



Strengthening the Quality and Availability of Family Planning and Reproductive Health Services at the Primary Level of the Ministry of Health of El Salvador

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Overview

With support from USAID/El Salvador through the APSISA and SALSA projects, PRIME has undertaken an ambitious, multi-faceted project with the Ministry of Health (MOH) in El Salvador to improve and expand family planning (FP) and reproductive health (RH) services at the primary level. To address low contraceptive use and high female sterilization rates, particularly in rural areas of El Salvador, the project developed an improved nationwide training program, provider training and support materials, client education materials, contraceptive logistics, management innovations, and new FP/RH norms. PRIME trained more than 4,000 MOH personnel nationwide at the department (state), health unit (clinic) and community levels in a 12-month period, including community-based promoters, traditional birth attendants (*parteras*) and their supervisors. More than 120 MOH department level staff were trained in training of trainer (TOT) workshops to conduct the training with PRIME oversight.

PRIME worked within the existing MOH training, supervision, and service delivery structure, expanding access and availability, and resolving barriers to FP service delivery at the community level. The project directly built training capacity and improved the skills of community-based providers and their supervisors. Project personnel have noted early indications of improved

quality of care at the primary level as a result of PRIME project interventions, particularly in improved capacity to counsel clients and improved client-provider interaction.

Background

In 1997, with PRIME technical assistance, the MOH developed a National FP/RH Plan. The plan identified weaknesses in FP/RH service delivery, including low contraceptive prevalence rates among low income and lesser educated women, high female sterilization rates, side effects as the primary cause of method discontinuation, medical and other barriers to service provision, out-of-date FP/RH norms, and inadequate contraceptive supplies.

Several barriers to service access existed for rural clients. They had to visit health units for a medical examination prior to beginning contraceptive methods. Community-based promoters could only re-supply methods once initiated by health unit staff. Promoters were not allowed to provide contraceptive injectables, although they gave childhood vaccines by injection.

There is a significant unmet demand for injectables throughout El Salvador; 32 percent of those wishing to use contraception and not presently doing so desired the injectable (FESAL 1993).

The MOH identified training of community-based promoters and *parteras* as a key intervention, since these providers were seen as the primary

contact with rural, low-income women. The MOH requested PRIME assistance to train promoters, *parteras* and their supervisors in FP education, distribution and referral, and later for assistance in contraceptive logistics and management.

Norms

To address medical barriers affecting service provision by promoters, PRIME staff participated in an inter-agency technical working group led by Family Health International (FHI) to develop a consensus around FP/RH issues and new FP/RH norms. The revised norms reflect WHO eligibility guidelines and allow promoters to provide injectables and dispense oral contraceptives. The revised norms were approved by the MOH in April 1999.

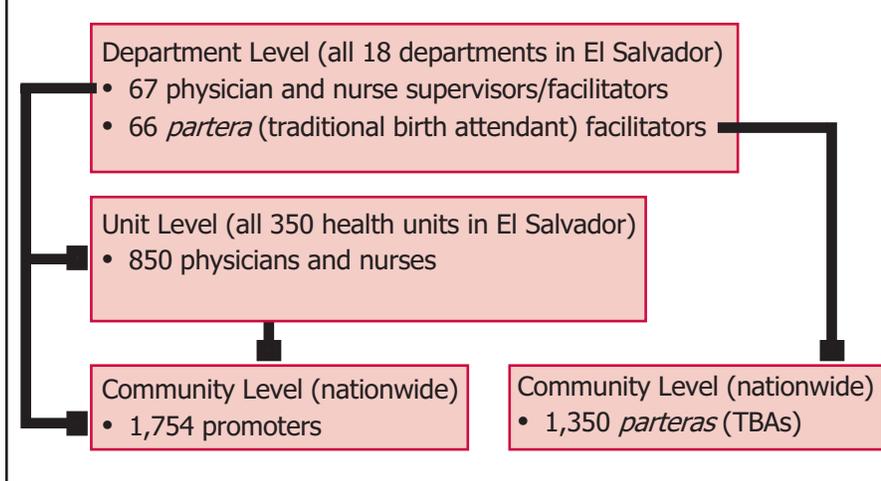
FP/RH Training

The training intervention developed by PRIME was designed to improve the skills, and ultimately the quality of care provided by FP/RH service providers. MOH health services are provided at the health unit and community-level, with supervision and management at the department level. Training teams of medical and nursing supervisors in each of the 18 MOH departments conduct routine on-the-job training at the health unit level for physicians and nurses, who, in turn, supervise community-based promoters and *parteras*.

PRIME developed and used 3 different curricula, all of which reflect the



Figure 1: PRIME FP/RH Training in El Salvador



updated FP/RH norms. First, a curriculum was developed for health unit physicians and nurses that included updated contraceptive method information, counseling and communication skills, and human sexuality. PRIME staff trained 67 department level facilitators in the curriculum in 4 TOTs from May to June 1998 [see Figure 1]. In conjunction with PRIME staff, these facilitators trained health unit physicians and nurses. Forty-six 4-day workshops were conducted for more than 850 physicians and nurses in all 350 MOH health units from July to November 1998. FP providers and program managers from the Salvadoran Social Security Institute (ISSS) also participated in the training, expanding the methodology to another leading FP/RH service institution.

"Before, a client had to go to the health unit for a contraceptive method. Now we can provide users with the pill, condoms, and injectables, which we've never had before. We can counsel clients and provide a referral to a doctor for the more scientific contraceptive methods. The user will have more access to the methods, and it's going to be much easier."

- PRIME-trained promoter

Training for community-based promoters was conducted by a department-level facilitator and PRIME-trained health unit staff with oversight by PRIME staff. Promoters were trained using a second curriculum that emphasized birth spacing, human sexuality, contraceptive education, administration of methods (pills and injectables), management of side effects, contraindications and referral. More than 1,500 practicing promoters and 240 new promoters were trained in 88 4-day workshops in Spring 1999.

A third curriculum was developed by PRIME for *parteras*. Data indicate that 80 percent of the MOH *parteras* are illiterate, and only 5 percent have higher than a third grade education. Therefore, a low-literacy curriculum was needed. The PRIME *partera* curriculum is pictorial and emphasizes birth spacing, updated contraceptive method information, counseling and communication skills and human sexuality.

Sixty-six department level facilitators with *partera* training experience were trained to use the low-literacy curriculum in 3 TOT workshops in April 1999. They subsequently trained 1,350 *parteras* in 88 3-day workshops over a 10-week period.

Training Support Materials

To address the lack of support materials for FP/RH services,

PRIME developed training support materials, including the 3 curricula, on-the-job support materials, and client education materials through a subcontract with Development Associates, Inc. (DA). PRIME developed 2 manuals for promoters to use on the job following training. The promoter orientation manual provides information on contraceptive methods and counseling in accordance with the PRIME curricula and the new national FP/RH norms. The other promoter manual contains technical information for easy reference on the job. PRIME also developed a low-literacy manual for *parteras* to use on the job. This manual contains flexible plastic pages about individual contraceptive methods that the *parteras* can use in promoting methods and counseling clients.

PRIME also developed client education materials, including a FP methods poster, and 3 full-size cloth posters (*mantas*) painted with illustrative (graphic) information on FP methods, the menstrual cycle, and human reproduction. The materials are being used to educate clients and helping providers counsel them on FP methods and birth spacing.

PRIME conducted interagency workshops for the development and validation of the educational support materials. In an unprecedented effort of interagency collaboration, the 3 primary FP/RH service providers in El Salvador, the MOH, ISSS, and the Salvadoran Demographic Association (ADS), jointly participated in materials development and pre-testing. This enabled the development of increased capacity and skills in materials development, and achieved a consensus among the institutions on the purpose, content and validity of the materials developed. All 3 institutions plan to use and distribute the client education materials nationwide, ensuring consistency in the FP/RH messages provided.



Contraceptive Logistics and Management

The MOH wanted to improve their contraceptive logistics system to address temporary method supply shortfalls. PRIME staff conducted an assessment of the MOH contraceptive logistics system in October 1998 with visits to shops, pharmacies and warehouses throughout El Salvador. Many problems were identified, including inadequate, unsorted and out-of-date supplies; lack of procedures for contraceptive method storage and inventory; and inadequate climate control. In response, PRIME developed a *Manual of Norms and Procedures in Contraceptive Method Administration* (S. Lins, 1999), and developed a plan for training personnel involved in the storage and distribution of contraceptive supplies.

In early 1999 PRIME conducted contraceptive management and logistics training in 6 3-day workshops for 101 supervisors, and pharmacy and warehouse staff. Participants were trained in projecting future supply needs and sources and establishing procedures for logistics management, including reliable transport, appropriate storage, and handling of supplies.

In April 1999, PRIME trained 44 central warehouse staff in how to conduct a national inventory of contraceptive supplies. PRIME also revised MOH supervision and inventory instruments to streamline record keeping for contraceptive supplies. PRIME then facilitated the formation of a central-level logistics committee to deal with contraceptive procurement, storage, and pipeline management. With PRIME technical assistance, the committee examined procedures and recommended changes to address distribution and reporting requirements between the central warehouse, departments and the MOH.

Management Innovations

In June 1999, PRIME began assessment and training efforts with the MOH for

RH management reform. In September, PRIME conducted a 7-day "change agent" training program for 29 MOH staff who were considered potential internal change agents to assist in a MOH decentralization program over the next 4 years. Three change projects were developed by participant teams to support decentralization. They include systems mapping of quality control procedures for acquiring supplies; the organization of a decentralized health care system to improve client satisfaction in Chachuapa, El Salvador; and the organizational analysis of roles, responsibilities, and consultation methods for improved MOH central staff performance.

Results

The PRIME El Salvador Project has had a considerable impact on the scope and quality of MOH FP/RH service delivery. The project interventions have directly addressed the weaknesses identified by the MOH in the FP/RH National Plan. PRIME has helped to reduce medical and other barriers to service provision, revised out-of-date service norms, and improved management and logistics of contraceptive supplies. Through training of primary-level providers in temporary FP methods, counseling, and side effects, PRIME has helped to address low contraceptive prevalence rates, high female sterilization rates, and method discontinuation due to side effects.

Recent data from the MOH management information system (MIS) illustrate the early impact of PRIME efforts to increase use of temporary methods and decrease female sterilization rates. MOH data illustrate an increase in total couple-years-protection (CYP) provided by promoters and *parteras* and an increase in the total number of family planning users at the health unit level. The data also showed a relative increase in injectable use at the health unit level from 1997 to 1999, as well as a reduction in female sterilization

"We've seen [improved quality of services] through the counseling - the client accepts the methods, and doesn't discontinue them. The people are more aware of side effects and they accept them."

- department-level nursing supervisor

rates at the hospital level (MOH MIS 1999).

Interviews with MOH personnel, at the central, departmental, health unit, and community level also provide early anecdotal evidence of improved availability and access to FP services as a result of PRIME training and supporting interventions. There is evidence of improved quality of care, especially in improved counseling of clients. Department and local level MOH staff reported improved client-provider interaction at the primary care level, noting that PRIME-trained providers are listening to their clients, providing targeted information, and increasing client involvement in method selection. They provide counseling on a range of methods, and assist clients in choosing a method. This was in contrast to previous provider behavior, in which the provider determined the appropriate method for the client with little, if any, client input.

Training skills and methods have been improved through the project. Participants at the department and health unit levels noted improved training skills and styles following training, and praised the participatory methodology of PRIME training. Many have had the opportunity to apply the skills learned in the workshops and have incorporated more participatory methods in training sessions with their staff.

By working through the existing MOH training and service delivery structure, results will be sustainable beyond the PRIME project. Interviews



"Care of the client has improved. It is more humane. The client is receiving more integrated care, for example in counseling, which was practically unknown previously. The providers explain the side effects, and the client can choose a method. Previously, we made the choice; now they can decide."

- department-level nursing supervisor

with project participants indicate their enthusiasm for the project, including their high regard for the PRIME technical staff involved, and their optimism for expanded service access and availability.

In May 1999, as part of interviews with MOH, ISSS and ADS personnel, PRIME staff applied the PRIME Evaluation, Documentation and Dissemination (EDD) methodology to assess the impact of the PRIME El Salvador project on MOH institutional training capacity. The resulting assessment score showed a 58 percent increase in MOH capacity from 1997 to 1999, less than 18 months after initiation of PRIME project activities.* The MOH Director of FP/RH Services summarized the success of the PRIME project saying, "The greatest results of the project have been the increase in provider knowledge about methods and how to use them. Another key result is the training in counseling and side effects, and how to counsel a patient to not be afraid of side effects. Before clients would discontinue methods, so the training has reduced discontinuations. Another thing that has helped us greatly is the training not only of doctors and nurses, but also of *parteras* and promoters. We have new services and a new network."

Lessons Learned

The PRIME El Salvador project has been highly successful because of many key factors, including leadership support, local staff presence, a needs-based design, and a focus on improved quality of services.

The local presence of PRIME staff was seen as an integral component of the project. PRIME El Salvador staff are well-known and well-regarded by colleagues throughout El Salvador. Ministry and other agency staff spoke highly of both the local and regional PRIME LAC staff and were pleased with the technical assistance provided by PRIME. The technical assistance was responsive to the needs and wishes of the MOH, and was respectful of their expertise and training, supervision, and service delivery structure. The PRIME team worked closely with the MOH in the design and implementation of the project and its components. All those interviewed noted the participatory style of PRIME program development and management. They noted that PRIME was very collaborative, did not impose program designs or activities, and took into account the experiences of the target institutions.

Conclusion

The MOH, as well as the ADS and ISSS, have expressed support for continued service expansion and efforts to improve the quality and scope of FP/RH services. Expanded integrated RH service activities are important and are underway in Phase II of the PRIME El Salvador Project, including continued management innovations; improved adolescent services; cervical cancer detection and referral; prenatal, postpartum, and postabortion care; and improved quality of care through training in CPI, COPE, and structured supervision.

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*For additional information about the PRIME El Salvador Project, see *PRIME Technical Report 13: 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*, DN Catotti, August 1999.

PRIME is a project for training and supporting primary providers of reproductive health services around the world. PRIME is implemented by INTRAH in collaboration with ACNM, Ipas, PATH, TRG Inc., OMG Booksource and AMZCO Inc.

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