

PRIME PAGES



Reviewing Results in PRIME II

Oct. 2002–Sept. 2003

Policy, Advocacy and Services

- **National RH Policy**
- Partnership

Knowledge Advancing Best Practices

- PMTCT
- Scaling-Up PI
- Costing
- Supportive Supervision

Support to the Field

- Nicaragua: EONC
- Philippines: HIV/AIDS
- Paraguay: FP/RH Quality
- Mali: FGC
- Senegal: PAC
- Dominican Republic: RTL
- Mali, Benin, Ethiopia: PPPH
- Bangladesh: RTL

PRIME II

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Improving Performance through Clear Expectations

Linking National Reproductive Health Policy and Primary Provider Performance

Family planning and reproductive health (FP/RH) service policies and protocols can be a powerful facilitating factor in creating clear performance expectations for primary providers. This makes policy and protocols development and revision a natural and critical component of the performance improvement process.

Interventions and Results

PRIME II has had significant success in the policy arena. Key results from 2002-2003 include:

In *Rwanda*, the Ministry of Health (MOH) asked PRIME to help draft the first national RH policy since the country's civil war. To identify national RH priorities PRIME organized a roundtable conference in 2000, which launched a collaborative process with key RH stakeholders. PRIME facilitated this process and helped to finalize the RH policy, which was signed by the minister of health in July 2003. With assistance from PRIME, the Rwandan MOH is now drafting new RH guidelines to ensure effective implementation of the national policy.

In *Armenia*, PRIME organized a national forum, held in September 2002, in which over 100 national and international experts reached consensus on the most important actions needed to improve FP/RH access and quality using WHO guidelines. These recommendations served as the foundation for RH legislation passed by the Armenian parliament in December 2002 after significant technical review and support from PRIME, UNFPA and the NGO community. The legislation provides a framework for expanded access to quality FP/RH services and guidance on women's reproductive and sexual rights. Early on in its work in Armenia, PRIME also organized a Ministry of Health working group to draft a national RH policy. After the working group prioritized RH needs and services, PRIME defined roles and responsibilities for FP/RH providers at all levels of the health care system to match these priorities. While not yet officially approved, the draft policy is serving as a guide for additional policy work to support PRIME's assistance in expanding the role of primary-level nurses and midwives. Among these efforts are new RH protocols, which were more easily developed and approved because they were based on the draft national policy.

In *Paraguay*, PRIME designed and implemented the evaluation of the Ministry of Health's five-year National RH Plan (1997-2001). The evaluation was presented in November 2002 to the National Reproductive Health Council, a major policy body presided over by the MOH. This was a landmark event for Paraguay and Latin America, marking one of the few instances when implementation of a national RH plan has been comprehensively evaluated. The methodology included stakeholder interviews ranging from rural clients to high-level government officials, observation of providers in various settings, and focus groups with clients of different gender and age groups. The results revealed particular problems in the area of dissemination of the National Plan. PRIME is assisting the MOH in designing a new National Plan for 2003-2007, through a highly participatory process that includes stakeholder workshops in 17 geographic departments. PRIME has also been asked to provide training and assist in disseminating the new plan throughout the country.

In *Zambia*, PRIME gathered input from consumers on their expectations for quality nursing services. The Zambia General Nursing Council then built this consumer feedback into revised nursing and midwifery practice standards based on the East, Central and Southern African College of Nursing draft professional regulatory framework. This is one of the first examples of provider standards or protocols that reflect consumer input and promote consumer-oriented care.

Key lessons from these experiences include:

- While necessitating an in-depth and sometimes lengthy process, a participatory approach that ensures the involvement and buy-in of local stakeholders and partners as well as government officials is essential for developing policy and protocols that are most likely to be implemented and used
- Clearly stated policies and related protocols should form the basis for clear provider performance expectations, and are a part of the Performance Improvement approach
- It may be useful to gather feedback from consumers on their expectations for quality care as a part of the process of developing protocols
- In order to improve implementation, it is important to focus on wide dissemination of policies and translation of policies into protocols and clear provider performance expectations.



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