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Kyrgyzstan: Increasing the Use of Postabortion Family Planning

Prior to Kyrgyzstan's independence from the Soviet Union, abortion was the principal method of fertility control, a result of liberal abortion legislation and policies limiting the availability of contraception. Despite the fact that the number of induced abortions has declined in recent years, the issue remains a public health concern because of the overall adverse effects on women's health. The government's current program of health sector reform places more emphasis on primary health care, offering great potential to maximize the role of primary providers in postabortion family planning (PAFP).

PRIME II's initiative in Osh and Jalalabad works to increase the use of PAFP by improving the availability and quality of PAFP services. Phase 1 focuses on identifying obstacles to women receiving PAFP services. Data collection instruments, focus group guides and data collection strategies were developed and vetted with local counterparts. Subsequently, key informant interviews were completed in April and data collection training was conducted in May. At the same time, focus group discussions were held with married women of different parity and married men to explore FP and PAFP experiences, current practices and barriers to FP. In tandem, exit interviews were conducted in facilities with a sample of women who received abortion—and possibly PAFP—services, as well as with a sample of women who received FP services, to learn about their experiences as well as their RH intentions. Finally, PAFP providers were interviewed about the services they offer, their understanding of performance expectations of those services, current practices and beliefs about PAFP.

During Phase 2, PRIME will implement and evaluate interventions to close performance gaps identified during Phase 1 and increase availability, acceptability and use of PAFP services.

Uzbekistan: Learning Package Completed, MOH Approves National Level Use

A maternal and child health competency-based learning package for primary providers developed by PRIME II was completed in January 2003 and received backing from the country's major medical and nursing institutions, the Ministry of Health (MOH), USAID and cooperating agencies working in safe motherhood. In March, PRIME II prepared 12 trainers from across the country to use the package, which includes a WHO reference manual, trainers' notebook, participant guide, presentation graphics and a client diary. The job locations and responsibilities of participating providers will ensure that the subsequent use of the package will have wide geo-

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graphic scope and benefit other donor-assisted projects in Uzbekistan. At a national dissemination meeting on the package, key stakeholders from USAID, MOH, medical universities and other health programs reviewed the materials and exchanged ideas about how they will integrate the package into their own training programs.



Armenia: RH Policy and Performance Assessment, Infection Prevention and Clinical Site Preparation

In December 2002, the Armenian Parliament passed legislation providing a strong framework for expanded access to quality reproductive health services. This law establishes firm guidance on women's reproductive and sexual rights; provides the basis for equal access to family planning and other RH services for all women, including adolescents; and ensures women protection from violence and coercion. PRIME II, along with UNFPA and the non-governmental organization community, provided significant technical reviews and other support during the drafting of the legislation. PRIME II is well-placed to continue assistance to the MOH in the drafting of associated normative acts that support the legislation.

PRIME and the MOH sponsored a series of meetings in December to disseminate findings from the baseline assessment of RH care providers and services in Lori and Shirak *marzes*. At a national meeting, more than 60 professionals discussed the study results and made programmatic recommendations to strengthen RH care at the primary level in rural areas where no obstetricians are available. The recommendations focus on three intervention areas: clarifying job expectations in prenatal and postpartum care for nurses and midwives who work independently in health posts and rural ambulatories; improving the working relationships between nurses and midwives and their immediate supervisors; and establishing community mechanisms to enhance provider financial and non-financial motivation and incentives. A technical report was disseminated in Armenia and internationally in May.

PRIME II launched an infection prevention (IP) initiative in November 2002 with a week-long national clinical workshop at the Center for Perinatology, Obstetrics, and Gynecology on WHO-approved IP practices. As part of the initiative, five RH experts were trained as national trainers in IP, and have trained more than 50 health providers in selected clinical sites in Lori Marz. The minister of health signed an order establishing an MOH working group to update national standards and protocols in IP in RH settings with PRIME II technical support.

In February and March 2003, PRIME II conducted a series of clinical trainings in maternal and infant health for physicians, nurses and midwives in Lori Marz working in the four RH facilities selected by PRIME II and the Lori Marz Health Department to serve as clinical practice sites. These sites began accepting trainees in May 2003 as part of the self-directed learning program for nurses and midwives in maternal and infant health care.



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