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**Dominican Republic:
En Familia on the Air**

En Familia began broadcasting to *batey* communities in the Dominican Republic on July 6.

The PRIME II Project developed this radio show to encourage listeners to change unhealthy behavior and seek health care when needed. The program will air

every Saturday afternoon for about 12 weeks, accomplishing one facet of PRIME's initiative to train health promoters who will provide selected reproductive and maternal/child health services and advice to residents of *bateyes*. These close-knit communities are made up largely of former sugarcane workers. Trained promoters serve as reporters for the radio show and facilitate community discussions on the health issues highlighted on the broadcasts. In collaboration with the Dominican Institute for Community Action (IDAC), PRIME is training 35 promoters in seven *bateyes* with a combined population of about 14,000.

The intervention will gauge cost-effectiveness by comparing two approaches to promoter training: classroom-based training and self-directed learning (SDL). Materials have been developed specifically for this project, including facilitator orientation guides, participant training guides, monitoring forms, and SDL learning sessions. PRIME/TRG senior consultant Jim McCaffery traveled to the Dominican Republic in May to ensure that the materials were being used most efficiently in the field. Training sessions using the SDL approach have been redesigned based on observations of model SDL sessions, and the process for designing and testing future SDL materials has also been refined.

Trained promoters are already conducting home visits in their *bateyes*, counseling and making referrals, selling contraceptives, and talking with community members about reproductive health. To boost the promoters' ability to serve as many clients as possible, PRIME and IDAC have created a revolving loan fund that will enable promoters to maintain supplies of contraceptives more easily. IDAC, in turn, will use the proceeds of the fund to replenish its own stock of contraceptives.

Paraguay: Valdivia Named Country Director

PRIME II is pleased to announce that Dr. Leonel Valdivia joined the project in April as country director for Paraguay. A native Chilean, Valdivia holds PhD and MEd degrees from the University of Manchester, England. He comes to PRIME with 25 years' experience as a senior technical advisor and manager of reproductive health programs in Latin America, Africa, Asia and the Middle East. Valdivia takes charge of PRIME's two



programs in Paraguay: improving the accessibility and quality of reproductive health care in four regions—Central, Misiones, Itapua and Asuncion—and enhancing maternal health in the Caaguazú region. PRIME is also working at the national level to strengthen policies related to reproductive health. One of Valdivia's first responsibilities is managing an evaluation of Paraguay's National Reproductive Health Plan. Recent accomplishments in this process include training a team to conduct the study, finalizing sampling design and instruments for interviews and observations, and conducting pilot tests. Field work and data entry have now begun and a final report is scheduled by September.



Honduras: Supportive Supervision Curriculum Drafted

PRIME II collaborated with Abt Associates and the Honduran Ministry of Health (MOH) in 2000 to conduct a survey of the country's Health Region 7. The survey serves as the pilot for the MOH's National Baseline for Health Establishments, part of its plan to license health care facilities.

Applying the Performance Improvement methodology, PRIME has examined the survey data to help determine the root causes of performance gaps in prenatal care and family planning services in Region 7, and prioritized interventions to resolve them. A stakeholders' group identified supportive supervision as the most effective intervention for ensuring performance feedback, clarifying performance expectations, improving provider knowledge and skills, and motivating providers. As a result, PRIME is now assisting the MOH in developing, implementing and evaluating a supportive supervision intervention for family planning and reproductive health providers in Region 7. In addition, PRIME is undertaking a small cost-effectiveness study comparing an external supportive supervision model with an internal supervision and self-assessment model. This experience should result in a prototype for illustrating how health sector reform can be a tool for improving service delivery and provider performance through non-training interventions.



In conjunction with PRIME staff, EngenderHealth's Fabio Castaño has developed the curriculum for the supportive supervision intervention and will assist in the training of Region 7 facilitators in the methodology. Castaño successfully presented the draft curriculum to stakeholders in April, visited the regional hospital and primary-level facilities (CESAMOs) to observe the current supervision system firsthand, and participated in a workshop hosted by the Japanese Agency for International Development's PROSARE Project to initiate the publication of an updated supportive supervision manual. Curriculum modules for training both internal and external supervisors in supportive techniques are now being developed by Castaño and PRIME/EngenderHealth's supportive supervision specialist, Maj-Britt Dohlie.

