USAID | JORDAN
FROM THE AMERICAN PEOPLE

Health Service Delivery Flagship Community Engagement Model

March 15, 2016 to September 30, 2016

Submission Date: November 15, 2016

Agreement Number: AID-278-A-16-00002
Agreement Period: March 15, 2016 to March 14, 2021
Total Award Amount: $50,254,872
Agreement Officer's Representative: Dr. Nagham Abu Shaqra

Submitted by: Dr. Sabry Hamza, Chief of Party
Abt Associates Inc.
4550 Montgomery Avenue, Suite 800 North
Bethesda, MD 20814-3343, USA
Tel: +1-301-913-0500 / Mobile: +962-79-668-4533
Email: Sabry_Hamza@abtassoc.com

This document was produced for review and approval by the United States Agency for International Development / Jordan (USAID/Jordan).

CONTENTS

ACRONYMS

AOR	Agreement Officer's Representative
CHC	Community Health Committee
FP	Family Planning
GFA	Geographic Focus Area
GOJ	Government of Jordan
HD	Health Directorate
HSD	Health Service Delivery
HSMC	Hospital Safe Motherhood Committee
JCAP	Jordan Communication, Advocacy and Policy Activity
MOH	Ministry of Health
NGO	Non-Governmental Organization
PP	Postpartum
RMNCH+	Reproductive, Maternal, Newborn and Child Health including nutrition, NCDs and Gender Based Violence
SDP	Service Delivery Point
SEM	Social Economic Model
USAID	United States Agency for International Development
WRA	Women of Reproductive Age

1. INTRODUCTION

Community engagement is a valuable capacity building process that fulfills people's rights to participate and to determine their own future; it enables people to create local solutions for local needs and problems. Community engagement strengthens the community capacity to identify and address local needs, and increases the ownership level of the communities by reinforcing social networks to spread commitment and achieve changes in health norms and behaviors.

The Health Service Delivery (HSD) Activity is designed to stimulate management, clinical, and behavioral changes within Jordan's public and private health service system that will lead to better reproductive, maternal, neonatal and child health (RMNCH+) outcomes. As a result, by the end of the Activity, women of reproductive age (including Syrian refugees) and children under 5 in Jordan will receive higher quality services, will perceive greater levels of overall satisfaction with services received, and consequently achieve improved health status. HSD works at all levels of the Jordanian health system; Central, Health Directorates, health service delivery points (SDPs), and community levels.

This document defines the community engagement model that will be implemented throughout the life of the activity and indicators measuring achievement. The HSD community engagement model was designed in 2016 in close collaboration with the MOH health communication and awareness directorate to build on existing community resources and upgrade the level of engagement of local communities to become advocates to quality RMNCH+ services.

2. OBJECTIVES

Objectives to be achieved throughout the life of the activity are:

1. Integrate Syrian refugees in host communities
2. Increase demand on RMNCH + quality services
3. Shift the community from recipient of services to advocates and promoters

Under past projects, USAID invested in several community-based programs that helped the GOJ improve access to health information and increase demand for certain health services. HSD will identify existing community structures and help them play a more effective role in improving the population's health status by strengthening the partnership between SDPs and local communities. HSD will empower communities to define and address their health priorities and to participate in the management of the health services they receive through their engagement and feedback.

Based on the level of engagement of local communities within the catchment areas of the GFAs, the HSD Team will work closely with existing community structures to move them to a higher level of engagement in RMNCH+.

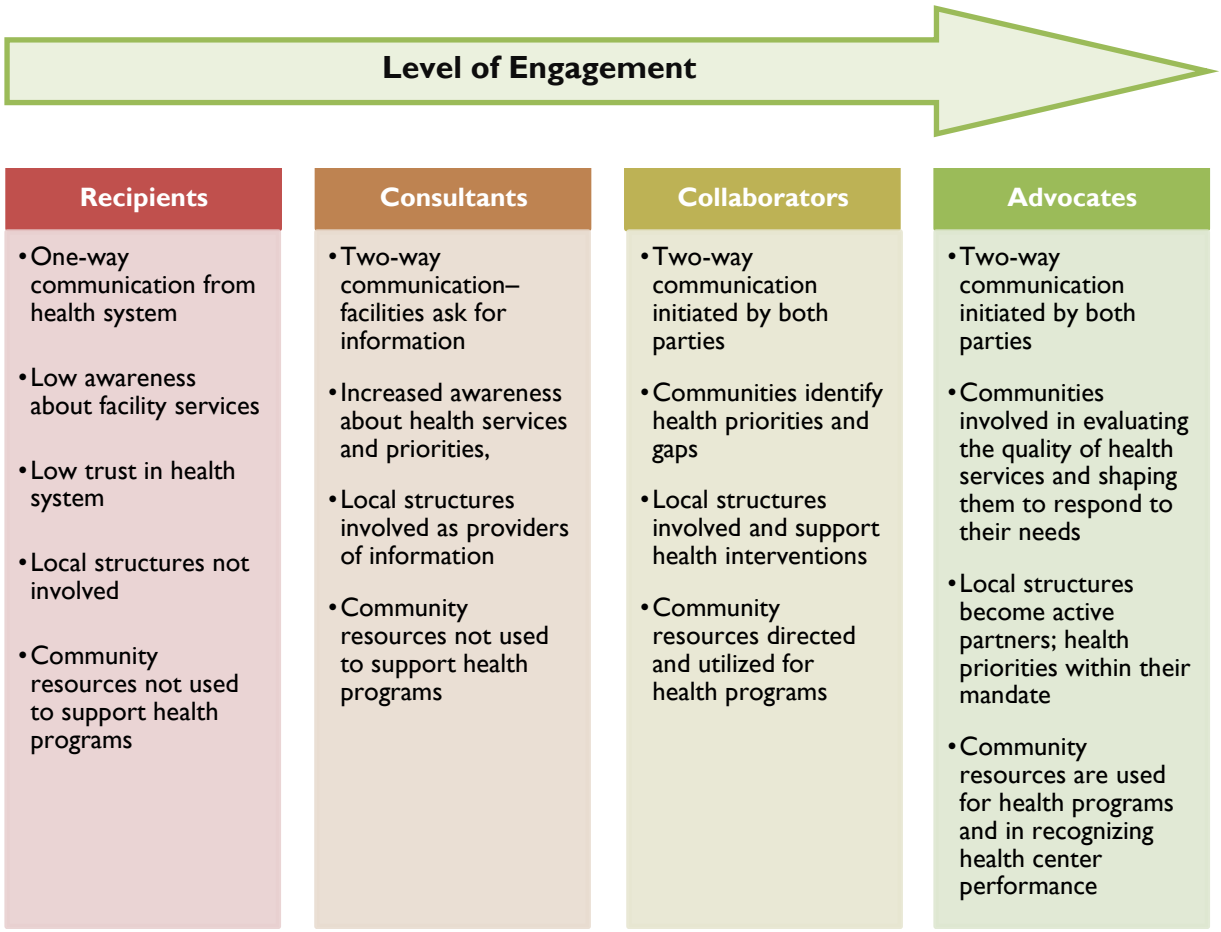

Figure 1: Level of Community Engagement

2.1. Integrating Syrian Refugees in Host Communities

Since the beginning of the Syrian Crisis and the flow of refugees from Syria to Jordan, the Government of Jordan has been working to integrate the refugees in the general services delivered to the citizens. In addition to humanitarian reasons, it is crucial that the basic needs of the refugees be addressed properly. Lack of access of refugees to these services will otherwise result in major economic and social problems and further burden the government of Jordan.

Integrating Syrian refugees in the community requires macro planning on the policy level in Jordan, and political decisions to include refugees in the planning and scope of work of local organizations. Platforms and structures that include refugees must be integrated within existing local bodies to ensure maximum efficiency and inclusion. Health is a major sector that needs to be covered and addressed, both on the planning and service delivery levels.

Accordingly, HSD will ensure the reproductive, maternal, neonatal and child health (RMNCH+) needs of the refugees are taken into consideration, rather than counting on haphazard delivery of these services to refugees.

On the community level, HSD will:

1. Represent Syrians in local existing community structures such as the community health committees. This will allow access to Syrians to understand their health needs.
2. Conduct focus group discussions with Syrians to provide more insights about behaviors and norms contributing to their health status.
3. Design and implement community mobilization interventions that inform Syrians about available services, address Syrian behaviors and are appropriate to their culture and specific needs.

In addition, HSD will recruit and target Syrians in existing outreach programs. This will improve the outreach programs access to the Syrian households and community groups to assess their needs and to come up with viable community response plans in relation to the health sector. This step is considered essential in designing the next outreach plan to create the appropriate referral tools and channels. HSD will also include Syrians as one of the target groups for interventions to achieve other objectives described below.

By understanding the social norms and the new social trends generating from the emergency situation, and by creating service delivery and referral channels based on the real needs of Syrians in host communities, HSD will be able to target community interventions and improve their effectiveness. This in turn will support improved service delivery. Targeting and channeling of health interventions will lead to more transparent and accountable inclusion of the Syrian refugees, a major component for host and refugee community stabilization.

2.1.1. Key Performance Indicators

1. % of CHCs with Syrian representation in GFAs
2. % of Syrian volunteers recruited in outreach programs under HSD
3. % of referrals for Syrian WRA under the outreach program

2.2. INCREASING DEMAND ON RMNCH+ QUALITY SERVICES

The aim of HSD is to empower targeted population with the right information and health seeking behaviors for RMNCH+ that will result in increased demand for the services provided at the service delivery points.

HSD used the Social Ecological Model (SEM) in the design of the community engagement interventions. The SEM is a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion within organizations. There are five nested, hierarchical levels of the SEM[1]: Individual, interpersonal, community, organizational, and policy/enabling environment. (Figure 2).

[1] Source: Adapted from the Centers for Disease Control and Prevention (CDC), The Social Ecological Model: A Framework for Prevention, (retrieved April 21, 2014).
http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html

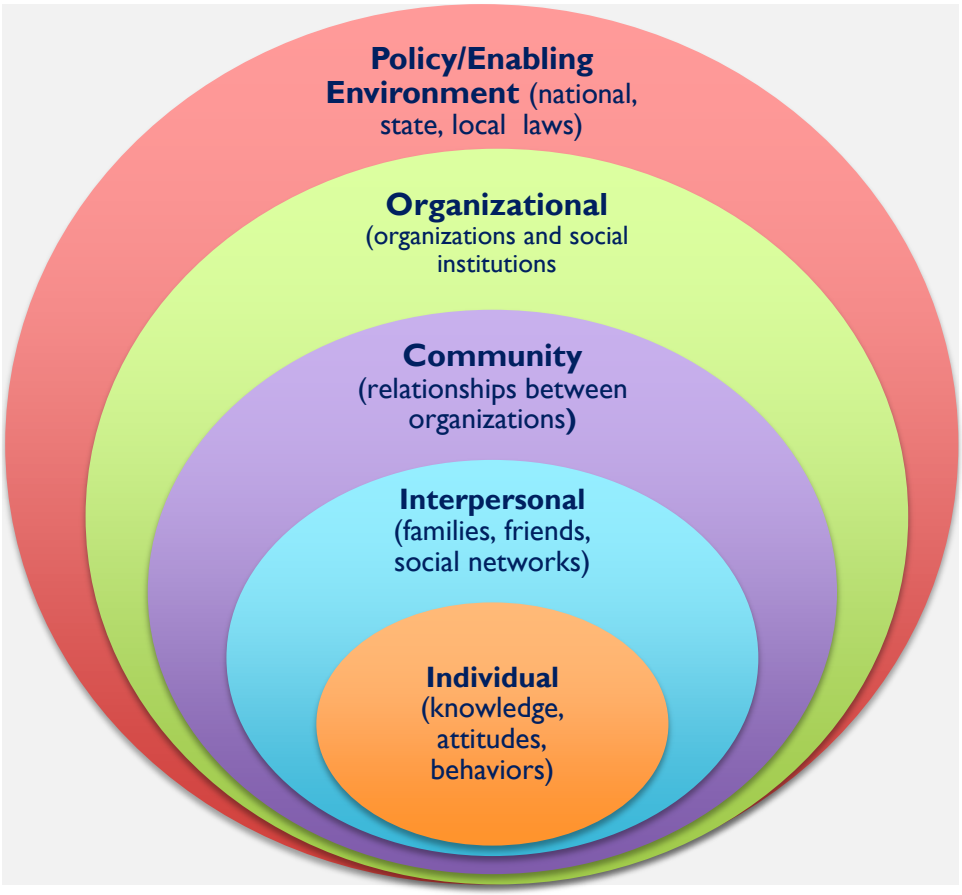

Figure 2: The Social Ecological Model

HSD will address the individual, the organization or group, and the community level with emphasis on partnership and collaboration among different levels. HSD will capitalize on community resources rather than community problems. HSD will conduct mapping for community resources that identifies local resources and allows capitalizing on them.

HSD will use a "client-provider rights-based approach" in all community engagement interventions, to shed the light on human health rights to achieve the highest attainable standard of health for all. Through this approach, HSD will address client and provider behaviors, promoting roles and responsibilities that protect client and provider rights and allow the service delivery points to deliver high quality services.

As indicated, in the Social Ecological model health behaviors are shaped through interactions among different levels. Traditionally, strategies to change health behaviors in clinical settings have focused on individual-level factors such as knowledge, beliefs, and skills. By following a social ecological model, HSD will broaden the variety of behavioral change interventions in order to address factors beyond the clinical settings.

In this effort, HSD will maintain a high level of collaboration and partnership with JCAP to target policies and support an enabling environment that allows behavioral change interventions to achieve their objectives.

2.2.1. Community Engagement Methods

1. ***Champions***: HSD will work with group of volunteers who take extraordinary interest in the adoption, implementation, and success of community outreach program activities. These champions also called change advocates, change agents, or idea champions, will power changes and improvements throughout their community. HSD will collaborate with JCAP to integrate RMNCH+ into their existing champions program in geographic areas of overlap.

2. ***Reserve education***: HSD will use a creative exchange model of learning between parents, teachers and children, designed for CU5 in the kindergarten. This model helps the children learn, be convinced and accept healthy eating and food facts while encouraging parents to support their kids when making food choices.

   HSD will work closely with Royal Health Awareness Society to integrate healthy eating and anemia prevention and screening within their existing programs targeting CU5.

3. ***Community campaigns and outreach***: The HSD community outreach program aims to increase the use of RMNCH+ services, whether provided at MOH, NGO or private provider service delivery points. HSD will work with existing CHCs to design and implement RMNCH+ promotional campaigns and measure the results accordingly. Local campaigns might include community meetings, door to door visits, mobilizing leaders, messaging through flyers, posters or billboards, or arts and cultural events.

4. ***Targeting men***: HSD will target men as influencers on RMNCH+ related behaviors. Interventions will include promoting couples counseling at the communities and reaching men with educational messages in their workplace.

5. ***Using technology to reach target populations***: HSD will design and deploy technology platforms such as mobile applications to reach clients wherever they are, and provide them with the information and services they seek.

6. ***Mobilizing Social Media platforms***: HSD will create online communities to share information, ideas, health messages, and other content. These platforms could be social networking sites, micro blogging sites, video sharing sites, personal broadcasting sites, or location based services.

7. ***Community Health Initiatives***: Under the grants component, HSD will support existing CHCs and other partners to design social health initiatives that contribute to the achievement of overall HSD results.

The table below summarizes levels of interventions and the blend of different approaches that will be implemented to achieve this goal:

Table 1: Levels Of Interventions Integrating Syrian Refugees In Host Communities		
Level	**Target**	**Behavior Change Approach**
Individual	Primary: (Jordanian & Syrian) • Women of reproductive age • Engaged & newlywed couples • Children under five	• Change Champions • Reserve Education • Local Campaigns
	Secondary (Influencers): • Mothers in law • opinion leaders • Husbands	
Interpersonal Communication	Primary: (Jordanian & Syrian) • Female and Male youth (age 15 – 30)	• Using technology to reach target populations • Social media platforms • A/V materials
Community	Primary: (Jordanian & Syrian) • CHC members • Health Providers: Midwives, health promoter supervisor) • Opinion Leaders	• Activating CHCs to increase demand • Local campaigns • Promoting couples counseling • Social health initiatives
	Secondary (Influencers): • HD staff • Governorate working sectors	

2.2.2. ***Key Performance Indicators***

1. # of champions actively promoting RMNCH+ (define criteria) in all GFAs
2. # of children under five screened for anemia (% of cases identified)
3. # of WRA reached in community campaigns (Syrian/Jordanian)
4. # of Men reached in community campaigns (Syrian/Jordanian)
5. # of household visited through the outreach program (Syrian/Jordanian)
6. Add indicators according to outreach program
7. % increase in new visits for FP/PP in SDPs
8. # of community health initiatives promoting RMNCH+ receiving grants

For Mobile application:

1. Members registered & new members signed up
2. Number of app downloaded
3. Rating number and rating percentage
4. Number of active users, and which pages they visited

For Social media:

1. Number of likes
2. Number of share
3. Number of active followers

2.3. SHIFTING THE RECIPIENTS OF SERVICES TO ADVOCATES AND PROMOTERS

The most common barrier to shifting the recipients of health services to advocates is the lack of feedback platforms for users of services to provide reliable data about the needs, quality and effectiveness of services. A major HSD aim is to develop processes and mechanisms to allow the communities to play their expanded role, including evidence-based ways to generate detailed client feedback and assess facility performance.

The HSD will build the capacity of community structures to receive and channel client feedback by designing or adapting **community scorecards**. The community scorecard is a community based monitoring and evaluation tool that enables local community members to assess the quality of public services such as health centers. The community scorecards empower the local community to voice their opinion and demand improved service delivery by providing an opportunity for direct dialogue between service providers and the community. HSD will introduce the community scorecards and use the results to inform the improvement plans of the service delivery points and health directorates.

In addition, HSD will design a **secret shopping** mechanism, to be used by MOH and selected NGOs as a tool to measure the quality of services and improve client's satisfaction. In the healthcare industry, secret shoppers pose as normal customers to gather information about actual service experiences. HSD will design Secret Shopping Methods such as:

1. ***Phone calls:*** Secret shopper makes calls to measure appointment access, friendliness and knowledge of staff, empathy and caring of staff, and referral process
2. ***Walkthrough visits:*** Secret shopper poses as a friend or family member of a patient to measure overall atmosphere of public areas, employee encounters, signage and directions
3. ***Patient Visits:*** Secret shopper presents with symptoms of a non-emergent nature using a pre-determined scenario. The client provides feedback on the total experience, such as waiting time, waiting room, overall care environment, staff interactions, nurse and physician interactions.

Furthermore, HSD will assist partners in selected sites to form **groups of volunteers** in hospitals and health centers to assist in implementing RMNCH+ quality improvement interventions such as queuing system, information stations, collecting client's feedback.

2.3.1. Key Performance Indicators

1. # of SDPs receiving secret shoppers reports
2. # of trained secret shoppers
3. # SDPs receiving community scorecards results.
4. # of volunteers assisting HSMC in hospitals to implement their change packages

Over the life of the HSD Activity, these approaches will be tested and refined. HSD will scale up those that show good success in key performance indicators, and change or drop those that are less successful. There may be new approaches as well. HSD will review and report on the Community Engagement model regularly as part of the overall Activity reporting.