

“Health for Families”

Cooperative Agreement #:

AID-111-A-10-00002-1 (WV US A-31 194203)

Project duration:

06/22/2010 – 06/21/2012

Project Manager:

Avetik Harutyunyants, avetik_harutyunyants@wvi.org
(+ 37491) 74-91-19 ext.: 227; fax: 374-10 74-91-46

Reporting period:

01.01.2011 – 03.31.2011 (Q-III)

Report date:

April 30, 2011

Prepared by:

Project Team

Project Data:

Project Implementation

marzes:

Syunik (29 villages), Tavush (20 villages), Lori (10 villages)

WV ADP target communities:

Sisian (23), Meghri (6), Tavush (20), Alaverdi (10)

Project Goal:

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



List of Abbreviations and Acronyms

ADP	Area Development Programs
AOTR	Agreement Officer's Technical Representative
BBP	Basic Benefit Package
CBO	Community Based Organization
CHV	Community Health Volunteers
CV&A	Community Voice & Action
FAM	Fertility Awareness Method
FGD	Focus Group Discussion
FP	Family Planning
G2G	Gateway to Grants
GIK	Gifts-in-Kind
HC	Health Care
HfF	Health for Families
IMCI	Integrated Management of Child Illness
IUD	Intrauterine Device
MCHN	Mother and Child Health Nutrition
MoH	Ministry of Health
NGO	Non-governmental Organizations
OSCE	Organization for Security and Cooperation in Europe
PHC	Primary Health Care
PHCR	Primary Health Care Reform Project
PMP	Project Management Plan
PR	Public Relations
SHCF	Syunik Health Care Foundation
ToT	Training of Trainers
WVA	World Vision Armenia
WVUS	World Vision United States
USAID	United States Agency for International Development
USG	United States Government

Q-III Progress Report:

A. Summary of Key Activities

During the reporting period, WV Armenia (WVA) completed the baseline assessment and community needs assessment reports, finalized and submitted to USAID the project management plan (PMP)¹, the baseline and community needs assessment report, and continued implementation of the project activities, as scheduled. The final version of the PMP was accepted and approved by USAID Agreement Officer's Technical Representative (AOTR) in March 03, 2011.

Training of Trainers (ToT) sessions on Child Care has been completed in all project sites. In total, 112 sessions have been conducted for 1393 community mothers/caregivers of children under 2 in Sisian, Meghri, Alaverdi and Tavush project sites. Thirty one seminars on Family planning/contraception for 430 participants have been conducted in Sisian, Meghri and Alaverdi project sites.

Two tripartite² sub-grant agreements have been signed with the project partners. The agreements include the scope of work, implementation schedules, the compliance requirements with the USAID, WV visibility strategies, WVA Child protection policy, budgets and mandatory standard provisions. Implementation of sub-grant agreements will start in Q IV of the project.

The project continued with the process of establishment of community health volunteers (CHV) networks. The purpose of this network is to assist parents and caregivers to obtain basic knowledge on child care and adopt key practices to promote child physical growth and development, prevent diseases, and ensure appropriate home care and health-seeking behaviors.

The community health volunteers were acquainted with functions of CHVs network. The responsibilities of CHVs include dissemination of health messages, promotion of early antenatal visits, promotion of child visits to health facilities for immunization and child screenings, promotion of healthy child nutrition, and support to community nurses for organization of community events.

B. Progress towards meeting the project objectives

Baseline assessment³:

In January/February 2011, the project staff and USAID AOTR met and discussed results of the baseline and community needs assessment reports, the outcomes of the USAID AOTR introductory visits to project sites, analysis of the project resources and eventually agreed upon the key project priorities, implementation approaches, programmatic activities and project evaluation indicators. It was agreed that WV Armenia would hold the upcoming USAID partners round table, and will present the key findings/results of the baseline assessment to the partners. The findings and recommendations of the baseline study will be translated into Armenian, and presented to local and State level health authorities in May-June 2011.

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

ToT sessions on "Child Care" conducted for mothers/caregivers of children under age of 2 and community health volunteers

¹ PMP- project management plan, please refer to the project PMP submitted on 03-03-2011 that also includes Justifications and clarifications on the changes in the PMP.

² Tripartite agreements between WV US, WV Armenia and Sub-grantees

³ Please refer to the Baseline assessment report, submitted on 03-03-2011

One hundred and twelve seminars on Child Care were conducted in Ijevan, Berd, Noyemberyan Sisian, Goris, Alaverdi and Meghri communities for 1393 mothers/caregivers of children under age of two, and active community members. The seminar topics were:

- healthy child visits to health facilities
- child screening, its necessity and schedule
- immunization, its importance and schedule
- appropriate nutrition
- hygiene tips
- sick child care, knowledge on danger signs that requiring immediate referral to health care providers
- proper management of child illness at home
- injury prevention.

All trainings were facilitated by local Health Care (HC) providers (family doctors). Training materials⁴ on Child Care were developed by project team and WVA health experts and provided to the trainers. During each session participants listened to presentations and completed exercises; participated in role playing, which helped them to better understand and interiorize the information provided. Participants received handouts and booklets on “Healthy and Sick child care”, “Child Nutrition”, leaflet on “Key Family Practices” developed and printed for previous WV health projects, and a booklet on “Passive smoking” developed and printed by American University of Armenia.

Community nurses were encouraged to provide proper counseling during child visits and regularly conduct meetings with parents and caregivers to discuss child care topics.

The most active mothers/caregivers were invited to join community health volunteers’ network and were provided with an overview of their role as envisaged per CHV mandate.

Table I below summarizes the knowledge increase among participants of the sessions in all project sites.

Table I: Child care seminars in target communities for community health volunteers and parents/caregivers, as of March, 2011.

Region	# of sessions	Number of participants	Pre-test	Post-test	Knowledge increase
Tavush	40	551	63	91	28
Sisian	46	564	43	89	46
Meghri	12	134	71	83	12
Alaverdi	14	144	62	78	16
Total	112	1393	60	85	26

Monitoring of training provided for mothers and caregivers on “Healthy and Sick Child Care” was conducted by WVA Health Experts in Tavush (Noyemberyan) and Sisian project sites. Findings and recommendations were submitted to ADP and project staff, and discussed with training providers (details in attachment A).

In Sisian, the highest pre-/post tests scores were demonstrated by mothers of Qarahunj village. The village mothers were knowledgeable on appropriate child care practices due to quality work of the community nurse, who regularly organized training in the village health post and school and provided quality counseling. The village nurse was acknowledged for her good work and achievement of practical results. She was adjudged the best nurse in the Sisian project site and received a present from WVA. Recognition of good performance is one of the approaches of the project as it motivates service providers for continuous committed performance and serves as example for others.

⁴ Presentations, printing materials, pre-and post tests

In Meghri, following the child care training, community nurses organized coordination meeting with selected peer educators to discuss future plans related to distribution of health messages among their peers.

HEARTH sessions on Child Nutrition:

Six HEARTH sessions were conducted by WVA health experts during the reporting period, for a total number of 67 mothers/caregivers. The HEARTH sessions complemented child care seminars, and encouraged mothers and caregivers to apply the knowledge gained during child care seminars through preparation of healthy food for appropriate complementary feeding of their children.

One session was conducted in Tavush (Koti), two in Alaverdi (Chochkan, Mghart), and three in Sisian (Angeghakot, Brnakot, Shaghat). The sessions aimed to demonstrate to young mothers the nutritious and low-cost complementary feeding alternatives for children starting with 6 months. Together with the mothers, the facilitators of these sessions prepared different types of healthy food and served the children: pumpkin porridge, oatmeal, and cottage cheese with dried fruits. During the sessions the facilitators explained the health benefits of the meals prepared and the consequences related to incorrect or late initiation of complementary feeding.

All participants were very active in the discussions and suggested many different traditional dishes made of staple food, specific for winter time.

Outcome 1.2 Strengthen community to facility referral systems and quality child care services at health post

Based on the identified needs, enhance HC facilities and support community HC providers in provision of proper care and screening for children (including Nrnadzor village)

Based on the community needs assessment results, the feedback from USAID, the ADP and project staff observations/recommendations, and the available project resources, WVA has compiled a list of basic medical equipment that is to be procured during the next quarter to enhance capacities of the project 59 villages for improved provision of pediatric screening.

During the next quarter, the project staff will finalize specifications for the needed basic medical equipment and acquire it for distribution in the project communities as scheduled in the PMP.

In parallel with the acquisition process, WVA ADPs and the project staff, together with community nurses and community leaders will continue advocating for provision of adequate equipment and supplies by respective state institutions⁵. During focus group discussion, held in the context of action plans development, the assessment data was presented to the community members with the purpose of finding solutions for the existing problems considered during the development of action plans for each community. The lists of health related priority issues and follow up action plans have been developed for each community in Sisian and Alaverdi project sites. Similar processes were completed in Tavush and Meghri project sites (see Outcome 3.1 for details).

Medical supplies were provided to the project beneficiary facilities through WV Gifts-in-Kind (GIK) contribution as well.

Such multi-targeted approach helps the beneficiary health care institutions to improve the quality and the scope of services provided at the village level, as it is provided in accordance with the state standards on the PHC provision.

Distribution of GIK supplies⁶

Sisian, Tavush, Alaverdi and Kapan (for Meghri) ADPs provided medical and hygiene supplies and some minor equipment⁷ to the project beneficiary PHC institutions, which in their turn organized distribution of

⁵ Community level PHC centers and ambulatories of the project catchment area

⁶ GIK medical/hygiene supplies- gloves, syringes, needles, wet napkins, container, teeth threads, soap, shampoo, etc.

medical supplies to their respective ambulatories and health posts. Distribution of GIK supplies is an integral part of the project, as it significantly increases capacities of the HC institutions, develops a culture of using clean, single use medical items/supplies by health personnel, and develops less tolerant attitude of community members toward incompletion of HC institutions with sanitary-epidemiological standards of health care provision.

Mobilize willing communities to use community funds to address health issues.

In Sisian project site, "Salvard" rural development foundation is in discussion with "Syunik Health Care Foundation (SHCF) to jointly address health related issues in communities they work. The approach is to support SHCF in expanding its Revolving Drugs Fund program (both geographically and by the number of participants in respective villages). The funds that will be accumulated additionally, as a result of the joint work, can be used to enlarge the assortment of pharmaceuticals the SHCF can offer to beneficiary communities. In return, part of the additional funds can be used to address other health related issues in the communities. However, there are challenges both due to lack of capacities of the parties, and lack of a culture of joint work of local NGOs. The HfF project manager will meet with representatives of both foundations to advise on how to jointly develop a step by step process of involvement of both NGOs into community health work.

During the reporting period, WVA staff met with different stakeholders to discuss access to quality health services in the region (details provided in Results III). The problems outlined below were identified and solutions suggested in Meghri communities related to access to quality health care.

Problems and minor achievements:

1. In Alvank community (Meghri project site), the community nurse did not have a key to the entrance of the health post located in the building of the rural administration. Access to the health post is therefore impossible when the rural administration door was closed. After negotiations with rural mayor, a duplicate key was provided to the community nurse.

2. Nrnadzor community (Meghri project site): Equipment and supplies provided to the health post by PHCR⁸ project was not delivered from regional center to Nrnadzor health post. HfF project staff discussed this issue with community mayor and provided funds to facilitate the delivery of the equipment and supplies to the health post.

Although the identified issues seemed minor, the effects and consequences are grave. The solutions noted therefore, are very important achievements to the community, showing there are ways for improvement that can help change the lives of the people. This eventually will help to increase people's commitment to get involved in the resolution of community issues. Although the process in Meghri area⁹ was difficult to initiate, the success and lessons learnt from this and other project sites will be applied to influence people not be indifferent towards common issues of the community.

Celebrate mothers/caregivers best practices

As part of recognizing good child care practices among parents and raising their motivation, the project organized annual events where the best practices were presented and publicly acknowledged.

The project staff submitted the list of mothers/caregivers from Sisian villages that provided the most number of correct answers to the questions of the baseline assessment, as well as a list of households that apply the most correct child care practices¹⁰. Proactively, Sisian ADP staff decided to encourage the best mothers, and in addition suggested the most active and knowledgeable mothers¹¹ identified during training sessions on child care (described in details above under Outcome I.1). All the best mothers were acknowledged during community meetings, and received presents (chairs for children and cloths) as recognition of their best practices.

⁷ Sphygmomanometers, child cuffs, thermometers, height meters, child and adults' scales, child wrapping table, etc.

⁸ PHCR- the USAID funded Primary Health Care Project that worked on health policy and systems strengthening level

⁹ WV has just accessed Meghri villages under HfF project. WV has no prior work experience in the health sector in Meghri.

¹⁰ Both revealed as a result of the baseline assessment study.

¹¹ Selection criteria set by ADPs- was active during the trainings, answered correctly to the questionnaire, and ensured timely immunization of her children.

Result 2: Community-based reproductive health, disease prevention and integrated family care promoted in target communities

Outcome 2.1: Adolescents in target communities have improved awareness and access to age/user friendly information on basic reproductive health, healthy lifestyle, family planning and safe sex

Capacity building activities on adolescent health

WV is in the process of awarding a contract for provision of capacity building activities on adolescent health that includes seminars for parents of adolescents on adolescent health, youth peer education, its promotion in the project communities, and mobilization events with involvement of youth. It is anticipated these activities will be implemented in project sites starting from May, 2011 as noted in the Workplan.

Computer classes for adolescents

To achieve the main purpose of the project, improvement of access to quality primary health care, it is important to increase access of community population to information related to health entitlements, sources of information of such entitlements, ways to utilize the available information, and communicate it properly. The HfF project organized 21 training sessions (computer classes) for adolescents in Sisian and Goris project villages on "Accessibility of Informational Technology System in communities for the Improvement of Health Services", in February-March 2011, for a total of 306 participants¹². The participants were mainly members of Student Councils (9-10 grade active schoolchildren), as well as schools deputies, teachers and community mobilizers. Training participants received the aforementioned information, i.e. where and how to obtain information (namely from the Ministry of Health, marz level state institutions (Marzpetaran, city municipality, polyclinics), the state entitlements on free of charge health care services, other relevant websites, how to use them, what opportunities they have to get in touch with the state institutions, and how to do so. The training participants were very active, and also provided feedback on their understanding on how health care system worked. For instance, they scored performance of health posts as 1, whereas the performance of village nurses was scored as 5 (with 5 being highest). This example was presented to the highest level health state authorities, who were surprised (as well as the project staff). This information provides a fresh perspective on the existing issues. Apparently, the village nurse is not perceived as a part of health system provision (even though they perform very well), while the health system provision is believed to be greatly underperforming.

Conduct awareness raising events to address adolescent health related issues

Awareness raising initiatives included active involvement of the student councils in campaigns addressing health issues. Representatives of student council from every village have participated in the lottery and selected one health topic from the list of prioritized Mother and Child Health and Nutrition (MCHN) interventions. The councils then organized awareness raising events in their respective communities with involvement of service providers, local governance representatives, village nurse, kindergarten's staff, and community active people. Student councils conducted training courses for different community groups, prepared booklets, posters, informational leaflets and small performances. The plans and the timelines of campaigns were provided in advance. The student councils were given one month to lead the campaign and present reports and evidences about what and how the events were conducted. Eventually, out of all student councils, the student council of Sisian project site "Tolors village" was selected and recognized as the best campaign facilitator.

Outcome 2.2: Families in target communities have increased access to information on reproductive health and modern family planning approaches

Family Planning ToTs for community volunteers and nurses in communities

¹² The project team in consultation with the ADP Manager found it most appropriate to organize the aforementioned training in Q3 instead of Q4 as scheduled in the PMP to ensure integration with the event "Introduction of Child Health Now Campaign" held in March. Such approach enabled the student councils to first be informed of the ways to access state entitlements and further promote and utilize these skills within the campaign.

Thirty one (31) sessions held on Family planning/contraception facilitated by district gynecologists in the project sites with participation of 430 women of reproductive health. During the sessions the training participants were acquainted with the modern methods of contraception, such as pills, condoms, spermicidals, IUD (Intrauterine Device), Fertility Awareness Methods (FAM), continuous breastfeeding, and emergency contraception. Advantages, disadvantages and possible side effects of each method were discussed, as well as myths and misinformation related to use of contraception. The participants filled pre- and post tests (the results are presented below in Table 2), and received a book “Questions and Answers on Women’s Health”. Pre- and post tests were important not only to see the results of the seminars, but also to select participants with high post-test results and work with them to involve in peer education process and to join the peer educators’ network. Knowledge gained by peer educators is meant to be shared among their peers to promote acceptability and utilization of modern methods of contraception and reduce the abortion rate.

Table 2: Family planning seminars in target communities for community health volunteers and women of reproductive age, and nurses, as of March 2011

Region	# of sessions	Number of participants	Pre-test average	Post-test average	Knowledge increase
Sisian	23	301	27	77	49
Meghri	6	98	53	82	29
Alaverdi	2	31	37	68	31
Total	31	430	39	76	37

All training facilitators were trained by WVA Health Expert and project staff on USAID Family Planning (FP) compliance policy and its requirements prior to provision of seminars on Family Planning. WV staff regularly monitored FP sessions and followed the project FP compliance plan to ensure that project is implemented in line with the USAID family planning compliance policies.

WV has also provided orientation on the USAID FP compliance policies and requirements to “Leontiq” NGO, the sub-grantee under the HfF project, which was followed by monitoring of training provision and provision of recommendations by the WVA health experts to training facilitators in Sisian and Alaverdi project sites (Recommendations provided by WVA health experts in Annex A).

Preparation for Safe motherhood seminars for community population

Training materials on antenatal and postnatal care, including presentation and test is prepared, revised by WV Health Expert, printed and distributed to ADPs. The training provision will be initiated as scheduled.

Outcome 2.3: Families in target communities are better aware of the main causes of morbidity and mortality among Armenians, and the preventive measures

Development of patient counseling tool on Hypertension, Diabetes, and Smoking Cessation

The content of patient counseling tools has been finalized. Initial discussion on the design of the tools was held with participation of the project staff, health experts, the Public Relations (PR) Manager, and professional designer. The final design and illustration of the tools has been agreed.

The design, formatting and illustration of patient counseling books was through a joint effort by WVA (all related departments) and professional designers, thus expected to be a high quality product.

Awareness raising event dedicated to International Cancer day in Meghri

With the support of HfF project, the Organization for Security and Cooperation in Europe (OSCE) Women Resource Center in Meghri project site organized awareness raising event dedicated to International Cancer Day (09 February, 2011). Thirty nine (39) representatives from Meghri area communities, including the HfF communities, i.e. teachers, health care providers, kindergarten workers, as well as the city administration and Syunik marz NGO network representatives participated in this event. The main topics of discussion were breast and cervical cancers. The event was facilitated by Nvard

Khachatryan, the WVA HfF project contractor in Meghri area who is a member of Board of Trustees of the Women's Resource Center in Meghri.

The deputy head of Syunik marz State Epidemiological department, Ashot Simonyan, presented the related marz level statistical information. Information on diseases prevention, early diagnostics of pre-cancer and cancer cases, clinical manifestations, and early management was presented by Meghri policlinic gynecologist Zarik Mnatsakanyan. The presentations were followed by "Questions and Answers" session. Participants watched video films "Breast Cancer Progression and Staging" and "What is cancer". According to one of the participants, she was always afraid of screening, but after proper explanation about Pap-smear testing and its benefits she was ready to undergo testing. At the end of the event the participants received leaflets on cancer prevention and early diagnostics developed by American-Armenian Wellness center and were encouraged to go for examination and testing.

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

Taking into account the fact that there will be changes in the state PHC service provision standards for 2011, WVA experts will revise the Community Voice and Action (CV&A) tool according to the standards and entitlements in PHC provision that will be approved shortly by the state. Several significant changes will occur in state standards for PHC provision in 2011 (particularly related to family doctors and narrow specialists' visits to communities) that will be incorporated into the CV&A tool as soon as these changes are approved by the Ministry of Health (MoH).

All project areas are at different stages of participation in PHC service monitoring and service improvement. Alaverdi and Sisian completed focus group discussions and joint meetings of service users and providers and all communities have already developed their action plans. In Tavush and Meghri, focus group discussions with service users and providers are in process.

Alaverdi project site

In Alaverdi the main findings were related to non regular visits of family doctors and narrow specialists, lack of some basic medical equipment and furniture, heating, physical conditions of health posts, need for provision of training on health issues¹³, pharmaceuticals provision. Implementation of action plans was monitored by community mobilizers on monthly basis, and completion of the plans will be assessed on a semi-annual basis.

Information on the state entitlements in health sector was presented during the Focus Group discussions and community General Meetings in all project communities by the ADP staff. The ADP staff educated families on the schedule of recommended checkups such as: standard child check-ups for infants, yearly screenings for school aged children, yearly screenings for women and men through application of CV&A methodology by presenting the state committed standards of PHC provision, and discussing PHC performance indicators with 490 participants during CV&A community general meetings in Alaverdi project communities. One hundred thirty six (136) health service recipients and service providers participated in the community meetings and increased their knowledge on the state health entitlements.

Support was provided to community members to find solutions for the desirable changes within the community. In the reporting period increase in commitment and consistency of actions in communities to achieve desirable outcomes through implementation of concrete actions in community development plans was observed. Eight communities (out of 10) have partially updated the 4 year community development plans using the CV&A actions plans to incorporate funds from community budget to support the identified needs for improvement.

In the reporting period, Alaverdi project communities planned 55 actions for the improvement of health care provision. The ADP met with health service providers at community level and discussed possible ways

¹³ See Attachment B for further details.

of CV&A health action plan implementation. The ADP also met with the head of Lori Marz health department and discussed the main health findings related to non-regular visits of family practitioners and narrow specialists to villages, lack of pharmaceuticals committed under state BBP (Basic Benefit Package)¹⁴, insufficient heating and water provision to the health posts, lack of funds for continuous provision of electricity, lack of clarity in perception of their roles and responsibilities among health personnel, insufficient functioning of ambulance and other related topics. ADP and CBO staff continuously works with different level stakeholders to identify opportunities for health related situation improvements. Health findings were sent to National Office Child Health Now Campaign Manager to use for national level advocacy activities.

Meghri project site:

Six focus group discussions on health entitlements with service users were conducted in 6 Meghri communities (including Nrnadzor), out of which 3 Focus Group Discussions (FGD) with service receivers were facilitated with the Project Manager. The main findings were as follows: community residents do not attend health posts in villages, narrow specialists do not visit villages, nurses do not fully utilize their skills, there is a lack of pharmaceuticals, heating, electricity, water and other related problems. The next step in Quarter IV will be meeting with service providers to find out their problems and develop Action Plans for every village during general community meetings.

Sisian project site:

In the reporting period, the “Salvard” rural development foundation CBO and “Partnership and Teaching” local NGO continued the community engagement processes using the CV&A methodology. The CBOs facilitated dialogues between service receivers and service providers on accessibility and quality of health, education, and local self governance services.

Focus group discussions and community gatherings were conducted in 21 ADP communities with service providers, students and community people. All elaborated action plans were approved by community councils (avaganis)¹⁵ and village mayors. At the same time, monitoring groups were formed to organize and follow up the implementation of plans on a monthly basis. At the end of this year, they will present report to the community about the works implemented.

In all the 21 ADP communities, the Plans of Actions for improvement of the access to and quality of health services were developed with participation of parents, children, other community members, village boards and service providers, i.e. doctors, teachers and village administration.

Table 3: Community mobilization meetings in Sisian, Alaverdi, and Meghri, as of March, 2011

Region	# of sessions	Number of participants
Meetings with service users		
Sisian	35	384
Meghri	6	59
Alaverdi	10	113
Total	51	556
Meetings with service providers		
Sisian	20	181
Alaverdi	10	23
Total	30	204
Joint community meetings		
Sisian	21	446
Alaverdi	10	490
Total	31	936

¹⁴ BBP- the state committed services that are to be provided to population by health care institutions (including free of charge, or partially paid by socially vulnerable groups)

¹⁵ Avagani- village selected representative of village people

Also, please refer to Attachment B for problems revealed as a result of community meetings.

Outcome 3.2: Evidence based advocacy for integrated child development and family health care services

The data accumulated through this project will be used by WV Armenia National Office in Yerevan for national level advocacy for health care improvements. Alaverdi and Sisian ADPs with CBOs sorted out the problems to continue community, marz and higher level advocacy activities. In January 2011, the findings from FGDs and General Community meetings were presented to the head of Health and Social Protection Department of Lori marz for further consideration. Alaverdi ADP will obtain the list of actions to be performed by Lori marzpetaran from the authority and conduct monitoring of its implementation.

One round table meeting with participation of Alaverdi ADP staff, CBO members, health care providers of primary and secondary level of HC system¹⁶, the head of Health and Social Protection Department of Lori marz and the head of the State Health Agency of Lori marz was organized by WVA. The round table facilitators, K. Saribekyan/the head of the MCH¹⁷ department of the MoH, and A. Ter-Grigoryan/the head of the SHA¹⁸, presented the newly launched state child certification program (0-7) and mechanisms of its financing, updates on challenges and successes in its implementation, as well as a brief update on the coming changes in the state BBP for 2011. During a follow up Q&A session, round table facilitators provided answers to questions from the audience- WVA and CBO staff as well as health care providers. Afterwards, participants facilitated the discussion around health state entitlement implementation at the community level. CBO members and ADP staff raised issues and presented problems to local, regional & national level health service providers/authorities. Facilitation of similar round tables in Tavush and Sisian project sites is scheduled for the next quarter.

C. Challenges/Problems Encountered

There were no notable challenges or problems during the reporting period.

D. Expenditures and Budget variances

Provision of programmatic activities is mainly aligned with the grant budget estimates. Under spending occurs mainly under salary and travel related budget lines.

Please refer to the Q-III Financial report provided separately.

E. Additional activities

The project key staff, Avetik Harutyunyants and Anush Sahakyan, have completed the Level-I¹⁹ of the WV “Gateway to Grants” (G2G) certification program, and were qualified for completion of the Level-II²⁰ of the G2G, that will take place in April, 2011.

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

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

- Complete capacity building and community mobilization activities as scheduled in the PMP

¹⁶ Primary level- health posts, ambulatories, policlinics, community primary health care centers. Secondary- hospitals that are equipped and provide services per the state classification standards

¹⁷ MCH- Maternal and child health

¹⁸ SHA- State Health Agency

¹⁹ Level-I of the G2G certification program- 10 self study workbooks followed by a web-based exams

²⁰ Level-II of the G2G certification program- 1 week Workshop followed by a written exam

- Draft the PMP for the second year of the project implementation
- Compile a list of basic medical equipment necessary to improve provision of pediatric screening, purchase and start distribution to the project sites.
- Based on community needs assessment report and the PMP acquire and start distribution to the project sites:
 - adults, child (boy/girl) medical cards (state form #112, with a waiver not to put USAID logo)
 - informational boards

Result II- Community-based reproductive health, disease prevention and integrated family care promoted in target communities

- Sign sub-grant agreements with key partners, develop grants' monitoring plan, and conduct monitoring of sub-grant implementation
- Facilitate provision of seminars, awareness raising events, peer education, and other programmatic activities related to Adolescent health, as scheduled in the PMP
- Facilitate provision of ToTs on Safe Motherhood, Family planning/contraception, peer education in project communities on the topics
- Complete provision of computer classes for adolescents in sources of health related information in Alaverdi and Meghri project sites
- Obtain PSAs from country stakeholders, start broadcasting by district TV stations
- Acquire and start distribution of the following educational materials to/in the project sites:
 - “Questions and Answers on Women Health
 - Patient counseling tools
 - CDs on IMCI developed by Armenian Red Cross
 - Pediatric bulletin developed by Armenian Association of Professional Pediatricians (AAPP)
 - Leaflets and book on adolescent health developed by “Arabkir” Medical Center
 - The USAID PHCR developed leaflets on diabetes, hypertension, cancer prevention

Results III- Communities and families are empowered to advocate for and demand improved quality of primary health care services

- Based on the outcomes of the meetings with community active people (service receivers and service providers), finalize development and support implementation of joint action plans for/by every village.
- Facilitate community mobilization at the project sites, to reflect on the project findings. Address challenges and replicate successes observed and reported through/in the assessments reports, village action plans, monitoring reports, the ADPs reports, as well as reports by the USAID AOTR and other project partners.
- Facilitate provision of round table meetings with marz level key stakeholders to introduce the new State Child certification program (0-7) and reveal challenges with its introduction at marz level. Obtain practical advice on the ways to overcome the challenges; provide updates on the state Birth certification program, introduce the basic mechanisms of financing of primary and secondary level HC facilities, challenges, and ways to overcome them.
- Continue distribution of GIK supplies to project beneficiaries

Additionally planned:

Project key staff to complete the World Vision certification program, “Gateway to Grants”, on the management of the USG Awards under Assistance/Grant agreements.

G. Attachments

Attachment A: Expert recommendations on improved training provision

- to better use provided visual aids (presentation with colored pictures)
- to simplify introduced topics, not overload training participants with information, better utilize WVA educational materials

- to conduct seminar in interactive manner with audience involvement, discussing topics provided in presentation exercises
- to avoid use of technical terminology
- repeatedly emphasize the main messages during the presentations, provide simple and clear explanation of some physiological processes (e.g. menstruation)
- exercise proper time management
- to do presentations in a more structured way, according to the provided format, to pay attention to the manner of presentation. Being artistic and controlling gestures as non verbal means of communication are also very important.

Attachment B: Problems revealed and suggested solutions:

Alaverdi project site:

The villagers of Haghpat community have chosen two family doctors for their community, but only one family doctor pays monthly visits according to state health entitlements. The second family doctor did not visit the community because of the small number of patients. During CV&A health focus group discussion on November 2010 in Haghpat community, the members of community did not agree with the second family doctor's approach. As a result of this discussion this problem was included in the CV&A Action Plan. The villagers with active group of community made a request to the Health Center of Alaverdi to solve the problem. As a result, the second family doctor has started monthly visits to community.

During CV&A focus group discussion with the citizens of Akhtala, the community noted the importance of improvement of garbage collecting problem, which was included in the CV&A Action Plan. The citizens of Akhtala community appealed to the mayor and participated in the session of community council meeting on community budget discussion. The municipality promised to attach attention to that problem and provide resources for its solution. The community active group frequently met with the mayor to receive updates on the status of this problem. As a result, the community is now organizing garbage collection regularly once in two days in contrast to previous once in four days, and the number of garbage boxes doubled in the community.

Meghri project site:

1. Limited funding and approach to health facilities in the most remote and hard to reach communities with small number of population (Nrnadzor village).
2. Absence of electricity counters in Lehvaz and Shanidzor communities.
3. Pap-smear testing is not provided in Meghri region, and early diagnostics for pre-cancer and cancer cases is not available. This issue was discussed with the head of Meghri City Health Center; decision was made to send laboratory doctor for Pap-smear testing training. Diagnostics of breast cancer including mammography is also an issue in Meghri.
4. HIV testing and counseling is also one of the problems.

Attachment C: Change Story

Taking care of children in a new way

Sarhatyan Mary is a young mother of two from the village of Khashtarak, of Tavush region. She testified about the benefits of the seminars on Child Care she attended in her community last winter. A total of 112 similar seminars facilitated by local Family Doctors were held in the frame of the “Health for Families” project in the communities of Ijevan, Berd, Sisian, Goris, Meghri and Alaverdi within the period of December 2010 - March 2011. Nearly 1400 mothers and caregivers of young children, as well as active community members participated in the seminars.

These seminars on Child Care were held to equip mothers and caregivers with the basic knowledge on promoting physical development of children and disease prevention. It also encouraged them to change behaviors related to child care that ensured the healthy growing of their children. During the seminars, the mothers and the caregivers not only received information on children’s healthy lifestyle and diet, but also actively participated in discussions and raised questions and concerns related to child care.

An outcome of the trainings and the newly established relationship between the mothers and the health care providers is an increased healthy child checkups and frequent consultations by the mothers on child care. “We learnt a lot about taking care of our children in a new way that would help us to be always healthy,” said Mary, expressing her satisfaction of the Seminar she attended. “Being very attentive to the cleanliness of my children’s hands was something new in the everyday life of my family. Although we knew that we should keep the children’s hands clean, we were not attentive in washing them every time they had a bite. Now we know that keeping hands always clean is a way to prevent my children from having intestinal worms,” added Mary. When asked if she had noticed any positive health behavior changes in her two daughters, Inna, 5, and Tina, 3,



Mary with her children, Inna and Tina, village of Khashtarak, Tavush region

Mary replied: “The most important is that now our family is more careful in following certain habits that would make our children healthier, such as teaching them how to brush the teeth, eat more fruits and vegetables, keep the hands clean and the fingernails cut at all times. We have become more aware of the health benefits of each of these practices. Now even if my children are having a fruit or a biscuit, I make sure that their hands are washed.” When asked whether she preferred having a biscuit before or after washing her hands, little Inna answered: “With clean hands! I like my clean hands, because they don’t make me ill.”

“Now our family is more careful in following certain healthy habits that would make our children healthier.”

Another added value of Child Care seminars is that mothers and caregivers discuss their newly acquired knowledge with their peers. “I’ve shared the information I got at the seminar with my sister-in-law, who is a mother of a toddler,” says Mary. “As a result, she enriched her child’s diet.”

“These Seminars have been very informative. Even if some mothers had some doubts at the beginning of the seminar, after completion they have expressed a great satisfaction, since they could witness the value of the newly acquired knowledge in everyday lives of their families,” says Irina Madinyan, the mobilizer of the Khashtarak community and who helped organize the seminars.