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“Health for Families” Project

Baseline Survey Report

Prepared by: Mikayel Hambardzumyan

WV Armenia DME Team – 2010

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AFFIRMATION

Except as acknowledged by the references in this paper to other authors and publications, the baseline evaluation described herein consists of our own work, undertaken to contribute to the quality of programming in “Health for Families” Project by enabling tracking the project progress throughout its duration.

Primary quantitative and qualitative data collected though out the evaluation will remain the property of the communities and families described in this document.

The baseline evaluation report will contribute to annual reviews and evaluation of the “Health for Families” Project.

Mikayel Hambardzumyan – WVA Monitoring and Evaluation Officer
December, 2010

INTRODUCTION

Project Specific Title	Health for Families
Donor:	USAID, WV US
Project Number	A31-194023
Project Started	FY10

“Health for families” project has started in FY10 covering 58¹ communities of Lori, Tavush and Syunik marzes.

N/n	Area	Number of communities
1	Alaverdi	10
2	Tavush	20
3	Sisian	23
4	Meghri	5
TOTAL		58

PROJECT DESCRIPTION

The goal of the “Health for Families” project is: **“Improve health status of families in targeted communities of three marzes of Armenia”**. To achieve this goal the following project results were planned and activities are being implemented in the targeted areas:

Project result 1: Child health, growth and development improved in targeted communities.

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

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

BASELINE EVALUATION METHODOLOGY AND DESCRIPTION

STUDY AIM AND OBJECTIVES

The aim of the study is to contribute to the quality of programming in projects implemented by WV Armenia through enabling tracking the project progress throughout project duration.

The objective of the study is to collect the information on current status of project indicators listed below:

Objective name	Objective	Indicators	Comments
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¹ As per the initial project design 58 communities were targeted by the project, however after the Community Needs Assessment one more community, namely Nrnazdor in Meghri Region, has been added to the project, and few activities mentioned in the Workplan will take place in that community too.

Objective name	Objective	Indicators	Comments
Project Result 1	Child health, growth and development improved in targeted communities	<ul style="list-style-type: none"> • Percentage of children aged 0-23 month who were offered more fluids or ORS during diarrhea episode in the last year • Proportion of children age 14-23 month who received 3 doses of OPV, 3 doses of DTP, 3 doses of Hepatitis B, and one dose each of BCG, and measles before age 12 months • Proportion of women with at least 4 ante-natal visits • Proportion of women who received at least 1 post-partum visits 	<ul style="list-style-type: none"> • Indicator measured through household survey • Indicator measured through document review • Indicator measured through household survey • Indicator measured through household survey
Outcome 1.1	Families have increased knowledge and changed practices that improve the health of their children	<ul style="list-style-type: none"> • Percent of children under 6 month of age breastfed exclusively • Percent of breastfeed children aged 6-9 who received timely initiation of complementary feeding • Proportion of women who are aware on importance of early introduction of breastfeeding (within 1 hour) • Proportion of women who are aware on at least 2 sings for seeking care immediately for their children (danger signs) 	All indicators measured through household survey
Outcome 1.2	Strengthen community to facility referral systems and quality child care services at health posts	<ul style="list-style-type: none"> • Proportion of children with the required number of Well child visits over total number of children surveyed. • Proportion of children aged 0-24 months with child medical charts properly filled with regular growth and development monitoring records is increased by X% 	All indicators measured through document review
Project Result 2	Community-based reproductive health, disease prevention and integrated family care promoted in target communities	<ul style="list-style-type: none"> • 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. • Proportion of women aged 18-45 aware on Pap-smear testing and its benefits out of total number of women interviewed. • Proportion of respondents with BP screening during last 12 month. • Women and men 18-45 who correctly 	All indicators measured through household survey

Objective name	Objective	Indicators	Comments
		<p>identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (Comprehensive knowledge on HIV).</p> <ul style="list-style-type: none"> • Proportion of respondents who know at least 2 ways to prevent high blood pressure, diabetes and cancer 	
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	<ul style="list-style-type: none"> • Proportion (X%) of adolescents aware on basic reproductive health, healthy lifestyle, family planning and safe sex 	Indicator measured through self-administered questionnaire
Outcome 2.2	Families in target communities have increased access to information on reproductive health and modern family planning approaches	<ul style="list-style-type: none"> • Number of community people that have seen or heard specific FP message • Number of community people that have seen or heard specific HIV/STI prevention message 	Achievement indicators – no need for baseline
Outcome 2.3	Families in target communities are better aware of the main causes of morbidity and mortality among Armenians, and the preventive measures	<ul style="list-style-type: none"> • Number of community people that have seen or heard specific antismoking message • Number of community people that have seen or heard specific message on common illness (cancer, hypertension and diabetes) prevention and management 	Achievement indicators – no need for baseline
Project Result 3	Communities and families are empowered to advocate for and demand improved quality of primary health care services	<ul style="list-style-type: none"> • Proportion of surveyed community members aware of their entitlements and responsibilities with regard to PHC services for family health care 	Achievement indicators – no need for baseline
Outcome 3.1	Community active groups are supported to be part of PHC service monitoring and service improvement	<ul style="list-style-type: none"> • Number of community members involved in monitoring of entitled community health services • Number of target communities where stakeholders implement action plans aimed at improving basic care for families 	Indicators to be measured based on CV&A databases
Outcome 3.2	Evidence based	<ul style="list-style-type: none"> • Number of health care issues raised as a 	Indicators to be measured based on CV&A

Objective name	Objective	Indicators	Comments
	advocacy for integrated child development and family health care services	result of community based monitoring of health care services	databases

BASLINE PROCESS DESCRIPTION

The Baseline Evaluation process took place in three stages: baseline evaluation conducted in Tavush region (see Appendix 1 for Tavush Region Baseline Report), baseline evaluation conducted in Alaverdi, Sisian and Meghri regions, and community needs assessment (see Appendix 2 for Community Needs Assessment Report) conducted in all 4 targeted areas. The findings and recommendations presented in this document provide consolidated picture from all pieces of the evaluation.

The baseline evaluation in targeted communities aimed at identification of the initial situation in the targeted communities with regards to the project indicators. While the purpose of the Assessment was to contribute to the overall picture of community health assets, the current state thereof, including the physical condition of the community health facilities, availability of essential equipment and furniture, as well as availability of utility services in community health facilities, and the level of cooperation between the community stakeholders, including the mayor, community council and health providers in addressing the healthcare related needs of the communities.

The information analyzed as a result of the baseline evaluation and community needs assessment has informed Project Management Plan, as well as resulted in few adjustments in the project workplan and revision of indicators².

BASLINE EVALUATION DATA COLLECTION METHODS OUTLINE

The survey methodology is based on combination of primary quantitative and secondary data collection (Children Medical Charts, CV&A database), using household survey, self-administered questionnaire and document review methods respectively.

Secondary data collection will be focusing on following indicators:

- I. Project Result 1:
 - a. Project result 1: proportion of children age 14-23 months who received 3 doses of OPV, 3 doses of DPT, 3 doses of Hepatitis B, and one dose each of BCG, and measles before age of 12 months.
 - b. Outcome 1.2: Proportion of children with the required number of Well child visits over total number of children surveyed.
 - c. Outcome 1.2: proportion of children aged 0-24 months with child medical charts properly filled with regular growth and development monitoring records is increased by X%.

Primary quantitative data will be collected for following indicators:

- I. Project Result 1:
 - a. Project Result 1: Percentage of children aged 0-23 month who were offered more fluids or ORS during diarrhea episode in the last year

² Please note that the baseline report reflects on the status of the indicators set in the initial logframe, while the current Logframe contains only those that are mutually agreed between WVUS and USAID Armenia as indicators for end of project evaluation.

- b. Project Result 1: Proportion of women with at least 4 ante-natal visits
 - c. Project Result 1: Proportion of women who received at least 1 post-partum visits
 - d. Outcome 1.1: Percent of children under 6 month of age breastfed exclusively
 - e. Outcome 1.1: Percent of breastfed children aged 6-9 who received timely initiation of complementary feeding
 - f. Outcome 1.1: Proportion of women who are aware on importance of early introduction of breastfeeding (within 1 hour)
 - g. Outcome 1.1: Proportion of women who are aware on at least 2 signs for seeking care immediately for their children (danger signs)
2. Project Result 2:
- a. Project Result 2: 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.
 - b. Project Result 2: Proportion of women aged 18-45 aware on Pap-smear testing and its benefits out of total number of women interviewed.
 - c. Project Result 2: Proportion of respondents with BP screening during last 12 month.
 - d. Project Result 2: Women and men 18-45 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (Comprehensive knowledge on HIV).
 - e. Project Result 2: Proportion of respondents who know at least 2 ways to prevent high blood pressure, diabetes and cancer
 - f. Outcome 2.1: Proportion (X%) of adolescents aware on basic reproductive health, healthy lifestyle, family planning and safe sex

Based on the indicators outlined above, the study target population includes:

1. All mothers of children aged 0-24 months in the target areas
2. All adolescents in the target areas
3. One relative of mother living in the same household

The primary data collection was conducted using the methodology of census household survey for all target groups.

HOUSEHOLD SURVEY

The household survey was done with all mothers and one relative of each mother in all the target communities, except communities in Tavush, where a separate measurement was conducted and reported.

Based on the information, collected on mothers and adolescents, the following numbers of interviews were conducted in target communities:

N	Name of the village	Number of households
1	Aghitu	2
2	Akhtala	27
3	Alvanq	6
4	Angeghakot	14
5	Aqori	20
6	Arevacag	10
7	Ashotavan	5
8	Balak	2
9	Brnakot	15
10	Chochkan	24
11	Darbas	8
12	Gorayk	4

N	Name of the village	Number of households
13	Haghpat	8
14	Halidzor	5
15	Harjis	7
16	Ishxanasar	4
17	Jiliza	2
18	Kachachkut	2
19	Khot	11
20	Lehvaz	18
21	Lichq	4
22	Lor	1
23	Mec Ayrum	3
24	Mghart	1
25	Mutsk	2
26	Poqr Ayrum	3
27	Qarahunj	18
28	Qarinj	4
29	Sarnakunq	3
30	Shaghat	13
31	Shaki	5
32	Shamb	7
33	Shinuhayr	21
34	Shvanidzor	6
35	Sisian	10
36	Tolors	6
37	Vardanidzor	10
TOTAL		311

In total the survey was conducted in 37 communities out of 58, targeted by the Project. As mentioned in the above section, the baseline information for Tavush region is presented in Appendix I to this report. Also 2 communities from the other regions were not involved in the survey, since there were no potential respondents for household survey.

Child medical chart review was made using a special checklist, which was filled in by interviewers in community PHC facilities and inputted in a separate database.

The adolescent survey was made based on self-assessment questionnaire filled in by all students of 10th form of secondary schools of the project target areas. The data was input in a separate database and analyzed.

The questionnaires used during the measurement are presented in Annex I.

ANALYSIS OF QUANTITATIVE EVALUATION FINDINGS

GENERAL SURVEY AND HOUSEHOLD INFORMATION

Total interviews conducted:

- 311 mothers having children under 9 months of age,
- 311 members of families having children under 9 months of age,
- 502 children of 8-10th grade of secondary school.

INDICATOR: PERCENTAGE OF CHILDREN AGED 0-23 MONTHS WHO WERE OFFERED MORE FLUIDS OR ORS DURING LAST EPISOD OF DIARRHOEA

Indicator definition: offering more fluids or ORS during last episode of diarrhea in the last year means that mother has provided the child, mothers provided more fluids and ORS, and for children under 6 months mothers were inquired if they increased frequency of breastfeeding.

The indicator was measured based on the answers to the following questions on diarrhea episode during the last year, provision of breastfeeding, ORS and liquids.

Questions	#	%
Any Episode of Diarrhea (0-6 months)	61	19.61%
Any Episode of Diarrhea (older than 6 months)	47	38.8%
Breastfeeding during the diarrhea (0-6 months)	26	42.6%
Liquids during the diarrhea (older than 6 months)	27	57.4%
ORS during the episode of Diarrhea	15	37.5%

Based on the data collected during the survey from mothers, who have children of the 0-23 months age the analysis provides the following values for the indicator:

- **In 37.5% of cases mothers offered their children ORS as the main treatment of diarrhea.**
- **42.6% of breastfed children who had a diarrhea, mothers offered more breastfeeding.**
- **57.4% of children who were not exclusively breastfed and had diarrhea episode during the last 12 months, mothers provided more liquids in 57.4% of cases.**

INDICATOR: PROPORTION OF CHILDREN AGED 14-23 MONTHS WHO RECEIVED 3 DOSES OF OPV, 3 DOSES OF DPT, 3 DOSES OF HEPATHITIS B AND ONE DOSE EACH OF BCG AND MEASLES.

Indicator definition: Percent of children who have all necessary immunizations registered in their medical cards out of all reviewed charts of children aged 14-23 months.

The data was collected through review of medical charts in community PHC facilities and showed the following:

Immunization	#	%
BCG	319	98.76%
Hepatitis B	315	97.52%
Polio vaccine 1/OPV1	317	98.14%
Polio Vaccine 2/OPV2	313	96.90%
Polio Vaccine 3/OPV3	311	96.28%
DPT1/Pentavalent 1	316	97.83%
DPT 2/Pentavalent 2	312	96.59%
DPT 3/Pentavalent 3	307	95.05%
Measles	279	86.38%
Complete immunization	271	83.13%

As it can be seen, there is no vaccine that would be given to all children.

Based on the analysis of presented data, the proportion of children aged 14- 24 months fully immunized is **83.13% of children received all necessary immunization procedures according to the medical cards.**

INDICATOR: PROPORTION OF WOMEN WITH AT LEAST 4 ANTENATAL VISITS

Indicator definition: antenatal visit is the visit to gynecologist during the pregnancy. According to WHO standards, a pregnant woman has to pay at least 4 visits to gynecologist during pregnancy.

The indicator was measured by receiving positive answer to the direct question on quantity of visits to the gynecologist.

In general, how many antenatal visits did you make?	#	%
None	3	0.97%
Less than 4 visits	25	8.06%
4-8 visits	192	61.94%
9 visits and more	84	27.10%
Don't remember	6	1.94%
Total	310	100%

It is also notable that 56.45% women paid their first antenatal visit within 12 weeks of pregnancy:

When did you make the first visit?	#	%
Within 12 weeks	175	56.45
Within 13-24 weeks	109	35.16
within 25-36 weeks	18	5.81
No visits	1	0.32
Don't remember	7	2.26
Total	310	100

According to the data collected during the household survey, the indicator value is **89.03% of women, participated in the survey, had 4 and more antenatal visits to gynecologist during the last pregnancy.** The highest rate was 13 visits during pregnancy.

INDICATOR: PROPORTION OF WOMEN WHO RECEIVED AT LEAST 1 POST-PARTUM VISIT

Indicator definition: post-partum visit means a visit to women after delivery by the community doctor or nurse.

The indicator was measured through a positive answer to direct question about post-partum visit. The answer was checked through a second question on the date of visit.

The picture of post-partum visits is the following:

Did mother have post-partum visit from local health worker?	#	%
Yes	203	65.48%
No	99	31.94%
don't remember	8	2.58%
Total	310	100.00%

In regard to the time of the first visit, the picture is the following:

How old the child was (in days) by the time of the first visit?	#	%
1 day	31	15.35%
2 days	53	26.24%
3 days	26	12.87%
4 days	13	6.44%
5 days	4	1.98%
6 days	1	0.50%
7 days	18	8.91%
10-20 days	22	10.89%
30 days	1	0.50%
40 and more days	33	16.34%
Total	202	100.00%

As it can be seen from the table above, of those who received a post-partum visit, majority (72.28%) received it during the first week after discharge from maternity. However, it should be noted also, that 26 children (12.87%) received their first post-partum visit from the community health worker on the 80th day of their life.

The indicator value, calculated based on the data presented above is 65.48% of mothers received at least 1 post partum visit from the community health-worker.

INDICATOR: PERCENT OF CHILDREN UNDER 6 MONTHS OF AGE BREASTFED EXCLUSIVELY

Indicator definition: exclusive breastfeeding means that children receive nothing else but breast milk, which is the WHO recommendation for all the children less than 6 months of age.

The data for indicator measurement was collected based on answer for the following question to mothers with children under 6 months of age. If the answer to the first question was positive and to all other questions – negative, then the child was considered to be exclusively breastfed.

As the analysis of the data showed, there were 162 children of the age 0-5 months of which 85 (52.5%) were exclusively breastfed.

The indicator value is 52.5%.

INDICATOR: PERCENT OF BREASTFED CHILDREN AGED 6-9 WHO RECEIVED TIMELY INITIATION OF COMPLEMENTARY FEEDING

Indicator definition: timely initiation of complementary feeding means that the breastfed child in the age 6-9 months receives at least one of the following additional food types: produced baby porridge or mash, homemade porridge, cereals, vegetables, meat, eggs, legumes.

The indicator value was calculated based on the answers to the same question as for the previous question, considering the age of the child and positive answer to the first type of food.

The analysis of data on complementary feeding of children aged 6-9 months showed the following: there were 104 children of that age among all the surveyed. Out of them, 77.9% (81) of children are receiving complementary feeding with appropriate diversity.

INDICATOR: PROPORTION OF WOMEN WHO ARE AWARE OF IMPORTANCE OF EARLY INTRODUCTION TO BREASTFEEDING (WITHIN 1 HOUR)

The indicator value was counted based on the positive answer to the direct question about early introduction to breastfeeding.

When it is recommended to breastfeed for the first time?	#	%
Right after the delivery	197	63.55
During the first day of life	88	28.39
After the first day of life	8	2.58
Don't know	17	5.48
Total	310	100

Based on the data presented above, the indicator value is **63.55% of mothers are aware that introduction to breastfeeding within 1 hour after birth is important.**

INDICATOR: PROPORTION OF WOMEN WHO ARE AWARE ON AT LEAST 2 SIGNS FOR SEEKING CARE IMMEDIATELY FOR THEIR CHILDREN (DANGER SIGNS)

Indicator definition: danger signs are those signs in behavior of a child when a parent should seek immediately for professional care.

The indicator value was calculated based on the multiple response questions for mothers regarding the danger signs when she should seek for care. The mother should give any of two answers provided in the question.

Danger signs	Responses	Percent of Cases
Can't eat or drink	79	28.62
Fever for over 7 days	166	60.14
Diarrhea for over 7 days	93	33.70
Child unconscious	42	15.22
Cough for over 21 days	108	39.13
Short-breathing	31	11.23
Vomiting	47	17.03
Convulsions	42	15.22
Blood in feces	17	6.16
Ear ache	49	17.75
Fractures	16	5.80

Analysis of the data collected showed that 69.77% of mothers are aware of at least 2 danger signs to seek care for their children. However, it should be noted that the majority of mothers, both who are aware and who are not, were mentioning that they would seek for care in any minor case of nervousness or bad mood in their children.

INDICATOR: PROPORTION OF CHILDREN AGED 14-24 MONTHS WITH THE REQUIRED NUMBER OF WELL CHILD VISITS OVER TOTAL NUMBER OF CHILDREN SURVEYED.

Indicator definition: well child visit means that the child should have at least 6 visits during the first year of life to community health facility for the standard screenings, growth and development monitoring and counseling.

The indicator value was counted based on the data collected from review of child medical charts in the community health facilities.

Well child visits	Number	Percent
Less than 6	148	45.4%
6 and more	178	54.6%
Total	326	100.00%

The data presented above shows that 45.4% of children have received appropriate number of well child visits during the first year of life according to the child medical charts.

INDICATOR: PROPORTION OF CHILDREN AGED 0-24 MONTHS WITH CHILD MEDICAL CHARTS PROPERLY FILLED WITH REGULAR GROWTH AND DEVELOPMENT MONITORING RECORDS IS INCREASED BY X%

Indicator definition: appropriately filled medical charts means that the sections of growth chart, psychological development and screening are filled in regularly.

The value of the indicator was calculated based on the data collected during the review of child medical charts in community health facilities.

Medical Charts	#	%
Not filled properly	131	40.18
Filled properly	195	59.82
Total	326	100

The presented data shows that 59.82% of medical charts are properly filled by community health workers, including regular growth and development monitoring records.

PROJECT RESULT II

INDICATOR: 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

Indicator definition: modern methods of contraception are: pills, intrauterine device, injections of Depo-Provera, Condom, Spermicidal creams, Tubal ligation, Male sterilization, Urgent (next morning) pills, method of safe days, Lactation Amenorrhea Method (LAM).

The indicator value was calculated based on answers to a multiple response question regarding methods of contraception, where mothers should give 2 answers according to the indicator definition.

Method of contraception	Responses	Percent of Cases
Pills	162	62.31
Intrauterine Device	126	48.46
Depo-Provera injections	11	4.23
Spermicidal cream	169	65.00
Condom	2	0.77
Tubal ligation	3	1.15
Male sterilization	1	0.38
Urgent pills	4	1.54
Safe days method	7	2.69
LAM	32	12.31
Withdrawal	53	20.38

Based on the analysis of data, presented above, the indicator value was calculated as **31.5% of women aged 18-45 are able to indicate 3 and more modern methods of contraception**. Others either indicate less than 3 or also indicate a traditional method of contraception.

INDICATOR: PROPORTION OF WOMEN AGED 18-45 AWARE ON PAP-SMEAR TESTING AND ITS BENEFITS OUT OF TOTAL NUMBER OF WOMEN INTERVIEWED

The value of the indicator was calculated based on answers of mothers to the question regarding the awareness of Pap-Smear testing.

The data collected revealed the following picture on awareness about Pap-Smear testing:

Awareness on Pap-Smear testing	#	%
Yes	54	17.36
No	239	76.85
Don't know	18	5.79
Total	311	100

In regard to the passing of the examination on Pap-Smear, the picture is the following:

23 Pap smear exam	#	%
Yes	10	18.52
No	41	75.93
Don't know	3	5.56
Total	54	100

Thus, out of 54 women, who are aware of Pap-Smear testing, 10 (18.52%) have passed that examination and 3 (5.56%) have no idea on that matter.

The indicator value is: **17.36% of women aged 18-45 are aware on Pap-smear testing** and its benefits, as the analysis of survey data shows.

INDICATOR: PROPORTION OF RESPONDENTS WITH BLOOD PRESSURE SCREENING DURING LAST 12 MONTHS

The indicator value was calculated based on the responses of all respondents (mothers and family members) to the question regarding the last time they have measured their blood pressure.

The picture on the blood pressure measurement is the following:

Last measurement of BP	Mothers		Family members		Total	
	#	%	#	%	#	%
During the last 12 months	277	89.07	159	51.13	436	70.10
1-2 years ago	19	6.11	29	9.32	48	7.72
2-3 years ago	3	0.96	14	4.50	17	2.73
More than 3 years ago	1	0.32	12	3.86	13	2.09
Never	1	0.32	7	2.25	8	1.29
Don't know	10	3.22	90	28.94	100	16.08
Total	311	100	311	100	622	100

As the survey results show, among all the respondents, including those who live in the same household with mothers interviewed, 70.1% have had blood pressure screening during the last 12 months prior to the survey.

INDICATOR: WOMEN AND MEN 18-45 WHO CORRECTLY IDENTIFY WAYS OF PREVENTING THE SEXUAL TRANSMISSION OF HIV AND WHO REJECT MAJOR MISCONCEPTIONS ABOUT HIV TRANSMISSION (COMPREHENSIVE KNOWLEDGE ON HIV)

Indicator definition: comprehensive knowledge on HIV means that the respondent knows that the HIV cannot be transmitted by mosquito bite, risk of HIV can be reduced by having one partner, HIV cannot be transmitted by sharing food with HIV positive person, risk of HIV transmission can be reduced by using a condom, and that an HIV positive person can have a healthy look.

Based on the analysis of data collected the following picture of knowledge was revealed:

Knowledge on HIV	Mothers		Family members		Total	
	#	%	#	%	#	%
HIV transmission by mosquito bite	177	56.91	106	54.08	283	55.82
HIV risk reduction having one partner	216	69.45	123	62.76	339	66.86
HIV transmission by food sharing	165	53.05	105	53.57	270	53.25
HIV risk reduction by condom use	222	71.38	139	70.92	361	71.20
HIV infected looks healthy	180	57.88	106	54.08	286	56.41
Total	311	100	196	100	507	100

Based on the analysis of data presented above, the following picture of comprehensive knowledge on HIV among women and men aged 18-45 has been revealed:

- 19% of mothers with children 0-9 months have comprehensive knowledge on HIV.
- Among those, living in the same household with mothers interviewed and aged 18-45, 25 respondents (10.6%) had comprehensive knowledge on HIV.
- Among those mentioned 76% were women and 24% - men.

INDICATOR: PROPORTION OF RESPONDENTS WHO KNOW AT LEAST 2 WAYS TO PREVENT HIGH BLOOD PRESSURE, DIABETES AND CANCER

The value of the indicator was measured based on responses provided by all respondents of the survey (mothers and family members) to 3 questions regarding methods of prevention hypertension, diabetes and cancer. The detailed data analysis for this indicator is annexed to this report in Appendix 3.

Based on the final analysis of the information collected and presented above it was revealed, that **16.4% of mothers interviewed and 19% of other respondents know 2 and more ways to prevent high blood pressure, diabetes and cancer.**

INDICATOR: PROPORTION OF ADOLESCENTS AWARE ON BASIC REPRODUCTIVE HEALTH, HEALTHY LIFESTYLE, FAMILY PLANNING AND SAFE SEX

Indicator definition: awareness on basic reproductive health, healthy lifestyle, family planning and safe sex means that an adolescent is aware of dangers of smoking, consequences of smoking, alcohol and drug use, has comprehensive knowledge on HIV and knows how to avoid pregnancy and STI.

The value of indicator was calculated based on answers of adolescents of age 14-16 years old to the self-administered questionnaire, containing questions on basic reproductive health, healthy lifestyle, family planning and safe sex. The detailed data analysis for this indicator is annexed to this report in Appendix 3.

Meanwhile, the sub-indicator values as per the factors set in the indicator definition are as follows:

- Awareness of the dangers of smoking - **87.3%**
- Awareness of the consequences of smoking – **32.27%**
- Awareness of the consequences of alcohol – **29.68%**
- Awareness of the consequences of drug use – **34.7%**
- Comprehensive knowledge on HIV – **8.57%**
- Knowledge on how to avoid pregnancy – **8.96%**
- Awareness of STI - **0**

Based on the final analysis of the information collected from the children through self-administered questionnaire, the conclusion is: **the indicator value is 0**, since no adolescent had comprehensive knowledge on all topics of the questionnaire.

Qualitative report on Focus Group discussions with mothers and caregivers of children under 2 years.

PURPOSE

The main purpose of qualitative study was to understand perception, satisfaction and quality of services related to child care, immunization, delivery at community health facilities of project targeted communities among the mothers and caregivers of children under 2 years of age.

METHODS

Project staff developed a semi-structured focus group discussion guide that was revised and completed by DME. In addition key-informant in-depth interviews were conducted with community nurses and village mayor. Overall 9 FGDs and 8 in-depth interviews were conducted: at least 2 FGDs in each project area. FGDs were conducted in Alaverdi, Tavush, Sisian, and Meghri communities. The average duration for FGDs was about 90 minutes. Selection of communities was done by ADPs.

RESULTS AND DISCUSSIONS

Utilization of Community Health facility

Most of participants of focus group discussions in Sisian and Tavush villages confirmed the utilization of community health facility within last three months prior the interview. Most commonly reason for the visits was mentioned the vaccination, followed by the child sickness. In Norashen village of Tavush region the first reason for the visit to health facility was mentioned child growth monitoring.

“Our nurse told me to bring the child to health post for weight and height measurements every month at the day of child’s birthday, so that I don’t forget. My baby is already 8 months and every month the same day we used to come for measurements and we can see how the child is growing”

Mother of child 8 month, Norashen village

Responses about when to visit health facility varied from village to village and person to person. Some mothers responded that the nurse usually phones and invite them to health post actively for vaccination (Shaghat, Sarnakunk, Sari Gyugh, Akori and Haghat, Alvank, Lehvaz, and Shvanidzor), but in some villages community health facility is not actively inviting children for vaccinations, which causes some delays (Koti).

“ My child is the only one in Koti that got vaccination in-time. I myself went to health facility and reminded the nurse that it is already time for my child vaccination. All children have delays in vaccination, because they wouldn’t open vial only for few children. They wait until enough number of children are accumulated, and only that time they open vaccine vial”.

Mother of child 14 months, Koti village

FGD

Most of villages mentioned that doctors usually visit during the vaccination – usually once a month. About the visits of doctors the people know from the nurse or from each other. There is not systematic way to disseminate information about visits (such as posting of announcements and systematic date of visits per month), therefore the visits are unknown for majority of population. However in village Norashen district doctor never visits the health post and usually children have to go to Artsvaberd ambulatory for vaccination.

“Mothers should take a taxi to go to Artsvaberd for vaccination. To reduce the cost for taxi, we recruit the children from different areas of village who needs vaccination in order to go together to share the cost for travel”

Nurse from Norashen village

In-depth interview

“Sometimes it happens that we go to Artsvaberd, but doctor says that we are few, and for us it is not worthy to open a vial and recommend us to go and come back next week. This means that again we have to pay for taxi”.

Mother of child 15 months, Norashen village

FGD

Most of the respondents in Meghri communities, particularly in Alvank and Shvanidzor communities, selected health care provider for child care in Agarak health center. Those who selected health care provider from Agarak center usually do not utilize health posts in community; rather they take children for healthy and sick child care to Agarak. Only one respondent in Alvank no one from Shvanidzor communities of Meghri region utilized health post for healthy and sick child care. Frequently parents in case of child illness call to nurse and ask to visit children at home. All respondents were satisfied with community nurses attitude and provided services (counselling, treatment procedures), particularly during home visits. In Lehvaz community almost all the respondents selected Family Physician from Meghri policlinic. Doctor visits health post twice per month.

In Alaverdi situation differs depending of the community. In Haghpat community parents/caregivers refer to policlinic for healthy and sick child care. Nurse informs mothers on healthy child visits and refers them to Alaverdi policlinic for vaccination. Parents just take medical cards from health post and take children to the policlinic. Some of mothers mentioned that community nurse performed anthropometric measurements and then referred child to policlinic. In a scope of open enrolment process community population selected two paediatricians (Hakobyan Manush, family doctor, and Ghaleyan Anush, family doctor) and referred to them for child care. Family doctors never visit community health post to provide services to children. All children referred to Alaverdi policlinic to receive health services (including healthy and sick child care). Transportation was not mentioned as a problem. People use their personal cars, minibuses, taxi to reach policlinic. Participants mentioned that they received counseling on child care in health post from community nurse.

“In the health post there is a lot of health education booklets and I very often came to health post to take them and read.”

FGD in Haghpat, Alaverdi region.

In Akori community (Alaverdi) all the respondents utilized health ambulatory for healthy and sick child care. In Alaverdi respondents were satisfied with health services received in Alaverdi Health center and Akori ambulatory.

In most communities health providers visit health post regularly, once or twice per month. However in some communities healthy and sick child care services are provided in policlinics or health centers, not at the health posts (in Haghpat/Alaverdi and Alvanq and Shvanidzor from Meghri).

Narrow Specialists' visits

In Meghri situation differs depending of community. In Lehvaz NSs visit community health post twice per year, but in Alvank and Shvanidzor doctors never visit communities. In Alaverdi NSs visit communities twice per year. NSs conduct visits using MOT track. Community population is informed about NS visit by community nurse, or they just see the track and visit health post.

Very few respondents mentioned that they and their family members applied to NSs during their visit to health post.

Gynecologists never visit community health posts. All respondents mentioned that they usually go to policlinic if they have gynaecological problems.

Pharmaceuticals

In all communities there is poor awareness on population groups entitled to receive free pharmaceuticals.

In Meghri region no one from respondents received prescribed pharmaceuticals free of charge in case of child illness on primary health care level. All respondents bought prescribed medication in drug store in Meghri or Agarak. All respondents mentioned that there is a need for drug store in community.

In Alaverdi respondents were better informed on their entitlements. In Alaverdi communities community nurses inform population on their entitlements to receive free health services and pharmaceuticals. Some of the participants said that they receive health care for their children in hospital including pharmaceuticals free of charge. For outpatient care some of the participants received pharmaceuticals for their children free of charge from policlinic in Alaverdi.

Satisfaction from the services

In most of communities mothers interviewed in general were satisfied from the services provided at the health post, even when conditions were not really appropriate. Such as in village Sari Gyugh the health facility was located in the “domik” had only one room for consultation, no running water, but FGD participants still there satisfied from the services available. Health posts at Shaghat, Norashen villages were quite comfortable for visitors, clean, warm, had all required equipment and furniture – such as adult and baby scale, height meter, medical charts, child and adult examination table etc.

“Our nurse is very attentive towards the children. She invites the children to health facility for regular check –up, and for vaccination. She gives useful recommendations every time how to care for the child, how to feed and so on. We are happy from her and from our village doctor”.

Mother from village Shaghat

FGD

Reasons for dissatisfaction

At village Sarnakunk focus group participants were dissatisfied from the conditions at the health post. Although well furnished and renovated in the past, the health post had not electricity and therefore is not heated. The reason is that installation of electric counter cost over 220 000 AMD, and ambulatory or village mayor did not possess that amount of money available to pay for electric counter. Consultations of patients usually take place or at households or at the kindergarden, which is nearby the health post. Because of permanent freeze the walls of health post were spoiled and had many cracks on it. Sisian ADP tried to solve the issue raising the question and mobilizing the community, prepared a letter to health department, but the it was not possible to resolve. Some of FGD participant suggested to collect money

from the community members for installation of the counter, however village mayor was pessimistic if this is possible.

“ There are families that didn’t pay their tax for ages and their debts amounts over million drams. Where from I can find the money to allocate for counter, If people pay no tax? We don’t need the charity, let them first to pay event part of their tax - I can promise as soon people pay tax, the counter of the health post will be the first thing we will do”

Village mayor, Sarnakunk village, In-depth interview

Another most commonly mentioned reason for dissatisfaction was the lack of medicines even for the first cases. Shaghat village FGD participants mentioned that when the doctor visit the village or when they go to ambulatory for consultation and doctor prescribe medicines, they usually receive free of charge from the ambulatory drugstore. However the FGD participant in Sari Gyugh, Norashen had no experience on getting medicines free. Norashed didn’t receive pharmaceuticals for the first aid during several years.

“The medicines you see here are left from the dead patients, when the patients die the relatives bring to the health post the medicines, but we never received any medicine from the government”

In Sari Gyugh village revolving drug fund was operational, and about 20 households joined the fund at the autumn quarter. Fund provided also medicines for the emergency cases. Only few participants had experience of receiving pharmaceuticals for children free of charge when it was necessary. The rest of participant mentioned that they normally procure from the drug store then there is need of treatment.

All villages were mentioned the visits of narrow specialist, but in most of cases the quality of consultations were questioned.

“Doctors come without any equipment and without any test. What is purpose of such visit? These visits are meaningless. Now the patients are so clever – they understand the quality of consultation. One of our patients says me- this doctor prescribed me treatment without noticing that my feet are swollen. How correct is his treatment?”

Nurse, In-depth interview

“World Vision transferred all equipment to health facility, who never used them for the population. Why World Vision doesn’t follow-up how the equipments are used?”

Nurse, In-depth interview

All villages visited had the required equipment for the follow-up of child growth and monitoring and examination. However utilization of equipment varied from village to village. Baby scale in Sari Gyugh was out of order for long time. Medical chart were not filled properly. In Norashen village all cells of medical charts were filled accurately and in-time although no supervisory visits by doctor.

“After the training with NOVA we received Blood sugar measuring device with 25 strips. In 2 months strips was consumed and we never received any more any strip and since 5 years I didn’t use any more this device. Once I tried to procure strips from the drug store in Yerevan, but I was told that a box with 50 strips costs 10000 drams. I don’t have that money, therefore I don’t use anymore this”

Nurse

In Alvank community of Meghri region community nurse has a problem with access to health post, health post is in the community administration building, and often she could not go in the building because door is locked.

In Alaverdi the respondents mentioned the absence of ambulance. In case of urgent case families should find a car to reach health facility in the Alaverdi.

Child care knowledge and health education

Participants of FGDs had various experiences related in getting support in organizing child nutrition and care. Exclusive breastfeeding was common practice in communities where the nurse used to have high reputation and power. The influence of mother-in-laws was still powerful according to some participants.

"I knew that children should be fed only with breast milk from the books I received from World Vision. But at maternity the nurses advised me to give water as much as possible, because it was very hot. Therefore I gave water from the beginning, because the nurses know better: Whatever they say must be correct, isn't it?"

Mother of child of 4 months, Sarigyugh village

FGD

"I know very well that children who are exclusively breastfed are healthier. 98% of breastmilk is water, why to give additional water to the child? But my mother-in-law and my mother disagree with this. All the time they give water to my baby. They say that "I grew children myself very well, and I used to give water". Maybe they need to attend the training to change their mind? I know myself how to feed the child but I can't change anything".

Mother of child of 6 months , Sarnakunk village

FGD

"Just when I was back to home from maternity our nurse visited us and gave advises how to care, how to feed the baby. She is so attentive. I followed all her advices and all 6 months I fed the baby only with breastmilk and didn't give any water, any tea or any juice. I know this very well from the beginning".

Mother of child of 7 months, Shaghat village

In Meghri community nurses do not visit newborn after discharge from maternity during the first 3 days, they visit later, while in Alaverdi communities community nurses visit newborn during the first 2 days and provide with counselling on child care, train mothers on proper attachment to the breast, provide advices for exclusive breastfeeding and newborn care.

In all Meghri communities there is a problem with patient counselling, particularly on child care and nutrition. Even nurse who participated on PHCR Family nursing training (Alvank community) did not provide counselling according to the protocols. In other communities where nurses did not participate on FN training the situation is even worse. Number of wrong practices was mentioned by mothers in Lehvaz community related to child nutrition.

“Starting from 2 months I started to feed my child with cookies and tea.”

“I gave to my child everything starting from 3 months”.

“I gave meat to my child starting from 1 year.”

From FGD in Lehvaz community.

Antenatal care, delivery service and postpartum care

During focus group discussion mothers that delivered recently at local maternities raised number of issues related to care around delivery and postpartum care. Most common problems identified were failure to initiate early breastfeeding and skin-to skin contact consistently, lack of counselling and support to start breastfeeding, incorrect advice related to child care and nutrition by maternity staff, lack of provision of printed health education materials at maternity and lack of post-partum care after discharge. It is noteworthy that none of young mothers could confirm having HIV screening during the pregnancy, which indicates that or pregnant women are not provided with counselling along with HIV testing or HIV screening is not provided at all.

“Doctors didn’t permit me to feed my child after delivery, but at the night in secret, when nobody could follow me, I did breastfeed my child, because everything was normal, although they said that my child had health problems”.

Mother in Norashen village

FGD

“After delivery about two hours I remained on gynecological chair, just in case. I didn’t have any complications. After that when I was taken to the room, I only was given the baby to breastfeed”.

Mother in Norashen village

FGD

“I was given my child in two hours after delivery. I didn’t have any complications. About two hours I was advised to lay on gynecological chair, just in case. And when I was taken to the patients’ room, only after that they gave my child to feed.”

Mother of child 6 months, Sarigyugh village

FGD

“In knew from the books that the young children should be fed only with breastmilk. But at the discharge from the maternity the nurse told me to give the baby water as much as possible, because it was very hot and babies need a lot of water. I followed the nurses advice, as they know better what is right and what is wrong”

Mother of baby 5 month, Sarigygh village

FGD

In all communities there is late referral for antenatal care. All respondents referred to women consultation after 3 months of pregnancy. Many from respondents referred for antenatal care at the 5 or 6 month of pregnancy. There is no active early detection and registration of pregnant women in community, in spite of the fact that early detection of pregnancy is one of quality assurance indicators.

No one from respondents in Alaverdi and Meghri communities mentioned counseling on antenatal care in

“I felt very bad during first 2 months of pregnancy; I even could not get up from the bed, but waited till 3 months of pregnancy to refer to women consultation. When I finally apply to women consultation doctor explained me that I should have been referred to them as soon as I recognize that I am pregnant.”

“I was not aware that woman should refer for antenatal care as soon as she becomes aware of the pregnancy. I have wrong perception that I should refer only after gestation period of three months”.

FGD Haghpat, Alaverdi.

health post. No one was aware of HIV testing.

Counseling in women consultations centers is provided on antenatal care, danger signs during pregnancy, breastfeeding. Most of the respondents mentioned that they received health education materials on antenatal and child care in women consultation centers.

In Meghri maternity all respondents received counselling on appropriate newborn care, exclusive breastfeeding, timely initiation of breastfeeding, proper attachment to the breast, danger signs for newborns. Almost all respondents said that first attachment to the breast was done just after delivery.

In Alaverdi some of the respondents mentioned timely attachment to the breast, skin to skin contact just after delivery, detailed counselling on exclusive breastfeeding and proper attachment to the breast. According to respondents there are many changes in quality of health care during last several years, the attitude of med personnel become more polite, caring, better communicate with parents, ask for their opinion. The same relates to paediatrician. Med personnel provide proper counselling on attachment to the breast, showed proper way for attachment. In all rooms there are health education materials and posters on child feeding and child care issues. Counselling is done by nurses and by doctors.

However the respondents mentioned also wrong practices, such as late attachment to the breast, feeding with glucose solution, no counselling on proper attachment to the breast, no counselling on newborn danger signs and postpartum care, postpartum danger signs. “The nurse said that she will give solution of glucose to newborn”. According community nurse there were cases when women discharged with newborn from maternity were unaware of proper attachment, and she spend a lot of time to counsel on exclusive breastfeeding and trained mothers on proper attachment to the breast.

It seems that there are no unified approaches in Alaverdi maternity and the quality of provided services differs depending on the health personnel.

The respondents had poor knowledge on family planning, child spacing issues. They did not mention any counselling on these topics received in health facilities. The same situation was with STI/HIV, cancer prevention, healthy lifestyle counselling.

ANALYSIS OF QUALITATIVE EVALUATION FINDINGS

- District doctors do not visit community health facility consistently. And if they visit, only few people are informed about the visit.
- In some Alaverdi and Meghri communities, health care services (immunization, child screenings) are provided in health center, instead of health posts in communities.
- Delay in vaccinations is reported in small villages due to few numbers of children to be vaccinated.
- Most of health posts do not get pharmaceuticals for the first aid.
- There is poor awareness on population groups entitled to receive free pharmaceuticals.
- Most of parents never received pharmaceuticals free of charge and very few knew that children under 7 are eligible to get prescribed pharmaceuticals free of charge at the primary health care level.
- Gynecologists never visit community health posts.
- Poor active early detection of pregnancy in communities, late referrals for antenatal care.
- Maternities serving communities at targeted area consistently do not follow nationally recognized standards of care around delivery and at post-partum period.
- Women during pregnancy are not screened for HIV (or are not counselled)
- Postpartum care is not provided after discharge from maternity.
- The lack of counselling on antenatal care, appropriate child spacing and family planning, cancer prevention, breast examination, Pap smear testing, healthy lifestyle counselling, on health entitlements, prevention of chronic diseases and their complications provided by the community nurse and family doctor.
- In Meghri communities health care providers do not visit newborns in the first 3 days after discharge from maternity.
- Equipment handed-over by MOT program was not used for outreach visits of narrow specialists, except Alaverdi region.

CONCLUSIONS AND RECOMMENDATIONS

1. Contradictions revealed between the qualitative and quantitative evaluations (65.5% of surveyed women mentioned having at least one post-partum visit, while none of FGDs participants mentioned such practice) bring to a conclusion that majority of mothers do not recognize the difference between first well-child visits and the post-partum visits. It is recommended that while implementing the project activities specific focus is put on educating mothers on those differences and importance of post-partum visits.
2. The project should promote well child visits and screenings during the well child visits according to national protocol comprehensively targeting health care providers with capacity building and follow-up, health facilities (improving physical conditions and ensuring appropriate medical supply and charts), as

well parents, educating to adhere with requirements of well child visits, given the low rate revealed through the baseline evaluation.

3. Poor awareness about contraception revealed by the evaluation is one of the main reasons of high abortion rate. Awareness increase on modern methods of contraception should be one of key directions of health education of young women.
4. Since the level of awareness on ways to prevent hypertension, diabetes and cancer is low among the targeted population, the project should be intentional on applying diverse and well-targeted awareness raising tools to ensure achievement of the project objective.
5. In order to empower communities to advocate and demand quality primary health care services it is recommended to:
 - Continue the approach of posting regular announcements established by NOVA;
 - Work with head of health departments to introduce the system to analyze the expense reports of ambulatories, to ensure that ambulatories actually spend the budget line allocated for pharmaceuticals of primary health care of children, ensure that the list of available pharmaceuticals for the first aid is displayed.
 - Meantime HFF project should advocate health facilities to allocate budget for health posts for consumable of equipment available to ensure that they are used (such as blood sugar measuring device).
6. HFF project should follow-up the utilization of donated medical equipment within the MOT project as well as within other projects to ensure that they are used during the semiannual outreach visits of narrow specialist per signed MOU.
7. Health education materials related to breastfeeding, child care and birth spacing should be available at maternities.
8. HFF project should promote the best practices of health care providers through promoting public recognition and acknowledgement.
9. HFF project should promote quality counseling provided by community nurses and family doctors on integrated family care.
10. HFF project should follow-up the quality of filling of medical charts through the sponsorship and provide feedback to the nurse.
11. Mother-in-laws and older women in several communities also should be targeted as key decision makers related to child care and nutrition to enhance in change in practice.
12. Based on the Community Needs Assessment it is recommended to include Nrnadzor community of Meghri region in the project to the possible extent due to severe conditions revealed.

APPENDICES

- 1. Tavush Region Baseline Report**
- 2. Community Needs Assessment Report**
- 3. Detailed Analysis of Indicators**
- 4. Questionnaire for mothers of children aged 0-9 months and members of their families**
- 5. Self-administered questionnaire for adolescents**

6. Child Medical Chart review tool