

“Health for Families”

Cooperative Agreement #: AID-111-A-10-00002-1 (WV US A-31 194203)
Project duration: 06/22/2010 – 06/21/2012
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Reporting period: 06/22/2010 – 09/30/2010 (Q-I)
Report date: 22 October, 2010
Prepared by: Project Team

Project Data:

Project Implementation

marzes:

WV ADP target communities:

Project Goal:

Syunik (29 villages), Tavush (20 villages), Lori (9 villages)

Sisian (24), Megri (5), Tavush (20), Alaverdi (9)

Improve health status of families in targeted communities of three marzes of Armenia

Project Results:

1. Child health, growth and development improved in targeted communities
2. Community-based reproductive health, disease prevention and integrated family care promoted in target communities
3. Communities and families are empowered to advocate for and demand improved quality of primary health care services

Project Key Partners:

“Arabkir” Joint Medical Center- Institute of Child and Adolescent Health (“Arabkir” JMC-ICAH), Yerevan, Armenia

“Leontig” Maternal & Child Health Center, Sisian, Armenia



Q-I Progress Report:

A. Summary of Key Activities

During the reporting period WV Armenia together with USAID has undertaken several important steps to successfully launch the project implementation. The WVA internal management structure, functions, roles and responsibilities of WVA departments have been discussed and reconciled at the NO and ADP levels.

The project team paid 3 visits to the project implementation sites, introduced the project to ADP staff, met with district level health authorities, briefly introduced the project’s goal, implementation approaches, and the expected results.

WVA Area Development Programs (ADPs), with the support of the project staff have incorporated the project implementations plans (illustrative) into respective ADPs’ annual implementation & monitoring plans.

The project team together with WV Operations Manager met with Ruben Jamalyan, USAID AOTR, with the purpose to reconcile actions and expectations on both sides, discuss and finalize drafted project Annual Work Plan and PMP plan, and agreed September 30, 2010 to be a due date for submission of those. The project Start-up workshop activities were discussed as well, and USAID received invitation to participate in it.

Several meetings with key partners were held to reconcile and re-confirm their initial commitments to the project, introduce USAID and WV project implementation, monitoring and reporting requirements, draft implementations plans and agree on due dates.

I. WVA internal Project Mobilization activities

Together with WVA operational management team and with the support of WV US program management team, the project manager developed a Start-up plan to assess preparedness of WVA departments for project implementation.

The start-up plan includes a list of the main activities that are scheduled to be undertaken by WVA departments (Operations, Finance, DME, Admin/Procurement, PR, etc.) at early post-award stage. The project manager met with representatives of respective departments, discussed and reconciled actions to be taken at the initial stage and set the due dates. The project budget was reviewed together with Finance Officer, including WV US match level and use; financial reporting requirements and formats (both internal and USAID), approval levels, internal control system, audit requirements and schedule, cash flow system and expenses forecast, annual expenses forecast and other issues have been discussed, reconciled and addressed during the reporting period. Together with the DME officer, the initial illustrative project implementation plan and M&E plan have been reviewed, revised and finalized (see also below under Annual work plan). Organizational and functional structure of WVA was reviewed in relation to the project, the roles and responsibilities of grant management team, ADP staff, WVA support departments and project partners have been agreed. The project manager met with the public relations (PR) department staff, and agreed on ways to comply with the project visibility standards (USAID and WVI) and marking plan. WV commitments to provide medical, hygiene supplies, and cleaning supplies as a part of in-kind contribution to the project were assessed, and FY'11 annual GIK plan was submitted to WV support offices (US, Canada).

2. Meetings with project stakeholders

The project management team has paid 3 visits to WVA ADPs, introduced the project goal, implementation plans and approaches and expected results to the ADPs' staff and community based organizations that represent beneficiaries of the project communities. Three meetings have taken place with marz level health authorities (Tavush, Lori) and health care providers with the same purpose. The key message promoted during these meetings was that Health for Families was a development project, with a very little relief component, which would address health problems through involvement of project beneficiaries in addressing sickness prevention and health care issues at community level.

During several meetings with the 2 key partners of the project, mutual expectations have been discussed, and the requirements for the sub-grant were introduced by the project manager. It was agreed that:

- WVA would conduct Post-award Financial Assessment of the project (based on the WV US provided requirements and form) by the COB November 5, 2010.
- Project partners would develop their final implementation plans 3 weeks before the intended date of sub-grant agreements (November/December).
- Project partners would get introduced to WV International Child Protection Policy, and every staff member would sign and return to WVA the Acceptance paper.

During the reporting period Sergey Sargsyan ("Arabkir" JMC-ICAH, the Head of the ICAH) has undergone an orientation session on WV and USAID financial reporting requirements that was held by the Chief Accountant, Karine Gabrielyan. The partner's staff was briefed by the project manager on WVI Child Protection policy, and was advised to sign and return the Acceptance paper to WVA.

3. Cooperative Agreement modification

On June 24, 2010 upon receipt of the agreement document, WV has placed a request with USAID to modify the Cooperative Agreement as one of the project key partners, Jinishian Memorial Foundation, discontinued its commitment to contribute to the project and its implementation. The project team has made extraordinary efforts to find and involve another partner that would have similar capacities and resources, and eventually gained agreement with "Arabkir" JMC-ICAH. The center will provide support to the project team, cash contribution, and will implement activities of the project related to adolescent health (Outcome 2.1.). The center's staff is well specialized and certified in addressing adolescent health issues, and has significant experience in this field. The center also represents the Ministry of Health on issues related to adolescent health. Effective July 29, 2010, a modification to the Grant and Cooperative Agreement AID-111-A-10-00002-01 was fully executed.

4. Finalization of FY'10 and FY'11 Annual Workplan and PMP plan

During the reporting period the project team, with the support of WV US and USAID, has finalized and submitted the project FY'10 and FY'11 Annual Workplan and PMP plan to USAID. The workplan reflects the urgent steps that WV Armenia will take to reach the project objectives as it is scheduled in the proposal document.

B. Progress towards meeting the project objectives:

Result I: Child health, growth and development improved in targeted communities

Outcome I.1. Families have increased knowledge and changed practices that improve the health of their children

- **Preparatory work to a Start-up workshop**

All administrative and logistic issues have been resolved during the reporting period to conduct the project Start-up workshop scheduled for October 4-7, 2010. The purpose was to provide an overview of the history of the WVA health programming and introduce in details the new project to the WVA ADP staff, project key partners and community based organizations (CBO). To give them an opportunity to clarify issues related to project approaches, design, implementation, and to help them identify, based on their respective ADP and marz context, the optimal operational/implementation models that will be applied during the project implementation.

The second main purpose was to introduce and cover the basics of the USG grant management and reporting compliance requirements, i.e. grant administrative requirements, cost principles, acquisition of goods and services, audits, labor distribution, etc.

A visit of WV US Senior staff to USAID is also envisaged during the start –up period.

- **Baseline Assessment**

Due to the longer duration that will be required to conduct the baseline assessment, it was agreed with USAID and WV US that WVA would collect data available from the WVA ADPs' programming (Tavush ADP evaluation, Sisian ADP assessment of HC services at community level, Alaverdi ADP CV&A¹ data), incorporate relevant data available from the evaluation of the Medical Outreach Teams project (MOT), summarize and analyze it.

On 01 November, 2010 WVA will provide the final version of the project M&E plan with project monitoring and evaluation indicators, and preliminary assessment results. One of the outcomes of the meeting with USAID AOTR was gaining joint understanding on the necessity to better understand the community needs and expectations from health care sector, their concerns, perceptions and beliefs on how health sector should work. It is essential to understand the health related priorities of population and their links to social and economic conditions and eventually have improved project results. It was decided that as a part of baseline assessment, WV would conduct series of focus group discussions (FGD) with project beneficiaries, and incorporate their feedbacks, concerns and expectations from communities into the project approaches and highlight them in the project educational materials. The project staff will then share community concerns, priorities, and expectations related to issues at marz and national level.

The due date for submission of the project final baseline assessment is 31 December, 2010.

Outcome I.2. Strengthen community to facility referral systems and quality child care services at health posts

To assess community level health facilities², within the scope of the CV&A approach, WVA Technical Support Team (TST) members developed community health facility assessment tool that would help community members/monitors while assessing physical conditions, availability of medical equipment and furnishing needs of community health facilities. During the reporting period assessment of HC facilities was completed in 9 Alaverdi and 24 Sisian ADPs communities (out of 58 total). In addition, based on the USAID/PHCR Health Facility Assessment Tool, the project team developed a tool consisting of the minimum required medical

¹ CV&A- Civic Voice and Action

² Community level health facilities-health posts, ambulatories, community primary health care centers

equipment and furniture list necessary to conduct pediatric screenings at community health care facilities, as planned by the project. The tool has been distributed to ADPs, and during the next quarter assessment of Tavush and Meghri communities will be completed, and the summary report will be prepared.

Result 3. Communities and families are empowered to advocate for and demand improved quality of primary health care services

Outcome 3.1. Community active groups are supported to be part of PHC service monitoring and service improvement

During the reporting period Sisian ADP organized a round table discussion with local HC providers and “Teaching & Partnership” CBO board members, LGs³ representatives. Data and findings of the CV&A implementation were presented to round table participants. It was decided:

- to continue awareness raising meetings in project communities that are led by local HC providers to increase knowledge of the project beneficiaries on the state commitments in healthcare provision, health rights, access to quality care
- submit letters of concerns to the state authorities addressing physical conditions of rural health facilities (Outcome 3.2.)

Outcome 3.2. Evidence based advocacy for integrated child development & family health care Services

During the reporting period, WVA Sisian and Alaverdi ADPs submitted letters to the state authorities, including the Minister of Health and the Minister of Territorial Administration (Sisian ADP), raising concerns on that health care providers were not able to provide quality services to population in winter time due to physical conditions of health facilities, namely absence/lack of water, electricity and heating issues. The request was to resolve these issues and create acceptable conditions for provision of quality HC services. The letters also raised the concern that it was not deemed possible to identify entities responsible for improving such conditions. Please also refer to Attachment A.

C. Challenges/Problems Encountered

Funding of “Health for Families” project coincided with the period of vacations and the end of FY’10, which caused some difficulties related to effective mobilization of the project activities. In July, 2010 the project team, together with WV US began negotiating with the USAID on a modification of the cooperative agreement (CA) to incorporate partner changes into the CA. Besides, it took time to obtain the VAT exemption letter from the USAID, which made it impossible to actually spend the funds available. WV has placed a request with USAID Agreement Officer to consider the aforementioned challenges, and to shift the project start date to October 1, 2010, but the request was not approved.

Nevertheless, together with WV US colleagues and USAID AOTR the project team developed the FY’11 Annual workplan that incorporated the delay in implementation of the first quarter activities in a way to achieve the 5th quarter targets by the end of FY’2011-as it was initially scheduled.

The VAT letter was obtained from USAID on September 29, 2010, which made it possible to escalate the project implementation and put it in full run.

D. Expenditures and Budget variances

Actual expenditures are in line with the budget estimates. Delay in obtaining the VAT status has led to under spending for some project activities.

Q-I expenditure report is provided separately by the WVA Finance Office.

E. Additional activities

The UNFPA Country Officer has approached WVA and advised that UNFPA developed ToT/Peer education training module to address adolescent health issues with a focus on reproductive health, sexuality, and healthy

³ LG-local government

lifestyle. WVA project team met with UNFPA staff and agreed that UNFPA trained certified adolescents will conduct 3 (two days) ToTs on adolescent health for project beneficiaries as well (Tavush ADP). It is anticipated that such capacity building sessions will significantly help in achieving the project targets set for relevant outcome (2.1.) of “Health for Families” project.

F. Priorities for programming during the Q-II reporting period

Outcome 1

- organize start up workshop
- complete baseline assessment and produce baseline report
- complete preparatory work for provision of Child Care ToT sessions
- complete assessment of HC facilities
- continue revision of educational materials, print if finalized

Outcome 2

- sub-grant agreements with key partners
- complete preparatory work for provision of training on adolescent health (nurses, teachers)
- facilitate awareness raising events among adolescents (the World AIDS day)
- facilitate peer education on adolescent health
- facilitate 1 seminar in every village for parents and adolescents on adolescent sexual health
- continue revision of educational materials, print if finalized (Reproductive Health, Common illness,

Outcome 3

- continue dialogue with HC providers, community members using CV&A methodology
- discuss with state authorities and community HC providers a possible contribution of the project to the State Quality Assurance

G. Attachments

Attachment A: Change Story- WV Advocacy

Communities raise health concerns to authorities in public debates

By Narine Ohanyan

ARMENIA - Poor access to primary health care, limited availability of doctors and lack of ambulances were among the key issues raised by residents of Armenia's Lori region at a recent public discussion with healthcare authorities.

In the framework of "Policy Influence through Citizen Empowerment" project, World Vision Armenia organized the public discussion to give local residents the opportunity to voice their concerns and also submit an official letter to the Ministry of Health of Armenia asking authorities to improve health care services in their communities.

Residents in rural areas of Armenia experience a very different level of healthcare to those living in towns and cities. Because of a vast discrepancy in access to healthcare, lack of medical workers and shortage of ambulances, residents do not receive even a basic level of medical care and disease prevention. As well, they have no access to healthcare in an emergency or for routine checkups and screenings.

"I am well aware that specialists only visit my community health unit twice a year, and that is a state funded order.

However, doctors avoid small-size rural area health units and pay visits to ambulatory care facilities only. I just want to know how area development projects and health reforms are supposed to work in my community where residents have no opportunity for narrow specialist referral", said Stepanavan community representative, Martun Armenyan.

"Transport issues play a much larger role in health care exclusion in my area" "Transport issues play a much larger role in health care exclusion in my area. Considering the number of communities served by one family doctor at a time and the distance between the communities, the lack of ambulance in our ambulatory care affects our family doctor service delivery both in terms of quality and availability", explained Alaverdi area resident, Garnik Mnatsakanyan.

World Vision organized a series of public discussions in Lori region prior to the event.

These helped to identify and draw attention to the many gaps in the health system. The organization also assisted residents to draft an official letter addressing it to the relevant authorities.

"I believe that today's discussion will contribute towards moving the state policy in the right direction. The essential achievement to be highlighted for today is the linkage set among community members and health authorities at regional and national levels. We will closely examine all the issues raised in the official letter addressed to the Ministry of Health and will keep the public informed about the actions taken", said Souren Krmoyan, legal adviser to the Minister of Health of Armenia.



Community members participating in public discussion

<http://wvarmenia.am/main/en/id/102/news.more.html>