



Reviewing Results in PRIME II Oct. 2001–Sept. 2002

## Case Studies:

- · Kenya PAC
- · Bangladesh RTL
- · Dominican Republic RTL
- · Ghana Pl
- Rwanda HIV/AIDS
- · India CPSM
- · Dominican Republic CDQ
- · Ghana RTL
- · Benin RTL
- · Rwanda PI
- · Mali FGC
- Francophone PAC/Nigeria MAQ

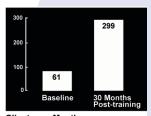
## **FP/RH Training for Private-Sector Paramedics**

## **Expanded Services, More Clients**

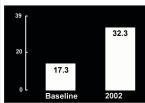
Higher numbers of clients utilize primary care facilities staffed by providers whose performance has been significantly improved through a PRIME-assisted in-service training program. With Field Support, this program has trained more than 1,500 paramedics and doctors to deliver an expanded array of family planning, reproductive health and child survival services, increasing the accessibility and quality of these services for many thousands of Bangladeshis.

Background: PRIME began collaborating in 1998 with the umbrella USAID National Integrated Population and Health Program (NIPHP) to build capacity for implementation of the Government of Bangladesh's Essential Service Package (ESP) at private-sector primary health care facilities staffed by paramedics and doctors. The ESP consists of family planning/ reproductive health, child health, control of communicable diseases, limited curative care and behavior change communications. Although PRIME's Field Support assistance ended in June 2002, performance improvement and training activities continue as part of the USAID bilateral NGO Service Delivery Program (NSDP).

Interventions: Providing technical assistance in the ESP areas of "other" reproductive health (maternal health and STIs/RTIs) and child survival interventions, PRIME II helped to develop culturally appropriate training materials and curricula, improve the skills of trainers, and generally strengthen the institutional and organizational development capacity of seven Dhaka-based in-service training organizations (primarily service delivery-oriented NGOs). With a helping hand from PRIME II, these organizations now have enhanced capabilities in the areas of performance evaluation, budgeting, strategic planning and development of training management information systems. Also under the NIPHP umbrella, PRIME designed and implemented a pilot project in safe delivery at six urban clinics that did not previously do deliveries and piloted a distance-based learning activity for 96 paramedics resulting in slight gains in knowledge and significant gains in skill level for postnatal care.



Clients per Month at Facilities with Trained Paramedics



Capacity Building
Pooled Scores for
7 Training Organizations

Results: The June 2002 final report on PRIME II's assistance to NIPHP documents high percentages of trained providers performing to standard and shows, as PRIME II reported in last year's USAID Results Review, that the technical knowledge and skills of the paramedics who benefited from PRIME's comprehensive training approach are significantly more advanced than those of untrained counterparts. A follow-up of 74 paramedics trained in other reproductive health (ORH) found all of them performing to standard; 81% of 52 trained paramedics followed-up in child survival interventions (CSI) were performing to standard. The report shows that utilization of clinic services increased dramatically at facilities with trained paramedics, rising from an average of 61 monthly clients at baseline to 299 per month at 30 months post-training, though it was not possible to compare such figures with those from control clinics. These results surpassed the expected level of achievement.

Key to making these gains sustainable and replicable is the progress that has been made in building stronger indigenous training organizations, including the Institute for Mother and Child Health and the Obstetrics and Gynecology Society of Bangladesh. Using a standard scoring system to gauge seven dimensions of organizational capacity, yearly assessments over four years were made of seven training organizations participating in NIPHP. The final report reveals that pooled scores for the seven organizations improved from 17.3 at baseline to 32.3 at the end of PRIME's assistance to the program. Nearly all of the intermediate objectives were met or surpassed under this aspect of the project.

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