

Report from the Bateyes

Updating Learning Approaches



PRIME II staff meet with promoters in the batey of Esperanza. (Left to right): Elena Rameriz, Laura Murray, Carlos Torres, Malena Francis, J.T. Vukmer, Sara Espada, Altagracia Feliciano.

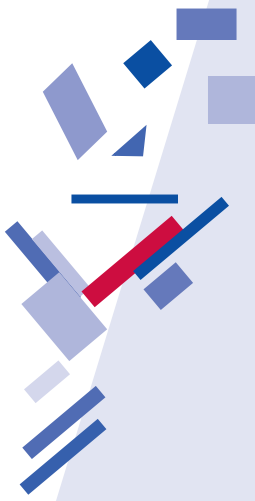
Early in the summer of 2002, senior consultant Jim McCaffery of Training Resources Group, a PRIME II Project Partner, traveled to the Dominican Republic. As a training and learning expert, McCaffery's goal was to work with the PRIME/Instituto de Accion Comunitaria (IDAC) project team in the *bateyes*, focusing on underserved communities of Haitian descent. The original settlers of the *bateyes* came to the Dominican Republic to work in the sugarcane fields and refineries; generations later the privatization of the sugarcane industry forced many *batey* residents from their jobs. These communities have suffered from a lack of primary health care, and PRIME is comparing two learning approaches for volunteer health promoters in order to determine which will be more effective for improving family planning and preventive reproductive health services in the *bateyes*. To encourage better health and health-seeking behavior, PRIME is also using radio as an innovative tool to spread grassroots messages about reproductive health.

Both in the field and through electronic consulting from the US, McCaffery assisted the team in assessing the use of training materials and methods, then suggested alterations in design and content to ensure the continued success of the project. His updates included revisions to the two learning approaches: a five-day classroom-based training, and a self-directed learning (SDL) model that relies on peer groups. McCaffery also interacted with the directors of the radio show, *En Familia* ("Within our Family").

PRIME II Regional Office for
Latin America and the Caribbean
Federico Henriquez y Carvajal #11
Segundo Piso - Gazcue
Santo Domingo, Dominican Republic
Tel: 809-685-8817, 221-2921
Fax: 809-221-2914
alprime@codetel.net.do

PRIME II

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



Changing Needs, Changing Methods

Curriculum development is an ongoing process, especially in areas where merely getting to the learners can be a physical challenge. Training materials frequently need modifications to maintain their relevance to the communities they are designed to serve. This certainly holds true in the Dominican Republic, where some unexpected challenges have encouraged refinement of training approaches.

While visiting the project in the *bateyes*, McCaffery and local staff found that the SDL manual – originally intended as a reference text – was replacing the SDL Guide as the primary learning document. With its clear, concise reproductive health information collected under a single cover, the manual offered a very easy-to-use solution for community promoters who were learning reproductive health topics. The PRIME team responded to the manual's new function by recognizing it as the primary text and creating brief supplemental SDL learning guides.



The self-directed learning approach is supported by a two-day orientation, attendance at bi-weekly small group learning sessions, SDL materials, and visits from IDAC facilitators every two months. Classroom-based training is supported by learning materials and visits from IDAC facilitators every three weeks. With each approach, promoters found it difficult to connect with facilitators on a regular basis. The promoters have extended families and many demands on their time. Consequently, it was nearly impossible for training and learning sessions to run on a set schedule, and plans that called for facilitators to visit during the sessions were often disappointed.

Cell phones, originally meant to provide vital links between the promoters and facilitators, actually worked in only one *batey*. Even though many residents carry cell phones, they are primarily used outside the communities, where service is more readily available.

Adapting to these realities, PRIME and IDAC decided to uncouple the facilitators' visits from training sessions. Now, if facilitators visit and miss a session, they gather the promoters in the area for information and feedback sessions and still have a productive trip. Facilitators of both approaches agreed to increase the number of allowed visits to promoters so the ratio of visits remains constant.



Improved Data Collection, Encouraging Results

Evaluators of each training approach faced challenges keeping track of accurate information on the activities promoters were carrying out, since their reports often contained vague updates such as “things are going fine,” or “we did six *charlas* (community talks).” These generalities left project team members with lots of questions about the actual events.

In response, McCaffery and the project team updated the central data-collecting forms used by IDAC, including specific questions about activities. More importantly, facilitators were encouraged to ask more detailed follow-up questions to elicit clear information about home visits and *charlas*. The facilitators are finding that the additional information from promoters helps keep the lines of communication open, leading to a more precise assessment of the promoters’ needs. To increase accuracy in the reports, the Dominican staff are considering contracting with a local data collector who will monitor and document home visits and *charlas*.

The improved data collection has brought encouraging preliminary results. As of August 2002, promoters had made 96 referrals to area medical centers, documented 462 home visits, and sold 259 packets of contraceptive pills and 1,106 condoms.



On the Air

En Familia went on the air on July 6. By August, seven episodes had aired and 24 *charlas* had been conducted.

McCaffery and the PRIME team met with the radio staff to work out details for future programs and promotions. The broadcasts disseminate positive and accurate reproductive health information in a highly entertaining format. Boombox radios and batteries were supplied to the volunteer health promoters, who listen with their friends and neighbors. The promoters also keep the programs on tape so they can play them for members of the community anytime.

During June, IDAC and PRIME led sessions for 35 promoters in seven *bateyes* who learned how to use the radio broadcasts in their work. The programs transcend the literacy limitations of the promoters, and give them both status and substantial information for their communities. Since the first show was aired, promoters report more community participation during their *charlas*. Many residents have become regular listeners.



On the Ground

The PRIME II Project expects to issue a technical report on our work in the *bateyes*, with information on the learning methods and other performance factors that equip promoters to communicate most effectively on RH topics. Meanwhile, we are discovering more about adapting both form and content to find the combination that encourages health-seeking behavior in communities around the world. By listening, observing and responding, we are taking significant strides toward that goal.



PRIME II

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