

## Comparing Learning Approaches Community Health Promoters for Family Planning and Preventive Services

Dedicated to finding the most effective approaches to primary-level family planning and reproductive health (FP/RH) care for marginalized populations, PRIME II is comparing two learning methodologies for community health promoters and using radio as an innovative tool to spread grassroots messages about reproductive health. These volunteer promoters trained by PRIME significantly improved their FP/RH knowledge and are putting their learning to use as they make home visits and referrals, distribute contraceptives and conduct outreach in communities that are among the most impoverished and underserved in the Dominican Republic. Based on lessons learned during this project, PRIME II intends to identify those innovations that can be adapted and used in other countries with similar populations.



### Reviewing Results in PRIME II

Oct. 2001–Sept. 2002

#### Case Studies:

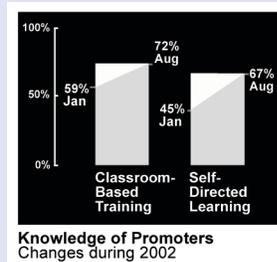
- Kenya PAC
- Bangladesh RTL
- **Dominican Republic RTL**
- Ghana PI
- Rwanda HIV/AIDS
- India CPSM
- Dominican Republic CDQ
- Ghana RTL
- Benin RTL
- Rwanda PI
- Mali FGC
- Francophone PAC/Nigeria MAQ

**Background:** PRIME II collaborates with the Dominican Institute for Community Action (IDAC) on this core-funded project to improve the reproductive and maternal/child health of seven *batey* communities with a combined population of about 14,000. *Bateyes* are home to Dominicans of Haitian descent, many of whom came to the country to work in the sugarcane fields and later lost their livelihood when the industry was privatized.

**Interventions:** Extensive baseline data collection in late 2001 included a community mapping and survey exercise. Training of 35 promoters began in January 2002, using a curriculum developed by PRIME II partners Intrah, PATH and TRG that emphasizes the role of the promoters in family planning education, community-based provision of FP methods and STI/HIV prevention. PRIME is comparing the costs and results of two learning approaches to determine which is more effective: a traditional five-day classroom-based approach or a self-directed learning model that relies on peer groups. PRIME assisted in developing an innovative learning support package that included training of six IDAC facilitators who make regular visits to the *bateyes*, along with manuals, flip charts and cell phone cards for calls to the facilitators for guidance.

The radio program, *En Familia* (“Within our Family”), went on the air July 6, 2002, with the aim of disseminating positive and accurate RH information in a highly entertaining format. Boombox radios and batteries were supplied to the health

promoters, who listen with friends and neighbors. The programs, which transcend literacy limitations, are kept on tape by the promoters so they can play them for community members anytime. Guided community discussions, or *charlas*, are led by promoters following each broadcast. PRIME and IDAC facilitated a training session for the promoters to prepare them to use the radio shows in their daily work.



**Results:** By early 2003, PRIME II will have impact results from the comparison of pre- and post-intervention community surveys, as well as final evaluation data on the costs and effectiveness of the two training approaches. Already we are discovering that the learning support package—especially the self-directed learning materials—is not being used as planned, yet significant learning has occurred. Intensive monitoring will provide rich lessons about unexpected factors that might be causing learning to occur and that could have important future implications for similar programs in the Dominican Republic and elsewhere. As interim benchmarks collected by August 2002, seven episodes of *En Familia* had aired and 24 *charlas* had been conducted, with the promoters reporting increased levels of community participation in the discussions. Promoters had made 96 referrals to area medical centers, documented 462 home visits, and sold 259 packets of contraceptive pills and 1,106 condoms. Follow-up scores on written knowledge tests show significant gains for providers trained in either of the two approaches.

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