

Improving Service Quality Testing New Protocols for Family Health Care

Benin's Ministry of Health is encouraged by early results from the field testing of a training program to apply new national family health guidelines and protocols. Drawing on PRIME II TA, this initiative is intended to minimize disruption of services by training providers in the protocols at their service delivery sites through an approach that combines a short classroom orientation with tutorials and self-directed learning. By training providers at their workplaces, this approach allows for site-specific problems to be directly addressed using the protocols.

Background

Low usage of health centers, poor quality of services, insufficient availability of essential medicines, and inadequate management and training of service providers are among the factors that exacerbate the country's health problems. The government of Benin has taken several concrete steps to reduce the country's high maternal and child mortality rates, including decentralizing training, supervision, logistics, and management systems to the health district level. Since 1999, PRIME has assisted the MOH in developing national family health protocols in collaboration with the USAID bilateral in the Borgou region; validated in February 2001, the protocols are now being field tested through a URC-led consortium. PRIME II's medical advisor and communications unit provided extensive TA on content and user-friendly presentation of the protocols. The protocols are organized in three volumes covering women; men, youth, and children; and common reproductive health services. They are designed to respond to the needs of providers at each level of Benin's service delivery system, from tertiary hospitals to community-based facilities. The field test began in June 2001 in selected health districts in three regions: Borgou, Atlantique, and Mono.

Interventions

The three-week tutorial approach is intended as a practical and replicable method of disseminating and applying the family health protocols. Mentors—selected by regional and district management teams—assist, encourage, and motivate learners, offering incentives and regular communication about their progress. During the first week of training, a mentor visits a health facility and orients all of the providers to the protocols using case studies, role-plays, and demonstrations. Since all of the providers from a site are oriented together, they serve as peer resources. In the second week, the providers conduct



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group-study using a package of SDL materials that includes job aids, short readings with self-tests, and group learning tasks involving role-plays, case studies, and mock consultations. For the final week, the mentor returns to the health center to evaluate and review progress, gauge application of new skills and knowledge, continue coaching providers, and prepare a report for supervisors. The course content is integrated into existing supervision structures to ensure continuity in support of the learners as they apply their new knowledge on the job. Thus far, 57 service providers and managers from three health districts in Borgou have participated in the training.



Results

Early findings from Borgou suggest that providers participating in the tutorial approach have improved service quality through application of the national protocols. A follow-up visit six weeks post-intervention to 13 providers from six health centers in one district found that 100% of the providers were following the infection prevention procedures recommended by the protocols, including hand washing, use of gloves, and use of individual towels. Sixty-five percent of the providers were using forms contained in the SDL training materials to document application of the protocols to cases acted upon during consultations. In addition, providers from each of the centers had posted job aids from the protocols in their consultation rooms as a reference tool. A final evaluation of the tutorial approach will be conducted six months after full implementation of the field testing; lessons learned from the field test will then be used to guide a national dissemination effort.

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