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# PRIVATE SECTOR PROJECT FOR WOMEN'S HEALTH

## REPORT ON MID-TERM EVALUATION OF OUTREACH

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# ACRONYM

| | |
|---|---|
| ANC | Ante-Natal |
| BC | Breast Cancer |
| BS | Birth Spacing |
| CCA | Circassian Charity Association |
| CHW | Community Health Worke |
| CBE | Clinical Breast Exam |
| CME | Continuing Medical Education |
| CMS | Commercial Market Strategies |
| COC | Combined Oral Contraceptive |
| CPFH | Communication Partnership for Family Health |
| EOP | End of Project |
| FP | Family Planning |
| GUVS | General Union of Voluntary Societies |
| HA | Health Assistant |
| IUD | Intra-Uterine Device |
| JAFPP | Jordan Association of Family Planning and Protection |
| JICA | Japan International Cooperation Agency |
| JPFHS | Jordan Population and Family Health Survey |
| MIS | Monitoring Information System |
| MOH | Ministry of Health |
| MWRA | Married Women of Reproductive Age |
| NGO | Non-Government Organization |
| OC | Oral Contraceptive |
| OR | Operations Research |
| PDA | Personal Digital Assistant |
| PNC | Post-Natal Care |
| POP | Progestin Only Pill |
| PSP | Private Sector Project for Women's Health |
| PMP | Project Monitoring Plan |
| QA | Quality Assurance |
| RH | Reproductive Health |
| RMS | Royal Medical Services |
| RTI | Reproductive Tract Infection |
| SBE | Self Breast Examination |
| STI | Sexually Transmitted Infection |
| TL | Tubal Ligation |
| TFR | Total Fertility Rate |
| UNRWA | United Nations Relief and Works Agency |
| USAID | United States Agency for International Development |
| VAW | Violence Against Women |

# EXECUTIVE SUMMARY

The Private Sector Project for Women's Health (PSP-Jordan) is a five-year project funded by the United States Agency for International Development (USAID) with a mandate to improve the health of Jordanian women and families. The project uses an integrated approach to increase demand for modern contraception and related women's health services, increase availability of quality private sector health care services, increase early detection of breast cancer, and address domestic violence against women. A major project activity, and the focus of this mid-term evaluation, is outreach to women in their homes by community health workers (CHWs) to generate and increase demand for reproductive health and family planning (RH/FP) services and to refer them to the appropriate service points.

Together with two outreach partners, Circassian Charity Association (CCA) and General Union of Voluntary Societies (GUVS), PSP-Jordan is undertaking a mid-term review of its outreach program, to assess the current outreach approach and its effectiveness, take stock of current performance indicators, determine opportunities for further data analysis, and identify areas for improvement. Ensuring data collection on appropriate indicators, as well as timely analysis, is key to effectively measuring the impact of outreach efforts and their contribution to USAID/Jordan's strategic objectives related to RH/FP.

Key evaluation objectives for the mid-term evaluation of the outreach component were to:

1. Assess the PSP-Jordan outreach project component's efficiency and effectiveness in reaching PSP-Jordan's objectives and recommend areas of focus for improvement and qualitative and quantitative indicators to measure progress; and
2. Assess and document the current and potential impact of the outreach component on FP/RH objectives and recommend any future measures for end-of-project (EOP) results-based evaluation.

The evaluation team traveled to Jordan for two weeks in April 2008 to carry out the following evaluation-related tasks and responsibilities:

- Meet with USAID, PSP-Jordan, Ministry of Health officials and other organizations implementing RH/FP activities to understand key issues;
- Visit outreach activities with both CCA and GUVS outreach workers to understand the process of outreach and referral;
- Review specific elements of the outreach component, including outreach methodology, quality of household visits, materials and messages, coverage of potential FP users, referral schemes, NGO capacity for outreach, etc.;
- Review record keeping, data entry and management, and available outreach data;
- Review country-specific qualitative and quantitative research reports (e.g. Jordan Population and Family Health Survey (JPFHS) 2007) to understand trends and identify potential areas of focus for outreach impact;
- Conduct meetings with PSP-Jordan and outreach NGOs to summarize achievements to date, identify and review indicators for program guidance, consider alternative outreach approaches and develop methodology for determining impact; and
- Identify key areas of achievement and further program questions to be answered during an EOP assessment.

# KEY FINDINGS AND RECOMMENDATIONS

## 1. OUTREACH APPROACH AND METHODOLOGY

- The outreach methodology is sound and works well in the Jordanian context where interpersonal communication within the home is well accepted.
- At a unit cost of approximately 2 JD ($3) per woman visited, the approach appears to be cost effective.
- Results show that the approach is effective in providing needed health information and stimulating women to seek appropriate health services.
- Due to the complexity of the program and the fact that it is operating well against targets, major changes to activities planned through January 2010 are not recommended. However, it is recommended that PSP-Jordan implement an operations research (OR) study to assess alternative targeting approaches and data collection methods.

## 2. CHW TRAINING, COMPETENCE AND RETENTION

- CHW recruitment is rigorous with heavy emphasis on strong interpersonal skills.
- Initial and regular weekly refresher training provide CHWs with an impressive grasp of FP methods, their benefits and potential side-effects and the ability to counsel for self breast examination (SBE), pap smears, ante-natal and post-natal care. They are well equipped to carry out their tasks.
- CHWs are a valuable resource and any extension or follow-on should aim to retain them as well as to explore innovative ways to expand their presence through NGO or other clinic settings or community service schemes.

## 3. CHW SUPERVISION

- Multiple levels of supervision provide good support to the CHWs and maintain consistent quality of outreach visits.
- GUVS' supervisory system lacks an outreach coordinator and a medical supervisor; appropriate persons should be recruited and hired as soon as possible to free PSP-Jordan staff from this task and to enable them to better focus on overall supervision of the total PSP-Jordan outreach program.

## 4. MATERIALS AND MESSAGES

- The inclusion of multiple messages for women's health--birth spacing (BS), breast cancer (BC), pap smears, antenatal and postnatal care--works well, and likely increases effectiveness of visit and provides an entrée for FP and BS messages.
- The *Abu Majhoob* calendar is innovative and resonates well with multiple family members; documentation of its reach and effectiveness would support its continued production and dissemination.
- CHW training materials cover method specifics and benefits of BS well. CHWs generally explain rationale for BS at every visit, the benefits of FP methods before the side-effects and cover each FP method comprehensively.
- Consideration should be given to training the CHWs to provide information to women on menopause and osteoporosis. Women over 40 are still irregularly at risk of high-risk pregnancy and don't understand this; CHWs are asked many questions about menopause and osteoporosis.
- Key messages in support of birth spacing for three years should be revised to be consistent with the MOH & CPFH's "My Life is Beautiful" campaign, including messages for women's well-being and gender equity.

## 5. COVERAGE (TARGETING) OF POTENTIAL FP USERS

- Currently, women age 15-60 (for a total of 1.1 million) are to be covered under a complex targeting strategy reflecting age, sexual activity and pregnancy status. The project will reach approximately 825,000 married women of reproductive age (MWRA) or 50% of the estimated 1.6 million MWRA in Jordan
- Given that the majority (85%) of Jordanians live in urban areas, this is the focus of the outreach effort (with the exception of West Amman).
- To date 803,996 women have been reached; 585,724 of these women are MWRA which represent an estimated 35% of Jordan's total population of MWRA; 81,148 of these women (13.9%) have become new FP acceptors.
- Recommendations for better utilizing existing data are discussed in the monitoring information system (MIS) section. The enhanced analysis of outreach data should provide useful insights into identifying optimal target groups and ideal number of visits by group, for maximum impact.

## 7. REFERRAL SYSTEM AND PRIVATE PROVIDER NETWORK

- The referral system is an important component of the outreach service continuum and is important to the CHWs' credibility among the women in the communities.
- The ratio of referrals acted upon is quite good: 62.0% of all women referred for FP accepted a modern method; 57.6% of all women referred received BC screening.
- Even when women follow referrals for FP methods, provider bias against modern methods may actually deter or delay provision of a method. This bias was more pronounced among public sector providers.
- Continuing medical education (CME) training and quality certification of private female doctors have contributed to higher quality of RH/FP services at referral sites.
- Legislation or ministerial decree to protect providers who offer modern FP methods might lessen some provider bias that stems from fear of blame and legal action.
- PSP-Jordan should continue efforts to legitimize/legalize a CME requirement for doctor re-licensing to support institutionalization of improved quality of care in health services.

## 7. NGO CAPACITY FOR OUTREACH

- Both CCA and GUVS have shown good capacity for conducting outreach visits.
- CCA has a greater capacity to effectively supervise their entire effort, whereas GUVS supervision is supplemented by PSP-Jordan staff and thus less sustainable.
- Regular internal coordination is carried out monthly with PSP-Jordan, CCA and GUVS; PSP should ensure that CCA and GUVS attend more outside meetings among organizations addressing RH/FP needs.

## 8. RECORD KEEPING

- CCA and GUVS have done an excellent job of carefully collecting, editing, and entering detailed information for over 800,000 women.
- Data collected is appropriate and extensive. Under the current system, it is possible to measure aggregate trends related to FP use, adoption, and switching; SBE practices; and compliance with referrals for FP and clinical breast exams (CBEs).

- Given that the project is in its fourth year, no major changes to the client data card or record keeping system are recommended at this point. The key focus going forward is to fully utilize all the data that is routinely collected, and to analyze trends per woman. This would provide information on which visit women who are traditional FP users or non-users are most likely to adopt a modern method, which factors facilitate or impede FP use, and geographic differences.

## 9. MONITORING INFORMATION SYSTEM (MIS)

- The original data collection system was initially developed for a small scale pilot, and is not optimal for the size and scope of the current project.

- While it may not be prudent to alter the MIS under the current project contract, other options should be explored, such as using hand-held personal digital assistants (PDAs) to collect visit information, or adopting a web-based data entry system that would be accessible from any project computer and would more efficiently store the large amounts of data.

- PSP-Jordan should compile existing data from CCA and GUVS (currently stored on over 40 disks) and analyze trends per woman over the course of visits, specifically looking for factors that facilitate or impede FP use and other healthy behavior.

- Efforts over the remainder of the project period should focus on 1) merging the existing outreach data; 2) effectively analyzing the existing data; and 3) instituting a system for more regular and timely analysis (i.e. quarterly or at least biannually).

- Three new indicators should be added to the indicators currently reported in the Project Monitoring Plan (PMP) to better reflect progress and achievement:

    - Percent of women that comply with referral for modern FP method,

    - Percent of women that comply with referral for diagnostic breast cancer screening (clinical), and

    - Percent of target group (poor women, symptomatic of breast cancer) that redeem vouchers for breast cancer diagnosis.

## 10. EXTERNAL COORDINATION AND INFORMATION SHARING

- Other organizations are considering or already implementing outreach activities similar to those being carried out under PSP-Jordan; all are encountering and addressing similar difficulties and concerns.
- Lessons learned regarding CHW recruitment, training, remuneration, supervision and data collection should be shared and discussed on a regular basis, possibly through re-instituting the Steering Committee on Outreach.
- PSP-Jordan should consider hosting a one-day seminar in Jordan to share best practices/lessons learned regarding use of CHWs for outreach to increase demand for modern contraception, early detection of breast cancer and to address violence against women (VAW).

# CONCLUSIONS AND NEXT STEPS

Overall, the project has achieved or is on target to achieve its projected results for the outreach program, which is a significant accomplishment. Given the large numbers of women reached, and the results to date on new acceptors of modern contraceptive methods, this would suggest that the outreach program is increasing demand for RH/FP services, as well as improving the supply of quality RH/FP services. Below is a summary of the outreach project's achievements.

**SUMMARY OF ACHIEVEMENTS**

- The PSP-Jordan's outreach component has been highly successful in providing much-needed health information to women in their homes and has stimulated women to seek appropriate health services.
- The project has already reached over 800,000 women against a target of 1.1 million; more than 585,000 of these women are MWRA against a target of 825,000 MWRA; 13.9% of these MWRA have become acceptors of a modern FP method.
- Rigorous CHW recruitment, training, supervision and fair remuneration have ensured that CHWs are knowledgeable, motivated and well-accepted by the women they visit.
- Multiple messages for women's health, innovative counseling aids and informational materials have greatly facilitated acceptability of CHWs as valuable change agents within the communities.
- The referral system is a critically important component of the outreach continuum in translating demand into use of health services.
- Data collection, validation, and storage have been done well. There is a tremendous amount of data that, when fully analyzed for trends over the course of visits, will highlight factors that facilitate or impede FP use and other healthy behaviors.
- The large number of women reached and the high percentage of referrals acted upon would suggest that the outreach component is successfully increasing demand for RH/FP services. Additional analysis of currently available information would allow the project to better document impact in increasing FP use and other healthy behaviors.

Taking action in a few key areas could strengthen the performance and evidence in support of the CCA and GUVS outreach program. Proposed next steps include:

- Add indicators to reflect proportional achievements, in addition to numeric indicators.
- Conduct enhanced analysis of most recent full year data (e.g. March 2007 to April 2008).
- Strengthen the GUVS management system (i.e. encourage GUVS to hire their own management staff)
- Develop procedure for visiting a subsample of modern method users at 6 and 12 month intervals after the last outreach visit, to assess continued use and calculate discontinuation rates.
- Propose plan for OR study in the next workplan, incorporating results of above analysis, to determine optimal outreach and record keeping practices.
- Develop analysis questions for the JPFHS 2007, including the effects of an outreach worker visit on modern FP use, and intentions to use FP by demographic profile.

# 1. INTRODUCTION AND BACKGROUND

PSP-Jordan is a five-year project funded by USAID with a mandate to improve the health of Jordanian women and families. The project uses an integrated approach to increase demand for modern contraception and related women's health services, increase availability of quality private sector health care services, increase early detection of breast cancer, and address domestic violence against women. The project addresses these technical areas through seven main components:

- Outreach to women
- Communications for Behavior Change
- Training, Quality Assurance, Continuing Medical Education
- Private Provider Network
- Private Contraceptive Market Access
- Breast Cancer Early Detection Program
- Violence Against Women

A major project activity is outreach to women in their homes to generate and increase demand for reproductive health and family planning and to refer them to the appropriate service points. This basic approach for community promotion had been well-tested under the earlier Commercial Market Strategies (CMS) Project (1999-2004), which found that when CHWs visited each woman four times in her home to explain contraceptive options, approximately 10% of non-contraceptors adopted a modern method of contraception and another five percent who rely on traditional methods switched to a modern method.

PSP partners, Circassian Charity Association and General Union of Voluntary Societies, recruit and train women from local areas as CHWs to provide important health information to women aged 15 – 60 years old in towns and villages across Jordan. The CHWs discuss women's health issues, including benefits of modern family planning methods and the importance of early detection of breast cancer, and also teach self-breast examination. Referrals for medical assistance are made to MOH, United Nations Relief and works Agency (UNRWA), Royal Medical Services (RMS), and private and non-government organization (NGO) providers,

depending on the woman's economic status and preference. PSP also provides free and discounted vouchers for women with high parity and low socio-economic status to enable them to visit a provider from a network of qualified private doctors.

Since its inception in early 2005, the project has reached over 800,000 out of a planned 1,100,000 women. The 1.1 million women will include approximately 825,000 married women of reproductive age (MWRA), an estimated 50% of Jordan's total population of 1,600,000 MWRA. The outreach has now documented over 80,000 new contraceptive acceptors out of nearly 128,000 FP referrals.

Together with its outreach partners, PSP-Jordan is undertaking a mid-term review of its outreach program, to assess the current approach, take stock of current performance indicators, determine opportunities for further data analysis, and identify areas for improvement. Of particular concern is the ACCESS data management system, which was originally created under an earlier pilot program, and which has not kept pace with the increase in the scope and magnitude of the current outreach program.

Recently released preliminary results from the JPFHS 2007 reveal little change in modern method use since 2002. The total fertility rate (TFR) declined from 7.4 children per woman in 1976 to 5.6 in 1990, to 4.4 in 1997, to 3.7 in 2002 and finally to 3.6 in 2007. Since outreach is a key component of USAID/Jordan's strategy to address family planning needs, a review of the current outreach methodology is warranted to determine its effectiveness, and to make modifications as necessary to improve impact at the population level. Ensuring data collection on appropriate indicators, as well as timely analysis, is key to effectively measuring the impact of outreach efforts and their contribution to USAID/Jordan's strategic objectives related to RH/FP.

# 2. EVALUATION OBJECTIVES AND METHODOLOGY

The mid-term evaluation is focused primarily on the outreach component. Evaluation objectives were to:

1. Assess the PSP-Jordan outreach project component's efficiency and effectiveness in reaching PSP-Jordan objectives and recommend areas of focus for improvement and qualitative and quantitative indicators to measure progress; and
2. Assess and document the current and potential impact of the outreach component on FP/RH objectives and recommend any future measures for EOP results-based evaluation.

The evaluation team traveled to Jordan for two weeks in April 2008 to carry out the following evaluation-related tasks and responsibilities:

- Meet with USAID, PSP-Jordan, MOH and other organizations implementing RH/FP activities to understand key issues;
- Visit outreach activities with both CCA and GUVS outreach workers to understand the process of outreach and referral;
- Review specific elements of the outreach, including outreach methodology, quality of household visits, materials and messages, coverage of potential FP users, referral schemes, NGO capacity for outreach, etc.;
- Review record keeping, data entry and management, and available outreach data;
- Review country-specific qualitative and quantitative research reports (e.g. JPFHS 2007) to understand trends and identify potential areas of focus for outreach impact;
- Conduct meetings with PSP and outreach NGO's to summarize achievements to date, identify and review indicators for program guidance, consider alternative outreach approaches and develop methodology for determining impact; and
- Identify key areas of achievement and further program questions to be answered during an end of project (EOP) assessment.

# 3. OUTREACH COMPONENT: DESCRIPTION, FINDINGS AND RECOMMENDATIONS

## 3.1 OUTREACH APPROACH AND METHODOLOGY

A major objective of PSP-Jordan is to increase demand for and use of services for RH/FP and early cancer detection. Community outreach provides convenient interpersonal communication within the home. Interpersonal communication messages are reinforced by mass media communications on TV and radio and print materials for maximum synergy.

The outreach approach being used involves trained CHWs visiting women in their homes for a certain number of visits at specified intervals to promote awareness and demand for birth spacing and use of modern contraceptives, SBE and pap smears, antenatal care (ANC) for pregnant women, postnatal care (PNC) and contraception options following delivery. Women willing to accept a modern FP method or other service offered are referred to a near-by clinic that meets the woman's particular need and interest.

During the first home visit, the CHW develops a registration card that details the woman's maternal health and FP status. She then talks about women's health issues and demonstrates FP methods and teaches SBE. If the woman is already using a modern FP method and seems to be a continuing and satisfied user, she will only receive two visits. Approximately 60% of women receive 3rd and 4th visits, according to standard criteria such as non-user or traditional method or LAM user, women with high maternal risk or who are pregnant, etc. Visits are conducted at intervals of 4-6 weeks.

CHW contraceptive kit

The criteria for approximately 10% of women to receive intensive follow-up (visits 5-7) are:

- New FP referral or new user on 4th visit (for support to continue method)
- Post-natal—to advise on breastfeeding and FP methods
- Continuing traditional user who may yet use a more effective modern method
- Potential or diagnosed breast cancer

The outreach component is implemented by two NGO partners—the General Union of Voluntary Societies (GUVS) and the Circassian Charity Association (CCA). PSP-Jordan has signed contracts with each NGO for outreach services, specifying areas to be served, women to be served, services to be provided, record keeping requirements, provisions for vouchers for free or discounted services, provision of free condoms, reporting requirements, expectations for project implementation, training, invoicing and payment schedules. Within these detailed parameters, GUVS and CCA have devised slightly different operational procedures for implementation—primarily in terms of recruitment, training, and supervising CHWs. These differences will be mentioned more fully under the appropriate sections.

Both CCA and GUVS have responsibility for specific governorates or areas within a governorate as specified in their contracts with PSP-Jordan. By the end of the project, all 12 governorates will have been covered by either CCA or GUVS. CCA's specified area of coverage includes the governorates of Madaba, Balqa, Zarka and certain areas in Amman in Central Jordan; and Irbid, Ajloun and Mafraq governorates in North Jordan. GUVS's specified area of coverage includes Jarash governorate in North Jordan; certain areas in Amman governorate in Central Jordan; and Karak, Tafielah, Ma'an and Aqaba governorates in South Jordan. GUVS will begin working in Ma'an and Aqaba this year. Both CCA and GUVS have established 2-3 field offices in their specific geographic areas to support their outreach activities

Overall, CCA and GUVS hire similar project staff as required to reach their contractual targets, although staff numbers differ somewhat, as presented in the table below:

**TABLE 1. OVERVIEW OF OUTREACH PERSONNEL BY NGO PARTNER**

| | GUVS | CCA |
|---|---|---|
| CHWs | 33 | 90 |
| CHW Supervisors | 5 | 7 |
| Data Entry | 4 | 6 |
| Data Editors | 2 | 6 |
| Field Coordinator | 1 | 3 |
| Outreach Coordinator | * | 1 |
| Medical Supervisor | * | 1 |
| VAW workers | NA | 30 |

* GUVS currently relies on two PSP staff members for outreach coordination and medical supervision, despite PSP-Jordan's request that they file these positions internally, to free PSP staff for other tasks.

In early 2008, PSP-Jordan added a VAW component as many CHWs reported domestic violence as an area for concern among the women they visited. Many women in Jordan believe VAW to be normal or acceptable. In the 2005 Communication Partnership for Family Health (CPFH) Baseline Survey, 77% of women said that it was acceptable for a husband to beat his wife under at

least one circumstance. Instead of including this focus within the CHW program, CCA was asked to recruit a more highly educated cadre of 30 VAW workers who would provide awareness to women on their health and rights, help them improve their self-confidence, understand the four types of VAW (psychological, financial, physical and sexual), and assist those experiencing VAW at home to develop "safety plans" for better management of their situations. After four visits, any woman who is the victim of violence is given referral and hotline information. Acceptance of VAW workers has been promising to date. Since January 2008, VAW workers have visited 19,250 women against an EOP target of 42,000. This outreach activity supports Jordan's National Strategy for Family Protection.

**Findings:**

- **The outreach methodology is sound and works well in the Jordanian context where interpersonal communication within the home is well accepted.**
- **Both GUVS and CCA implement outreach activities using a similar methodology, although geographic locations and target populations differ. In addition, small variations in CHW training, supervision and remuneration exist and will be further discussed under the appropriate headings.**
- **At a unit cost of approximately 2 JD ($3) per woman visited, the approach appears to be cost effective.**
- **Results show that the approach is effective in providing needed health information and stimulating women to seek appropriate health services.**
- **Recruiting, training and fielding a separate and highly educated cadre of VAW workers is more appropriate than adding this task to the CHW cadre due to the extreme sensitivity of the topic and given the high acceptability and practice in Jordan of VAW**

**Recommendations:**

- **Due to the complexity of the program and the fact that it is operating well against targets, major changes to activities planned through January 2010 are not recommended. However, as will be discussed later, implementing a targeted OR study could highlight factors associated with increased or more expeditious adoption and/or continuation of modern method use, as well as test a potentially more efficient way to collect information, using PDA devices. The results from this study could guide efforts to better target outreach efforts in a follow-on project.**
- **Exploration of public-private partnership with NGOs and the MOH could utilize and link trained, well-supervised CHWs with appropriate referral sites (NGO clinics, MOH facilities and/or private clinics) to continue and expand outreach to women.**

## 3.2 CHW TRAINING, COMPETENCE AND RETENTION

Both GUVS and CCA require that CHWs have secondary (HS) or diploma (HS+2years) educational background. CCA and GUVS both try to recruit women close to the areas where they will work but both NGOs resort to busing CHWs when necessary to reach target neighborhoods. In general, CCA-recruited CHWs appear to operate closer to their homes. GUVS has hired all Palestinian CHWs to work in the Baqa'a camp area where the population is exclusively Palestinian, which appears to work well and contributes greatly to acceptance of those CHWs by the women being visited. Both NGOs make a practice of testing potential recruits in field situations to observe their interpersonal skills before hiring and training them.

GUVS outreach staff

GUVS CHWs are trained for 10 days initially with monthly refresher training in those areas supervisors have identified or in subjects for which CHWs have requested additional information. CCA trains CHWs initially for one week with monthly refresher training as determined by supervisors and/or CHWS. In addition, both GUVS and CCA's field and medical supervisors provide weekly refresher training on an ad-hoc, as needed basis. The same training manual is used by both GUVS and CCA trainers and covers all topics relating to FP methods, the importance of early breast and cervical cancer detection, and ante-natal/post-natal care. Training is rigorous and on-going and contributes to the high competence of the CHWs.

Retention of CHWs is high with many CHWs having worked in this project from its inception; others worked for the predecessor CMS project or other outreach projects. Marriage, childbearing and inadequate performance were cited as the most common reasons for CHW turnover.

Remuneration of CHWs is slightly different under both NGOs. GOVS originally paid CHWs 100 JD/month and raised it several years ago to 125 JD, slightly above minimum wage. They are planning to pay an additional 50 JD/month as recently stipulated by the Government of Jordan (GOJ) to offset rising prices and inflation. CCA has tended to pay according to minimum wage, which is currently 110 JD and will comply with the GOJ lump sum stipulation as well. Both NGOs provide performance-based increases to highly performing CHWs.

CHWs are well received by most women they visit. They estimate that only 30% 0f visits are "difficult" and these visits are generally in rural or Bedouin areas or at middle or upper income households. The less affluent are more receptive and welcoming to the CHWs; they are also the women who have fewer options for information and service access and thus need the outreach

services more.

**Findings:**

- **Rigorous CHW recruitment protocol ensures appropriate level of education and strong interpersonal skills and contributes to their productive outreach accomplishments.**
- **Initial and regular weekly refresher training provide CHWs with an impressive grasp of FP methods, their benefits and potential side-effects and the ability to counsel for SBE, pap smears, ante-natal and post-natal care. They are well equipped to carry out their tasks.**
- **CHWs are motivated and appear to enjoy their work; they are fairly remunerated, and turnover appears to be associated mostly with marriage, childbearing and poor performance.**
- **CHWs are generally well received by the vast majority of women visited.**

**Recommendations:**

- **There is potential for increased CHW turnover as EOP nears and CHWs have concerns for job security and continuation; a small financial incentive, such as a bonus month's pay to stay through EOP may encourage full completion of project activities.**
- **CHWs are a valuable resource and any extension or follow-on should aim to retain them as well as explore innovative ways to expand their presence through NGO or other clinic settings or community service schemes.**
- **CHWs appear to be competent enough to handle more flexibility in prioritizing the content of individual visits according to the woman's needs; this might be tested through the proposed OR study or any follow-on activities.**
- **Any follow-on work should maximize recruitment of workers from the communities they will interact with.**

## 3.3 CHW SUPERVISION

Supervisors accompany CHWs on their daily rounds, offering facilitative supervision to each worker on a rotating basis. At the end of the day, supervisors meet with all CHWs and review client cards and any problems encountered. Some days, the supervisors will do random checks of households visited earlier by CHWs to obtain feed-back on CHW performance. If particularly high-risk clients (5+ pregnancies, 3+ miscarriages, age at marriage less than 16 , etc.) are flagged by the CHWs, the supervisors might visit them by way of reinforcing the messages. The medical supervisor also meets regularly with the CHWs and supervisors to discuss activities and answer questions that workers may have.

At present, GUVS does not employ a medical supervisor. As a result, this support has to be provided by PSP staff. Despite several requests by PSP to GUVS to employ a medical supervisor, this position has not been filled to date.

**Findings:**

- **Multiple levels of supervision provide good support to the CHWs and maintain consistent quality of outreach visits.**

**Recommendations:**

- **GUVS supervisory system lacks an outreach coordinator and a medical supervisor; appropriate persons should be recruited and hired as soon as possible to free PSP staff from this task and to enable them to better focus on supervision of all aspects of the PSP outreach program.**

## 3.4 MATERIAL AND MESSAGES

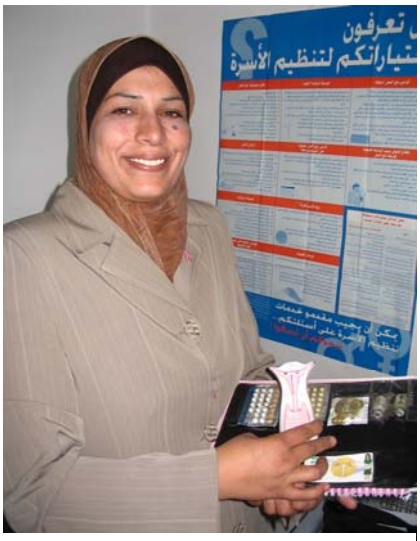
At present, CHWs provide FP counseling in the context of birth spacing for healthier mothers and children, the advantage of fewer children to the family's economic situation and informed choice. CHWs have been quick to link the current economic situation of rising inflation and high food prices, to the benefits of better spaced births and fewer children.

Previous spacing messages focused on two years without clarity whether the two years was between birth of the previous child and conception or birth of the following child.

A new MOH communications campaign being carried out under the USAID-funded CPFH Project employs the slogan "My Life is Beautiful" to promote women's well being, gender equity and spacing for three years. The message, "Give her time to grow", is intended to reinforce three year spacing regardless of the gender of the previous child born and to ensure better maternal, infant and child health. Some CHWs are already using the three year spacing norm, and counseling women to take care of their own health so they can better care for their families, but these newer messages have not yet been formally incorporated into the CHW training manuals.

If a woman is using a traditional method to space, the CHW uses a simple and clear flipchart to explain the potential ineffectiveness of traditional methods in an effort to interest the woman in more effective modern methods of FP. Two oral contraceptives (OCs) are explained—the combined oral contraceptives (COCs) and the Progestin only pill (POP) which is safe and appropriate for women who are breastfeeding but need additional protection. The intra-uterine device (IUD), injectable and implant (IMPLANON) are also explained if the woman indicates interest in learning more about these methods. A pamphlet that explains all methods is provided to the woman if she is undecided or wants to discuss adopting a method with her family. A

pamphlet on a specific method is given to women who accept a referral for a specific method or are already using the method.



CHW demonstrating uterine model with IUD

CHWs were observed using three other counseling aides that were innovative and effective. The first was a wheel that listed numerous medical conditions or contraindications in Arabic (e.g. diabetes, breastfeeding, etc.) and matched them to appropriate modern methods. When a woman complained that she could not use OCs due to varicose veins, the CHW used the wheel and showed the woman that COCs were indeed safe to use with varicose veins. This wheel was possibly printed and distributed under a previous project and additional wheels may be available with the MOH. The second counseling aide observed in use was a small pocket model of the uterus that was used to explain how and where the IUD is inserted. The CCA medical supervisor obtained several models for free from a pharmaceutical company, after attending a conference in the US. Many, but not all, CCA CHWs have and use the uterine model in their interactions with women. Even women who already were using IUDs had imperfect knowledge of the device, thus underlining the importance of using this visual aid.

The third aid was a silicone breast model, which CHWs used to explain how to do SBEs. The breast model had 5 nodules in it, to simulate actual lumps a woman might detect in her own breasts. After the woman attempts to locate the nodules, the CHW turns the model over and shows their placement. This appears to be a very effective teaching tool, and one in which women visited by the CHWs show great interest.

CHWs demonstrating SBE using breast model

PSP-Jordan has developed a very popular and appealing wall calendar using a well-recognized cartoon character, *Abu Majhoob*, which is given to each woman on her first visit. The calendars present light humorous messages through the cartoon characters that reinforce the CHWs' messages for FP, birth spacing (BS), BC and VAW. Based on anecdotal impressions, these calendars are well utilized and shared by the women with other family members.

Tubal ligation (TL) is usually not mentioned by the CHWs, even if the woman has six children and suggests that she wants no more, as there is currently very strong feeling that limiting children is against the Jordanian culture and Islam.

Service providers reinforce this bias and tend to provide TL only to women who have medical conditions that would prohibit further childbearing.

Contrary to concern that the multiple messages given by the CHWs may weaken the FP/BS message, it appears that the multiple health-related messages add greater legitimacy to the CHW's visit and increase the chance that the woman and/or mother-in-law will permit entry to the CHW on the first and continuing visits. There is good interest in breast cancer and pap smears. Women around 40 often ask the CHWs questions about menopause as it is a very threatening time of life for them. Some women fear that their husbands will lose interest in them and take another wife. Many are not aware that they are still at risk of pregnancy after 40 and through early menopause.

**Findings:**

- **The inclusion of multiple messages for women's health--BS, BC, Pap smears, ANC/PNC--works well and likely increases effectiveness of visit and provides an entree for FP and BS messages.**
- **The *Abu Majhoob* calendar is innovative and resonates well with multiple family members.**
- **The traditional methods flipchart presents clear and easily-understood messages.**
- **CHW training materials cover method specifics and benefits of BS well.**
- **CHWs generally (not always) explain benefits of BS methods before the side-effects and cover each method comprehensively**

**Recommendations:**

- **Consideration should be given to training the CHWs to provide information to women on *menopause and osteoporosis*. Women over 40 are still irregularly at risk of high-risk pregnancy and don't understand this; CHWs are repeatedly asked questions about menopause and osteoporosis.**
- **Documentation of the Abu Majhoob calendar's reach and effectiveness would support its continued production and dissemination**
- **Key messages for BS for three years should be revised to be consistent with the MOH & CPFH's "*My Life is Beautiful*" campaign, including messages for women's well-being and gender equity.**

## 3.5 COVERAGE (TARGETING) OF POTENTIAL FP USERS

The PSP-Jordan outreach program aims to reach 1.1 million women using a fairly complicated targeting strategy according to women's age, marital and pregnancy status. Four basic target groups and the topics covered with the women in each group include:

- Women 15-49 currently married; topics covered include FP, BC, pap smear and PNC if the woman has recently delivered;
- Women 15-49 currently pregnant (subset of the first group); topics include ANC, FP, BC and pap smear;
- Women 50-60; topics include BC and pap smear; and
- Women 20-49, not currently married; topics include BC and Pap smear.

This complex targeting strategy has allowed the CHWs to efficiently cover a large number of women, screening them for maternal risk and providing them with information on a variety of women's health topics.

Discussion is taking place among PSP-Jordan, CCA and GUVS with regard to modifying or fine-tuning these target groups. A careful analysis of data in the MIS could provide useful information to better target women of specific profiles (e.g. women with 2 children, or women who have used traditional methods for a short time) who appear more likely to adopt the desired behavior change (e.g. accept a modern FP method, comply with referral, switch from traditional to modern method, etc.). Further analysis of current data could also illuminate the ideal number of visits according to different profiles of women. Reducing the number of visits for women deemed to be less likely to change their health behavior may allow CHWs to increase the frequency of visits to women who are more likely to adopt healthy behaviors.

**Findings:**

- **Currently women (1.1 million) age 15-60 are to be covered under a complicated targeting strategy according to age, sexual activity and pregnancy status. The project will reach approximately 825,000 MWRA or 50% of the estimated 1.6 million MWRA in Jordan**
- **The focus is on urban areas throughout Jordan, except for the high income area of West Amman. The Jordan population is 85% urban.**
- **To date 803,996 women have been reached; 585,724 of these women are MWRA. 81,148 of these women (13.9%) have become new FP acceptors**

**Recommendations:**

- **Recommendations for better utilizing existing data are discussed in the MIS section. The enhanced analysis of outreach data should provide useful insights into identifying optimal target groups and ideal number of visits by group, for maximum impact.**
- **At EOP, a decision should be taken on whether to continue with all women or to focus on a sub-set of women by geographic area, age, parity, socioeconomic status for increased impact among a smaller group. Analysis of JPFHS 2007data may also help determine the optimal groups for a next stage of outreach.**

## 3.6 REFERRAL SYSTEM AND PRIVATE DOCTOR NETWORK

Women who are counseled for FP and decide to accept a modern method are given a referral for that method. Referrals are made to public, private and NGO providers and facilities, depending on the woman's economic situation, health status and preference. Referrals to MOH clinics, RMS or UNRWA clinics are generally free services. If the woman prefers a private sector doctor, she is referred either to a JAFPP clinic or to a clinic in the PSP-Jordan network of women doctors trained and certified in FP and clinical breast exam (CBE). Those women who receive a referral for FP will automatically receive a referral for a free CBE as well. Low cost and free vouchers are provided to women with signs of potential breast cancer for diagnostic work-up at the King Hussein Cancer Center and King Abdullah Hospital.

Follow-up of all referrals is an important part of the CHW's work. Records for follow-up visits to the women will show if, when, and where she acted upon the referral. NGO and PSP staff also follow up with the MOH clinics, JAFPP and the private doctor network to ensure that appropriate care is provided.

During follow-up visits, CHWs have heard reports of provider bias against certain FP methods that may have prevented the women from obtaining their FP method of choice. These instances are often, but not always, associated with public sector providers. Examples of provider bias include advising against: FP use prior to first birth and sometimes even the second birth; use of the IUD prior to the second birth; use of tubal ligation (TL) in the absence of a medical condition that prohibits childbearing; etc. Some providers are reluctant to provide the IUD or TL even if the woman requests it, due to fear of litigation if anything goes wrong.

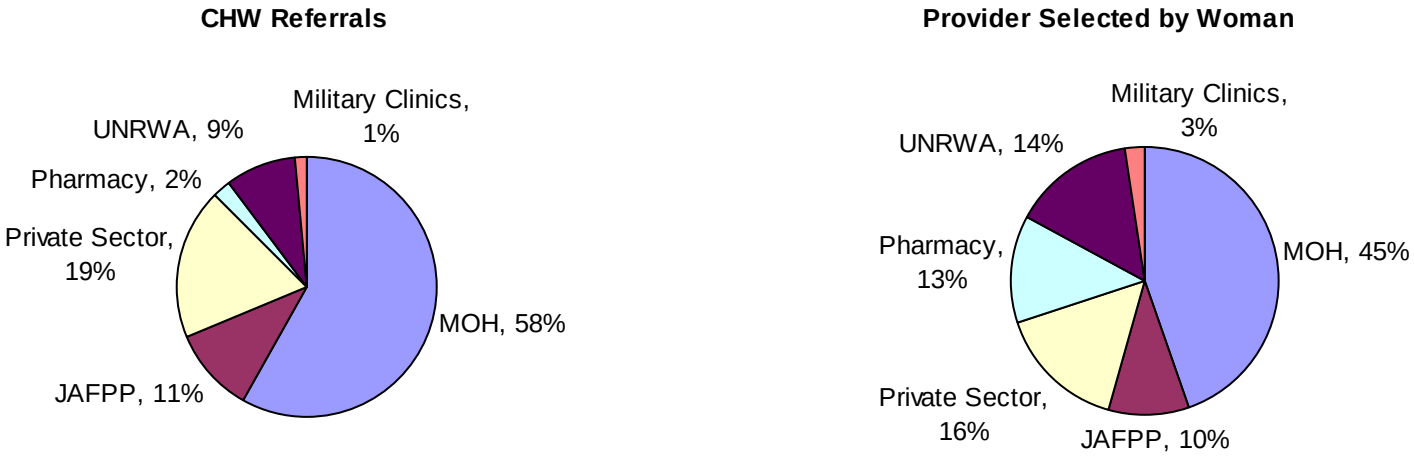
Network physician with project-provided sterilizer.

Since most Jordanian women strongly prefer to be seen by female doctors, PSP has organized continuing medical education (CME) training and quality certification programs especially for female physicians with private clinics. Referred women with the means to pay for their FP methods receive discount prices for services, while a certain portion who are poor, with high maternal risk, receive vouchers for free services. Once trained in IUD insertion, CBE, FP counseling and services, and/or RTI/STI, and certified according to rigorous quality standards, many female providers become part of a Network of Private Providers to whom CHWs can refer those women. The CME courses are both didactic and skills-based and are popular among the doctors, many of whom say they would be willing to pay for them. To date, 73 private female doctors have been trained and certified in IUD insertion. Over 587 GPs have been trained in Advanced Contraceptive Technology, while 287 have received quality certification in FP, 163 private female doctors have received certification in CBE, and to date 75

in RTI/STIs meet competency standards.

The charts below show the distribution of referrals for FP from CHWs (left) and the distribution of providers selected by the women (right). MOH clinics comprise the majority of referrals (58%), but fewer women actually go to MOH clinics than are referred. Approximately 20% of women are referred to a private physician, and nearly that percent receive FP services from a private provider. Interestingly, although only 2% of women are referred to a pharmacy, 13% of women end up getting their FP methods from a pharmacy.

**FIGURE 1. DISTRIBUTION OF REFERRALS FOR FP, CUMULATIVE THROUGH MARCH 2008**




## Findings:

- **The referral system is an important component of the outreach service continuum and is important to the CHW's credibility among the women they visit.**
- **The ratio of referrals acted upon is quite good: 62.0% of all women referred for FP accepted a modern method; 57.6% of all women referred received BC screening.**
- **Even when women follow referrals for FP methods, provider bias against modern methods may actually deter or delay provision of a method. This bias was more pronounced among public sector providers.**
- **CME training and quality certification of private female doctors has contributed to higher quality of services at referral sites.**

## Recommendations:

- **Legislation or a ministerial decree to protect providers who offer modern FP methods might lessen some provider bias that stems from fear of blame and legal action.**
- **PSP should continue efforts to legitimize/legalize a CME requirement for doctor re-**

**licensing to institutionalize improved quality of care in health services.**

## 3.7 NGO CAPACITY FOR OUTREACH

Both GUVS and CCA are large, well-established NGOs in Jordan. Both play a key role in the PSP-Jordan outreach program and both have demonstrated a real capacity for delivering CHW outreach against highly structured and specific fixed price contracts with the PSP Jordan project since 2005 and even earlier under the predecessor CMS project.

GUVS was founded in 1959 as a non-profit organization to serve as an umbrella coordinator for all voluntary work in the country and today includes over 1,000 charities. GUVS operates the national lottery, a source of income for funding various social activities including childcare, poverty alleviation, care of the disabled, health care, student aid and general community service. GUVS currently contributes (from lottery earnings) to the PSP outreach activities by covering some recurring costs such as outreach office rent and maintenance, some transportation costs for CHWs and in future they plan to cover the 50 JD cost of living payment for CHWs that has recently been required for all workers by the GOJ. GUVS is currently relying heavily on two PSP staff for field and medical supervision.

CCA was established in 1932 and has been mainly concerned with the welfare of indigent Circassians. CCA is not currently cost-sharing any of the PSP outreach program costs, but they are relying fully on their own staff to supervise and implement their outreach responsibilities.

CCA outreach staff

**Findings:**

- **Both CCA and GUVS have shown good capacity for conducting outreach visits.**
- **CCA has a greater capacity to effectively supervise their entire effort, whereas GUVS supervision is supplemented by PSP Jordan staff and thus less sustainable.**

**Recommendations:**

- **Regular internal coordination is carried out monthly with PSP, CCA and GUVS; PSP should ensure that CCA as well as GUVS attends outside meetings among organizations addressing RH/FP needs.**

## 3.8 RECORD KEEPING

PSP Jordan adapted the registration/visit cards developed by Pathfinder under the original outreach pilot program. Different cards are used for each of the target groups described in Section 3.5, each a different color.

Detailed information is collected for each woman according to her profile. All cards contain background information, such as name, address, age, marital status, number of children and their ages, as well as breast cancer detection and status. The most extensive information is collected for currently married women 15-49 (i.e. the green card) as this includes a number of questions related to contraceptive use. Other cards contain less information on contraceptive use, as these women are deemed not in need. In addition to the colored card system, the NGO partners also use colored stickers/tabs to denote other issues of interest. A black tab, for example, means the woman is a traditional user and not receptive to modern methods. In the case of CCA this means the medical supervisor would follow-up with this client.

Client forms are checked for accuracy and completeness by the supervisor; data editors check to make sure information has been put into the computerized system accurately and consistently.

Both NGOs are tasked with storing thousands of hard copies of client forms, and storage space is an issue. GUVS has already thrown away forms due to lack of space. Fortunately, both NGOs have electronic data dating back to the start of the current program (Feb 2005).

**Findings**

- **Compared to other community outreach programs discussed in the literature, CCA and GUVS have done an excellent job of carefully collecting, editing, and entering detailed information for over 800,000 women – this is no small feat.**
- **Data collected is appropriate and extensive. It theoretically would allow for assessing trends, peak timing of accepting new modern method, and patterns by**

**profile of women and geographic areas.**

### Recommendations

- **Given that the project is in its fourth year, no major changes related to the record keeping system are recommended at this point. The key is to fully utilize all the data that is routinely collected.**
- **However, if client cards are redesigned for an OR study or a follow-on project, it is recommended to include a question for women who become pregnant during the course of the visits to determine if the pregnancy was intended/wanted. Presently, the question is only asked of women found to be pregnant at the first visit.**

## 3.9 MONITORING INFORMATION SYSTEM (MIS)

The monitoring system for the outreach program was originally developed by Pathfinder in the late 1990s as an ACCESS data entry and management program. Because the current outreach program evolved slowly and in phases, the idea of changing the data entry system did not occur to PSP-Jordan or the NGO partners.

The use of ACCESS was probably appropriate given the small scale of that initial outreach effort. However, as the scope and reach of the outreach activity has grown over time, it has become clear that ACCESS is not the optimal data management program for the magnitude of the current outreach program. Since the start of the current phase of the program (February 2005), approximately 803,000 women have been visited, resulting in the same number of observations in the datasets. This is an extremely large sample size, and well beyond the capabilities of a program like ACCESS. It is worth noting that for the newly established VAW project, CCA adopted a simpler data entry system (SPSS) which is more user-friendly and more easily produces reports.

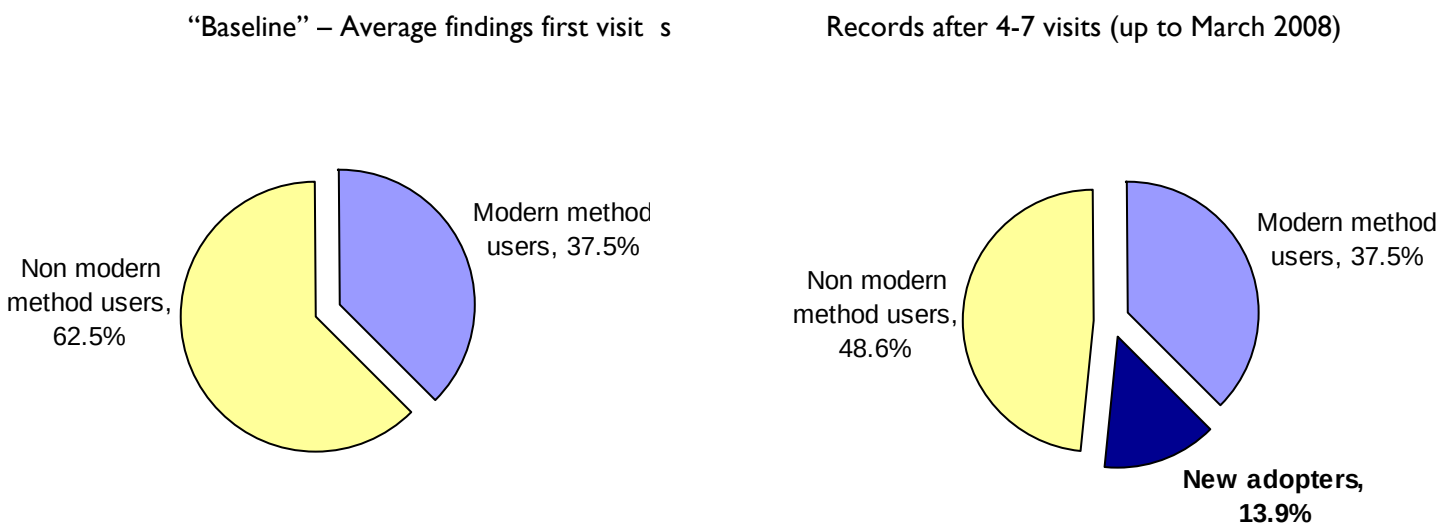
A major problem with the current system is that it only allows for aggregate calculations on key variables of interest (e.g. number of new adopters, number of current FP users, numbers of referrals, etc), and does not allow for analysis using a specific woman as the unit of measurement (i.e. it is not possible in the current system to track changes over time for an individual woman). For example, it is not possible to determine at which visit traditional method users are most likely to adopt a modern method, nor which factors may be predicting this switch; or conversely, factors that predict lack of adopting a modern method, or discontinuing a modern method. Other limitations of the current system include inability to analyze data for geographic differences.

Despite the limitations of the current data management system, it is possible to run aggregate counts of certain variables of interest. These include number and proportion of new acceptors, and comparison of rates of current use and new acceptors between 1-4 visits and 5+ visits. Other analyses may also be

possible and should be further explored.

The first chart below shows baseline (i.e. first visit) FP use among all women of reproductive age. Modern method users comprised 38% of all women visited, which is slightly less than rates found in recent national surveys. The difference may be due to the fact that outreach efforts exclude West Amman, where FP use is likely highest. The second chart shows the distribution of FP use among all MRWA visited (as of March 30, 2008). Assuming modern method users continue to use their method, the PSP-Jordan outreach program has added an additional 14% of new modern method FP users.

**FIGURE 2. PROPORTION OF MWRA USING A MODERN METHOD, COMPARING BASELINE WITH MOST RECENT STATISTICS**




## Findings:

- **The original data collection system was initially developed for a small scale pilot, and thus may not be the optimal system for scope of the current project.**
- **The current ACCESS system is cumbersome, and because of this, PSP-Jordan and NGO staff often have to calculate results by hand, which is extremely time consuming.**
- **Data currently only allows aggregate counts, and not changes over time for an individual woman.**

## Recommendations:

- **It may not be efficient to alter the MIS under the current contract; however, options should be explored, such as using hand-held PDAs to collect visit information, or adopting a web-based data entry system that would be accessible from any project computer and more efficiently store the large amounts of data.**

- **PSP should compile existing data from CCA and GUVS and analyze trends over the course of visits, specifically looking for factors that facilitate or impede FP use and other healthy behavior.**

- **Efforts over the remainder of the project period should focus on 1) merging the existing outreach data; 2) effectively analyzing the existing data; and 3) instituting a system for more regular and timely analysis (i.e. quarterly or at least biannually).**

- **Abt home office researchers can work with PSP-Jordan staff and NGO partners to identify and conduct relevant analyses.**

- **Three new indicators should be added to the current PMP to better measure progress and achievement:**

    - **Percent of women that comply with referral for modern FP method,**

    - **Percent of women that comply with referral for diagnostic breast cancer screening (clinical), and**

    - **Percent of target group (poor, major breast cancer symptoms) that redeem vouchers for breast cancer diagnosis**

## 3.10 EXTERNAL COORDINATION AND INFORMATION SHARING

PSP-Jordan is neither the first nor the only outreach project activity focused on increasing demand for modern contraception and related women's health services. A number of other organizations have experience with or interest in outreach activities at the community level for improving women's health and addressing domestic violence against women. There is a wealth of experience and lessons learned that should be shared among organizations on a regular basis. Some time ago there was a Steering Committee on Outreach, but it is unclear how regularly this group meets or how well it functions as an information clearing house.

By the MOH's own admission, outreach is not their strength, largely due to insufficient personnel. With financial and technical support from the Japan International Cooperation Agency (JICA), the MOH is currently recruiting a cadre of 62 Health Assistants (HAs) for South Jordan who will staff village health centers and provide outreach services in surrounding areas. If successful, HAs will be expanded into northern areas as well. HAs will be trained to counsel women for birth spacing and early detection of breast cancer and to provide OCs and condoms. The MOH is considering adding information and counseling about VAW as well. Plans for supervising the new cadre of HAs have not yet been formalized.

JICA carried out outreach activities from 2002-2006 in the Karak area utilizing CHWs recruited from local communities and found that women not only accepted CHWs, but would leave their homes to seek out additional information and clarification on FP methods from the CHWs. JICA noted that supervision of the CHWs was a challenge.

JAFPP clinics provide family planning services in urban areas. Several JAFPP doctors expressed interest in employing and training CHWs to perform outreach activities, as an extension of their clinic services.

**Findings:**

- **Other entities are considering or already implementing outreach activities similar to those being carried out under PSP-Jordan; all are encountering and addressing similar difficulties and concerns.**

**Recommendations:**

- **Lessons learned regarding CHW recruitment, training, remuneration, supervision and data collection should be shared and discussed on a regular basis, possibly through a re-instituted Steering Committee on Outreach.**
- **PSP-Jordan should consider hosting a one-day seminar in Jordan to share best practices/lessons learned regarding use of CHWs for outreach to increase demand for modern contraception, early detection of breast cancer and to address VAW.**

# 4. STRENGTHENING EOP RESULTS AND POTENTIAL IMPACT OF OUTREACH

Overall, the project has achieved or is on target to achieve its projected results for the outreach program. The outreach program has reached 803,996 women with information on FP and early detection of breast and cervical cancer; 585,724 of these women are married women of reproductive age. Well over half of all women who receive vouchers for FP methods or breast cancer screening follow through with a referral visit. The large numbers of women reached, and the results to date on new acceptors of modern contraceptive methods, suggest that the outreach program is increasing demand for improving the supply of quality RH/FP services. Below is a summary of the outreach project's achievements.

**SUMMARY OF ACHIEVEMENTS**

- The PSP-Jordan's outreach component has been highly successful in providing much-needed health information to women in their homes and has stimulated women to seek appropriate health services.
- The project has already reached 803,996 women against a target of 1.1 million; 585,724 of these women are MWRA against a target of 825,000 MWRA; 13.9% of these MWRA have become FP acceptors.
- Rigorous CHW recruitment, training, supervision and fair remuneration have ensured that CHWs are knowledgeable, motivated and well-accepted by the women they visit.
- Multiple messages for women's health, innovative counseling aids and informational materials have greatly facilitated acceptability of CHWs as valuable change agents within the communities.
- The referral system is a critically important component of the outreach continuum in translating demand into use of health services.
- Data collection, validation, and storage have been done well. There is a tremendous amount of data that, when fully analyzed for trends over the course of visits, will highlight factors that facilitate or impede FP use and other healthy behaviors.
- The large number of women reached and the high percentage of referrals acted upon would suggest that the outreach component is successfully increasing demand for RH/FP services. Additional analysis of currently available information would allow the project to better document impact in increasing FP use and other healthy behaviors.

However, the current indicators employed by the project largely measure aggregate counts on encounters and referrals, rather than measuring changes over time for a particular woman (e.g. at what point she adopts a modern method, if at all; whether she switches from a traditional to modern method; if or when she discontinues use, and why). The data to measure these indicators appear to exist, but have not been fully analyzed. Maximizing analysis with available data will provide a clearer picture of project performance, and better document the impact of the outreach effort. It is recommended that such analysis be conducted as soon as possible, so that current indicators could be strengthened to better measure program effectiveness and impact. This could also inform decisions on a potential follow-on activity, in particular how best to target efforts for maximum impact.

One area to explore in particular is whether or not women are consistently using a modern method, once adopted. On numerous occasions and in various settings it was noted that women are quick to discontinue or switch FP methods given the slightest discomfort or side-effect; if this is true, it may be one explanation why despite PSP- Jordan's achievements in reaching so many women, CPR has not increased in recent years. Instituting follow up visits at 6 or 12 month intervals and tracking results would be a fairly simple approach to assessing consistent use of a modern FP method. Since most discontinuation happens in the first 3-4 months of new use, outreach methodology should focus on support during this time period.

In addition, a question specific to CHW outreach visits was included in the JPFHS 2007 and this information should be available by June 2008. Inclusion of this variable should prove useful in comparing modern contraceptive use between women who have and have not received an outreach visit (assuming the number of women visited by an outreach worker in the survey is large enough). Comparisons on type of method used should also be possible.

Based on the data currently available in the MIS, as well as from project records, a revised list of PSP-Jordan performance monitoring indicators specific to the outreach activities is attached as Annex B.

## OPERATIONS RESEARCH STUDY

In addition to maximizing analysis of data available through the MIS, it is also recommended that PSP Jordan undertake an OR study to determine factors associated with adoption and consistent use of modern contraceptive methods. The study would test different approaches to outreach (e.g. numbers of visits, schedule of visits) to assess the optimal approach for achieving increased CPR for modern methods, as well as increased follow-through for CBE referrals. In addition, the study could test alternative data collection methods, such as PDAs, which have the potential to improve the efficiency of gathering and entering data, and could also realize significant cost savings. The OR study would be carried out in new areas, that is, among women who have not yet received outreach visits.

The OR study would follow the proposed analysis of currently collected and available data from the MIS, so that findings from this analysis can guide the direction of the OR study to ensure results that are both highly relevant and actionable. A draft protocol for an OR study is attached in Annex C. A more detailed protocol will need to be developed pending the results from the planned analysis.

ANNEX A – LIST OF CONTACTS

ANNEX B – OUTREACH INDICATORS

ANNEX C – DRAFT PROTOCOL FOR OR STUDY

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# ANNEX B OUTREACH INDICATORS

| Program Result | Indicator | Data Source | FY 2008 Targets | Cumulative Results (thru 3/31/08) | End of Project Targets |
|---|---|---|---|---|---|
| *Sub-IR 1 Improved Quality and access to health care services and information* | | | | | |
| 1.1 Increased demand for high quality FP/RH/WH services | Total number of women reached through outreach visits by CHWs | Outreach monitoring system | 217,000 | 803,996 | 1,100,000 |
| | Number of MWRA reached through outreach visits by CHWs | Outreach monitoring system | 172,500 | 585,724 | 825,000 |
| | Number of new acceptors (women) of modern contraceptive methods | Outreach monitoring system | 20,700 | 81,148 | 100,000 |
| | Percent of women receiving an outreach visit that adopt a modern contraceptive method | Outreach monitoring system | 12.0% | 13.9% | 12.1% |
| | Number of women referred by CHW for diagnostic breast cancer screening | Outreach monitoring system | 4,500 | 8,513 | 15,000 |
| | Percent of women referred who receive breast cancer screening | Outreach monitoring system | 66.7% | 57.6% | 60.0% |
| 1.2 Improved access to high quality FP/RH/WH services through private sector | Number of high need (poor, high maternal risk) women receiving vouchers for FP through outreach program | Outreach monitoring system | 3,500 | 16,581 | 13,350 |
| | Percent of high need (poor, high maternal risk) redeeming vouchers for FP | Outreach monitoring system | 57.1% | 47.7% | 50.0% |
| | Number of poor women receiving vouchers for BC exam and diagnosis through outreach program | Outreach monitoring system | 3,000 | 2,829 | 6,400 |
| | Percent of poor women redeeming voucher for BC exam and diagnosis | Outreach monitoring system | 66.7% | 51.4% | 60.0% |

# ANNEX C DRAFT PROTOCOL FOR AN OR STUDY ON COMMUNITY OUTREACH

## RESEARCH OBJECTIVE

The goal of a proposed operations research study is to improve the operations of the community outreach program by identifying the optimal outreach approach to increase adoption and continuation of modern contraceptive methods. The current outreach approach involves trained community health workers visiting women in their homes for a certain number of visits to promote awareness and use of modern contraceptives, in addition to increasing awareness of breast and cervical cancer. While this methodology appears to be reaching a high number of women with relevant public health messages, it would be beneficial to further assess the approach and identify factors that increase the effectiveness of the outreach program and achieve the objectives of increasing modern CPR.

**Research questions:**

Potential research questions include:

1. What is the optimal number and frequency of visits?
2. For instance, new users are receiving 4 home visits at specific intervals. Would an additional visit at a relatively longer interval help overcome any potential side effects, and thus effectively sustain use?
3. What messages or sequence of messages result in the greatest uptake of modern contraceptive methods?
4. Should the community health workers be given flexibility in prioritizing the content of the visit based on the woman's specific needs?
5. Should the program be modified to target specific profiles, such as women in certain geographic areas, women of a certain age or with certain parity?

The above questions are preliminary research questions based on the mid-term evaluation results. The proposed analysis of MIS data will inform the finalization of research questions

## Approach

A quasi-experimental design is proposed to assess the impact of different approaches. In the circumstances where true experimental design is impractical, a quasi-experimental approach comes closest to approximating the true effects of the intervention.

Two locations that have not received outreach visits will be selected as control and intervention groups. Two areas have to be relatively comparable in terms of social and demographic characteristics, contraceptive prevalence and other key factors that might influence family planning use, for instance, the accessibility of health services and products. A baseline survey will be conducted in each community using multistage probability sampling. For instance, clusters will be selected using probability proportional to size of clusters; in each cluster, households will be randomly selected and an eligible woman will be interviewed.

In the intervention location, a modified outreach approach based on the original one will be implemented. For example, the needs of a woman will be assessed based on the first home visit. The second visit will tailor the message contents to that woman's specific needs. In the control location, the original outreach approach will be implemented, to provide a comparison.

A follow-up visit will be conducted in both intervention and comparison groups 6 months after completing the visits. The 6-month period is proposed to allow women enough time to adopt methods and sustain the use.

The key proposed indicators include the knowledge score on family planning methods, contraceptive prevalence, and discontinuation rate. The statistical analysis with two waves of data in two locations will be conducted to examine if the modified intervention leads to better results on key indicators than the original intervention (i.e. a difference of differences approach).

## Research application

It is anticipated that findings from this research will help strengthen the follow-on outreach activities. Moreover, this operations research study will benefit other programs and donors by facilitating identification of effective service practices in promoting family planning use through community health workers.

## Proposed Timeline

| Activities | Jun 08 | July 08 | Aug 08 | Sep-Mar09 | Sep 09 | Oct 09 | Nov 09 |
|---|---|---|---|---|---|---|---|
| Complete the research design | X | | | | | | |
| Coordinate with local partners on site selection and sampling | | X | | | | | |

| Activities | Jun 08 | July 08 | Aug 08 | Sep-Mar09 | Sep 09 | Oct 09 | Nov 09 |
|---|---|---|---|---|---|---|---|
| Conduct baseline survey | | | X | | | | |
| Implement intervention | | | | X | | | |
| Conduct post-intervention survey | | | | | X | | |
| Analyze the data | | | | | | X | |
| Write report | | | | | | X | |
| Dissemination | | | | | | | X |