

Enhancing Provider Knowledge and Practice **Testing National Family Health Protocols**

Building service delivery capacity at the primary level is essential in Benin, which has only one physician for every 28,000 residents and insufficient transportation and communications systems. To help improve and standardize family planning and reproductive health services at the primary level, PRIME II assists the Ministry of Health in a Field Support project to implement national family health protocols. Preliminary results from a field-test of providers trained in the protocols by PRIME II show significant knowledge gains in key subject areas and find the vast majority able to use the protocols correctly to identify appropriate processes of care.

Background: PRIME II offered extensive input on content and a user-friendly presentation of the protocols, which are organized in three volumes covering women, common family planning/reproductive health services, and men, youth and children. The protocols are designed to assist providers at each level of the service delivery system, from communal health centers and sub-district clinics to tertiary hospitals. The protocols project is one aspect of PRIME II's broad-based work in Benin, which also includes Field Support assistance to a pilot activity in emergency obstetric and neonatal care and a training program in family planning counseling and service delivery for pharmacy agents. PRIME II's country program in Benin stands as a shining example of the Project's commitment and ability to leverage funding and resources with collaborating organizations (including the WHO, Population Services International and GTZ) to result in gains greater than would have been realized through any independent achievement.

Interventions: PRIME II assists the Ministry of Health in a training activity to field-test the protocols in selected health districts in the departments of Borgou (in conjunction with the USAID bilateral PROSAF project), Atlantique and Mono. In line with PRIME's philosophy of minimizing disruptions in health care services by training providers at their own facilities through blended learning approaches, the three-week activity combines a short classroom orientation with tutorials and self-directed learning. Specially trained tutors—selected by regional and district health management teams—assist and motivate learners and offer regular feedback. Providers also rely on peer relationships, conducting their own group study sessions using a package of self-directed learning materials that includes short readings with self-tests and learning tasks involving role-plays, case studies and mock consultations. The



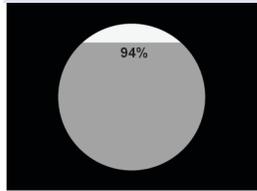
Reviewing Results in PRIME II

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

course content is integrated into existing supervision structures to ensure continuity in support of the learners as they apply their new knowledge and skills on the job.



Trained Providers who Identify Protocols, Describe Process of Care

Results: A follow-up study conducted by PRIME II six months post-training evaluated a sample of providers and tutors in Borgou using case studies, knowledge tests, interviews and service statistics. The protocols had been consulted by 95% of the providers subsequent to training, and more than half reported using them often; 88% affirmed that they found the protocols useful for diagnosis and case management. While study data suggest that some aspects of the training program may merit further analysis, 94% of the providers were able to identify the appropriate protocols and describe the process of care when given a case example. Not surprisingly, mean scores on knowledge tests administered during the follow-up study were not as high as those on tests given immediately after training but they still showed sustained improvement from pre-training test scores in the subject areas of STIs (81% follow-up, 86% post, 45% pre), infant health (66% follow-up, 90% post, 51% pre) and safe motherhood (74% follow-up, 90% post, 59% pre). The study also suggests that promising changes in services may be taking place—the number of days RH services are offered has increased and higher numbers of pregnant women are attending prenatal consultations.

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