

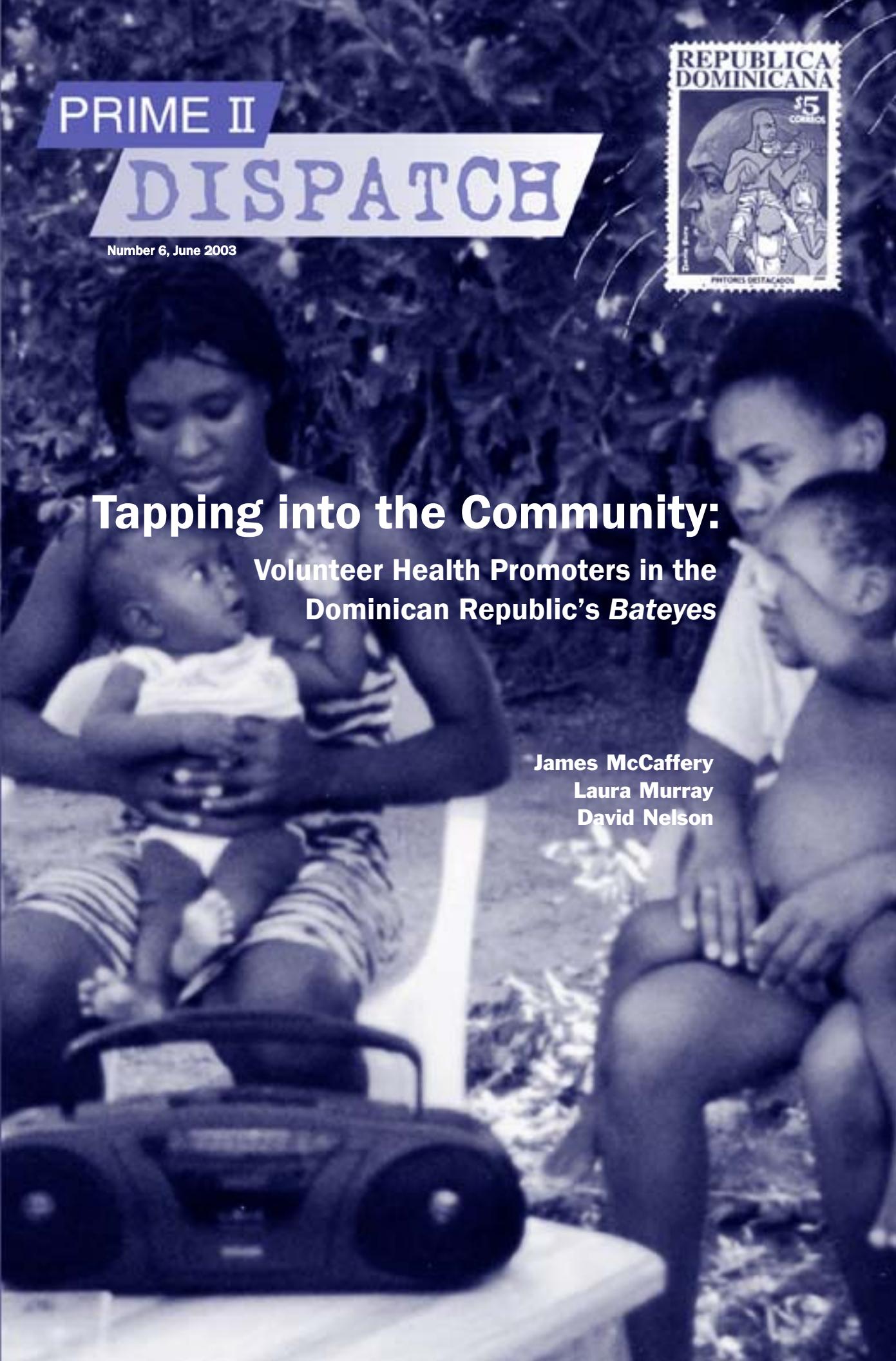
PRIME II DISPATCH

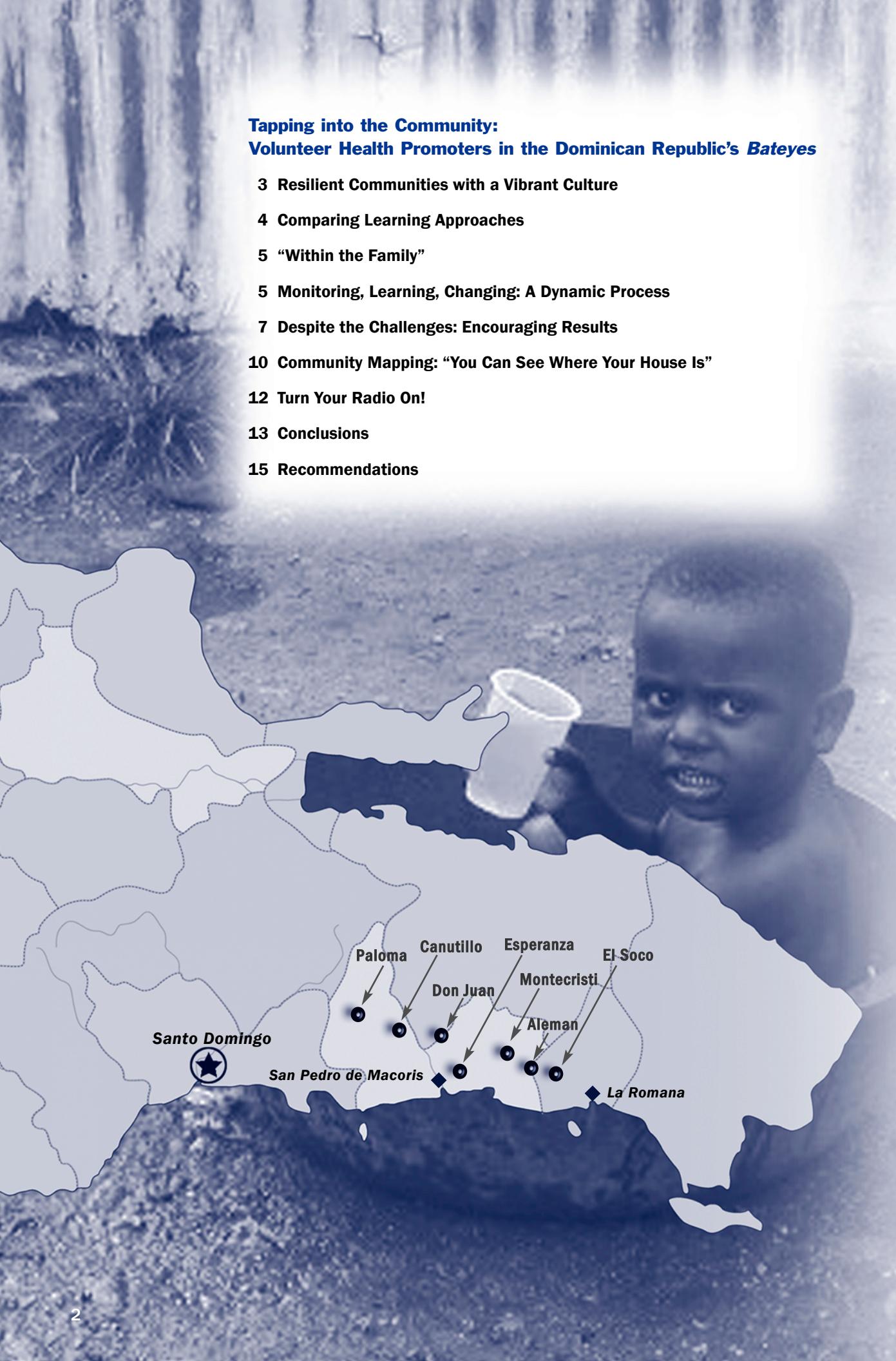
Number 6, June 2003



Tapping into the Community: Volunteer Health Promoters in the Dominican Republic's *Bateyes*

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Resilient Communities with a Vibrant Culture

Surrounded by fields stretching as far as the eye can see, communities of sugar cane workers are isolated from the Dominican Republic's urban centers. Dominicans refer to these settlements as *bateyes*, an indigenous term for a communal meeting place. Established to house the Dominicans and Haitian migrants who toiled in state-run fields and refineries, the *bateyes* now endure a high rate of unemployment due to the privatization of the sugar industry. Housing is overcrowded and makeshift, built largely of tin, cardboard and wood scraps. Intermittent electricity, water often unfit to drink, and problems with sewage and trash disposal all create public health hazards. Health care, when available, suffers from lack of infrastructure, supplies and properly trained providers. Compounding the substandard living conditions in the *bateyes*, the devastation wrought by Hurricane Georges in 1998 continues to interfere with daily life.

Despite the hardships, the people of the *bateyes* exhibit much hope, hard work and energy, and their culture is rich and lively. Helping communities like the *bateyes* to become healthier is the focus of the innovative programs developed around the world by the USAID-funded PRIME II

Project. Dedicated to improving primary-level family planning and reproductive health care for underserved and hard-to-reach populations, PRIME designed and piloted two learning approaches for *batey* health promoters. To spread positive health messages in the *bateyes*, PRIME also tapped into the communities through the popular medium of local radio.

Collaborating with the Institute for Community Action (IDAC), a non-governmental organization with 15 years' experience in the *bateyes*, PRIME began work in the fall of 2001 in seven *bateyes* in the province of San Pedro de Macoris with a combined population of approximately 14,000. Community members from the *bateyes* of Aleman, Canutillo, Don Juan, El Soco, Esperanza, Montecristi and Paloma selected 35 volunteer promoters to represent them in the project. Many of these women, active and respected in their *bateyes*, had helped IDAC with other community improvement campaigns but lacked knowledge and skills in reproductive, maternal and child health promotion. IDAC provided a network of facilitators with health care expertise to offer the promoters support.



Comparing Learning Approaches

Beyond enhancing reproductive health in the *bateyes*, PRIME designed the project to compare the costs and effectiveness of self-directed learning and a more traditional training approach. If the less-costly self-directed learning approach achieved the same or better results, it would create positive implications for addressing the needs of marginalized populations in many countries. Each approach included an initial training or orientation program, a reference manual, on-the-job practical tasks, regular visits from a facilitator and activities connected with a weekly half-hour radio program on reproductive health topics to reinforce both promoter learning and healthy behavior in the *bateyes*.

Before beginning the learning intervention, PRIME II conducted a community survey and mapping exercise of 390 homes across the seven *bateyes* to assess reproductive health knowledge and behavior, as well as community perceptions of promoter performance.

After a pre-training exam to test their reproductive health knowledge, promoters started their training in early February 2002. In the traditional approach group, 18 promoters received five days of classroom training in counseling, information/education and referral covering family planning, prevention of HIV/AIDS and other sexually transmitted infections, and other reproductive health care. The promoters would then receive individual follow-up visits from facilitators every three weeks. In the other approach, 17 promoters participated in a two-day orientation on their responsibilities and the use of specially adapted self-directed learning guides based on the same topics covered in the traditional approach. These promoters were expected to meet every two weeks with other promoters in their *batey* to fill out the guides and to be visited once every two months by a facilitator, who would otherwise be available by cellular phone to answer questions or address concerns that arose during the self-directed learning sessions.

All promoters were expected to conduct home visits, give community talks (or *charlas*), make referrals to clinics and hospitals, and sell family planning methods. To ensure the sustainability of contraceptive sales, IDAC developed a revolving loan fund. PRIME and IDAC also facilitated a training session for the promoters to prepare them to use the radio shows in their daily work.



“Within the Family”

The radio program, *En Familia* (“Within the Family”), aired every Saturday afternoon from July through November 2002 to disseminate positive and accurate reproductive health information in a highly entertaining format. An experienced team of communications experts designed the program and the series featured well-known health professionals discussing family planning methods, HIV/AIDS, cervical cancer prevention, the importance of male involvement in reproductive health, and similar topics. Boombox radios and batteries were supplied to the promoters so they could listen with friends and

Field Notes

August 16, 2002

A promoter accompanied the PRIME II consultant through the batey to show her where she conducted her charlas. As they were walking past the beauty salon, the owner ran out and told the promoter that she needed the new radio program cassette because she plays them for the women while they get their hair done.



neighbors. Promoters received tapes of the programs they could play for community members at anytime, and led *charlas* following each of the 20 episodes.

Monitoring, Learning, Changing: A Dynamic Process

With the goal of developing cutting-edge learning approaches for low-resource environments, project designers took appropriate risks in

order to try out new materials and methods with less learning support or follow-up than they might receive in settings with more resources. To ensure success, PRIME II monitored the project carefully through dozens of field visits, monthly meetings with facilitators and various written reports. This effort produced a rich

source of ongoing information that allowed for adaptations and adjustments to the project design.

While the radio program and many other project activities proceeded as planned, the PRIME team found that the original learning design did not work exactly as intended for a variety of reasons. Some of these reasons linked directly to design components—for example, the decision to have minimal facilitator support for the self-directed learning approach. Others related to development issues such as the logistical difficulties facing nongovernmental organizations that support field programs.

Field Notes

April 9, 2002

We sat in plastic chairs on the front patio of a promoter's house... Children, husbands, neighbors, chickens and dogs came and went throughout the meeting. At one point, a truck full of donated winter coats arrived and promoters advised their children on what to go and take from the truck. All of the women brought their reference manuals and agenda but there was not a self-directed learning guide in sight.



Limitations of Orientation

A month after the orientation to self-directed learning, one promoter asked her facilitator, “When will we be receiving our next training session?” The question was a clear indication of some promoters’ confusion about their roles in the self-directed learning process. The orientation had been limited to two days in order to keep down costs and maintain a clear distinction from the other learning approach. While the promoters quickly began relying on their reference manuals during orientation, the two days did not allow enough time for them to receive adequate training in the use of their self-directed learning guides. Once this became evident through monitoring, PRIME II conducted a refresher orientation session and revised the materials to set clearer expectations. This adjustment helped, although other elements contributed to further challenges for the self-directed learning groups.

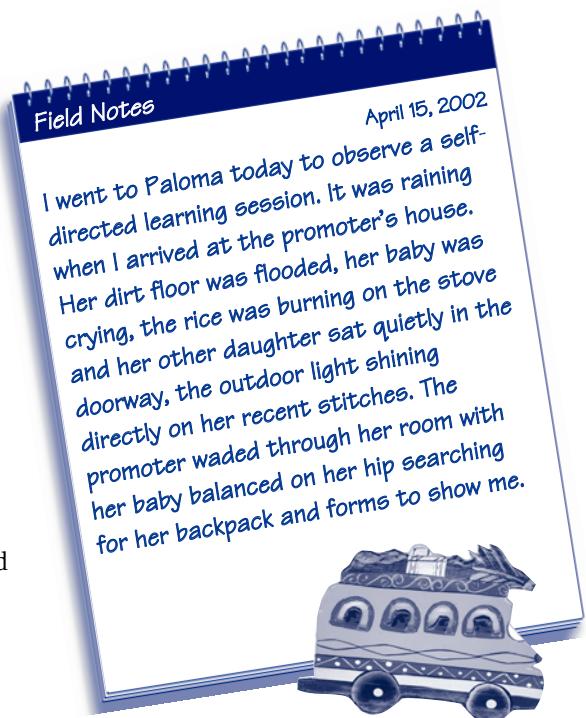
Inconsistent Facilitator Support

While the design of the project called for IDAC facilitators to provide promoters with regular and effective support, PRIME II recognized from the outset that the quality of such outside support has been low in the health care systems of many countries. Given this weakness, project designers tailored self-directed learning materials to compensate for a minimized facilitator role. This strategy also aimed to produce a less costly approach. As it turned out, facilitator support in both learning approaches was even less effective than anticipated. In addition, the planned communication between promoters and facilitators using cell phones did not often take place—the promoters’ cell phones simply failed to work because of poor connections

or dead batteries. PRIME also observed that two female facilitators were far more effective with the promoters than four males. The women appeared more in tune with the promoters’ needs and the trials and tribulations of women hoping to plan their families in a *machista* culture. While the overall quality of facilitator contacts was less than desirable, the promoters still looked forward to their visits, so that the inconsistency of facilitator support often had negative effects on promoter motivation.

Promoter Capacity to Use Self-Directed Learning Materials

Despite the refresher orientation session and revisions to the materials, promoters did not use the self-directed learning guides as



expected. When promoters gathered, they would read the reference manual together and, at most, fill out the first page of the guide before putting it back into their binder and moving on to talk about reference manual topics more directly related to their daily work, such as condom



and pill sales. With meetings usually occurring under shade trees or on the porches of promoters' homes, the absence of a table or other place to write often made it difficult for promoters to fill out the guides while referring to their manuals. More significantly, the self-directed learning guides assumed a certain level of learning and analytical skills that the promoters often did not quite possess. Further, the practice of meeting never seemed to correspond with the need to learn in such a formalized way. Instead, the promoters talked informally, discussing topics raised in the community and relating information from the reference manual to their personal experiences.

Working in the *Bateyes* Environment

On top of all the other challenges faced by promoters, daily life in the *bateyes* is a struggle. During the first

few months of the project, many *bateyes* were without power for 22 hours a day, significantly hampering activities from listening to the radio program to recharging cell phones. The promoters are all mothers, many raising their children alone or with a husband who does little to help with chores. In an environment where living means getting by day-to-day, planning meetings, organizing self-directed learning sessions and studying a manual are not easy assignments. Flexibility is a survival tactic in the *bateyes*—life is about learning to cope and triumph over what each day brings, while also trying to accomplish everything that needs to be done. The promoters applied this philosophy to the project, adapting the project's goals to their own environment. They learned when it was most convenient for them and were motivated by the needs of their communities.

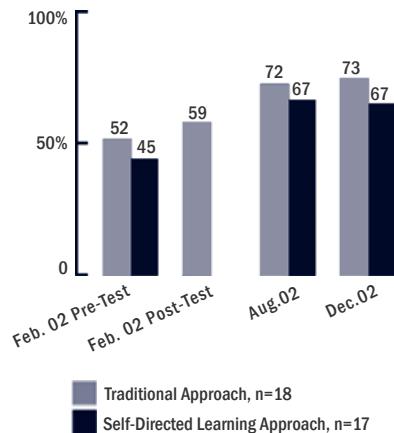
Despite the Challenges: Encouraging Results

While the promoters did not necessarily learn in the manner project designers had envisioned, a substantial amount of learning took place in unexpected ways. PRIME's extensive monitoring of the project, combined with a follow-up community survey of 391 households in the seven *bateyes* conducted in January 2003, identified three primary areas of project success: promoter learning, contraceptive method sales and the radio program.

Promoters Sustained Learning

As Figure 1 shows, promoters in both the traditional and self-directed learning approach improved their knowledge exam scores significantly

Figure 1: Promoter Knowledge Exam Results



over the course of the project. When re-tested in August 2002, promoters trained in the traditional approach scored a 38% increase in their mean test results. Promoters in the

self-directed learning approach improved 50% during the same time period. Another re-test in December 2002 showed the promoters in both approaches maintaining their high scores.

PRIME attributed the promoters' increased and sustained learning in part to their use of the reference manual. As demonstrated in Figure 2, the majority of promoters cited the reference manual as their primary learning tool. Figure 3 shows that home visits, method sales and *charlas* motivated the promoters to read the manual in order to provide correct information to community members. Project documentation also indicates that facilitator visits and the collection of data on promoter activities served to set clear performance expectations, further motivating the promoters to read their manuals and sustain their knowledge in order to meet those expectations. This leads to the conclusion that for volunteer promoters in hard-to-reach communities like the *bateyes*, learning on-site just before going on a home visit or conducting a talk may be more practical and effective than traditional training sessions.

Field Notes

October 7, 2002

Six men participated in the *charla*. When one heard that the program was about condoms, he said, "A condom isn't something you listen to, it is something you put on!" Another said they are "easier to put on than a pair of socks."



Method Sales Stimulated Learning, Increased Contraceptive Use

Promoters' sales of contraceptive methods resulted in many positive outcomes. These sales took place both during home visits and when community members came to promoters' homes. When promoters answered questions about family planning, their desire to communicate correct information inspired them to sustain or increase their knowledge. The role of promoters in sales of family planning methods not only stimulated learning but also helped to increase the accessibility and use of family planning in the *bateyes*. Figure 4 demonstrates a significant drop, to 52% from 71%, in the number of women who felt they lacked information on family planning methods. The percentage of

Figure 2: Most Effective Form of Learning According to Promoters*

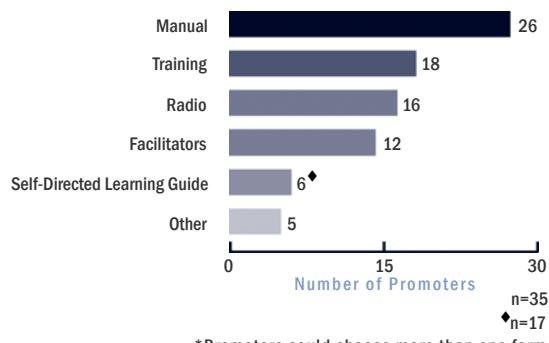
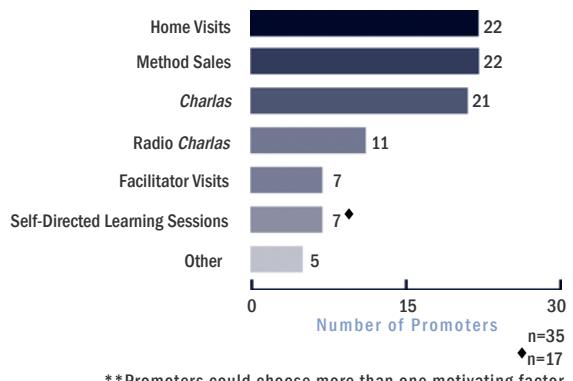


Figure 3: What Motivated Promoters to Read the Manual?**



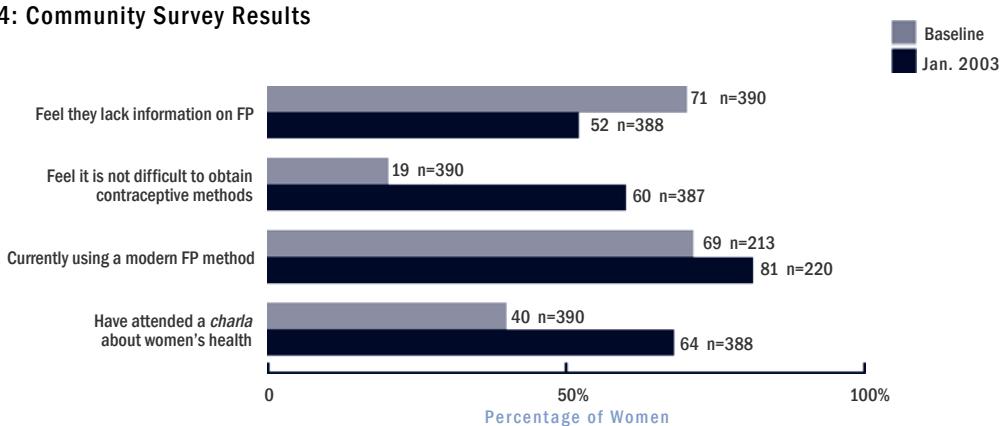


women who felt it was not difficult to obtain contraceptive methods in the *bateyes* rose dramatically from 19% to 60%. Perhaps most impressive is the reported increase in the number of women currently using a modern family planning method—from 69% to 81%.

The number of formal home visits conducted and documented by the promoters is modest: 243 for traditional approach promoters and 219 for the self-directed learning groups. However, in addition to conducting formal home visits, promoters in the *bateyes* frequently visit with community members more informally. The living quarters are so

close that promoters routinely check in with community members simply by walking around, going to the beauty salon and buying food at the small groceries. Community members view the promoters as a source for all health needs and feel comfortable going to their homes anytime to seek assistance. One El Soco promoter summarized the community role: “I feel useful and I know that the community knows that I am good for something. People come to my house at all hours of the night looking for a pill for a headache or rehydration fluid for their children. I am a promoter for my community.”

Figure 4: Community Survey Results



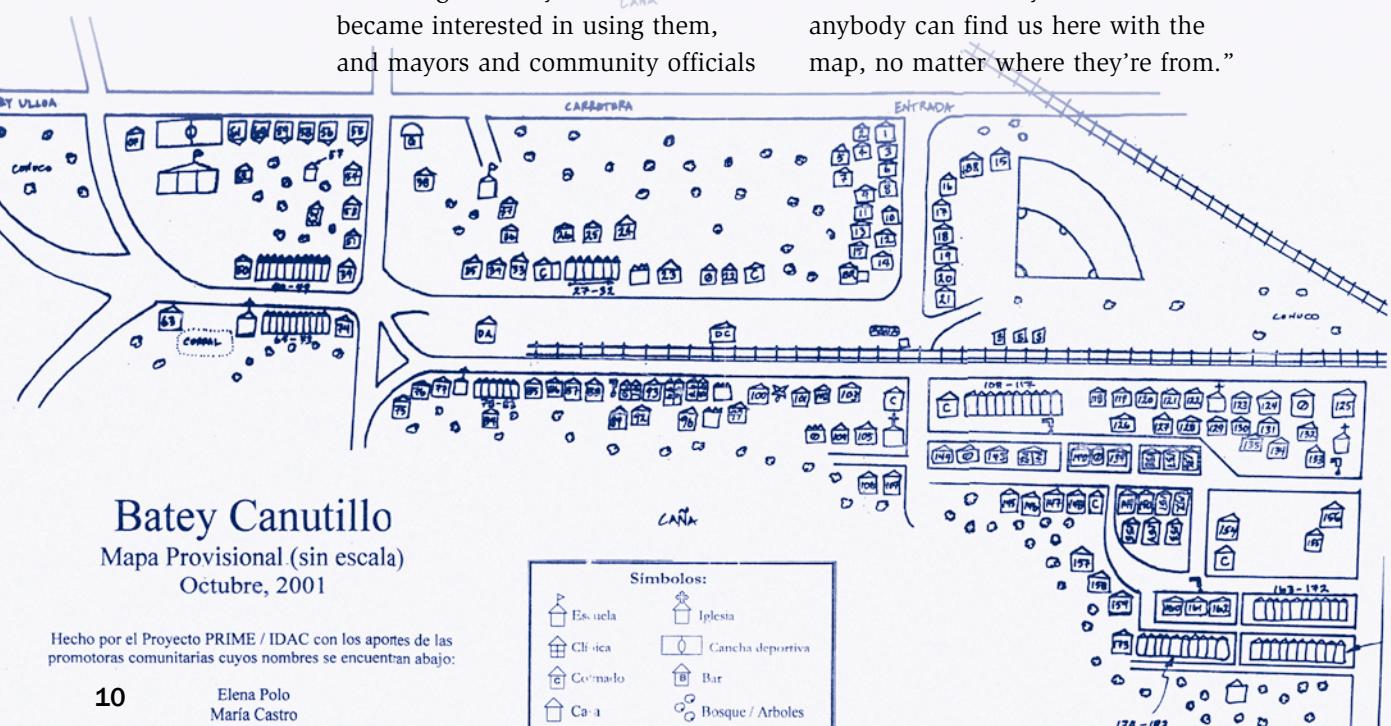
Community Mapping: “You Can See Where Your House Is”

Although sugar cane workers and their families have often moved from *batey* to *batey* in search of better opportunities, others have lived their entire lives in the same *batey*. As advocates for the *bateyes* work to encourage long-term development, they struggle to establish the identity of the *bateyes* as permanent communities rather than migrant camps.

To ensure representative sampling, mapping the houses in the seven *bateyes* where PRIME II has worked became an integral component of the baseline community survey designed to facilitate final evaluation of the project. Promoters also used the maps to designate which households they would serve and to assign responsibility for conducting HIV/STI prevention activities in high-risk areas. As the promoters drew the first versions of the maps with technical assistance from PRIME, the maps quickly assumed broader significance. Provincial agencies involved in delivering a variety of services became interested in using them, and mayors and community officials

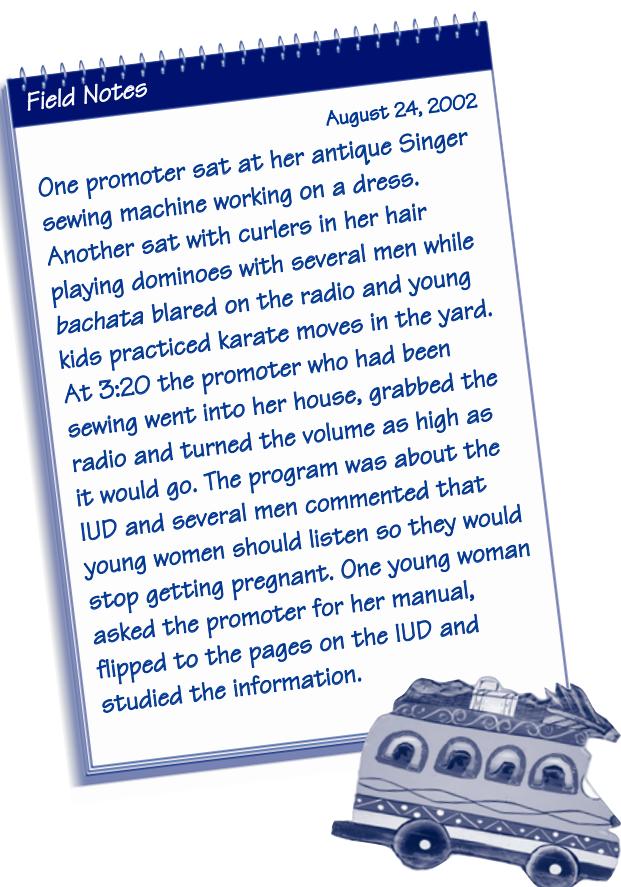
requested copies. “The maps will help us in the future,” said promoter Altagracia Feliciano from Esperanza, “so that the government will take us into account in development plans.” IDAC has since used the maps in government projects to build new schools and latrines in Esperanza, Montecristi and Aleman.

Residents of the *bateyes* became active in the mapping process, which commenced with the spectacle of PRIME II evaluators Mark Padilla and Alfredo Fort standing atop a tin roof observing the layout of houses and streets. Community members initially failed to understand what this sort of exercise could possibly have to do with a program to improve their health. But the maps soon became symbolic in other ways. In communities that had never been charted on paper, the maps provided a newfound sense of place and pride. “You can see where your house is and that makes you feel good,” said one community member. “And anybody can find us here with the map, no matter where they’re from.”



Batey Canutillo
Mapa Provisional (sin escala)
Octubre, 2001

Hecho por el Proyecto PRIME / IDAC con los aportes de las promotoras comunitarias cuyos nombres se encuentran abajo:



Radio Broadcasts

Reinforced Promoter and Community Education

The program's combination of reproductive health topics, *batey*-specific language, Dominican music, "live" commentary from promoters trained as reporters, and the likeable characters of "Don Serafin" and "Doña Neyda" made *En Familia* an immediate hit.

Motivated by the desire to appear knowledgeable and effectively respond to questions, promoters carefully studied their manuals on the topic of the day before giving post-broadcast community talks.

Promoters in both approaches gave approximately 200 *charlas*, or 40 a month, resulting in an increased number of women attending a community talk given by a promoter (Figure 4). While promoters conducted some community talks independently of the radio programs, they preferred talks connected to the broadcasts because they felt more secure and confident when the spotlight was on the program rather than themselves.

Turn Your Radio On!

Wanda Jaskiewicz, Senior Program Officer in PRIME II's regional office for Latin America and the Caribbean, reported from the bateyes on the launch of En Familia.

Saturday, July 6, was the very first transmission of *En Familia*—the big day! The topic was sexual and reproductive health. The promoters had received their tapes and discussion guides in the middle of the week and were ready to go. I accompanied the IDAC coordinator to Villa Esperanza to observe the reactions. As we arrived we could see a huge banner advertising the program. The two promoters in the *batey* had gone around during the week telling women about the show and passing out fliers.

The promoters had their radios in hand and were going to have people listen at a table in the courtyard by the water pump. Then we noticed that the *colmado* (corner store) right next door had their music on loud and a good sound system. The promoter asked the owner to put on the program, and the show started at 3:30 on the dot. About 20 to 25

people were listening—sitting on the patio and under the shade tree out front. With the program underway, we walked around the community to remind people about the show. The owner of another *colmado* agreed to tune his boombox to the program, loud enough for the neighboring houses to listen. We came upon a few houses where people were listening to the program on their own radios—a great sign. But on our way back we discovered that the second *colmado* owner had switched his boombox right back to *bachata* music once we were out of earshot.

Back at the first *colmado*, about 20 people were still listening. After the program ended, the two promoters began their *charla*. They read one question after another straight from the paper—it'll take some practice to feel natural. The women were very quiet during the *charla* but some men asked questions, which caused other men to respond. At the end of the *charla* the promoters thanked everyone for coming, reminded them of the next program, and let everyone know they were always available to talk and answer questions.



Conclusions

After analyzing both the data and the extensive project documentation, PRIME II attributes the positive community survey results and sustained promoter learning to the following factors, some of which are closely interrelated:

- Promoters' regular activities—home visits, referrals, method sales and community talks—provided the most powerful stimulus for learning. Promoters were motivated to increase their knowledge because they wanted to serve and respond to questions from members of their communities.
- Non-training factors such as facilitator visits and monthly supervisory contact to collect data on home visits, *charlas* and contraceptive method sales reinforced clear performance expectations that, in turn, motivated promoters to sustain or increase their knowledge.
- The radio program augmented promoter learning and stimulated community interest in and awareness of reproductive health and family planning topics.
- Originally conceived as programmatic necessities, certain events, supplies and tasks turned out to have additional value as motivating factors over the life of the project. Knowledge tests, backpacks, radios, promoter identification cards, framed certificates and training sessions or meetings earned recognition for promoters within their families and communities and helped motivate them to fulfil performance expectations.
- Program and monitoring visits from facilitators, project co-ordinators and PRIME II staff also served as motivating factors, although this was not their original purpose. By sensing that the project was important to others beyond the boundaries of their communities, and being recognized for their efforts, promoters worked hard to meet the expectations of IDAC and PRIME.



Recommendations

While continuously responding to promoter and facilitator input and adjusting the design of the project in the *bateyes*, PRIME II realized a number of widely applicable lessons. For future projects implemented with volunteer health promoters or primary providers in poor and marginalized communities, PRIME II's recommendations include:

- ***Simplify learning processes, materials and manuals to provide essential content.*** While it would be ideal if promoters knew “everything,” the reality is that they will select content they think is essential because they do not see themselves as having the luxury to learn it all. Project designers should help in this process.
 - ***Create the conditions and tools for self-directed learning, but allow flexibility in how learning occurs.*** In some cases, this may mean that a group of promoters gets together to learn. In others, promoters may learn alone or with a close friend.
 - ***Design a single core tool for essential learning.*** The tool should be easy to use, carry and store.
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- ***Look for ways to become less dependent on facilitators.*** In terms of providing outside motivation, the facilitator’s visit in and of itself may be more important than anything the facilitator actually does during the visit.
 - ***Recognize that simple, non-costly supplies and events can serve as motivating factors for promoters.*** Identify a range of factors and allocate them intentionally over the course of the project.
 - ***Use every opportunity to set and reinforce clear performance expectations.*** Methods for achieving this goal may include orientation programs, data collection instruments, questions from facilitators, recognition and testing.
 - ***Keep initial training or orientation as brief as possible.*** Invest resources carefully in follow-up.
 - ***Design learning interventions that take into account the living and working environment of communities.*** This is easy to do in theory but can be challenging in practice as it may depend on knowledge that only becomes apparent after the project is underway.
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Acknowledgments

Many members of the PRIME II Project and IntraHealth staff have been involved in our work in the *bateyes*. This Dispatch relies on their efforts and expertise. The authors would like to extend their appreciation for their invaluable contributions to Wanda Jaskiewicz, Ann Lion Coleman, Sara Espada, Mark Padilla, Alfredo Fort, Gregorio Soriano and Leda Herasme.

Field Notes: Laura Murray

Photo Credits: Laura Murray, Alfredo Fort, Lucy Harber, Mark Padilla



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PRIME II Partnership: IntraHealth International, Abt Associates, EngenderHealth, Program for Appropriate Technology in Health (PATH) and Training Resources Group, Inc. (TRG), with supporting institutions, the American College of Nurse-Midwives and Save the Children.

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.

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