Save the Children

PDQ Application in Armenia: "Community Partnership for Health"

In November 2003, IntraHealth partnered with Save the Children to implement the **PRIME II Community Partnership for Health** project, a pilot project in 20 facilities and communities in the Lori region of Armenia, in cooperation with the Armenian Ministry of Health. This PDQ pilot, with mostly rural Health Posts or Health Centers, was part of a larger effort to improve quality through training and equipping service providers by PRIME II, a global project led by IntraHealth International. After the pilot phase, the PDQ is being expanded to a total of 120 rural Health Posts throughout the country. Started in October 2004, this expansion continues for 5 years through **Project NOVA**, which is a national scale project administered by the Emerging Markets Group (EMG) and implemented by IntraHealth International and Save the Children.

Goal

Increase quality and utilization of reproductive health/ mother and child health services through community mobilization and education in rural areas of Armenia.

Objectives

- Increase consumer demand for high-quality RH/MCH services
- Improve the quality and utilization of health services
- Increase community knowledge in RH/MCH

Background

Since declaring independence from the Soviet Union in 1991, Armenia has been in a state of political, economic and social transition. Despite the difficulties of changing from a centrally planned to a free market economy, Armenia has experienced positive economic growth for the past ten years. Changes in the social welfare sector, however, have not been positive.

Severe financial problems are the crux of many of the problems currently constraining the performance of health personnel to provide quality care. Most primary care facilities are neither able to buy medications and other essential supplies nor maintain equipment. In lieu of their public servant salary, health personnel resort to asking for unofficial cash payments for services and clients must bring whatever drugs, medical supplies and

even linen are needed for services. The most vulnerable rural populations obtain services at rural ambulatories and their satellite health posts, also referred to as FAPs, where in general, one nurse or midwife works independently in a one-room structure providing basic first-aid to the community. Although well supported during the Soviet health system, this level of care has been virtually abandoned over the last 10 years. The facilities often lack electricity and water.

Description

In each community, initial community discussions regarding quality services led to the formation of community health action groups that developed and implemented action plans. The health action groups usually consisted of the village mayor, local nurse, teachers and community members. Community actions focused on upgrading facilities, promoting community health education efforts and strengthening link between health posts and supervisory health facilities. Throughout the process, SC promoted and increased community and local government participation in program activities. SC facilitated open dialogue between community leaders, health providers and mayors to address problems and find solutions utilizing community self-help models and leveraging funds throughout the process.

Results

With minimal input of resources, the community partnership program demonstrated that substantial improvements could be made in the working conditions of health post nurses.

Armenia does not have a history of strong community mobilization or active civil society. Even more surprising then, are the results of this initiative that revealed communities, when coming together even over a short time, will identify and solve their own problems using internal resources.

Key Outputs are the following:

- Established 120 QI teams (Health Action Groups)
- Rejuvenated 120 Health Posts
  Improved physical condition of health posts
  Provision of basic equipment, supplies and furniture
  50-80 % monetary and in-kind contribution by community
- Established 120 small health libraries at Health Posts
- 2,180 health talks given by community nurses or doctors from supervisory healthcare facility (following Safe Motherhood Clinical Skills training)
  Almost 30,000 people reached with key MCH messages
- Built capacity of 20 staff from 7 local NGOs
- Built capacity of 42 QI teams (HAGs) in problem identification and solving, mobilization, proposal writing and accessing grants.

Key Outcomes

- ***Access*** to primary healthcare services in rural communities improved through renovation of rural Health Posts
- ***Utilization*** of primary healthcare services for antenatal and postpartum care increased 6-fold
- ***Quality*** of health services at Health Posts increased 2-fold
- ***General awareness:*** More residents are knowledgeable about key MCH practices and free services (48% vs. 30%)
- ***Sustainability:*** Partnership between key stakeholders for sustained quality operations of Health Posts established
  local government
  community nurses
  supervisory healthcare facility and
  community leaders

Challenges and Lessons learned

Challenges encountered in the projects were -

- Small amounts of seed funding were needed to rebuild the facilities, which helped provide the foundation for community donations of materials and skills.
- Communities specific mentality and behavior
  - *relationships between stakeholders*
  - *gender related issues*
  - *local customs and norms*
  - *lack of understanding of health issues as a priority*

Lessons learned -

- Involvement of all stakeholders in partnership process improves communication and mutual understanding, and is crucial for quality improvement
- Collaboration between community and supervisory health providers increases accessibility of rural health care facilities and strengthens their link to referral RH/MCH sites
- CPH approach helps providers feel more confident, supported and respected in the community
- Involvement of local NGOs contributes to project's sustainability
- Strong cooperation of partner organizations involved in the project ensures complex approach to community health problems

Big change can be achieved with small investment!

Lessons learned regarding site selection in Armenia

The differences revealed possible criteria that could be used for any similar projects.

- Severity of needs for improvement of RH/MCH services: The communities with the greatest need appeared to have the biggest impacts. Need would be based on current availability and utilization of services;
- Remoteness of the community from regional centers: Although the implementation teams time was increased due to travel time, the more rural communities reaped more benefit from the project;
- No other donors or NGO's simultaneously working in the community. Since this methodology focuses on giving the communities and providers the capacity to problem solve on their own and seek solutions that use local resources, having other non-mobilization quality improvement strategies occurring in the communities at the same time, only leads to confusion and conflict.
- When several of the intervention health posts are being served by the same ambulatory, having that ambulatory as a site strengthen the outcomes. In places where the ambulatory doctor was part of their health action group, the improvements to health service delivery and access, extended well beyond the health post nurse.

*This monograph is a product of Save the Children/CORE Group's joint Technical Advisory Group on Partnership Defined Quality.