Document up-dated in May 2009

Country: Armenia

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	R'd	Time Period		Total Budget: App. by Board - USD	Approval Track	Total Amt Disb-ed up to last date	Last Disburse-ment Date
		HSS Prop.	Nat. Health Plan				
ARM	5	2008-2010	Not finalised **	291,500	**First Submitted**: *05. 10. 2007* **App. W conditions**: *Nov. 2007* **Not approved**: *n.a.* **Resubmitted**: *07.03.08* **First Approval**: *26.06.08*	94,500	12.01.08

Health policy indicated by several strategic documents: ***viz*, PHC Devt Strategy (2003-8); Strategy for MCH (2003-15); PRSP (2003-2015); Medium Term Expenditure Framework (2007-9)

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

To ensure financial protection, accessibility of quality health care services for the entire population. Particular focus is on regions with high poverty rates. Principal strategies are to:

- Strengthen PHC and the integration of PHC functions into family medicine practice;
- Streamline & optimise PHC and hospital networks;
- Train/retrain family physicians and nurses;
- Introduce incentives for good quality services -particularly in remote areas ;
- Raise awareness among the population about its health rights

Proposal Goals

To improve the quality and responsiveness of Primary Health Care (PHC) and Public Health (PH) services, with special attention to population groups living in remote and border areas.

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
Improved knowledge and skills of PHC/PH providers – particular emphasis is on ensuring • Full immunisation coverage; • Improved antenatal and obstetric care for pregnant women especially in poor rural areas; and • Improved nutritional status of women and children.	• Establishment of integrated supportive supervision of primary and public health services • Improving access to PHC and PH services in remote rural areas • Strengthen the surveillance of communicable diseases

SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

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Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • Unsatisfactory supervision of primary and PH services. • high out-of-pocket payments	• Develop a system of supportive supervision that defines the procedures, & roles and responsibilities of supervisors; • Review and revise the existing supply management and delivery system; • Prepare guidelines and regulations defining implementation of revised vaccine management and delivery systems	8,000	2.7
Human Resource Development/Performance Management/Staff payments • Insufficient knowledge and skills of PHC/PH providers [Previously, many family medicine practitioners did not provide services to children.]; • Lack of physical access and/or availability of human resources in remote areas; • Lack of skills at marz and district level for vaccine requirement calculations, stock management etc	• Review training needs and design a training module for PHC staff on MCH services; • Conduct training sessions on MCH services, including Immunisation in Practice (TOT); • Train district and regional (marz) level Programme Managers (epidemiologists and family doctors/paediatricians) on MLM; • Integrate current PH programme training into continuous medical education system; • Upgrade pre-service training according to the needs identified; • Train outreach staff during 3-days training on MCH; • Conduct 1-day & 2-day training of sessions for staff at marz and district level responsible for supplies management and delivery, and for surveillance; • Train reporting site (hospital and health facility) staff on surveillance (75 sessions); • Train marz and district level public health managers on supportive supervision & programme management and reporting (20 training sessions); • Bonus payments to health providers in remote, mountainous, and near border areas.	129,500	44.5
Drugs, Equipment, Supplies, Facilities • Lack of appropriate delivery system for PHC supplies, including vaccines	• Operational support (per diems and fuel) for supervisory visits, and for outreach teams; • Establish outreach teams to deliver MCH in remote, mountainous, and near border areas; • Procure 5 vehicles to support outreach activities; • Procure a refrigerated-truck to be used for vaccine and supplies.	92,220	31.7
Monitoring and Evaluation • Weak surveillance systems for communicable diseases, including VPD and adverse events following immunization (AEFI)	• Monitor and evaluate integrated supportive supervision and disseminate findings to decision makers and partners; • Revise & prepare guidelines and regulations for implementation of surveillance systems; • Provide operational support & transportation for implementation of surveillance systems delivery at sub-national levels; • Conduct regular assessments to evaluate performance of the surveillance systems	51,400	17.7
Overheads	Management of HSS/Final Evaluation	10,000	3.4

TOTALS		**291,120**	**100.00**

***** These figures are based on the budgets provided by the country.***

Health financing Gap: The collapse of the Soviet Union left a financing gap that has been filled by out-of-pocket payments; by 2005 this constituted 62% of total health expenditure.

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SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values 2006	Final Targets 2010	Expected Source of Data/Information
Outcomes/Outputs:			
• National DTP3 coverage (%)	86.8%	95%	Data sources:
• % of districts achieving ≥80% DTP3 coverage	69%	100%	
• BCG – DTP3 drop out rate at national level (%)	3.6%	<3	MOH & NIP Reports
• Under five mortality rate (per 1000)	15.8	<=12	
• Number of annual average PHC contact per person	2.4 (2005)	3	
• % of districts that had stock out for any of NIP vaccines more than 1 month	100%	5% (2009)	
• % of health facilities supervised at least 2 times in the last year using the standardized checklist	0%	90%	
• % of health facilities in remote, mountainous, and near border areas that conducted regular outreach services in the last year;	4%	50%	
• % of PHC staff who received training during last 5 years	40%	90%	
• % of District Expertise Centres which had received timely and complete surveillance reports at least from 90% of their health facilities.	0%	90%	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation:

Channelling/Management of funds: To be channelled through established procedures for external funding within the budget system. From this extra budgetary account held by the MOH at the Central Treasury of the Ministry of Finance and Economy funds flow to special MOH accounts at the periphery.

Strategies proposed for sustainability of activities: The govt will take over the support of the activities – beginning in year 3.. All the training manuals and modules will be integrated into existing training courses.

Collaboration with/ Involvement of other organisations in

i) *Proposal Design & Planning*: WHO, UNICEF, World Bank, USAID, Vishnevskaya-Rostropovich foundation; stakeholder/peer workshops with State Hygienic and Anti-Epidemic Inspectorate [SHAEI] regional branches and regional health authorities; NGOs (Development Appropriate, Human Health Care, & Armenian Public Health Union)

ii) *Proposal Management*: None outside of MOH & Ministry of Finance and Economy.

iii) *Proposal Implementation:* WHO; Vishnevskaya-Rostropovich-Foundation; Development Appropriate; Human Health Care; Armenian Public Health Union

Other Financial Support for HSS: From USAID, UNICEF, WHO & Vishnevskaya-Rostropovich Foundation :–US$4.19 million.