

## Data Sheet

<b>USAID Mission:</b>	Armenia
<b>Program Title:</b>	Primary Health Care
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	111-0320
<b>Status:</b>	Continuing
<b>Planned FY 2006 Obligation:</b>	\$8,010,000 FSA
<b>Prior Year Unobligated:</b>	\$1,484,000 FSA
<b>Proposed FY 2007 Obligation:</b>	\$5,839,000 FSA
<b>Year of Initial Obligation:</b>	2004
<b>Estimated Year of Final Obligation:</b>	2008

**Summary:** USAID's health sector program seeks to increase utilization of sustainable, high-quality primary healthcare (PHC) services by strengthening the Ministry of Health (MOH) capacity to implement PHC reform, and to reinvigorate PHC service provision to satisfy the immediate needs of vulnerable populations. USAID works with the MOH, State Health Agency, National Institute of Health, Yerevan State Medical University, regional and local authorities, and other donors in providing technical assistance (TA), training and commodity support. Specifically, USAID's activities in the health sector aim to: increase the transparency and efficiency of administrative, managerial and health financing mechanisms; improve the regulatory environment for healthcare service delivery; strengthen undergraduate and continuing medical education; expand provision of quality PHC and outreach services; and enhance consumer demand for high quality, client-focused PHC services.

### **Inputs, Outputs, Activities:**

#### **FY 2006 Program:**

Improve Maternal Health and Nutrition (\$2,670,000 FSA, \$702,717 FSA carryover, \$260,000 FSA prior year recoveries). USAID will continue to improve and expand nationwide prenatal and reproductive health (RH) services at the rural level through health facility infrastructure improvements and community mobilization activities. USAID will scale up and expand family medicine (FM) clinical care models and trainings and conduct PHC GIS mapping as a basis of new site selection and facility renovation activities. Revolving health funds will replace revolving drug funds to cover health service costs, and new food security activities will replace nutrition subsidies. The Global Development Alliance (GDA) program with Armenian American Cultural Association (AACA) will continue to integrate PHC services with cancer screening/prevention (breast/cervical). Through mobile medical teams, key PHC services will continue to expand to hard-to-reach rural populations thus increasing access to basic medical services and pharmaceuticals. The GDA with Armenian EyeCare Center will expand outreach for screening of eye diseases and surgery for vision impairments. Principal contractors/grantees: Emerging Markets Group (EMG), AACA, World Vision (WV), and the Armenian Eyecare Project (AECP).

Strengthen Public Sector Executive Function (\$5,340,000 FSA, \$521,680 FSA prior year recoveries). USAID will publicize the final results of the 2005 Demographic and Health Survey through a series of roundtables and a national dissemination conference. Results will measure the health impact of reforms and guide the development of an evidence-based strategic platform for ongoing USAID and MOH activities. Through the new Primary Health Care Reform (PHCR) project, USAID will scale-up and extend national PHC policy reforms, build clinical service capabilities, increase equitable distribution of health resources, and foster health-seeking behaviors. The program will implement competency-based pre-service and in-service training programs, develop a unified family nursing curriculum, conduct professional development training for 170 nurses and 40 physicians, and create standards and treatment guidelines for PHC facilities, provider licensing, and accreditation. USAID, the World Bank, and the World Health Organization will continue providing technical assistance to a multisectoral National Health Accounts (NHA) working group to implement NHA and enhance healthcare financing. Ongoing technical assistance will broaden the national coverage of FM doctors and refine their scope of practice in providing RH and maternal/child health (MCH) services. Continued implementation of facility level quality improvement systems remain a priority for improved management and corruption abatement. A new 2-

year USAID program will also focus on strengthening pharmaceutical management in PHC delivery. Principal contractors/grantees: EMG, Management Sciences for Health (MSH), and Macro.

**FY 2007 Program:**

Improve Maternal Health and Nutrition (\$2,860,000 FSA). Programs to expand high-quality RH/MCH and PHC services, including health facility infrastructure improvements in rural areas will continue. Expansion of women's cancer screening and integrated family-based PHC services will continue. Key PHC and ophthalmologic services will be maintained for vulnerable rural populations, including screening, diagnosis, and treatment through mobile medical outreach teams. Principal partners include EMG, WV, AECF, and AACA.

Strengthen Public Sector Executive Function (\$2,979,000 FSA). The nationwide expansion of rural RH/MCH and PHC reform projects will continue thus improving health system managerial, financial, and planning capacity to deliver high-quality accessible services. Activities to restructure PHC pharmaceutical management and implement data-driven policy will continue thus enhancing services. Implementation of NHAs will also continue, resulting in a strengthened policy and regulatory environment. Principal contractors/grantees: EMG, and MSH.

**Performance and Results:** USAID expanded the PHC model in FY 2005 giving nearly 10% of Armenia's population access to more efficient and higher quality care. Pilot revenue and expenditure tracking systems increased transparency in health care financing. USAID established a national reproductive health clinical training network to improve rural health care. GIS mapping identified gaps and surpluses in facility placement and laid the groundwork to rationalize the rural health delivery system. Medical outreach teams established revolving drug funds in 62 remote communities. At the completion of this objective, better legal and regulatory frameworks for high quality, customer-oriented PHC service provision will facilitate the sustainable delivery of key PHC services to the population. USAID will have helped the MOH implement and strengthen its own strategy for PHC reform. Transparent national and regional administrative, financial and managerial processes will be in place to improve financial accessibility to healthcare services, and to increase the utilization of quality healthcare services delivered by trained providers in well-equipped facilities.

## US Financing in Thousands of Dollars

Armenia

111-0320 Primary Health Care	ESF	FSA
<b>Through September 30, 2004</b>		
Obligations	868	17,399
Expenditures	868	12,496
Unliquidated	0	4,903
<b>Fiscal Year 2005</b>		
Obligations	0	7,122
Expenditures	0	4,529
<b>Through September 30, 2005</b>		
Obligations	868	24,521
Expenditures	868	17,025
Unliquidated	0	7,496
<b>Prior Year Unobligated Funds</b>		
Obligations	0	1,484
<b>Planned Fiscal Year 2006 NOA</b>		
Obligations	0	8,010
<b>Total Planned Fiscal Year 2006</b>		
Obligations	0	9,494
<b>Proposed Fiscal Year 2007 NOA</b>		
Obligations	0	5,839
Future Obligations	0	0
Est. Total Cost	868	39,854