

Data Sheet

USAID Mission:	Armenia
Program Title:	Primary Health Care
Pillar:	Global Health
Strategic Objective:	111-0320
Proposed FY 2004 Obligation:	\$5,765,000 FSA
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$5,169,000 FSA
Year of Initial Obligation:	2004
Year of Final Obligation:	2008

Summary: USAID's program to increase access to sustainable high quality primary healthcare services includes training and technical assistance to strengthen the capacity of the Ministry of Health to implement primary healthcare reform while providing basic primary health care services to meet the immediate needs of vulnerable populations. USAID will support activities to: improve medical education by strengthening educational institutions; increase the transparency and efficiency of administrative, managerial, and health financing mechanisms; improve the regulatory environment for the delivery of healthcare service; expand high quality primary care service delivery and outreach services; and enhance consumer demand for client-focused healthcare services. USAID closely coordinates its work in this sector with other donors.

Inputs, Outputs, Activities:

FY 2004 Program:

Strengthening and reform of the health system (\$2,305,000 FSA). USAID will expand existing activities focused on strengthening governmental institutions responsible for managing and delivering healthcare services. The Unified Family Medicine Curriculum will be implemented in three existing pilot sites, and open enrollment in family medicine departments will be expanded. The central drug supply tracking system designed in FY 2003 will be implemented, and end-users and relevant donor community representatives will be trained to use the system. Planning and procurement for the 2005 Demographic and Health Survey (DHS) in Armenia will begin. In support of the Mission's HIV/AIDS/STI (sexually transmitted infections) strategy, national protocols and training materials on STI management and infection prevention within reproductive health settings will be drafted and adopted. A full-scale model training center for rural healthcare providers will be launched. Remaining curriculum modules will be developed and six local trainers will start the training of the providers. Principal contractors/grantees: PADCO (Prime), Abt Associates (Sub), Intrah (Prime), John Snow Inc. (Prime), and ORC Macro (Prime).

Primary health care services (\$3,460,000 FSA). USAID will support an expanded program for outreach services through mobile medical teams and supplemental feeding programs for vulnerable populations. A fourth family group practice pilot site will be selected and launched with emphasis on quality assurance, open enrollment mechanisms and technical support. Regional and urban activities to promote health awareness and education through community mobilization will continue. Preventive test offerings including Pap smears, mammography, breast exams, vision, cholesterol, diabetes, and blood pressure screening will be expanded to rural areas. Training for primary and rural providers in clinical skills will continue and small scale health infrastructure renovations will take place in five rural communities. Community health committees in several rural areas will be established to prioritize and address community health needs. Principal contractors/grantees: PADCO (Prime), Abt Associates (Sub), Intrah (Prime), World Council of the Hellenes Abroad (Prime), International Relief and Development (Sub), American International Health Alliance (Prime), United Methodist Committee on Relief (Prime), and Carelift International (Prime).

FY 2005 Program:

Strengthening and reform of the health system (\$2,007,000 FSA). The 2005 Demographic and Health Survey will be conducted. USAID support will continue to improve and implement changes in the financial, legal, and regulatory environment for primary healthcare. Principal contractors/grantees: PADCO (Prime), Abt Associates (Sub), ORC Macro (Prime), and others to be determined.

Primary health care services (\$3,162,000 FSA). Provision of medical and outreach services will continue for rural and vulnerable populations through mobile medical teams and supplemental feeding programs. Primary health care family group practices will continue to function in a polyclinic setting, and health partnership programs will promote healthy lifestyle choices, provide clinical training for primary providers, and offer expanded primary health care screening tests and preventive services. Principal contractors/grantees: PADCO (Prime), Abt Associates (Sub), and others to be determined.

Performance and Results: USAID's health sector activities achieved several important results in FY 2003, building on the previous integrated social and health strategic objective 0340, Mitigation of Adverse Effects of the Transition. With stakeholder collaboration, the Unified Family Medicine Curriculum was developed and approved by the Ministry of Health. This curriculum will be used in both undergraduate and continuing medical education. With USAID assistance, the design of a central drug tracking system was completed to coordinate centralized pharmaceutical procurement and distribution among the largest suppliers in Armenia. Reproductive health service delivery policy, a standards framework, and improved clinical protocols were drafted and are being reviewed by the MOH. Three polyclinic-based family group practice pilot sites with family medicine departments were launched, introducing the concepts of continuous quality improvement, open enrollment, financial/cost accounting, and patient information software. A comprehensive clinical training program for primary healthcare providers in rural areas was implemented along with the creation of four rural clinical practice training sites. A regional primary healthcare center offering expanded preventive services and screening tests opened. Additionally, mobile medical teams provided medical outreach services to more than 8,000 vulnerable people, successfully meeting targets for FY 2003. Ongoing efforts of the partnership program also helped to promote healthy behaviors and lifestyle choices as well as emphasize preparedness and preventive medicine.

At the completion of this strategic objective, the foundations of the legal and regulatory framework established by the previous strategic objective will be expanded to ensure sustainable delivery of high quality primary healthcare services. USAID support will lead to transparent administrative, financial and managerial processes, and expanded access to enhanced, client-focused primary care services delivered by appropriately trained providers.