

MEDICAL OUTREACH TEAMS PROJECT (MOT)

Cooperative Agreement # III-A-00-04-00017-00
06 February 2004 - 05 February 2009

Final Report Prepared by WV Armenia Health Team

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Organization:	World Vision
Project Number:	Cooperative Agreement # 111-A-00-04-00017-00
Project Name:	Medical Outreach Teams
Project Objectives:	<ul style="list-style-type: none"> • Improve access to health care services in remote villages (<i>8 MOTs provide primary health care to 123 rural villages</i>) • Build capacities of MOT communities, raise their awareness on public health-related issues, and promote community participation in self-education, health financing schemes and overall self-empowerment (<i>community based health structures strengthened to provide support for primary health care activities</i>) • Support local level primary health care facilities and strengthen community health care structures to provide quality services, build capacity of district PHC providers and increase utilization of their skills in day-to-day practices (<i>Supporting to local level PHC facilities to provide quality services</i>)
Project Location:	Lori, Gegharkunik, Syunik and Tavush marzes
Project Duration:	06 February, 2004 - 05 February, 2009
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List of Acronyms and Abbreviations

AAPP	Armenian Association of Professional Pediatricians
ADP	Area Development Program
AOM	ADP Operations Manager
ASTP	Armenian Social Transition Program
BrC	Breast Cancer
CBO	Community Based Organization
CC	Cervical Cancer
CHC	Community Health Committee
CHF	Community Health Foundation
CHV	Community Health Volunteers
CoAF	Children of Armenia Foundation
CQI	Continuous Quality Improvement
CT	Community Trainers
DMTEC	Drugs and Medical Technology Expertise Center
ECG	Electrocardiography
FP	Family Practitioner
GH	Global Health
GIK	Goods-in-Kind
GIS	Geographic Informational System
HACC	Humanitarian Assistance Coordination Committee
HCFS	Health Care Foundation of Syunik
HIS	Health Information System
HP	Health Post
IMCI	Integrated Management of Childhood Illness
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MoH	Ministry of Health
MOT	Medical Outreach Team
NHCF	Northern Health Care Foundation
NIH	National Institute of Health
NO	National Office
OCP	Oral Contraceptive Pill
OE	Open Enrollment
PHCR	Primary Health Care Reforms
PMP	Project Monitoring and Evaluation Plan
PRSP	Poverty Reduction Strategy Program
RDF	Revolving Drugs Fund
RWG	Regional Working Group
RoA	Republic of Armenia
SAMSA	Scientific Association of Medical Students of Armenia, local NGO
SDP	Sustainable Development Program
SHA	State Health Agency
STC	Support to Communities, local NGO
STI	Sexually Transmitted Infections
ToT	Training of Trainers
USG	United States Government
WB	World Bank
WVA	World Vision Armenia

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Table I MOT Implementation Progress

	MMT	FY	FY	FY	FY	FY	Total	Total	Total	Total	Total	FY09	Total	Program
	Target	2004	2005	2006	2007	2008	FY04	FY05	FY06	FY07	FY08	Q1	to date	Target
Quality PHC is accessible to 87 communities														
1 Outreach consultations provided by MOT (#)	104,240	3,200	25,600	30,720	30,720	14,000	4,258	27,419	26,090	21,588	14,731	1,803	95,889	92%
3 Patient satisfaction rate (%)	85%	70	75	80	85	85	84%	93%	96%	99%	99%	87%	94%	111%
Community-based health structures are strengthened														
1 Utilization of preventive PHC services (%)	25%	25%	25%	25%	25%	25%		16%	24%	26%	32%	39%	29%	116%
2 Usage of WVA developed educational materials by community members (%)	40													
3 *Community health foundations (CHF) functioning with at least 10% of households participation(##)	63	22	48	63	63	62	21	62	44	31	31		31	49.2%
PHC facilities are strengthened														
1 Compliance of PHC services with standardised protocols on high BP screening (%)	80%										86%		86%	108%
2 Compliance of PHC services with standardised protocols on Pap-smear screening (%)	12%							0.5%	5.2%	12.5%	37%		37%	308.3%
3 Application of acquired knowledge and skills by PHC providers (%)	80%										80%		80%	99.4%

Table 2 MOT Operational Plan/Targets

OP INDICATORS	MOT Target	TOTAL	% of target
<u>Other Public Health Threats</u>			
Number of health facilities rehabilitated	53	53	100%
Number of beneficiaries of USG-funded service-oriented programs to reduce non-communicable diseases	88000	88000	100%
number of women	46000	46000	100%
number of men	42000	42000	100%
Number of medical and para-medical practitioners trained in evidence-based clinical guidelines	300	300	100%
<u>MCHN</u>			
Number of people trained in maternal/newborn health through USG funds	350	411	117%
number of women	315	376	119%
number of men	35	35	100%
Number of people trained in child health and nutrition through USG-supported health area programs	350	383	109%
<u>FP/RH</u>			
Number of people trained in FP/RH with USG funds	360	431	120%
number of women	342	413	121%
number of men	18	18	100%
Number of people that have seen or heard a specific USG-supported FP/RH message	25000	26860	107%

The MOT Project was aimed at improving access to primary health care for hard- to-reach communities in Lori, Gegharkunik, Syunik and Tavush Marzes through provision of clinical services by 8 medical outreach teams to 123 rural communities; building capacities of MOT communities, raising their awareness on public health-related issues, and promotion community participation in self-education, health financing schemes and overall self-empowerment. This was also complemented by intensive capacity building of district PHC facilities and PHC providers, and strengthening community health care structures.

Key Project Achievements1:

- Increased Utilization, Access, Satisfaction with PHC services
- Increased Knowledge of Health Care Providers
- Empowered rural nurses, first responders in PHC
- Increased health awareness of patient population
- Enhanced patient-provider relationships
- Increased demand for services from community
- Increased provision of rural services from doctors
- This program brought back people's faith in doctors, their faith in medicine

Key Project Accomplishments:

As a result of collaboration with district primary health care facilities, district level health authorities, Support to Communities NGO (local partner), the MoH, the NIH, partner organizations, USAID/Armenia, USAID NOVA and PHCR projects, the following was achieved:

- Eight MOTs conducted **4,351** outreach visits, resulting in the provision of **95,889** consultations for 88,000 population

¹ Annex D- MOT Final Evaluation Report
MOT Final Report
Prepared by: WV Armenia Health Team

- **72** of district primary health care providers participated in joint MOT visits
- Northern Health Care Foundation (*NHCF*) have been established, and Health Care Foundation of Syunik (*HCFS*) expanded, with participation of **63** communities in total, with an average of **6%** of community people participated, with a **11%** cost recovery²
- In total, **67** people were successfully treated and eight patients received inpatient treatment in scope of two CHF.
- Established network of peer educators consisting from more than **400** active community members was trained on quarterly bases and disseminated gained knowledge among peers.
- Health facilities rehabilitated: **53**
- Medical and para-medical practitioners trained in evidence-based clinical guidelines **300**
- Number of IEC materials developed: books/booklets-9, posters-7, Pediatric bulletins-2 issues
- Number of IEC materials published and distributed in WV MOT and ADP communities: **61,700**
- Number of USAID NOVA and PHCR projects' and WV major partners' materials distributed: **10,000**
- MOT assets were handed over to district level health care facilities- see annexes I.I.B-1 through I.I.B-5 for details.
- Number of Pap-smear tests conducted: **2609**

I. REPORT AGAINST TARGETS: ACHIEVEMENTS AND ACCOMPLISHMENTS

Outcome I: Improve access to primary health care services in remote villages

Provision of quality primary health care services for rural communities was one of the main objectives of the MOT project. Throughout the project life, WV together with district level PHC providers, ensured operation of medical outreach teams that provided services based on the country standards of quality care provision. Outreach teams were equipped with necessary equipment and medical supplies; medical staff received also basic medical equipment (individual use equipment), and series of training to enhance their screening and counseling skills, to improve clinical skills, and to strengthen referral to secondary level health care system. Introduction of encounter forms allowed monitoring of MOTs' performance, utilization and application of knowledge and skills by district doctors, and addressing of urgent issues on timely manner. It has also allowed collecting and analyzing data on health conditions of target population through the MOT health information system (HIS), which then was used to adjust the project implementation, identify weakness and strength of the project. The MOT data was also used by USAID partner, NOVA project for mapping of anemia incidence in different marzes of Armenia, which is a good example of coordination of USAID projects' activities.

As a result of the first 2 years of project implementation, it became obvious that provision of services only by WV staff (physicians hired by WV) was a good model to jump start and scale up such a big project as MOT, for completion project mobilization activities, introduction and placement of quality of care provision standards in practice at the initial stage, but after some time, the issue of sustainability became a more emerging priority. Therefore, the project was redesign to involve district level PHC providers (not on WV pay roll) in the provision of PHC services. They are entitled by the state normative acts on provision of primary health care, which was a timely initiative and a good model to replicate in future programs. This experience was shared by health manager with WV Georgia colleagues (Abkhazia office), as well as local Caritas NGO (Shirak marz of Armenia).

Procurement of equipment and medical supplies for district doctors engaged in MOT visits

Provision of assets, basic medical equipment and medical supply was a part of the MOT project aimed at increasing the operational and diagnostic capacities of outreach teams, and motivation of district PHC providers in continuing joint MOT visits to communities. It was an important and challenging task, which WV has completed successfully. Throughout the project implementation WV ensured openness and transparency of acquisition process, and its compliance with USG requirements, including on Source, Origin and Nationality, numerous country and WV procurement policies and regulations.

At the initial mobilization phase of the project WV has gone through the process of procurement of 8 trucks to build medical units on, design of lay out and assembly of 3 cabinets on truck, furnishing them, procurement of diagnostic equipment. Project implementation showed that design and interior lay out was very well thought out, and was appreciated by MOT doctors and community people, as it allowed both privacy in provision of consultations (*separate entrances to gynecological and diagnostic cabinets*), team work (*windows between cabinets*), and appropriate conditions to provide services, i.e. autonomic power and water supply (electrical generator, water tank). Operation of Kamaz trucks showed that it was a right decision to choose heavy duty trucks to operate as mobile clinics, as it allowed providing outreach visits even under extreme weather conditions when communities were not reachable by other transportation means, and accordingly their access to health care was very much limited. MOT data shows that on average less than 3% of visits have been cancelled due to extreme weather conditions, bad conditions of roads, other factors.

To ensure smooth operation of medical outreach teams, and to increase quality of service provision, operational and diagnostic capacities of PHC providers, all outreach teams were regularly provided with GIK consumable medical supplies (single use gloves, syringes/needles), test-tubes, reagents, test-kits, dyes and other consumable laboratory supplies, disinfectants and cleaning supplies, gel for ultrasound examinations, ECG papers, etc. Throughout the project implementation, there were no reported cases of health complications related to use of non-sterile tools, equipment and materials.

The MOT Coordinators periodically meet with local district doctors, and discuss their performance during outreach visits (*provision of screening, use of MOT equipment, fill-in encounter forms*). During these meetings MOT health coordinators revealed problems in provision of services, reviewed performance against standards of quality service provision, advised on new treatment protocols and guidelines. It has been revealed that district doctors who participate in MOT joint visits are very much familiar with the requirements and fill in standard forms with no difficulties. WV's role in future will be to continue applying new protocols developed by the state authorities at targeted district areas.

The challenges observed during the project implementation were mainly related to implementation of the State approved Optimization³ of health care provision in Armenia, which was aimed to optimize (mainly decrease) the number of HC institutions in the country and increase financing of the remained institutions. The merging of health facilities and service provisions, creation of new village level PHC institutions, reassignment of their catchment areas, tenders announced to take positions of the heads of HC institutions by family practitioners and increased tension between health care providers related to this process, need to formally register new independent HC facilities and related challenges with documentation (formal registration/re-registration, land/cadastral registration) and ongoing training of health care providers (9 month qualification course to become family practitioner) in Yerevan- all the aforementioned did not support provision of quality services by MOTs, and placed significant burden on WV in terms of coordination of activities and reconciliation of implementation plans.

Nevertheless, WV together with district level health care providers ensured provision of quality primary health care to target communities, MOT visits were paid jointly with district doctors (or their back ups), uninterruptedly and as planned with district level health authorities and reconciled with USAID.

Activity 1.1 Procurement of equipment and medical supplies for district doctors engaged in MOT visits

Basic medical equipment provided to MOT PHC providers was very important programmatic activity, as absence of minor but important items, such as tonometers, thermometers, neurological hammers, makes it practically impossible to provide quality care to clients. Increased use of equipment, out of MOT services provision, was observed in many project implementation sites. For instance, health care authorities of Syunik and Tavush marz applied to WV with a request to provide ultra sound machines for ultra sound

³ Program of Optimization of the Network of Primary and Hospital Medical Care Facilities and Human Resources of the Republic of Armenia

examinations of reproductive system among girls aged 15, as required by the State screening program. The requested equipment was provided out of MOT visits' hours and was used for the stated purposes.

Health staff was monitoring utilization of equipment and in situations when the use of equipment was not sufficient- alternate options have been considered. During MOT implementation it was observed that use of spirometer during outreach visits was not quite effective due to insufficient population coverage for spirometry. Therefore, it was decided to hand over spirometer for temporary use to Kapan city hospital, where it was utilized for health check ups of military recruits. Spirometers were also used in Berd, Noyemberyan, Ijevan, and Stepanavan policlinics/health centers. Handing over for the MOT equipment for temporary use by state health care institutions was exercised for colposcopes as well. In Berd and Ijevan policlinics colposcopes were used by gynecologists (part time district/MOT staff) out of MOT hours.

Challenges and Lessons learned: The overall use of spirometer and colposcopes during outreach visits was lower than expected. MOT experience shows that population coverage (spirometry) and practicability of equipment use during outreach visits (colposcopy) shall be better considered while planning the scope of future projects' activities. WV approach to hand over underutilized equipment to PHC facilities for temporary use was a good solution that allowed increased utilization of equipment by PHC institutions.

Table 3 : Distribution of basic medical equipment per district4:

Marz	Region	Child Tonometer	Adult Tonometer	Maklakov Tonometer	Oto/ ophthalmoscope	Thermometer Digital	Neurological Hammer
Tavush							
	Ijevan	6	5	10	12	3	2
	Berd	4	4	5	8	8	3
Lori							
	Stepanavan	10	7	7	7	7	5
	Tashir	8	5	5	8	7	4
Gegharkunik							
	Tchambarak	1	2		1	1	
	Vardenis	3	5	4	5	6	2
Syunik							
	Sisian	3	4	3	3	1	1
	Goris	1	1	1	1	1	1
	Kapan	5	4	4	5	5	3
Total		41	37	39	50	39	21

Table 4 The number of medical examinations performed per district using MOT equipment, 2008-2009

Examinations	Tavush	Vardenis	Kapan	Total
ECG	931	12	559	1502
Ultrasound	2078	182	820	3080
Spirometry	909	0	9	918
Colposcopy	202	13	88	303

MOT assets handover process to PHC facilities in marzes.

To provide sustainability of MOT project and reinforce the established cooperation with the RA government World Vision Armenia handed over the assets of the Medical Outreach Project to Tavush, Lori, Gegharkunik, and Syunik marzes of Armenia. The MOT assets will support the provision of quality Primary Health Care services in the marzes to continue serving the population in remote communities. Official ceremony of the MOT project close-out and signing of MOU assets hand-over took place on December 10, 2008 at the Congress hotel with participation of the United States Ambassador, Deputy

⁴ Please refer to Annex 1.1.A. Basic Medical Equipment for details

Minister of Health, and Marz governors' representatives. During the ceremony four MOUs were signed between WVA and Marz governors' representatives for continued cooperation in the provision of PHC services and effective utilization of MOT assets.

Handover plan and schedule were agreed with WV US, USAID, and the MOH. WV Armenia in full collaboration with USAID and the MOH has utilized a transparent and participatory approach for handing over the MOT assets to PHC facilities in marzes.

In four marzes, the Regional Working Group (RWG) meetings on MOT asset allocations were conducted with district doctors, and the heads of PHC facilities, heads of Health and Social Protection Departments, governors and deputy governors. During the RWGs, the handover plan and schedule as well as conditions for MOT assets allocation to local health facilities was discussed and agreed with local authorities. The final decision on the MOT assets allocation was done by marzes authorities and provided in writing by special order of marzes representatives. Inventory list for each ADP was finalized, and WVA signed donation contracts with each recipient health facility.

Activity 1.2 Application of standardized protocols and guidelines according to MoH approved protocols is introduced to and promoted within district health care facilities

WV cooperated with local health care structures to promote compliance of district medical staff's service provision to the national guidelines. This activity includes provision of technical assistance to local health managers, providing information on standard protocols and guidelines and conducting routine quality assurance tests and measurement of compliance to standard protocols. Measurement of compliance to protocols was done using the established health information system, which is filled in on a daily basis having as original source the encounter forms filled by health care providers following each consultation. Analyzed data was shared with the health care providers and health authorities on quarterly basis.

During various training sessions district health care providers were informed about national protocols and guidelines related to screening, management of diseases. Also WV provided district health care facilities with copies of protocols, guidelines, medical literature and medical journals on regular bases. Guidelines for MOT instruments sterilization and maintenance guidelines were developed by MOT team based on WHO recommendations and national decrees.

To establish medical libraries at district health facilities, ten types of handbooks were purchased and distributed in ADPs. Various guidebooks were obtained from partner organizations UNFPA, Armenian Medical Association, Armenian Association of Pediatrics, NOVA and PHCR projects including six types of "Guidebook on antenatal care", several methodological manuals including "Angina pectoris", "Primary prevention of brain stroke", "Osteoarthritis", "Colorectal Cancer", three volumes of methodological manual for pediatricians and family doctors provided detailed guideline on child screening, time-table and standard operating procedures on screenings, as well as protocols of management of most common health deviations in children. WV subscribed for medical periodicals to distribute to district health facilities.

Within the scope of the MOT project activities, WV Armenia health department initiated and supported publication of 2 pediatric bulletins by Armenian Association of Pediatrics (AAP) for pediatricians and other physicians in Armenia who have limited access to up-to-date information on contemporary tendencies in diagnostic, management, treatment, and prophylactics of pediatric diseases. The bulletins provided literature review from articles posted on recognized websites on the selected topics that would help doctors in Armenia to maintain sufficient knowledge in different areas of pediatrics, and significantly contribute to increased quality of their work with children in remote communities of Armenia. This idea was greatly appreciated by USAID Armenia and the Ministry of Health, as a new creative approach to maintain quality of health services provided to children. The topics in the bulletin were «Thymus», «Management of bronchiolitis», «Guide of management to anaphylaxis», «Croup», «Pneumonia» and «Sudden infant death syndrome». One thousands copies of bulletins of each were published and distributed among the health care providers of ADP communities, MOH, and Armenian Association of Pediatricians.

WV provided technical assistance to local health managers, conducting routine measurement of the quality of care and compliance to protocols. Measurement of quality of care was performed through analysis of

HIS database according to quality of care indicators. Also observations of consultations during HCPs outreach visits to communities were performed regularly by WV staff during monitoring visits.

The MOT Coordinators periodically met with local district doctors, and discussed their performance during outreach visits (provision of screening, use of MOT equipment, fill-in encounter forms). During these meetings MOT health coordinators revealed problems in provision of services, reviewed performance against standards of quality service provision, advised on new treatment protocols and guidelines. Eighty district doctors who participated in MOT joint visits become very much familiar with the requirements and filled in standard forms with no difficulties. The results of analysis of quality of care were distributed to and discussed with health care providers involved in outreach visits and to local health authorities and obstacles affecting the quality of care were outlined. The purpose of information sharing was to provide a feedback on performance at site level compared to the other locations, as well as to give an idea how the data filled are used, and to explore possible ways to improve the quality of care. Particularly discussions of doctors' performance were around utilization of equipment, screening, disease management, counseling and health education of patients, medical records.

Table 5. Medical literature procured for medical Libraries of district health facilities, 2006

Medical literature	#
Policlinic Gynecology	10
Guidebook for general practitioners (2 Vol)	10
Emergency cases in children	10
Guidebook on Neurology	10
ECG reading and interpretation	10
Full guidebook of Urologist	4
Nephrology	5
Clinical Diagnostic	10

Table 6. The list of medical periodicals, 2006

Medical Journals	#
"Obstetrics and Gynecology"	3
"Current issues in gynecology, obstetrics and perinatology"	3
"Current issues in pediatrics"	3
"Cardiovascular therapy and prevention"	3
"Journal of Neurology"	3
"Problems in endocrinology"	3
"Russian journal of pediatrics"	3
"Infectious diseases"	3
"Russian medical journal"	3

WV Armenia supported implementation of the National Health System reforms through assistance provided to USAID PHCR project with establishment of Open Enrolment (OE) initiative at district level.

Open Enrolment is one of the key elements of health system reforms, which gives a right to patients to choose PHC provider at their own discretion. As part of this initiative, on October 9-10/2007, six MOT clerical assistants participated in 2-day training on the management of Open Enrolment Health Information System database. After the training clerical assistants supported entering OE data in the district health facilities, trained district staff on how to operate the database, as well as shared their experience on this process among the district health facility operators. Also, to support open enrolment process 1,000 booklets of "Frequently asked questions" provided by PHCR were distributed in MOT targeted communities. Seven sets of computer equipment were distributed to Vardenis, Chambarak, Ijevan, Berd, Kapan, Tashir and Stepanavan policlinic and Ijevan MCH center.

Activity 1.3. Improve health information system through standardized registration and data collection forms, computer databases for data entry and centralized analysis are introduced

During the first year of project implementation WV program staff contacted the Ministry of Health (MoH), PADCO, UNICEF, the Armenian Association of Pediatricians and obtained the already approved locally used medical registration and data collection forms. World Vision Armenia ordered 20,000 of Child Medical Cards developed by the Armenian Association of Pediatricians and recommended by the MoH. These charts provided guidance for the screening/immunization timetable, monitoring of growth and development, etc. Forms developed by the USAID-funded Armenian Social Transition Program (ASTP) were slightly adapted for use with adult patients, tested during the first two months of program

implementation, and then 31,000 were printed and distributed to health care facilities. Monitoring of the application of those forms was performed on a regular basis.

WV gained significant experience in data collection, entry and analysis, interpretation of results as well as in using the data for Continuous Quality Improvement (CQI), monitoring, evaluation, reporting and informed planning. In the scope of the MOT project Health Information System database (HIS) was developed for monitoring the quality of consultations provided by MOT and district health care providers (HCP), surveillance of population morbidity to assess program impact and make informed planning, for provision of feedback to field staff and prepare reports to health authorities. The information unit was the patient encounter form (form 112) filled by more than 70 district HCPs following each consultation. Clerical assistants entered the information into computer database on a daily basis at ADP offices. Errors were checked through and corrected by health coordinators on a monthly basis. The following data was collected: background information, characteristics of patient and consultation, diagnosis, and disposition during the visits (tests, examinations, prescriptions, counseling). The system was in local language, with the user-friendly check box and multiple-choice drop-down menu being used for data entry. This E-HIS provided an easy opportunity for generating both basic and rather complex data analysis and reports. Overall during the program implementation over 90,000 consultations were entered into the computer database. Indicators were developed to measure the quality of provided care focused on screening rate, counseling rate, rational use of antibiotics, use of oral dehydration salts in case of diarrhea, compliance with the national protocols. These were tracked over the time per doctor or per site with comprehensive feedback regularly provided to the implementing staff, significantly enhancing the quality of care provided by district HCPs. For example, the frequency of family planning counseling during PHC consultations increased 2 times and that of safe sex counseling 1.8 times. There was reduction of irrational drug use with the rate of antibiotics use in case of URTI reduced from 52% to 34% compared to baseline data.

The WV health database provides the largest information on health status of population in Armenia and is compatible to that of the MOH database, which is planned to be fully operational in 2009-2010. Therefore, WV prepared a platform for a smooth transition of MOT targeted health facilities to the State database.

Compliance with the national protocols on blood pressure measurement, Pap-smear examination, as well as doctor counseling during MOT visits was observed during adult consultations (please refer to MOT implementation progress table). Also, the table below outlines the number of pap-smear examinations taken per MOT site. The tests reported from Kapan are performed solely at Kapan town women's consultation center. The Ijevan MOT laboratory doctor performed pap-smears testing for Ijevan, and Berd MOT laboratory doctor for Berd. Four district cytologists were trained on Pap-smear testing techniques and results interpretation in Armenian-American Wellness Center, the USAID implementing partner. Pap-smear testing in Kapan, Goris, and Sisian regions was performed by trained Kapan and Goris health centers' cytologists. Pap-smear testing in Vardenis was provided by Vardenis policlinic cytologist.

The aforementioned means that MOT project has built significant and sufficient human capacity at district level HC facilities for continuous provision of Pap-smear testing after the project phase out, which greatly contributes to sustainability of the achieved results. WV's work on promotion and putting in practice Pap-smear testing at district level was greatly appreciated by the MOH point persons, who periodically mentioned WV's achievements during meetings with country partners.

Table 7 Number of Pap-smear tests

Region	2005	2006	2007-2009
Syunik (Sisian-Kapan)	58	583	285
Tavush (Ijevan-Berd)			923
Lori 2 (Step.-Tashir)			303
Gegharkunik 2			457
Grand Total:	58	583	1,968

Challenges: there is still no clarity with introduction of MIDASS II (State HIS) into PHC system.

WV's HIS system has been transferred to PHC facilities, to be used as a source of data for analysis of health situation in respective catchment areas and to make informed decisions by HC providers. Promotion of practical day-to-day application of WV HIS by district PHC providers was not recommended by USAID, as it may come to contradiction with similar activity of USAID PHCR project plans to synchronize PHCR developed OE system (clients registration database) with PHCR clients records system, the development of which is in process. WV health manager discussed the possibility of MOT health data transfer into PHCR clients' records system, which is subject to compatibility of both databases. When development of PHCR clients' records system is completed, WV will approach PHCR with this initiative once again.

Activity I.4. MOT outreach visits are conducted in 123 communities with the engagement of local district doctors

This activity was aimed at providing PHC services to 123 project target villages by paying regular MOT visits (mainly on a monthly basis), with gradual phasing out by the end of the project. In exceptional cases home visits were provided as well. Consultations provided by district doctors were focused on primary disease prevention: health check-up, screening and management of common illnesses at the primary care level and ensure effective referrals to the secondary level. In addition, MOT doctors provided counseling on nutrition, family planning, healthy lifestyle, safe sex and distributed public health informational material on related topics. Continuous engagement of local doctors into provision of outreach services with support of WV was the most significant success of the project.

WVA approach to involve district level HC providers into provision of MOT services was successful. By the end of the project Kapan, Sisian, and Tavush medical outreach teams did not have people contracted from Yerevan; Stepanavan teams had only one gynecologist from Yerevan, and only Gegharkunik teams have had one Pediatrician, one gynecologist and two ultrasound specialists from Yerevan. During the project implementation, 8 MOTs paid **4,351** outreach visits to 123 targeted communities and conducted 95,889 medical consultations. On average, each team provided 21 consultations per day. The average percentage of cancelled visits did not exceed 3 %.

Table 8 MOT Outreach visits

MOT	Number of Visits	Total Number of Consultations	Average Consultations per day	District physicians participated in joint visits
Sisian	662	13,415	20	7
Kapan	558	7,842	14	6
Tavush/ Ijevan	567	8,860	16	13
Tavush/ Berd	536	8,868	16	14
Lori 2 MOTs	1,221	28,092	22	25
Gegharkunik/ 2	807	28,812	34	7
Grand Total:	4,351	95,889	21	72

Table 9 Progress Indicators

PROGRESS INDICATORS	GEGHARKUNIK	LORI	SISIAN	KAPAN	TAVUSH	TOTAL
# of Health Check-up visits *	142 (15%)	283 (30%)	211 (64%)	36 (23%)	179 (43%)	851 (31%)
# of Home Visits *	5 0,3%	41 (4%)	0 0,0%	0 (%)	1 0,2%	47 (2%)
# of Referred Patients *	169 (18%)	28 (3%)	15 (5%)	18 (11%)	21 5,02%	251 (9%)
# of Antenatal Visits	113	14	28	1	39	195
Proportion of Male/Female	195 751	278 652	58 271	44 116	108 310	683 2100
PHC Consultations	9655	7943	562	2837	1643	22640
Total # of MOT consultations	946	930	329	160	418	2783

*Percentage is calculated out of the actual total number of MOT consultations

Total number of health check-up visits is 851, which is 31% of overall number of consultations. Home visits represented about 0-4% of all visits in all regions, which is considered to be a low rate. Percentage of patients referred for specialized, secondary level care (*specialists at district level health care facilities*) varied from 3 % in Lori to 18 % in Gegharkunik. Average referral rate equals 9% out of all consultations provided, which is considered a normal referral rate. During MOT visits the doctors provided a wide scope of health screenings, and thus limited inappropriate referrals to specialists.

Prevention of diseases is the major focus of MOT activities and Primary Health Care in general. MOT project promoted and supported local primary health facilities to carry out all routine screening in adults and children identified by Armenian national protocols. World Vision Armenia promoted Pap smear testing in MOT targeted communities. WVA became the first international organization that developed a comprehensive approach to tackle cervical cancer among Armenian women and works with the primary healthcare providers. The activities included:

- Training of two cytologist to carry out Pap-smear staining and microscopy
- Training of eight gynecologists to take samples for Pap-smear and follow-up
- Training of 63 rural nurses on cervical cancer prevention and counselling
- Provision of supplies and materials to carry out Pap-smear testing
- External quality control of Pap-smear examination and staining
- Public health education

Since the beginning of the program over 2600 Pap-smear examinations were carried out. They helped to identify two cases of “cancer in situ”, which were successfully operated. Some 100 women were diagnosed with cervical dysplasia in different stages of development and underwent treatment in case of need. “The result of program will be more tangible in 10-15 years, when the incidence of cervical cancer in Armenia is reduced, as I happened in many Western countries”, said Vardanyan Laura, MOT gynecologist. Pap-smear examinations are relatively new in Armenia, and there are still a number of problems to be solved at different levels – professional and organizational – before Pap-smear becomes a general practice.

Challenges: were mainly related to availability of PHC providers in districts, weather conditions and accessibility of rural communities in winter time, reorganization of health care provision, low commitment of PHC providers, absence of electricity and water, elections.

Activity 1.5 46,000 patient records are maintained in local health posts.

According to the national regulations, patient medical charts should be kept at PHC institutions (community health posts or policlinics) and shall be made available to patients when requested. Patient medical cards (form 112, child/adult charts) are used to register and monitor child growth and development, and to maintain adults’ health records. It was developed by the lead pediatricians of “Armenian Association of Professional Pediatricians” (AAPP) based on internationally accepted standards. WV provided all community HC facilities (health posts and ambulatories) with 51,000 copies of medical charts (31,000 adult charts and 20,000 child charts), and patient records continued to be registered in medical charts, which were kept in the local health posts, as required. It was complemented by provision of shelving to health posts/ambulatories for appropriate storage. MOT and district HC providers were trained by AAPP and/or received training from trained peers to properly fill these charts. Monitoring of filling of charts was carried out periodically.

Outcome 2: Build capacities of MOT communities, raise their awareness on public health-related issues, and promote community participation in self-education, health financing schemes and overall self-empowerment.

Continuous capacity building of community population of remote villages in addressing different issues of public health importance was one of the most significant and complex components of the project. The country major stakeholders, including the MOH, USAID, and district level health authorities and practitioners, have repeatedly mentioned that WV’s approach for long term community based public health programming, including through the MOT project, is unique in many aspects, and brings significant change in community perceptions, knowledge, attitude and positive behavioral changes.

The primary role of CAGs in this project was to find support mechanisms for sustainable development of their communities that could positively influence people's health-related issues. World Vision has committed itself to long-term development programs supported by non-federal funds that are being implemented and monitored in partnership with CAGs. WV's sub-grantee, STC cooperated with similar structures dealing with health care issues. The objective of the MOT project was increased participation of communities through CAGs, creating sense of ownership of programs within communities.

The MOT project has significantly contributed into community engagement, mobilization and participation in addressing health related issues. Community health foundations established under the MOT project continue operating in marzes, and implement revolving drugs funds scheme (health self-finance scheme). The MOT evaluation revealed the importance that community people give to continuous operation of such schemes.

Community Action groups, comprised of community active parents and led by village nurses, have been established to push forward long-term village development programs. Health CAGs played significant roles into identification of health related issues existing in communities and barriers to overcome them, determination of actions to be taken, and establishment of monitoring and feedback system to ensure quality of PHC provision in their villages. The CAG members received training to build understanding of their role in community development process, in improved provision of health care, knowledge, individual and group practices on counselling and prevention of diseases. For a greater impact on the health status of communities, the MOT visits needed to be complemented with strong health supporting environment at the village level, which includes increased knowledge, changed attitude toward community health issues and improved health seeking behavior practices of community population.

Quality educational material developed during the MOT implementation were highly appreciated by community population, the MOH and partners, and were used to provide ToTs and peer education sessions in communities. WV received numerous requests to provide additional copies of educational materials, including for WV ADPs where MOT was not implemented, as well as many partners have continuously placed requests for MOT materials for distribution in their projects' implementation sites.

WV used the approach to involve communities and major stakeholders into development of educational materials. The most significant contribution was done by USAID NOVA project, Children of Armenia Foundation (CoAF), the MOH and WV MCHN specialists who provided significant input into development of both technically sound and reader friendly contents of the books.

WV used different types and formats of educational materials, i.e. books, booklets, leaflets, posters, radio broadcasting, to target different population groups in target areas. The MOT materials remain in high demand by communities, and have been reprinted by WV ADPs after the completion of the MOT during the current fiscal year, and planned for reprinting in the next fiscal year. Publication of educational materials has also contributed into maintaining of visibility of WV and USAID at country level, as well as some materials have been taken by the MOH point persons for international events where the role of WV, USAID and the MOH in promotion of public health approaches (i.e. promotion of Pap-smear testing in Armenia) was highly appreciated.

WV Armenia adopted comprehensive approach towards public health education, which included conventional health counseling during the consultations at clinical settings, development and distribution of health education materials, as well as peer education through the network of community health volunteers.

These were active people selected from communities that were interested in learning and sharing gained knowledge with their peers. CHVs attended training sessions on quarterly basis, received health education materials and later-on disseminated the acquired knowledge among community members through formal and non-formal talks and sessions. Currently, the network of CHV supported by WVA includes over 420 throughout 123 communities in Lori, Gegharkunik, Tavush and Syunik marzes. The ToT topics were selected to focus on WV main pillars: Child Health and Development, Maternal Health, HIV and AIDS prevention, Protection of Health related rights and access to quality PHC care.

Partners Role:

In 1999, a team of professionals within Oxfam (GB) Armenia Branch evolved into "Support to Communities" (STC) local NGO. Oxfam GB handed-over the implementation of its Primary Health Care and Revolving Drug Fund programs, retaining its role as a technical advisor, senior partner and main donor. STC inherited Oxfam's approaches, attitudes and operational models in addressing public health and PHC issues. The scope of STC projects' activities included establishment of Revolving Drug Funds- health self financing schemes, renovation of community PHC facilities, internal and external water sanitation cisterns

repair, provision of equipment and medical furniture, capacity building of community population. At the initial stage of the MOT project, the role of STC was to setting up and establishing the Ruffs which included setting up, sensitization and capacity building of community health committees to run the community RDFs, and ensuring operation of those- registration, monitoring of payments and distribution of drugs to each RDF, renovation and refurbishment of 36 health posts. WV supported increased organizational capacity of STC through establishment of offices in Lori, Gegharkunik and Tavush marzes, procurement of vehicles, office furniture and equipment, and provision of orientation on programmatic and financial reporting standards for USAID funded programs, procurement of seed stock of essential pharmaceutical that were regularly replenished for continuous operations of RDFs.

At the initial state STC played a very significant role in community mobilization and sensitization in addressing community health issues so provision of the MOT regular visits could have been complemented by the increase capacity of community people and basic health care structures. This included introduction of the project, formation of community active groups where they have not been formed yet, introduction of and RDF schemes, renovation of community PHC facilities. Starting from the third year of MOT implementation, the STC RDFs expanded into Community Health Care Foundations.

Activity 2.1 Community Action Groups (CAGs) are strengthened in all communities

World Vision has long term development programs supported by non-federal funds that are being implemented and monitored in partnership with Community Action Groups (CAG). STC cooperates with similar structures dealing with Health Care issues only. The concept of creating one Community Action Group (CAG) with a subgroup dealing with health issues was applied to the MOT selected communities in order to achieve better coordination and improved efficiency of various project activities. This was also made it possible for WV and STC to join their efforts aimed at community mobilization. The primary role of CAGs in this project was to find additional support mechanisms for sustainable development of the communities that could positively influence people's health related issues.

Activity 2.2 Community Health Funds established in 62 communities

The main Goal of the activity is to provide access to and quality of community based primary health care services of compact communities from distant poverty stricken villages in Lori, Tavush, Syunik and Gegharqunik marzes through establishment of sustainable community-based Health Care Foundation and elements of social solidarity protecting of the most vulnerable in communities.

During the Project Implementation the following activities have been successfully completed:

A. Community Based Revolving Drug Fund Schemes

1. Recruitment of the Regional Organizer based in Stepanavn, Lori marz, Vardenis – Gegharqunik, Ijevan – Tavush and Kapan - Syunik were conducted.
2. Offices were set up and equipped in Stepanavan, Vardenis and Ijevan.
3. Three four wheel drive vehicles (NIVA 4x4) were purchased. Procurement was done according to the organization's procedures and regulations. The vehicles were transferred to Lori, Tavush and Gegharqunik marzes, to organize weekly / monthly monitoring visits to the project sites.
4. Meetings and arrangements with all project communities, village authorities and district health authorities were conducted. Dissemination of information concerning the Revolving Drug Fund (RDF) schemes, the regulations and terms of the project were presented to the communities by a series of meetings as well as information booklets with answers to the most common questions asked by the communities. Booklets were developed during the project implementation period and approximately 2000 copies were printed and distributed. In the number of villages the film "When people belief" was demonstrated, aiming to show village people the outcomes of RDF program in other marzes of Armenia (Vayots Dzor and Syunik). The film was developed with close cooperation of Oxfam GB, which is one of the main partners of STC, dealing in the PHC field.
5. Community Health Committees (CHC) were elected in all 62 communities with the involvement of health provider, village chairman, treasurer, 2-3 independent observers, to manage the fund as well as take a lead on village health issues. Out of 62 CHC's, 14 are in Gegharqunik region, 14 are in

Tavush region, 24 are in Syunik region (15 are established under this project) and 10 in Lori region.

6. Seed stock of drugs were purchased and distributed to project villages on quarterly basis.
7. A series of project management and leadership training (four trainings in each region) for the CHCs have been organized.
8. Contract of co-operation was signed with the regional health authorities / Polyclinics.
9. Six-day training for the nurses of CHCs in all 62 project sites has been conducted in 2004 and 2005. Trainings were conducted with the close cooperation of the National Institute of Health. All participants after the completion have received the certificate of attendance.
10. The elected treasurers from the communities initiated household visits to promote participation in RDFs and collect the donations from community members. The sum agreed with the communities is 2,000 AMD per family per quarter. The contributions are recorded in a book and signed by the contributor. The donations are transferred to Northern Health Care Foundation. The record lists of contributions are attached to the medical posts to ensure transparency. The community itself has selected the list of the most vulnerable families, up to 10% of direct beneficiaries, which are being exempted from contribution though having free access to the drugs and services.
11. Monitoring of drugs prescriptions to the patients / beneficiaries has been conducted in regular basis, including by WVA health staff, according to the monitoring plan set up by STC field offices. Regional organizers visited villages two times in a quarter and conducted monitoring of drugs availability, prescriptions, donations made by the program beneficiaries, record keeping of drug stock management, referral for inpatient treatment, meetings with the CHCs. Average participation rate in contribution to Northern Health Care Foundation please see below.

Quarter / Period	Participation of Community
Winter 2005-2006	19%
Spring 2006	14%
Summer 2006	15%
Autumn 2006	11%
Winter 2006-2007	8%
Spring 2007	11%
Summer 2007	9%
Autumn 2007	9%
Winter 2007-2008	8%
Spring 2008	7%
Summer 2008	6%
Autumn 2008	8%

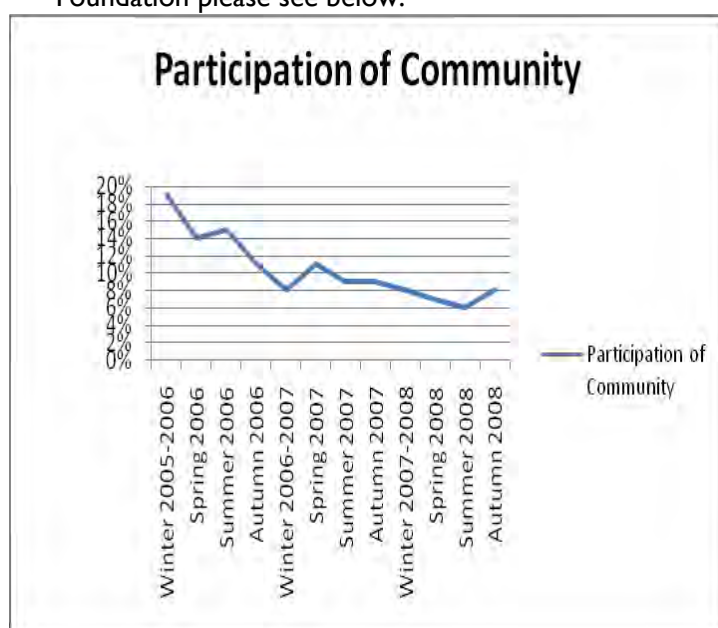


Table 10. The List of Villages Included in the Project

	Syunik Marz	Number of Families	Total Number of Beneficiary families
1	N. Khotanan	37	21
2	Shikahogh	70	29
3	Arajadzor	70	24
4	Payahan	48	41
5	Antarashat	53	34
6	Tsav / Shishkert	111	35
7	V. Gjodaklu	34	23
8	Yegheg	42	21

9	Okhtar	37	23
10	Srashen	35	34
11	N. Hand	38	25
12	Tandzaver	60	38
13	Vaghatin	136	79
14	Sarnakunq	110	68
15	Harjis	143	104
16	Ishkhanasar	51	35
17	Shenatagh	97	30
18	Lor	143	56
19	Getatakh	43	12
20	Ltsen	49	38
21	Mutsk	62	50
22	Shakat	206	128
23	Balak	37	37
24	Goraik	112	82
25	Kornidzor	215	74
	TOTAL	2039	1141
	Tavush Marz		
1	Aghavnavank	108	60
2	Ditavan	92	45
3	Khachardzan	85	42
4	Barekamavan	142	57
5	Berkaber	125	56
6	Kirants	76	39
7	Sari Gyugh	159	89
8	Choratan	203	80
9	Movses	443	89
10	Norashen	349	117
11	Aygepar	121	44
12	Navur	197	61
13	Itsakar	70	32
14	Chinchin	155	51
15	Aygut	250	188
16	Kalavan	95	74
17	N. Tsakhkavan	180	27
	TOTAL	2850	1151
	Lori Marz		
1	Artsni	74	63
2	Meghvahovit	56	33
3	Saratovka	125	132
4	Mikhailovka	257	110
5	Norashen	404	237
6	Sarchapet	487	314
7	Blagodarnoye	63	58
8	Petrovka	56	48
9	Katnarat	235	98
10	Dzoranut	90	55
	TOTAL	1791	1148
	Gegharqunik Marz		
1	Jil	165	83
2	Azat	62	52
3	Tretuk	78	51

4	Ayrq	68	75
5	Kutakan	80	56
6	Sotq	270	134
7	Pambak	150	81
8	Artanish	196	94
9	Kut	98	64
10	Tsapatagh	106	58
11	Kakhakn	170	50
12	Arbunq	143	69
13	Daranak	70	38
14	Avazan	85	20
15	Torfavan	130	41
16	Norakert	200	57
17	Shatgrek	120	29
	TOTAL	2191	1052
	GRAND TOTAL	8871	4492

B. Creation of 'Northern Health Care Foundation' NHCF

The establishment of Northern Health Care Foundation ensured the sustainability component of the project.

1. Negotiation meetings have been conducted with Regional health authorities, for the setting up the foundation and registration.
2. Meetings with the village authorities and village health committees for the establishment of the foundation have been completed. In all 40 villages in Lori, Tavush and Gegharqunik foundation establishment meetings have been conducted. All project villages have supported the idea of establishment of health care foundation.
3. First meeting of the members of board of trustees of foundation has been held in May 2, 2006 in STC Stepanavan field office.
4. All necessary documents have been compiled and submitted to the State Agency of Registration. Registration of the foundation has been done successfully. It was registered at the State Central Registry on June 28, 2006.

C. Upgrading of the Health Posts

The physical upgrading or rehabilitation of the health posts including minor repairs, furnishing, and provision of safe drinking water/sanitation to facilities, which serve as the village health centre, reinforced the village health insurance scheme. This was complemented by provision of basic medical equipment (oto-ophthalmoscope, neurological hummer, blood pressure machine, Maklakov eye-pressure tool, thermometers) by WV.

In the project implementation period the following activities have been implemented:

1. Meetings and consultations with the health workers, village authorities and the community in all villages have been conducted.
2. Baseline survey of village health infrastructure is done.
3. Selection of a designing company and the design and cost estimate of renovation and provision of water/sanitation facilities have been done.
4. Bidding was conducted for the selection of construction companies to implement the renovation works in project sites.

- Renovation and refurbishment of more than 36 health units have been completed during 2004-2005. Renovated health posts were provided with office furniture, basic medical equipment and tools as well as basic drugs were supplied on quarterly basis, considering community needs.

D. "Inpatient treatment project" (ITP Initiative)

In order to support the patients, through subsidizing the cost for hospital - inpatient treatment as well as to assist in building capacity of new created Northern Health Care Foundation, WV and STC came up with the following chain of activities:

- Assessment of beneficiaries at community level was done by MOT doctors and community nurses.. The list includes all cases which need to be treated in hospital
- Initial Short listing of the cases was conducted by WV and STC regional staff. The list included only cases that are not covered by the state basic benefits package (BBP). For other cases WV and STC promoted and ensured that these cases receive the appropriate treatment free of charge at the secondary or tertiary level of care.
- Creation of minimum standards and requirements for final short listing of target beneficiaries has been completed.
- Final identification and approval of the list of patients who will be treated in hospitals. This was done in participatory manner, with involvement of WV, STC and NHCF's village health committees.
- Meetings and negotiations with local hospitals for the organization of treatment of beneficiaries have been done. Regional relevant hospitals submitted price lists for the treatments of diseases, which are not covered by the state Basic Benefits Package.
- Treatment activities started in October 2006.
- Follow up and monitoring of each case were registered, filed and reported to donors as appropriate.

WV has subsidized up to 50% of the treatment fee, NHCF and SHCF up to 25%, and the patient covered the remained cost of treatment. The maximum contribution per case by WV and health care foundations was not more than 75.000 AMD (about 250.00 USD)

Table II. The list of patients treated, communities, and treatment cost.

N	Beneficiary Name	Village	Referred to the hospital in	Treatment Cost covered by WV, SHCF & NHCF	Comments / Date of completion
	Gegharqunik				
1	Shushan Muradyan	Tretuk	Martuni	37500	Completed, 30.07.07
2	Hrachia Saghatelyan	Ayrk	Martuni	52500	Completed, 26.06.07
3	Alesha Galstyan	Kut	Martuni	52500	Completed, 27.03.07
4	Kostan Mkrtchyan	Kutakan	Martuni	45000	Completed, 27.04.07
5	Svetlana Mnacakanyan	Kutakan	Martuni	75000	Completed, 01.04.07
6	Aharon Hovhannisyanyan	Arbunk	Martuni	52500	Completed, 14.06.07
7	Mikael Petrosyan	Arbunk	Martuni	52500	Completed, 17.07.07
8	Ruzanna Mamikonyan	Tsovak	Martuni	75000	Completed, 29.06.07
9	Ishkhanuhi Muradyan	Tretuk	Martuni	37500	Completed, 30.07.07
10	Armine Mkrtchyan	Kutakan	Martuni	37500	Completed, 30.07.07
11	Melanya Nazaryan	Kutakan	Martuni	37500	Completed, 26.11.07
12	Mkhitar Aghababyan	Kakhakn	Martuni	37500	Completed, 07.12.07
13	Martiros Martirosyan	Kakhakn	Martuni	37500	Completed, 07.12.07
14	Alvina Ananyan	Kut	Martuni	75000	Completed, 10.12.07
15	Movses Vardanyan	Kut	Martuni	52500	Completed, 30.09.08
			Total:	757500 AMD	
	Syunik				
1	Anush Davtyan	V. Khotanan	Kapan	23000	Completed, 07.03.07

2	Norik Poghosyan	V. Khotanan	Kapan	57000	Completed, 13.03.07
3	Anush Mirzoyan	Payahan	Kapan	57000	Completed, 20.03.07
4	Svetlana Tevatrosyan	Payahan	Kapan	57000	Completed, 23.03.07
5	Anahit Margaryan	Goraik	Sisian	50400	Completed, 25.04.07
6	Armine Danielyan	Angeghakot	Yerevan	63000	Completed, 22.12.07
7	Serob Avagyan	Angeghakot	Yerevan	75000	Completed, 12.05.08
			Total:	382400 AMD	
	Tavush				
1	Karine Voskanyan	Ditavan	Ijevan	75000	Completed, 22.03.07
2	Hrach Harutyunyan	Navur	Ijevan	37500	Completed, 22.02.07
3	Andranik Malkhasyan	Aghavnavank	Ijevan	37500	Completed, 22.02.07
4	Gor Khalafyan	Khachardzan	Ijevan	52500	Completed, 22.03.07
5	Grigor Poghosyan	Khachardzan	Ijevan	52500	Completed, 25.04.07
6	Borik Kalantaryan	Choratan	Berd	52500	Completed, 10.05.07
7	Vaghinak Sargsyan	Navur	Berd	52500	Completed, 02.06.07
8	Tatevik Khachatryan	Aygut	Yerevan	75000	Completed, 16.07.07
9	Hasmik Amirkhanyan	Sarigyugh	Ijevan	37500	Completed, 11.10.07
10	Garik Amirkhanyan	Sarigyugh	Ijevan	37500	Completed, 11.10.07
11	Marianna Asatryan	Sarigyugh	Ijevan	37500	Completed, 11.10.07
12	Carolina Mariam Asatryan	Sarigyugh	Ijevan	37500	Completed, 11.10.07
13	Marietta Ghazaryan	Sarigyugh	Yerevan	63750	Completed, 11.02.08
14	Hovhannes Harutyunyan	Aghavnavank	Ijevan	37500	Completed, 13.10.07
15	Alexander Harutyunyan	Aghavnavank	Ijevan	37500	Completed, 13.10.07
16	Hamayak Sargsyan	Ditavan	Ijevan	52500	Completed, 04.02.08
17	Ofelia Manukyan	Aygut	Ijevan	52500	Completed, 04.02.08
18	Armine Kalantaryan	Choratan	Berd	52500	Completed, 29.01.08
19	Rima Hovhannisysn	Aygut	Ijevan	37500	Completed, 03.07.08
20	Anya Hayriyan	Aygut	Ijevan	37500	Completed, 03.07.08
21	Gayane Mkrtumyan	Aygut	Ijevan	37500	Completed, 03.07.08
22	Karine Voskanyan	Ditavan	Ijevan	75000	Completed, 03.07.08
23	Liana Davtyan	Kiranc	Ijevan	52500	Completed, 30.07.08
24	Adam Elaryan	Sarigyugh	Ijevan	52500	Completed, 30.09.08
25	Gevorg Tadevosyan	Sarigyugh	Yerevan	75000	Completed, 30.09.08
			Total:	1248750 AMD	
	Lori				
1	Levon Barseghyan	Saratovka	Tashir	48750	Completed, 15.03.07
2	Arevik Davtyan	Sarchapet	Tashir	48750	Completed, 09.07.07
3	Jorik Muradyan	Saratovka	Tashir	48750	Completed, 29.05.07
4	Lena Nanyan	Meghvahovit	Tashir	52500	Completed, 27.02.07
5	Garik Mikaelyan	Dzoranut	Tashir	18750	Completed, 30.03.07
6	Tamara Vardanyan	Sarchapet	Tashir	52500	Completed, 26.03.07
7	Svetlana Ghazaryan	Mikhailovka	Tashir	37500	Completed, 12.04.07
8	Gayane Khachatryan	Norashen	Tashir	37500	Completed, 08.04.07
9	Serjik Antonyan	Saratovka	Tashir	48750	Completed, 04.05.07
10	Greta Davoyan	Blagodarnoye	Tashir	52500	Completed, 17.04.07
11	Alexan Marikyan	Saratovka	Yerevan	75000	Completed, 05.12.07
12	Siranush Muradyan	Saratovka	Tashir	48750	Completed, 04.12.07
13	Arevik Ignatyan	Saratovka	Tashir	48750	Completed, 11.12.07
14	Electra Adamyan	Dzoranut	Tashir	48750	Completed, 20.12.07
15	Yeghsan Dilbaryan	Mikhailovka	Tashir	37500	Completed, 5.02.08
16	Amalia Sargsyan	Mikhailovka	Tashir	48750	Completed, 14.01.08
17	Aida Arakelyan	Blagodarnoye	Yerevan	75000	Completed, 10.03.08
18	Vladimir Makunts	Mikhailovka	Tashir	37500	Completed, 06.03.08

19	Roza Vilityan	Saratovka	Tashir	37500	Completed, 08.05.08
20	Liza Avetisyan	Saratovka	Tashir	48750	Completed, 24.06.08
			Total:	952500 AMD	

In total, treatment of 67 people was completed successfully, out of which; Tavush – 25 people, Lori – 20 people, Gegharqunik – 15 people, Syunik – 7 people.

Project Monitoring & Evaluation

Internally the project was monitored on a weekly basis through monitoring site visits by STC Yerevan based staff and the regional staff, based in Stepanavan, Ijevan, Vardenis and Kapan. Daily monitoring and support at village level have been organized and provided through local community health committees (CHCs). The STC closely cooperates with the district health authorities, the Governor’s office in Lori, Tavush, Syunik and Gegharqunik marzes and the ADP offices in Stepanavan, Kapan, Ijevan and Vardenis. Joint monitoring visits have also been conducted with WV health staff.

Sustainability Plan

In the coming years the STC plans to increase the scope of activities and coverage range, and in addition to the mentioned programs plans to enlarge maternal and child care and economic development components in its programs. Three health care foundations (Vayots Dzor Health Care Foundation, Syunik Health Care Foundation and Northern Health Care Foundation,) will be promoters and regionally based implementers of this programs. The current structural and functional capacity, which has also been reinforced through the MOT project, will allow us to meet STC’s Strategic Objectives.

The assets and recourses that will remain after the MOT completion will mainly be concentrated with Lori, Tavush, Gegharqunik, Syunik regions where World Vision implement its Area Development Programs and WVA beneficiaries will be an integrated part of our programs. STC also plans to jointly design and implement community based activities together with WVA, proposes WV to collaborate with STC in programs that STC will implement with other partners. Two Niva vehicles will be donated to NCHF, that covers Gegharkunik, Lori and Tavush regions, more than 40 villages, out of which 38 are WVA communities. The purpose of this donation is:

1. procurement and distribution of pharmaceuticals and medical supplies will be more efficient and less time consuming
2. monitoring of RDF management will be more frequent and efficient
3. increased number of outreach visits by narrow specialists, and eased referral to secondary health care, including to Yerevan STC
4. increased mobility will allow provision of training developed by PHCR in larger number of villages.

Activity 2.3 Public Health Education materials are printed for distribution during relevant training courses

This activity aims at increasing awareness of public on health issues, decreasing unhealthy practices (excessive use of antibiotics, unhealthy food, etc), empowering them with knowledge on early detection and recognition of dangerous signs, evidence based home treatment and self-help as well as increasing knowledge on available free PHC services, etc. (see also below).



Booklet “Healthy Child Care and Nutrition”

“Healthy Child Care and Nutrition” booklet is the first one in the series of booklets, designed for the general population of communities where MOT operates. It includes information on healthy child growth and development stages, and healthy nutrition patterns (breastfeeding, supplementary feeding). It gives recommendations on appropriate childcare for maintaining, improving health status and preventing illnesses. The booklet was reviewed and approved by the Ministry of health. It is illustrated with colored pictures to make it more

attractive for readers. 7000 copies of the booklet was printed in 2005 and distributed during TOTs to community volunteers, nurses and district health facilities.



Poster “Healthy Child Care and Nutrition”

Poster “Healthy child care and nutrition” was printed in 2005 in 100 copies and posted at the health post and ambulatories in the targeted communities. The message on importance of appropriate childcare is given in form of rhyme, which makes it attractive and memorable.



Booklet “Sick child care at home”

In 2005 WVA developed a 28-pages colorful booklet on sick child care at home and printed 7000 copies. The Booklet was designed to increase the knowledge and awareness of mothers/caregivers in appropriate management of childhood illnesses at home. It introduces danger signs of illnesses that indicate that children need specialized health care/treatment. It also gives recommendations and tips for managing common health problems, conditions such as diarrhea, constipation, headache, seizures, allergy, etc., and provision of first aid at home. Booklet was

reviewed and approved by Department of mother and child health care of ministry of health.

*“Once my child had rash and high temperature, I read the book, received from health post “Healthy and Sick Child Care and Nutrition” to know how I could manage this illness. Reading the booklet I suspected that my child had Rubella. I gave my child Paracetamol and a lot of fluids, and asked the nurse to come and examine my child. I was advised during child care seminars not to bring child with rash to the health post to prevent dissemination of infection in communities“. –
Mother from Norashen village*

Poster “Sick child care at home”



Poster “Sick child care at home” was printed in 2005 in 100 copies and posted at the health post and ambulatories in the targeted communities. In the poster are displayed the danger signs of child illnesses identified by IMCI.



Booklet “Healthy Nutrition, Food Hygiene and Safety”

Booklet “Healthy Nutrition, food hygiene and safety” designed for general population elucidates the most important aspects of healthy nutrition; introduce the idea of balanced diet with description of main food groups and their role for maintaining health status and preventing

“These booklets are just wonderful. They are very useful for schoolchildren to educate them on principles of healthy lifestyle and also are very good resources for teachers to conduct open lessons”- teacher of biology from the school # 49 of Yerevan.

illnesses. The booklet is intended to increase awareness in food hygiene, food born diseases and their prevention. It gives recommendations on healthy food consumption patterns, prevention of food born diseases such as botulism, salmonellas, brucellosis and tips on food hygiene. The booklet includes many colored pictures that make it more attractive and striking for readers. The booklet was reviewed and approved by the Ministry of health. Booklet was printed in 7000 copies and distributed in targeted health posts and among community peer educators to be distributed in the community members.



Poster “Eat healthy food, be healthy”

Poster “Eat healthy food, be healthy” describes the idea of food pyramid: food that should compose the large portion of diet such as cereals, fruit and vegetables, and types of food that should be consumed in a moderate or small amount such as sweets and oil. It was printed in 100 copies and posted at the health facilities of project targeted communities.



Booklet “Healthy lifestyle”

“Healthy lifestyle” 46 pages colorful booklet elucidates the main aspects of healthy lifestyle. It emphasizes the importance of healthy nutrition, regular physical exercise and environmental health for maintaining and improving health status. It includes information on the main health risk factors such as smoking, alcohol and drug abuse, and stress. It gives tips on how to quit smoking, avoid second hand smoking, stress management, drug and alcohol abuse, maintaining

healthy environment, etc. Thorough literature review (internet search, PADCO materials, health materials available at the WV Health department) has been done on the above mentioned health topics. “Healthy lifestyle” booklet was reviewed and approved by MoH, printed in 8000 copies.



Poster “Main principles of healthy lifestyle”
 Poster “Main principles of healthy lifestyle provide 4 key messages in attractive drawings: Rest, physical activity, healthy nutrition and avoiding from smoking and alcohol abuse. Poster was printed in 100 copies and distributed at the health facilities of targeted communities.



Booklet “Wonderful pumpkin”

Twelve- page pocket booklet “Wonderful Pumpkin” was published was developed based on studies carried out by WV health team on nutrition pattern of households in remote communities of Lori. Study was based on “Positive Deviance Approach”, which helped to identify the successful experience of a positive deviant- a mother that lived in one of poor and remote communities of Lori and whose special practices/behavior enabled her to prevent micronutrient deficiency

through supplementing child diet with pumpkin and using it in preparing different dishes. Developed booklet promotes consumption of pumpkin as a healthy, available and affordable food rich in vitamins, minerals and complex carbohydrates. It includes also recipes for preparing dishes, cosmetic, medicine, etc. This is very important especially in the areas with high rate of micronutrient deficiency. The booklet was published 2000 copies.

“I put the booklet on the table in the corridor. They just disappear. People like to read these booklets. They are written clearly and are attractive” – nurse from Antarashat village- KII during MOT evaluation

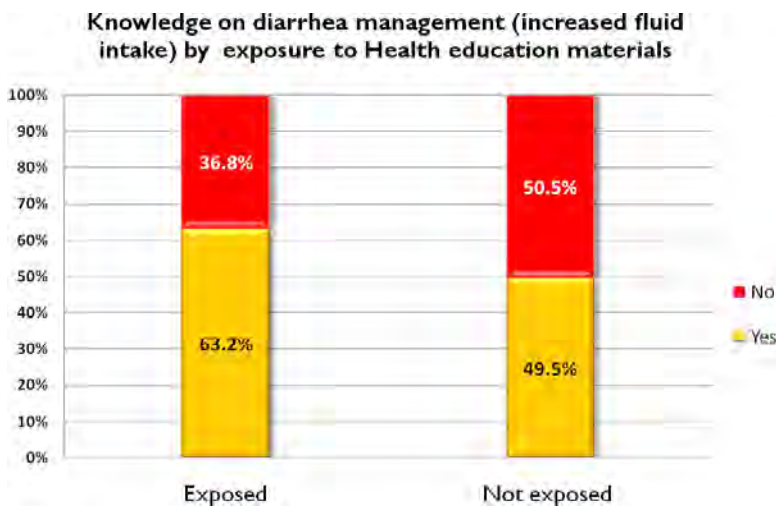
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Leaflet “Diarrhea”

Observations at communities indicated that it is very common practice in case of diarrhea self-treatment with the antibiotics or enemas which are not justified or could be even dangerous. For that reason WVA health team decided to develop and publish this colorful and illustrated pocket leaflet on prevention and treatment of diarrhea at home. It gives evidence-based tips and recommendations to follow in case of diarrhea, describes dangerous sign of dehydration

that should be an alert to seek medical care immediately as well as explains the ways of prevention of disease. Booklet is illustrated after motives of Armenian fairy tales, which makes it original and different from all materials developed before. Leaflet was reviewed and approved by the MoH Armenia and IMCI national coordinator. It was published in 2006 in 6800 copies.



Source – MOT program final evaluation

Distribution of health education materials proved to be effective during the MOT evaluation. As it is indicated in the chart above, those that received health education materials on diarrhea management had better knowledge compared to these not exposed to health education materials.



Booklet “Common Illnesses in adults”

Booklet on “Common Illnesses in Adults” designed for general public. It includes basic information on signs, complications, management and recommendations for frequently met common illnesses among adults such as heart attack, high blood pressure, peptic ulcer, diabetes, urinary tract systems’ diseases and gives some tips and

“After you distributed this book, there is no sense any more for doctors to visit our village ☺” – patient with diabetes from Saigyugh village, MOT permanent visitor.

recommendations on how to manage and care the illness at home and when to seek professional health care. Booklet was approved by MOH Armenia and printed in 5000 copies. In 2007 COAF re-printed this booklet following WVA authorization for their targeted communities.

“Look at this book. If you like to make a new book, this is the way a book should look like: it is very clear, attractive and with nice pictures” –Focus group discussion in Aghavnavank village.



Leaflet “Do it for your health, do it for your family”

To promote the women to undergo for Pap-smear testing WV Armenian health department produced a leaflet entitled “Do it for your health, do it for your family” to increase public awareness on cervical cancer and availability of testing with MOTs. Key message of the leaflet is tailored considering the psychology of Armenian women, who care only about their children and do not perceive their own health as priority. Key message is: “If you care for your family, take care for own health”. Leaflet is written in an easy- to-read style, to make clear for women the importance of their own health for the whole family wellness, and necessity of regular Pap-smear examinations. In the leaflet is highlighted the causes, risk factors and signs of cervical cancer, preventive measures and treatment options

of pre-cancer available in Armenia. Cover page is illustrated by a picture of well-known Armenian artist Minas Avetisyan: motive is Armenian rural women taking in secret each other near the church. Leaflet was printed in 5000 copies and was approved by the MOH of Armenia. This leaflet was presented by the MOH

representatives of community people for whom the booklet is designed. The booklet follows best practice guidelines for public health education materials, such as bullet points, short and simple sentences, limited medical language, and clear illustrations. In addition, the booklet also includes a section in “yellow” which illustrates some interesting stories and events related to the topic, like where it came from the syphilis, or since when people are using condoms, or why we call Cesarean section. Booklet was printed in 10,000 copies and distributed in targeted communities and shared with partner organizations.



Focus Group discussion in Aghavnavank village, Tavush marz to pre-test the booklet “Questions and answers on women health”



Poster “Your health is in your clean hands”

Poster “Your health is in your clean hands” is designed for children to promote appropriate hand-washing with soap and water. Poster mainly is illustrated with photos of ADP sponsored children showing the circumstances when the hands should be washed with soap and water: after touching soil, animals, following the toilet and before eating. Poster was pre-tested among the young school age children at Kapan, Sisian and Gegharkunik ADPs. Poster was approved by MOH and Hygiene and Sanitary Inspection of RA. It was printed in 500 copies and distributed at all ADP areas: schools and health facilities.

Activity 2.4 Continue TOT for community volunteers and village nurses on community health issues is organized on quarterly

WV provided ToT to 420 Community Volunteers on a quarterly basis. They were trained on various health topics and further disseminated gained knowledge through formal and informal information sharing sessions among neighbors. Training topics included healthy lifestyle, water and sanitation, personal hygiene, STIs, HIV/AIDS, common illness in adults, reproductive health issues. After every session different situation analysis, role playing helped participants to better understand and digest the provided information. Participants received handouts, manuals, training materials and number of booklets to be distributed among community members during the peer education in their communities. Health care providers (nurses of above mentioned community health posts) received additional copies of those booklets for further distribution among community members. ToT session effectiveness was evaluated through pre/posttest questionnaires, filled by the participants before and after the training.

Knowledge, attitude and sense of responsibility and save behavior practices were consequently promoted among community members. This educational opportunity supported the work of the MOTs by creating a sustainable local pool of knowledge in each of the villages that can be accessed outside of the MOTs visits.



ToT on healthy food, nutrition and healthy lifestyle

The ToT on Healthy Nutrition and Food Safety was designed to support nutrition/food distribution component of the MMT project.

This training has changed my knowledge on health and nutrition. I hope people in our communities would listen to us and would start paying more attention to their own *and* their children's health."- Alla Avetyan, a ToT participant

Total number of trainers trained was 125 in Lori and Gegharkunik. This training aimed to raise awareness on healthy food and healthy eating patterns and introduce the rules of food safety and hygiene.

Healthy and Sick Child Care and Nutrition TOT



During Healthy childcare TOTs the participants were informed about age-appropriate child care and nutrition; child mental, physical, social development stages and mothers/caregivers' role in this process; age specific characteristics of adolescents

(puberty, sexual health). The main objective of the session on Sick Child Care was to increase awareness of the participants, peer educators, on the following health topics: main characteristics of communicable diseases, management of illnesses at home, recognition of danger signs of illnesses, reasons for seeking professional health care, injury prevention and first aid provision.

"Several years ago I hardly could manage the job demand, because I had no time to do home visits due to many cases of diarrhea and acute respiratory infections in children. But the situation has changed since MOTs started working in our community. Doctors counseling, health seminars and public health education materials distributed in our community enabled community members, parents, caregivers to prevent diseases and their complications, provide self management of illnesses at home, to seek professional care at early stage of diseases and follow prescribed treatment."

Karine Baghdasaryan, Lernahovit community nurse

Healthy Lifestyle TOTs

The training topics included Smoking, Alcohol abuse, Physical activity, Air pollutants, Stress Management, Healthy Nutrition. Two hundred one community volunteers participated. Babikyan Karine, Head of Sanitary-Epidemiological department of Shengavit area of Yerevan city, facilitated training.

65-year villager from Karchaghbyur community said that after "Healthy Lifestyle" training he gave up smoking in the house, and now tries to decrease number of cigarettes smoked daily. The villager said that he is encouraging his friends not to smoke at houses and thus do not harm the health of family members.

ToT on "Common illnesses in adults"

The first part of training sessions was on heart and endocrine disorders. Participants were informed about



the causes and signs of diseases, and learned what they can do in order to prevent the diseases and complications and gained skills how to recognize the dangerous sings to seek professional health care immediately. The following topics were discussed: risk factors, causes and signs of diseases, what people can do in order to prevent the diseases and complications, how to recognize the dangerous sings of particular diseases to seek professional health care immediately. Four hundred sixty two Community trainers participated. The second part of training sessions was devoted to prevention and management of respiratory and digestive disorders at

the community level. Four hundred fifty nine people participated. Participants were informed about the anatomy of digestive and respiratory systems, risk factors for digestive and respiratory diseases, methods to prevent disease complications, dangerous symptoms when patients should immediately apply to the health provider, and home management of disorders. The ToTs were facilitated by district doctors/ADP Health coordinators with the logistic support from respective WVA ADPs.

Family Planning TOTs for community volunteers and nurses in regions

In total **426** peer educators and nurses participated.

The sessions were facilitated by district gynecologists. Training participants during the sessions were acquainted about modern methods of contraceptives including pills, condoms, spermicidal, IUD, Fertility awareness methods (FAM), continues 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. Pretests and post-test before and after the training revealed significant knowledge increase among the participants. Knowledge gained by peer educators was shared among their peers, which contributed to an increased interest, acceptability and utilization of modern methods of contraception and reduced the abortion rate.

"This training was crucial for me. I had about 7-8 abortions in the past, and doctor told me that it is very dangerous for my health and I should avoid abortions. My husband didn't want to hear about condoms or other natural methods. But following this training I understood that there is wide choice of modern contraceptives which are very safe, affordable, and no need of partner involvement. Now I have IUD inserted, I don't have any more concerns that again I will have an unwanted pregnancy and I am going to advice my neighbors to follow me and avoid abortions, which is so expensive and dangerous"

Training participant of FP training session in Privolnoye community, a mother of 5 children

TOTs on Antenatal Care and Child Care in ADPs



Four hundred eleven community volunteers participated. 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, advises for appropriate newborn care including promotion of breastfeeding. Child care session included information regarding benefits of exclusive breastfeeding, in-time introduction of complementary feeding, increased fluid intake and frequent nutrition during the sickness and diarrhea, hand washing, prevention of injuries etc.

“Prevention of Cervical Cancer” TOTs for community volunteers and nurses



To promote Pap-smear screening WV conducted awareness initiatives among targeted community population. For this purpose TOTs on Prevention of Cervical Cancer were organized in MOT communities for total number of 551 community volunteers and nurses. During the seminar the participants were informed that the development of cervical cancer is gradual and begins as a pre-cancerous condition called dysplasia. It is usually a slow-growing cancer and if caught early can be successfully treated. Routine Pap smears can detect early changes in the cells of the cervix allowing cervical cancer to be diagnosed early. Therefore all participants were

encouraged to apply to MOT gynecologists for Pap smear testing and to inform their neighbors and relatives about such opportunity. “Do it for yourself, do it for your family” (Cervical cancer prevention) booklets were distributed during TOTs.

STI/HIV prevention TOTs for community volunteers and nurses



STI/HIV prevention TOTs for 428 community volunteers and nurses were conducted in all MOT sites in 2008. The topics included statistical data on STIs/HIV in Armenia, the ways of transmission and the methods of prevention of STIs/HIV, as well as the symptoms during most frequently met STIs and the methods of diagnostics and management. The participants completed pre-post training tests and received booklets “Why to go for HIV testing,” “A wise choice will save your health and life,” “About the topics that are not discussed at the school,” for youth, developed by WV Health Department.

Table 12. TOTs for community volunteers and nurses, MOT project, 2005-2008

Training	Date	# of participants
Healthy Nutrition	2005	236
Healthy and Sick Child Care	2005	205
Healthy and Sick Child Care	2006	126
Healthy and Sick Child Care	2007	335
Healthy and Sick Child Care	2008	383
Healthy Lifestyle	2005	201
Common Illness in Adults (Health and Endocrine)	2007	462
Common Illness in Adults (Respiratory and Digestive)	2007	459
Cervical Cancer Prevention	2007-2008	451
Antenatal Care	2008	411
Family Planning	2008	426
STI/HIV prevention	2008	428

Activity 2.5 Health promotion led by community volunteers/trainers

Promotion of health issues by trained community volunteers is among the most effective ways to reach and mobilize population to care for their own health. Community trainers are peers and help ensure that the public health messages are better accepted and put into practice by the community.

More than 400 peer educators from local communities participated in the TOT sessions and created a local pool of health knowledge to compliment provision of MOT services. Community peer educators disseminated health messages on Healthy Nutrition and Safety Food, Healthy and Sick Child Care and Nutrition, and Healthy Lifestyle, Cervical Cancer Prevention, Reproductive Health issues among population in MOT villages. Such approach of health education has several of advantages: as Community Trainers reside in the same communities and have similar social status and lifestyles as population in target communities, and as peers they are often able to transmit required health message more easily and in more convincing way than HC providers at clinical settings. Within the scope of the MOT project, community trainers have conducted formal (led by village nurses and WV HCs) and informal peer education trainings, where villagers listen to lectures on different topics and participate in discussions. The village population was provided with recommendations on how to prevent and care for diseases at home and when to seek specialized care. They also visited households, distributed booklets, and leaflets developed and published within the scope of the project. In order to ensure dissemination of information within communities, the MOT project team continued monitoring health promotion activities implemented by community volunteers.

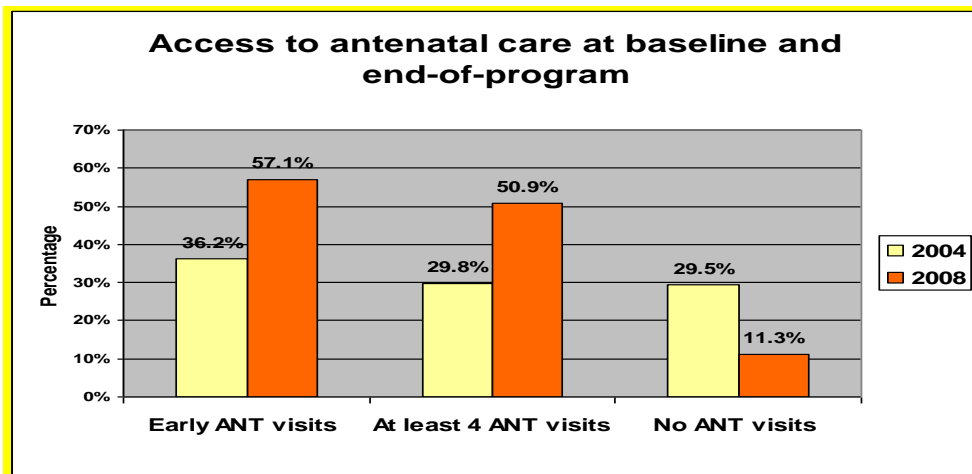
MOT final evaluation results indicates that there has been significant improvement in knowledge areas in MCH among community population, particularly noted in health education on breastfeeding, child nutrition, pregnancy care, contraceptive use, sexually transmitted diseases, breast self-examination, and PAP smear screening. Women from each focus group discussed how much they enjoyed the seminars run by WV MOT on women's health and discussed the dearth of other information sources. It appears that many older women were learning about their menstruation cycles for the first time. Most women reported hearing about PAP smears and breast-self exams exclusively through the WV MOT program.

Rates of exclusive breastfeeding, balanced nutritional feeding, and recognition of signs of childhood illness also improved statistically compared to baseline. Though there is no significant increase in family planning usage, a decrease in the median number of abortions has been reported by women in the MCH KAP survey. Another important finding is the increase in the proportion of women who reported having discussed family planning with their spouses (70% in 2008 compared to 49% in 2004).

One of the most salient strengths of the WVMOT program appears to be the simultaneous training of physicians, village nurses, and the general population (through seminars and health education materials) on certain areas of primary health care. Doctors and nurses frequently mentioned how helpful it was for their medical practice to have their patients' awareness level increase in the illness for which they were seeking

help. Examples were given in diabetes and hypertension treatment, children’s health (particularly diarrhea) and breastfeeding counseling. In addition, focus groups with nurses and villagers discussed the high level of interest of the population in learning about contraception and prevention of sexually transmitted diseases. Use of antenatal care significantly increased compared to baseline (See Graph 1 below), in both categories of proportion of women with first ANC visit within 12 weeks pregnancy, and in the proportion of women with at least 4 ANC visits during the length of the pregnancy.

Graph 1. Antenatal Care Baseline and Follow-up, 2004 vs. 2008



Ability of communities in continuous self-education based on the developed during the project implementation sense of personal responsibility on for own health will lead in future to significant positive changes in health status of population in future, and decrease their vulnerabilities.

Nutrition component of MOT: All Children under 3, pregnant and lactating women in target villages have access to a healthy balanced diet

Rural nutrition programs are an important priority, and the proposed MMT supported by nutrition programming and addressed the immediate nutrition needs of children under 3 years old, and their families, through implementing the comprehensive nutrition program, focused on nutrition improvement with the objective of achieving better results in the recovery of malnourished children and the vulnerable groups while at the same time striving to ensure sustainable outcomes.

Objective 2 prioritizes nutrition support to vulnerable populations through working with MMT staff, primary health care unit (PHCU) staff in the village and community structures: Community Action Groups (CAGs).

At the beginning of implementation of MMT nutrition component were identified vulnerable groups for food provision and supplying supplements, while village level PHCU staff and community volunteers supported this work by identifying food needs and providing peer education in nutrition. Following the survey on key food groups grouped by types of nutrients, CAGs in cooperation with World Vision Health Coordinators developed food calendars, which identify what types of foods are available in each geographic area in different seasons.

Food distribution beneficiaries were identified in all 4 marzes with participation of Community Action group members, community nurse and ADP staff.

Number of beneficiaries per sites:

<u>Children</u>	<u>Lactating or pregnant women</u>	
Gegharkunik	229	210
Lori	232	277
Tavush	411	254
Kapan	100	84

Sisian	230	188
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Development of food seasonal calendars for respective MMT project areas falls under activity 2.4 of MMT proposal as important prerequisite to organize supplementary food distribution to pregnant and lactating women and children under 3 years identified by Community Action Groups (CAG-s) and Village Health Committees (VHC-s).

Field guide for conducting Focus Group Discussions (FGD) and Key Informant Interviews (KII) in the scope of development of seasonal food calendars was developed. Needs assessment was conducted using qualitative research methods including Focus Group Discussions (FGD) and Key Informant Interviews (KII). The main objective for FG discussions was to gather information on income generation, prevailing dietary habits, and seasonal consumption patterns on main food groups and existing situation on food security in the targeted areas. FGD participants included Community Action Group (CAG) members, primary health care providers of selected villages (mainly nurses) and other active members of the community.

Key informant interviews with Gegharkunik and Lori ADP managers and community nurses, who are well aware about the problems concerning income generation, food security and availability, helped to make informed decisions in developing seasonal food calendars for each Marz. Food distribution was carried out according to the Activity 2.5 of MMT project proposal. This component faced major difficulties in implementation due to the fact that most of food items selected for distribution among beneficiaries of MMT project was on the list of USAID restricted food items and needed a waiver for permission for local procurement. A term of Reference for food distribution (for the selection of Contractor Company) was developed in collaboration with WV’s Admin department. Amaras Yus,” a company with experience in food distribution and history of cooperation with other NGOs won the bidding for food delivery to MMT sites.

Concurrently a selection of an expert to advise World Vision Armenia’s team on the aspects of safety and quality of food items to be distributed was realized. Arrangements were made to ensure the quality of food distributed to the beneficiaries in Gegharkunik and Lori MMT sites, as well as the visibility of activities. Specific tasks included:

- Ensuring visibility of food distribution: 3000 stickers with USAID and WV logos were produced, printed, and attached to the food boxes.
- Ensuring that all standards are observed when processing, packaging and transporting goods: two monitoring visits to food storage and processing facilities of “Amaras Yus” with food quality and food safety consultant on 18th and 28th of April were carried out to ascertain whether food storage and packing conditions complies with national norms and standards. As a result “Amaras Yus” brought its food storage, processing and transportation standards to the national standards of the Republic of Armenia.
- Training personnel on sites to be responsible for the food acceptance: training on food safety and quality and food acceptance was conducted by the Health Department jointly with food quality and safety consultant (Sergey Karapetyan) on April 29th. Three people, responsible for food acceptance on sites from Gegharkunik and Lori ADPs were trained on the methods of visual detection of deteriorated food commodities with special emphasis on those food items included on MMT food distribution list. Various materials on food quality and safety, methods and norms of storing of the food items were also provided during the training.

Healthy food was distributed to all children from 6 to 36 months old and pregnant and lactating women in targeted communities. The content of package was the following:

Adult package (All sites)	Child Package (Lori, Tavush and Syunik):
Buckwheat 1 kg	Buckwheat 1kg
Rice 0.5 kg	Rice 1kg
Lentil 1kg	Sunflower Oil 1Lt
Sunflower Oil 1 Lt	

In Gegharkunik the Child Package in addition to the above-mentioned foodstuff contained also 0.5 kg of cheese.

Table 13. Food packages distribution per ADPs.

SITE	# of Child packages distributed	#of Adult package distributed	Total quantity of packages distributed
Gegharkunik	731	624	1355
Lori	714	889	1603
Tavush	1195	998	2193
Kapan	324	232	556
Sisian	690	564	1254
TOTAL	3 654	3 307	6 961

In total 6,961 packages with healthy food was distributed to all children from 6 to 36 months old, pregnant and lactating women in targeted communities on a monthly basis.

Outcome 3: Support local level primary health care facilities and strengthen community health care structures to provide quality services, build capacity of district PHC providers and increase utilization of their skills in day-to-day practices.

Conduct monthly coordination meetings

Through out the project life, regular monthly and quarterly meetings with district health care authorities and PHC providers were held to coordinate project implementations activities, to present, discuss and analyze the project accomplishments, achievements and barriers revealed during the MOT implementation, to reconcile short and mid-term project future plans. As a result of these meetings WV NO staff has established and maintained a direct link between district level health care authorities, the MOT project, and ongoing reforms of PHC provision implemented by Armenian government and USAID through its implementing partners. District level health care providers were periodically updated on the “Program of Optimization of the Network of Primary and Hospital Medical Care Facilities and Human Resources of the RoA”, USAID PHCR projects, i.e. “Open Enrollment”, “Strengthening Quality Assurance in PHC in the RoA”. This links has also brought challenges and barriers identified during regular meetings at district level to the attention of the MOH point persons, USAID and other project stakeholders.

Periodic meeting at district level helped sustaining ownership of PHC providers/authorities to the MOT project, created business atmosphere and the feeling that they are heard at the state level and their challenges and concerns are addressed not solely by them, but also through such a reputable organization as WV Armenia.

The MOT project implementation experience revealed that regular coordination meetings with district and state level health authorities and the project sub-grantee is a good approach for maintaining business relationships with the project stakeholders, for successful coordination and management of the project implementation, and that it has significantly contributed to maintaining the sense of ownership, ensuring sustainability of the project results, and to an overall success of the MOT project. Also, the Head of Berd polyclinic, Dr. Hamayak Adamyan, in his letter addressed to WVA ND, Mark Kelley, acknowledged the results of about 1.5 years of collaboration with WV Armenia and Tavush Area Development Program and expressed his “deep feeling of gratitude”

Training of Health Care providers

The MOT training program was among the highest appreciated component of the project. It was aimed at increasing knowledge and practical skills of district physicians (mainly family practitioners) and nurses to

improve quality of PHC services provided to community population. The focus of training program was on provision of primary health care services, improved screening, diagnostic, counseling and referral skills of PHC providers. It was a bottom up process, where district doctors, nurses and health care authorities submitted requests for specific training, which were then reconciled by WV NO staff with USAID and its implementing partners, and the Ministry of Health. As a result the specific needs on knowledge and skills improvement of district doctors and nurses were addressed. The MOT training program was closely coordinated with training programs of USAID implementing partners (mainly NOVA and PHCR project) and other organizations, which allowed avoiding overlaps in training provision.

The training courses were organized mainly in the field in cooperation with top specialists from Yerevan State Medical University, the National Institute of Health, Drugs and Medical Technology Expertise Center, Armenian American Wellness Center, using different teaching methodologies, such as structured lectures (“Rational Drugs Use”, “Brucellosis Management”), case-based learning (“Neurological consultation in Children- Management of Common Neurological Symptoms in Children”), modular training (ECG Reading and Interpretation”, “Well Child Care and Evaluation of Problems Revealed by Health Check-ups”) and cross-peer training (“Operation of Spirometer and Interpretation of Data”). Some training courses were also organized for individuals or groups of health care providers at the NIH (short credit courses in Endocrinology, Neurology), and AAWC (Pap-smear testing).

Provision of training was monitored by NO health staff and complemented by provision of training modules, user guides and medical literature to ensure that medical staff has access to up-to-date medical literature. During monitoring visits and data analysis a special attention was paid to practical application of gained knowledge and skills by training participants in the field during service provision to population.

The approach to involve district health care providers in development of training plan to address the actual needs, provision of training mainly in the field for a greater catchment and cost efficiency, coordination of activities with major players, cooperating with the National Institute of Health (including the department of Family Doctors), was a great success to this component of the project.

MOT evaluation results showed that doctors reported satisfaction with the MOT training they received, and mentioned that new information was given about the most needed topics of Adult Disease diagnostic and management. According to the PHC providers one of the most salient strengths of the MOT project appears to be the simultaneous training of physicians, village nurses, and the general population (through seminars and health education materials) on certain areas of primary health care. Throughout the interviews, the concept of increased faith and trust in health care providers was mentioned. Villagers discussed having more faith in the MOT doctors who visited and in their local village nurses. Doctors mentioned how their patients’ expectations changed through the MOT program. Every nurse that was interviewed expressed increased confidence in his or her own clinical abilities.

Partial renovation of PHC facilities

Renovation of PHC units (health posts, ambulatories and polyclinics) under the MOT project was aimed at provision of infrastructure, the basis for:

- improved quality of MOT services during the project implementation
- continuous provision of primary health care for community population after the MOT completion
- increased motivation of PHC providers for improved service provision
- development of community ownership through community mobilization and participation in renovation activities.

Along with the other project activities, such as provision of basic equipment, furnishing of PHC units, increased knowledge through provision of training for PHC providers, improved knowledge of community population on operations of RDFs, protection of community health related rights committed by the State, eligibility criteria for provision of health care at community level.

WV has utilized a successful model to address infrastructure improvement issues, which was to involve all project stakeholders into renovation activities, so their resources complement each other. At the beginning

of the project partial renovation of PHC units was completed by STC, but after the project redesign selection of PHC units for partial renovation was done through joint discussions on infrastructure assessment and potential contribution of each stakeholder (community, district level health authorities, WV sponsorship programs, and the MOT). In FY 2007 and 2008 all facilities were renovated collaboratively. For the vast majority of renovations, WV ADPs provided construction materials (tiles, paints, etc.), PHC facilities have contributed by cash and provision of construction materials, and communities usually provided labor force (uploading/downloading of materials, workforce for renovation). Along with the MOT cash contribution (in average about 4,000 USD) this approach enabled the enlargement of the scope of partial renovation, and development of ownership of communities in this process.

During numerous meetings that MOT staff held at district level, and the MOT evaluation process, it was observed that such model is very successful in terms of cost efficiency, involvement of community in addressing community issues and development of community ownership, and the project visibility. It is also important to mention that the MOT renovation activities were closely coordinated with USAID implementing partners that had similar activities (NOVA, PHCR project) and the MOH. WV periodically provided the list of completed and planned renovations to USAID and partners, and obtained similar lists from them. As a result, there were no gaps and overlaps observed in addressing infrastructure issues.

Involvement of all stakeholders in planning and implementation of renovation activities, coordination of activities with partners is evaluated as best practice, and is recommended for utilization in future programming.

Medical Supplies are provided to district ambulatories and polyclinics

WV Armenia, over a decade of its operations, has established a through mechanism for provision of GIK supplies to its beneficiaries. Under the MOT project uninterrupted provision of GIK supplies was continued, and health care institutions provided medical supplies as scheduled. Provision of GIK medical supplies has significantly increased capacities of project stakeholders (mainly PHC institution), improved quality of service provision, enlarged their operations scope, and significantly contributed to sustained operations of health care facilities. Donation of items such as syringes, needles, surgical gloves, catheters, surgical gowns, bedpans, bed sheets, medical robes, and minor hospital equipment, i.e. examination tables, other basic hospital supplies was highly appreciated by health care institutions.

Activity 3.1 Conduct monthly coordination meetings between MOT project staff and district/regional level care providers

Monthly coordination meetings were held by the MOT field health coordinators with local doctors/project implementers, with operational daily level issues discussed and addressed. During quarterly coordination meetings lead by Health Manager and/or MOT NO health coordinators with district level health care authorities (head of ambulatories, polyclinics and head of health care departments of the marzes), and STC (the project sub-grantee), a more comprehensive picture of the project accomplishments, implementation and plans have been presented, discussed and analyzed. A special focus was paid to the project sustainability issues, quality of PHC provision, and addressing feedbacks from communities.

For example the state approved Patient Registration Form (encounter form- “Dzev 002”) required for use by family practitioners, faced numerous challenges with its use in the field (it was not user friendly, and clear on how the form should be filled in some specific situations, etc..). It has been addressed by the district health authorities through WV NO health staff. Also challenges and barriers to fulfill the State required obligations by PHC providers have been brought to the attention of the State Health Agency (SHA) by WV. WV has also provided to the PHCR point person the MOT version of the Patient Registration Form, which is more user friendly.

Health Manager has held periodic meetings with the point persons of the MOH during the project implementation. The MOH point person R. Yuzbashyan (PHC/MOH) periodically reported on the project accomplishments, future plans, challenges and barriers revealed during project implementation, and received MOT quarterly reports translated into Armenian language. The MCH point person of the MOH, K. Saribekyan, was also periodically updated on WV ADP and MOT activities related to maternal and child health, and provided annual reports related to accomplishments of WV Armenia MCHN activities.

Activity 3.2 Training of Health Care providers

This activity is aimed at increasing knowledge and skills of district doctors to improve quality of PHC services provided to target population. During the five years of program implementation WV ensured capacity building for all local primary health care providers from support health facilities, through provision of on-site training. Doctors and nurses participated in different training courses aimed at building their capacity, improving professional skills and knowledge.

Relevant training modules developed by USAID Primary Health Care Reform project, Armenian Social Transition Program (ASTP), Armenian Association of Pediatrics (ArAsPed) and other organizations were utilized. Training packages included training agenda, theoretical training materials, handouts, and description of techniques, practical exercises and examples, description of specific pathological conditions. Training plans, curricula and trainers were approved by the MoH to ensure the credibility and quality of training courses. MOT PHC providers received training from the most experienced country level professionals, training modules have been provided after completion of each training sessions. At least 20% of knowledge increase was observed during analyses of training results conducted by NO health coordinators (pre-post training questionnaires). WV health coordinators performed follow-up monitoring to ensure the skills gained during the training are applied in practice.

Please see Annex 3.2.A. for the list and detailed description of the MOT training program.

MOT evaluation has shown that when asked about specific advice given to patients, both regarding exclusive breastfeeding, diabetes, and hypertension, both doctors and nurses gave impressive answers. Throughout the focus group interviews, there were many examples given to support the positive impact of WV MOT training on health care provider practices. One particular example demonstrates the cumulative effect of various training sessions. In the village of Gylukarak, a village nurse was being interviewed along with health post patients and her assigned district physician. When asked her opinion about the training on exclusive breastfeeding, she reported that she personally visits all mothers of newborns when they are brought home from the hospital and educates them on the importance of breastfeeding. She proudly reported that of 30 mothers of newborns in her village, only 2 were feeding with infant formula and none with cow's milk (which is dangerous for small infants).

Challenges and measures undertaken to overcome those: placing contracts with the state institutions required excessive coordination on each term and condition of the contract. There were many technical difficulties with the payment to the NIH due to lack of capacity and due diligence from the NIH (late transfers, as many as 3 months, of meal and transportation allowances to training participants). WV Armenia staff provided clarifications, placed requests and followed up with the NIH responsible persons to improve their discipline in compliance with contract requirements.

Training of MOT/PHC facilities staff on Cytology/Pap-smear



To promote Pap smear testing in districts a contract was signed with Armenian American Wellness Center for the provision of a two week training on pap-smear testing for 4 cytologists from district facilities starting from 25.08.08 (Harutyunyan Armine from Goris Hospital/MOT laboratory doctor, Karakhanyan Lusine from Kapan Health Center/MOT laboratory doctor, Mkrtchyan Susanna from Berd Health Center/MOT laboratory doctor, and Melkumyan Hayk from Vardenis polyclinic). During the training, the participants learned techniques of taking the Pap-smear, dying, preparing slides, microscopy examination, and interpretation of the results. They examined normal slides, precancerous changes, abnormal

cervical cells, and cancer cases. After this training all training participants performed Pap tests in marzes. Health department provided cytologists with medical supplies necessary to perform Pap tests. Training participants had the opportunity to consult with Wellness Center cytologists with questionable cases.

Family medicine on-site training sessions

World Vision invests in capacity building of family doctors through organization of series of trainings on major health issues in the regions of Armenia. Family medicine training sessions equip primary health care

providers with skills to treat a much wider array of problems than they do today. Doctors and nurses learn more about how to advise their patients to prevent the occurrence of health problems through healthier life styles and regular health check-ups in order to decrease mortality and to improve quality of life of patients.

During June 2007-June 2008 period WV contracted NIH to provide Family Medicine training sessions on following topics:

1. five sessions of five-day training on “Current methods of diagnosis, management and counseling of Diabetes and Goiter” for 81 primary health doctors (general practitioners, family doctors) in Stepanavan, Ijevan, Sisian, Kapan, and Vardenis health facilities.
2. five sessions of five-day training on “Current methods of diagnosis, management and counseling of Hypertension and Coronary Heart Diseases” for 69 primary health doctors (general practitioners, family doctors) in Stepanavan, Ijevan, Sisian, Kapan, and Vardenis health facilities.
3. five sessions of five-day training on “Care of patients with endocrine disorders” for 81 primary health care nurses in Stepanavan, Tashir, Ijevan, Berd, and Sisian health facilities.
4. five sessions of five-day training on “Care of patients with heart disorders” for 74 primary health care nurses in Stepanavan, Tashir, Ijevan, Berd, and Sisian health facilities.

Family medicine training sessions equipped primary healthcare providers with skills to deliver more comprehensive care. Doctors and nurses learned more about how to advise their patients to prevent the occurrence of health problems through healthier life styles and regular health check-ups in order to improve quality of life of patients.

For all training sessions’ trainers used training modules and materials developed in the scope of USAID funded PHCR project as well as health education materials developed by the American University of Armenia. The training packages were developed based on latest evidence-based research. The package also contained case studies and procedure checklists, which helped to enhance the training process by concentrating on teaching practical skills. Various techniques were used such as presentations, case studies discussions, role playing, and training in performing of procedures. Patient education and health promotion in particular was emphasized during the training. The participants especially stressed the importance of having case studies and role playing exercises included as part of the training packages, as these help the trainees face real-world situations and develop practical skills. All participants were provided with copies of the training packages.

“Professional training sessions are usually organized in the capital Yerevan and thus unavailable for majority of doctors from remote districts of Armenia. So that training sessions organized by World Vision are important and very much valued”, says Satenik Bagdasaryan, Associate Professor of Endocrinology Chair in National Health Institute, who facilitates the training on endocrinology in Vardenis, east of Armenia. “To show the importance of this training it is enough to say that there is no endocrinologist in Vardenis,” adds Satenik.

“We need these trainings very much, and we’re thankful to World Vision for organizing those in the field, so that we can attend those without leaving our workplace, our patients, and without additional expenses”, says Hasmik Ghazaryan from Mets Masrik village, Vardenis regions, the family doctor for three communities.

Training on Rational Nutrition/Breastfeeding

In total 98 health care providers participated in 3 days duration training session in the Lori, Tavush, and Ggharkunic sites. This training aimed to train doctors and nurses on breastfeeding counseling and covered the following topics: advantages and mechanism of breastfeeding, assessment and monitoring of breastfeeding, proper attachment of child to the breast, “Baby-friendly policlinics”, insufficiency of breast milk, possible difficulties, contraindications of breastfeeding, and supplementary feeding. Training covered theoretical and practical sessions. During the training session the participants watched several video tapes, participated in group discussions situational case studies, as well as received training materials

(breastfeeding counseling modules), and filled pre-post test, which demonstrated a significant knowledge increase. The feedback from Community nurse from Katnarat village (Tashir region) reads:

“After this training I feel myself very confident with breastfeeding counseling. Now I am going to invite pregnant women and young mothers to health post and encourage them to breastfed their children using all knowledge and skills gained during this training”.

Training on Electro-cardio-gram technique, reading and interpretation



ECG training was identified as one of most important topics for the training by the local health authorities and doctors. For the facilitation of training by the recommendation of Head of FP chair of NIH Karine Abelyan, assistant professor of FP department was selected. The training package was developed including training agenda, theoretical training materials, PP handouts, description of ECG techniques, ECG practical exercises, examples of ECG tapes with normal ECG picture and specific pathological conditions. According to initially agreed plan in total 154 district doctors participated at 5 days-duration training in Lori, Gegharkunik, Tavush and Syunik. Training covered theoretical and practical sessions. During the training session the participants listened lectures, participated in practical sessions performing ECG-s, in case studies, practiced ECG tapes reading and interpretation, as well as received training materials (ECG modules), and filled pre-post test.

In October 2005 14 district doctors from Tavush Marz (from Ijevan, Koti, Dilijan, Sev Kar) attended 7 day training course in Ijevan policlinic on ECG reading and interpretation facilitated by Emma Ananyan, assistant professor from Yerevan Medical University. Training included theoretical and practical sessions and exercises on the sample tapes. All training participants received a manual on ECG reading. Participants were very impressed with the training.

Training on Chronic Obstructive Pulmonary Diseases and Spirometry



Organization of 3 day duration training on COPD/spirometry had a double purpose: improve the knowledge of local PHC providers on modern method of management of one of most common conditions in population also to enhance the skills to use spirometer, which will be handed-over to local health facilities when program ends. As facilitator assistant from NIH FP chair Liana Hovhannisyanyan was selected and contracted to prepare training package and conduct practical training. Training package on COPD was prepared that included training agenda, pre-post test, presentations handouts, description of standard operating procedures and spirometry techniques, guide for preparation of patient

for spirometry, as well as practical exercises and case studies. One hundred two doctors participated.

“We used to send our patients and military recruits to Yerevan for a single spirometry examination. Now we’ll be able to perform this examination here, in Tashir” – said Aharon Khachatryan, director of Tashir Polyclinic.

Training on otoscopy and ear screening

Training on Otoscopy was conducted for 100 doctors in marzes in November, 2006. Training was conducted by Anahit Antonyan, assistant of ENT department of the NIH. General practitioners, pediatricians and family doctors participated at the training that covered otoscopy technique, interpretation and diagnosis and management of ear diseases in primary health care settings.

Training on ophthalmoscopy and eye screening



One day duration training on eye examination was conducted in 6 locations facilitated by Karo Megrikyan eye care center specialists with participation of 67 doctors. Training covered theoretical and practical sessions. During the training session the participants listened to lectures, participated in practical sessions performing eye external

examination, examination of intraocular pressure and acuity of vision screening, red reflex screening, sight fixation and observation of moving object and other tests. Training participants received training modules. At the end of training all participants received certificates.

Training on Well Child Care for Lori and Sisian District pediatricians, FPs and Nurses

This training was aimed at providing district pediatricians, family doctors and nurses with knowledge and skills to perform required health screenings in children properly and fill medical chart # 112. World Vision signed contract with Armenian Association of Pediatrics to provide this training. In total 86 MOT/district medical staff benefited from training in Lori, Syunik, and Gegharkunic. Training was conducted in 2004-2006. Trainees were provided with 3 volumes of methodological manual developed by Armenian Association of Pediatrics and approved by MoH. These manuals provide detailed guideline on child screening, time-table and standard operating procedures of screenings and as well as the protocols of management of most common health deviations in children. Medical cards #112 were printed and distributed to district health facilities during 2006. The training aimed to improve providers' basic skills and knowledge on monitoring of healthy child growth and development and early detection of health problems.

“Communication and Counseling” training organized for primary health care doctors

Ninety eight doctors participated at “Communication and Counseling” training organized for primary health care doctors in all marzes. Armenian Association of Family Physicians NGO was contracted to conduct training sessions. Training was facilitated by Panosyan Margarita, assistant of Family Medicine Department of NIH. Communication training was focused on interpersonal and communications skills that result in effective information exchange with patients, their families, and other health professionals. Doctors were trained how they can gather information from patients, perform a physical examination, and communicate their findings to patients and colleagues. The clinicians were trained how to speak clearly and use the simple language, avoid medical terminology, be careful not to be judgmental because this may rapidly close down communication. During the training the doctors listened to lectures, participated in discussions, role playing exercises. All participants received manuals developed in a scope of ASTP program (cancer prevention, cardiovascular diseases, diabetes, nutrition counseling) and training certificates.

Clinical Practice training for rural nurses in all sites on prevention of cervical and breast cancer

During the implementation, training for rural nurses on breast and cervical cancer prevention was conducted in all sites: in month of July (Year?) Vardenis and Tashir policlinics and in August (Year?) in Syunik and Tavush (Sisian, Kapan, Tavush, Berd). To conduct training WV invited Lilit Hakobyan-gynecologist from Armenian-American Center of Women Health, professor-assistant from the Yerevan State Medical University. The training introduced to nurses epidemiology and current trends of breast and cervical cancer, acquainted with the risk factors associated with these conditions, current methods of prevention, early detection and the roles of community nurse in the increase of health awareness of population in the cancer prevention. It was emphasized that breast examination and Pap-smear examination are the basic screening methods that are recommended as routine screenings for general population by the MoH of Armenia along with blood pressure measurement. In total 57 nurses attended the training. Trainees watched video about breast cancer prevention, mammography, and breast self-examination, which was accepted with special interest and was most relevant to improving nursing skills of participants. Handouts and pregnancy calendars were distributed among participants and the nurses were trained how to use them. Training was conducted in lively environment with many questions and answers. Participants had pre and post-test to assess knowledge and filled training evaluation forms.

On-site training for local doctors on Pediatric Neurology with consultation of referred children



Based on number of requests from MMT and district doctors WV invited pediatric neuropathologist to provide medical consultation of children with neurological problems and in parallel conduct on-site training for doctors in Vardenis, Tashir, Sisian, Kapan. For this purpose assistant professor from Yerevan State Medical University, Chief specialist on Pediatric Neurology of MOH Artsrun Hakobyan was invited. Each pediatrician presented his patients, discussed the

problems with the expert, recorded the result of consultation in the medical card of each child, and wrote down the recommendations for parents. Between sessions of consultations the expert conducted training on deficit of concentration of attention, headache management, motor disorders, and management of convulsions. The doctors participated actively, asked questions, and discussed different cases from medical practice. The participants received handouts of lectures. According to the doctors there are a large number of children with retardation of neuropsychiatric development in regions, but there is no neuropsychiatric or rehabilitation center. As one of the solutions Dr Hakobyan suggested to organize regular visit of team of neurologist, therapist, and psychologist that regularly to examine the patients, provide counseling, and teach parents/caregivers how to take care of children with neurological problems.

Training for health care providers on rational drug use

According to the needs assessment the rational use of drugs has been defined as one of the topics that regional health care providers were very much interested in. Considering important role of Scientific Center of Drugs and Medical Technology in the development and implementation of Essential Drug Policy, WV Armenia contracted 2 specialists from the center to organize trainings in district hospitals. Training topics were identified based on discussions conducted with district health care providers. In total 121 district health care providers attended these trainings in 8 locations. The topics of trainings were the following: “Rational Antibiotic therapy”, “Peptic Ulcer and Antiemetic drugs”, “Drug use in allergic disorders”, “Coronary hearth diseases”, “Arrhythmia”, “Arterial hypertension”, “Hearth Failure”, “Drug Interaction”, “Diarrhea” and “Dysbiosis”, “Non-steroidal anti-inflammatory drugs”, and “Diabetes”. The trainees expressed their satisfaction with the training.

Training on Basic Nursing Care

In May 2005 World Vision Armenia facilitated refresher courses for 62 rural nurses from MMT target villages. The training covered many practical aspects of basic nursing care, such as administration of pharmaceuticals, measurement of blood pressure, pulse, breathing, temperature etc. The participants emphasized that the training was very useful and relevant to their everyday work.

Activity 3.3 Partial renovation of PHC facilities

With the aim of strengthening community-based health structures 36 health posts were renovated, furnished and equipped in partnership with STC NGO.

“In recent years we learned how to work in hard conditions. Working in a nicely renovated and well-equipped health post will improve the quality of our services,” said Ruzanna Mkrtchyan, the MMT pediatrician.

Renovation of PHC facilities provided a dual purpose. Firstly it has provided the infrastructure basis for primary health care activities, after transition the MOT project, in the village. Secondly, village level PHC facilities’ renovation was a tangible sign of progress in community development and helped maintaining confidence in long term positive changed that occurs at community level. Renovation of PHC facilities was implemented with participation of the community, mainly labor force provision for uploading, downloading and some specialized work, and involvement of state institutions through partial funding provided from their budget. In many cases WV provided only GIK contraction materials (tiles, paints) and the communities and PHC facilities did the rest. This approach has helped establishment of ownership of communities in development of community level infrastructures. Renovation was complimented by furnishing of PHC facilities, which allowed significant improvement in provision of health care services at village level. The Monitoring visits, discussions with villagers, and MOT evaluation has show significant importance that community people give to improvement of health facilities in their villages.

In July and August 2005 World Vision initiated renovations in six district hospitals aiming to strengthen local Ministry of Health structures. Vardenis and Chambarak hospitals were renovated in Gegharkunik marz. In Vardenis, the aim of the renovations was to build a separate pediatric department including four patient rooms, a medical procedures room, a corridor, and a toilet. Water supply and sewage systems were also rebuilt.

Authorities in Chambarak hospital recommended directing the resources to improving hygiene and sanitation levels. Three rooms, a corridor in the recovery department and the roof, three toilets are being renovated in the hospital. In Sisian, renovation of the hospital’s roof was identified as a priority. Originally

the roof was covered by corrugated asbestos sheeting that was in poor condition resulting in damage to the rooms of the top floor.

The Children's Department was chosen for renovation in Kapan while in Goris it was agreed with the hospital authorities to renovate the X-Ray room where no appropriate space existed for the operation of the X-Ray machine.

Two hospitals are being renovated in Tavush – one in Noyemberyan, the other in Ijevan.

In 2008 WV initiated partial renovation of primary health care facilities. Renovation of polyclinics was aimed to increase capacity of those to provide quality services and to increase motivation to collaborate with MOT project.

Table 14. Primary Health Care Facility Renovations in 2008

#	Location	Facility
1	Tavush	MCH center, Ijevan
2	Tavush	Artsvaberd ambulatory, Berd
3	Lori	Children Polyclinic, Tashir
4	Lori	Polyclinic, Stepanavan
5	Lori	Sverdlov health post
6	Sisian	Angeghakot health ambulatory
7	Sisian	Goris city Health Care Center, Outpatient section Mammography room/center
8	Kapan	Geghanush health
9	Kapan	David Bek health post
10	Kapan	Tanzaver health post
11	Vardenis	Training center in Vardenis polyclinic

Overall, 53 HC facilities have been renovated under the MOT project, out of which 36 were renovated by STC NGO (please refer to Annex 3.3.A. for details).

The impact of the renovation of the village's health posts on patients' satisfaction and utilization cannot be overstated. During MOT evaluation all of the focus group participants who were interviewed noted that they now had a clean, warm facility to go to for health visits. All of the health posts visited during the qualitative data collection were renovated through the MOT program. They were heated, had clean bathrooms, access to water, working windows, recently painted walls, and were decorated with WV MOT produced posters, and sometimes included an exam table and office furniture such as a desk and bookshelves.

During the focus group discussions, many of the nurses described the renovations of their workplace with pride. A nurse in Andarashat explained that prior to the MOT program, she would have to go to patients' homes for clinical visits, as she did not have a health post to work from. After the renovation, she joked, "all of a sudden everyone was sick," making a reference to the large number of villagers who came to the post for health related questions or clinical exams. Renovated health posts increase utilization, satisfaction, and access.

Activity 3.4 Medical Supplies are provided to district ambulatories and polyclinics

In order to support district ambulatories and polyclinics, World Vision committed to annually providing three containers of gifts-in-kind from the US. These containers contained corporate donations of medical supplies, items such as syringes, catheters, surgical gloves, surgical gowns, bedpans and other basic medical supplies. This was not included pharmaceuticals or expensive medical machines in need of specialized parts or expensive maintenance.

Table 15. GIK distribution by calendar years, MOT Project, 2004-2008.

Year	GIK (total amount AMD)
Subtotal 2004-2005:	69 349 667
Subtotal 2006:	68 430 775
Subtotal 2007:	51 440 094
Subtotal 2008:	105 388 718
Total 2004-2008	294 609 253

WV provided equipment to the 7 district hospitals with the purpose to improve the quality of services provided by the hospitals. The list of medical equipment was developed based on the discussions with medical staff and hospital authorities.

Tashir hospital's requested a computer, printer, forty sets of mattresses, sheets, blankets, envelops and pillows that were procured with total value of 1 385 000 AMD and donated to hospital. Computer and printer were used for data collection and reporting using the special software provided by MoH. Before the donation, the hospital deputy director used to go to school to use school computer in order to provide monthly reports to MoH. Bed mattresses also were needed urgently as, according to hospital authorities, during the last 25 years hospital didn't receive such items and patients used to bring their own mattresses which significantly undermined the quality of services. Steam sterilizer was procured and delivered to Tashir hospital to ensure appropriate sterilization of instruments and materials. In return, the hospital provides sterilization of MOT gynecological and laboratory instruments free of charge. In addition a glucometer was procured: hospital doctors described the cases when a patient with diabetic comma was admitted and the adjustment of blood sugar level was practically impossible: during the course of insulin administration and infusion therapy the available hospital equipment allowed to know the blood sugar results only several hours later.

For Goris hospital reagents for immune-enzyme analysis were procured and donated, particularly TSH, T4, PSA, prolactin, FSH, LH with total value of 889 000 AMD.

For Kapan hospital a washer and incubator for immunoenzyme analyzer was procured and donated with total value of 1 408 000 AMD.

For Noyemberyan hospital a big surgical instrument kit and big gynecological instrument kit with total value of 760 000 AMD was received and delivered, as the available surgical instruments were old and not in sufficient quantity.

For Chambarak hospital a big surgical instrument kit, electrocoutery machine GIMA 160W and infant suction pump SUPER TOBI for with total value of 945 000 AMD was delivered with total value of 1 395 000 AMD.

For Ijevan hospital infant suction pump TOBI UNO with total value of 75 000 AMD and Infant Radiant Warmer with total value of 1,570 000 AMD were delivered to Ijevan hospital.



“In the past, premature children had to be taken to a hospital in Yerevan. From now on we will be able to ensure appropriate care for them at our hospital,» says Hrachya Nersisyan, Head of Ijevan hospital.

An MOU was signed with the directors of the hospitals of Tashir, Goris, Kapan, Noyemberyan, Chambarak, Ijevan regarding the donation. Letters were sent to Gegharkunik, Lori, Syunik and Tavush marzpetaran health departments informing about the above-mentioned donations.

The provision of furniture and computers was a part of the MOT project aimed at increasing the capacities of district PHC facilities.

The list of donated furniture and equipment was sent to district level health authorities, USAID NOVA and PHCR projects, the Ministry of Health and the World Bank upon completion of distribution to marzes.

Table 16: Distribution of furniture to primary health care facilities.

#	Health facility	Items donated by WV Armenia				
		Table	Chair	Bookcase	Medical Bed	Fridge
1	Vardenis Polyclinic	2	2	2	-	-
2	Tchambarak Polyclinic	2	2	2	-	-
3	Berd Polyclinic	5	5	-	-	-
4	Ijevan Polyclinic	2	2	2	-	-
5	Stepanavan Polyclinic	2	2	2	-	-
6	Tashir Polyclinic	2	2	1	-	1
7	Mother and Child Health Center	4	2	-	-	-
8	Sisian Polyclinic	-	-	2	2	1
9	Kapan Polyclinic	2	2	2	-	-
10	Goris Polyclinic	2	2	2	-	-
	Total	23	21	15	2	2

Medical books and reference materials were donated to 10 polyclinics covered by MOT project. This donation resulted in the creation of reference libraries in each polyclinic to provide access to updated information for local doctors.

2. FAMILY PLANNING COMPLIANCE MONITORING

In order to comply with USAID policies on Family Planning (Mexico City policy, THEART), USAID held several presentations for its partners, as well as meetings with WV health staff, which were followed by successful completion by WV NO health staff of a mandatory on-line training on FP policies and compliance requirements. After that, WV health staff conducted FP policy orientations of the MOT gynecologists, ADP health coordinators and managers, and district level PHC authorities on compliance requirements. Together with USAID, WV developed 2 FP compliance monitoring forms- one for MOT gynecologists and one women of reproductive age. During the project implementation, WV health staff monitored FP compliance practices of MOT gynaecologists, interviewed the MOT beneficiaries. The surveyed beneficiaries mentioned that gynaecologists informed them about variety of FP choices, available methods of contraception, their respective advantages and disadvantages, informational materials on contraception available under the project, such as WVA poster on contraception and materials of WVA partners, i.e. "Condom", "IUD", "Oral Contraceptive Pills"- developed by MSF Belgium, and "10 Things Women Needs to Know Following Childbirth", "The Future is in Your Hands", "Your Future is in Your Hands"- developed by Project NOVA. The MOT gynaecologists had no targets, quotes, incentives set for them under the MOT project. There were no cases of violation of FP compliance requirements during implementation of the MOT project.

3. ADDITIONAL ACTIVITIES

Participation in Global Health Council conference in May 2008:

Two WV Armenia abstracts on "Hypertension Prevalence, Awareness, Treatment and Control in Rural Armenia" and "Outreach Visits increasing Communities' Access to Primary Health Care" were selected for roundtable presentation at Global Health Council Conference. Four health staff members participated at Global Health Council's 35th Annual International Conference on "Global Health - Community Health: Delivering, Serving, Engaging, and Leading" that took place from 27/05/08 through 31/05/2008 in Washington, D.C. The Global Health Council Conference is widely recognized as one of the leading events in the global health sector, attracting more than 2000 health and development professionals from around the world. Participants had extensive opportunities to interact with health specialists, decision makers, policy makers, researchers and health workers from every part of the world. The conference provided participants with many learning, networking and sharing opportunities.

Participation in the Second International Medical Congress of Armenia:

The Medical Congress brought together close to 1,700 professionals throughout the world. World Vision Armenia's survey on "Prevalence, Awareness, Treatment and Control of Hypertension and the Quality of Care at Rural Communities" was presented among the number of scientific medical studies during the three-day International Medical Congress, on the 28th of June Yerevan. The survey was conducted within the frames of Medical Outreach Teams (MOT) project and presented the current state of the illness and means of its prevention and proper management in the communities where MOT is functioning. The presentation of World Vision Armenia highlighted the necessity to raise public awareness about the illness in rural communities, especially among men, improve health-seeking behavior and compliance of hypertensive patients with prescribed treatment. During the follow-up discussions with Armenian Family Medicine professionals the representatives of World Vision Armenia Health Department attached great importance to the capacity building of local doctors and nurses to improve the quality of treatment and counseling of patients with hypertension according to the requirements of the established standards. To prevent HT among the population much more efforts should be directed on healthy lifestyle promotion during medical counseling and community-based initiatives.

Workshop on Positive Deviance and Behavior Change Communication for Program and ADP staff

In July 2004 WV organized workshop on Positive Deviance (PD) and Behavior Change Communication, facilitated by Jerry and Monique Sternins, visiting scholars from Tuft University. WV health program staff, one representative from each ADP and partner organizations was invited. PD is based on the belief that in every community there are certain individuals whose special practices enable them to find a better solution to a pervasive problem than their neighbors who have access to exactly the same resources. This approach is a very useful tool for finding solutions which already exist within the community.

The workshop consisted of training sessions as well as fieldwork to Shirak Marz where the participants tried to identify the positive deviants and effective strategies among village population regarding such issues as worm infestation and breastfeeding.

Positive deviance approach has proven effective in different countries, in solving various problems. WV Armenia staff that participated in the workshop will work to integrate this approach into the concept of MOT's, particularly nutrition component, as well as apply it to other health programs.

Broadcast on prevention of cervical cancer

A Fifteen-minute radio broadcast on prevention of cervical cancer was aired on Radio Ardzagank on August 2007. The program was first of two health related topics included in WVA radio broadcast series on child protection and health issues. The target audience for this broadcast was housewives. During the broadcast WVA Health Coordinator presented statistical figures for cervical cancer in Armenia, explained the course of development malignancy over the years and fact that it is very much preventable disease, the availability of PAP testing as a part of WVA's MOT project, as well as where one can get it in Yerevan, women were encouraged to take care of their health and regularly get testing.

Training for health program staff on Healthy Nutrition

Training on nutrition facilitated by Dr. Benjamin Caballero the Director of the Center for Human Nutrition of Johns Hopkins Bloomberg School of Public Health was organized during August 2004. All health staff from WV MCH/ Nutrition and MMT program and SAMSA health officer attended: in total 8 participants. The training aimed to introduce the participants the theoretical basics of human nutrition, principles of assessments of energy, macro and micronutrients deficiencies, nutrition intervention planning monitoring and evaluation. This knowledge was used in the implementation of the nutrition element of the MOT project.

Health staff capacity building:

Two staff members of the Health Department participated in a "Community Mobilization" five day training, organized by PHCR from 21-25 July 2008. Training was organized for interested and qualifying Armenian Non-Governmental Organizations (NGOs), as well "World Vision Armenia" and project NOVA team. The training included the follow topics:

- The role of CHC in community development process
- Adult Learning Strategies, Cooperative Learning Methods/Team Building, Interactive Learning Methods
- Conflict and Stress Management
- Behavior Change Communication (BCC)
- Participatory Rural Appraisal (PRA)

- Advocacy

Various teaching techniques were used during the ToT, such as stories, drawing, group discussions and games. The training participants had various small and large group discussions. The gained knowledge will help WV health staff to increase efficacy of their work in addressing community health issues.

Two TST health specialists participated in five-day ToT organized by PHCR for Community Health Committees on public health issues, organized for local NGOs operating in Aragatsotn, Ararat and Armavir marzes. The following topics were discussed during the five days:

- Child Nutrition and Hygiene
- Child Immunization
- Child Injury Prevention
- Safe Sexual Behavior
- Smoking Dangers
- Diabetes Prevention and Management
- Hypertension Prevention and Management
- Calcium and Healthy Bones

PHCR facilitators presented the new methods of teaching with appropriate tools developed for communities, utilizing interactive games, group discussions and situational analysis, which makes the topics more digestible and user friendly. After the training each participant received the Manual and Certificate for further training provision.

MOT News Bulletins

MOT News Bulletins were periodically published and distributed to USAID implementing partners, WVA major stakeholders, and state and district level health care authorities. Publication of MOT bulletins promoted the project main accomplishments and achievements, good stories and best practices, and helped continuously maintaining WV and USAID visibility at country level.

4. EVALUATION

MOT evaluation

WVA health team with the external lead evaluator and team leader, Dr. Kim Arzumanyan, WV US Program Officer, Rebecca Chandler Legee, and WV US MCHN Technical Specialist, Carolyn Kruger, finalized the MOT program evaluation design, tools and size. It was decided to revise the KAP questionnaire utilized during the baseline by cutting down the number of questions and focus only on the most critical issues that are defined by the research questions and hypothesis developed, particularly to detect any change the project made in child feeding and care, disease recognition and home management, antenatal care and delivery, as well as birth control patterns. In addition, a number of questions were added to measure the effectiveness of public health education initiatives, including peer-education, health education materials distribution, conventional education conducted throughout the program. It was decided not to conduct the QoL survey as all the parties agreed that the project could not induce a significant change on QoL indicators of population, and the survey could not serve as a tool for MOT project evaluation. Hence, it was decided to measure the quality of health care provided by MOT/local trained health care providers, by interviewing MOT users diagnosed with hypertension and diabetes, by assessing the care provided to patient against the recommended standards, as well as utilization and access to health services.

For the qualitative part of evaluation the following research questions were established: 1. Has utilization, satisfaction, access increased? Did distribution of pharmaceuticals improve PHC? Were health care providers better trained? The evaluation team leader conducted key informant interviews with the MOH, Tavush Syunik Marzpetaran Health Department representatives, STC representatives in Yerevan and Kapan, focus group discussions with doctors in Tavush, Kapan and Gegharkunik, and Community members, nurses in all four regions (Karchaghbyur, Aghavnavank, Antarashat, Saghat, and Gyulagarak).

For the quantitative evaluation section, «Yeritak», a monitoring and evaluation NGO was contracted to administer the survey in Lori and Gegharkunik marzes, according to the provided questionnaire and sampling frame. Interviewers were trained and provided with the appropriate health education materials. The questionnaires were pre-tested in Tavush and slightly revised based on observations. In addition, the evaluation team leader conducted ad-hoc monitoring to observe the process of interviewing in one of the

villages of Lori. Field work was completed by mid of December 2008. «Yeritak» handed-over filled 3 databases and methodological report. Initial analysis was done by the health team and provided to the evaluation team leader.

MOT documentation

World Vision's regional office health team representatives initiated the documentation of the MOT project's best practices, which aimed to:

- Capturing knowledge accumulated by the staff regarding field practices and applied knowledge prior to the dispersion of the project team;
- Make this knowledge accessible for future programming by WV and its partners across the region;
- Building WV health staff capacity in the region based on analysis of the projects best practices and lessons learned;
- Promote the recurrence of desirable outcomes through sustained utilization of learning in ADPs beyond MOT program;
- Utilize the evidence based best practices and learning from the MOT for the region's health pilot project design and planning phases;
- Preclude the recurrence of undesirable outcomes in ongoing and future health programs using the documentation results.

To achieve this documentation, the tools were developed by WV's regional office MCH adviser Mike O'Brain, and included KII, FGD, review of document and observations. All corresponding field work with participation of the region's Health and HIV Director, MCH Adviser, Nutrition Coordinator and WVA Health Team was completed by mid December, and initial finding of documentations were presented to WV senior staff at a formal debriefing meeting.

Lessons Learned and recommendations:

- USAID did not require provision of annual reports for this project, it is recommended to prepare brief annual accomplishments reports for projects that have 3 and more years' duration.
- A better coordination with the MOH, involvement of communities and project partners in design of the project significantly reduces risks of failure, and eases project implementation process.
- Realistic budget +, consider minor expenses (meetings, etc..)
- More attention of staff capacity building.