



January-June 2003

PRIME II Regional Office

Latin America and the Caribbean

Dr. Milton Cordero, Acting Director

Federico Henriquez y Carvajal #11

Segundo Piso-Gazcue

Santo Domingo, Dominican Republic

Tel: 809-221-2921

Fax: 809-221-2914

E-mail: tmcordero@codetel.net.do

El Salvador Country Office

Dr. Douglas Jarquin, Country Manager

Calle La Ceiba No. 272

Colonia Escalón

San Salvador, El Salvador

Tel: 503-264-7537

Fax: 503-264-7534

E-mail: djarquinprimes@integra.com.sv

Paraguay Country Office

Dr. Gregorio Soriano, Country Director

Cerro Cora Esquina No. 511

Asunción, Paraguay

Tel: 595-21-206-706

Fax: 595-21-203-875

E-mail: gasprime@highway.com.py

Nicaragua Country Office

Ovidio Blanco, PRIME II/Nicaragua

Coordinator

Costado este de la Escuela Ruben Dario

Frente a SILAIS

Jinotega, Nicaragua

Tel: 505-632-4498

E-mail: nicprime@ibw.com.ni

Honduras Country Office

Ely Dominguez, PRIME II/Honduras

Coordinator

Region Salud 7, Barrio Belen

Juticalpa, Olancho, Honduras

Tel: 504-885-2644

Fax: 504-885-2030

E-mail: elycatalinad@yahoo.com

Chapel Hill Office

IntraHealth International

UNC CB 8100

1700 Airport Road, Suite 300

Chapel Hill, NC 27599-8100

Tel: 919-966-5636

Fax: 919-966-6816

intrahealth@intrahealth.org

www.prime2.org

Honduras: Peer Support Takes Off

Peer support is a complementary method to supervision systems in which peers and colleagues meet periodically to review their performance, analyze the factors that influence performance and the extent to which these factors are in place, and mutually support and reinforce their skills and knowledge. With technical assistance from PRIME II, peer support is gaining popularity as an alternative to traditional supervision approaches in the Olancho Region of Honduras, as illustrated by the successful examples of some auxiliary nurses. Foremost among them is Rigoberto Estrada from CESAR (health post) La Venta in the municipality of Gualaco.

In response to a request from fellow auxiliary nurses to teach them how to form and interact with local health committees, Rigoberto, considered an expert in this area, planned an all-day workshop in January to demonstrate the techniques he uses. The event was announced with much fanfare, and eight health committees within his health post's area of influence (approximately 80 people) accepted invitations. The chief medical officer for the municipality of Gualaco, environmental health technicians from the neighboring municipality of San Esteban, and representatives from the region and the municipal mayor's office also agreed to attend. Rigoberto was even granted funds by the mayor to provide snacks and lunch for all attendees.

The dynamic and interactive event included community talks by the medical and environmental officers on maternal health care, diarrhea and malaria, and enthusiastic participation from health committee members who presented on first-aid techniques through dramatizations. The workshop culminated in a motivational session awarding diplomas and identification badges to all health committee members.

Two auxiliary nurses participating in the workshop, from CESAR San Lorenzo in Gualaco and CESAR Los Ríos in San Esteban, stated that the event was very helpful and gave them ideas on how to work with their own local health committees. They enjoyed seeing firsthand examples of how their work can be accomplished.

Paraguay: Measurable Progress Toward Quality

In December, PRIME II achieved its goal of quality performance among providers in ten different sites by the end of 2002. Staff conducted monitoring visits to measure quality based on five priority areas defined by USAID/Paraguay: counseling, informed consent, technical competence, client-provider interaction and availability of methods. After six months of implementation, the clinics had realized a twofold increase in their score from 32.2 to 73 out of 100. PRIME II is on track to improve quality at five more sites by the end of 2003.

Paraguay: Community Work Gears Up

The Caaguazu region of Paraguay is situated halfway between Brazil and Paraguay's capital, Asunción. The uncultivated land is thick with bush, and although the majority of people are subsistence farmers, environmental factors make it hard to grow enough food. It is here that PRIME II is implementing a safe motherhood project. Between December 2002 and February 2003, staff spent long hours trekking to 16 rural communities to conduct reproductive health (RH) workshops and gain the trust of community members. *Parteras* (traditional birth attendants) have participated in workshops on the danger signs of pregnancy, referral, the importance of prenatal care, and components of a safe and clean birth. The workshops are conducted in Guarani, the local language. The *parteras* are excited about their newly acquired skills and have already begun making behavior changes and referring patients.



Nicaragua: PRIME Mobilizes Communities in EONC and FP

PRIME II is strengthening community response to obstetric and neonatal emergencies and increasing the use of family planning with the goal of reducing maternal and neonatal morbidity and mortality. PRIME has partnered with NGO Networks, NicaSalud, Project Hope, Project Concern International (PCI), Wisconsin-Partners of the Americas, Catholic Relief Services (CRS), MSH (PROSALUD), and the Quality Assurance Project to accomplish this goal.

In the Jinotega region, PRIME II is offering technical assistance to improve provider performance in emergency obstetric and neonatal care (EONC) at the institutional level, including training traditional birth attendants (TBAs) and linking them to the health sector and mobilizing communities to actively participate in maternal health care. PRIME is also participating in the National Commission on Protocols and Guidelines to develop national EONC protocols.

December 2002 mid-term evaluation results demonstrate significant improvement in provider performance. TBA management of postpartum hemorrhage has improved by 20% and management of immediate postpartum women has risen by 87%, as defined by a quality index score. Client perception of TBA performance has risen by 15%. These positive results at the provider level have been matched at the community level. Seventy-eight percent of the planned EONC community committees have been organized within the 32 project areas. Of these communities, 56% have organized emergency transport systems and 25% have a form of emergency savings. A census of pregnant women is available in 81% of the communities, 27% of pregnant women have a birth plan, and 47% have been able to implement birth and complication readiness plans.



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.

©2003 IntraHealth International, Inc/The PRIME II Project