

Private Sector Project for Women's Health

A Legacy of Partnership for Innovation and Change 2005–2012



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In Appreciation:

It has indeed been my privilege to lead the USAID Private Sector Project for Women's Health in its final one-and-a-half years of implementation. Conceding my status as a relative "latecomer", I must acknowledge the contributions of my predecessors as project chief of party (COP), firstly, Dr. Rita Leavell, who directed the project from late 2005 to 2010, and to whose leadership we can attribute much of the project's success. Dr. Michael Bernhardt who directed the project at its inception in 2005 and its predecessor project, Commercial Market Strategies Jordan, and Dr. Gerald Evans, who served as an interim COP, also deserve mention here.

I also want to acknowledge the stellar contributions of our project staff, both past and present, who are too numerous to mention here. Abt Associates has had the privilege of employing the finest of Jordanian professionals in both technical

and administrative capacities, and their strenuous efforts reflect on the success of the project. They have contributed long hours toward achieving results, frequently working in the evenings and on weekends, particularly in the case of training activity and other events for which private medical professionals could only make such time available. It is our fortune that we have been able to retain PSP staff entirely for the USAID Strengthening Family Planning project, which in large part has assumed the mantle of PSP and which must continue to achieve traction against the objective of increasing the practice of modern family planning in Jordan. PSP has also relied on a phalanx of local and international consultants to support its work. These consultants worked with us as team members and we are indeed grateful for their contributions.

We stress in this final report for PSP that the project has been all about partnership. Abt Associates was the steward of this project, and it acted with the support of PSP international partners such as O'Hanlon Health Consulting and Banyan Global. At its heart though, the PSP story was told through local partners. PSP was a project implemented by Jordanians for Jordanians. The local private and governmental partners, such as the Circassian Charity Association, General Union for Voluntary Societies, the Institute for Family Health, the Jordanian Medical Council, the Ministry of Health, the Higher Population Council, the private hospitals, the professional associations,

stranger to the monumental challenge of achieving meaningful behavior change in the interest of improved public health that conveys societal benefits, has pledged continued investments. We along with our Jordanian partners can only applaud the support of the American people for our work here.

Reed Ramlow
Chief of Party
Private Sector Project for Women's Health
Abt Associates Inc.

just to acknowledge a select few, forged a model public-private health partnership. The local partnership achieved under PSP represents at once a proud legacy and a framework for achieving continued results in the family health arena.

Finally, I must express gratitude on behalf of Abt Associates and its partners for the support of USAID. PSP was a USAID contract designed to deliver results. I hope USAID, our client, is to a degree satisfied with the performance of the project, but we at Abt Associates acknowledge the job is far from done. We are pleased that so much of the work performed under PSP, particularly in the arena of breast cancer and gender-based violence, shows all signs it will continue without direct USAID project support. On the other hand, we recognize there is much yet to be accomplished with respect to encouraging the practice of modern family planning. USAID, no





PSP Key Documents (2005 – 2012)

Assessments

- Assessment of the Role of Private Pharmacies in Provision of Family Planning Information and Services in Jordan – Nov. 2006
- Rapid Market Assessment in Jordan – Dec. 2007
- Jordan Association for Family Planning and Protection Needs Assessment – Aug. 2008
- Survey and Assessment of Private Sector Mammogram Facilities in Central and North of Jordan – Sep. 2007
- Commercial Viability Assessment for CycleBeads in Jordan – June 2008

Evaluation Reports

- PSP Jordan Final Outreach Mid-Term Evaluation Report – April 2008
- Evaluation of Pilot PDA Program – Jan. 2011
- PSP Evaluation Report, EBM Approach – Dec. 2010

Technical Reports

- Technical Assistance in Research, Monitoring and Evaluation – Jan. 2009
- Outreach NGO Sustainability – April 2008

- Documentation of Project Methodology and Success Stories – Feb. 2010
- VAW Strategy – July 2006

Research Reports

- Jordan Private Doctors Family Planning and Breast Cancer Survey – May 2008
- Quality Assurance Mystery Client Study Report – Feb. 2010

Continuing Medical Education Reports

- Part I Technical Report: Continuing Medical Education (CME), Role of Jordan Medical Council and the Way Forward
- Part II Legal Report: The Legislative Status of the Jordan Medical Council and Continuing Medical Education (CME)
- Part III: Training Needs Assessment for JMC (CME)

Technical Briefs

- Enhancing Quality in Private Providers (EQuiPP) – Jan. 2011
- Community Outreach: Lessons learned in how to improve outreach – Feb. 2009
- Community Outreach: Opening doors to increase family planning use – Feb. 2009
- Preparing Private Hospitals to Manage Gender-Based Violence – Aug. 2010
- Violence Against Women: Breaking the Silence – Aug. 2010
- Quality Assurance and Strengthening Service Delivery with Private Sector Doctors in Jordan – Jan. 2009
- Identifying and Engaging Private Providers – March 2010

Please go to the Strengthening Health Outcomes through the Private Sector (SHOPS) online resource center (<http://www.shopsproject.org/resource-center>) to view and download these documents. A partial selection will also be available through the USAID Development Experience Clearinghouse (<http://dec.usaid.gov/>).

ACRONYMS

| | | | |
|---------------|---|--------------|---|
| BCC | Behavior change communications | JPFHS | Jordan Population and Family Health Survey |
| BSP | Bayer Schering Pharma | KHCC | King Hussein Cancer Center |
| CAT | Critically appraised topic | KHCF | King Hussein Cancer Foundation |
| CCA | Circassian Charity Association | LAM | Lactational amenorrhea method |
| CHW | Community health workers | MOH | Ministry of Health |
| CME | Continuing Medical Education | MOPIC | Ministry of Planning and International Cooperator |
| COC | Combined oral contraceptive | MWRA | Married women of reproductive age |
| CPR | Contraceptive prevalence rate | NCFA | National Council for Family Affairs |
| EBM | Evidence-based medicine | NGO | Nongovernmental organization |
| EQuiPP | Enhancing Quality in Private Providers | OC | Oral contraceptive |
| FP | Family planning | PMP | Performance monitoring plan |
| GBV | Gender-based violence | POP | Progestin-only pill |
| GP | General practitioners | QA | Quality assurance |
| GUVS | General Union of Voluntary Societies | RH | Reproductive health |
| IFH | Institute for Family Health / Noor Hussein Foundation | RMS | Royal Medical Services |
| IUD | Intrauterine device | RTI | Reproductive tract infection |
| JAFPP | Jordan Association for Family Planning and Protection | STI | Sexually transmitted infection |
| JBCP | Jordan Breast Cancer Program | UNRWA | United Nations Relief and Works Agency (for Palestine Refugees) |
| JHCP | Jordan Health Communication Partnership | VAW | Violence against women |
| JMC | Jordan Medical Council | WHO | World Health Organization |
| JPA | Jordan Pharmacists Association | ZENID | Queen Zein Al Sharaf Institute for Development |

Definition of Private Sector

The term “private” in Jordan refers to private clinics and hospitals, UN Relief and Works Agency (UNRWA) clinics, nongovernmental organization (NGO) clinics such as those operated by the Jordan Association for Family Planning and Protection, and private pharmacies.

1. Building Partnerships to Improve Women’s Health: Project Overview

1.1 Women’s Health and Services in Jordan

Although Jordan enjoys favorable population and family health conditions, certain challenges hinder efforts to improve the overall health of Jordanian women. Jordan made great strides in family planning over the 12-year period from 1990 to 2002, when contraceptive prevalence among married women of reproductive age (MWRA) rose from 40 to 56 percent and the total fertility rate declined from 5.6 to 3.7. Since then, use of modern contraceptive methods has stalled. Between 2002 and 2009, modern method use has hovered between 41 to 42 percent among MWRA. Moreover, unmet need for family planning—at 11 to 12 percent of MWRA—has remained

unchanged during the same period. With only two widely accepted methods—oral contraceptives (OC) and intrauterine devices (IUD)—women needed more options and improved counseling.

Breast cancer is the leading cancer and second most common cause of death among women. Given the secrecy and fear surrounding the disease, most women are not willing to undergo a medical examination. While incidence rates are similar to those in other parts of the world, the median age of Jordanian women afflicted by breast cancer is younger, at 51 (2009 Jordan Cancer Registry) as opposed to 65 in the United States. In 2005, 70 percent of known breast cancer cases were identified in the late stages when chances of survival are lowest. This alarming statistic demonstrated that Jordanian women needed improved health education and a more organized system for cancer detection.

Violence in the household is increasingly recognized as an important issue in Jordan. In fact, the Jordan Population and Family Health (JPFH) Survey 2007 documented the surprising extent of the problem. With domestic violence internationally recognized as affecting women’s health, including reproductive health, it was and still is vital to develop appropriate services for affected women.

1.2 Private Sector Project for Women’s Health (PSP) in Jordan

To address the above challenges in women’s health, the United States



Agency for International Development (USAID) funded the Private Sector Project for Women's Health (PSP) Jordan¹ (herein referred to as PSP-Jordan) from February 2005 to 2010, with an initial US\$13.97 million later extended to 2012 for a total of US\$18.97 million. In designing the PSP-Jordan project, USAID recognized that although Jordan's Ministry of Health (MOH) and Royal Medical Services (RMS-military) provide medical services at no charge, many Jordanians rely on the private sector for health care. In fact, the JPFHS 2007 revealed that 57 percent of family planning users obtained their supply from the private sector.

Therefore, PSP-Jordan focused on collaborating with the private sector to improve the health status of all Jordanian families, especially that of women. The project's four strategic objectives called for:

¹ PSP-Jordan was a task order under the global Indefinite Quantity Contract-Private Sector Partnerships and was managed and implemented by Abt Associates, together with its U.S. partners O'Hanlon Health Consulting and Banyan Global.

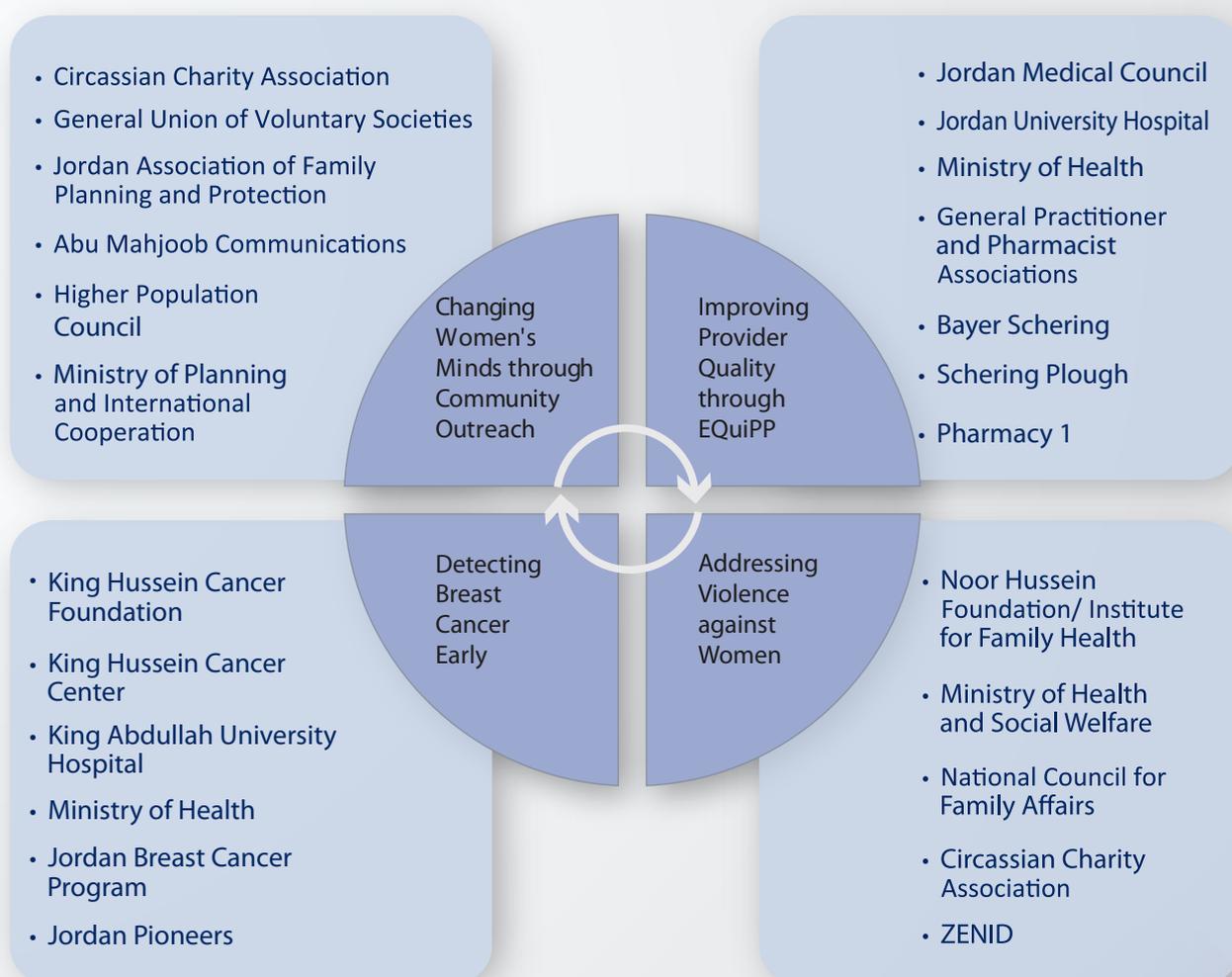
- Increasing demand for modern contraception and related women's health services such as family planning (FP), reproductive health (RH) services, and early breast cancer detection
- Improving the quality of women's health services delivered through the private health sector
- Raising awareness and increasing early detection of breast cancer
- Ensuring medical treatment in the private sector for women experiencing domestic violence

While the Ministry of Planning and International Cooperation (MOPIC) was the project's primary counterpart, PSP-Jordan coordinated closely with other ministries, including the Ministry of Health and Ministry of Social Welfare, and with relevant government councils, including the Higher Population Council, Jordan Medical Council, and Higher Health Council.

1.3 An Integrated Strategy with Many Partners

To accomplish its ambitious agenda and ensure impact and sustainability, PSP-Jordan entered into partnership subcontracts, Memoranda of Understanding, and agreed on shared objectives with Jordanian private organizations and government agencies. Each technical strategy involved the collaboration of public and private partners, thus helping to foster working relationships between the public and private sectors that will endure long after the conclusion of PSP-Jordan (see Figure1).

Figure 1. Overview of PSP-Jordan's Partners



Community Outreach

To help increase demand for women's health services, two nongovernmental organizations (NGOs)—the Circassian Charity Association (CCA) and General Union of Voluntary Societies (GUVS)—launched a home visit outreach program that was supported by print materials and mass communications targeted to change behavior. The outreach program referred clients to both public and private sector health facilities. The government of Jordan, with host-country local currency through the MOPIC, contributed JD2.23 million (equivalent to US\$ 3.2 million) to the community outreach project.

Enhancing Quality in Private Providers (EQuIPP)

To improve private sector health services, PSP-Jordan partnered with Jordan's leading medical institutions to deliver clinical and evidence-based medicine (EBM) training programs, quality assurance services, and Continuing Medical Education (CME) credits. PSP-Jordan enlisted professional medical and pharmacist organizations as well as private hospitals and pharmacy franchises to support program activities.

The project also addressed access to new contraceptive methods by working with pharmaceutical firms to change provider attitudes and launch new products.

Early Detection of Breast Cancer

From the outset, PSP-Jordan established a partnership with the King Hussein Cancer Foundation (KHCF), King Hussein Cancer Center (KHCC), and Ministry of Health (MOH) to launch the Jordan Breast Cancer Program (JBCP). The joint effort leveraged PSP-Jordan's already strong outreach and communications programming and made available provider training in the early detection of breast cancer.

Violence against Women (VAW)

Efforts to address domestic violence required a multipronged strategy. Leading national NGOs such as the National Council for Family Affairs (NCFA) and government agencies, as members of the Family Protection Department, directed advocacy efforts for policies and regulations to protect women from violence. Community NGOs, most of which were in need of capacity building, conducted outreach to raise awareness about domestic violence and its effects and to refer women to available services. To improve access to medical treatment and detection, PSP-Jordan collaborated with the Institute for Family Health, a strong service-focused NGO associated with the Noor Al Hussein Foundation, to develop sustainable staff training, policies, and procedures to enable private hospitals to address domestic violence.

PSP-Jordan's Expected Results

- *Reach over a million women to encourage widespread adoption of modern methods*
- *Introduce at least one new, affordable FP method through private sector channels*
- *Increase awareness of benefits of and reliance on breast cancer screening*
- *Expand number of private providers delivering women's health services*
- *Improve quality of women's health services offered by private providers*
- *Strengthen private sector's capacity to address violence against women*

1.4 PSP-Jordan's Results

Within seven years, PSP-Jordan met its expected results (see box) and more:

- Through outreach, nearly 1.5 million women age 15 to 60 received home visits and messages about modern family planning and early detection of breast cancer.
- Of the above, 142,393 women—or 12.5 percent of MWRA visited—adopted a modern method.
- Two new methods—Implanon® and NuvaRing®—entered the market, introduced through outreach and the PSP-Jordan-initiated network of private physicians.
- Surveys showed that over 79 percent of women were aware of the message “early detection of breast cancer can save your life” while 74 percent of women reported knowledge of self-breast examination and 31 percent had recently conducted such an examination.
- The 2009 Jordan Cancer Report (KHCC) showed that 59 percent of the 964 new cases of breast cancer from around Jordan were diagnosed in the early stages (stages 0–II).
- Referrals and vouchers allowed women to visit the PSP-Jordan network of 120 female private physicians trained to provide high quality FP and breast examination services.
- The quality of private sector women's services improved as 1,790 physicians participated in one or more PSP-Jordan training courses, with over 1,014 quality assurance certificates awarded.
- Messages about domestic violence reached over 46,000 women, and 17 private hospitals institutionalized training and procedures for detection and referral.

Beyond the numbers were the technical innovations that changed private providers' work habits and women's lives, summarized in Table 1.

| Table 1. PSP-Jordan Innovations | |
|--------------------------------------|--|
| Community Outreach Program | <ul style="list-style-type: none"> • Referred women to public and private sector health services in line with client needs • Increased the effectiveness of outreach efforts by analyzing outreach data, leading to a new protocol for timing and type of visits • Developed a web-based database to track results and improve decision making • Adapted physicians' EBM approach for use by community health workers (CHWs) with clients |
| Quality in Private Sector | <ul style="list-style-type: none"> • Designed the synergistic EQuiPP approach to change private health provider knowledge, attitudes, and behaviors • Used EBM to counter personal opinion and anecdotal experience of physicians (which is not evidence-based) • Forged trust –based relationships with and provided updated information to private sector physicians through adaptation of pharmaceutical detailing termed “academic detailing” • Established a network of female private general practitioners and obstetrician-gynecologists in response to clients' expressed preference for female health care providers |
| Early Breast Cancer Detection | <ul style="list-style-type: none"> • Joined in partnership to institutionalize a program to lead into the future • Developed a comprehensive approach that includes interpersonal and mass media communication, complemented by trained providers • Improved Jordan's mammogram capacity for screening by training technicians and updating physicians' screening skills • Improved access to diagnosis and screening through referrals and vouchers • Helped establish and disseminate national guidelines |
| Violence against Women | <ul style="list-style-type: none"> • Formed partnerships with private hospitals for detection of domestic violence and referrals • Developed an integrated approach in private hospitals involving all departments and sustained through internal CME programs • Linked hospitals and NGOs to Family Protection Department for referrals and tracking |



Community outreach managers and workers convene in a project meeting.

2. Community Outreach: Educating Woman in their Homes and Generating Demand for Woman's Health Services

1.2 Encouraging Women to Take Action for Family Planning and against Breast Cancer

PSP-Jordan, in partnership with the Circassian Charity Association and General Union of Voluntary Societies, implemented a comprehensive outreach strategy aimed at addressing a difficult challenge in family planning: how to shift attitudes and behavior among women with the highest unmet need for FP. In parallel, PSP-Jordan faced a second challenge: how to promote the value of early detection of breast cancer. Interpersonal communication through outreach can be a particularly effective behavior change tool for motivating, influencing, and supporting an individual

to take action¹—whether adopting and continuously using a new FP method or facing the fear of a potential diagnosis of breast cancer.

PSP-Jordan designed its community outreach program to provide important health information through home visits to women age 15 to 60 in towns and villages across Jordan. Partner organizations CCA and GUVs recruited and trained women with a high school education or diploma (high school plus two years of study) to serve as community health workers. The women's education credentials—along with their belief in the importance of women's health and FP—contributed to the outreach program's overall success. Typically, the newly trained CHWs lived in the community where they worked, adding to their acceptance by the community.

The CHWs promoted awareness of birth spacing and use of modern contraceptives, self-breast examination and pap smears, antenatal care for pregnant women, postnatal care, and contraceptive options following delivery. They used job aids—calendars, flipcharts, and sample kits (see photo)—to ensure consistent and accurate messages. PSP-Jordan engaged Abu Mahjob Communications to incorporate a popular Jordanian cartoon character into these engaging materials. Mass media communications on television and radio and print materials reinforced messages for maximum synergy.

¹ Salem, R.M., Bernstein, J., Sullivan, T.M., and Lande, R. "Communication for Better Health." Population Reports, Series J, No. 56. Baltimore, MD: INFO Project, Johns Hopkins Bloomberg School of Public Health, January 2008.

2.2 A Typical Home Visit: Cornerstone of Behavior Change

The home visit was the foundation of the community outreach program. Trained CHWs visited women in their homes for a specified number of visits at four- to six-week intervals. During the first visit, the CHW developed a registration card detailing the woman's maternal health and family planning status. She then discussed the woman's health issues, demonstrated the range of family planning methods, and taught the woman how to conduct a self-breast examination.

Women who were already satisfied users of a modern family planning method received only two visits. Approximately 35 percent of women received third and fourth visits, including non-users of any method, users of traditional methods or the lactational amenorrhea method, women with high maternal risk, and pregnant women. In 2009, the outreach program underwent revision to include up to eight visits to encourage adoption and continuation of contraceptive methods.

2.3 Public and Private Network for Referrals

The outreach program was organized around a partnership with Jordan's health providers to ensure women's improved access to all health services in both the public and private sectors. To link knowledge to action, CHWs provided referrals and vouchers for family planning, early cancer detection (breast and cervical), and antenatal/postnatal care services. The CHW and the woman visited at home (the client) discussed the client's preferred family planning method and agreed on a nearby, affordable health provider who could meet the client's needs. Women who relied on the private sector (or in instances when a female provider was not on staff at an MOH clinic) were referred to PSP-

CHW training aid.



CHW home visit.



Jordan's network of trained, qualified private doctors and private pharmacies or to the Jordan Association of Family Planning and Protection. Women eligible for free health care were referred to MOH, RMS, or United Nations Relief and Works Agency (UNRWA) clinics. Those with suspicious breast cancer signs were referred to the KHCC or King Abdullah Hospital for diagnostic evaluation.

2.4 Results: Community Outreach Really Does Work!

Outreach offers a successful strategy for encouraging difficult-to-reach women to adopt modern FP methods; yet, PSP-Jordan's outreach program faced a daunting task: to visit over 1.45 million women age 15-60 in their homes throughout Jordan, including women in the country's rural areas. However, by the end of the project's seventh year, partner NGOs had surpassed the project target, reaching an estimated 87 percent (1,132,840) of married women of reproductive age (MWRA age 15-49 as focus for family planning) with one or more visits (see Table 2).

Table 2. PSP-Jordan Outreach Targets: Final Results, October 2011

| Outreach Indicator | Project Actual/ Cumulative | End-of-Project Target |
|---|---|--|
| Number of women counseled by CHWs | 1,491,935 women (age 15–60) 1,132,840 MWRA | 1,453,000 women (age 15–60) 1,065,000 MWRA (estimate) |
| New acceptors of modern methods | 142,393 women 12.5 percent of MWRA reached | 127,800 women 12 percent of MWRA reached* |
| Number of referrals and vouchers; percentage acted upon | 241, 525 provided; 59 percent acted upon | More than 50 percent to be acted upon |

*Estimated target based on first three years of project results.

Among the MWRA reached, over 12 percent decided to adopt a modern method, with 38 percent selecting an IUD, 28 percent opting for oral contraceptives, and 29 percent choosing condoms. CHWs also provided referrals to a wide range of women's health services and made vouchers available to eligible women. More than 59 percent of these women took action by, for example, seeking more information about or adopting a family planning method.

Outreach can help overcome women's fear of cancer and increase the number of women seeking diagnosis and early detection of breast cancer. To encourage early diagnosis and treatment, CHWs directly referred poor women with serious signs of breast cancer to the King Hussein Cancer Center or King Abdullah Hospital for diagnosis. Others with breast concerns or an interest in screening were directed to the PSP-Jordan-initiated network of private physicians (all women doctors) or MOH clinics. As Table 3 shows, the project was responsible for 22,248 breast cancer referrals (including free vouchers) and convinced 14,637 or 66 percent of women to take action. Among these, 318 new cases of breast cancer were detected.

Table 3 PSP-Jordan Referrals and New Breast Cancer Cases

| Project Indicator | Project Actual/ Cumulative | End-of-Project Target |
|---|--|---------------------------------|
| Breast cancer referrals and vouchers provided | 22,248 provided 14,637 or 66 percent acted upon | More than 66 percent acted upon |
| Number of new breast cancer cases | 318 cases | No target |

Inspired by the success of PSP-Jordan’s EBM seminars with private sector physicians, the project applied the same cutting-edge approach to train CHWs in project outreach efforts. Previously, the CHWs had undergone training in and received updates about contraceptive methods, but they nonetheless continued to demonstrate limited confidence in their responses to women’s concerns. The project used critically appraised topics (CATs)¹ to provide objective scientific evidence on important contraceptive topics such as return to fertility and weight gain. CHWs were able to refer to simpler versions of CATs to reassure hesitant women on the safety and efficacy of oral contraceptive pills. While it is clearly difficult to change beliefs and cultural norms, adapting the EBM approach to train CHWs and to give them confidence

in conveying evidence-based information to women shows great promise.

With positive feedback from PSP-Jordan’s use of EBM and CATs, the USAID-funded Ta’ziz Tanzim Al Usra (Ta’ziz) project has integrated a CAT reference guide into the CHWs’ arsenal as a solid, reliable tool for promoting contraceptive use among Jordanian women.

CHW Enthusiasm for Evidence-Based Medicine

Ms. El Bustanji had been discussing contraceptive methods with women for over eight years and saw the addition of scientific evidence as an effective way to share knowledge with women. “The simple CATs corrected a lot of misunderstandings on the information that they [women] heard.”

¹ A critically appraised topic (or CAT) is a short summary of evidence on a topic of medical interest that provides a response to a clinical question.

2.5 Lessons Learned in Outreach

In 2008, PSP-Jordan analyzed outreach visits¹ while USAID conducted a mid-term evaluation of the PSP-Jordan community outreach program. The findings from the two exercises helped fine-tune the community outreach approach, making home visits more effective.

Lesson #1: Outreach is effective but requires persistence. The analyses determined that four to five visits are typically needed to encourage a new user to adopt a modern FP method. Women visited by CHWs adopt modern methods following visits three, four, seven, and eight, with the largest number of women adopting following the fourth and eighth visits. PSP-Jordan subsequently revised the CHW visit protocol accordingly. Interestingly, women who were non-method users adopted modern methods at higher rates than users of traditional methods (calendar, withdrawal). Moreover, once a new user adopts an FP method, she requires continued counseling and support in the first three to six months of use to help reduce the likelihood of discontinuation.²

¹ Finnegan, K. PSP-Jordan Trip Report, Abt Associates, February 2009.

² Salem, R.M., Bernstein, J., Sullivan, T.M., and Lande, R. "Communication for Better Health." Population Reports, Series J, No. 56. Baltimore, MD: INFO Project, Johns Hopkins Bloomberg School of Public Health, January 2008.

Lesson #2: Established referral is critical to outreach's success. Generating demand for modern FP methods and other women's health services is only one part of the outreach equation. Women also need easy access to high-quality health services to satisfy demand. The mid-term evaluation revealed, "The referral system is an important component of the outreach service continuum and is important to the CHWs' credibility among the women in the communities."

Lesson #3: Messages on different health areas helped introduce FP. The mid-term evaluation concluded: "Inclusion of multiple messages for women's health works well, likely increasing the effectiveness of the home visit and providing an entrée for family planning and birth spacing messages." However, managing several health topics posed challenges for CHWs. Some CHWs had trouble mastering a host of health topics while others spent less time on challenging topics such as family planning and instead gravitated to other health messages. It is important to consider the trade-off between efficiency (e.g., getting in the door with a receptive message) versus effectiveness (e.g., keeping the focus on promoting modern FP).

2.6 Lasting Change through Community Outreach

PSP-Jordan's successful outreach program will continue under the USAID-funded Ta'ziz project, reaching 691,000 women over the next four years, with a few modifications based on the PSP-Jordan experience.

Change through Innovation

The innovative community outreach program has not only changed individual women's lives but also changed professional opinions on the efficacy of outreach. Over time, Mr. Basim Aziz, executive director of CCA, has seen gradual changes in people's attitude toward family planning. The country now regards family planning as an important issue, and Mr. Aziz reported that PSP-Jordan's outreach program is considered one of the most important projects in Jordan. When asked about how he has seen the family planning issue develop over the years, he stated, "The progress that has been accomplished in Jordan is excellent, particularly when set against [the] backdrop of political turmoil in the Middle East region. When we started, most people were against us. Now, the idea is different. People have a better understanding of this issue."



One of PSP-Jordan's Network Physicians

Dr. Nadia Hattab sees 15 to 20 women a day six days a week for antenatal and postnatal care in her clinic in Baqaa Camp. She has participated in many PSP-Jordan training courses. As a result, she has changed several of her counseling and treatment practices and made personal investments to improve her clinic.

3. Enhancing Quality of Private Provider Services:

The EQuiPP Approach and Other Quality Improvement Strategies

3.1 Why It Is Important to Work with Private Providers

In Jordan, 57 percent of women seek family planning care from private sector providers.¹ Globally, research has shown that women seek private providers because of the perception of shorter wait times, clean facilities, respect for privacy, and high-quality services. In Jordan, however, private providers fall outside the supervisory purview of the Ministry of Health. They are not subject to any systematic licensure or quality assessment body to guarantee the quality of services provided.

To improve Jordanian women's access to high-quality family planning and reproductive health services, PSP-Jordan addressed both the quality of care and attitudinal barriers evidenced by private providers. Studies initiated or reviewed by PSP-Jordan revealed that many private physicians and pharmacists failed to provide medically correct and client-sensitive family planning or breast or cervical cancer screening services. Sometimes providers lacked the appropriate knowledge or skills; at other times, they were reluctant to prescribe modern family planning methods to younger married women or to explain the possible side effects of such methods. In addition, CHWs informed PSP-Jordan that potential clients expressed the desire for female providers, convenient resupply of methods, empathetic counselors, and affordable services.

¹ JPFHS 2007.

In-Class and Clinical Training

Research shows that interactive educational methods are the most effective approach to educating and training adults in a given subject and that combining didactic and hands-on training is more effective than traditional didactic training alone. To support efforts to deliver continuous medical education, PSP-Jordan developed a set of 23 training courses based on the needs of general practitioners and obstetrician-gynecologists. The training focused primarily on family planning and reproductive health, including complications during pregnancy and cancer screening.

3.2 PSP-Jordan’s Innovative Approach for Improving Private Provider Quality

PSP-Jordan developed the Enhancing Quality in Private Providers approach (EQuIPP) to improve important elements of behavior change—knowledge, attitudes, and practices—through three complementary strategies: (1) classroom and clinical training, (2) the use of evidence-based medicine and detailing, and (3) a quality assurance certification process (Figure 2).

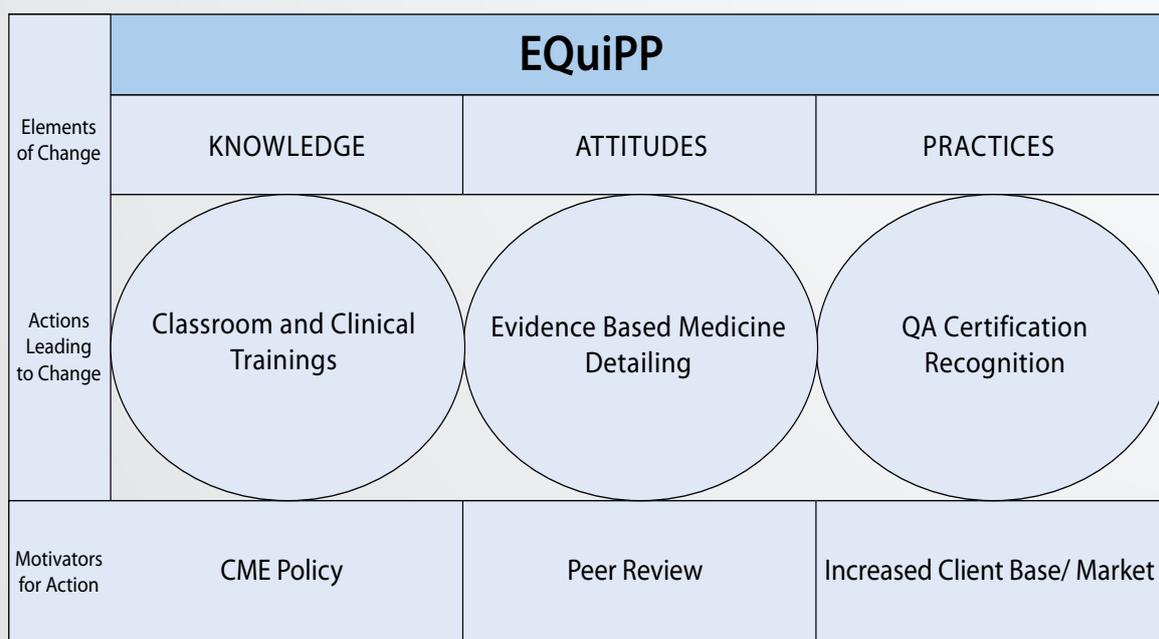


Figure 2. Overview of PSP-Jordan’s EQuIPP Approach

Sample of In-Class Training Topics

Basic Contraceptive Technology
Advanced Contraceptive Technology
Hypertensive Disorder with Pregnancy
Bleeding during Pregnancy
Diabetes Mellitus with Pregnancy
Abnormal Uterine Bleeding
Cervical Cancer
Violence against Women
Thromboembolism during Pregnancy
Pre-Term/Post-Date Labor



Providers participate in training sessions in the classroom.



Providers participate in clinical training sessions using medical dummies.

In-class lectures were complemented by clinical skills workshops on, among other topics, IUD insertion, clinical breast examinations and Pap smears, and wet mounts related to detection of reproductive tract infections and cervical cancer. In response to Jordanian women's preferences, the training targeted female physicians for instruction in IUD insertion, ultrasound, and Pap smear methods.

Evidence-Based Medicine and Detailing

A 2008 PSP-Jordan survey of doctors revealed that private physicians were reluctant to recommend modern methods to eligible patients; a large number believed that newly married women should check their fertility before adopting a modern method and thus continued to prescribe traditional methods. The same survey showed that training courses had not changed the attitudes of the physicians.

To address these barriers, PSP-Jordan collaborated with Bayer Schering Pharma (BSP), a major supplier and marketer of oral contraceptives, to introduce the EBM approach. EBM integrates research evidence with clinical expertise and patient values to improve patient care and the client-provider interaction. To support the EBM approach, PSP-Jordan used CATs—validated concise summaries of the best available research evidence—as a tool to address physicians' concerns. The CATs focused on barriers to use of hormonal methods and on evidence of non-contraceptive benefits.

At each EBM session, physicians had the opportunity to discuss the contents of the CATs as well as their current beliefs, practices, and concerns about combined oral contraceptives (COCs). EBM trainers encouraged physicians to provide clients with the science behind a method rather than solely relying on the clinician’s own experience and to offer the patient options rather than a personal recommendation. Based on the success of using the EBM approach for COCs, PSP-Jordan launched a series of EBM sessions on progestin-only pills.

As reinforcement, a PSP-Jordan medical representative periodically visited over 300 private physicians on “academic detailing” visits. She delivered a one-to two-page CAT on a specific topic or provided other informational material, discussed its content, and addressed questions regarding the information or any training program the provider may have attended. The medical representative updated the provider’s

contact information, conducted a brief analysis to determine the provider’s interest in/likelihood of attending another PSP-Jordan training program, and noted the number of female clients seen and family planning services offered in the past week.

Quality Assurance and Certification

To help translate knowledge to high-quality practice, PSP-Jordan devised a quality assurance program with the Jordan Medical Council (JMC) to review and certify private physicians who meet accepted standards of care. As a first step, the program developed an approved set of clinical guidelines based on international standards such as those of the World Health Organization (WHO) and International Planned Parenthood Federation. Leading Jordanian specialists then reviewed and approved the guidelines, and assessment checklists for each guideline were tested and refined.

Academic detailing visit with a private provider.





PSP-Jordan-Initiated Network of Private Physicians

The PSP-Jordan-initiated network of private physicians was geographically dispersed and it included private sector general practitioners, obstetrician-gynecologists, and family practitioners, all of whom provided family planning and reproductive health care services to women referred by PSP-Jordan's outreach program. Criteria for selection into the network were based on quality assurance requirements and the delivery of services at agreed pricing. In return, PSP-Jordan provided the physicians with contraceptive supplies, preference in CME courses, and earlier, access to loans and business training.

PSP-Jordan and its partners developed four certification tracks for the quality assurance program:

1. Basic Family Planning—providers certified in IUD insertion and family planning counseling
2. Advanced Family Planning for Specific Medical Conditions—providers certified in IUD insertion and family planning counseling for patients with contraindications

3. Clinical Breast Examination—providers certified in correct clinical breast examination
4. Reproductive Tract Infections (RTI)/ Sexually Transmitted Infections (STI)—providers certified in pap smears and wet mount preparation and assessed for knowledge and practice for RTIs/STIs

For each track, physicians participated in a classroom session that offered an overview of the certification process and spelled out clinical guidelines. Next, participants trained on models in clinical skills training laboratories; the University of Jordan skills laboratory provided the venue for clinical skills tests. A PSP-Jordan quality assurance assessor evaluated each physician's counseling skills and, as needed, clinic readiness.

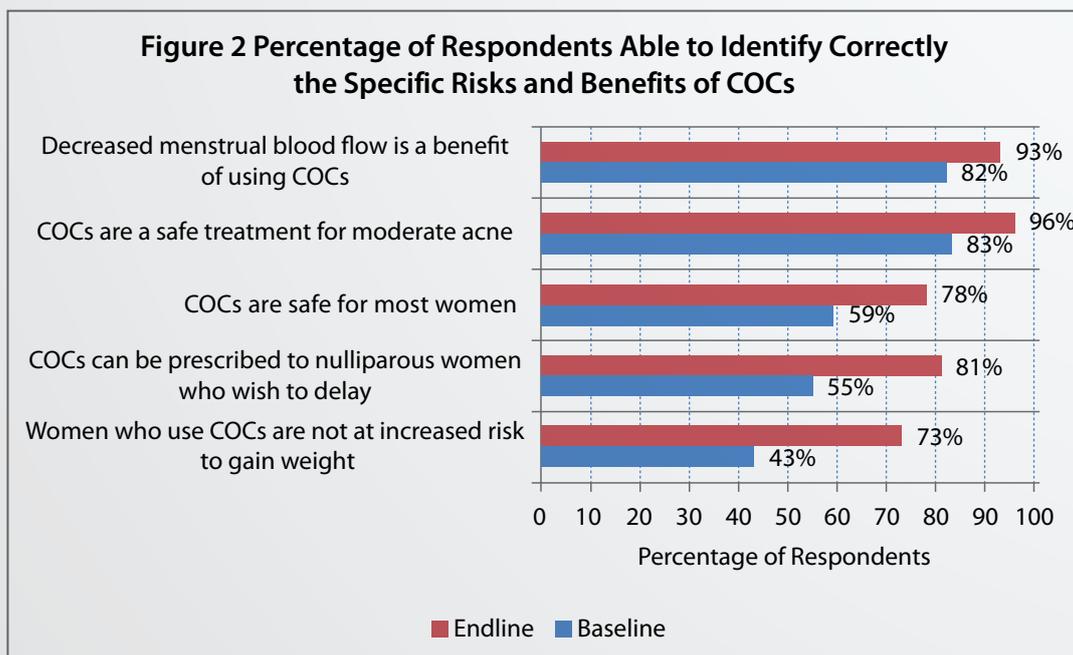
Following successful completion of quality assurance (QA) certification in each track, the physicians were awarded certificates and recognized in a public ceremony. QA certification and the JMC's endorsement, as well as publication of physicians' names in local newspapers, helped motivate private physicians to participate in the program as means of marketing their clinics. Many of the female physicians then joined the PSP-initiated Network of Private Physicians, agreeing to receiving outreach referrals and providing services at discounted rates (see box).

3.3 Evidence of Positive Change in Private Providers' Service Quality

Many donor-sponsored programs have found it challenging to engage private providers in preventive health services. However, PSP-Jordan achieved a high level of voluntary participation in EQuIPP activities (Figure 2). More than 1,790 physicians participated in one or more PSP-Jordan training programs on their day off or even closed their clinics in order to participate. Over 352 specialists and general practitioners attended EBM seminars during evening hours. PSP-

Jordan and the JMC awarded 1,014 QA certificates to private providers willing to have their knowledge and skills assessed by an outside agency. In addition, 100 private clinics underwent inspection and earned approval for clinic readiness to provide family planning and reproductive health services, demonstrating compliance with a facility checklist and infection prevention standards.

A 2010 assessment found that PSP-Jordan's EBM program improved private physicians' FP knowledge, attitudes, and practices. After participating in EBM sessions, nearly 80 percent of participating physicians said that they discussed FP with clients in the past week versus just over 60 percent at baseline. In addition, more physicians were willing to prescribe COCs to nulliparous women (81 versus 55 percent at baseline). Figure 2 confirms that the EBM program improved participating provider ability to identify correctly the specific risks and benefits of COCs.



PSP-Jordan conducted a qualitative research study in February 2009, focusing on physicians who participated in the QA program (see Table 4). The study found that the program helped private physicians self-identify weaknesses in their clinical and management skills and work toward needed improvements. Participating private physicians were investing in improvements in their clinics (painting, purchasing new equipment) and upgrading infection prevention practices and breast and cervical cancer screening practices (clinical breast examinations, referrals for mammograms and pap smears). In the same year, PSP-Jordan conducted a mystery client study to assess behavior among a sample of participants in the QA program. The study revealed that private physicians were largely complying with the guidelines. For example, 97 percent addressed rumors or misconceptions about FP methods, and 93 percent counseled patients in a private area.

PSP-Jordan helped improve FP counseling and increased access to a wider range of FP methods. Up to 15 percent of contraceptive users in Jordan obtain their services directly from pharmacies, primarily to re-supply OCs and condoms. A mystery client study in 2006 showed several barriers to good counseling and correct use, e.g., not providing appropriate advice if a client misses a pill. PSP-Jordan instituted a CME program in family planning for pharmacy staff through the Jordan Pharmacists Association (JPA) and two private pharmacy franchises. By the project's conclusion, over 1,150 pharmacists had undergone training. To ensure transfer of the training content for future generations of pharmacists, PSP-Jordan developed a family planning curriculum for pre-service training and signed agreements with two of the largest private universities (Al Zaytoonah University and Al Zarqa Private University) in Jordan to include family planning in their curriculum for pharmacy students.

Table 4. Quality Goals Compared to End-of-Project Targets

| Quality Assurance Indicators | Number Achieved | End-of-Project Target |
|--|-----------------|-----------------------|
| Number of private physicians with FP service meeting basic quality standards | 367 | 350 |
| Number of private physicians with FP service meeting advanced quality standards | 205 | 200 |
| Number of private female physicians with clinical breast examination service meeting quality standards | 236 | 220 |
| Number of private physicians with RTI/STI service meeting quality standards | 206 | 175 |



To expand contraceptive choice and serve unmet need, PSP-Jordan assisted two commercial pharmaceutical firms in introducing new methods. First, NuvaRing®, a product of Bayer Schering Pharma, recently entered the private market and it was introduced to prospective clients through the outreach program and private network physicians. Second, through a pilot public/private partnership, the MOH agreed, with the consent of the manufacturer Merck, Sharpe and Dohme (MSD), to provide free supplies of Implanon® to private network physicians trained on insertion procedures by the project.

3.4 Lessons Learned in Changing Private Providers' Practice

The EQuIPP approach successfully changed provider behavior, attitudes, and practices in family planning and reproductive health. Some important lessons include the following:

Lessons #1: EQuIPP's success was based on a combination of several approaches. PSP-Jordan garnered important lessons on how to modify private provider behavior through trial and error and research. One important lesson is that no one factor is solely responsible for private provider behavior change. Instead, change requires adaptation of “tried and true” approaches to meet private provider needs and a combination of tactical incentives. Elements of success included:

- Partnering with respected institutions such as the JMC and Jordan University
- Reaching consensus on clinical guidelines based on international standards
- Using adult learning methods and interactive, clinically focused sessions
- Involving highly qualified and respected instructors and assessors armed with up-to-date knowledge and skills
- Coaching participating physicians on how to address easy-to-fix but important gaps in quality
- Creating opportunities for physicians to debate beliefs and compare evidence with peers and specialists
- Expanding the curriculum to include topics of interest to private providers, including cancer and diabetes
- Scheduling sessions in short segments in order to meet providers' competing demands

CME Requirement Still a Goal

PSP-Jordan worked with the Jordan Medical Council to establish a yet to be realized formal requirement for general practitioners to participate in training activities and acquire a certain number of CME credits every year. Internationally, CME requirements help ensure that physicians have access to up-to-date information and follow current standards of care. While Jordanian providers who attended training sessions received credit for their participation, a formal program would establish a tracking system, specify equivalent hours, set forth standard requirements for training, and require a certain number of hours over a set period for license renewal.

Lesson #2: Private providers were willing to deliver high-quality FP/RH services at affordable prices for underserved clients. A common myth in the public health community is that private providers are not interested in offering preventive services such as FP/RH because they cannot earn sufficient profit. PSP-Jordan clearly demonstrated that, in fact, a range of incentives could motivate private providers to deliver FP under certain conditions. Below are some of the needed incentives and conditions:

Incentives

- Opportunities to update clinical skills and knowledge for both personal and professional reasons
- Opportunities to earn CME credits (see box) in order to reinforce professional and clinical skills
- Opportunities to join a network, eliminating professional isolation and

allowing provider interactions with peers

- Opportunities for providers to contribute to and improve the welfare of their community
- Opportunities for accreditation and public acknowledgment, permitting professional and personal recognition among peers and community

Conditions

- The PSP-Jordan-initiated network of private physicians — comprising mostly female private providers— attracts new clients.
- Memoranda of Understanding clearly specify mutual obligations.
- A partnership with the MOH and private pharmaceuticals manufacturers increases network physicians' access to an expanded range of contraceptives.
- Providers receive referrals and promotion, thereby increasing their client base.

3.5 Enduring Impact on Private Providers

PSP-Jordan has laid the foundation to ensure that many of the innovative components of the EQuIPP approach will endure beyond the life of the project. Under Ta'ziz, EQuIPP offers several possibilities for future activities. For example, both English- and Arabic-language versions of the four approved QA clinical guidelines developed by PSP-Jordan are available on medical web sites (www.sehetna.com and www.injabia.com) and are readily available to new private providers working with the Ta'ziz project. Above all, EQuIPP has demonstrated how to work successfully with private providers to change their behavior and attitudes toward FP/RH and to improve service quality, as reflected in Dr. Taghareed Haj Ali's story.

Dr. Taghareed Haj Ali's Story: An Example of Change

PSP-Jordan delivered in-class training to more than 1,700 doctors. One doctor who benefited from the training was Dr. Taghareed Haj Ali. As a general practitioner in Jordan, Dr. Taghareed was concerned about the limited opportunities to continue her medical education. "This project was the only source of information. There are no other entities interested in enhancing general practitioners' skills," she explained. As a private provider, Dr. Taghareed felt isolated and voiced concern that she was not part of a system that monitored the quality of her work. She joined PSP-Jordan's network of private physicians and became one of a special group of 120 female private practitioners in Jordan. As a quality-certified network provider, Dr. Taghareed is eligible to receive referrals and vouchers from the community outreach program for women in need of contraceptive counseling and contraception. Over time, Dr. Taghareed noticed a change in acceptance among her patients regarding modern contraceptive method use.

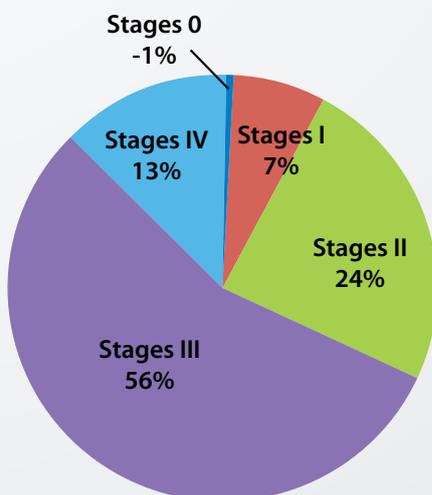
Participating in PSP-Jordan's training and network affected Dr. Taghareed's professional and personal life positively. She found that she could offer better services and give her patients the information they needed to make informed choices. She explained, "Many of my patients are from lower socioeconomic classes. I am a strong believer in family planning, and it really helps people." Her experience with the network persuaded Dr. Taghareed to become an advocate for women's health within her community. She delivered lectures and speeches to women on family planning, based on the information and updated studies provided by PSP-Jordan and in cooperation with local women's associations. With hard work, Dr. Taghareed undoubtedly has changed many women's lives. When asked about the challenges still to be addressed, she stated, "It is not a challenge to plan for families. The challenge is that there are limitations. Family planning is okay now; it's getting the information to people that remains a hurdle."

4. Breast Cancer: Promoting Early Detection to Save Woman's Lives

4.1 Partnerships to Tackle a Leading Killer of Women

At PSP-Jordan's outset in 2005, breast cancer was the leading cancer among women in Jordan and the second leading cause of death. The King Hussein Cancer Center was rapidly becoming a respected center for cancer treatment in the Middle East. Still, almost 70 percent of Jordanian women were seeking medical treatment in the late stages of the disease (stages III–IV) when chances of survival are low (Figure 3).

**Figure 3 Stages of Breast Cancer in Jordan
(KHCC 2005 to 2006)**



In 2006, four groups—PSP-Jordan and KHCC, with the support of the King Hussein Cancer Foundation (KHCF) and input from the MOH Cancer Registry—found themselves addressing the same goal: to increase early detection of breast cancer. Acting collectively, the groups launched the first national breast cancer campaign. Based on the campaign's success, the four groups decided to develop a national early detection screening and referral program. The MOH convened a national steering committee representing all medical sectors and drafted a national plan for introduction of the program.

The program's ambitious goal over seven years was simple: to identify 50 percent of women with early-stage breast cancer (stages 0–II) when expected survival rates are high. The program would include public education and training for all providers to ensure the identification and referral of symptomatic women. However, in line with international programs, the program's ultimate goal was the establishment of a nationwide screening program based on the premise that mammograms can detect breast cancer up to three years before any lump appears and thus increase women's survival by 20 to 40 percent. Given that coordination of all program activities demanded full-time effort, KHCF, KHCC, the MOH, and PSP-Jordan established the Jordan Breast Cancer Program (JBCP) in 2007.

4.2 PSP-Jordan's Novel (Integrated) Approach through the Private Sector

As a member of the JBCP board PSP-Jordan focused on strengthening private sector capacity while JBCP focused on building public facility competence in early detection. Below is a description of PSP-Jordan's integrated approach to fostering an enabling environment to reduce breast cancer, increasing demand for early detection and strengthening the supply of screening services in the private sector.

Increasing Demand for Early Detection

Community outreach: success in raising awareness of breast cancer. PSP-Jordan's outreach program (See 2.1) addressed women's twin health issues of family planning and breast cancer during home visits to all women age 15 to 60 in towns and villages across Jordan. Often, the topic of breast cancer provided the

entry point for women's acceptance of CHWs. During the first home visit, a CHW talked about the importance of early detection and how many women in Jordan were not aware that if found early breast cancer could be treated successfully. Using a hand-held model, the CHW then showed the woman how to conduct a self-breast examination.

During the second visit, the CHW asked about the results of the woman's self-breast examination. If the CHW determined that the woman had a severe symptom related to her breast—a lump or mass—she provided a referral to KHCC or King Abdullah Hospital. If the symptom was mild or just a concern, the CHW referred the woman to a network physician or her usual health facility for a clinical breast examination. Women referred for a clinical breast examination or diagnosed with breast cancer continued to receive up to six more visits to follow the woman's case and encourage her to take action.

CHW demonstrating self-breast examination.



Behavior change communication: a complementary strategy to community outreach. Behavior change communication was a major component of the JBCP, focusing on early detection of breast cancer. PSP-Jordan funded and launched the first-ever “pink ribbon” campaign in Jordan in October 2006 in partnership with KHCC, KHCF, and the MOH, engaging the small but dedicated Jordan Pioneers agency. The campaign’s mass media messages on television, radio, billboards, and posters focused on “early detection can save your life” and “see a doctor for regular breast examination.” The first campaign was a resounding success and, with a pink ribbon adapted into a Jordanian “hatta” (traditional neck scarf), campaigns continued every year during October Breast Cancer awareness month and again in March during Jordan’s Mother’s Day month. Once the program achieved a high level of awareness, tracking surveys and feedback from outreach indicated the need to shift to a focus on motivation

and risk factors such as age and family history. Over time, the JBCP assumed full responsibility for the campaign’s strategy, implementation, and funding.

Interpersonal messages communicated by CHWs reinforced the mass media activities and materials. Many women expressed fear of finding breast cancer; CHWs offered them support and encouragement to see a doctor for an examination. CHWs left breast cancer leaflets with women during home visits and placed leaflets in doctors’ offices during detailing.



Breast cancer advertisement.



for referrals and to agree on screening guidelines. With KHCC's technical leadership and PSP-Jordan's technical and financial assistance, the Ministry of Health approved and published in 2009 the National Guidelines for Breast Cancer Screening and Diagnosis. The MOH distributed the unified National Guidelines for Breast Cancer Screening and Diagnosis to all public hospitals, while PSP-Jordan distributed it to private mammogram facilities and private physicians who had participated in PSP-Jordan-sponsored training.

Doctors: Ready to Provide Quality Services

Through the use of multiple approaches, PSP-Jordan strengthened the supply of private providers trained in early detection.

National guidelines: unifying public and private approaches. As public and private clinics all over Jordan began to see more women for breast examinations, it became clear that Jordan needed coherent and unified guidelines for breast cancer detection and referral. In 2009, the JBCP called for a technical panel to review international standards

Breast Cancer Guidelines Workshop 2009



Breast Cancer Mammogram Training





Training for Doctors



In-Class Training

Specialized training: strengthening quality. Under EQuIPP, PSP-Jordan developed a training course in clinical breast examination. Doctors first learned theory and then practiced on breast models and, finally, live patients, developing skill in distinguishing between benign and potentially cancerous lumps. PSP-Jordan trained 399 private physicians or how to perform clinical breast examination; 236 earned quality assurance certificates. The private network physicians played a special role in breast cancer detection. As part of their agreement with PSP-Jordan, they routinely conducted a clinical breast examination for women referred for FP methods as part of outreach activities. During annual media campaigns, many physicians offered free breast examinations.

Screening: improving images for better detection. To confirm access to breast screening by mammogram, PSP-Jordan conducted an assessment in 2007, identifying over 53 mammogram machines throughout the country, mostly in the private sector. However, the quality of the machines was uneven at best and not suitable for screening versus diagnosis of an obvious breast mass. Few female radiology technicians were available or trained for breast imaging, and radiologists needed intensive training in screening techniques.

Along with KHCC and the Jordan Nuclear Regulatory Commission, PSP-Jordan established training programs in proper positioning and production of mammogram films for mammogram technicians. Thirty female radiology technicians representing the public and private sectors attended special courses at KHCC for one week of theory and one month of practice, with coaching from experts. The demand for these scarce technicians became extraordinarily high during PSP-Jordan's life and throughout the Middle East. PSP-Jordan also sponsored seminars with the JBCP and Radiology Mammography International in the screening and diagnosis of breast cancer for Jordanian radiologists and surgeons. Over 150 specialists—radiologists, surgeons, obstetrician-gynecologists—attended seminars on screening techniques and difficult-to-diagnose cases. Five of the radiologists applied for rotations abroad to increase their skills.

Breast cancer referrals: another health benefit for poor women. PSP-Jordan signed MOUs with Jordan's premier private sector cancer institutions—King Hussein Cancer Center and King Abdullah Hospital—to provide clinical breast examinations and, if needed, diagnostic tests for women referred from the outreach program. CHWs were authorized to provide a free voucher and refer poor women with one of four major breast cancer danger signs directly to these centers. In addition, CHWs began to encourage women age 40 and above (higher risk for breast cancer) to visit the 120 private network physicians for free or low-cost clinical breast examinations. Women in the Greater Amman area received discount coupons for screening at one of 10 mammogram clinics staffed by PSP-Jordan-trained technicians; the clinics were newly compliant with PSP-Jordan-established quality standards.

Creating an Enabling Environment

The breast cancer initiative is an excellent example of country ownership. The early partnership among KHCF, KHCC, the MOH, and USAID/PSP-Jordan evolved into the JBCP, which later established an international advisory board. The US State Department through the Middle East Partnership Initiative highlighted breast cancer as a mutual health concern, with First Lady Laura Bush visiting to speak on the topic. USAID provided over JD 750,000 in local currency to KHCF for the JBCP to (1) institutionalize the Jordan Breast Cancer Program; (2) establish a model breast health unit and screening center at KHCC; and (3) train NGOs in advocacy, fund raising, and community awareness efforts.

U.S. First Lady Laura Bush (on right), under the Middle East Partnership Initiative, joins (from left) Their Highnesses Princesses Ghida and Dina of KHCF and Dr. Mahmoud Sarhan of KHCC to promote breast cancer early detection, Jordan, 2007.



From late 2008, JBCP took the lead in national breast cancer efforts and now focuses on coordinating all national breast health–related activities. During the transition, PSP-Jordan provided technical assistance to help JBCP assume full ownership of the breast cancer initiative, such as conducting financial projections for breast cancer screening needs and costs over the next 25 years and helping develop a three-year breast cancer communication strategy.

4.3 Success: Breast Cancer on Women’s Health Agenda in Jordan

Increasing Demand

PSP-Jordan’s approaches to generate demand for early detection have clearly succeeded. The outreach program spread the message to an estimated 87 percent of all Jordanian women age 15 to 60 (1,491,935 women). The mass media communication campaigns also produced results, as reflected in the JBCP survey of November 2010, which showed continued high awareness of breast cancer messages (79 percent), mostly through television. Knowledge of self-breast examination among all women surveyed was high at 74 percent, although reported knowledge of risk factors remained low: 4 percent of women cited age, increasing to only 9 percent by 2010.

Breast cancer practice has improved significantly since 2005. The CPFH survey (2008)¹ indicated that those who saw a message on breast cancer requested a clinical examination (31 percent of women

over age 40 compared to 7 percent who recalled no message and went to see a doctor). The survey also indicated that 31 percent of women age 20 to 59 had conducted a self-breast examination in the previous 30 days. Outreach program data showed that more than 66 percent of women visited by a CHW and receiving a referral (22,248) visited a physician. CHWs also provided 7,223 poor women with a voucher for a free breast examination at a physician’s office. Of this number, 54 percent (3,871 women) acted on the referral despite their fear of a positive diagnosis. Overall, outreach referrals led to the detection of 318 cases of breast cancer.

Improving Supply

PSP-Jordan’s several tactics—formulation of National Guidelines for Breast Cancer Screening and Diagnosis, extensive training of PSP-Jordan network physicians, and first-ever training of female radiology technicians representing both the public and private sectors—have improved physicians’ skills in breast cancer screening and diagnosis. A PSP-Jordan survey of doctors (2009) showed that 70 percent conducted clinical breast examinations during regular checkups, while 83 percent advised women to perform self-breast examination and counseled women over age 40 to undergo a mammogram. From 2005 - 2011 Jordan has seen an increase in the number and quality of mammogram facilities in the country. The MOH increased the number of its machines from eight to 21. Several private hospitals also replaced their older mammogram machines after consultation with international radiology specialists.

¹Jordan Communications Partnership for Family Health Mid-Term Survey 2008.

Enabling Environment

The establishment of the Jordan Breast Cancer Program, with primary support from KHCF and contributions from many sectors, has ensured the sustainability of early detection of breast cancer. With increasing numbers of women diagnosed with breast cancer, the program is an important contributor to women's health in Jordan.

Lessons Learned from the Partnership Approach in Breast Cancer: A Prototype for Addressing Other Chronic Diseases.

4.4 PSP-Jordan offers general lessons for a successful partnership in addressing a range of health issues.

Lesson #1: Pick your partners wisely.

Many leaders are motivated but too busy for additional professional commitments, no matter how important the cause. Therefore, it is critical to find partners whose core mission corresponds to a partnership's objectives. KHCC, KHCF, and the MOH were natural partners, motivated to commit the time needed

to the breast cancer partnership. The partners made the difference in impact and sustainability of Jordan's breast cancer initiative.

Lesson #2: Avoid conflict that may emerge due to “too many cooks in the kitchen.” An increase in the number of partners translates into an increase in the likelihood of conflict. At the outset, it is critical to reach agreement on and document each partner's role and responsibilities. It is also important to share the “limelight” and acknowledge each partner's contributions to the partnership.

Lesson #3: Formalize the partnership when scope gets too big. Although motivated, many PSP-Jordan partners lacked the staff and time needed to implement all the activities envisioned by the partnership. The partners then decided to create the JBCP—a new entity with focused goals and its own staff. In addition, the JBCP created a vehicle to raise funds for breast cancer awareness. JBCP, as a new entity solely dedicated to breast cancer, is able to ensure momentum and implementation of the breast cancer strategy.

Lesson #4: Communicating risk factors was complicated. Raising awareness about breast cancer and encouraging action were relatively rapid and easy tasks, but educating women on the risk factors was difficult. The best approach to communicating risk factors is to deliver clear, action-focused

messages and continuously test and refine those messages to ensure that the target audience absorbs, understands, and then acts on them.

Lesson #5: Developing a national screening program proved a greater challenge than envisioned. Despite PSP-Jordan’s initial success, sustaining a national program that meets growing demand will require substantial financial and technical input over the next 10 years. Moreover, human resources were the major limiting factor in PSP-Jordan’s strategy. Before introducing a health initiative, partners need to tackle any shortages in trained technicians and physician experts in the issue of interest.

Lesson #6: Chronic diseases are not yet a priority. Breast cancer and chronic diseases are not high on MOH and donor list priorities, possibly jeopardizing the gains made in early detection of cancer. Priorities may shift in the future as a country’s population ages. It is important to track a country’s shift in priorities so that efforts reinforce rather than compete with one another.

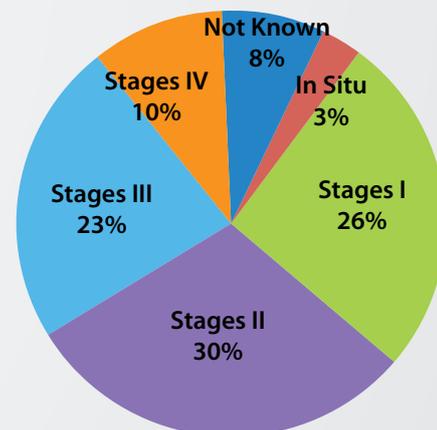
4.5 Leaving a Legacy on Fighting Breast Cancer

PSP-Jordan has played an instrumental role in improving early detection of breast cancer, leaving an important legacy in women’s health. By joining KHCC, KHCF and the MOH, PSP-Jordan helped place breast cancer on the country’s political and health agenda and successfully

leveraged local funds to create the JBCP. PSP-Jordan also built a foundation for continued breast cancer services, especially in the private sector. The result is that Jordanian women are more aware of the importance of early detection and the need for self-breast examination.

The signs of success in early detection are already noticeable. The goal was to detect 50 percent of cases in the early stages within seven years. The most recent Jordan Cancer Report (2009), see Figure 4, showed that 59 percent of the 964 new cases from around Jordan were diagnosed in the early stages (stages 0–II)—a remarkable achievement in just four years.

Figure 4 Stages of Breast Cancer in Jordan (KHCC 2009)



5. Gender-Based Violence as a Women's Health Issue: Improving Care and Treatment for Survivors of Abuse

5.1 Breaking the Silence on Violence against Women (VAW) in Jordan

Gender-based violence is a reality in Jordan. The 2007 JPFHS provided sobering statistics describing the magnitude of VAW, revealing that one-third of ever-married women age 15 to 49 had been hit, slapped, kicked, or subjected to some other form of physical violence. Furthermore, social stigma prevented women from reaching out for help; only 22 percent of domestic violence victims in Jordan sought any form of assistance. In fact, many Jordanian women believed that wife beating was justified. In a 2008 survey,¹ 75 percent of interviewed women agreed that a husband had just cause to beat his wife under certain conditions (e.g., betrayal, insult, disobedience).

PSP-Jordan, in partnership with many leading women's organizations, high-level officials, and government agencies, set out to raise awareness of VAW while mobilizing the private and non-profit response to provide critically needed health services. As figure 5 illustrates, the

¹ Jordan Health Communication Partnership Midterm Survey 2008.

partnership aimed to:

- Build political commitment through advocacy and policy reform to elevate VAW as a national priority
- Identify at-risk women and raise awareness of their options through community outreach
- Strengthen NGOs to provide social support and counselling
- Harness health care providers in private hospitals to detect and treat women who have experienced violence and refer them to supporting social and legal services

Figure 5. PSP-Jordan Violence against Women Strategy





Her Majesty Queen Rania officiating at the launch of the PSP-Jordan VAW initiative.

5.2 Partners Addressing VAW as a Women's Health Issue

To carry out the VAW strategy, PSP-Jordan partnered with a diverse range of Jordanian institutions as illustrated in Figure 6.

Figure 6. PSP-Jordan VAW Initiative Partners



Building Political Commitment to Address Violence against Women as a Health Issue

PSP-Jordan's advocacy efforts raised awareness and increased understanding of possible solutions—both policy and

programmatic—for addressing VAW. Her Majesty Queen Rania officiated at the launch of the PSP-Jordan VAW initiative and remained a steady advocate for policy reforms and comprehensive programs to respond to victims and their children.

PSP-Jordan and one of its partners, the National Council of Family Affairs, carried out a wider range of policy-related activities. NCFA prepared a situational analysis to provide a common understanding and definition of VAW based on international and regional experience. It worked with relevant ministries, including the Ministries of Education, Health, Justice, Religious Affairs, and Social Development, to develop and adopt policies and procedures related to gender and protection of women from violence. NCFA then trained the respective agencies' staff on how to implement policy change.

PSP-Jordan helped the government's National Family Protection Department develop operational guidelines and a monitoring/tracking system to strengthen coordination among the government and nongovernmental agencies implementing VAW activities. PSP-Jordan and NCFA conducted high-profile meetings with newspaper editors that led to journalism contests and print articles that produced major visibility for VAW issues and information for women on where and how to seek help.

Finally, PSP-Jordan helped the Ministry of Social Development open the first-ever women's shelter in Jordan—Dar Al Wifaq

Al-Usari. Together, PSP-Jordan and the Ministry established the shelter's health clinic and provided staff with specialized VAW training. With increased awareness, women became more willing to seek help. The shelter's cases increased dramatically, from 501 victims at the shelter's inception in 2008 to 1,300 in 2010.

Educating and Identifying At-Risk Women through Community Outreach

CCA, which is PSP-Jordan's NGO outreach partner, recruited and trained 30 CHWs to visit women in selected communities. Compared to the family planning CHWs, these specialized CHWs had a higher level of education—at least a bachelor's degree—and their training focused on identification and referral of domestic violence victims.

The CHWs specialized in VAW met weekly to discuss their cases and determine how best to meet women's needs. They visited all women in their respective areas twice to educate the women about their rights. In cases with no signs of violence, the outreach workers did not make additional visits. In instances of moderate signs, they returned once. In instances of

severe signs of violence, they returned twice for support and provided referrals to a local NGO or shelter.

As of October 2009, when VAW outreach transitioned to another USAID project, the specialized CHWs had (1) educated 46,025 women on VAW; (2) referred 3,085 for services; and (3) documented that 207 of the referrals requested help through a partner NGO and/or private hospital.

Delivering Care and Support for Women and Their Families

PSP-Jordan, through its partner the Queen Zein Al Sharaf Institute for Development (ZENID), conducted an intensive assessment to identify six community-based NGOs located in high-risk communities across Jordan.¹ ZENID signed an MOU with each NGO and established a VAW steering committee to encourage information sharing. The NGOs then participated in training to build their organizational and staff capability to manage awareness-raising activities and to counsel female domestic violence victims. Special efforts included training in presentation skills, grant writing, and financial accounting.

¹ High-risk governates identified in JPFHS 2007.

VAW community outreach worker performs a home visit.



VAW Partners in Care and Support

Al Amani Society for Family Protection and Childhood-Ajloun

Family Guidance and Awareness Center- Zarqa

*Khalid Ibn Al-Walid Society-Madaba
Princess Basma Community
Development Center-Irbid*

*Princess Basma Community
Development Center-AI-Hasa/Tafeela*

*Fatima Al Zahra Charity for Women-
Tafeela*



Training session for hospital workers on VAW cases 2009

After two years of capacity building and peer-idea exchange, four of the NGOs received one-year grants on a competitive basis to manage their own VAW projects. They conducted a range of activities such as home visits, counselling and awareness-raising sessions, training in management of perpetrators, and legal aid referrals.

Partnering with Private Hospitals to Treat Victims of Domestic Violence

To reach private providers in hospitals, PSP-Jordan launched an innovative intervention entitled Preparing Private Hospitals to Manage GBV (gender-based violence). To carry out the intervention, PSP-Jordan collaborated with the Institute for Family Health (IFH), an NGO that has been delivering comprehensive family health services since 1986 and enjoys a reputation for tackling difficult subjects. Together, PSP-Jordan and IFH consulted major Jordanian stakeholders committed to helping GBV victims (text box). PSP-Jordan and IFH then targeted 20 potential candidates out of a total 57 private hospitals throughout the country and finally worked with 17 in two phases (see box).

Participating Private Hospitals

Phase I: *Ibn Al Haitham Hospital, Arab Medical Center, Istiklal Hospital, Islamic Hospital/Amman, Rosary Sisters Hospital, Islamic Hospital/Aqaba, Specialty Hospital, Essra Hospital, Jordan Hospital*

Phase II: *Lozmilla Hospital, Marka Islamic Specialty Hospital, Al-Hamiadeh Hospital, Jordan Red Crescent Hospital, King Abdullah University Hospital, Al-Shmeisani Hospital, Al-Hanan Hospital, Italian Hospital*

Figure 7 illustrates the four-step approach to engaging hospitals, as refined through experience in Phase I (2007–2009) and Phase II (2009–2011).

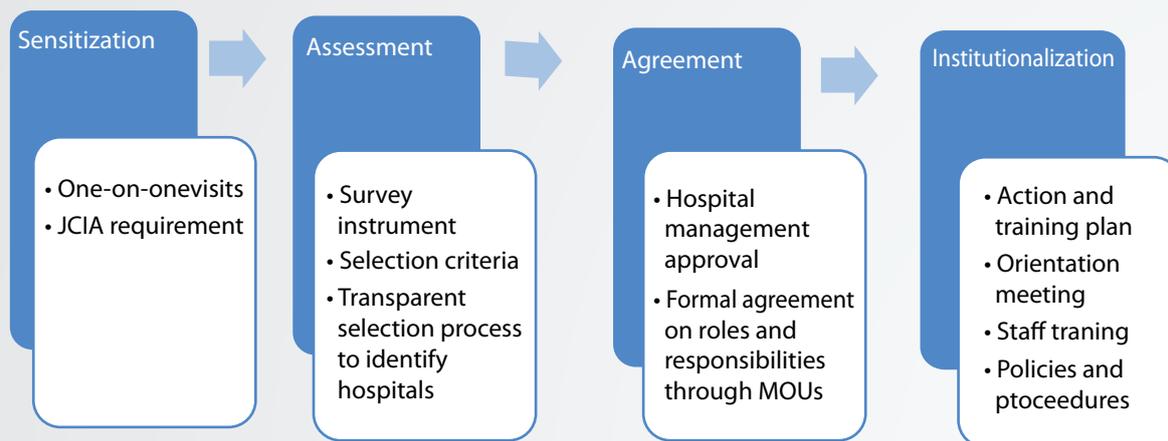


Figure 7. Preparing Private Hospitals to Manage GBV Strategy

Case Study: Specialty Hospital in Amman

Specialty Hospital in Amman, an internationally accredited hospital (by the Joint Commission International), attracts patients from throughout the Middle East. Despite Specialty’s modern facilities, Dr. Hashem Abu-Sineineh, human resources director, noted that staff had a “hands-off” attitude toward family violence. Staff persons were concerned that the VAW training would increase their workload. However, after discussions with Ms. Ghatasheh, IFH VAW coordinator, about the VAW initiative’s merits, the hospital signed an MOU with IFH. It then formed a committee to raise awareness of VAW among staff, formulated a VAW policy, established reporting protocols, and integrated orientation on the VAW initiative into the orientation for all new hospital employees. As well as receiving basic training in VAW, several nurses and physicians received additional training, especially those staffing emergency rooms and most likely to see cases of violence. Unlike other participating private hospitals, Specialty Hospital has included a competency requirement for all its nurses, requiring them to participate in a special orientation and undergo annual assessment of their capacity to identify and report cases of abuse. Specialty Hospital also employs two social workers, one with primary responsibility to follow up on all cases; it has developed standard intake forms and procedures for referral requests. Despite initial fears, staff routinely reported on GBV tasks as a normal part of their job. Ms. Noora Al-Said, a medical social worker who later joined the staff at Specialty, noted a cooperative spirit in addressing VAW. She reported that the system was easy to navigate and that all staff knew how to address cases of abuse.

5.3 VAW's Impact at Different Levels

The PSP-Jordan VAW initiative achieved results at several levels:

At the policy level, it:

- Increased the awareness of VAW as both a social and health issue, as proclaimed by the media
- Represented the first such intervention targeting the private health sector
- Gained national recognition from the National Counsel for Family Affairs, which revised the National Strategy for Family Protection
- Advanced the potential for policy change as two partners—ZENID and IFH—became official members of the National Team for Family Protection, allowing them to participate in decision making on national VAW policies

At the system level, it:

- Strengthened referrals between private hospitals and social and legal agencies, especially the Family Protection Department
- Provided for the JMC's grant of CME credits (three hours) for physicians' VAW training
- Succeeded in institutionalizing VAW as a health issue in CME programs at 15 out of 17 participating hospitals
- Established a case filing system for documentation of VAW case detection and referral
- Motivated 7 private hospitals to hire social workers to manage VAW victims
- Encouraged private hospitals to commit to the VAW initiative by investing their own resources

At the service delivery level, it:

- Trained 224 hospital health providers as core trainers for VAW detection and referral; they then trained 2,294 hospital staff and 100 private physicians
- Provided support or referrals to 82 VAW survivors in private hospitals
- Changed the attitude of targeted health care providers according to a post-assessment; the testimonials of trained hospital staff revealed that they were influenced at the personal level and became more knowledgeable of VAW issues and improved management of detected cases
- Showed that 60 percent of participating hospitals cooperated with local community institutions for training and referrals as compared to 12 percent at baseline



VAW poster for private hospitals.

5.4 Lessons Learned in Addressing VAW as a Health Issue

Even though reframing violence against women as a health issue posed a risk for PSP-Jordan, the project successfully elevated VAW as a health priority and learned some important lessons along the way.

Lesson #1: It is possible to change attitudes on a topic as controversial as VAW. The change process is slow and must be initiated at all levels—policy, system, and service delivery. The support of influential leaders, ministers, hospital managers, editors, and media was encouraging, but the level of social support for violence (e.g., wife beating is justifiable in Jordanian culture) posed significant challenges for outreach, training, and referrals.

Lesson #2: Changing attitudes and policies requires champions well positioned in key organizations. Internal champions can help promote and institutionalize VAW policies, whether in ministries or private hospitals. Resistance to the policies was high, but champions played a major role in organizing activities and convincing management of the value of the VAW initiative.

Lesson #3: Making the business case was the only way to convince private hospitals to address VAW. The Private Hospital Association's hospital accreditation requirement for family protection was a critical incentive for private hospitals' participation in the VAW initiative. In addition, with health centers' applications for accreditation on the horizon, Joint Commission International's accreditation program provides an incentive for health centers' development and operation of VAW programs.

5.5 Lasting Change in Lives

The VAW partnership with NGOs and private hospitals will endure beyond PSP-Jordan. With funding from various donors, local NGO projects will continue to conduct VAW activities. The NCFCA, as a national NGO with royal and government funding, continues to promote policy change for VAW, and the 17 private hospitals now have the means to continue their VAW activities.

Director Miqdadi's Perspective on VAW's Future

"The project has gained support for its objectives from decision makers in the country and institutionalized working on violence against women in the relevant institutions and has met the key needs of the Ministry of Social Development Women's Shelter and enhanced cooperation among all institutions of the National Team for Family Protection." (Mohammed Miqdadi, director of family programs, National Council for Family Affairs)
(Direct Translation from Arabic to English)

Testimonials from Women

"I am 38-years-old and have been exposed to physical and psychological violence for several years; my husband is an alcoholic. . . . I thought more than once of committing suicide, but I stopped and asked forgiveness of God. When I used to complain to my mother, she told me, "You are not the first woman to be hit, shut up and be patient, this is your destiny." A social worker visited me one day. . . she saved my life. She lit up my life and brought the smile to my lips. . . ." (Battered woman)

"The private hospital in the neighborhood has been my destination for my sufferings. I have recurrent headaches, anxiety, and tension. Sometimes I find somebody who listens to me, but most of the time they only provide the medical treatment. A few weeks ago, I visited the same hospital. To my surprise, a medical social worker listened carefully to me. This was a miracle. I told her my problems; she discussed them with me and referred me to a specialized NGO for family guidance and psychological consultation." (Victim of violence)
(Direct translation from Arabic to English)

The most sustained legacy, however, is the change in women's lives resulting from PSP-Jordan's efforts in VAW as evidenced by the testimonials (above) of those who benefited from the PSP-Jordan VAW initiative.

6. Partnerships Improving Women's Health: Future Directions and PSP-Jordan's Legacy

The Private Sector Project for Women's Health Jordan (2005–2012) introduced new ideas and proven methods, bringing together many Jordanian partners to leave a legacy of innovation and change. All of PSP-Jordan's innovative approaches will continue as part of local institutions' ongoing activities or through the support of USAID's Ta'ziz project (2010–2014).

6.1 Future Directions

The successful community outreach program will continue under the Ta'ziz project. NGO partners will reach 691,000 women across Jordan, making a few modifications based on the experiences of PSP-Jordan, ensuring:

- A primary focus on family planning messages and MWRA (age 15–49), with the added benefits of postnatal care and early detection of cervical cancer
- A revised approach to home visits and the reliance on abbreviated CATs for CHWs
- The use of standardized manuals for communications, a standardized FP/RH training curriculum, and standard operating procedures for institutionalizing outreach activities
- The Ta'ziz-supported outreach effort will focus on family planning, consistent with its mandate. Continued breast cancer education is the responsibility of the Jordan Breast Cancer Program, which has supported its own outreach initiative.



The Government of Jordan has been a strong supporter of outreach and its potential impact on health, contributing over JD2.23 million (US\$3.15 million) during PSP-Jordan's life. A recent national symposium on reproductive health and family planning hosted by the Higher Population Council (HPC) highlighted the importance of outreach in Jordan's national strategy. Dr. Raeda Al Qutob, the HPC secretary-general, noted that she was "contacting the Jordan Ministry of Social Development, to explore its readiness to adopt the community outreach activities as an independent national program."

PSP-Jordan's efforts to improve the quality of private sector services laid the foundation for sustaining the EQuIPP approach beyond the life of the project. The Jordan Medical Council will continue to support training in FP/RH in parallel with an effort to institute CME requirement updates for physicians. The General Practitioners Society is committed to continued training programs for its

members. Both English- and Arabic-language versions of the four QA clinical guidelines are posted on health web sites (www.sehetna.com and www.injabia.com) and are readily available to private providers.

The PSP-Jordan EQuIPP approach offers a platform for launching new activities, including the granting of CME credits for meeting quality assurance standards; recertifying providers through respected medical institutions; establishing peer networks of physicians; and rewarding achievement of high quality medical standards with the King Abdullah award. The PSP-Jordan initiated EBM program is slated to expand under the Ta'ziz project, with a local body of physicians, the Jordan EBM-RH Group, trained to conduct evidence searches, appraise the evidence and develop CATs. The Ta'ziz project will also assume the mantle of the PSP-Jordan initiated private network of physicians and seek to expand it to 300 member physicians.

Early detection of breast cancer activities has transitioned to the Jordan Breast Cancer Program, which will continue to improve women's health with the support and guidance of KHCF, KHCC, and the MOH. By joining with these committed partners, PSP-Jordan helped place breast cancer on the nation's political and health agenda and successfully leveraged funds

to create the JBCP. PSP-Jordan also built a foundation for continued breast cancer services, especially in the private sector. Jordanian women are now more aware of the importance of early detection and the need for breast examinations. The signs of success are already noticeable. In 2006, KHCC diagnosed only 30 percent of new breast cancers as early (stages 0–II). The most recent Jordan Cancer Report (2009) showed that 59 percent of the 964 new cases diagnosed across Jordan were early-stage disease.

The Violence against Women partnerships with NGOs and private hospitals will endure beyond the project. Local NGOs, building on their own high levels of personal commitment and the capacity-building skills developed through the project, will aim to continue VAW activities, seeking funding as needed. The National Council for Family Affairs, as a national NGO with royal and government funding, will continue to promote policy change for VAW. CCA has secured funding from its own members and another USAID project to provide VAW outreach in selected geographic areas.

The 17 private hospitals now have the means to sustain VAW activities through the following:

- Arabic- and English-language training materials and standards of practice based on a review of international materials

- Core training of trainers among 10 hospital staff members from selected hospitals to deliver training in new sites
- Institutionalized hospital-based VAW programs, with an Abuse Committee, a GBV policy, established protocols for documenting and referring victims, and VAW integrated into staff orientation and CME programs
- Direct links with the Family Protection Department to ensure continuation of case referrals, training, and information sharing

6.2 Legacy of Change through Innovations

PSP-Jordan implemented innovative approaches that leveraged the private health sector's participation in addressing women's health challenges. Partnerships between the private and public sectors provided the foundation for PSP-Jordan's success at the community, service delivery, and policy levels. In combination, these partnerships in community outreach, quality improvement, early detection of breast cancer, and VAW produced positive, documented results in the lives of health professionals and of women and their families.

PSP Partners and Stakeholders

(2005 – 2012)

Contracting Agency

- United States Agency for International Development (USAID)

Subcontract Partners

- Circassian Charity Association (CCA)
- General Union of Voluntary Societies (GUVS)
- Jordan Medical Council (JMC)
- King Hussein Cancer Center (KHCC)
- King Abdullah University Hospital (KAH)
- King Hussein Cancer Foundation (KHCF)
- Jordan Nuclear Regulatory Commission (JNRC)
- Institute for Family Health (IFH)/Noor Al-Hussein Foundation (NHF)
- National Council for Family Affairs (NCFA)
- Queen Zein Al Sharaf Institute for Development (ZENID)
- Jordan University Hospital (JUH)
- Specialty Hospital
- Jordan Pharmacists Association (JPA)
- Abu Mahjoob Creative Productions
- Jordan Pioneers (JP)
- RealSoft
- Banyan Global
- O'Hanlon Health Consulting

Private and NGO Partners and Stakeholders

- Jordan Breast Cancer Program (JBCP)
- The Jordanian Association for Family Planning & Protection (JAFPP)
- UNRWA – Health Department, Jordan Field Office
- General Practitioners Society
- Al Isra'a Hospital
- Schering Plough/ Jordan representative office
- Merck Sharp Dohme (MSD) Jordan
- Bayer Schering Pharma
- Pharmacy 1
- PharmaServe
- Al-Zaytoonah University of Jordan
- Al-Ahliyya Amman University (AAU)
- Petra Private University
- Zarqa University
- Applied Science University

Government Stakeholders

- Ministry of Planning and International Cooperation (MOPIC)
- Ministry of Health (MOH)
- Ministry of Finance (MOF)
- Higher Population Council (HPC)
- Ministry of Social Development





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