Pathfinder's Community-Based Projects Address Barriers to Reproductive Health Services

by Rachael Morgan

Throughout its three decades supporting the community-based distribution of family planning supplies and services, Pathfinder International has helped to pioneer the evolution from door-to-door distribution of contraceptives to the community-level delivery of a wide range of reproductive and family health services that characterizes community-based services today. Between 1992 and 1997, Pathfinder's community-based projects in 23 countries trained a combined total of 22,600 agents, provided three million new users and 37 million continuing users with modern contraceptive methods, and referred 4.8 million clients to health facilities. Today, Pathfinder's innovative approach to community-based services includes working to expand the availability of contraceptive options such as the emergency contraceptive pill, incorporating ST/D/HIV-AIDS information and services into community-based projects, reaching out to adolescents with the information and services they need, and involving men as active partners in reproductive health decisions.

Introduction

While access to family planning (FP) and reproductive health (RH) services often is taken for granted in the United States, many people living in developing countries face such difficult barriers to obtaining these services that they are unable to choose how many children they will have or to protect themselves from sexually transmitted diseases. Contraceptives are available in every corner drugstore in the US, but in the developing world, some groups are so geographically isolated that they would have to give up several days of wages and walk for miles to reach the nearest clinic or health post. Even in regions where clinics are accessible, going to one does not guarantee that a service provider will be available or that the necessary supplies will be in stock. When FP and RH services and contraceptive supplies are available, often they are too costly for most people to afford. Additional barriers such as lack of knowledge or misconceptions about family planning services, religious constraints, and the social restrictions faced by many groups such as women, adolescents, and the poor keep many more people from obtaining FP and RH services.

These barriers create startling disparities in contraceptive use around the world. Approximately 71 percent of married American women use contraceptives; however, this number is dramatically lower in other countries. In Peru, 41 percent of married women use modern contraceptives; in Bolivia, 25 percent use modern contraceptives; and in Pakistan, the number drops to just under 13 percent. Throughout sub-Saharan Africa, modern contraceptive use is even lower at 12 percent. Eight percent of women in Uganda, seven percent of women in Nigeria, and a mere five percent of women in Mozambique use modern contraceptives.
For over 25 years, Pathfinder International has used community-based projects to combat the barriers that separate people from FP and RH services. Pathfinder’s community-based projects have encompassed a variety of services that are provided to people where they live and work through mobile clinics, clinical outreach, and community-based distribution (CBD). The mobile clinic approach uses trained health workers who travel to communities in a specially outfitted van, jeep, or boat that enables them to provide some clinical services, as well as counseling and contraceptive supplies. Mobile clinics are an effective start-up activity for reaching remotely located groups, and Pathfinder employed this approach frequently in the 1970s and 80s.

While mobile clinics still are used to a lesser degree, such projects can be difficult to implement because they require the presence of trained medical personnel and ongoing funding to outfit and maintain vehicles equipped to provide clinical services. For these reasons, programs usually establish permanent backup clinics to replace costly mobile ones. Pathfinder has determined that other approaches that do not require expensive equipment or medical professionals are more efficient for providing large numbers of people with information and access to family planning.

Under the clinical outreach mode, trained nonmedical workers called community-based agents (CBAs), and in some cases nurses or midwives, travel to the communities surrounding a clinic to raise awareness about the FP and RH services offered at the clinic, recruit new clients for the clinic, and distribute short-term methods such as condoms and oral contraceptives. In areas where no clinic is present or readily accessible, community-based distribution uses specially trained CBAs to bring reproductive health counseling and information and nonclinical contraceptive methods like condoms, pills, and spermicides to people in their homes and communities. CBD also may include depots where clients can seek out contraceptives. Today, the majority of Pathfinder’s community-based projects use clinical outreach and CBD to deliver information and contraceptive supplies.

While originally these types of projects focused solely on the distribution of family planning methods, over time the scope has evolved beyond the distribution of contraceptives to include a variety of other services. Many projects also provide sexually transmitted disease (STD) and HIV-AIDS information and counseling, information on maternal and child health, and basic health services. To reflect this shift toward a more complete package of reproductive health services, most clinical outreach and CBD projects are now referred to as community-based services (CBS) projects.

In order to ensure that the benefits of CBS outlast Pathfinder’s involvement, Pathfinder seeks out local partner organizations to implement CBS programs. By providing funding and technical assistance to these local partners, Pathfinder builds up local skills and infrastructures that allow partner organizations to sustain and expand CBS on their own. In areas where clinical services are difficult to access, Pathfinder helps its local partners train community-based agents to provide women and families with reproductive health information and counseling and to dispense nonclinical contraceptives. CBAs also are trained to recognize problems that do require medical attention, like high risk pregnancies, serious contraceptive side effects, and possible cases of sexually transmitted diseases, and to refer these clients to clinics for treatment. In order to assure that clinical services...
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are available to CBS clients referred for medical treatment, Pathfinder works to build strong referral systems that link local partner agencies implementing CBS projects to local hospitals and clinics, a process that often includes expanding and improving clinic networks. In areas like rural Uganda that lack a health infrastructure, Pathfinder works with communities, providing the funding, supplies, training, and technical assistance necessary to build and staff clinics. When clinics do exist but do not attract clients due to inconvenient or erratic hours or the poor quality of services, Pathfinder works to improve the clinics’ capabilities to deliver better services through quality of care training, funding for new supplies and equipment, and training in clinic management.

Because CBAs are based in the community and dispense free or low-cost contraceptives, their work decreases the geographic and financial barriers that many people face when trying to obtain reproductive health services from more traditional outlets. By using well-respected members of the community as CBAs and involving local elders and religious leaders in FP education efforts, Pathfinder has found that the CBS strategy also can be used to effectively address the religious concerns, social barriers, and misinformation that can limit the acceptability of modern contraception.

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In cases where social barriers keep certain groups out of clinics, CBS can be used to provide them with access to services. In countries where the prevailing social belief is that unmarried adolescents should not have access to FP and RH services, the fear of being seen entering a clinic and the hostility of many health care providers toward young people seeking services is enough to keep most adolescents away. In these cases, CBS can be used to reach adolescents in places where they normally gather and feel comfortable, such as arcades, sporting events, and youth centers. Additionally, door-to-door services often are important to protect privacy and offer a degree of confidentiality to women whose cultural beliefs may cause them to think that visiting a family planning clinic is immodest.

Pathfinder’s initiatives have demonstrated that introducing modern contraceptive methods through CBS can contribute to a decline in the high number of mistimed or unwanted pregnancies that women in countries with inadequate RH services often experience. Additional benefits that can accompany increased use of modern contraceptives include declines in abortion rates and maternal and infant mortality.

This issue of Pathpapers examines Pathfinder’s pioneering role in the development and evolution of CBS and explores current successful and diverse Pathfinder-sponsored CBS programs from across the globe.

The CBS Model

Community-based distribution of contraceptives originated in the 1960s when Colombia, India, and Bangladesh became some of the first countries to provide people with better access to FP by using nonclinical personnel to deliver contraceptives. Community-based programs deliver services through two basic strategies: door-to-door canvassing and local depots. Door-to-door canvassing is conducted by CBAs who recruit clients in their residences, workplaces, or at social gatherings. Community-based agents provide FP education and methods such as condoms, spermicides, and oral contraceptives and refer clients to the nearest clinic for long-term methods like intrauterine devices (IUDs), injectables, and voluntary surgical contraception (VSC). Through the depot approach, clients can access family planning information and methods such as condoms and pills at a shop, home, or some other central location within...
the neighborhood or workplace. These approaches are not mutually exclusive, and successful programs often employ a combination of the two.

Recognizing early on the need for community-based services, by 1972 Pathfinder was supporting a variety of programs that trained community motivators to give lectures on family planning. In 1975, Pathfinder became one of the first organizations to support community-based distribution of contraceptives when it sponsored local non-governmental organization (NGO) Profamilia's efforts to make low-cost oral contraceptives and condoms readily available to rural people in Colombia. Pathfinder quickly expanded its involvement in CBS throughout Latin America in the 1970s, and by the end of the decade, Pathfinder supported the implementation of CBS projects in Bangladesh, Indonesia, Jamaica, and Kenya. These early Pathfinder programs were pioneers in demonstrating the acceptability, safety, and cost-effectiveness of family planning outside of the clinic setting. Continuing its groundbreaking role in CBS development, Pathfinder went on to initiate the first-ever community-based reproductive health services in Cote d’Ivoire, Liberia, Sierra Leone, Tanzania, and Uganda in the 1980s. In the 1990s, Pathfinder launched the first CBS programs in Azerbaijan, Kazakhstan, and Senegal.

Components of Pathfinder's Community-Based Projects

The purpose of Pathfinder’s work is to educate people about and provide them with access to high-quality family planning and reproductive health services. While the specific components of Pathfinder-supported community-based projects vary greatly depending upon the needs of the population being served, all projects contain the same basic elements: staff, training, information, contraceptive supplies, and evaluation.

Community-based agents can be either male or female and can work exclusively with clients of their own gender or counsel both men and women where it is culturally appropriate. They can be full- or part-time, and their compensation varies from country to country and project to project. While many CBAs are unpaid volunteers, most generally receive supplies that designate their status as agents, such as uniforms, boots, and kits. Some programs provide agents with stipends in the form of travel allowances, while others offer commissions from the sale of contraceptives. In countries like Jordan and Bangladesh where the public sector supports CBS programs, some agents receive salaries.

Community-based agents have had many names throughout the evolution of CBS. Originally called community-based distributors or CBD workers when their jobs were mainly focused on the distribution of contraceptives, they are now known by different names throughout the world. Women delivering door-to-door injectable contraceptives in Bangladesh are known as Lady Health Visitors. “Community-Based Reproductive Health Worker” is the term used throughout much of sub-Saharan Africa to emphasize the focus on all aspects of reproductive health in light of the HIV-AIDS epidemic. Adolescent peer counselors are known as “activistas” in Mozambique, and the term “multiplier agents” is used in Latin America and other regions to indicate the way that these workers spread or multiply knowledge about reproductive health.

Pathfinder provides guidelines to its local partners to help them identify the best CBA candidates. CBAs typically are people who live in the communities they serve, speak the local language or dialect, are well respected within the community, and are committed to promoting modern family planning. Familiar
Characteristics help CBAs gain the trust of their clients, which is especially important in isolated or marginalized communities that often are suspicious of outsiders. A variety of local resources are used to identify the potential CBAs best able to gain the trust and respect of clients, including local nonprofit organizations, associations of midwives or traditional birth attendants, clubs, labor associations, women's or community development groups, and community elders and leaders.

Once appropriate community members have been found, Pathfinder provides funding and technical assistance to train the new agents and the supervisors needed to support them and ensure the quality of their work. Pathfinder also supplies or helps to develop necessary training tools and manuals. Training typically includes courses in counseling skills, human reproduction, modern contraceptive methods, managing the side effects of certain methods, identifying health problems that prohibit the use of specific kinds of contraceptives, STD and HIV-AIDS prevention, and record-keeping techniques. Ensuring that CBAs have effective counseling skills is especially important because good counseling contributes to well-informed choices and lower family planning discontinuation rates among clients. CBAs receive regular follow up and refresher training to reinforce and update their knowledge. Depending on the needs and problems of the people the project will serve, additional training topics may include immunization, dehydration control, nutrition, and child growth monitoring.

In order to help their clients make informed decisions about whether or not to begin using a family planning method and which method to choose, CBAs are trained to provide information, education, and communication (IEC). IEC is an intervention designed to achieve attitude and behavior changes by disseminating facts, facilitating understanding of facts to help individuals make informed decisions, and providing the opportunity for dialogue and feedback. IEC works best when a combination of approaches, including mass media messages and interpersonal communication, are used. Pathfinder has found that the most effective IEC messages are those that are specifically tailored to the needs of a group or community. For this reason Pathfinder recruits community members to help write and design the pamphlets, flip charts, visual aids, plays and skits, and other IEC tools.

### W while men in Pakistan play a key role as decision makers when it comes to family planning issues, they are less likely than women to use available services. Of the 300,000 voluntary surgical sterilization clients served by the Family Planning Association of Pakistan (FPAP) in recent years, only a small fraction were men.

Since 1996, Pathfinder has worked in conjunction with FPAP to increase men's usage of no-scalpel vasectomy (NSV) services through workplace-based education programs conducted by satisfied NSV clients. As many men are concerned about side effects from the procedure or believe that it will cause impotence, learning about NSV from someone who has had the procedure helps to overcome these fears.

In 1999, Pathfinder supported the formation of “satisfied client clubs” at clinics in the cities of Karachi, Lahore, Faisalabad, Peshwar, and Gilgit. Club members are NSV clients who want to help other men understand the benefits of the procedure. The clubs provide these volunteer educators with training in counseling and motivation, skills that they take into the workplaces where they speak to industrial workers and unskilled laborers about the safety and benefits of NSV. In addition to educating and alleviating fears about the procedure, volunteers provide an important service to men who have decided to have NSV. If a client who has had the procedure does not return to the clinic for his post-NSV checkup, a counselor will visit his home to check on his welfare.
that a specific project will use. Often the materials CBAs use to educate people in their homes, marketplaces, and at community gatherings are tools that the CBAs helped to develop themselves.

In many of the regions affected by the HIV-AIDS pandemic, the IEC provided by community-based agents is being reinforced by behavior change communication (BCC). BCC goes beyond information dissemination to give people the skills and support they need to change their risky behaviors. BCC helps to close the gap between what people know and what they do by identifying the determinants of behavior, which often are profoundly influenced by social, economic, political, and cultural factors. After conducting extensive research to uncover the barriers to change for a particular group, interventions are designed to influence these barriers. BCC messages are then transmitted through a wide variety of venues that include radio and television programs, movies, drama and puppet shows, posters, brochures, songs and music, and face-to-face peer education activities. For example, behavioral research determined that many African adolescents believe serial monogamy protects them from STD/HIV-AIDS infection. Armed with this knowledge, BCC interventions including radio shows, plays, and TV programs were created to address this particular fallacy, and CBAs were able to explain the risks of serial monogamy to their clients and stress the importance of consistent condom use.

Having well-trained, effective community-based agents and depotholders will not have much impact on the number of people who choose to use a family planning method unless a regular supply of contraceptives is available to the community. Experience has shown that clients quickly lose trust in projects that have inadequate or erratic contraceptive supplies. While in many cases a country’s Ministry of Health (MOH) will supply contraceptives for Pathfinder’s CBS projects, government supplies can be unstable due to a variety of factors, including economic crises, inadequate projection of growth in demand, and lengthy ordering and delivery processes. Fluctuations in donor funding also can affect the availability of contraceptive supplies. When contraceptive shortages do occur, Pathfinder works quickly to stabilize supplies. Solutions may include diverting funding from other areas to purchase emergency supplies, or as was the case in Bangladesh during a government supply shortage due to inadequate projection of growth in demand, creating a revolving fund to purchase contraceptives from commercial suppliers at a discount and reselling them to clients at cost. Pathfinder also works to avoid delays in delivering supplies to the project sites by devising streamlined protocols for inventory management. In countries where the MOH does not provide supplies, Pathfinder partners with other NGOs and donors to procure a steady stream of contraceptives for its CBS projects.

In addition to creating a stable supply of contraceptives, Pathfinder seeks to offer its CBS clients the most comprehensive range of contraceptive choices possible. Pathfinder increases the number of methods available to its CBS clients by creating strong referral systems to local hospitals and clinics that can provide long-term methods, helping to open clinics in areas where there are none, training health care providers in up-to-date contraceptive methods, and lobbying for the integration of newer methods like the emergency contraceptive pill (ECP). Presently, Pathfinder is one of seven members of a global consortium working to make ECP a standard part of RH care around the world.

Measuring the impact and effectiveness of a project is crucial to designing future improvements and innovations. For this reason, evaluation is a key component of all of Pathfinder’s CBS projects. Evaluations may be informal and compiled from the records kept by the CBAs, or they can be formal and conducted by consultants or other evaluation specialists. Regardless of how they are carried out, evaluations generally examine changes in the total fertility rate, use of modern contraceptive methods, awareness of family planning methods and where they can be obtained, attitudes and opinions about family planning, knowl-
edge of correct method use, client satisfaction, and rates of method discontinuation. When projects are not generating a large enough impact, evaluation results can be used to modify them and make them more effective. When an evaluation demonstrates that a CBS project is successful, results can be used to generate additional funding or to design similar projects for other communities.

Pathfinder’s Approach to CBS

Pathfinder works to tailor its CBS projects to the needs of the individual cultures and communities it serves. In countries like Indonesia and Kenya where entire populations may need information about and access to family planning, CBS projects often evolve into large-scale collaborations between several governmental and non-governmental organizations and serve millions of people. In countries like Brazil where specific groups like adolescents and the urban poor have less knowledge of or access to reproductive health services, CBS projects may be smaller in scale and work with these high-risk groups.

The availability of contraceptives from sources other than the CBS project can affect the features of individual projects, including their length and the range of services provided. For example, a pilot project in periurban areas of Turkey was able to generate a sustainable demand for family planning methods through an intensive one-year community-based IEC and contraceptive distribution campaign. Contraceptive prevalence rates remained high three years after the project ended because women could get contraceptives from a variety of other sources, including government health centers, private practitioners, and pharmacies located in their neighborhoods. In contrast, Pathfinder has supported local organizations implementing CBS projects in geographically remote areas of Kenya for nearly 20 years. In addition, Pathfinder has worked with other NGOs in Kenya to institutionalize a national CBS program that serves many people living in isolated areas who otherwise would not have access to FP and RH services and information.

In areas where contraceptives are not available from other sources, Pathfinder may transform its CBAs into depotholders once their efforts have widely educated the public about modern contraception. When this transition takes place workers no longer make door-to-door visits; instead they distribute free contraceptives from their homes or, in some cases, sell low-cost contraceptives and earn a percentage of their sales. In a slight variation on this approach, the Pathfinder-supported Family Guidance Association of Ethiopia also has recruited longtime oral contraceptive users to be depotholders. The transition to depots reduces the costs associated with door-to-door CBS while still providing the community with long-term access to modern contraceptives. In 1991, Pathfinder began transitioning from door-to-door delivery to depot-based distribution in Bangladesh, a change made possible by widespread growth in the acceptability of family planning coupled with improvements in women’s status that make it possible for them to leave the home to visit a depot or clinic.

When a country’s government is not convinced of the need for or effectiveness of community-based services, Pathfinder works with policymakers to change their attitudes and stimulate the formulation of positive CBS policies. To convince policymakers of the safety and efficacy of CBS, Pathfinder may conduct study tours with leaders and government officials to examine community-based services in other countries. Pathfinder has worked in many African countries where the initial climate towards door-to-door provision of family planning was negative to demonstrate how crucial community-based services can be to lowering birth rates and improving the health of women and children. In Kenya and Liberia, Pathfinder supported the formulation of national community-based distribution guidelines. Pathfinder also has provided technical assistance in preparing national CBS strategies for Malawi, Tanzania, and Zimbabwe.

In areas where non-family planning community development projects already exist, Pathfinder may partner with implementing organizations to add
When Pathfinder began its community-based work in Bangladesh in 1979, cultural restrictions, religious values, and travel difficulties limited many Bangladeshi women’s ability to leave their homes to obtain family planning methods from clinics or depots. To address the limited mobility of women in Bangladesh, Pathfinder implemented a door-to-door system that used female workers to make regular home visits to all eligible couples in a designated area.

Linked to a variety of local organizations, including women’s health organizations, municipal governments, and councils, CBS in Bangladesh began by utilizing paid, full-time CBAs to visit each household in a project area. In many ways, Bangladesh served as a proving ground for community-based distribution of contraceptives, as workers trained to screen potential oral contraceptive users with a checklist were critical in demonstrating the safety of nonclinical distribution of this method. Through its work in Bangladesh, Pathfinder also pioneered a doorstep delivery of injectable contraceptives using specially trained CBAs to provide women with three-month Depo Provera injections in their homes.

In the early stages of CBS in Bangladesh, Pathfinder initiated a variety of programs aimed at making family planning more acceptable to potential clients. Workshops for local leaders were held to educate them about the safety and benefits of contraceptives, and FP was introduced to many people at their regular Islamic community meetings. The inclusion of maternal and child health (MCH) services such as immunization and diarrhea treatment helped to promote community acceptance of the CBAs and facilitate contact with women who were not using contraception. Pathfinder’s work to promote birth spacing and delayed childbearing to teenage newlywed couples—a typically underserved population—resulted in a contraceptive prevalence rate increase from 19 to 39 percent among newlyweds in Pathfinder project areas between 1993 and 1997. Overall, the CBS approach’s success at introducing family planning to rural communities led to its expansion from three initial sites to 32 service delivery projects at 72 sites by the mid 1990s.

In 1991 Pathfinder’s Bangladesh projects began moving away from door-to-door contraceptive delivery and toward a more sustainable village-based depot approach. This switch began gradually as CBAs started encouraging couples to get their contraceptive supplies from nearby homes that serve as depots. By 1997, 27 percent of pill and condom users were getting their supplies from a depot.

As Bangladesh’s family planning program has matured over the past several decades, many of the knowledgeable contraceptive users it has produced have begun getting their contraceptive supplies from sources outside of the CBS network. Approximately one quarter of pill users and 70 percent of condom users now purchase brand name contraceptives that are advertised and marketed throughout the country. As clients become more comfortable actively seeking out the services and supplies they need, door-to-door services are becoming less necessary. As a result, the resources that formerly supported large CBS networks can now be used to provide the people of Bangladesh with a wider variety of health services.

Pathfinder currently is working with two local Bangladeshi NGOs as part of a comprehensive government initiative to establish a system of small community clinics capable of offering an expanded package of services that integrates family planning with essential health care such as child health, prevention of communicable diseases, basic first aid, and curative treatment. While door-to-door delivery of services will continue on a much smaller scale for groups that can still benefit from it, the overall success of Bangladesh’s large-scale community-based efforts has prepared people to seek out the services they need at the clinic.
family planning services to their current activities. In places where development services are needed, Pathfinder may incorporate components designed to improve the overall quality of life for impoverished communities or at-risk groups into its CBS projects. For example, projects may offer job skills training and/or microloans to help people start small businesses. A Pathfinder-supported CBS project in Pakistan that targeted a community of fishermen who live on boats not only provided the community with family planning and basic health care, but also disbursed interest-free loans that helped women launch small businesses selling groceries from their boats or carrying fish to market.

While many projects focus mainly on family planning and STD prevention, the needs of some populations demand that CBS efforts encompass a wider variety of services. In Uganda, civil war during the 1970s and 1980s destroyed much of the country's infrastructure in rural areas, resulting in widespread poverty and a lack of social services. As a result, Pathfinder's CBS efforts in rural Uganda include basic curative health care, immunizations, child growth monitoring, nutritional information, and income-generating activities in addition to FP and other RH services.

Pathfinder's Successes in CBS

The results of Pathfinder's CBS efforts are substantial. Between 1992 and 1997, Pathfinder's community-based projects in 23 countries trained a combined total of 22,600 agents, provided 59 million people with FP and RH information, provided three million new users and 37 million continuing users with modern contraceptive methods, and referred 4.8 million clients to health facilities. These recent projects continue to expand the scope of CBS, encompassing initiatives to educate young adults, integrate STD and HIV-AIDS services, expand method mixes and provide ECP information and referrals, and improve the overall health of clients and their families.

Today Pathfinder supports ongoing CBS programs in 15 countries throughout Africa, Asia, and Latin America. The success of Pathfinder's CBS programs has led both public and private sector organizations to adopt many of the components of Pathfinder projects for use at the regional and national level. For example, family planning programs in Bangladesh sponsored both by the government and non-governmental organizations have adopted some elements of Pathfinder's successful CBS projects, including its standard for the number of couples each agent should visit, guide book for field staff, record keeping system, and work plan.

Pathfinder assures quality in its community-based services by establishing strong referral networks with clinics, creating training curricula and standardized service delivery and management protocols, and developing supervision procedures for monitoring CBS activities. Pathfinder is a leader in developing simple guidelines and screening checklists for use by CBAs that reduce medical barriers to contraceptive access and ensure safety.

The following three case studies are representative of the wide variety of successful and innovative CBS programs supported by Pathfinder. The Kenyan case study outlines a successful FP and HIV-AIDS prevention CBS program that currently is integrating a home-based HIV-AIDS care component into its activities. The Kazakhstan case study demonstrates how CBS can be used in the home and workplace to lower abortion rates, and the study of a Pathfinder-funded project in Brazil examines how community-based services such as peer counseling and community theater can be used to educate high-risk women about HIV-AIDS.

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The Health Secretary of Kenya estimates that 200,000 Kenyans died of AIDS in 1999 and 350,000 children, many infected themselves, have been orphaned by the disease. AIDS kills 500 Kenyans daily, and the average life expectancy for the country has fallen from 63 to 48 as a result of the disease.

In 1994 Pathfinder joined the fight against AIDS in sub-Saharan Africa, which is home to nearly 70 percent of those with HIV in the world, when it partnered with 15 USAID-funded agencies to integrate STD/HIV-AIDS services and counseling into existing FP programs in Kenya. Most HIV transmission in Kenya is heterosexual, and under the integrated program, CBAs teach their FP and MCH clients how to protect themselves from STDS and HIV and provide counseling for families with members who are HIV-positive or have AIDS.

As rising HIV-AIDS prevalence rates mean greater numbers of the population are coping with the symptoms of full-blown AIDS, Pathfinder is working to meet the needs of people with AIDS (PWA) and their caregivers by integrating another level of service into its African CBS programs. The Home-Based Care Initiative, a pilot project aimed at reducing the level of new HIV infections by teaching family members about safer sex and providing care for loved ones with AIDS, has been launched through Maendeleo Ya Wanawake Organization (MYWO). MYWO is the largest grassroots women's group in Kenya with a membership base of more than one million women throughout the country. Promoting family planning is one of the most important activities MYWO engages in, and the organization was among the pioneers in establishing community-based projects in Kenya. Pathfinder has supported MYWO’s CBS since the first MYWO family planning/maternal and child health pilot project was launched in 1979. Employing a network of more than 1,000 volunteer CBAs, the successes of MYWO’s program make it an excellent partner for testing new community-based services.

In Kenya few people have medical insurance, and only the very rich can afford protease inhibitors and drug cocktails being used to treat HIV-AIDS in the West. The government health care budget is not large enough to meet the need for AIDS-related drugs and care, and as a result, health care for people with AIDS in Kenya often is limited to treating serious secondary conditions such as diarrhea, pneumonia, and tuberculosis, rather than treatment of the disease. The medicines that doctors have available to treat AIDS patients may be as simple as IV hydration and antibiotics. Many AIDS patients cannot even afford this basic care, some because they initially spend what little money they have on supposed “cures” offered by nonmedical sources. In addition, a stay in the hospital can put an enormous drain on a family’s financial resources, making it difficult for them to purchase medicines and other items when they are needed.

For these reasons, caring for a PWA at home usually is the best option for the family, as well as for the PWA, who can enjoy the comfort of familiar surroundings and continued participation in family life. However, most family members lack basic information on how to deal with the illnesses that accompany AIDS and protect themselves from infection, making them reluctant to provide care due to misconceptions about the risk of becoming infected themselves. In response to this growing problem, Pathfinder developed a curriculum for teaching CBAs to train family members to provide their loved ones with the safest and best AIDS care possible. By dispelling myths about how HIV is transmitted, explaining how difficult it is to become infected by caring for a PWA, and teaching methods for avoiding infection where risk is involved, the Home-Based Care Initiative can both increase the number of family members willing to provide care and decrease the number of new HIV infections.

The Home-Based Care Initiative trains CBAs to teach their clients how HIV is and is not spread, the stages of AIDS progression, and general hygiene, including how to handle contaminated utensils and bedding and clean the household. These measures are designed to decrease the patient's exposure to germs that can take advantage of a weakened immune system, while at the same time reassuring family members about their minimal risk of contracting the disease through providing care and helping to eliminate even that risk. CBAs also provide home-based caregivers with information on managing the secondary infections that accompany AIDS. This includes home and traditional treatments for problems including wounds, sores, and diarrhea, as well as a set of guidelines indicating when each illness can no longer be treated at home and requires professional medical attention. CBAs also teach the PWA and his or her family about...
using condoms to prevent the spread of HIV and other STDs and provide home-based caregivers with information on basic nutrition, physical therapy techniques, and any additional support available through community and religious groups.

The techniques taught through the Home-Based Care Initiative are designed to take into account the limited incomes and resources available to most families caring for a PWA, and the initiative focuses on providing safe care using minimal supplies. For example, caregivers are taught that plastic bags can be substituted for gloves and that soiled linen and clothes can be boiled instead of treated with disinfectant.

Like traditional CBS programs, the MYWO pilot program relies on a strong relationship with a local clinic where the CBAs can refer PWAs who require medical attention. The program refers its clients to the Yala District Hospital, and nurses at the hospital in turn refer discharged AIDS patients to the CBA covering the area in which a patient lives. This partnership between the hospital and program ensures that patients receive the best care possible.

To date, 42 Kenyan agents, the majority of whom are from MYWO, have been trained using the new Home-Based Care Initiative curriculum. Even though the training adds additional duties to their workloads, many CBAs, especially those who have had a loved one die from AIDS, are volunteering because they see the need for these services in their communities. Louise Seve, a district manager for MYWO, describes the CBAs participating in the Home-Based Care Initiative as committed to caring for all people, “whether infected or affected.”

While the Home-Based Care Initiative is still in its beginning stages, program developers are already observing a “spread effect,” or a sharing of knowledge between caregivers who have received home-based care training and others in the community who are caring for family members with AIDS. The initiative currently is being expanded to Pathfinder projects in Ethiopia and Uganda, where a self-care module for AIDS patients who live alone has been added.
I have been involved with MYWO for seven years. Prior to this, I was a training officer in a government nursing school, but I wanted to change because I was thrilled with the idea of community health nursing. I wanted to work for an NGO dealing with the community approach, and now I train community workers in reproductive health and do training of trainers.

Right from the start, MYWO has conducted activities to support HIV-AIDS patients. At first we looked to equip community health workers to handle HIV-AIDS patients through counseling services. After completing two weeks of counseling training, the community health workers found they still were not able to cope with counseling AIDS patients. It was very time consuming, and many patients were aggressive. It was not easy to handle them.

At this point, MYWO came to Pathfinder and had a brainstorming meeting on how community workers can be more helpful to HIV-AIDS patients. Pathfinder and Egerton University helped with a literature review to find out what was being done in other countries to deal with this problem. We also conducted a needs assessment among different ethnic groups in four different geographic areas of Kenya. The idea for the [Home-Based Care Initiative] curriculum grew from this research.

The research found that, as with other STDs, people have given moral implications to HIV-AIDS. Having HIV means that your morals are questionable. Kenyan society is not open to talking about sex. If a patient’s affliction comes out, it reflects negatively on their morals. This makes patients very unhappy and withdrawn.

Also, we found that the families are scared about caring for their loved one [with HIV-AIDS]. In the final stages of the disease, patients are sent back home, and family members are worried about caring for them. Their loved one is in a lot of pain, and they can’t help. And they are scared about contracting the disease. When the patients see their family members are afraid, they can become resentful and feel that their family doesn’t want them. This can cause them to become very aggressive. Patients may see their family members wearing gloves in some cases where there is broken skin, and they feel like their family members don’t want to touch them. [Part of] what we are doing is trying to work with patients so they can appreciate that the family caregiver is taking steps to prevent transmission of the disease. And when a patient is cooperative, family members are more willing to help.

Negative attitudes about people with the disease are changing, especially in the areas where we have piloted the project. When we train from family to family, word goes around. When the worker comes back to a house the next week, people will wait outside and say, “When you finish here, can you come to my place?”
Reducing Reliance on Abortion in Kazakhstan

The newly independent republic of Kazakhstan, a former member of the Soviet Union, is attempting to cope with the poor health infrastructures and limited reproductive health services that are the legacy of the Soviet era. The Soviet Union legalized abortion in 1955, and Soviet era policies that actively encouraged large families and denied access to modern contraceptive methods through hospitals or pharmacies made abortion the primary means of limiting family size. By the 1980s, one out of every four abortions in the world was performed in the Soviet Union. Today abortion is one of the leading causes of maternal death in Kazakhstan, yet it remains one of the main methods of fertility control. Of the 41 percent of women in Kazakhstan who acknowledged on a survey that they had had an abortion, 70 percent reported having had more than one. The state of women’s health in Kazakhstan also reflects their poor access to basic health care and family planning services. One out of every two women is anemic, and incidences of STDs and HIV-AIDS are on the rise, especially among young people.

After Kazakhstan became an independent republic following the collapse of the Soviet Union, its government created a National Coordinating Committee on Family Planning for the purpose of improving maternal health, encouraging birth spacing, and reducing reliance on abortion. However, the nascent family planning program faces serious obstacles. Modern contraceptives are costly and still are not widely available, and many women and health care providers alike are wary of the side effects of hormonal contraceptives. Misconceptions that hormonal contraceptives cause cancer or infertility make IUDs the preferred modern method for many women in the region, but the prevalence of STDs and infections related to repeated abortions, coupled with the limited availability of drugs to treat them, pose barriers to IUD insertion for many. In addition, the fees charged for abortions, which constitute a percentage of many physicians’ incomes, often make doctors less motivated to introduce modern contraceptive methods that reduce women’s reliance on abortion.

Pathfinder has worked in Kazakhstan to improve the health of women and children by reducing reliance on abortion through the widespread introduction of modern contraceptive methods. With assistance from UNFPA, Pathfinder began instituting comprehensive RH programs that include training of trainers, IEC, and CBS in Kazakhstan in 1997. As the use of CBAs has proven to be one of the most effective methods for educating people about family planning, Pathfinder supported two CBS projects in Kazakhstan, both of which were implemented through partnerships with local NGOs.

In order to raise awareness and use of modern contraceptive methods among women in Kazakhstan, Pathfinder implemented the first-ever CBS projects at urban and rural sites in southern parts of the country in January 1998. The urban project targeted areas of the city of Shymkent using 30 volunteer CBAs from the Business Women’s Association of Kazakhstan (BWAK), a local NGO that supports women’s social and professional advancement.

High literacy levels in Kazakhstan—96 percent of women have a secondary education or higher—make printed materials an especially effective educational tool for CBAs seeking to dispel women’s fears about modern contraceptive methods. Pathfinder produced 50,000 family planning pamphlets in both Russian and Kazakh, as well as counseling manuals and youth-targeted bookmarks that feature a condom mascot. In
addition to distributing printed materials, CBAs provided referrals for clinical methods, distributed condoms and spermicides, and directed clients to pharmacies where they can purchase oral contraceptives. Pathfinder actively sought to expand the method mix in Kazakhstan, gaining permission from the government for CBAs to distribute oral contraceptives and provide referrals for the emergency contraceptive pill, which is being introduced at clinics within the CBS project areas.

During its early days, the Shymkent project demonstrated the flexibility of the CBS approach. Carried out by CBAs from the Business Women’s Association of Kazakhstan, whose ranks include teachers, economists, and engineers, the project initially faced serious obstacles in making contact with clients. Because the project was based in an urban setting with a well-educated population, many of the women targeted for visits had jobs and could not be reached at home during the day. Visits after working hours also proved difficult because women usually were busy with household chores. In response to this problem, the project quickly switched its strategy to become a workplace-based initiative. Drawing on BWAK’s network of member businesses, agents began making visits to factories and offices around the city, providing FP and RH information, supplies of condoms, and referrals for clinical methods. This approach proved far more effective than the initial home visit strategy, although some managers resisted allowing adequate time for their staff to participate in the educational sessions during working hours. The Shymkent project also has used BWAK members who are teachers to initiate RH discussions in some schools, technical colleges, and hostels for young women who are about to be married.

While Pathfinder’s Shymkent project began in early 1998, it has already made a significant impact. Between the first and fourth quarters of 1998, modern method use among women living within the range of the project increased from 33.9 percent to 51 percent. In addition, hospital service statistics from 1997 to 1998 show a 32.4 percent decline in abortions in the city of Shymkent.
Brazil has recorded more than 155,000 AIDS cases since the early 1980s, although the actual number is thought to be much higher. Since the first case of AIDS in Brazil was reported in 1982, the disease has moved from mainly being transmitted through homosexual contact to transmission through intravenous drug use and, most recently, has made its way into the younger and poorer segments of the heterosexual population. This latest mode of transmission has dramatically affected the HIV infection rate among Brazilian women. Increasing female infection rates are being reported throughout the country, including in the Northeast, where persistent poverty, rapid urbanization, minimal levels of education, high illiteracy rates, and gender inequality rank among the social factors contributing to the spread of the disease. Uneducated women are at highest risk for infection in Brazil. According to Brazilian Ministry of Health statistics, 78 percent of infected women have little or no schooling, and of that total, six percent are illiterate.

Pathfinder has worked in Brazil since 1979 and, in recent years, has provided local NGOs and the State Secretariats of Health in Bahia and Ceará with assistance integrating STDS/HIV-AIDS components into FP and RH projects. Pathfinder currently is providing funding and technical assistance to the Support Group for the Prevention of AIDS in Bahia (GAPA), a nationally respected Brazilian NGO working to promote HIV-AIDS prevention, services for those who are HIV positive, and an effective AIDS-oriented government health policy. GAPA's CBS project, AIDS Prevention Within the Low-Income Female Population reaches women from the poorest and most marginalized segments of the selected communities with information about STDS and HIV-AIDS. Many of these women suffer from prejudices associated with their race, gender, and social status. Many also lack the knowledge they need to protect themselves from HIV infection, and even when they have information, most are unable to negotiate for safer sex with their partners. Cultural and religious beliefs can reinforce passive attitudes about safer sex as many women accept social norms that work against them. The project aims to influence women's risky behavior, which is, in part, a result of low self-esteem and the perception of not having options. Through a variety of community-based efforts, the project gives women the information they need to make informed choices and encourages them to change their behaviors and take control of their lives.

Following Pathfinder's practice of utilizing CBAs who are indigenous to the communities they serve, the project selected 40 women from preexisting community groups such as mothers' clubs, domestic laborers associations, washer women groups, and community development groups. The CBAs were chosen based on communication skills, status among community members, natural leadership skills, and basic literacy skills. To prepare the agents to address the needs of the women in their community, they attended training workshops covering topics including autonomy and self-esteem, gender, negotiation of safer sex, and the clinical aspects of AIDS and reproductive health. In their day-to-day efforts, CBAs provide individual counseling, distribute information and condoms, and work to convince women to go to the clinic for STD testing and curative or preventative care.

Getting women to go to the clinic for treatment is an especially important part of the CBAs' job. The women in these communities have not had good
access to RH services, and they often face barriers that discourage them from seeking out services. In many cases, when women use the little money they have to travel to the clinic for RH services, they do not get to see a doctor. Sometimes the clinic is closed for the day, sometimes the doctor does not show up, and other times the demand is so great that some women have to be turned away. By helping to develop a system under which women referred for services by CBAs receive special attention, Pathfinder is working to provide women in the project area with good access to RH services.

GAPA had tried by itself to create a referral system for its clients in the past, but was unable to because it did not have access to the decision makers in the public health system. By linking the State Secretariat of Health with the GAPA project communities, Pathfinder was able to set up a referral system under which women referred by the GAPA projects were guaranteed to be seen when they visited either of two nearby health centers. This referral system worked well for almost a year; however, the public service system has had to close the units that were handling the referrals. Working with fragile public service providers is an ongoing challenge, and Pathfinder and GAPA are in the process of identifying an alternative avenue for handling referrals.

In addition to working to establish a long-term referral system, Pathfinder has supported the development of IEC materials designed to fit the needs of the women being served. Recognizing that as community members the CBAs have valuable knowledge about what will be interesting and acceptable to the women in their communities, Pathfinder and GAPA involved the agents in the design of program materials. The CBAs jointly developed the text for an STD/HIV-AIDS educational brochure. In addition to information on STD/HIV-AIDS prevention, the brochure contains statistics on infection rates within the communities and quotations from clients that demonstrate the impact of the project. The educational materials are easy to read, feature lots of pictures, and use the colloquial language of the community in order to make them accessible to all clients regardless of their level of education.

Besides making door-to-door visits to distribute condoms, information, and the IEC materials they designed, CBAs address gatherings of sports teams, day care mothers, and cultural and theater groups. In their efforts to reach as many people as possible, the CBAs in each of the four communities have scripted and performed short plays dealing with issues like HIV prevention and self-esteem. In one skit a man pressures a woman for sex, and she successfully negotiates for him to use a condom. In another, a woman who earns less than a man for equal work convinces her boss to pay her better, and another deals with an HIV positive person working to regain the respect of his coworkers. The plays, which are performed on improvised stages with homemade costumes, attract community members of all ages.

Pathfinder will continue its work with GAPA, and the initial success of the project is being built on to further enhance community impact. One planned activity is to provide CBAs with more intensive reproductive health and family planning training to broaden the scope of their education efforts beyond AIDS prevention. The project also will sponsor a survey of men within the communities to learn more about their knowledge, attitudes, and behavior with respect to sexuality and women. This information will be used to design better programs and teach more effective condom negotiation skills to women within the communities.
Lessons Learned

Pathfinder’s experience has shown that CBS projects are most successful at rapidly increasing the contraceptive prevalence rate in areas where people have had limited exposure and access to family planning.

CBS projects achieve much of their success in expanding women’s access to clinical methods by linking them to clinical services through referrals.

Community-based agents need continued support after they receive their initial training and begin working in the field. Refresher courses are an important means of providing follow up support and can help to counter “burnout” and high CBA dropout rates.

Additional training allows agents to update their knowledge and discuss client questions that they have been unable to answer.

Appropriate compensation for CBAs must be provided in a timely manner to maintain morale and motivation. Compensation can include income generation activities, microloans, and cooperatives.

Services must be provided in a culturally appropriate manner if a project is to be successful.

To maintain increases in the contraceptive prevalence rate, regular CBS follow up visits are needed to ensure that women do not abandon FP because they are unhappy with their current method.

Once communities become more experienced with FP, they may outgrow CBS and begin seeking long-term methods from other sources.

An expanded contraceptive mix that includes a referral system for long-term methods can greatly enhance a CBS project's effectiveness.

Community participation and ownership are necessary for CBS to be effective and sustainable over time.

Integrating additional services into CBS projects can be a cost-effective way to use existing networks to provide basic curative, preventative, and STD/HIV-AIDS care.
Conclusion

Global population has quadrupled in the last 100 years, surpassing six billion in 1999, and it is expected to exceed nine billion by 2050, according to United Nations medium projections. Among this unprecedented number of people, one out of every five lives on the equivalent of less than a dollar a day, making paying for FP and RH services a luxury many families cannot afford.

As the world population continues to grow in the new century, more people than ever before will be in need of the family planning and reproductive health services that CBS can provide. Pathfinder International has been an innovator in community-based services for more than 25 years, creating projects aimed at increasing countries’ abilities to help themselves and foster change from within. CBS remains an important part of interventions in nearly every country where Pathfinder works.

Pathfinder will carry the many lessons learned from its experience in CBS into the future as it works to create innovative and timely projects that address the needs of underserved groups, particularly adolescents and those most threatened by the rampant spread of HIV-AIDS.

Because Mozambique has only one doctor per 65,000 people, families like this one rely on CBS.
Acronyms

AIDS ................................................................................. acquired immune deficiency syndrome
BCC .................................................................................. behavior change communication
BWAK ............................................................................... Business Women’s Association of Kazakhstan
CBA .................................................................................. community-based agent
CBD .................................................................................. community-based distribution
CBS ................................................................................... community-based services
ECP ................................................................................... emergency contraceptive pill
FP ...................................................................................... family planning
FPAP ................................................................................. Family Planning Association of Pakistan
GAPA ................................................................................ Support Group for the Prevention of AIDS in Bahia
HIV ................................................................................... human immunodeficiency virus
IEC .................................................................................... information, education, and communication
IUD ................................................................................... intrauterine device
MCH .................................................................................. maternal and child health
MOH ................................................................................ Ministry of Health
MYWO ............................................................................. Maendeleo Ya Wanawake Organization
NGO .................................................................................. non-governmental organization
NSV .................................................................................. no-scalpel vasectomy
PWA .................................................................................. person with AIDS
RH .................................................................................... reproductive health
STD .................................................................................. sexually transmitted disease
UNFPA ............................................................................. United Nations Population Fund
USAID .............................................................................. United States Agency for International Development

Endnotes


10 Ibid.
PATHFINDER INTERNATIONAL is a nonprofit organization that improves access to and use of quality family planning and reproductive health information and services, including STD/HIV-AIDS prevention and postpartum and postabortion care, with a focus on adolescents and young adults. Working with local organizations on three continents, Pathfinder builds their capacity to advocate for and provide quality services.