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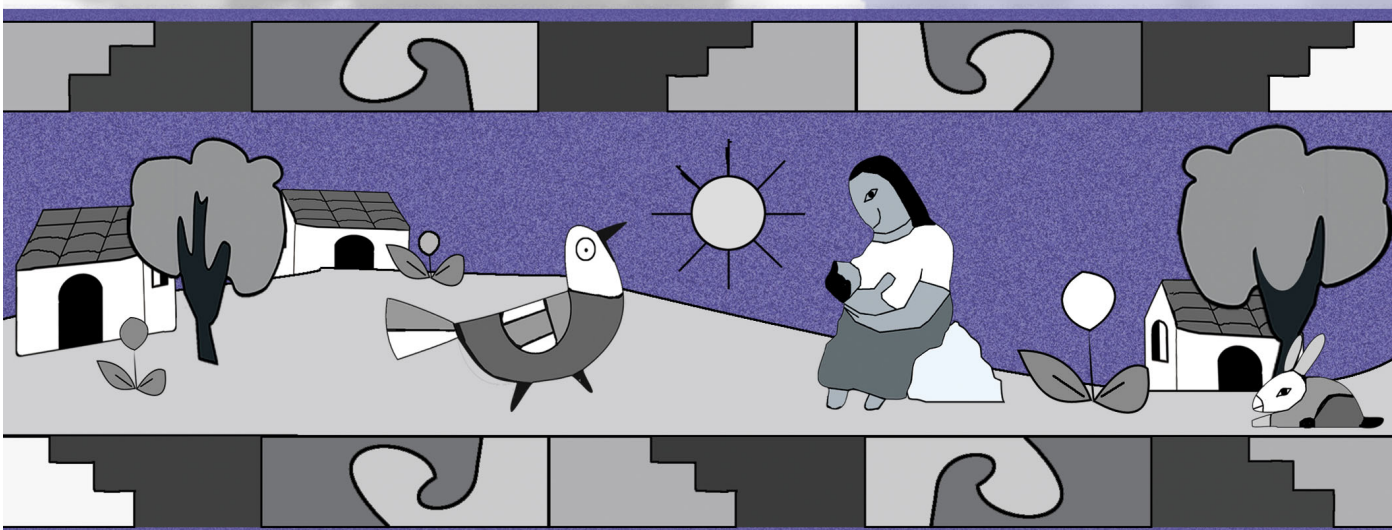
From House to House:

Training Health Promoters in Rural El Salvador

David Nelson



From House to House: Training Health Promoters in Rural El Salvador

Lichita, health promoter for the canton of Borbollon, El Taurito in the department of San Miguel, is responsible for 2,500 people.

"For women who want to plan their families and their husbands won't let them, I tell them to come with their kids to my house in the afternoon and we take advantage to talk about family planning."

1975

1976 Health promoters are introduced

1980 Civil war breaks out; 75,000 killed in 12 years of fighting

1984 USAID begins supporting MOH promoters

1990

1992 Government and rebels sign treaty ending civil war

1995

1997 PRIME assists MOH with RH/FP Plan

1998-1999 PRIME helps MOH train 4,000 providers

1999 PRIME conducts Promoter Survey

1998 Hurricane Mitch devastates western region

2000 Dengue fever emergency declared

2000

2001 Damaging earthquakes

2001 Severe drought ongoing in eastern and northwestern areas

2001 Training, follow-up, adolescent outreach continue with PRIME II

2001 PRIME II staff join disaster relief efforts

Responding to Catastrophes

Natural disasters, drought, and epidemic disease headline the long list of challenges facing the primary health care system in El Salvador. The smallest country in Central America, El Salvador is also the most densely populated, with nearly 800 people per square mile. Almost half of Salvadorans live below the poverty line, housing is typically substandard, and many rural families barely subsist on small plots of beans and corn.

The country was ill-prepared for the major earthquake that struck in January 2001, followed by over 7,000 aftershocks including a particularly strong temblor a month later. More than a million Salvadorans lost their homes—almost a sixth of the population—and many of the dwellings still standing were left dangerously susceptible to mudslides. Making matters worse, the devastation came on the heels of Hurricane Mitch, a Category 5 storm that caused widespread flooding, crop destruction, and homelessness in the western part of El Salvador in 1998. After the hurricane, the country witnessed a dramatic upsurge in mosquito-borne dengue fever—a national emergency has been in effect since September 2000. Meanwhile, eastern El Salvador continues to suffer a prolonged drought that has brought crop failure, hunger, and despair.

The Most Primary of Primary Care Providers

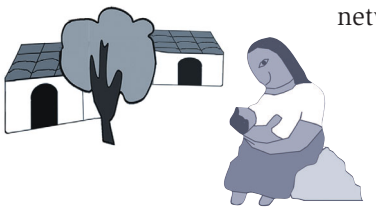
As El Salvador's health care system rebuilds its infrastructure in the aftermath of the earthquake—all the while coping with dengue, drought, and mudslides—the role of rural health promoters (*promotores*) is more critical than ever. Promoters provide basic front-line health services and referrals in rural El Salvador, reaching citizens with the fewest resources and most limited access to physicians and hospitals. Promoters employed by El Salvador's Ministry of Health (MOH) also coordinate the work of traditional birth attendants (*parteras*), whose services are vital in a country where 57.3% of deliveries in rural areas occur in the home (FESAL; 1998). As part of its mission to improve the performance of primary-level providers of reproductive health care, the PRIME Project has been assisting the MOH since 1997 in a multi-faceted effort to assess and train promoters and *parteras*.

Health promoters were first introduced in El Salvador in the mid-1970s; there are now more than 5,000 working throughout the country under the direction of the MOH and a number of nongovernmental organizations. The MOH promoters (1,755 as of 2001) are full-time salaried workers and recognized leaders in the communities they serve. Most actively seek clients, making visits from house to

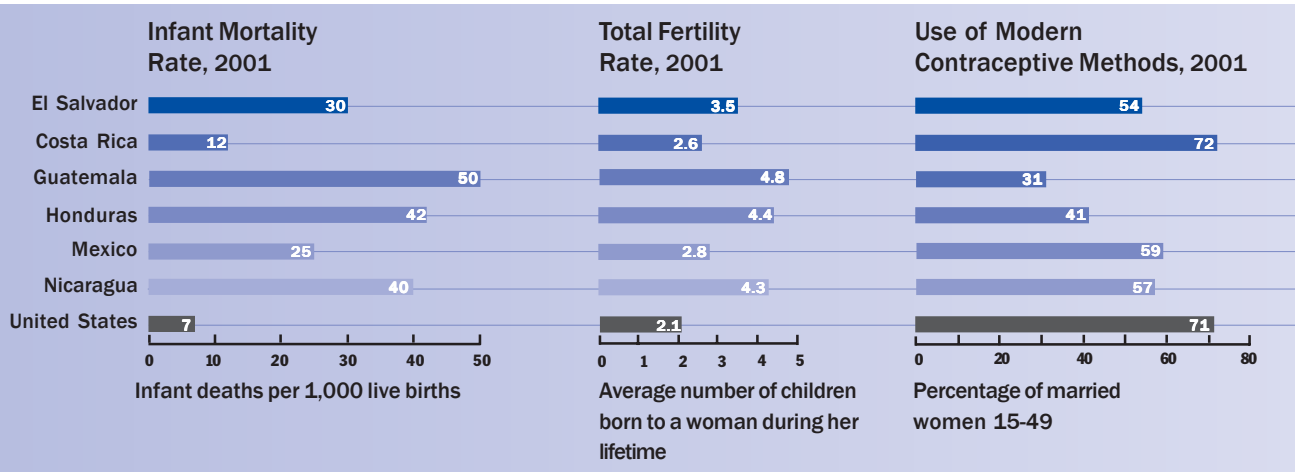
house to check on members of the community and inquire about their needs. MOH promoters focus on six areas of public health: family planning, maternal health, prevention and management of acute respiratory infections, prevention and management of diarrhea, immunizations, and water and waste management. They must have at least a ninth grade education and complete a training course from the MOH.

MOH promoters have received technical assistance and program support from the United States Agency for International Development (USAID) since 1984, through three broad initiatives geared to improving the health of Salvadorans: VISISA (*Vitalización Programas de Salud*), APSISA (*Apoyo a los Sistemas de Salud*), and SALSA (*Salvadoreños Saludables*). USAID has also supported promoters working for nongovernmental agencies, especially PROSAMI (*Proyecto de Salud Materno Infantil*) and ADS (*Asociación Demográfica Salvadoreña*).

The PROSAMI project, which began in the early 1990s and employed 600 promoters at its peak, coordinated a network of as many as 35 nongovernmental organizations providing reproductive and child health services and basic medicine. The project ended in December 1998, but five members of the network remain part of the MOH's promoter program. ADS focuses on family planning services and method provision and has been active since the early 1980s. Before 1996 the organization conducted house-to-house outreach, but funding shortages have necessitated a shift in strategy to community "distribution posts" where promoters offer services to clients. ADS' promoters are unsalaried and most work part-time. There were 1,061 ADS promoters as of 1998.



The MOH coordinates its promoters through the 350 Health Units (or clinics) that operate in El Salvador's 18 health departments. Teams from each department conduct routine on-the-job training for promoters at the Health Units. In turn, through monthly meetings at the Health Units, the promoters serve as a liaison between the MOH and El Salvador's 3,300 *parteras*, 80% of whom are illiterate. At these meetings the *parteras* report on their activities and discuss difficult cases with the promoters. Promoters compile statistics on the *parteras* and relay the information to the MOH.

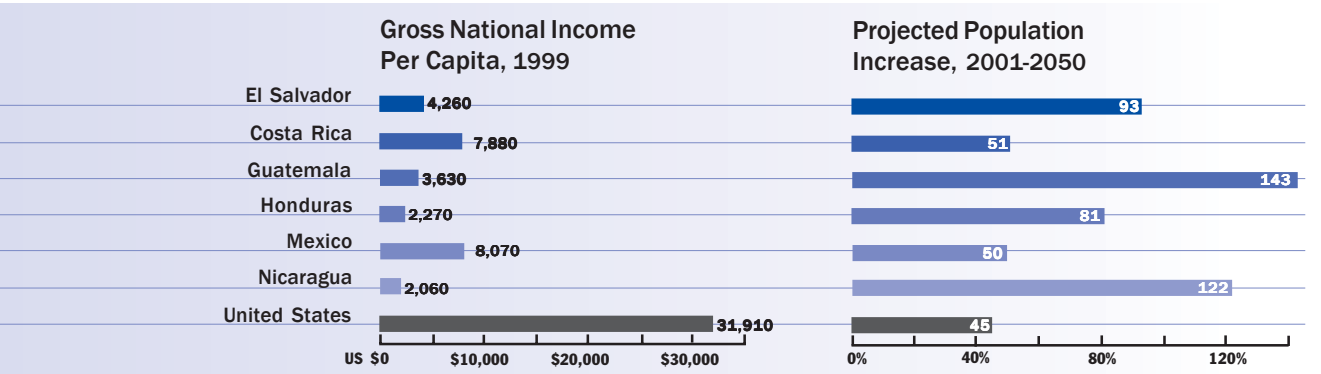


Partera training session, Hotel Bahía del Sol, La Paz, 1999

A National Plan

Supported by USAID, PRIME began collaborating with the MOH in 1997 with technical assistance to develop a National Reproductive Health/Family Planning Plan for 1998-99. In the course of putting together the plan, PRIME and the MOH identified weaknesses in the delivery of family planning services and methods through MOH health facilities. Supplies of contraceptives were inadequate, rates of use were low, and procedures followed by promoters were often outdated or inefficient. Side effects were cited by clients as the leading cause of method discontinuation, a reflection of the need for better counseling and instruction from providers. In addition, an unusually high percentage of Salvadoran women were opting for sterilization, another indication of insufficient counseling as well as the lack of availability of reversible methods. These deficiencies were critical since the health facilities, along with commercial pharmacies, are the primary source for family planning methods in El Salvador.

In formulating the national plan, the MOH requested PRIME's assistance to train staff—especially supervisors of promoters and *parteras*—in family planning education, distribution of supplies, and referral. To strengthen future planning and resource allocation for promoter programs, USAID subsequently asked PRIME to undertake a national survey of the impact of rural promoters on improving health care in El Salvador.



Source: ***World Population Data Sheet. Washington, DC: Population Reference Bureau, 2001.***

Training and Learning Interventions

With USAID support, PRIME trained more than 4,000 Salvadoran providers in family planning and reproductive health (FP/RH) between March 1998 and July 1999. In the initial phase, 133 department-level staff—including physicians, nurses, and *partera* facilitators—attended workshops to learn how to become better trainers. With PRIME oversight, they then conducted FP/RH training for 850 Health Unit physicians and nurses (representing all 350 units). Health Unit staff, a department-level supervisor, and PRIME personnel subsequently trained 1,754 promoters and 1,350 *parteras*. As of September 2001, 925 additional *parteras* have been trained by MOH staff through PRIME II and continuing education is being provided for all promoters. A reference manual and a guide for use with clients have been produced and disseminated to the promoters, along with a continuing education handbook for their supervisors and the *partera* facilitators.

Department Supervisors

PRIME's workshops for the department-level supervisors engaged them in new approaches to their on-the-job training of Health Unit staff and promoters. "The difference is fundamental," said one medical supervisor. "Before I would arrive at training, put myself in front of the room and talk. Now it is more participatory. I clarify doubts and listen to the participants. Never before have we had this kind of exchange."

"Before we would impose the themes," said another supervisor. "Now we are raising awareness among participants that each of them can assess their own needs."

Promoters

The promoter training was accomplished in 88 four-day workshops held between March and June 1999. Promoters were instructed using a curriculum developed by the MOH with PRIME's assistance that emphasizes birth spacing, human sexuality, contraceptive education, administration of contraceptive methods (including pills and injectables), management of side effects, contraindications, and referrals.

After applying what he had learned to his work, one promoter interviewed by a PRIME trainer offered testimony to swift and positive results: "In the rural areas family planning is very difficult. It is controversial to discuss family planning, but with the PRIME training and emphasis on counseling and clarifying doubts, some people have chosen a more reliable method. The people feel freer in deciding what method they are going to use. Acceptance has increased because we are not imposing. There is more trust. The attitude of the people has changed away from sterilization."

Parteras

To address the training needs of *parteras*, PRIME helped the MOH develop a low-literacy curriculum focusing on birth spacing, updated contraceptive method information, counseling and communications skills, and human sexuality. The 66 department-level *partera* facilitators were trained in using the low-literacy curriculum during workshops in April

Partera training session, Hotel Bahía del Sol, La Paz, 1999

1999. *Parteras* were then trained in 88 three-day workshops held from May to July 1999.

Comments made by *parteras* from the department of La Paz who participated in a training session at the coastal Hotel Bahía del Sol reveal that these women not only serve the most destitute of Salvadorans—they are by and large members of that segment of the population themselves. For one *partera*, it was the first time she had seen the ocean; another's neck hurt from the new experience of sleeping with a pillow. "*Tengo que comerme todo aunque me enferme!*" exclaimed a third *partera*: "I'm going to eat everything even if it makes me sick." Despite the temptation to bask in the relative and all-too-brief luxury, the *parteras* took their training responsibilities seriously. "I would not have missed this opportunity to take better care of my people," said a participant, "even though I had to bring my newborn son."

Enabling Systems for Improving Provider Performance

Before training the promoters and *parteras*, PRIME was asked by the MOH and USAID to assist in coordinating an effort to improve systems that affect the delivery of reproductive health care services in El Salvador. In October 1998 PRIME staff visited local shops (*bodegas*), pharmacies, and warehouses to identify problems with contraceptive storage, which included lack of inventory procedures, unsorted and out-of-date supplies, and inadequate climate control. PRIME then helped the MOH produce a *Manual of Norms and Procedures in Contraceptive Method Administration* as well as a plan for training personnel involved in contraceptive storage and distribution. Between December 1998 and February 1999, over one hundred supervisors and pharmacy and warehouse keepers attended six-day workshops; in April 1999 national-level warehouse keepers were trained by PRIME to conduct country-wide inventories of contraceptive supplies.

With FPLM/Deliver, PRIME has been assisting the MOH with the inventories and training primary providers to carry out three-year projections of contraceptive supply needs.

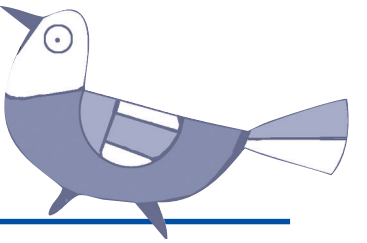
To ensure the sustainability of these efforts, PRIME, in coordination with John Snow, Inc., formed a central-level committee to oversee aspects of contraceptive procurement, storage, and pipeline management. This committee demonstrated unprecedented cooperation in bringing El Salvador's three main providers of family planning services—the MOH, ADS, and the Salvadoran Social Security Institute (IDSS)—together to collaborate on the development and pre-testing of materials and procedures.

"Before, we heard that they treated young people poorly. But now the nurses have all been nice to us."

New Roles

To increase client accessibility to a wider choice of family planning methods, an interagency working group led by Family Health International that included PRIME staff recommended a revision of the MOH's guidelines to allow promoters to prescribe oral contraceptives and administer injectables. The MOH approved this change in April 1999, and PRIME assisted in disseminating the guidelines to all promoters.

"We've improved the ability to care for clients," said a department-level medical supervisor of the new norms. "We work in a more integrated way. Before, the promoters didn't provide any family planning care. If a client wanted family planning, they needed to get a referral to be seen at the Health Unit. Now, they can see someone in their community."



Reaching Adolescents

Low contraceptive use has played a large part in El Salvador's high birth rate for young women aged 15 to 19: 116 per 1,000 women (MOH; 1999). Lack of prenatal care contributes to the fact that adolescent mothers account for a third of all maternal deaths in the country. Yet many young women are hesitant to seek family planning and reproductive health care because they hear reports that adolescents are mistreated in health care facilities. Because of this situation, a significant component of PRIME's ongoing assistance to the SALSA program focuses on the reproductive health needs of adolescents.

In the rural southern departments of Usulutan, La Paz, and Sonsonate, which have high rates of adolescent pregnancy, PRIME II contributes to the MOH's National Adolescents Health Program with a pilot project centering on 35 promoters who are linked to secondary regional hospitals. In addition to serving as a conduit for referring adolescents to the hospitals, the promoters identify and collaborate with teen leaders in their communities to encourage peer education and outreach on reproductive health issues among the adolescents themselves.

Through SALSA, PRIME is also helping to foster an adolescent-friendly environment in the regional hospitals by training providers to be

Participants in "knitting club," Hospital San Pedro de Usulutan

more sensitive and receptive to adolescent health issues and needs. Key to this effort has been the formation of young mothers' clubs in which pregnant adolescents learn how to knit. Enabling young women to make clothes for their babies, the clubs provide a forum where nurses and doctors can discuss reproductive health issues with the adolescents and answer their questions. The goals of the clubs—in addition to healthy deliveries and well-swaddled infants—include the prevention of future unplanned pregnancies and sexually transmitted infections and the promotion of birth spacing. For the majority of participants, the clubs provide the first education in sexual and reproductive health they have ever received.

The young mothers' clubs have proven popular with adolescents and hospital staff alike, and PRIME surveys show that satisfaction with services among adolescent clients at the hospitals has risen to 78% from 33%. Although there has been a decrease in prenatal care visits nationally—due in no small part to the earthquake—visits have increased in the areas served by the SALSA adolescent program. On-site anecdotal evidence also indicates that the number of adolescent births in those areas decreased during the first half of 2001.

In its three key health departments for adolescents, PRIME has helped to involve MOH promoters with ongoing health sector reform efforts. These promoters contribute their practical knowledge and ideas to improve the service delivery network and the referral and counter-referral systems for adolescent reproductive health care. In a PRIME II pilot project in the cities of Sonsonate and Ciudad Barrios that began in 2001, 34 promoters are surveying all women of reproductive age on their obstetric status, reproductive health knowledge, and use of referral sites. By documenting maternal deaths that occur outside hospitals, the project will also provide a more accurate appraisal of the serious problem of adolescent maternal mortality in the two cities.

A National Survey of Promoters

PRIME's National Rural Promoter Survey, carried out in April and May of 1999, focused on three key areas of promoter performance:

- Contact and coverage in the community
- Impact on family planning and reproductive health
- Effect on child health.

The study based its findings on interviews with a nationally representative sample of 2,044 rural women between the ages of 15 and 49, comparing women who had been "exposed" to visits from promoters with those who had not. Whenever possible, the results differentiate MOH promoters from other promoters.

Findings

The survey revealed that 80% of the women knew of health promoters and the services they offer; 56% of those women reported being visited by a promoter at least once in the past three months (40% twice or more). Women in areas served by MOH promoters benefited from a better than overall rate of exposure—65% reported a visit in the previous 90

days. And women living more than 15 minutes from a Health Unit were more likely to have been visited at least once, confirming the strong commitment of many promoters to rural outreach. Of the 20% of women who didn't know about promoters, however, more than expected (34%) were between the ages of 15 and 19.

In the areas served by MOH promoters, women visited by promoters were more likely to use family planning (48.5% vs. 36.5%) and more inclined to opt for a reversible method over sterilization. Exposure to promoters was also positively associated with increased prenatal care, up-to-date vaccination records, and immunization of children. Among women with MOH immunization cards, 43.6% said that an MOH promoter had helped them with the immunization of their children; of those women 84.3% reported that the promoter came to their house with the vaccine while 14.3% noted that a promoter had organized an immunization drive in the community.

Promoters were also shown to be influential in persuading mothers to seek or provide appropriate treatment for children with diarrhea or acute respiratory infections. Women who had been visited by promoters were significantly more likely to start oral rehydration therapy during a diarrheal episode. They were also more inclined to seek health care for children exhibiting the high fever and labored breathing that are danger signs for acute respiratory infections (70% vs. 43% in areas served by MOH promoters).

Recommendations from the survey correspond with many of the goals of PRIME's involvement with the MOH and the APSISA and SALSA programs:

- Expanding the role of promoters in reaching underserved groups, especially adolescents
- Refining the relationship between promoters, Health Units, and El Salvador's primary health care strategy; implementing a rational deployment strategy and effective referral mechanisms
- Defining promoters' areas of coverage based on adequate ratios of inhabitants per promoter, local health needs, terrain conditions, and expected program output
- Designing a comprehensive supervision system while keeping promoters' administrative tasks to a minimum
- Ensuring timely delivery and tracking of supplies; advocating local initiatives to improve emergency transportation of clients
- Strengthening promoters' roles in immunization, oral rehydration, treatment and referral of acute respiratory infections, and encouragement of prenatal care visits.

Through interviews with promoters, the survey revealed that many of them felt overburdened by the multiplicity of tasks assigned to them and the sheer number of clients they were expected to be responsible for. Assisting with transportation, improving supervision, and providing equipment and supplies—including such basic items as medicines, desks, chairs, uniforms, and backpacks to carry materials—were identified as primary needs.

Recovery and Rebuilding

Those needs are even more acute since the earthquake, in which many promoters lost homes and possessions. Of the 350 Health Units, 100 were damaged; 20 of 28 regional hospitals were significantly affected, with four rendered uninhabitable; five tertiary care hospitals also suffered damage. At the request of USAID, in the aftermath of the earthquake PRIME II carried out infrastructure damage assessments and offered emotional and material support to MOH staff and providers. Despite their own losses, many promoters worked to distribute medicine and supplies and document losses during the six months of national emergency. As of September 2001, reproductive health care services in El Salvador were still severely affected by the disaster, as reflected in service statistics showing decreases in prenatal care visits, institutional births, and use of family planning.

Because of these setbacks it will take longer than expected to fully evaluate the national impact of the APSISA and SALSA projects' work with promoters and *parteras* in El Salvador. PRIME's technical assistance has, however, undeniably had considerable impact on the scope and quality of family planning and reproductive health service delivery and directly addressed weaknesses identified in the MOH's 1998-99 National Plan. By working through the MOH's existing structure, PRIME has also helped to ensure the sustainability of its efforts by building the capacity within El Salvador for continuing education and training, supervision, and program expansion. New challenges to El Salvador's health care system lie ahead—some predictions claim the country will exhaust its supply of drinking water in the next 15 years, while its population is expected to double by 2050. Through all of these difficulties, PRIME's collaboration with the MOH continues to improve and refine a practical system for the provision of primary-level family planning and reproductive health services.

"The training not only of doctors and nurses but also of *parteras* and promoters has helped us greatly," says Dr. Maria Elena Avalos, now the manager of the MOH's National Adolescents Health Program. "In the Health Units, they are masters of the same methodology; they speak the same language on FP/RH. Before the hospitals would say the Health Units didn't know anything. [Now] they are well accepted. We have new services and a new network!"

Sources

For a more detailed examination of PRIME's work in El Salvador from 1997 through April 1999, see Catotti D. Improving the quality and availability of family planning and reproductive health services at the primary care level: institutional capacity building in the El Salvador Ministry of Health *(MOH). PRIME Project Technical Report No. 13. Chapel Hill, NC: Intrah; 1999. Quotes in this Dispatch, with two exceptions, are taken from interviews conducted by Diane Catotti in May 1999. Douglas Jarquín supplied the quotes from parteras attending training at the Hotel Bahía del Sol.*

For a complete report on the National Rural Promoter Survey, see: Echeverría S, Fort A, Cordero M, Massey J, Lion-Coleman A, Jarquín D. An assessment of health promoter effectiveness in rural El Salvador. *PRIME II Project Technical Report No. 22. Chapel Hill, NC: Intrah; 2001.*

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The PRIME II Project
Intrah
School of Medicine
The University of North Carolina at Chapel Hill
1700 Airport Road, Suite 300 CB 8100
Chapel Hill, NC 27599-8100
Tel: 919-966-5636 Fax: 919-966-6816
Intrah@intrah.org www.prime2.org

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