

Evaluating Training Approaches for Community Health Promoters

A comparison of traditional classroom-based and alternative approaches for training community health promoters forms an important component of the PRIME II Project's program to improve reproductive and maternal health knowledge and care-seeking behavior in the Dominican Republic's *batey* communities. Implemented in conjunction with the Dominican Institute for Community Action (IDAC), the program is initially training 35 promoters from seven *bateyes* in the province of San Pedro de Macoris.



Focus on Family Planning and Prevention of HIV/STIs

The *bateyes* are densely populated communities of sugar cane workers, the majority of whom lost their jobs when the industry was privatized. Unemployment remains high and the *bateyes* are plagued by unsanitary living conditions, inconsistent supplies of water and electricity, and a lack of quality health care. Thoroughly integrated into these tightly knit communities, health promoters have been involved in efforts to improve child nutrition, water quality and sanitation, and prevent dengue, malaria, and sexually transmitted infections (STIs) including HIV. PRIME's training program focuses on strengthening the role of promoters in family planning outreach, education, counseling, referral and method provision, as well as prevention of HIV/STIs.



As part of the intervention, theme-based health messages are being broadcast via radio in the *bateyes* to encourage community members to adopt healthier behaviors and seek services or referrals from promoters when needed. The promoters are facilitating group discussions to underscore and expand upon the messages delivered in the radio programs, which will center on such topics as family planning, HIV/STIs, and prevention of cervical cancer.

Reducing Reliance on Classroom-Based Training

The intervention in the *bateyes* provides an ideal opportunity for PRIME II's Responsive Training and Learning unit to pursue its goal of field-testing innovative approaches for more efficient training and improved transfer of learning to the work place. PRIME is conducting pre- and post-training knowledge tests and on-the-job observations of skills to measure the cost and effectiveness of classroom-based training versus a peer-conducted, small-group learning approach. Baseline and follow-up surveys of community members will provide additional data that can be used to examine the effects of the two approaches on reproductive health behavior and practices in the *bateyes*. All of the promoters, regardless of training approach, are using

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the radio programs in their efforts to inform and motivate community members.



Traditional and Alternative Approaches

Eighteen promoters from the *bateyes* of Montecristi, Aleman and Soco received the classroom-based training, which began with a five-day workshop featuring large group discussions, small group activities, role modeling, and guided practice sessions. The promoters' materials were introduced along with reporting forms, job aids and educational materials. After the promoters returned to the *bateyes*, facilitators began visiting each promoter individually every three weeks to observe, answer questions, discuss and solve problems, reinforce learning from the workshop, provide constructive feedback, and review data reporting forms.

A peer-facilitated approach is being used to train 17 promoters from the *bateyes* of Esperanza, Don Juan, Paloma and Canutillo. This approach began with a two-day workshop to orient the promoters to the learning content and responsibilities, support materials, and tasks they are expected to perform. Unlike the traditional approach, most of the theory and practice around the learning content takes place later during biweekly small-group sessions conducted by the promoters themselves. Facilitators are visiting the small groups approximately every two months to observe group sessions, answer questions, discuss and solve problems, provide constructive feedback about peer-facilitated workshop sessions, and review data reporting forms. The facilitators are otherwise available to the promoters via cell phone.

PRIME II's evaluation of the cost and effectiveness of these two approaches will help shape potential replication of the community health promoter initiative in more of the Dominican Republic's 400-plus *bateyes*. On a broader scale, the findings of this study will also further PRIME's global strategy to implement the most efficient and sustainable training and learning interventions for strengthening the performance of primary providers.



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