

# Community Outreach: Opening doors to increase family planning use

Private Sector Project for **Women's Health** - PSP

February 2009

## *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 3.7 in 2002. According to the 2007 JPFHS, 57% of married women are currently using a contraceptive method; the IUD being the most popular method (22%) followed by the pill (8%).

In the last five years, however, the contraceptive use - particularly of modern methods - has stalled, hovering at 42% of married women of reproductive age (MWRA). 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 compre-

hensive 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 and has mainly concerned with welfare of indigent Circassians. The CHWs provide important health information to women age 15 – 60 years old in towns and villages across Jordan through home visits.

GUVs and CCA recruit and train a certain profile of women to become community health workers (CHWs). The specific characteristics contribute to the program's overall success. 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.



**GUV Community Health Workers**

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.

In addition to health education, the CHW also 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*
- *CHW reach the most difficult women with highest unmet need: poor and less educated*
- *Almost 20% of MWRA contacted have become new acceptors of modern methods*
- *Approximately 60% of women visited acted upon the referral received from the 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 interest.

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 demonstrates 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 60% of women receive 3<sup>rd</sup> and 4<sup>th</sup> 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. Visits are conducted at intervals of four to six weeks.

Since its inception in early 2005, CHWs have reached 82% of its target population: 903,103 out of 1.1 million women. Of the 903,103 women contacted, 156,266 women have become new acceptors of modern contraceptive method. The methods most commonly adopted are IUDs and oral contraceptives.

In addition to the home visits, a large number of women have been referred to health care facilities. In the area of family planning, approximately 60% of women visited acted upon the referral received from the CHW, demonstrating the effectiveness of the counseling provided. The CHWs collect a wealth of information on the women they visit. Recently,



CHW demonstrating contraceptive methods

CHW Contraceptive Kit used during home visit



PSP conducted an evaluation of CCA's and GUV's 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).
- ♦ 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.

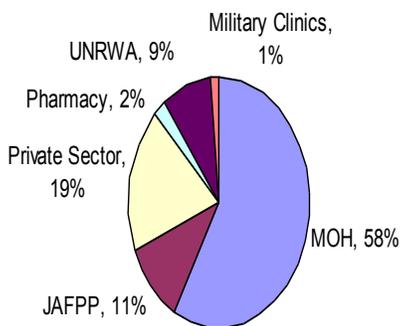
These findings indicate ways in which PSP and their partners can improve upon the

## Referrals: a completed promise

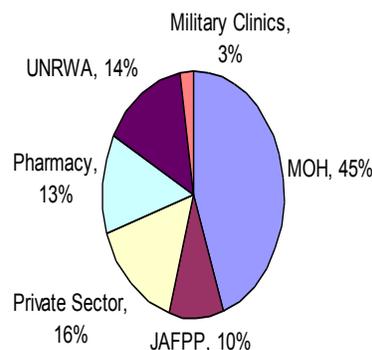
Another key component of the community outreach are referrals. To date, the program has referred 132,827 women for a modern family planning method. Of that number, 61.8% acted upon the referral. The two graphs to left illustrate where the women were referred to and the providers they eventually selected 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 JAFPP—FP NGOs.

A smaller number of women referred to the MOH, however, selected public health services (58% compared to 45%). Instead, these women elected to go to a private pharmacy for their FP method. The same number of women referred to private providers and JAFPP actually went to these providers. In total, two out of five women referred (39%) went to the private sector (private providers, private pharmacists and JAFPP) provider for their family planning method.

CHW Referrals



Provider Selected by Woman



## Breast cancer referrals: another 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 Community Outreach Program, the CHWs are empowered to refer poor women to get a clinical diagnosis with a certified Private Network Doctor (see Quality Brief for more information on the Network) or to go directly to the King Hussein (KH) Cancer Center or

King Abdullah (KA) 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 KH Cancer Center or KA 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, 43 cases of breast cancer have been detected from outreach referrals.

Also, CHWs began to 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 our 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 contact [info@psp.com.jo](mailto:info@psp.com.jo)*

## Behavior change communication: complementary strategy

Another key component of the community outreach is behavior change communication. The messages communicated by the CHW is 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 hormonal 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.

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Breast Cancer billboard

The communication activities have produced results. In the 2008 JHCP survey,

Messages on breast cancer are supported nationally with TV spots, billboards, posters and leaflets, especially during the October Breast Cancer awareness month and again in March during women's month. 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”.

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.