

Community Outreach: Lessons learned in how to improve outreach

Private Sector Project for Women's Health - PSP/Jordan

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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. According to the 2007 Jordan Population and Family Health Survey (JPFHS), 57% of married women are currently using a contraceptive method: the most popular method is the IUD (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 diffi-

cult 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 for 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.

The CHWs provide important health information to women aged 15 – 60 years old, in towns and villages across Jordan, through home visits. The CHWs discuss the benefits of modern family planning methods



GUVS Community Health Workers

and the importance of early detection of breast cancer. They also teach self-breast examination.

In addition to health education, the CHWs provide referrals for family planning, early cancer detection (breast and cervical) and antenatal/post natal 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, successfully changing their health behavior*
- *CHWs work with the hardest-to-reach women—those with highest unmet need who are poor and less educated*
- *Approximately 12.6% of the MWRA in households contacted have become new acceptors of modern methods*
- *Approximately 60% of women acted upon the clinic referral received from a CHW*

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 services are referred to a near-by clinic that meets the woman's particular needs and preferences.

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 and 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 Lactational Amenorrhea Method (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%).



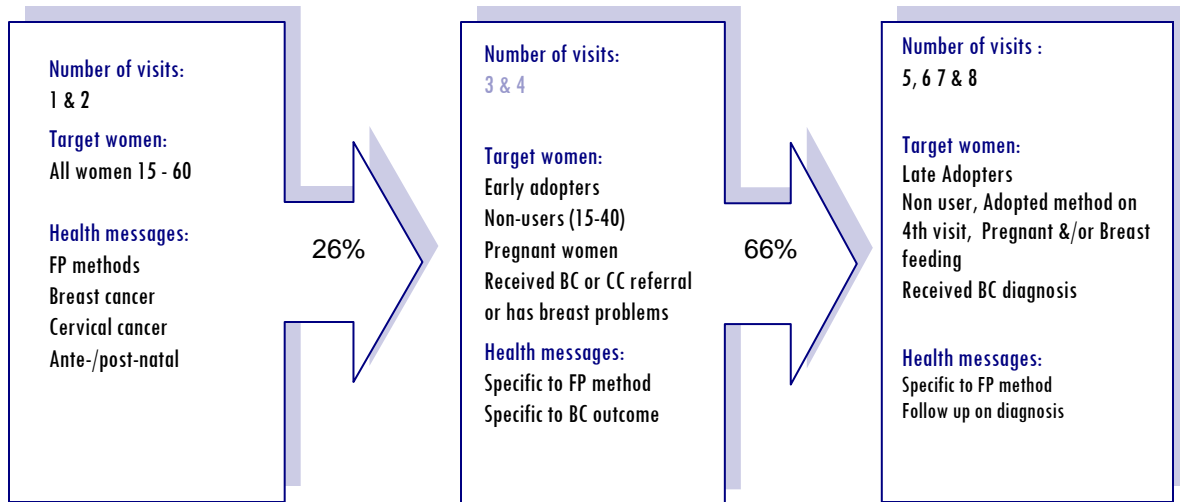
CHW demonstrating contraceptive methods

Lessons learned: towards a more effective home visit

The CHWs collect a wealth of information on the women they visit. Recently, the **PSP project** conducted an evaluation of the 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.

Revised Home Visit Protocol



These findings indicate ways in which PSP and their partners can improve upon the already successful home visit model. Above is a graphic overview of the new visit protocol based on the conclusion from the data evaluation.

Under this new protocol, all women from the ages of 15 through 60 will receive at least two visits. At these visits, community health workers will discuss FP methods, breast health, cervical health, and other topics which address women's health needs. Approximately

26% of the women contacted in visits one and two require additional visits.

At visits three and four, the CHW will focus on early adopters, non-users and women who are pregnant. As the data denotes, a significant number of women chose a modern method on visit four. The highest discontinuation rates occur within three months after a woman adopts a new method. CHWs continue to visit the early adopters *at least one* if not more times to be sure she continues to use her desired family planning method. Approximately 66% of the

women contacted during visits three and four will require additional home visits to encourage them to adopt and/or continue with a modern family planning method.

Follow-up visits five through eight focus on the potential late adopters who are, according to the data, non-users, pregnant and/or breast feeding. Once a woman adopts a method, the CHW follows-up with her with one to two visits to ensure she continues using and is comfortable with her method of choice.

CCA Outreach Workers





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The PSP project strives to improve the health status of all Jordanian women. The project uses an integrated approach to increase demand for modern contraceptive methods and related women's health services such as breast and cervical cancer and domestic violence against women. At the same time, the PSP project endeavors to increase the quality and availability of family planning and reproductive health services through the private sector.

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

