

Reviewing Results in PRIME II

**Shifting the Policy Environment
for Primary Providers of
Reproductive Health Care**

Since declaring independence from the Soviet Union in 1991, Armenia has been in a state of political, economic and social transition, with a resulting decline in the health of the population. In response, the government of Armenia has embarked on an ambitious reform program to expand primary health care through the introduction of family medicine and more efficient service delivery mechanisms. As part of this effort, PRIME II assists the Ministry of Health (MOH) to strengthen reproductive health (RH) services through policy development and performance improvement for primary providers.

Background: Health services in Armenia are characterized by hospital-based care in which clients are required to go from one specialist to the next. The quality of RH services is generally below internationally accepted standards and use of RH services has declined, with growing trends toward delayed prenatal care, home births and a rise in maternal mortality. In its assessment of the situation, PRIME II recognized the potential of rural health posts, or FAPs, for increasing the accessibility of services. Ideally situated to provide primary RH services including routine prenatal care, the nurses and midwives stationed at these facilities have until now been charged merely with sending pregnant women to hospitals.

Interventions: From August 2001 to February 2002, PRIME II supported a technical working group in developing a national RH policy framework. The framework establishes broader responsibilities for nurses and midwives at FAPs. Further work with the MOH led to a consensus on the need to expand the role of non-obstetrician/gynecologists in RH service delivery, place stronger emphasis on client-oriented services, and rely more on evidence-based policies and practices. While a national RH policy is not yet in place, important agreements have been reached on policy directions.

Building on this work, PRIME II and the MOH hosted a two-day National Forum on Expanding Access and Increasing Quality of Reproductive and Child Health Care in September 2002. The meeting brought together more than 100 international and national experts to address policy and programmatic actions needed to improve the health of Armenia's women and children. Presentation topics included new WHO recommendations for normal labor and delivery, strategies for reducing high levels of abortion, the need for adolescent-friendly services, overcoming biases against hormonal contraception, and



Participants in the National Forum on Expanding Access and Increasing Quality of Reproductive and Child Health Care, Yerevan, Armenia



Midwife at a rural health post

PRIME II Country Office for Armenia
31 Moskovyan Street
Apartment 76A
Yerevan, Armenia
Tel: 374-153-2697
prime_2@intertel.am

PRIME II

Intrah School of Medicine
University of North Carolina
1700 Airport Road, Suite 300 CB 8100
Chapel Hill, North Carolina 27599-8100
Tel: 919-966-5636 Fax: 919-966-6816
intrah@intrah.org www.prime2.org



Women and children, Odzun, Armenia, 2002

integration of sexually transmitted infection prevention and treatment within existing RH services. The forum increased awareness that clinical practice in Armenia is often in conflict with international standards and that official statistics misrepresent the situation, leading to inaccurate identification of problems.

Results: The national forum was a resounding success. Many participants found the interdisciplinary, participatory format innovative, creating opportunities for broader dialogue on critical issues. Consensus recommendations reflect new directions for RH and child health care in the country, including:

- Expanding and reinforcing medical and nursing school curricula in key areas
- Training nurses and midwives in family planning service provision
- Introducing family planning counseling and services at abortion facilities while educating communities about safer options to avoid unwanted pregnancies
- Implementing modern prenatal, labor and delivery practices including social support for pregnant women, use of a partograph, and 24-hour monitoring of postpartum women
- Establishing adolescent-friendly RH services and education.

PRIME II and the MOH are using the framework and forum recommendations to plan interventions using the Performance Improvement (PI) approach. A program blending self-directed learning and supervised clinical practica for nurses and midwives at 60 facilities in Lori Marz is designed to enable these providers to handle new responsibilities in prenatal and postpartum care. As described in the framework and validated in large part during the forum, these nurses and midwives will monitor healthy pregnant women, educate communities on the danger signs associated with pregnancy, and counsel postpartum women on the benefits of exclusive breastfeeding and the importance of family planning to avoid unwanted or mistimed pregnancies. A subset of these midwives will also undergo comprehensive training in normal labor and delivery. With PRIME's input, efforts to establish an official national primary health care strategy have placed greater emphasis on the role of FAPs in service delivery as well as the future integration of RH services into primary health systems.



PRIME II

Suggested citation:
Kohler R. *Shifting the Policy Environment for Primary Providers of Reproductive Health Care*. 1/2003
(PRIME PAGES: EE-2).
Photo Credits: Michel Grigoryan, Marc Luoma, Lauren Voltero



This publication was produced by Intrah at the University of North Carolina at Chapel Hill for the PRIME II Project and was made possible through support provided by the Center for Population, Health and Nutrition, Global Bureau, U.S. Agency for International Development, under the terms of Grant Number HRN-A-00-99-00022-00. The views expressed in this document are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.