



# Using Mobile Technology and Enhanced Counselling to Improve Family Planning Among Syrian Refugees and Host Communities in Lebanon and Jordan

## Project Information

- ◆ Department: Public Health Programs
- ◆ Unit: Health Protection and Promotion

## SCOPE OF WORK

The overall goal of this project is to develop, implement, and evaluate contextualized, culturally sensitive, data-driven, and evidence-based strategies to encourage the adoption of quality FP services. The project aims at developing and evaluating the feasibility and effectiveness of an intervention dedicated to encourage contraceptive use through high-quality, effective couples counseling and the use of digital technologies.

## PROJECT DESCRIPTION

The Family Planning project will support a comprehensive qualitative research around family planning accessibility to Syrian Refugees and vulnerable host communities, that will be utilized for better informed policies and strategies to provide healthcare services. Moreover; the project will support the digitalization efforts of family planning services that will enhance the accessibility of the family planning services among the clients and to assure better and sustainable data that can be utilized for better evidenced based action-oriented, and human rights-based decisions. Following the formative phase of the project; co-designed workshops in both countries will be conducted through engaging healthcare providers to provide solid approach to develop the intervention packages on couples counselling and family planning services. The project will continue with the package implementation followed by intervention package evaluation exercise. The project team will ensure dissemination of projects results in each phase through production of manuscripts and communicating the projects outputs on regular basis.

## BENEFICIARIES

The targeted audience are vulnerable citizens in host communities and Syrian refugees with special focus on women and girls. The project will also target healthcare providers.

## GEOGRAPHICAL COVERAGE

The project will be implemented among vulnerable citizens in host communities and Syrian refugees living in Lebanon and Jordan, among three major governorates in Irbid, Al-Mafraq, and Al-Ramtha.

<b>Project Start and End Date</b>	<b>November 1<sup>st</sup>, 2019 – October 31<sup>st</sup>, 2022</b>
<b>Partner Organizations</b>	<b>Ministry of Health, Jordan; American University of Beirut; and Jordan University of Science and Technology</b>
<b>Funded by</b>	<b>International Development Research Center (IDRC) Canada</b>
<b>Collaborators</b>	<b>The American University of Beirut and Jordan University of Science and Technology</b>

## PROJECT PHASES

The project involves five phases:

Phase I – Initial framework development and formative research phase (in progress): This phase will be for the first 10 months of the project period. It will focus on understanding the decision-making processes around family planning in fragile situation and to develop a participatory design process for rights-based digital health strategies.

Phase II – Co-design and development of interventions phase (Planned): Workshops will be conducted in each country with local stakeholders (researchers, Community Advisory Committee members, and partnering organizations) to co-design and develop a starting set of digital health solutions to promote FP among clients, based on the evidence collected in phase 1 and in consideration of the local contexts.

Phase III – Capacity building of healthcare providers (Planned): This phase is geared to enhance the participating healthcare providers to provide adequate couples' counseling based on the best available evidence and where the process is culturally sensitive, gender-appropriate, and equitable. The training package will include effective FP counseling. Blended learning format (a combination of face-to-face and online) will be used to train health professionals and community workers, in combination with the self-paced, on demand mobile app resource (OppiaMobile).

Phase IV – Implementation and evaluation of the Intervention for clients (Planned): This phase is research focused; adopting a stratified parallel-group pilot cluster randomized clinical trial (RCT) design to compare the intervention package targeting clients alone. We will compare an intervention including enhanced counselling plus digital health support for clients, with an intervention including enhanced counselling alone.

Phase V – Dissemination (Planned): Several reports, publications, and presentations will be prepared to share the findings with policy makers, media, the general public, and academic beneficiaries in both countries. Some preliminary findings might be shared after the first phase once the formative research phase is concluded. Initial manuscripts will include a case study reporting the rationale of the study and a study protocol for the intervention, which will be submitted to the international trial registry (ISRCTN). A case study/process paper on the implementation of the protocol, including lessons from the development phase (co-design research process will be produced.



### Currently . . .

The pre-identified gaps for the initiation of this project: are the lack of family planning services, especially those related to provision of couples counselling and digital tools in several segments of the local communities in Jordan and Lebanon, specifically in the rural areas of both countries. Also, it has been reported that there is still a confusion among the refugees and vulnerable individuals about the accessibility for family planning services. The ultimate goal of this project is to support those who are in need and/or poor to make informative decisions about their reproductive lives.

### What's next . . .

The project collaborators will be focusing on developing a participatory – contextual understanding of the targeted audience needs in relation to family planning services; through different scientific methods of studying, analyzing the relevant literature, and through conducting operational research and stakeholders' mapping analysis. The project team will support in building the capacity of health care and community professionals to enhance the accessibility and quality of family planning services. The project will also focus on providing digital based tools that will be used by health care providers and clients.

## ABOUT SYRIAN REFUGEES HEALTHCARE IN TARGETED COUNTRIES

In Jordan, the Ministry of Health provides free primary health care, including maternal and child health to all residents including Syrian refugees.

In Lebanon, unregistered refugees have access to some services such as immunization, newborn care, first antenatal care visit, care for child, maternal acute illnesses, and communicable diseases.

In both Jordan and Lebanon, there are more needs to be reached in order to provide tools for better FP registry and data quality.

## By the Numbers

935,000

Number of  
Refugees in  
Lebanon

664,000

Number of  
Refugees in  
Jordan

67%

The total  
demand for  
FP in  
Lebanon

66.1%

The total  
demand for  
FP in Jordan

### GHD and EMPHNET: Working together for better health

Global Health Development (GHD) is a regional initiative created to support countries in the Eastern Mediterranean Region strengthen their health systems in response to public health challenges and threats. GHD was initiated to advance the work of the Eastern Mediterranean Public Health Network (EMPHNET) by building coordination mechanisms with Ministries of Health, International Organizations, and other institutions to improve population health outcomes. As an implementing arm to EMPHNET, GHD aligns its strategies with national policies and directions, while serving as a collaborative platform dedicated to support national efforts in promoting public health policies, strategic planning, sustainable financing, resource mobilization, public health programs, and other related services.

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