

Community Outreach: Opening doors to increase family planning use

Private Sector Project for Women's Health - PSP

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Creative solutions to a long-standing problem

Although Jordan enjoys favorable population and family health conditions, certain challenges persist in trying to improve the overall health of Jordanian women. Total fertility in Jordan has dropped dramatically since 1983 from 6.6 to its current level of 3.6 in 2007. According to the 2007 Jordan Population and Family Health Survey (JPFHS), 57% of married women are currently using a contraceptive method; the IUD being the most popular method (22%) followed by the pill (8%).

Since 2002, however, the contraceptive use - particularly of modern methods - has stalled; approximately 42% of married women of reproductive age (MWRA) report using a modern method. Moreover, unmet need for family planning - 12% of MWRA - has remained constant during this same time period, with higher unmet need among women with little or no education and among those in the poorest households. Unmet need also varies by governorate, ranging from only 9% in Zarqa to 21% in Ma'an.

In response, the Private Sector Project for Women's

Health (PSP) in Jordan is implementing a comprehensive outreach strategy designed to specifically address the most difficult programmatic challenges in family planning: contacting and changing attitudes among women with the highest unmet need. PSP partnered with two non-government organizations (NGOs) - *Circassian Charity Association (CCA)* and *General Union of Voluntary Societies (GUVS)*. 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. CCA was established in 1932 with a focus on the welfare of indigent Circassians, but in 2002 widened its scope to encompass women's health awareness for all communities in Jordan.

GUVS and CCA recruit and train a certain profile of women to become community health workers (CHWs). Typically, these CHWs have a secondary (HS) or diploma (HS + 2 years) educational background and live in the communities where they work, adding to their acceptance by the community. These specific characteristics contribute to the program's overall success.



GUVS Community Health Workers

The CHWs provide important health information to women age 15 – 60 years old in towns and villages across Jordan through home visits. They discuss the benefits of modern family planning methods, the importance of early detection of breast cancer, and also teach self-breast examination.

In addition to health education, the CHW also provides referrals for family planning, early cancer detection (breast and cervical) and antenatal/postnatal care. Interpersonal communication messages are reinforced by mass media communications on TV and radio and print materials for maximum synergy.

Special points of interest:

- *Outreach program has reached more than 900,000 women, and successfully changed their health behavior*
- *CHWs reach the most difficult women with highest unmet need: poor and less educated*
- *Approximately 12.6% of MWRA contacted have become new acceptors of modern methods*
- *Approximately 60% of women acted upon the referral received from a CHW*
- *Two out of five women referred chose a private sector source for their family planning method*

Home-based visits: the cornerstone of success

The home-based visit is the foundation of the community outreach program. The outreach approach involves trained CHWs visiting women in their homes for a certain number of visits at specified intervals. The CHWs promote awareness and demand for birth spacing and use of modern contraceptives, self-breast exams (SBE) and pap smears, antenatal care (ANC) for pregnant women, post-natal care (PNC) and contraception options following delivery. Women willing to accept a modern family planning method or other service offered are referred to a near-by clinic that meets the woman's particular need and preference.

During the first home visit, the CHW develops a registration card that details the woman's maternal health and family planning status. The CHW then talks about women's health issues, presents a range of family planning methods, and teaches self-breast exams. If the woman is already using a modern family planning method and seems to be a continuing and satisfied user, she will only receive two

visits. Approximately 44% of women receive 3rd and 4th visits, according to standard criteria including women who are non-users or traditional method or LAM users, women with high maternal risk or who are pregnant. A small percentage of women receive additional 5th through 8th visits according to standard criteria including women who were using traditional methods and elected to stay with it, women who were pregnant at the last visit or were referred to family planning services, or women with breast problems or diagnosed with breast cancer. Visits are conducted at intervals of four to six weeks.

Since its inception in early 2005, CHWs have reached 83% of its target population: 909,103 out of 1.1 million women. Out of all women reached, 667,787 are MWRA, of whom 84,407 women have become new acceptors of modern contraceptive methods (12.6%). IUDs and oral contraceptives are the most popular methods.



CHW demonstrating contraceptive methods

CHW Contraceptive Kit used during home visit



The CHWs collect a wealth of information on the women they visit. Recently, PSP conducted an evaluation of CCA's and GUVs' data sets to determine how the home visits can be further improved. Key findings related to the home visits include:

- ♦ Women visited by community health workers adopt modern methods at visits three, four, seven, and eight.
- ♦ The largest percentage of women adopt a modern method at visits four and eight.
- ♦ Women who are non-method users adopt modern methods at rates higher than women who use traditional methods (safe period, withdrawal).
- ♦ Contrary to expectations, few women visited report that cultural or religious beliefs prevent them from adopting a family planning method.
- ♦ In the first visit, women who indicate that they do not use a family planning method because they wish to become pregnant are unlikely to adopt a family planning method.

These findings indicate ways in which PSP and their partners can improve upon the already successful home visit model.

Another successful community outreach program: raising awareness on domestic violence

The PSP project also has an innovative program to address another important women's health issue—domestic violence. One-third of ever married women have experienced physical violence since the age of 15. Women with lower levels of education and those from poorer households are more likely to report having ever experience physical violence.

The violence against women (VAW) strategy is a multi-pronged approach that involves policy reform at the national level, training of private physicians to detect and refer as well as health workers to counsel victims, and awareness raising of the general public through mass media. Given the socio-economic profile of most victims of domestic violence, there is also a strong community outreach component with referrals to trained physicians in private hospitals or NGOs.

The PSP partner, CCA, has recruited and trained 30 women to visit women in their communities. Unlike the FP CHWs, these community health workers have more education—bachelors degree or higher—and their training focuses on providing counseling on domestic violence. The VAW community outreach workers



VAW community outreach worker at a home visit

meet weekly to discuss their cases and to problem-solve on how to best meet the needs of the women they contact.

The outreach methodology is also different. The VAW community workers visit all women twice to raise awareness and educate women on their rights. If there are no signs of violence, the CHW does not return. If there are moderate signs, the CHW returns one more time. If there are severe signs,

the CHW returns two times and also make referrals where a women can seek help.

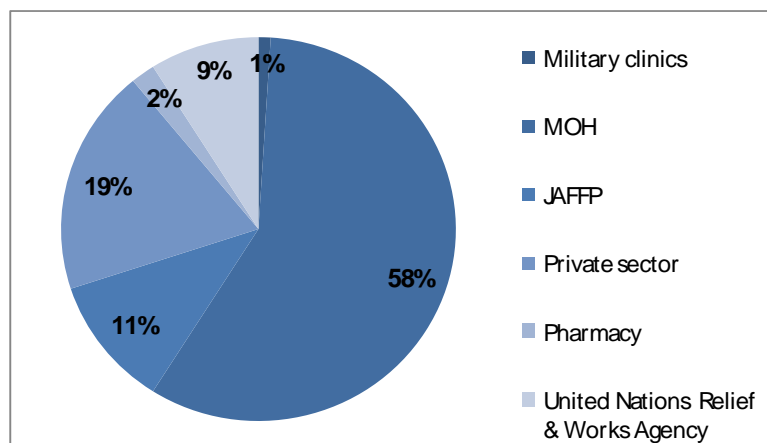
To date, these specialized community outreach workers have contacted 45,000 women. They have provided 1,924 referrals of which more 20% percent have sought help with one of PSP partner NGOs and/or private hospitals.

Referrals: a completed promise

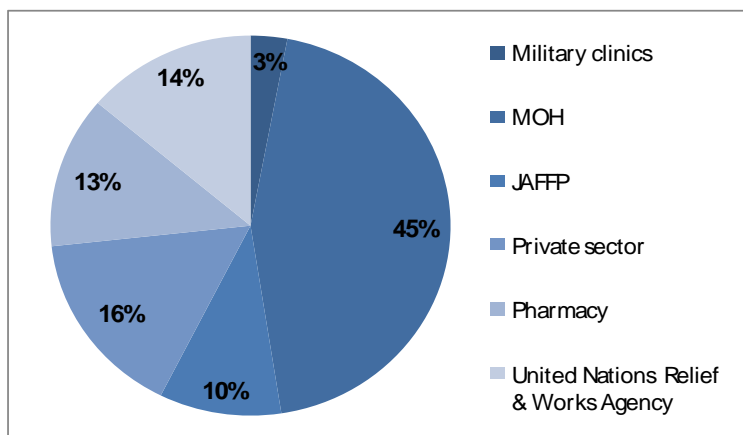
Another key component of the community outreach are referrals. To date, the program has referred 132,827 women for a modern family planning method. Of that number, 62.1% acted upon the referral received from a CHW, demonstrating the effectiveness of the counseling provided. The two graphs illustrate where the women were referred to and the providers they eventually selected for their family planning method. More than half of the women (58%) were referred to the Ministry of Health (MOH), while 19% to private providers and 11% to Jordan Association for Family Protection (JAFPP) - an NGO providing FP.

Although 58% of women were referred to MOH clinics, only 45% of women who sought care did so at these government run health centers. Women sought care at clinics run by UNRWA (14%), pharmacies (13%), and JAFPP (16%). In total, two out of five women referred (39%) went to the private sector (private providers, private pharmacists and JAFPP) to obtain for their FP method.

CHW referrals



Providers selected by referred women



Breast cancer referrals: a health benefit for poor women

PSP partners with the premier private sector cancer institutions in Jordan—King Hussein Cancer Center and King Abdullah Hospital—to encourage more women to seek earlier diagnosis and treatment of breast cancer. Through the Community Outreach Program, CHWs are empowered to refer poor women to get a clinical diagnosis with a certified Private Network Doctor (see Quality Brief) or to go directly to the King Hussein Cancer Center or King Abdullah Hospital.

To remove any economic barrier for poor women to seek a clinical diagnosis or treatment, PSP offers vouchers. The woman redeems the voucher at a certified private physician's office in the PSP Network or at the King Hussein Cancer Center or King Abdullah Hospital. Last year, 1,249 poor women received vouchers. Of this number, almost half of the women (588) acted upon the referral. This is a remarkable achievement given the high levels of fear of diagnosis. To date, 143 cases of breast cancer have

been detected from outreach referrals.

Also, CHWs encourage women aged 40 and above to visit PSP Network doctors for free or low cost clinical breast exams. Women located in greater Amman areas are also referred for breast cancer screening using discount coupons that can be redeemed at one of seven PSP trained and quality certified mammogram clinics.



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The PSP-Jordan project 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 contraceptive methods and related women's health services, increase availability of quality private sector health services. PSP-Jordan also addresses breast cancer and domestic violence against women.

For more information on the PSP Jordan project, please go to http://www.psp-one.com/section/taskorders/psp_jordan

Behavior change communication: a complimentary strategy

Another key component of the community outreach is behavior change communication. The messages communicated by the CHW are further reinforced by PSP communication activities and materials. The CHWs use job aids - calendar and flip charts—developed by PSP to ensure consistent and accurate messages. The flip chart is an easy-to-understand teaching tool that describes in pictures the “ineffectiveness” of traditional methods. The calendar offers one health message a month: nine on FP, two on breast cancer and one on gender-based violence. PSP also developed leaflets on modern methods and breast cancer for the CHWs to leave with the women contacted on the home visits.

The educational materials are supplemented with mass media activities. The mass media messages, focusing on “modern methods are safe and effective”, are delivered through multiple channels—a popular TV program (Youm Jadeed), radio, (FannFM), newspapers (Al-Rai, Al Ghad and Ard Al Shifa') and Abu Majhoob calendars.

Messages on breast cancer are supported nationally with TV spots, billboards, posters and leaflets, especially during the Oc-

tober Breast Cancer awareness month and again in March during the month of mother's day. The key messages are “see your Doctor, early detection saves lives”. Another message conveys the risk factors associated with breast cancer; “see your doctor early, risk factors are age and close family history”.

The communication activities have produced results. In the 2008 John Hopkins Communication Partnership (JHCP) survey, 87% of women agreed that modern

methods are safe. But work remains to be done on hormonal methods: only 52% said oral contraceptives are safe. For breast cancer, there is high awareness of BC messages (85%) as well as a positive response to the need to see a physician to for a breast exam (64%). However, knowledge of risk factors remains low: only 4% cited age, 17% family history and 24% smoking as risk factors.

Breast Cancer billboard

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