Final Report

World Vision Armenia

"Health for Families" Project

Cooperative Agreement # AID-111-A-10-00002-1
(WV US A-31, 194023)

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Prepared by: Dr. Avetik Harutyunyants, Project Manager, Operations department, WV Armenia

To: Dr. Ruben Jamalyan, Project Management Specialist/CTO, SRO, USAID/Armenia

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List of Acronyms and Abbreviations

AAPP	Armenian Association of Paediatric Professionals
Avagani	Village Governance
ADP	Area Development Program
AOTR	Assistance Officer Technical Representative
BBP	Basic Benefit Package
BMI	Body Mass Index
BrC	Breast Cancer
CBO	Community Based Organization
CC	Cervical Cancer
CHHCC	Child Health Hospital Care Certificate
CHV	Community Health Volunteers
CQI	Continuous Quality Improvement
CVA	Civic Voice & Action
CT	Community Trainers
ECG	Electrocardiograph
FAM	Fertility Awareness Method
FGD	Focus Group Discussion
FP	Family Planning
G2G	Gateway to Grants
GIK	Goods-in-Kind
HC	Health Care
HFF	Health for Families
HP	Health Post
ICAH	Institute of Child and Adolescent Health
IMCI	Integrated Management of Childhood Illness
IUD	Intrauterine Device
JMC	Joint Medical Centre
LG	Local Governance
MCHN	Maternal and Child Health and Nutrition
MoH	Ministry of Health
NCAP	National Centre for AIDS Prevention
NGO	Non-governmental Organization
NO	National Office
OCC	Obstetric Care Certificate
OCP	Oral Contraceptive Pill
OSCE	Organization for Security and Cooperation in Europe
PCT	Patient Counselling Tool
PHC	Primary Health Care
PHCR	Primary Health Care Reforms
PM	Project Manager
PMP	Project Monitoring and Evaluation Plan
"P&T"	"Partnership & Teaching" local NGO
ROA	Republic of Armenia
SHA	State Health Agency
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
ToT	Training of Trainers
WVA	World Vision Armenia
WV US	World Vision Unites States
USAID	United States Agency for International Development

1. Project profile

Organization:	World Vision
Cooperative Agreement:	AID-111-A-10-0002-1
Project number:	WV US A-31 194023
Project name:	"Health for Families"
Project duration:	06/22/2010 - 06/21/2012
Project implementation sites:	Lori marz- 10 villages of Alaverdi area; Tavush marz- 20 villages of Ijevan and Berd areas; Syunik marz- 29 villages of Sisian, Goris and Meghri areas
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 Centre- Institute of Child and Adolescent Health" ("“Arabkir” JMC-ICAH"), Yerevan, Armenia “Leontig” Maternal & Child Health Centre, Sisian, Armenia
Project Manager, WVA:	Dr. Avetik Harutyunyants, Project Manager, *avetik_harutyunyants@wvi.org, + 37491 74-91-19 ext.: 227; fax: 374-10 74-91-46*
Project Core Team, WV US:	Jeanette Giron, WV US Senior Contract Officer Happy Kumah, WV US Heath & HIV/AIDS Management Officer Giovani Adrian, WV US Senior Finance Officer
Submitted to USAID AOTR:	Dr. Ruben Jamalyan, certified Project Manager, Social Reforms Office

A. Executive summary of the project key activities

From the very beginning of the project, WV Armenia together with USAID had undertaken several important steps toward successful initiation, implementation and completion of the project.
To sum up, the following main project activities have been carried out:

- **Financial assessment of partners**

In order to ensure that the sub-grantees have appropriate capacities to comply with the WV and the USAID financial and programmatic reporting compliance, WV Armenia staff carried out de-briefings and orientation sessions to the project partners. ""Arabkir" JMC_ICAH" and "Leontig" LLC representatives were introduced to sub-grant financial compliance requirements by WV Armenia grant compliance manager, Karine Gabrielyan, and senior finance officer, Gayane Hakobyan, and the project manager introduced to partners sub-grant implementation, reporting, visibility requirements and WVI Child Protection policy. WVA also completed financial assessment of the project partners, and obtained the required information[1] that confirmed compliance of the project partners with the State and WV US fiscal policies and regulations.

- **HFF project start-up workshop**

Start-up workshop for the project stakeholders[2] was conducted for project beneficiaries with the purpose to provide an overview of the history of the WVA health programming and introduced in details "Health for Families" project's goal, objectives, implementation approaches and the scope of the particular project interventions. The workshop participants were provided opportunities to clarify issues related to project approaches, design, implementation, and suggestions, based on their knowledge of respective ADPs' and marzs' context, the optimal operational/implementation models, which then were incorporated into the Project Management Plans (PMPs). The workshop participants were also introduced to the basics of the USG grants management, distribution of roles and responsibilities, and reporting compliance requirements, i.e. grant administrative requirements, cost principles, acquisition of goods and services, audits, labor distribution, etc. The project illustrative work plans were reviewed and adjustments made, roles and responsibilities of each partner and stakeholders were clarified based on the particular project sites' contexts.
The project team follow up with visits to the project implementation sites, introduced the project to WV Area Development Programs (ADP) staff and met with district/community level health care (HC) authorities and providers, rural administration authorities, and school principals. The goal of the project was explained as improvement of access to quality primary health care provision at the community level, and the implementation approaches as well as the expected results were presented to all stakeholders. WV Armenia ADPs, with the support of the project staff incorporated the project implementation plans into respective ADPs' annual implementation and monitoring plans. The Project Manager (PM) had meetings with key partners to affirm their initial commitments to the project, introduce the project implementation, monitoring and reporting requirements, the draft implementations plans and other responsibilities.

Baseline assessment [3](see Attachment A)

The baseline assessment survey was conducted to define the baseline data, identify and finalize the project priority indicators, which then served as references against which the changes brought by the project have been measured and evaluated.

[1]Self-Assessment Form, FY'2009 Audit Report
[2]WVA ADP staff, project key partners and community based organizations (CBO), HC providers, marz authorities, ""Arabkir" JMC-ICAH, "Leontig" LLC, WV US Senior Contracts Officer, and Health/HIV Management Officers.
[3]Submitted on 03-03-2011

It was also essential to understand the health related priorities of target population and their links to social and economic conditions, and effects on the outcomes of the project. Other purpose of the assessment was gaining joint WV, USAID and the project beneficiaries' understanding on the community needs priorities, expectations from health care sector, their concerns, perceptions and beliefs on how health sector should work, and how the project can better contribute to improved access to HC services at community and marz level.

The results of the baseline assessment, outcomes of meetings of the project staff with district level services providers/authorities, and the outcomes of the USAID AOTR introductory visits to project sites helped WV Armenia to identify 10 project evaluation priority indicators that were reached during project implementation (please refer to attachment K.2.).

- Series of visits were paid by USAID AOTR at the project startup phase to all project sites with the purpose to meet with HC providers and authorities to promote the project goal and objectives, and to get acquainted with the current situation. The project priority indicators of success and focus of the identified key interventions were set based on the analysis of the outcomes of the aforementioned visits and the baseline assessment. Results of the AOTR visits and provided insights were highly appreciated by the project team, and used by the project team for finalization of priorities and the scope of the project key interventions.
- The project management plan (PMP) was finalized, reconciled, and approved by the USAID (submitted to the USAID, available upon request)
- A mandatory web-based "Family Planning Legislative & Policy Requirements" training was completed by the project staff and WVA DME specialist, and certificates of completion were submitted to the USAID (please refer to the Attachment B).
- Financial assessment of the project partners was completed by WVA, and required information[4] was obtained on compliance of the project partners with the State and WV US fiscal policies and regulations. Two tripartite[5] sub-grant agreements have been signed with the project partners[6], which defined the scope of work, implementation schedules, the compliance requirements with the USAID, WV visibility strategies, WVA Child protection policy, budgets and mandatory standard provisions. Both sub-grants were successfully completed on schedule as detailed in the agreements and implementation plans for the project partners. At the completion of the sub-grant agreements, the two key partners provided feedbacks on the existing gaps, and recommendations were elaborated for future programming (please refer to the Outcome 2 for details, and to partners' final programmatic reports- submitted to the USAID, available upon request).
- Groups of community health volunteers (CHVs) were established in every community by the project, which capacitated communities to address health related issues in respective communities. CHVs were introduced to the functions of CHVs network, responsibilities of CHVs members that included dissemination of key health messages and appropriate household practices, 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 governance to organize events related to promotion of community health interventions, and celebration of achievements.
- Civic Voice & Action (CV&A) approach was applied for sensitization, engagement and mobilization of community members around health issues in target communities. CV&A is an approach that aims to increasing dialogue between ordinary citizens and organizations that provide services to the public. The CV&A core elements include community development practices such as participation, inclusion, ownership and sustainability to stimulate the community members to take action themselves and take responsibility and ownership for improved service delivery. Such issues as

[4] Self-Assessment Form, FY'2009 Audit Report
[5] Tripartite agreements between WV US, WV Armenia and Sub-grantees
[6] "Arabkir" joint medical center- Institute of Child and Adolescent Health" ("Arabkir" JMC-ICAH", and "Leontig" LLC

provision of Obstetric Care Certificate (OCC) and Child Health Hospital Care Certificate (CHHCC)[7], provision of visits of HC providers to project communities, and many other issues, identified through the CVA process, were successfully solved during project implementation (please refer to the attachments I, I.1., I.2., I.3. for details).

- Enhancement of human and material capacities of targeted communities, and improvement of conditions for provision of primary health care at community and district level was one of the priorities throughout the project implementation. Intensive dialogue between health service receivers and service providers were initiated through facilitation of participatory processes in project communities, establishment of community health volunteers groups, involvement of young people in social life, peer education, raising adolescent age health and related issues, as well as peer exchange visits with the purpose of sensitization and experience exchange. In addition, practical issues, such as visits to communities by PHC providers, work hours of nurses, and operating hours of health posts, provision of OCCs and CHHCC were resolved through community mobilization processes for increased accountability of health care providers towards the community residents (attachments I, I.1., I.2.).
- Human capacity building component of the project was carried out to increase commitment, knowledge and skills of community members, HC providers, teachers and other project beneficiaries on the basics of maternal and child care at community and marz levels. For this purpose, series of training of trainers seminars (TOT), formal and informal peer education sessions, and community mobilization events and round tables were conducted by local HC providers, project partners with the project stakeholders. Within this frame of activities, the project beneficiaries, i.e. community women of reproductive health, adolescents, school teachers, village nurses, and community health volunteers received knowledge in child care, family planning and contraception, safe motherhood, hypertension, and diabetes, and were equipped with skills to apply the knowledge gained.
- To enhance the material capacities of HC institutions installation of informational corners[8] at health posts (please refer to the Attachment C for details), provision of minor medical equipment/furnishing[9] and medical cards[10] was carried out during the project period to support compliance of HC providers to provision of primary health care (PHC) services based on the State required protocols of PHC provision. Informational corners were established in every community health post in order to provide important information related to primary health care provision, state commitments, and entitlements.

The project Year-I reflection and impact analysis conducted by WV Armenia[11] with the project stakeholders, both formal and informal ways, as well as the USAID mid-term review of the project implementation and accomplishments (submitted to the USAID, available upon request), showed that the project had been implemented successfully, and achieved its objectives. The analysis of the project Year-I accomplishments enabled reporting of ongoing positive changes in the project sites, as a number of practical issues raised at community level were resolved (with minimum material support of the project) through advocacy and ongoing work with service providers and service receivers.

[7] For children 0-7 years old
[8] contain information on the scope of services community population is entitled for provision at the PHC level
[9] against the State, maternal and child care related, requirements of furnishing of community level health care facilities
[10] State Forms (adults, boy and girls) # 112
[11] the exercise data was presented in Q'5, as per the PMP

- The results of exercises, identified issues and recommendations for better programming have been exchanged between WV and USAID to elaborate on the success of the first year of the project implementation, and to incorporate recommendations of both sides in to the PMP of the second year of the project (submitted to the USAID, available upon request). Such an intensive, open, and transparent exchange knowledge and feedback from USAID and WV enabled the project to successfully achieve its objectives, and is recognized as good practice on knowledge management while implementing projects.
- The Armenian Association of Pediatric Professionals (AAPP) provided 5-day training in all project sites on compliance with the State pediatric screening standards that were followed up by provision of supervisory visits to project implementation sites. During AAPP site visits, the country experts performed monitoring of pediatric care services provided by family doctors and pediatricians, and provided on-the-job counseling for improved pediatric screenings. The AAPP reports are available in Armenian language, and can be shared upon request.
- Distribution of educational materials was carried out during project implementation to compliment capacity building of community target population, and to support peer education process among beneficiaries. As a result, a number of educational materials designed for HC providers and population were distributed using reprinting of existing materials of WV Armenia and other materials developed by WV and USAID partners in scope of their programs.
- Under the distribution of the Gift-In-Kind (GIK) supplies to enhance the technical capacities of the HC institutions and to foster the culture of using clean, single use medical items/supplies by health personnel , the ADPs located in Sisian, Tavush, Alaverdi and Kapan provided medical and hygiene supplies12 to the project beneficiary PHC institutions, which organized distribution of medical supplies to their respective ambulatories and health posts.GIK supplies were also used during community events related to healthy lifestyle- promotion of healthy environment through cleaning of areas around health posts and schools, as well as hygiene supplies were used as incentives for community population that applied sound child care practices at their households.

Overall, a total of $372,099 of GIK supplies was distributed in target sites during project implementation. In terms of GIK provision, WV fulfilled its total obligations to the project.

Outline of project specific activities carried out in the project sites:

- In total, 167 seminars on "Child Care" were facilitated for 2,061 mothers/caregivers of children under age of 2 and community health volunteers.
- In total, 253 community mothers participated in 20 HEARTH sessions that addressed child healthy nutrition issues at community level.
- In total, 110 seminars on "Family planning/contraception" were conducted for 1,375women of reproductive health in project implementation sites.
- In total, 59 seminars on "Safe Motherhood" were provided for 769 training participants, mainly women of reproductive health and pregnant women.
- In total, 59 seminars were conducted on "Diabetes" for 847 participants
- In total, 56 seminars on Hypertension were conducted for 813 participants.
- In total, 57 nurses and 61 schoolteachers participated in 11 seminars on "Healthy Life Style-Adolescent Health & Development", conducted by the project partner, ""Arabkir" JMC- ICAH", under tripartite agreement with WV.
- In total, in all project 59 villages, implementation of community CV&A plans were monitored on monthly basis, and updated on semi-annual basis.

[12]GIK medical and hygiene supplies- gloves, syringes, needles, wet napkins, tissues, containers, teeth threads, soap, shampoo, etc.

- In total, 59 sessions on "Adolescent Reproductive & Sexual health" were facilitated for 842 adolescents and 643 parents, each, by project partners in the Year-1 of the project, and 58 sessions were facilitated in the Year-2 for 718 participants.
- In total, 460 formal and informal peer education sessions on child care, family planning/contraception, safe motherhood, diabetes, hypertension, smoking cessation were facilitated by trainer volunteers for 5,800 community members.
- In total, 118 peer education sessions on Adolescent health were facilitated by trained adolescents in project sites for their 970 peers.
- In total, four 5-day training on "Well Child Care"- compliance with the State pediatric screening standards were facilitated in all project sites for 72 participants, which were then followed by supervisory visits to 29 community HC facilities of the project implementation sites.
- In total, 56 computer based classes[13]on "Accessibility of informational technology system in communities for improvement of health services" were facilitated for 864 schoolchildren/adolescents of 58 project communities.
- In total, 59 informational corners that contain information on duties, rights and responsibilities of HC providers, operating hours of HC facility, home visit hours, other health related information were established in project communities
- In total, 21,500 medical cards for adults, 11,500 cards (each) for boys and girls, and 20,000 patronage slips were provided to the project sites.
- In total, 3 type of Patient Counseling Tools (PCT) on "Hypertension", "Diabetes", and "Smoking Cessation" were printed in 60 copies each, and delivered to HC providers of project villages.
- In total, 5 seminars on use of patient counseling tool/book on "Diabetes" for 68 nurses, and 5 seminars on "Hypertension" and "Smoking cessation" for 73 nurses were facilitated by local HC providers in Sisian, Tavush, Alaverdi for community nurses.
- In total, the Armenian Association of Pediatric Professionals (AAPP) provided four 5-day training in all project sites to 72 HC providers on compliance with the State pediatric screening standards that were followed up by provision of 4 supervisory visits to project 29 HC facilities of implementation sites.
- Three issues of "Pediatric Bulletins" were developed by the AAPP and distributed by the association to pediatricians of Armenia.
- In total, 11 nurses and 85 mothers/caregivers have been publically acknowledged for their commitment and practical results in achieving improved care of project beneficiary children.

[13]for adolescents of 58 project villages

B. Progress towards meeting the project objectives

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

Indicator: Proportion of women who received at least 1 post – partum visit.

Baseline – 65%; End of Project target – 14% increase; End of project result: 59.1%

Achieving a decrease in the major causes of morbidity and mortality for all family members in Armenia hinges on increasing awareness on healthy lifestyle, prevention of diseases, prioritizing health check-ups, and emphasizing care-seeking behaviors and timely referral to the health facility.

To ensure the effectiveness of the project in identifying priorities and addressing key gaps in provision of the state required examinations for children and adult population, the community capacity assessment was conducted (see attachment A.1.). Complimented with the feedback from USAID, the ADP and project staff observations/recommendations, and the available project resources, WVA procured and distributed basic medical equipment to the project villages, to support compliance of HC facilities with population screening standards. Hence, important technical pre-conditions were created to ensure child health, growth and development improvement in target communities.

The Year-1reflection and impact analysis conducted by the project manager with the support of the project stakeholders, ADPs' and CBOs', both formal[14] and informal[15] ways, as well as the outcomes of the AOTR monitoring visits and the results of the USAID mid-term evaluation suggested increasing focus on maternal and child health outcomes of the project. Provision of additional refreshment seminars on child care, family planning and contraception, increased focus on enhancing community health care centres, additional capacity building activities for health care providers and community population allowed the project staff to elaborate on the success of the first year and to eventually increase an overall the positive impact of the project.

Furthermore, the non-communicable diseases and adolescent health related issues were addressed through provision of relevant seminars, distribution of patient counselling tools, and training of nurses on use of them throughout the project life. However the scope of the related interventions was decreased in the second year, which let to partial achievement of indicator V growth[16] (please refer to the project evaluation report, attachments K and K.1.). However, it was mutually agreed by WVA and the USAID to focus more on child health outcomes.

The scopes of the following interventions have been increased:

- Provision of additional refreshment seminars on Child Care, Family planning and Contraception.
- Supervisory on-the-job observation/counseling visits and wrap up reflection exercises for family doctors and nurses on Child Growth and Development, by Armenian Association of Pediatric Professionals (AAPP).
- Procurement of minor medical equipment and furnishing for the project health care (HC) facilities.
- Re-printing of patient medical cards, form # 112 (adults, boys, girls)
- Provision of training on "Child Injury Prevention" for nurses of kindergartens/school teachers of children 1-3 grades, through games developed by the Armenian Red Cross, as way of interactive learning,
- Development of 2 additional issues of Pediatric Bulletins, by the AAPP

The evaluation data shows that post-partum care of mothers performed by health workers is carried out partly and needs improvement. At the same time, the situation in targeted communities is worse than it was in the Project starting year (2010).

In the Project targeted communities the proportion of mothers who received a post-partum visit has reduced by 10.1% (65.5% in 2010 and 55.4% in 2012).

The negative variance is explained by the change of the context at the launch and at the end of the project. At the launch of the project in 2010, provision of post-partum visits after discharge from maternity was the

[14] when beneficiaries gather under leadership of village nurse, or member of mother support group to discuss MCH issues

[15] non scheduled MCH related discussions between beneficiaries, usually between relatives, neighbors

[16] Indicator V: proportion of respondents who know at least 2 ways to prevent diabetes- 5,9% growth versus 10% planned

2010 BBP mandatory provision, whereas the state BBP for 2011 discontinued provision of mandatory post-partum visits by Family Doctors to households. In addition, since 2011 the compulsory quarterly outreach visits to communities by gynaecologists were discontinued, which also negatively affected the access to postpartum visits. The AOTR was informed that the target set for the indicator might not be achieved due to this change in advance, and it was agreed that the indicator will not be considered as the project evaluation indicator.

Outcome 1.1: Families have increased knowledge and changed practices that improve the health of their children

The project continuously addressed child care issues through facilitation of seminars, peer education and community talks with focus on child health issues, quality of PHC provision, implementation of the state "Child Certificate" program on provision of free care to children 0-7, the existing challenges and achievements of it.
Through Child care seminars the project focused on key messages and appropriate household practices that young mothers shall exercise in their daily life, the importance of preventive healthy child visits, recognition of danger signs and referral mechanisms that shall be applied in such cases, the existing gaps and reasons for malfunctioning of such mechanisms[17].

In total, 167 seminars on "Child Care" were facilitated for 2,061 mothers/caregivers of children under age of 2 and community health volunteers.

A special focus was paid to addressing appropriate care to young children, i.e. danger signs, child nutrition, benefits of exclusive breastfeeding, complimentary feeding, immunization, healthy child visits. The seminar topics covered such important issues as:

- promotion of healthy child visits to health facilities
- pediatric screening standards, their necessity and schedule
- immunization, its importance and calendar
- appropriate nutrition, sick child care, proper management of child illness at home
- danger signs that require immediate referral to health care providers
- injury prevention, hygiene tips

During each session participants listened to presentations, participated in exercises and role playing which helped participants to better understand and interiorize the provided information. Participants received handouts and booklets on "Healthy and Sick Child Care", "Child Nutrition", leaflet on "Key Family Practices" developed and previous WV health projects, and a booklet on "Passive smoking" developed and printed by American University of Armenia.
These sessions were followed by peer education conducted by community health volunteers in their villages.

Evidence of how trained caregivers use the knowledge gained through seminars of child care in their daily practices, were noted during the project monitoring visits conducted by WVA National Office DME department in the 1st quarter of FY'12.

Table 1, SUMMARY: "Child Care" seminars for community health volunteers, parents/ caregivers, 06/2010-06/2012

Region	# of sessions	# of participants	Pre-test	Post-test	Knowledge increase
Tavush	56	744	63	91	28
Sisian	71	905	43	89	46
Meghri	18	232	71	83	12

[17] in some cases the procedures described in protocols of care provision are not convenient for parents, in other cases young mothers are not always aware of the existing mechanisms

Alaverdi	22	212	64	79	15
Total	**167**	2,061	**60**	**86**	**25**

Table 1A: Child Care seminars for community health volunteers and parents/caregivers, as of 06/2010-06/2011

Region	# of sessions	# of participants	Pre-test	Post-test	Knowledge increase
Tavush	40	551	63	91	28
Sisian	46	564	43	89	46
Meghri	12	166	71	83	12
Alaverdi	20	191	64	79	15
Total	**118**	**1,440**	**60**	**86**	**25**

Table 1B: Child care seminars for community health volunteers and parents/ caregivers, 10/2011- 03/2012

Site	# of sessions	# of participants	Pre-test %	Post-test %	Knowledge Increase %
Tavush	16	193	72	92	20
Sisian	25	341	66	90	24
Meghri	6	66	74	88	14
Alaverdi	2	21	73	89	16
Total	**49**	**621**	**-**	**-**	**-**

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.
Below are some feedbacks from community mothers on outcomes of "Child Care" seminars:

We have learned about exclusive breastfeeding, child nutrition; we learned new practical and useful things, such as, pumpkins are very rich with vitamins. Now I cook pumpkin soup for my children. We also received many booklets on child nutrition and care. Thanks to WV that they organize such kind of interesting trainings.
Extract from the interview with caregivers (Tavush)

The new thing for me was that during the diarrhea we should give more fluids to child and should not decrease the amount of food, which I didn't know before. Besides, we learned many peculiarities of child care: now I know how to behave when my child has high temperature. Now we do not bother a doctor every time with not very important issues.
Extract from the interview with caregivers (Tavush)

My child drank a lot of tea during the day, especially after eating. During the trainings I learnt that tea takes out the useful microelements from the organism, if it's drunk after eating. I did not know about it before.
Extract from the interview with caregivers (Tavush)

HEARTH sessions was one of approaches used 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 actively involved in the discussions and suggested many different traditional dishes made of staple food, specific for winter time.

<u>In total, 253 community mothers participated in 20 HEARTH sessions, as per the table below:</u>

Regions:	Tavush	Meghri	Alaverdi	Sisian	Total
# of sessions	4	8	5	3	**20**
# of participants	70	106	44	33	**253**

In Lichk community of Meghri project site, the village nurse organized a contest on "Healthy Nutrition" with participation of mothers of young children and high grade school children. Teams prepared several vegetable salads, presented to jury members and audience, and explained the benefits of such food.

The HEARTH sessions complemented counseling of mothers and caregivers of young children on appropriate child nutrition in an interactive way, through peer learning on preparation of healthy food for appropriate complementary feeding of their children.

Peer education sessions provided by community volunteers

The TOT sessions on Child Care were followed by peer education conducted by community health volunteers in their villages. The project continued focusing on key messages and appropriate practices that young mothers shall exercise in their daily life, the importance of preventive healthy child visits, recognition of danger signs and referral mechanisms that shall be applied in such cases, the existing gaps and reasons for malfunctioning of such mechanisms[18].

The following issues were discussed during formal and informal meetings of community health volunteers with their peers:

- the role and functions of mother support group, its responsibilities, rights, ways of cooperation with health care providers in addressing health issues at community level;
- family planning, methods of contraception, pregnancy, its danger signs, breast and cervical cancer;
- STIs and sexual education
- child care: breastfeeding-benefits, techniques, importance of physiological factors in breastfeeding; immunization, warm infestation, its symptoms, de-warming;
- hygiene, food processing, anaemia.

During peer education sessions, it was continuously emphasized that a community member needs to change her/his own behaviour to have positive effect on the behaviours of peers, and to be able to convince them by applying appropriate household practices. The project evaluation shows that notable behaviour changes took place in the projects sites, such as increased number of parents who give importance to food hygiene, preparation, processing and conservation, increased number of people who ask/apply for health care more frequently and in a timely manner, etc.

Table 3, SUMMARY: Community health peer education on MCH[19], Family planning/Contraception, Diabetes, Hypertension, 2010-2012

Region	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants
	Diabetes		Hypertension		Child Care		FP/ Contraception		Smoking/ Healthy lifestyle		Total	
Tavush	**20**	189	**20**	243	**58**	689	**45**	467	**7**	85	150	1673
Meghri	6	73	6	78	6	**75**	6	73	6	72	30	371
Sisian	46	593	46	708	46	662	46	537	46	636	230	3136
Alaverdi	10	98	10	129	10	138	10	109	10	146	50	620
Total:	**82**	**953**	**82**	**1,158**	**120**	**1,564**	**107**	**1,186**	**69**	**939**	**460**	**5,800**

[18] in some cases the procedures described in protocols of care provision are not convenient for parents, in other cases young mothers are not always aware of the existing mechanisms

[19] Immunization, child nutrition and care, reproductive health, adolescent health

Celebrate community nurses' best practices, good health results in communities and community mothers'/caregivers' good practices

Recognition for the best performance component of the program was continued through the project. The importance to recognize and further motivate community volunteers, who promote community health on volunteer basis, without any tangible material incentives, cannot be overstated. Recognition of achievements increases self-esteem, maintains social status of best mothers, and eventually improves quality of care for children.

Recognition for achievement of the best results by particular village nurse has a dual purpose to motivate HC providers for continuous improvement of their work and to share their best practices with peer colleagues.

The project staff developed specific selection criteria to be recognized as the best nurse, which made the identification process objective, fair and impartial(please to Attachment D for selection criteria for nurses and mothers).

As part of recognizing good performance of nurses and raising their profile and motivation, the project organized annual events where the best community nurse practices were presented and publicly acknowledged.

For instance, in Sisian project site, the ADP staff conducted survey among the village population to estimate the population satisfaction from the services provided by nurses. Nurses of Ashotavan and Khot communities were acknowledged as the best for the quality of services they provide, and for their kind attitude toward the population. During a joint meeting of all Sisian project site community nurses the best nurses received small prices- community nurse from Ashotavan received baby scales, and the nurse from Khot village received a tonometer.

The same appraoch for the same purpose was usedto recognize community parents for their good child care practices, based on selection criteria developed by WV.

The project organized annual meetings where the most appropriate child care practices of community mothers were presented to community members, and the best mothers were publicly acknowledged. In total, in Tavush and Sisian project sites the best community mothers and nurses received small presents as recognition of their good practices (5 nurses and 20 mothers in Sisian, and 59 mothers in Tavush). Similar approach was applied in Meghri area, where all members of mothers support groups of Vardanidzor, Lichk, and Nrnadzor communities were publicly acknowledged.

In Sisian, the highest pre-/posttests 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.

In total, 11 nurses and 85 mothers/caregivers have been publically acknowledged for their commitment and practical results in achieving improved care of project beneficiary children.

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

INDICATOR 1: Proportion of children with the required number of Well child visits over total number of children surveyed. Baseline –54.6%. End-of –project target - 60%. End of project result: 86.7%

INDICATOR 2: Proportion of children aged 0-24 months with child medical charts properly filled with growth and development monitoring records (baseline - 59.8%, End of project target- 75%)

End of project result: 37.9%

Explanation of significant deviation: There may be differences in assessment and implementation approaches during baseline and end of project evaluations based on definition of "properly filled". As per the country experts the cards that were checked during baseline were not checked against the pediatric screening standards, despite the fact that they were filled.

The mid-term data collection (re. Q'5 report) has indicated improvement of this indicator.

Reference: presentation of evaluation results to USAID and partners- meeting notes.

Assess capacities and based on the identified needs enhance HC facilities to support community HC providers in provision of proper care and screening for children

To assess community level health facilities[20], within the scope of the CV&A approach, WVA developed community health facility assessment tool[21](please refer to the Attachment E) that was used to assess physical conditions, availability of medical equipment and furnishing needs of community health facilities, which was then used as basis, along with the project existing resources, for acquiring minor medical equipment and furnishing.

The results of mid-term reflection exercise and the USAID mid-term evaluation have shown that despite investment of the project into enhancing capacities of community health facilities during the Year-1 of the project, there was still substantial need. As a result, capacity enhancement of communities was continued during the second year of the project. Additional equipment was purchased and distributed during the project Year-2. Please refer to the table below for total amount of minor basic medical equipment distributed in the project communities.

Table 4. Provision of minor medical equipment, 2011.

#	Description	Qty Purchased	Distributed				
			Meghri	Alaverdi	Sisian	Tavush	TOTAL
1	Stethoscope	3	0	0	0	3	**3**
2	Aneroid Sphygmomanometer	7	0	0	2	5	**7**
3	Child Cuff	45	6	1	18	20	**45**
4	Thermometer	6	0	0	2	4	**6**
5	Baby Height Measure	10	0	1	7	1	**9**
6	Baby Scale	6	0	1	2	1	**4**
7	Baby Examination table	17	5	2	4	6	**17**
8	Otoscope	1	0	1	0	0	**1**
9	Ophthalmoscope	1	0	1	0	0	**1**
10	Oto/Ophthalmoscope	1	0	1	0	0	**1**
11	Glucometer, with 240 strips	1	0	1	0	0	**1**
12	Examination bed (iron base)	5	0	2	3	0	**5**

Table 5: Provision of additional minor medical equipment, 2012.

#	Item	Qty Purchased	Distributed				
			Meghri	Alaverdi	Tavush	Sisian	TOTAL
1	Oto/Ophthalmoscope	1	-	-	1	-	**1**
2	Ophthalmoscope	2	-	-	2	-	**2**
3	ECG	2	1	-	-	1	**2**
4	Tonometer w/stethoscope	35	3	6	15	11	**35**
5	Tonometer Cuff, (0-2)	35	3	6	15	11	**35**
6	Tonometer Cuff, (2-5)	35	3	6	15	11	**35**
7	Tonometer Cuff, (5-12)	35	3	6	15	11	**35**
8	Stethoscope	35	3	6	15	11	**35**
9	Child Height meter	3	-	-	-	3	**3**
11	Baby scale, w/height meter	9	3	-	1	5	**9**
10	Floor Scale, adult	1	1	-	-	-	**1**
12	Hammer neurological	3	-	-	3	-	**3**

[20]Community level health facilities-health posts, ambulatories, community primary health care centers

[21]based on the USAID/PHCR project's Health Facility Assessment Tool

Establishment of Informational corners and provision of medical cards[22]have significantly enhanced material and referral capacities of health facilities, as they are important parts of establishment of links and referrals between families and health posts and further between HC facilities of marz level.

Informational boards provide information on the scope of work of family practitioner, community nurse, FP's visit schedule, narrow specialists visits schedule, list of entitled medical supplies and pharmaceuticals for HP/Ambulatory (first aid medicine), and space of additional announcements for community population. This is an important step toward increasing transparency of service provision at community level, which in return, along with the other actions, increase accountability of service providers, and improved access to information on State entitlements in primary health care provision.

The project manager with support of ADPs reconciled the scope of mandatory and optional information that should be provided to community population[23] on continuous basis through informational corners with marz level health authorities, and country experts from former USAID/PHCR project.

Re-printing of medical cards based on the identified need to enhance HC facilities and support community HC providers in provision of proper care and screening for children. Re-printing of medical cards (State Form # 112) for adults, boys and girls was complimented by provision of training of HC providers on compliance with screening of community population, that included also fulfilment of cards, reporting, etc., and this comprehensive approach was highly appreciated by HC providers, and had eventually shown significant improvement in terms of compliance.

In total, within the scope of the project, 21,500 medical cards for adults, 11,500 cards (each) for boys and girls, and 20,000 patronage slips were provided to the project sites.

Table 6: Provision of patient medical cards, 2010-2012

Site	Medical Cards, # 112			Patronage Slips
	Adults	Boys	Girls	
Tavush	4,000	2,400	2,400	6,800
Sisian	4,500	2,600	2,600	7,800
Alaverdi	2,000	800	800	3,400
Meghri	1,000	700	700	2,000
Total:	**11,500**	**6,500**	**6,500**	**20,000**

Educational materials provided with the scope of the project complimented provision of training and seminars for community population through provision of related key health messages, information on entitlements in PHC provision, i.e. healthy child visits, immunizations and other schedules to follow for improved care of children. They were also intensively used to support provision of peer education sessions by community health volunteers, and helped maintain USAID and WV visibility at project implementation sites. Community beneficiaries mentioned that educational materials helped them to internalize information received during training, and better prepare for conveying key health messages to their peers.

Please refer to the table below for the list of informational materials distributed in the project communities

Table 7. Health educational materials distributed in project implementation sites, 2010-2012

	Description	Alaverdi	Tavush	Sisian	Meghri
1	Leaflets on "Hypertension" (PHCR developed, re-printed)	200	1000	1500	300
2	Leaflets on "Diabetes" (PHCR developed, re-printed)	200	1000	1500	300
3	Leaflets on adolescent health "What is Adolescence" (for girls), ""Arabkir" JMC- ICAH"	400	600	800	200
4	Leaflets on adolescent health "What is Adolescence" (for boys) ""Arabkir" JMC- ICAH"	400	600	800	200

22 Printing of medical cards (form # 112) was highly appreciated by the MoH, and WV received a special acknowledgement from the MOH for this initiative

23 The scope of work of family practitioner, community nurse, FP's and narrow specialists visit schedule, list of entitled medical supplies and pharmaceuticals for HP/Ambulatory (first aid medicine), additional announcements for community population.

6	Leaflets on adolescent health "Sexually transmitted infections in adolescents", ""Arabkir" JMC- ICAH"	400	600	800	200
6	Leaflets on adolescent health "Harmful Habits", ""Arabkir" JMC-ICAH"	400	600	800	200
7	Presentation on "Child Care"	10	20	23	6
8	Presentation on "Family Planning"	10	20	23	6
9	Presentation on "Safe Motherhood"	10	20	23	6
10	Patient counseling tool (counseling guide) on "Hypertension"	10	20	23	6
11	Patient counseling tool (counseling guide) on "Diabetes"	10	20	23	6
12	Booklet on "Antenatal Care and Healthy Pregnancy"	200	400	400	200
13	Booklet on "Healthy and sick child care"	0	50	60	30
14	Booklet on "Child Nutrition"	20	50	50	30

"Well child care and discrepancies revealed during well child care visit" follow-up capacity building activities for health care providers

The country experts from the Armenian Association of Pediatric Professionals (AAPP) provided training on the state standards on screening of child growth and development, and paid supervisory visits to project implementation sites, during which pediatricians and family doctors Sisian, Goris, Ijevan, Berd and Alaverdi received expert counseling, and on the job observation and hands-on-training on improved access and quality of healthy child care services[24] and screening standards.

During provision of 5 day duration "Well Child Care" the following child growth and development topics were covered:

- Principles of well child medical care, choice of screenings, screening methodology.
- Child Development, Ireton Developmental Screening test.
- Physical growth and screenings (weight, height, w/h index, head circumference)
- Growth disturbances (failure to thrive, obesity, abnormal height, micro-/hydrocephaly etc.)
- Vision and Hearing Tests / Hearing loss and vision disorders.
- Screening test: Haemoglobin/ Anaemia. Measurement of Arterial pressure/Hypertension.
- Developmental dysplasia of Hip, Indescended testis (cryptorchi(d)ism).
- Screening of Newborn`s Breastfeeding.
- Medical aspects of child's safety. Child's behavioural problems and medical approaches.
- Child medical visits / Physical examination.
- Ambulatory record forms- proper recoding of child status (growth and development).

Table 8: "Well Child Care seminars", supervisory on the job monitoring/counselling of HC providers, 2010-2012

Project site	5 day duration training	# of participants	Facilities visited
Sisian	1	18	5
Tavush	2	38	14
Alaverdi	1	18	10
Total:	**4**	**72**	**29**

The purpose of the on-the-job monitoring, supportive supervision was to understand how the knowledge received during training was applied in the field- to observe provision of pediatric screening and counseling by local PHC providers, understand how well health care providers apply their knowledge and skills, reveal gaps and suggest improvements in provision of pediatric screenings for the project beneficiary children, access quality of fulfillment patient medical cards, and provide recommendations for improvement of child care screenings.

They provided an overall picture of quality of PHC provision, findings and recommendation to HC providers/authorities, the project and ADP staff to address them in future programming. The AAPP professionals also reviewed patient medical cards (State form # 112), and observed how properly health

24 Based on the state pediatric screening standards, guidelines and protocols

providers conducted child examinations, screening, and parents counseling. After each child visit the feedbacks on the provided counseling and care were provided to the health provider.

Common problems revealed in project implementation sites:

- Medical cards records were filled in an inconsistent way. In most of the cases newborn examination page was not filled in.
- First page of medical chart was not filled properly, particularly parts on family history and prescription for preventive purposes.
- In most of the cases, health care providers conducted anthropometry, made records but did not analyze data, and did not interpret and discuss the results with parents. Growth curves are not assessed properly. Child development was poorly assessed or not assessed at all.
- Breastfeeding observation is done only in child age of one week.
- Hemoglobin screening was done in most of the cases, nevertheless, anemia was not diagnosed in cases of low level of HB, and corrective treatment was not prescribed.
- Mental development screening was not performed.
- Vitamin D was not prescribed.
- Poor counseling of parents-many wrong messages related to child care and nutrition.
- Injury prevention counseling was not conducted.
- Blood pressure screening was not performed.

The underlying reason for the aforementioned problems are mainly conditioned by inappropriate system of the state and marz level monitoring and quality control.

Recommendation**:** Syunik marz PHC providers need to attend a training on "Well child care" and need to be properly supervised and monitored on continuous basis (internally and externally). The project supported provision of additional exercise, based on recommendations of the AAPP, the project staff and the ADPs. The ADPs are now empowered with expert assessment and recommendations, and will advocate for concrete improvements on well child care practices.

Common problems revealed in terms of compliance with healthy child screening standards, and recommendations for improvement of child care services by HC providers were presented to training participants and marz level health authorities during a wrap-up seminars that were held upon completion of observation, training and examination of medical cards.

Development, publishing and distribution of 3 issues of the AAPP Pediatric Bulletins for

paediatricians and other physicians in Armenia who have limited access to up-to-date information on contemporary tendencies in diagnostic, management, treatment, and prevention of paediatric diseases was completed in the scope of the project.

The bulletins provide literature review on the selected topics[25] that would help doctors in Armenia to maintain sufficient knowledge in different areas of paediatrics, and will significantly contribute to increased quality of their work with children in remote communities of Armenia.

The approach was replicated from the success of the USAID funded Medical Outreach Program, implemented by WV Armenia, and was highly appreciated by the Ministry of Health (MOH) and HC providers in marzes. For instance, health care providers of other ADPs (i.e. Gavar) have asked the project manager to provide more copies of materials printed out in the scope of the project, which is a good evidence of importance of having bulletins for marz paediatricians, and impact of the project beyond the project implementation sites. During regular meetings with HC providers, they expressed high appreciation for the provision of medical cards and medical equipment.

[25]pediculosis, phenylketonuria, hypothyroidism, the role of anomaly in newborn assessment, etc.

Public service announcements (PSA)on anti-smoking developed by the country Anti-smoking Coalition led by the American University of Armenia AUA), were continuously broadcasted in project implementation sites.
Three types of PSAs: "Smoking is prohibited in the working places", "Daddy, please, don't smoke", and "Celebrities don't smoke", were broadcasted by Ijevan, Berd, and Alaverdi local TV channels, in Alaverdi three times per day during one month period, and in Ijevan and Berd 4 times per day during 10 days period. In Sisian the PSAs were continuously broadcasted by local TV station, and this was done at no cost to the project, due to existing long term collaboration between WV and TV station.

WV Armenia health expert, Dr. Ruzanna Manukyan, participated in TV program (at no cost to the project) where adolescent health and sexual development issues were discussed. The programs participants presented and discussed common problems related to adolescent sexual health, provided clarifications and recommendations to audience, answered questions that journalists were asking, i.e. appropriate time for sexual debut[26], early pregnancy and related problems, sexual health, etc. The head of the ICAH presented the results of a study carried out by the ICAH and related to adolescent health, findings related to adequate nutrition of schoolchildren (i.e. do not have breakfast at home), and the drastic situation with use of fast food (, friture fried food, simple carbohydrate rich food, excessive use of sweets, cookies, candies and other issues).Discussions on adolescent health and common problems, particularly common disorders and illnesses, role of family and school in teenagers sexual development, issues related to early initiation of sexual intercourse, were conducted also through a radio program with participation of WV health expert.

The impact of broadcasting of PSAs and TV/radio programs is hard to assess, and such assessments require significant investments of resources .However given the estimated audience exposed to the PSAs, fairly insignificant amounts spent for broadcasting, and the fact that it is used by private companies, the effectiveness of this approach was assumed great, and so the project continuously broadcasted PSA in project sites.

Discussion of results:
As measured during the end of project evaluation the first indicator : ***proportion of children with the required number of Well child visits over total number of children surveyed yielded in considerable increase as compared to the baseline.*** Provided by the state policy of child healthcare: "children should receive at least 6 medical examinations on their growth, psychological development and screening during the first year of their life"; by the end of the project the survey results show that 93.3% of mothers took their children to doctor for medical examination 6 and more times in their first 12 months of life. Comparing this with 2010 results (54.6%) significant improvement of situation for this issue is recorded.

The second indicator under this output was***: Proportion of children aged 0-24 months with child medical charts properly filled with regular growth and development monitoring records***.
In the baseline survey, in 2010 existence of notes about children's growth chart, psychological development and screening in the medical charts was 59.8%. The same indicator in 2012 is 36.0%. According to evaluation results there are no positive changes in properly filling in the growth chart, psychological development and screening of the children in their medical charts. Many local health-workers were observed filling in the missing parts in medical charts while our working team was there to review the charts, reasoning that they forgot or did not have time to do it before.

The indicator target for the end of the project was 75%. But the targeted outcome was not achieved. According the evaluation report the observed reduction in the indicator might be explained by difference in assessment evaluation at the baseline and end of project. Baseline was carried out by trained community mobilizers (members of local CBO), who are in most of cases community members, and assessment partially was influenced by local health care providers. While, end of project evaluation was carried out by external evaluators, who were not familiar to local HCPs and communities. In addition the interventions aimed to improve the quality and performance of well child visits were carried out close to the end of project. While evaluation covered the 6 months period before the date of assessment, there was very

[26] early initiation of sexual intercourse

limited time left to observe sustained change in the practice. Another explanation is the different geographical coverage at baseline and end of project. Tavush marz, which shows lower performance indicator compared to Syunik and Alaverdi, due to its large weight in total sample (62% of total charts reviewed) shifts the total result to the lower value.

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

Indicator 1: Proportion of women aged 18-45 who can indicate at least 3 types of modern methods of contraception out of total number of women interviewed. Baseline – 31.5% End-of –project target – 40%; End-of-project result- 58.7%.

Discussion of End-of-Project results:
Indicator 1 for result 2 was measured during end of project evaluation. Awareness on methods of contraception is of substantial importance in family planning. During the baseline in 2010, 31.5% of 18-45 years' old interviewed women mentioned 3 methods of contraception. Results of final evaluation show that the same indicator in 2012 is 60.2%. Improvement in situation regarding the awareness of mothers about at least 3 modern methods of contraception is recorded and the targeted outcome was achieved.

Indicator 2: Proportion of patients who know at least 2 ways to prevent high-blood pressure and diabetes (Baseline - 19%). Target indicators: 10% increase. End-of-project results: Blood pressure- 34.2% (ACHIEVED); diabetes – 24.9%.
Explanation of variance: Increase in BP indicator is significant, but 10% increase is not achieved (-1,6%).
In 2010 19% of other household members mentioned 2 and more methods of preventing/controlling hypertension (as well as diabetes). This survey results show that in 2012 this index is 24.9% increase of awareness of other household members about hypertension prevention methods is recorded. One of the reasons noted is that the scope of the NCD activities was reduced during project implementation, per USAID and WV agreement to focus more on MCH issues. Other reasons will be explored by WV project staff to draw lessons for future projects.

Provision of seminars for adolescents on "Reproductive & Sexual Health" is an example of continuous lifecycle approach that WV uses to address reproductive health issues. Building basic knowledge of adolescents on structure and functioning of their reproductive system, elimination of the existing myths related to sexuality, complexity of issues related to safe sexual behavior and sexual debuts, prevention of STIs and HV were presented to adolescents in a very professional, friendly format by WV partners. The seminars were aimed to enhance knowledge that adolescents receive in schools through Healthy Life Style in school classes, and provide opportunities to adolescents to ask questions that remained unclear for them.
Prior to provision of seminars, WV received consent from the educational departments of regional administrations (Marzpetarans) and school authorities for provision of seminars.

It was observed by trainers, that adolescents participated in trainings with enthusiasm, demonstrated high interest towards the topics discussed, particularly in remote villages, where the information on adolescent health is limited, due to narrow scope of Healthy Lifestyle school curriculum. It is important that based on the project's comprehensive approach the parents of schoolchildren were also exposed to capacity building on adolescent health and they expressed their gratitude to the trainers, as many sensitive issues related to communication with their children on reproductive and sexual health issues were clarified for them by trainers, in a very professional manner.
The project manager, coordinator and expert, as well as DME officer completed the USAID web-based" Family Planning Legislative & Policy Requirements" course, prior to provision of seminars on Family Planning, and submitted certificates of completion to the USAID. Later on, prior to provision of FP related capacity building activities WV developed the project FP Compliance Plan and FP Monitoring forms (attachment F) that were submitted and approved by the USAID, as well as trained 5 facilitators from

project sites to comply with the policy requirements. 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, Alaverdi and Meghri project sites.

WV staff regularly monitored FP sessions, and followed the project FP compliance plan to ensure that project was implemented in line with the USAID family planning compliance policies.
There was no incompliance with the USAID "Family Planning Legislative &Policy Requirements" revealed during the project implementation.

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

Facilitate 1 training for at least schoolchildren/adolescents on Reproductive and Sexual Health- adolescents' reproductive and sexual health issues were addressed throughout the project. The idea is to capacitate adolescents prior to entering the adulthood with knowledge on sexual and reproductive health related issues they may face in adulthood. Trained community adolescents facilitated peer education events, involved their parents, schoolteachers, health care providers, and authorities of different levels in awareness raising and mobilization events. They actively promoted importance of adolescent health issues, and conveyed key messages on risks associated with adolescent age. The important achievement of the sessions is that schoolchildren have gained better idea on issues related to adolescent health, consequences of ignoring or hiding health issues, and serious consequences of smoking, drug and alcohol abuse. However, the feedbacks from trainers revealed that the number of trainings was not sufficient, and there is a need to train more parents on adolescent health issues. This need was identified during sessions with schoolchildren as well. More trained parents would provide better peer education and enlarged catchment would also allow achieving more tangible results. A recommendations to reflect and facilitate additional training in their community programmes were provided to WVA ADPs.

Training packages contained training agenda, training module including numbers of exercises and games with detailed explanation, and education materials for adolescents.
Special attention was paid to selection of adolescent peer educators. In most of the cases school committees' members were selected to participate.

Topics of seminars included:

- sexual development and hygiene of adolescents;
- Reproductive health system, structure, functions
- Adolescent reproductive health, sexuality
- reproductive and sexual health issues, safe sexual behavior, early sexual debut, unintended pregnancy
- bad habits, their impact on reproductive/sexual health -drug/alcohol, tobacco abuse
- HIV, transmission modes, prevention
- peer education, its importance, necessity, techniques, application of peer education module by/for adolescents groups;
- community mobilization on health issues by adolescents;
- participation in events, games around health topics.

The seminars were designed and presented in a user friendly format conducted in an interactive manner to better capacitate training participant on making healthy choices concerning their behavior. Participants listened to presentations, actively participated in role plays and other exercises, asked a lot of questions, and discussed different situations from real life. Adolescents took pre- and post-test, which demonstrated positive dynamics and evaluated training facilitators. Each participant received training package to use during future peer education activities. At the end of seminar

planning session was conducted for further peer education activities and events preparation. Provision of seminars was ensured by "Partnership & Teaching" local NGO in Meghri, Tavush and Alaverdi project sites, and by "Leontig" LLC in Sisian project sites. Prior to provision of training, the trainer from "Leontig" LLC, Dr. Suren Vardanyan, received an orientation on training provision from "P&T" professionals.
All participants received health educational materials to distribute during peer education sessions. The package included 7 types of booklets and leaflets ("Healthy lifestyle" booklet developed by WV, "Important Information for Youth" booklet, "Stigma and Discrimination" booklet, "Your Safety Depends on your Behavior" booklet, "What is not Taught in Schools" leaflet, leaflet on Voluntary Counseling and Testing (VCT), "Stigma and Discrimination" leaflet developed and printed in the scope of WV Armenia Global Fund project[27]).

Table 9A: Adolescents' healthy lifestyle, sexual &reproductive health for adolescents, 3-day duration seminars, 2011

Description, Provider	sessions #	participants #	pre-test average %	post-test average %	knowledge increase %
Alaverdi, by "P&T"	10	124	62	90	28
Tavush, by "P&T"	20	230	61	91	30
Sisian, by "Leontig"	23	415	51	96	45
Meghri, by "P&T"	6	73	57	78	21
Total:	59	842	58	89	31

During the second year of the project implementation, the approach was to provide brief refreshments from the year 1 training, and to plan adolescents health related activities that should be carried out by active adolescents, members of student councils in their respective villages, and to start preparations to the upcoming inter-community competitions/consents on Healthy Life style. In total, 58[28] training on adolescent sexual and reproductive health were facilitated in project communities by the project partner, "Partnership and teaching" NGO for 718 participants, mainly schoolchildren 8-10 grades.

Table 9B: Provision of refreshment seminars for adolescents on healthy lifestyle,1 day duration seminars, 2012

Region	# of sessions	# of participants	Post-test %
Tavush	20	254	94
Sisian	23	277	80
Meghri	6	70	84
Alaverdi	9	117	83
Total:	**58**	**718**	

Table 10: Adolescents' healthy lifestyle, sexual and reproductive health for parents, one-day duration seminars, 2011.

Description/Training provider	sessions #	participants #	pre-test average, %	post-test average, %	knowledge increase, %
Alaverdi, by "P&T"	10	91	53	91	38
Tavush, by "P&T"	20	225	42	87	45
Sisian, by "P&T"	23	290	-	-	-
Meghri, by "P&T"	6	37	44	75	31
Total:	**59**	**643**	**46**	**84**	**38**

Conduct awareness raising and mobilization events to address adolescent health related issues

Provision of seminars was followed by formal and informal peer education among adolescents, their friends, neighbors, and family members, and complimented by separate specialized training of nurses and schoolteachers on the same topic, presented by the country professionals on adolescent health.

[27]WV Armenia was the principal recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria project "GFATM support to the National Program on HIV/AIDS prevention in Armenia (project lifespan 2003-2009)
[28]Jochkan village in Alaverdi project site was not accessible due to weather condition

Awareness raising initiatives were organized by peer educators with active involvement of the student councils in campaigns addressing health issues. The peer educators organized awareness raising and mobilization events in their respective communities with involvement of teenagers, parents, service providers, local governance representatives, village nurse, and community active people. Student councils conducted informal peer education classes for different community groups, distributed booklets, posters, informational leaflets.

Trained community adolescents organized mobilization events in their respective villages during the first year of the project implementation, and during the second year the project carried out three awareness raising and community mobilization campaigns led by "Partnership & Teaching" local NGO. The village mayors of communities, headmasters of schools and other interested community members provided support and participated in the organization of campaigns. The community campaigns were broadcasted by local TV channels, and websites- the event in Aqori community (http://www.youtube.com/ankyunplus3#p/u/14/vzaF7TuduxA).

The events had a resonance in the communities. The teenagers inspired with new ideas and great enthusiasm organized a march from community to community, and involved also teenagers from neighbor villages in the campaign. The events are designed to disseminate vital prevention and solidarity messages through interpersonal communication or through ordinary exchange of messages to larger groups of youth and adults reaching total number of 1,290 people. Organization and participation in community mobilization events helped adolescents to develop skills on organization of similar events in the future, after the project closeout. Such approach to actively involve adolescents in program implementation, ensured sustainability of commitments of adolescents, and their confidence in facilitation of similar events in future.

HIV prevention events- student councils also organized HIV prevention campaigns using relevant communication tools they acquainted with during training. They prepared thematic posters, attached on school walls and published booklets which were distributed among community residents and students. In 4 communities, local nurses with the assistance of the student council's health committee conducted mini trainings for the high graders on HIV/AIDS and its prevention.

Anti-smoking awareness raising/mobilization event/march was organized in Meghri city with participation of100 adolescents and teachers from 6 Meghri communities. Adolescents prepared posters with antismoking slogans in advance, and used them during the march urging the community residents to throw cigarettes in garbage cans. As mentioned by the school principal of Lichk community ***"Any anti-smoking event involving school children from rural remote communities is highly appreciated"***. All adolescent health related activities including seminars, meetings, and events conducted recently generated much enthusiasm and changed the usual monotone pattern of life in villages drastically. Children held preliminary preparation activities for the antismoking event, which is expected to definitely influence their choice to live healthy and not to smoke". The event was broadcasted by local TV channel.

One radio program on adolescent health issues and sexual education was facilitated by WVA Health Expert together with specialists on adolescent health from the Ministry of Health (MOH) and the Institute of Child and Adolescent Health.

All adolescent health related activities were organized and led by the "P&T" NGO in Meghri, Alaverdi and Tavush project areas, and by "Leontig" LLC medical center professionals in Sisian and Goris communities. The village mayors of communities, headmasters of schools and other interested community members provided support and participated in the organization of awareness raising events.

Some of the most interesting and impressive events are listed below:

- Paintings competition was organized in 6 Meghri communities on adolescent health topics. Nrnadzor community paintings were selected as the best. Those paintings were used in the design of health education materials developed by Nrnadzor village peer educators, printed and disseminated during awareness raising events in Meghri communities.
- Community awareness raising marches were organized in all Meghri villages with the following slogans "Drugs, Alcohol, and Smoking is Evil" where the active peer educators disseminated health messages and education materials to their peers and other community members. About 120 high grade school children participated in community marches. The teenagers inspired with the new ideas and great enthusiasm organized a march in communities, and also involved teenagers from neighbor villages in the campaign.

- Theater performance organized in Lehvaz community of Meghri region with participation of high grade school children.
- In 5 Sisian communities, awareness raising marches were organized by trained adolescents with participation of more than 300 people.
- Poster competitions on healthy lifestyle topics and leaflets development were performed in the same communities.

It should be noted that all awareness raising and community mobilization events in Meghri region were conducted with active cooperation of the OSCE established "Meghri Women Resource Center", professionals, an active local advocacy partner.

Trained adolescents, who are mainly members of Student Councils organized interactive awareness raising peer education events on healthy lifestyle topics[29] in project sites. Village nurses, school teachers and administration actively supported provision of events, and promoted participation of classmates and teachers of active schoolchildren.
For instance, in Azatamut community of Tavush, trained peer educators organized contest on healthy lifestyle topics with participation of 70 high grade school children, school staff and other active community members. In 7 Alaverdi communities awareness raising events were organized by community active members on safe sexual behaviour promotion, HIV/AIDS prevention with participation of 131 school children, teachers, and parents.

Anti-tobacco events in Meghri communities (please refer to attachment G)- awareness raising events dedicated to the National day of straggle against smoking were organized in Lehvaz and Lichk communities of Meghri region.

On December 12, 2011, the peer educators of Lehvaz community with support of schoolteachers developed a performance scenario on anti-tobacco topic, and presented a role play to their classmates, teachers, parents and other community members. In total 55 community members came to watch the presentation.
In the same day, a family doctor of Meghri policlinic facilitated seminar for parents of high grade school children on adolescent health issues, particularly related to sexual development of adolescent and psychological changes during adolescence. On October 17, 2011 community peer educators of Lichk village have also prepared performance "Your fortune is in your hands" (promoting alcohol- and tobacco-free lifestyle) and presented to 60 community members.
In Lichk community of Meghri, peer educators facilitated 1 seminar on adolescent health for teachers. Seminar was followed by contest between teachers and school children. According to teachers ***"the schoolchildren were much more knowledgeable on adolescent health issues compared to them"***. Peer educators have also discussed stigma and discrimination issues, and as a result of discussions teachers said that their attitude changed to be more tolerant.

The project also supported broadcasting of 2 films on HIV prevention and prevention of drug use in Meghri project site communities, and the town schools. The broadcasting was followed by questions/answers sessions and discussions. In total, 126 high grade school children, youth community members and teachers participated in these events. Also 6 seminars on HIV prevention were facilitated in all communities by teachers, peer educators, and nurses.
Fifty five high grade school children of Meghri State College participated in video film watching at the Women Resource Center[30] of Meghri. The video film with participation of People living with HIV (PLHIV) was provided by the National Center for AIDS Prevention (NCAP). The film contained information on the ways of HIV transmission, its spread in human body, myths about HIV transmission, the methods of prevention, human rights and stigma and discrimination issues were presented in the film. A discussion among participants followed the film.
Round table discussion on reproductive health and HIV/AIDS issues was organized with participation of 30 representatives of local authorities from Meghri schools, kindergartens, administration, Meghri City Health

[29] Sexual health, reproductive health, nutrition, physical activity, tobacco prevention and drug abuse
[30] Established by OSCE

Center, international and local NGO representatives. All participants were provided with 8 types HIV prevention booklets provided by NCAP and WVA.

In total, 118 peer education sessions on Adolescent health were facilitated by trained adolescents in project sites for their 970 peers.

Table 11: Peer education sessions on adolescent health facilitated by trained adolescents, 2011.

Project site	# of sessions	# of participants	Provider
Alaverdi	20	252	"P&T" NGO
Tavush	40	510	" P&T" NGO
Sisian, Goris	46	108	"LEONTIG" LLC
Meghri	12	100	" P&T" NGO
Total:	**118**	**970**	

Seminars on "Adolescent Health & Development" for Parents

Table12: Adolescents' healthy lifestyle, sexual and reproductive health for parents, one-day duration seminars, as of September 2011.

Description	sessions #	participants #	pre-test average %	post-test average %	knowledge increase %
Alaverdi	10	91	53	91	38
Tavush	20	225	42	87	45
Sisian	23	290	-	-	-
Meghri	6	37	44	75	31
Total:	59	643	46	84	38

Seminars on "Adolescent Health& Development" for Schoolteachers and Nurses provided by "Arabkir" JMC-ICAH[31](submitted to the USAID, available upon request)

Provision of capacity building of nurses and teachers, along with continuous peer education (see above/below), was identified as best practice, which complimented capacity building of adolescents, aimed at increasing their awareness, decreasing vulnerabilities, and supporting adolescent health related sensitive communication between adolescents, parents and teachers.

Capacity building of nurses and school teachers component of the project was carried out by the project partner "Arabkir" JMC-ICAH, under a sub-grant agreement. Prior to facilitation of seminars, the project partner, together with WV, revised contents of 4 educational leaflets for teenagers- "Female Reproductive System and Sexual Development of Girls", "Male Reproductive System and Sexual Development of Boys", "Harmful Habits: Smoking" and "Sexually Transmitted Infections", and obtained approval from the WV and the USAID for use in the project site.

Two separate training packages (nurses/teachers) on adolescent health and development, sexual and reproductive health were compiled, and distributed to the participants.

The packages included:

- handouts on Adolescent Health and Development issues and Adolescent Health within a Public health context in Armenia (separate for nurses and schoolteachers);
- additional training materials, including methods of contraception for adolescents;
- separate questionnaires for pre- and post-tests for nurses and schoolteachers;
- case studies and the role plays for teachers and nurses;
- examples of the quiz on healthy lifestyle for schoolteachers;
- the relevant guidelines and indications for the screenings and other directive documents for PHC providers (nurses) according to the State Basic Health Package (approved by the MOH for 2011).

[31] Under a small sub-grant agreement with WV

The movie on male and female reproductive system: anatomy and physiology, including menstrual cycle (developed by "Arabkir" staff within the frames of another project) was demonstrated during the training sessions. The film, extra copies of the manual and training materials were provided to ADP staff in all target regions.

In total, specialists from "Arabkir" MC-ICAH, Dr. Yeva Movsesyan and Dr. Marina Melkumova provided 11 seminars on "Adolescent Health & Development" for 61 schoolteachers of Healthy Life Style in-school classes[32], and 57 nurses of project sites.

Seminars were organized with the active involvement of the participants, using interactive lecture, questions and answers session, discussions, case studies and clinical examples, brainstorming etc. The following topics were covered: peculiarities of adolescence period, main health problems of adolescents, psychosocial development of adolescents, STIs and HIV/AIDS, unwanted pregnancy prevention, puberty, sexual development, harmful habits, and child abuse issues. All participants shared their own experiences of work with schoolchildren and adolescents, common problems they faced, their strengths and weaknesses. The relevant training materials were provided to the trainees. The Manual included different aspects of healthy lifestyle and behavior of young people, adolescent health and development issues, puberty related topics, sexual and reproductive health (SRH) related issues, mental health, harmful habits, violence, common problems and modern approaches in adolescents' health.

Pre- and post-testing was conducted during training. Results of testing revealed many gaps in basic knowledge on adolescent health issues of teachers and nurses. Vast majority (about 50%) of trainees-both nurses and school teachers were not aware about definition of adolescence, main health problems; half of them reported that Sexual and Reproductive Health (SRH)[33] knowledge can cause an initiation of early sexual life of adolescents. In spite of the fact that screenings of Body Mass Index (BMI)[34], psychosocial questionnaire and the assessment of sexual development were included in the approved list of screenings of school-aged children and adolescents at PHC level, about 30% of nurses could not answer these questions and about half of nurses could not answer the questions regarding BMI and obesity. The same figures were noted regarding STIs/HIV prevention, risks of unwanted pregnancy, HIV/AIDS transmissions ways: more than 40% of trainees did not respond correctly. However, teachers are well-informed regarding healthy life style issues and smoking risks. Results of post- testing showed increase in percentage of correct answers by 30- 40% to the questions on development of adolescent and SRH, and 80% regarding the questions on definitions of adolescence and their health issues.

Challenges mentioned by teachers and nurses:

In some schools healthy lifestyle classes are not conducted at all, in spite of the fact that this is part of state mandatory school curriculum according to education standards (example Voskevan community, Noyemberyan region).

The common issue is related to the lack of self-confidence on behalf of male schoolteachers to discuss intimate topics of SRH, sexual hygiene and STIs (most of them of physical training lessons). Many of them discuss some of these topics with boys only. Some of schoolteachers distribute the materials for a home work and avoid joint class discussion. A suggested solution is to ask school nurses (if available) or another female teacher to discuss these topics with girls separately. The movie on reproductive system of girls and boys was considered as an aid for the relevant classes; unfortunately many rural schools are not equipped with LCD-projectors and even DVD-players, which hinders demonstration of the video-materials.

In some communities the nurses rarely visit schools; in others they work more actively, collaborate with school staff and the local organizations/ NGOs (including WV) to provide some thematic lectures, organize discussion with schoolchildren.

Only in half of the communities PHC nurses are aware of the existing MoH guidelines related to adolescent health (many of them even do not know about their responsibilities); they are more or less informed about the psychosocial questionnaire filled by adolescents. Many of PHC providers are overloaded with routine paper work and not motivated to work with adolescents.

Lack of collaboration between nurses and schoolteachers was noticed, even some nurses were not aware of the existing HLS curriculum.

[32] including form masters, school authorities, and social workers

[33] SRH- sexual and reproductive health

[34] BMI- Body mass index

Schoolteachers expressed their concerns regarding physical conditions at the schools, lack of equipment (even absence of training halls), which hinders physical education provision.
The vast majority of trainees supported the idea to provide comprehensive information on SRH issues to schoolchildren of upper grades and they agree with the existing Healthy LifeStyle curriculum and topics covered. All participants are interested in continuation of their training and are ready to move to different capacity development activities.

Recommendations provided by "Arabkir" JMC-ICAH professionals- are to provide teachers with additional educational materials, different role games for interactive implementation of Healthy LifeStyle classes at schools, especially on SRH, STI[35]s and HIV related topics. The mentioned topics could be taught more efficiently by retrained teachers of biology and/or assigned medical workers, considering the fact that some of the appointed HLS teachers do not have the relevant background and required knowledge and skills in the field.
School nurses require more involvement in supporting and providing health education activities at school.
It is recommended to assess the needs of schools in target communities and improve their physical conditions to bring in line with the required hygienic and sanitary standards; to equip classrooms to improve/ make more effective a teaching process by using additional educational (including audio-, video-) materials. Taking into account poor health behaviors and lifestyle of schoolchildren (and their family members) it would be reasonable to organize additional extracurricular Healthy LifeStyle classes/ events, including sport activities, competitions and games with broad participation of families and communities.
Teachers and school nurses need supportive supervision, constant monitoring of their work and on-going refresher training on Healthy LifeStyle and SRH issues.

Computer based classes for adolescents to improve accessibility of informational technology system in communities for improvement of health services

To achieve improvement of access to quality primary health care, it is important to increase knowledge of community population onto where and how to obtain information related to health entitlements, sources of information of such entitlements, and to understand how this information can be used to address health issues by community members, and communicate it properly.

The HfF project organized 56 training sessions-computer based classes on "Accessibility of Informational Technology System in communities for the Improvement of Health Services" for a total of 864 participants of 58 villages.
The participants were mainly members of Student Councils (9-10 grade active schoolchildren), as well as schools deputies, teachers, schoolmasters, and community mobilizers. Training participants were acquainted on how to obtain information on the state entitlements on free of charge health care services, ensured under the state Basic Benefits Package (BBP), where to obtain it from, i.e. the websites of the Ministry of Health, marz level state institutions (marzpetaran, city municipality, policlinics), other relevant websites, how to use this information, what opportunities it provides to them. 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.

Also, the participants became familiar with tips on how to create personal electronic address, and some basic communication skills, i.e. how to write letters, and track responses.
The WV "Child Health Now" campaign[36] website was also presented to children that eventually signed an on-line petition to end preventable child deaths.

[35] STI- Sexually transmitted infections
[36]The "Child Health Now" campaign carried out by WV Armenia aims to contribute to achieve a significant reduction in child and maternal mortality by focusing on advocacy for increased investments into maternal and child health at the national level,

The impact was increased attention of adolescents on source of information, and use of them. For instance, adolescents of Akhtala community, applied with a formal letter to marz level department of Territorial Administration, advising them that information provided at their website needed to be updated, based on their knowledge.

Table 13: Computer based classes for adolescents on access to health related information

Project site	# of sessions	# of participants	Provider
Tavush	20	313	"Youth Tavush" NGO
Sisian	21	306	"P&T" NGO
Meghri	6	141	A. Kalashyan
Alaverdi	9	104	"P&T" NGO
Total:	**56**	**864**	

In total, 56 computer based classes were facilitated for 864 schoolchildren/adolescents of 58 project communities.

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

Family Planning (FP) ToTs for community volunteers and nurses in communities

In total, 110 ToT on Family planning/Contraception were conducted for 1,375women of reproductive health in project implementation sites.

During FP 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 14, SUMMARY: **Family planning/Contraception seminars in target communities for community health volunteers, women of reproductive age and nurses, 06/2010-06/2012**

	Sisian	Meghri	Alaverdi	Tavush	TOTAL
# of sessions	46	12	16	36	**110**
# of participants	624	163	176	412	**1,375**

Table 14, Detailed summary:

Table 14, I: Family planning/Contraception seminars in target communities for community health volunteers and women of reproductive age, and nurses, 06/2011

Region	# of sessions	# of participants	Pre-test %	Post-test %	Knowledge increase,%
Sisian	23	301	27	77	49
Meghri	6	98	53	82	29
Alaverdi	10	115	49	70	21
Tavush	20	229	35	69	33
Total:	**59**	**743**	**41**	**74**	**33**

promoting increased accessibility and availability of services for the most vulnerable groups, improvement of the monitoring system and legislative changes in healthcare system in Armenia.

Table 14-II: Family planning/Contraception seminars in target communities for community health volunteers and women of reproductive age, and nurses, 06/2012

Region	# of sessions	# of participants	Pre-test %	Post-test %	Knowledge increase, %
Sisian	23	323	35	81	46
Meghri	6	65	47	72	25
Alaverdi	6	61	52	72	20
Tavush	16	183	43	88	45
Total:	**51**	**632**			

Safe Motherhood (SM) seminars for pregnant and women of reproductive age

In total, 54 sessions on safe motherhood were conducted in project implementation sites with participation of 705 women of reproductive health with the provision of antenatal and postnatal care materials.

During the seminars the participants received comprehensive information on anatomy and physiology of reproductive system, symptoms of pregnancy, and dangerous signs during pregnancy when women should immediately apply to the health care provider, care and nutrition during pregnancy, advice for appropriate newborn care, including promotion of breastfeeding.

Also, the importance of postnatal care for women and newborns was emphasized throughout the project implementation. The participants filled pre- and post-tests, and the average knowledge increase achieved is about 30%, as per the table below:

Table 15: Safe Motherhood seminars in target communities for community health volunteers and women of reproductive age, and nurses, 2010-2012

Region	# of sessions	Number of participants	Pre-test average	Post-test average	Knowledge increase
Sisian	23	318	49%	86%	38%
Meghri	6	93	57	78	20
Alaverdi	10	95	51	75	24
Tavush	20	263	44	73	29
Total:	**59**	**769**	**50**	**78**	**28**

The training participants received "Questions and Answers on Women Health[37]", which also was distributed to health posts and ambulatories.

In Sisian project site, the SM seminars were facilitated by representative of the project sub-grantee, "Leontig" LLC, gynecologist Dr. Suren Vardanyan.

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 (PCT) on "Hypertension", "Diabetes", and "Smoking Cessation" and provision of seminars on use of them for appropriate counseling

[37] Developed in frames of USAID/WV "Medical Outreach Teams" project

The idea of use of patient counseling tool was adopted from a previous USAID NOVA project. The tool is developed to help HC providers in provision of comprehensive information to patients while counseling on the selected topics. It is a two-sided publication, on the one-side of which it provides counsellors (nurses, family doctors) the necessary information to be handed to patients, and simultaneously on the other side the patients are introduced to the same information which is provided in patient friendly way, with illustrations and key messages. For instance, the PCT on "Smoking Cessation" contains information on composition of smoke, nicotine dependence, hazards of active and passive smoking, tips to protect family members and particularly children from passive smoking, health benefits of cessation, methods to quit smoking, and the methods of nicotine addiction treatment.The tools were presented to nurses and followed by exercise on use of these tools to enhance their practical skills on effective counselling of patients.

The content development, design, formatting and illustration of patient counseling tools was finalized through a joint effort of WV project staff, health experts and public relations manager, with support of experienced family physician from the National Institute of Health (NIH) Dr. Karine Abelyan, professional designer. It was then approved by the Public Health Department of the MOH and the USAID AOTR.

Three type of PCTs were printed in 60 copies each, and delivered to the project community HC providers. Development of PCT was followed by provision of Seminars on use of Patients counselling tool (book) for community nurses on "Diabetes", "Smoking cessation" and "Hypertension"

5 seminars on use of patient counselling tool/book on "Diabetes" for 68 nurses, and 5 seminars on "Hypertension" and "Smoking cessation" for 73 nurses were facilitated by local doctors in Sisian, Tavush, Alaverdi for community nurses.,

Table 16: Patient counselling seminar on "Diabetes"

	Region					
	Berd	Ijevan	Sisian	Meghri	Alaverdi	**TOTAL**
# of sessions	1	1	1	1	1	**5**
# of participants	8	20	23	9	8	**68**

Table 17: Patient counselling seminar on "Hypertension" and "Smoking Cessation"

	Region					
	Berd	Ijevan	Sisian	Meghri	Alaverdi	**TOTAL**
# of sessions	1	1	1	1	1	**5**
# of participants	9	22	23	9	10	**73**

These tools were greatly appreciated by users as they stated that the use of patient counselling tool significantly ease the counselling process, makes it interesting, interactive, and helps avoiding mistakes and misunderstandings between counsellor and patients.

"It seems that we know all the information in the publication, but it is often important to have an aid at hand, so we can always come back to it and refresh our knowledge,"- says Karine Sargysan, the community nurse for Sarigyugh community, Tavush project site. "The publication is like an illustrative example for me to show to the patience and explain. They always doubt when I recommend something not very familiar to them, so the publications are grounding my words and help me be more persuasive", says Karine Sargsyan.

The success story "Aid that works: an Armenia success story", please refer to the attachment H, was the winner of the WV US grant success story contest for April/2012, and was featured on the WV US website for the month of May.

Chronic diseases prevention and control ("Diabetes" and "Hypertension") seminars for community population

Fifty nine seminars of Diabetes prevention and control were facilitated for 847 community members in project sites. Best efforts were undertaken to make sure that training participants are those who take care of patients with diabetes, have related risks factors (overweight, etc.), or already have chronic diseases, diabetes and/or hypertension.

Seminars were facilitated by local health care providers (narrow specialist and family physicians). Participants received comprehensive information on the ways of prevention of chronic diseases, importance of early detection of diseases and proper control to avoid development of complications.

They also were informed on annual screening opportunities supported by the state, and their entitlements for free PHC services and pharmaceuticals according to state standards. All patients were encouraged to regularly visit health providers for regular testing and counseling and were provided with health booklets.

In total, 59 seminars were conducted on "Diabetes" for 847 participants, and 56 seminars on Hypertension were conducted for 813 participants. Please refer to the table below for details.

Table 18, Summary: Seminars on "Diabetes" for community population, health volunteers and nurses

Region	# of sessions	# of participants	Pre-test Average %	Post-test Average %	Knowledge increase %
Meghri	6	72	47	68	21
Alaverdi	10	117	33	82	49
Tavush	20	324	28	51	23
Sisian	23	334	20	83	63
Total:	**59**	**847**			

Table 18A: "Diabetes" seminars, as of December 2011.

Region	# of sessions	Number of participants	Pre-test Average, %	Post-test Average	Knowledge increase
Meghri	2	23	-	-	-
Alaverdi	3	28	18%	79%	61%
Tavush	20	324	28%	51%	23%
Total:	**25**	**375**			

Table 18B: "Seminars on "Diabetes", *January-March 2012*

Region	# of sessions	# of participants	Pre-test Average %	Post-test Average %	Knowledge increase %
Meghri	4	49	47	68	21
Alaverdi	7	89	33	82	49
Sisian	23	334	20	83	63
Total:	**34**	**472**			

Table: 19, SUMMARY "Hypertension" seminars in target communities for community population, health volunteers and nurses

Region	# of sessions	Number of participants	Pre-test Average %	Post-test Average %	Knowledge increase %
Meghri	6	78	52	82	30

Alaverdi	7	74	52	71	19
Tavush	20	321	32	63	31
Sisian	23	340	33	68	35
Total:	**56**	**813**			

Table 19A, Detailed: "Hypertension" seminars, as of December 2011

Region	# of sessions	Number of participants	Pre-test Average	Post-test Average	Knowledge increase
Meghri	2	34			
Alaverdi	1	13	54%	71%	17%
Tavush	20	321	32%	63%	31%
Total:	23	368			

Table 19B, Detailed: "Hypertension" seminars, as of March, 2012

Region	# of sessions	# of participants	Pre-test Average %	Post-test Average %	Knowledge increase %
Meghri	4	44	52	82	30
Alaverdi	6	61	52	72	20
Sisian	23	340	33	68	35
Total:	**33**	**445**			

Provision of seminars was complemented by re-printing of the USAID/PHCR project's developed leaflets on "Diabetes" and "Hypertension" that contain information on types of diabetes and hypertension, risk factors, possible complications of chronic conditions, proper explanation of why the ongoing care and control is important, the ways of prevention and control of diseases and their complications, and the tips for patients on how to change their lifestyle. Three thousand copies of each leaflet were printed, distributed to the project sites, and disseminated to health posts and ambulatories to use during patients counselling.

The leaflets will also be distributed to participants of respective seminars and community volunteers for provision of peer education.

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

Indicator: Proportion of implemented action plans (baseline-0%)

End of Project result: All communities in project sites have action plans in place in implementation phase

Community mobilization approach to address health issues was used through utilization of the WV "Civic Voice & Action" methodology (CV&A).

The methodology is a structured gradual participatory process that assumes involvement of service receivers (community members) and service providers (community nurses, midwifes, family doctors) in identification of key priority issues, directly or indirectly related to health, prioritization of issues based on community perceptions and expert advice, and development of action plans that would address health issues as joint effort of all community members. For resolution of every particular issue community members, on volunteer basis, select responsible person/s who work on resolution of those, and/or in case the issues cannot be resolved on community level- bring those issues to higher level.

The project coordinated community participation in monitoring of provision of primary health care services, and their improvements through facilitation of dialogues between community groups, PHC providers, and respective health authorities, articulated the existing issues and barriers for quality health

care provision. During meetings with community beneficiaries, the ADP and the project staff facilitated presentations and discussions about the entitlements of community people toward primary health care services according to Armenian legislation, their responsibilities as citizens of the country, as well as performance indicators for PHC services, using the CVA tool. The project facilitates the participatory assessment of the current situation in provision of primary health care services versus the discussed entitlements and capacities available at PHC facilities. Based on these discussion outcomes, the forum participants develop joint action plans where specific roles of each stakeholder, namely community people, WVA, PHC providers, and local authorities are defined. These plans are aimed at improving the quality of PHC services available in communities and will include responsibilities for community groups to conduct primary health care service monitoring according to the performance indicators approved by the state. The collected data then are shared will all stakeholders.
On average, WV held 3 discussions; one with service providers, one with service receivers followed by community joint meeting, where all parties finalized identification of key health priority issues, prioritized them, and assigned individuals responsible for implementation of actions, and continuous monitoring accomplishments.
All project 59 communities developed the CV&A plans that were updated on semi-annual basis and in addition to community responsible persons, were monitored by the WVA ADPs, the project staff and DME department. The accomplishments were reported on monthly basis, and CV&A plans refreshed on semi-annual basis.

Two marz level forums, and 3 round table that were held in the scope of the project for a total of more than 150 participants were used to present to HC authorities and HC providers, local NGOs and CBOs the issues existing and community, marz and national levels identified through the CV&A process. These issues were presented to participants, discussed, and possible ways of their resolutions were compiled in a letter that was submitted to the MOH (available in Armenian version)

The issues raised at marz levels were as follows:

1. Low accessibility to medication in rural communities.
2. Care for aged/elderly is insufficient and requires a unique approach. It is not carried out properly.
3. Transport of HC providers to sites- causes a lot of problems such as not timely/late visits of doctors in rural areas.
4. San aviation.
5. Lack/Absence of the necessary specialized qualities of the medical staff, which includes the lack of specialists, insufficient number of trainings and provision of low quality services to population.
6. Financial resources allocated to community/local medical institutions are not sufficient to provide quality services to population.

In a reply, the MOH highly appreciated the WV support in identification of key community and marz level health related priority issues, and ensured that the issues would be under attention of the MOH (the letter is available in Armenian language).

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

Indicator 1: Number of community members involved in monitoring of entitled community health services. Target indicator: at least 2 community members for each community. End of Project achieved: 2 community members involved in monitoring (nurses, community active members)

Indicator 2: Number of target communities where stakeholders implement action plans aimed at improving basic care for families; Target indicator: 1 action plan per site. End of Project achieved:1 action plan per site.
Intensive community mobilization around health issues took place throughout the project implementation. Service receivers and service providers participated in development of joint action plans for every village, as a result of separate and joint meeting conducted with them for identification of key priority issues, directly or indirectly related to health. It is highly encouraging that the project communities achieved practical

results (see attachments I, I.1., I.2., I.3.) in addressing health issues through a structured gradual CV&A process. The action plans are monitored and accomplishments reported on monthly basis.
Thus, throughout the project implementation, community members of all 59 project communities helddiscussions and joint meetings of service users and providers, reviewed community action plans, assigned at least 2 community members involved in monitoring of entitled community PHC services[38]. Information on the state entitlements in health sector was presented during the Focus Group discussions and community General Meetings in all project communities. The families were informed of the schedule of recommended check-ups under the state committed standards of PHC provision, such as:

- standard child check-ups for infants
- yearly screenings for school aged children
- yearly screenings for women

In all project communities, the Plans of Actions for the improvement of quality of health services were monitored through participation of mothers, children, Community Councils, and service providers, i.e. as doctors, teachers, and village administration/local governance. The whole process of the CV&A primarily provides awareness to the participants on their rights and responsibilities related to the state entitlements, and means of monitoring of service providers.

The project paid significant attention to fulfilment of the stated commitments on provision of Obstetric Care Certificates (OCC) and Child Health Hospital Care Certificate[39](CHHCC)- the issues that were mentioned by the project beneficiaries as key priority issue. Provision of both certificates has been significantly improved as a result of the project and the WV national level advocacy and facilitation of dialogue between national, marz and community level stakeholders.

Table 20: Community mobilization meetings

Sisian		Meghri		Alaverdi		Tavush		TOTAL	
# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants	# of sessions	# of participants
Meetings with service users									
35	384	6	59	20	219	19	264	**80**	**926**
Meetings with service providers									
20	181	4	25	20	48	19	95	**63**	**349**
Joint community meetings									
21	446	6	34	19	810	19	285	**65**	**1,575**

Round Tables on HC reforms

WV HFF project brought community health and related issues to the attention of high level state authorities through facilitation of meetings between state and marz level health authorities, primary health care providers, local NGOs and service receivers, i.e. community people, during HFF project implementation.
Round table discussions titled "Health Reforms in Lori Marz" and "Health Reforms in Tavush Marz" were organized with participation of marz level health care providers, the MOH and the SHA representatives, NGOs and CBOs, with total over 90 participants. The MOH and the SHA authorities presented the process of health care reforms, the progress in implementation of health care reforms, and initiated discussions around actual situation in implementation of the state orders, policies and protocols, and presented problems revealed at community and marz levels. The head of staff of the MOH, Suren Krmoyan, made presentations of "Health Care Reforms and Changes in Legislation", and the head of the

[38]Outcome 3.1. indicators
[39]For children aged 0-7 years.

SHA Ara Ter-Grigoryan presented "Health Care Financial Reforms and Comparative Analysis of Financial Indicators". The head of maternal and child health department of MOH presented the processes of improvement of maternal and child health in Armenia. Presentations followed by questions and answers sessions, and discussions around problems raised by participants, health care providers and NGO representatives.

Second part of meetings was dedicated to presentation of results of follow-up monitoring of "Well child care" conducted in frames of the project, and IMCI interventions in Alaverdi primary health care facilities. As a result, it was agreed that marz level NGO, together with authorities, will develop a list of recommendations to the Ministry of Health and submit them for further considerations. The list of recommendations is in Armenian, and is available upon request.

The purpose of round tables was to get acquainted with the MOH current issues and future plans, obtain the first hand information from high level health authorities on entitlements, procedures and acceptable practices in provision of primary health care, and to provide advice to marz level authorities and service receivers on resolution of particular cases[40], and problem solving. Such approach decreases the level of mistrust and misunderstanding between people, perceptions, myths, and beliefs there by helping to find practical solutions for particular cases, establish direct links between different level HC providers and HC authorities and maintain trust between them.

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

Indicator 1: Number of health care issues raised at community/district/national level, as a result of community based monitoring of health care services

The project approach for evidence based advocacy was to invite the highest level state officials of the MOH to project sites with the purpose to introduce particular grass root level issues existing in the communities, to understand challenges the HC system provision was having at the moment and find mutually accepted solutions and ways to overcome particular barriers for improved service provision.

In particular, the project invited the head of Mother and Child Health (MCH) department of the MoH, Dr. K. Saribekyan and the Head of the State Health Agency, A. Ter-Grigoryan (and his designee) to facilitate discussions on the state commitments and entitlements of population in terms of PHC provision. The project beneficiaries were asked to re-call cases of "non-satisfactory" (in their opinion) performance of PHC system in their particular village/marz and bring them to the attention of the state authorities.

During these meetings the facilitators presented the role of the MOH in health care provision to population, existing strategies, structure of the MOH, current initiatives- birth certification program outcomes, new Child certification (0-7) program and challenges related to its implementation, discussed concerns with increasing numbers of Caesarian cessations, insufficient human capacities (lack of pediatricians, neonatologists, narrow specialists), and what was done by health authorities to address such issues. The questions prepared by community people and local level HC providers were answered by K. Saribekyan and A. Ter-Grigoryan. In general, all meeting participants accepted the fact that significant improvements in PHC provision takes place in Armenia. However, numerous issues related to provision of services by narrow specialists, emergency care issues, problems with provision of pharmaceuticals, treatment of oncological patients, referral to tertiary level HC facilities, lack of qualified personnel in marzes remain unresolved.

The meetings were conducted in all project implementation marzes, and as it was mentioned by a HC provider of Tavush ***marz "were very much needed and long awaited".***

It also worth mentioning that community members, under the leadership of the WV supported CBO, "Youth Tavush" have also managed to submit request letters to different marz authorities, and raised issues related to improved health care provision, and 12 letters submitted- 8 received positive replies (in Armenian, available upon request).

40 Prepared in advanced by HC providers, community people, NGOs working in health field

The issues[41] raised at the national level with relevant bodies include 1) anti-gyurzin to be provided to remote health posts in Syunik marz; 2) *in all project sites* – the list of pharmaceuticals to be provided at primary health care level; 3) Ambulance service provision; 4) operation of quality assurance boards at marz level accountable for provision of improved quality of services committed by the state; 5) Issue of establishment of drug stores-issue in remote communities.

WV Armenia health programming results were recognized by the MOH, and WV Armenia received a certificate of appreciation from Dr. Harutyne Kushkyan, the Minister of Health, "In recognition of invaluable work on advocacy on maternal and child health, linking health policy makers with communities and civil society" (attachment J.1.).

The project achievements have been appreciated by Vardanidzor community of Meghri project site. The members of mother support groups submitted a letter of appreciation to WV Armenia (attachment J.2.) for work that has been completed in the village. The other stakeholder, Meghri city municipality has also expressed its appreciation to WV Armenia for the project accomplishments in the region (both are available upon request).

The data accumulated through this project will be used by WV Armenia for continuous national and grass root level advocacy for improved health care provision in Armenia.

The project good practices:

Reprinting of educational materials and broadcasting of PSAs developed in the past, including those of the USAID partners

Involvement and guidance of the USAID AOTR into the project implementation-identified priority issues at the very beginning of the project implementation, provided insights during PMP development, promoted the project goals and objectives at provincial level.

Identification of capable professional partners, involvement of private party in to the project design and implementation.

Integration of project PMP and activities in work plans of WV Armenia ADPs

Joint efforts of the project and ADP managers together with the WVA donor liaison and PR point person in identification of change stories, and their joint efforts in highlighting and promoting of the project activities

Significant involvement of experienced peer educators and CBO into promotion of peer education

Involvement of country experts in discussion on identification of issues, and monitoring of quality of HC provision.

Challenges/Problems Encountered and Lessons Learned

Issues were raised about some baseline data that can be attributed to skills of the baseline data collectors. This was confirmed by country experts and field level HC providers.	It is highly recommended adequate funds should be allocated to conduct baseline assessment and project evaluation by professional organization/people.

[41] Outcome 3.2 indicator

Some difficulties were experienced during initiation of "Health for Families" project which coincided with the vocational period, summer 2010, and the end of FY'10. These caused many start up challenges related to effective mobilization of the resources, initiation of the project activities, incorporation of activities into WV ADP logframes, and management of the project, particularly budget and programmatic reporting.	Recommend initiation of grant projects should be reconciled with the USAID and WV Armenia programmatic/reporting FY periods to avoid misunderstanding that otherwise occur due to overlaps of FY versus CY.
Extreme snowing in winter of 2012 caused some inconvenience to implementation of project activities	Extreme weather conditions were considered while scheduling the project activities for 2012, so the impact was mitigated
PMP approval process for both Year-1 and Year-2 of the project took longer than expected	Start PMP approval process sooner than required under the CO- 3 month versus 1 month prior to the required due date

Expenditures and Budget variances

Provision of programmatic activities was aligned with the agreement budget estimates throughout the project lifecycle.

The project's total expenditures are in line with the project overall budget, with no variance, as provided in the project SF-425 financial report, submitted separately by the WV US.

Attachments

Attachment A:	Baseline assessment report
Attachment A.1:	Community capacity assessment report
Attachment B:	Family Planning training certification
Attachment C:	Informational Corners
Attachment D:	Selection criteria for the best mothers and nurses
Attachment E:	Community health facility assessment tool
Attachment F:	Family planning compliance plan and monitoring form
Attachment G:	"No Tobacco" events in Meghri project site
Attachment H:	"Aid that works- an Armenia Success Story"
Attachment I:	CVA achievements
Attachment I.1:	CVA success story
Attachment I.2:	CVA change stories
Attachment I.3:	CVA Marz level forum's recommendations
Attachment J.1:	appreciation letter- MOH
Attachment J.2:	appreciation letter- Vardanidzor community
Attachment K:	Health for Families Project Final Evaluation
Attachment K.1:	Health for Families Project Final Evaluation data without Tavush site
Attachment K.2:	HFF Project Evaluation Summary