the participants with the knowledge and skills required to use the newly developed training package in upcoming family physician trainings. The TOT course was attended by 30 participants. The final version of the “Most Common Childhood Illnesses” training package will incorporate feedback received from the TOT participants during the delivery of the training (B2.5, B5.2).
- Sets of clinical training manikins were delivered to FN Faculties of the NIH, BMC, and Erebouni Nursing College. The sets include cardiopulmonary resuscitation (CPR) patient simulator, obstetrical manikins, adult venipuncture and injection training arms, female and male

catheterization simulators, gynecological training manikins, newborn phantom for obstetrical manikins, and suture, wound and burn care practice arms (overall, more than 21 types of manikins). The equipment will be used to teach clinical skills as part of the PHCR-delivered community nursing training, and will remain with the faculties after the PHCR training has been finished (B2.6).

- As per request from Health Sciences Online (HSO) representatives, PHCR met with them to discuss possible collaboration in the field of online continuing medical education. HSO is a collaboration that includes the World Bank, World Health Organization, CDC, NATO, and other organizations, and is based at the University of British Columbia in Vancouver, Canada. It is producing a web site/virtual learning center, which health professionals can access for free. It appears to be rather comprehensive, user friendly and of high quality, with current courses, references, and other learning resources needed to improve health services. HSO is piloting a portion of the site in multiple countries, including Georgia and Armenia. PHCR expressed willingness to cooperate with HSO work towards establishing a Clinical Learning Resource Center for marz based FM clinical preceptors. As a first step, PHCR team shared with them the electronic version of training packages on cardiovascular diseases, urinary tract infection, and skin diseases to be used and posted in HSO resource collection, as e-learning sources in Armenian. Such an on-line CME system also has good potential for reducing misuse of CME testing processes in that it is all done on-line with immediate feedback on results (B4.1).

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

- Throughout the second quarter of 2008, PHCR FM team continued leading the activities of the working group whose aim is to develop the “Most Common Childhood Illnesses” training package. FM training advisor coordinated the work all the way through, providing professional guidance and advice to all aspects of training package development process. A requirement by PHCR was that the materials included in the package should comply with not only WHO Integrated Management Childhood Illnesses approach, which is more suitable for countries with high “under 5” mortality rate (over 40), but, more importantly, with relevant guidelines of countries that have mortality and morbidity patterns more consistent with those of Armenia.

The first draft of the “Most Common Childhood Illnesses” training package was submitted by the working group on June 13. This version will be used as core training material to conduct the TOT training for FM faculties and clinical preceptors (see under B2.5), and will be refined after the course has been delivered, to take account of the suggestions made by trainees (B3.1).

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

- For a report on provision of medical equipment, please see Section A4.7 above.
- Based upon a request from World Vision, PHCR will provide them with the “Cardiovascular Diseases” and “Urinary Tract Infections Course for Family Physicians” training packages for publication and distribution to the 80 PHC physicians with whom they work.
- On May 7, PHCR FM team had a meeting with Anahit Yernjakyany, representative of Academy for Educational Development (AED) to discuss issues related to future collaboration between PHCR and AED’s Human and Institutional Capacity Development (HICD) project. The primary outcomes of the meeting were as follows:
  - AED undertook to conduct leadership and management training for health non-governmental organizations (NGO) to upgrade their management and fundraising skills, and to improve leadership role of associations. The training will be fully funded by AED, and PHCR was requested to support Request for Proposal preparation and dissemination process.

- AED will conduct a one-day blood pressure measurement skills trainings for health post nurses (as proposed by USAID). The training will be provided to those nurses who will be trained by PHCR in years four or five of the Project since it is important that they be updated in the most critical areas as soon as possible. The training will be fully funded by AED. PHCR training advisor will assist AED with training material preparation and trainer selection (B4.1).

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

- PHCR M&E team conducted the follow up assessment of Lori and Shirak based health post nurse skills (Unified Family Nursing Curriculum training follow up assessment). The objective of this assessment is to identify knowledge and skills gaps in nurses trained in Zone 1, and to improve the delivery of the UFNC training in the other regions accordingly. The assessment methodology employed will focus on the collection of quantitative data to understand how a sample of nurses trained in the UFNC from Lori and Shirak regions has been applying their skills in the health posts where they work. Assessment instruments included:

*Community Nurse Practices Checklist:* A selection of expected practices was developed based on the UFNC. Practices were selected from each of the 35 modules and were chosen based on need according to the burden of disease patterns in Armenia and their position/order within prevention or treatment algorithms.

*Procedural Observations:* Two specific procedures, taking blood pressure and use of the glucometer were selected for observation. These procedures were selected based on their high contribution to the burden of disease in Armenia, client demand for these procedures, and the feasibility of observing these procedures at the health posts.

*Interview:* Nurses are interviewed in order to understand their perspectives on the recent training; availability of FN standards and access to internet and medical knowledge resources; availability of job descriptions; recent supervision; availability of supplies and equipment (B5.1, also see A2.1 above).

- PHCR is preparing to conduct TOT on Cardiovascular Diseases training package for Zone 3 clinical preceptors. Meetings are being held with the cardiovascular diseases training package working group to update the package and to discuss the design of the training (B5.3).

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

- PHCR FN advisor continued providing technical support to FN trainers in reviewing and improving training materials and updating multiple-choice questions and skill checklists (to be used in pre- and post-training assessment) for Zone 2 UFNC/community nursing training (B6.1).
- Training packages on “Integrating Reproductive Health/Family Planning skills in Family Nursing” and “Basics of Infant Care” developed by Project NOVA were incorporated into UFNC; 400 copies of the training packages were published by JMF and delivered. PHCR developed a distribution plan/list for these 400 copies (B6.3).

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

- Training of 100 community nurses from Tavush, Kotayk, and Gegharkunik regions is underway. PHCR FN advisor revised all UFNC lecture materials and training handouts developed by Yerevan based trainers. These materials make up two volumes of the nurse training manual. One hundred forty (140) copies have been printed and distributed to nurse trainees, as well as trainers and clinical preceptors. PHCR monitors the delivery of the course, and provides ongoing technical assistance to the trainers and the hosts of the training. Because of PHCR newly delivered medical equipment, supplies and training manikins, the training environment has been enhanced and the quality of training improved (B7.2).

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

- Collaboration continues with WB PIU and MOH Legal department towards improving the normative-legal framework of independent family practices. Upon MOH request, PHCR developed some application/reference forms that were required according to the GoA decree on Independent Practice. The MOH circulated these forms for stakeholders' feedback which will be approved by MOH order (B8.1).
- At the request of Prof. Michael Narimanyan, Head of FM Department and Vice-Rector of YSMU, PHCR delivered a four-hour seminar on the PHCR-developed guidelines on "Establishing and State Registration of Independent FM Group/Solo Practice" for a group of 32 PHC physicians currently undergoing FM specialization (through WB support). Seminar for the second group of 28 PHC physicians will be scheduled and conducted next quarter (B8.2, B8.3).

**B9. Technical assistance provided to MOH as needed for TB/(DOTS approach) program.**

- PHCR FM team obtained and reviewed normative documents on tuberculosis, including the National Tuberculosis Program approved by Government Decree and MOH regulation on tuberculosis prevention and management within BBP. The objective of the review was to define if the practical approach to lung disease (PAL) complies with the National Tuberculosis program. The team finds PAL complementary to the national strategy on tuberculosis prevention. PHCR conducted meetings with local stakeholders to discuss how PHCR can support MOH activities toward introduction of PAL. It was found that the Russian version of PAL package is available in Armenia (Prof. Samvel Hovhannisyanyan of NIH, obtained the package at a WHO-conducted workshop on PAL at Bishkek). The team plans to create a working group for translation and adaptation of the Russian version. It is suggested that the PAL package be incorporated into the UFNC.

### **C. COMPONENT 3: OPEN ENROLLMENT**

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

- PHCR continues reviewing agreements, contracts, and memoranda on healthcare services and interventions signed between Armenia and foreign countries. The objective of the review is to identify countries whose citizens Armenia undertook to provide with free of charge health care services. The list of these countries will be distributed to the PHC providers, to be used as a reference during the enrollment and service provision process (C1.1).
- OE Team Leader and PHCR Legal Advisor discussed the draft GoA Decree on OE database processing and transfer with the head of MoH legal department. As a result of the discussion, a number of changes were incorporated in the updated draft.

After further refinement and incorporation of comments from the MOH, Yerevan Municipality Health and Social Security Department, SHA, and NIH, the draft Government Decree on OE database processing and transfer was approved by the Minister of Health and was sent to the Ministry of Justice, Ministry of Finance, Ministry of Regional Governance, Ministry of Social Affairs, and the Police Department (Internal Affairs Ministry) for review and feedback. PHCR assisted the MOH legal department in providing answers and formulating recommendations to the questions and comments received from the above-mentioned ministries.

The draft decree has been submitted to the Government. PHCR received a letter from the Head of Social Affairs Department at the Government that gave highly positive feedback on the draft decree. The letter emphasizes the importance of having this decree approved, as it will "not only

improve the quality of the provided services and the management of the sector, but will also serve as a basis for the implementation of other important healthcare projects in the future” (C1.2).

- PHCR prepared a Policy Brief outlining four options for shifting from the current “catchment area based” system of financing PHC services to the planned “enrollment-based” system, and presented and discussed it at the SHA. Based on this meeting, as well as other reviews, the Policy Brief was revised and is being discussed with other stakeholders before presenting it to the Minister for a decision (C1.3).

## **C2. OE information and reporting system functional for operation in Year 2008 (1-7).**

- PHCR continued to provide support to health authorities of all Armenian regions and Yerevan in collecting OE data and generating OE status reports. The status reports include data on patient registrations, double registration entries, and transfers between facilities. At a regular meeting with regional health directors held at the MOH, the Project updated them on OE information technology implementation status; double registration status; issues commonly encountered and ways to address them; and OE registration status in the regions per PHC facility.

OE status report reflecting national enrollment statistics was also discussed with MOH officials. The Minister of Health expressed his interest in having the OE database operating effectively across the country (C2.1, C2.4).

- PHCR is conducting training seminars for PHC facilities of all regions on the cleaning of double registration records and processing of population transfer procedures. All participants of the training will be provided with detailed training materials, including the amended OE Government decree, list of double registration entries for each PHC facility per physician, and guides to reveal and remove double records (C2.2).
- OE software installed at the regional Health and Social Security Departments was upgraded. The upgrade enables generation of special reports on population registered, including double records, records containing duplicate passport numbers, and detailed list of transferred individuals. These reports also allow comparisons to be made on the number of registered population in PHC facilities against the SHA-contracted catchment numbers to reveal the groups of facilities with low, middle and high levels of data entry activity.

PHCR OE IT officer did monitoring visits to all marzpetarans to check OE hardware and software status, as well as to make sure that all conditions necessary for its successful operation are in place. Monitoring also covered checking to assess the extent to which regional OE operators possess sufficient skills to properly use the database and generate needed OE reports. OE IT status reports (server installation, operator training and skills, OE data reporting) were developed by PHCR and shared with the Minister of Health and regional health directors, as a guide to work on the areas that require further improvement.

OE software package for PHC facilities was also upgraded and installed in six Yerevan-based polyclinics. The package will be tested to reveal incorrect enrollment records (in particular, in cases where population aged 18 and below was registered with a therapist, and where population aged 18 and above was registered with a pediatrician). After the testing is completed, the upgraded software will be installed in all PHC facilities (C2.3).

- On an ongoing basis, PHCR coordinates and monitors OE IT help-desk services provided by “Harmony” Foundation (C2.4).
- The report on enrollment and encounter integrated automated system design and implementation developed by STTA Charles Burge and PHCR OE IT officer was discussed with MOH and SHA representatives. A common understanding was reached on options and solutions recommended by the STTA (C2.5).

## D. COMPONENT 4: QUALITY OF CARE

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

- Feedback received from the Ministry of Finance and the Ministry of Justice was incorporated into the new draft PHC Strategy 2008-2013 (including the PHC QA strategy) that was approved by the Government in June. (D1.1).
- Throughout the quarter, PHCR QoC advisor continued communicating with STTA Mary Segall to finalize the QA Package, including the PHC facility/provider self-assessment tool, and the QA implementation plan. The new version of the self-assessment tool has been organized by six pre-defined QoC indicators and divided into two subsections for both facility level and individual level assessment. Both of these documents now incorporate all points previously discussed, are cross-checked and proof-read, and include the updated version of the self-assessment tool. The Armenian versions of the documents have been prepared (D.1.3-1.4)
- Mary Segall's SOW for the second round of STTA was developed and approved by USAID. Expected outcomes of her second STTA include: 1) completing the QA Training Curricula (both for 4-day training of Quality Coordinators and 1-day trainings of PHC facilities); 2) field-testing the curricula, and 3) finalizing the curricula based on feedback obtained through the testing.

Interactive online work with Mary Segall for development, revision and completion of the QA Training Curricula is underway (D.1.6).

- PHCR finalized the Scope of Work/Job Description for Regional Quality Coordinators (QC), and developed a document to guide regional health departments through the QCs selection and QA implementation process.

Preparatory work for the selection of candidates to be trained as Regional Quality Coordinators has also started. PHCR held meetings with Heads of Yerevan city and regional Health and Social Security Departments (HSSD) to introduce them to the upcoming QA implementation process in Armenia's PHC system. All participants received information kits containing a brief overview of the key steps and phases of QA implementation, as well as the Job Description for Regional Quality Coordinators that included a detailed description of their responsibilities, tasks and required qualifications. HSSDs will prepare and submit to PHCR suggestion lists accompanied with CVs of the health professionals nominated for this position. The selection will be done on a competitive basis through interviews conducted jointly by PHCR FM & QoC team and the HSSDs (D1.7).

- The new Ambulatory Medical Chart developed by PHCR was approved by MOH Decree #1752N, dated 25.11.2007, and registered at the Ministry of Justice of the RA, Registration #10008002. The new chart is mentioned in the MOH PHC Regulation-2008 as a unified medical records form to be implemented nationwide in all PHC facilities

MOH requested that PHCR print 500 copies of the new Ambulatory Medical Chart to conduct nationwide training for its implementation. PHCR will proceed with the printing of the chart as soon as the MOH sends the final electronic version (approved by MOH, registered at Ministry of Justice) (D1.10).

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

- For the past few months data entry to PHC facility licensing electronic database has been suspended due to renovation works carried out at licensing department premises. In late June,

renovation works were completed, and, as assured by Dr. Mher Kazaryan, Head of MOH Licensing Department, data entry work will be re-started and finalized as soon as possible.

As soon as the data entry is completed, PHCR will resume its assistance to the department, by updating database software to allow generating summary PHC facility reports (D.2.1)

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

- Work on the Job Aid for management of Type-2 Diabetes in PHC practices has been completed. Work on updating the Job Aid for management of Hypertension in PHC practices is underway. Revision of draft pediatric Job Aids submitted by “Most Common Childhood Illnesses” training package development working group is underway (D3.1, B2.3)

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

- *See under F1.*

### **E. COMPONENT 5: HEALTHCARE FINANCE.**

- According to the recommendations of the Global Fund National Workshop soliciting submissions for the possible integration of Health Systems Strengthening (HSS) part into the Round 8 Country Proposal to be submitted to the Global Fund, CCM Chair applied to the Minister of Health with a request to form a Working Group (WG) for developing the HSS section under the leadership and coordination of the Ministry of Health. Since the PHCR project is dealing with key areas of health reform in Armenia, USAID asked PHCR to nominate a representative from the Project to participate in the WG. Lusine Aydinyan, the PHCR Healthcare Finance Team Leader, was nominated to be included in the WG, which was formed by the Minister’s Order N 626-A.

PHCR participated in the National Preparatory and National Consensus Workshops as well as in WG meetings and provided input to the development of relevant components of HSS proposal, including health workforce and health information strengthening. Minutes of workshops and WG meetings were translated and submitted to the MOH based on a budget agreed to by USAID for PHCR support of Armenia’s Global Fund proposal development process.

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

- Under AED’s Human and Institutional Capacity Development (HICD) project, NHA WG members participated in the Forth Regional National Health Accounts Workshop for CIS countries held in Bishkek (June 17-19, 2008). The purpose of the workshop was to standardize the approaches used in the NHA development and analysis. The workshop was successful in terms of introducing the NHA tool to countries, where it had not been implemented yet, providing training for increased technical capacity, developing skills in health expenditure tracking and monitoring, and expanding contacts between people working with the NHA and the related fields.
- PHCR contributed to the activities of the NHA working group in developing the 2007 NHA matrices/report, participated in WG meetings, and proposed changes for improving questionnaires for upcoming surveys (2007 household health expenditures survey, 2007 and 2008 health facility and drug store health expenditures survey, and 2007 donors survey). At the meeting with HPIU staff it was agreed to track reproductive health program specific expenditures through development of 2007 “Reproductive Health” sub-account, and set November 2008 as a deadline for 2007 NHA report (E1.3).

- Contributing to NHA technical institutionalization, HF Team conducted training on May 30 for the NHA WG members on the use of NHA accounting system developed by PHCR. This task of the work plan (“NHA WG trained on use of NHA accounting system”) is completed (E1.4).
- For NHA trends analysis, PHCR developed Excel-based software and user’s manual and made a presentation to the NHA WG on April 18, at the PHCR office. The software was submitted to stakeholders: SHA/MOH, HPIU and the WHO (E1.5).

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

*Completed*

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

- Reports requested by the SHA on performance indicators baseline data were submitted by 234 PHC providers. The reports were checked for accuracy with almost 100 PHC provider reports needing cleaning by the HF team. Performance indicators data entry was completed and analysis performed to define baselines for performance indicators for each region/marz [E3.1].
- PHCR HF team drafted SOWs for STTAs, who will provide policy and technical support in developing a regulatory document for performance-based payment system implementation and a document describing the M&E system. SOWs for PHCR STTAs Igor Sheiman and Rich Feeley were finalized and approved by the USAID (E3.1, E3.2 as well as E4.1 and E1.2).
- Design of the study tour to the UK for MOH officials, aimed at building capacity for further development and implementation of performance-based financing system was completed. PHCR Project drafted the study tour program, agreed with the SHA and sent it to the Academy for Educational Development (AED) to proceed with the procurement process. A waiver was granted by USAID to hold this study tour in the U.K. (E3.3).

#### **E4. Enhanced SHA capacity to monitor BBP program’s execution.**

#### **E5. PHC facility reporting system streamlined.**

- HF Team participated in WG meetings held at the MOH on streamlining PHC reporting systems and provided input to the development of the Encounter form and instructions for filling out the Form. In this context, the Team studied Russian and Egyptian PHC reporting forms and proposed changes to the content, design and format of the Encounter form in line with expected MIDAS 2 system modification [E5.1].

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

- PHCR conducted training of 16 accountants from Zone 1 and Yerevan PHC facilities regarding changes introduced in the “AS-Accountant” accounting software by “Haykakan Tsrager” that was installed by PHCR during 2007 and was aimed at strengthening facilities’ financial accounting capacity. The accounting software was upgraded in 16 sites.

PHCR also installed the software in 11 PHC facilities based in Gegharkunik, Tavush, and Kotayk regions, and Yerevan city. Selection of these facilities was done in consultation with regional and Yerevan municipality Health and Social Security Departments. As part of this work, PHCR, through questionnaires, assessed computer skills of the accountants of the selected PHC facilities.

On June 13-22, PHCR delivered training on using the “AS-Accountant” software to 12 accountants from the selected PHC facilities. All participants of the training were provided with comprehensive software guides.

To ensure smooth deployment and operation of the accounting system, PHCR also distributed computers and peripheral equipment to 10 of the selected PHC facilities (E6.2).

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

- PHCR finished delivery of training courses to 91 managers of PHC facilities of Armavir, Ararat, and Aragatsotn regions. This six-day management course curriculum was developed on the basis of a management needs assessment conducted by PHCR in the regions, and covered topics such as “Health Care System Structure, Policy, Reforms, and Legal Framework”; “Quality Management and Rational Drug Use”; “Financial Management and Service Costing”; “Financial Accounting and Statements”; “Labor Legislation”; “Human Resource Management”; and “Strategic Planning”. The “Certificates of Completion” awarded to the trainees were co-signed by PHCR and the Minister of Health.

As one of the outcomes of the training, managers of PHC facilities developed three-year strategic plans for their PHC facilities. PHCR HF team reviewed strategic plans of 91 facilities. The review summary and feedback on the plans were presented at workshops organized by Marz Health Departments of Armavir, Marzpetaran, and Aragatsotn Marzpetaran on June 25 and 26 respectively. A similar workshop for the managers of Ararat Marz PHC facilities is scheduled for July 3 (E7.1).

- On April 23, 17 accountants from Gegharkunik region PHC facilities completed the 40-hour “Financial Accounting and Cost Accounting” training course delivered in Gavar. The training aimed to strengthen the financial management of the PHC facilities and comprised modules such as “Armenian Accounting Standards”, “Cost Accounting”, “Armenian Tax Legislation”, and “Labor Legislation” (E7.2).

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

- PHCR completed financial analysis of various FM independent practice models (solo and group practices with two or more FPs, who serve minimum, optimum and maximum sizes of population). The models were refined further to reflect planned increase in prices for state-guaranteed services in 2009, planned increase of salaries of medical staff in 2009, and the recent increase in prices for natural gas. Financial analysis sections of these models were sent to SHA for feedback (E8.1)

## **F. COMPONENT 6: PUBLIC EDUCATION**

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

- PHCR M&E Team finalized Client Satisfaction and Knowledge, Attitude, and Practice (KAP) surveys based on recommendations received from Tim Clary (EMG) and Kimberly Waller (USAID/Armenia). M&E team developed a sampling frame for the sampling of target and control facilities to be included in the patient satisfaction survey. The interviewers were trained and the questionnaires to be administered were pre-tested in Oshakan and Voskevaz villages of Aragatsotn region. The fieldwork for the Client Satisfaction and KAP surveys has been completed (F1.1, F1.2, also D4.1, D4.2).

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

- PHCR PE team has completed establishment of CHCs in 51 communities of Armavir, Aragatsotn, and Ararat. Town-hall meetings were held in all 51 communities to introduce PHCR activities and the role of CHCs. During September-November, 2008, the CHCs will receive Capacity Building Trainings (F 2.2, also F6.3)
- Health leaflets on Diabetes Prevention and Management, Hypertension Prevention and Management, Calcium and Healthy Bones, Tuberculosis, Urinary Track Infection, as well as Child Care (*provided by World Vision*) and Reproductive Health (*provided by Project NOVA*) were approved by Dr. Ruzanna Yuzbashyan, Head of PHC Department at the MOH, and printed (40,000 copies of each set of six resulting in 240,000 copies in total printed for all PHCR target communities during the life of the Project).

Eight thousand copies of the leaflets were handed over to communities of Lori and Shirak regions during the Zone 1 Graduation event for distribution. Another 400 copies were delivered to Academy for Educational Development (AED) for further distribution to regional coordinator offices, youth action clubs, and Community Action Committees established by AED in all Armenian regions.

Reproductive health leaflet was also distributed to 29 communities of Tavush, Gegharkunik, and Kotayk region; the rest of the communities in the three regions will receive copies of the leaflet by the end of July (F2.4).

- Delivery of health TOT trainings for 36 CHCs in Tavush, Gegharkunik, and Kotayk regions has been completed; PHCR monitored the quality of training delivery on a regular basis. All 448 members of CHCs in the three regions received certificates for completing the training in the following health modules: Child Care (including “Child Immunization”, “Child Injury Prevention”, “Child Nutrition and Hygiene”, and “Breastfeeding” topics), Safe Sexual Behavior, Diabetes, Hypertension, and Healthy Bones. Each community in the three regions was provided with a copy of all health training modules (F2.5, F6.1).

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

- Zone 1 (Lori and Shirak regions) community booklets describing achievements supported by PHCR interventions were printed, as follows:
  - in Armenian: 42 booklets for all 42 communities, 10 copies per community,
  - in English: 25 booklets for 5 selected communities, 5 booklets per community.

The booklets were distributed during PHCR Zone 1 Graduation event (F3.6).

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

- BBP 2008 poster and booklet were approved by Dr. Ruzanna Yuzbashyan, Head of PHC Department at the MOH, and Dr. Karine Saribekyan, Head of MCH Department at the MOH, and printed (in 1,500 and 3,000 copies, respectively).

Distribution of the BBP 2008 poster and booklet to Yerevan-based PHC facilities is done through the Yerevan Municipality. Copies of the posters and the booklets were also delivered to Lori, Shirak, Tavush, Gegharkunik, Kotayk, Armavir, Ararat, Aragatsotn, Vayots Dzor, and Syunik regions (primarily via regional Health and Social Security Departments) (F 4.1)

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

- Media capacity in Ararat and Aragatsotn regions was discussed with Media Advisor to Ararat and Aragatsotn Governor. One local TV channel, one radio station and four print outlets in Ararat, and one local TV channel and three print outlets in Aragatsotn were named as the main active local media channels. Media capacity assessment in all three regions of Zone 3 is completed (F5.1).

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

- NGOs implementing Stage 2 of PHCR Small Grants Program in Tavush, Gegharkunik, and Kotayk regions submitted their final reports. The reports were approved at the PHCR Zone 2 Grants Committee closing meeting held on Monday, June 16 (F 6.1, see also under F2.5).
- As a first step to launching PHCR Small Grants Program in Zone 3, PE team carried out a preliminary assessment of NGO market in Ararat and Aragatsotn regions. A meeting with NGO representatives was organized in close collaboration with heads of regional Health and Social Security Departments and held at premises provided by marzpetarans. Twelve representatives of 11 NGOs in Ararat, and nine representatives of six NGOs in Aragatsotn attended the meetings. PHCR PE specialist introduced them to PHCR activities and the Project's Community Mobilization Program. NGO assessment in all three regions of Zone 3 is now completed (F6.3. See also under F2.2).