

Improved Provider Performance, Better Health-Seeking Behavior

Volunteer Promoters Increase Family Planning Knowledge and Use in the Bateyes



While almost all PRIME II interventions measure changes in provider performance, the Project's work to improve the knowledge and skills of volunteer health promoters in seven of the Dominican Republic's *bateyes* also included a community survey of women's family planning and reproductive health (FP/RH) knowledge, attitudes and practices. The survey results reveal encouraging gains in accessibility and use of contraception.

Background

The most alarming health statistics in the Dominican Republic are found in the *bateyes*, isolated communities that were originally established to house the Dominican and Haitian migrant workers who toiled in state-run sugarcane fields and refineries. Due to the privatization of the sugar industry, the *bateyes* endure a high rate of unemployment; housing and sanitation are poor and health care suffers from lack of infrastructure, supplies and trained providers. In collaboration with the Dominican Institute for Community Action (IDAC), an NGO with 15 years' experience working in the *bateyes*, PRIME implemented a year-long intervention to compare two learning approaches, self-directed learning and classroom-based training, for 35 volunteer health promoters.

Interventions

Each learning approach was supported by a reference manual and client education materials, community radio broadcasts, a revolving fund for contraceptive supplies, creation of simple referral systems, community talks and home visits, and facilitated supervision. While the promoters did not necessarily learn in the manner project designers

Reviewing Results in PRIME II

Oct. 2002–Sept. 2003

Policy, Advocacy and Services

- National RH Policy
- Partnership

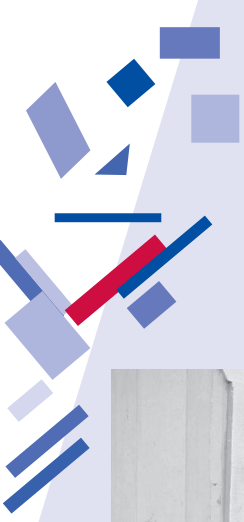
Knowledge Advancing Best Practices

- 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



had envisioned, a substantial amount of learning took place among promoters in each approach. Increased promoter knowledge and skills and improved performance have been documented in the 2002 PRIME II Results Review and other reporting, including a *PRIME Dispatch* (Number 6, June 2003) that captures findings and recommendations from the dynamic process of monitoring and revising the project design. To examine the effects of the intervention on health-seeking behavior in the *bateyes*, PRIME carried out a community survey among 390 women of fertile age both before and after the intervention. The random household surveys included 62 FP/RH-related questions. The first challenge in conducting the baseline survey was attempting to identify households in the *bateyes*: none had traditional address numbers and no neighborhood maps existed, even from the census bureau.

To proceed, promoters and PRIME staff drew maps of each *batey* by hand. The mapping exercise became a mini-intervention itself—community members were active in the effort and are using the maps to negotiate expanded municipal services from mayors and community officers. The post-intervention survey was conducted using the same interview instrument and methodology.



Results

The table below highlights findings from the baseline and post-intervention community surveys. Particularly noteworthy are the percentage of women finding contraceptives easy to access (from 19% at baseline to 60% post-intervention) and the percentage of women using contraception (from 69% to 81%). Though these results are positive, one limitation of the survey design is that it did not include measuring women's behavior in "control" areas, which would have provided demonstration of the net effects of the intervention. While the post-intervention survey indicates that improving health promoter performance in the context of a community-based intervention positively affected FP/RH practices, it is plausible that concomitant interventions in the *bateyes* may have contributed to the changes in women's behavior. However, the project staff is not aware of any major government or NGO programs that would have appreciably influenced FP/RH behavior in these communities.

Question	Baseline (1/02) n = 390	Final (3/03) n = 391
Can get contraceptives from promoters	59%	79%**
Are using contraception	69	81%**
-Injection	1.4	5.4
-Condoms	1.4	4.3
Know where to get EC (of 100% of sources) -From Promoter	9.5	26%**
	27	84
Had PAP smear in last 12 months	48	58%**
Contraception easy to access	19	60%**
Am missing info on contraception	71	52%**
Have attended community talk	40	64%**
- By promoter	22	60
- About contraception	57	81
Promoter provides good or excellent quality of care	61	70%**

** difference significant at $p < 0.01$

Responses to Questions by Women of Reproductive Age (in percentages)





This publication was produced by the PRIME II Project and was made possible through support provided by the 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 those of IntraHealth International or the U.S. Agency for International Development.



PRIME II

Suggested citation:
Coleman AL, Nelson D.
Volunteer Promoters
Increase Family
Planning Knowledge
and Use in the Bateyes
11/2003
(PRIME PAGES: RR-36)

Photo Credits:
Alfredo Fort, Lucy Harber