JORDAN FINAL REPORT

June 2000–September 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT

USAID
FROM THE AMERICAN PEOPLE

fhi Family Health International

Impact Implementing AIDS Prevention and Care Project

Family Health International
2101 Wilson Blvd.
Suite 700
Arlington, VA 22201 USA
Tel: 703.516.9779
Fax: 703.516.9781
www.fhi.org

This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.

Produced December 2007

Jordan Final Report
June 2000–September 2007

for

USAID's Implementing AIDS Prevention and Care (IMPACT) Project

Impact Implementing AIDS Prevention and Care Project

Jordan Final Report

Submitted to USAID
by Family Health International
December 2007

Family Health International
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201
Telephone: 703-516-9779
Fax: 703-516-9781

In partnership with

Institute for Tropical Medicine
Management Sciences for Health
Population Services International
Program for Appropriate Technology in Health
University of North Carolina at Chapel Hill

Copyright 2007 Family Health International

All rights reserved. This book may be freely quoted, reproduced or translated, in full or in part, provided the source is acknowledged. This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.

ACKNOWLEDGMENTS

Family Health International is grateful to USAID–Jordan for guidance, support, and funding throughout the life of the IMPACT Project.

We are also grateful to the numerous IMPACT partners for the opportunity to work together to achieve the common goal of keeping Jordan a country with a low prevalence of HIV/AIDS. In particular, we would like to thank Jordan's National AIDS Program (NAP), the National AIDS Committee (NAC), and the Ministry of Health. Particularly strong support for HIV/AIDS programming has come from former Jordan Minister of Health Dr. Saad Kharabsheh; Dr. Ali As'ad, secretary general for Technical Affairs, Ministry of Health; Dr. Adel Belbesi, assistant secretary general for Primary Health Care, Ministry of Health; Dr. Bassam Hijawi, director of the Disease Control Directorate, Ministry of Health; Dr. Assad Rahhal, assistant director of Disease Control Directorate; Dr. Rajai Al Azzeh, manager of the Sexually Transmitted Diseases Division, Ministry of Health; Mr. Ahmed Nasarallah; Ibtisam Knaan; Yousef Najar; and others from the National AIDS Program and the Ministry of Health.

We would also like to thank the many people in Jordan's public and private sectors, universities and nongovernmental organizations (NGOs) whose contributions and hard work contribute to keeping Jordan a low prevalence country. Without their high level of commitment and collaboration, we would not have achieved so much.

IMPACT Jordan was managed by a dedicated staff based in Amman, Jordan, and Arlington, Va. To them we say thank you and well done. The contribution of international and local consultants who provided technical assistance to the program was also invaluable.

GLOSSARY OF ACRONYMS

ABCAR	AIDS Business Coalition in the Arab Region
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BBSS	Biological and Behavioral Surveillance Survey
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
CA	Cooperating Agency
CBO	Community-Based Organization
CCM	Country Coordinating Mechanism
CT	Counseling and Testing
DHS	Demographic and Health Surveys Program
FGAC	Family Guidance and Awareness Center
FBO	Faith-Based Organization
FHI	Family Health International
FP	Family Planning
FSW	Female Sex Workers
HARPAS	HIV/AIDS Regional Program in the Arab States
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
HPI	Health Policy Initiative
HRG	High Risk Groups
HQ	Headquarters
IA	Implementing Agency
IDU	Injection Drug User
IEC	Information, Education and Communication
ILO	International Labor Organization
JAFPP	Jordanian Association for Family Planning and Protection
JHU	Johns Hopkins University
JRCS	Jordan Red Crescent Society
KAP	Knowledge, Attitudes, Practices
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MENA	Middle East North Africa
MMC	Mortimer Market Center
MOH	Ministry of Health
MSM	Men Who Have Sex with Men
MTCT	Mother-to-Child Transmission
NAC	National AIDS Committee
NAP	National AIDS Program
NGO	Nongovernmental Organization
OI	Opportunistic Infection
PE	Peer Education
PHC	Primary Health Care
PLHA	People Living with HIV/AIDS

QA	Quality Assurance
QI	Quality Improvement
QIZ	Qualified Industrial Zone
RTI	Reproductive Tract Infection
SBC	Strategic Behavioral Communication
SO	Strategic Objective
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infections
TA	Technical Assistance
TOCAT	Technical and Organizational Capacity Assessment Tool
TOT	Training of Trainers
UNAIDS	United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WAD	World AIDS Day

TABLE OF CONTENTS

ACKNOWLEDGMENTS…….……..…1

GLOSSARY OF ACRONYMS.…….2

EXECUTIVE SUMMARY…….…….....5

PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATIONS, RESULTS…….. 6

INTRODUCTION..…….6

COUNTRY CONTEXT……. …….……..6

PROGRAM OBJECTIVES, STRATEGIES, AND ACTIVITIES…….10

PROJECT IMPLEMENTATION AND MANAGEMENT…….....13

IMPACT/JORDAN PROGRAM TIMELINE….……17

PROGRAM RESULTS……21

LESSONS LEARNED AND RECOMMENDATIONS…..……24

HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES…… 30

EXECUTIVE SUMMARY

When the Implementing AIDS Prevention and Care Project (IMPACT) began in 2000, there was relatively little information about HIV/AIDS in Jordan. There were few services in place for those infected or affected by the disease, and widespread stigma and lack of support created barriers for disease prevention and management. Nevertheless, the IMPACT Project, working in collaboration with six local partners and the national government, was able to implement a wide range of activities and prevention strategies from 2000 to 2007. Today, Jordan remains a country with a low incidence of HIV/AIDS, due in large part to the successes of the IMPACT Project.

One of the first and most important activities undertaken by IMPACT was to gather qualitative and quantitative information that would serve as a guide for program design and implementation. This information about HIV/AIDS in Jordan also provided a basis for the creation of policies and a national strategic plan. Several assessments were conducted throughout the life of the project to identify areas of vulnerability and risk behavior patterns among Jordanians, immigrants, and tourists. As a result, the IMPACT staff developed an understanding of the barriers to the delivery and provision of high quality services and used that knowledge to create strategies for success.

The IMPACT Project used the results of the assessments as a tool to garner support at the national level. The project partnered with universities to implement peer education and raise awareness among youths, which included involvement in World AIDS Day activities. Awareness raising and stigma reduction campaigns helped elicit support from the public and private sectors, as well as NGOs, and encouraged sustainable programming. IMPACT Project components and activities promoted effective services and healthy behavior while helping to overcome barriers.

The project also had an opportunity to influence Jordan's national AIDS strategy. IMPACT supported the National AIDS Program's development of the National Strategic Plan, a strategy to address HIV/AIDS from 2005–2009. It also supported the government by assisting in the development of tools, guidelines, and infrastructure to provide voluntary counseling and testing services. During the later years of the project, IMPACT worked closely with nongovernmental organizations to support specific services targeting stigmatized, marginalized, and high risk populations, including sex workers, institutionalized women, and men who have sex with men.

Field services are of the utmost importance in the fight against HIV/AIDS, and IMPACT did groundbreaking work in this area. The project successfully established a strong foundation of testing, prevention, and treatment services, as well as systems to monitor progress. This is a solid platform for those activities that will take Jordan's HIV programs to the next level, enabling the country to share its experiences and successes throughout the Middle East.

PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, RESULTS

INTRODUCTION

From 2000–2007, USAID awarded US$1,900,000 to the IMPACT Project in Jordan to increase information on sexually transmitted infections (STI) and HIV/AIDS. As part of that process, the project encouraged stakeholder involvement and support for HIV/AIDS programs; increased outreach capacity of the government of Jordan, nongovernmental organizations and community-based organizations; increased awareness and knowledge of STI/HIV/AIDS; and improved access and quality of services. This included encouraging youth friendly services, patient referral and monitoring services, and services targeting high risk populations. Project strategies and activities were guided by the IMPACT staff's understanding of low prevalence HIV epidemics, sensitivity to Jordan's cultural norms, and commitment to increasing local capacity to serve the population. Throughout the project, activities were adapted as knowledge of the nature of HIV transmission in Jordan increased, implementation challenges became clearer, and the National AIDS Program strategy was developed.

> "FHI's work in Jordan is a driving force to Jordan's response to the epidemic."
>
> *Dr. Ali As'ad, secretary general for Technical Affairs*

Over the life of the project, IMPACT made gradual but significant progress in the response to HIV in Jordan. IMPACT provided technical assistance and training in voluntary counseling and testing, strategic behavior change, STI management, strategic planning and providing strategic information to stakeholders and partners at local, national, and regional levels. The project reached more than 30,000 people through such initiatives as peer education programs and voluntary counseling and testing services. Workplace interventions and project activities raised awareness among the general population, as well as government leaders, nongovernmental organizations, members of the business community, and high risk populations. IMPACT helped the government of Jordan develop the first national strategy for HIV/AIDS and supported the National STD and HIV/AIDS Hotline and Counseling Center. Additionally, IMPACT gave young people the skills, tools, confidence, and opportunities they need to educate their peers about HIV/AIDS. With IMPACT's support, community-based and nongovernmental organizations now have greater capacity to implement programs to help those at risk for HIV infection. These interventions all contribute directly to the effort to maintain a low HIV prevalence in Jordan[1].

COUNTRY CONTEXT

Jordan is a highly literate, lower middle-income country with about 5.6 million people. The country is rapidly moving into the global economy, but limited natural resources mean Jordan relies on exports of phosphates and potash, overseas remittances, and foreign aid. New growth

[1] "Based on data from passive case reporting, Jordan is believed to be a low prevalence country. Although this may be the case in the general population, biologic and behavioral surveillance systems are not developed enough for early detection of a concentrated epidemic among a vulnerable sub–population." Jordan HIV/AIDS National Strategy 2005–2009.

sectors involve information technology, tourism and more open markets in communications, construction, finance, health, transportation, and services. The per capita income is estimated at US$1,700 and the Gross Domestic Product—9.1 percent of which is spent on health—is growing at an average of 3.2 percent annually. Jordan's population is young: approximately 37 percent of Jordanians are under the age of 15, and 60 percent are 15–64, with an annual growth rate of 2.3 percent.[2] Although Jordan has been politically stable for many years, the country is entering a period of demographic and epidemiological transition. While life expectancy is increasing (70.6 years for males and 72.4 years for females)[3] and rates of communicable diseases have been decreasing, as with other nations from the Middle East North Africa (MENA) region, Jordan is burdened by increasing rates of non-communicable and chronic diseases. However, regional instability and the resulting influx of immigrants into Jordan over the past several decades have begun to contribute to the emergence of newer communicable diseases, such as HIV. If not addressed, these could have significant social and economic consequences.

STI/HIV/AIDS in Jordan: As of September 2006,[4] 492 cases of HIV were diagnosed in Jordan. Although the first cases of HIV resulted from blood transfusions, the main route of transmission is now through sexual contact (60.2 percent). Blood transfusions are responsible for 17.7 percent of HIV infections; 3.4 percent occur through injection drug use; transmission from mother to child accounts for 1.4 percent; and the remaining 17.1 percent of cases are of unknown transmission route. A significant number of HIV cases diagnosed in Jordan are among non-Jordanians (321 cases compared to 171 among Jordanians). The majority of Jordan's HIV patients are between the ages 20–39. HIV/AIDS in Jordan is likely concentrated in vulnerable populations, but this can not be established without conducting a Bio Behavioral Surveillance Study (BBSS). The three primary high risk groups in Jordan, as recognized by the National AIDS Strategy, are men who have sex with men (MSM), sex workers, and injection drug users. As of mid-2007, a total of 80 Jordanians had died of AIDS-related causes since 1986. A 2003 prevalence assessment of reproductive tract and sexually transmitted infections among 1,200 women visiting OB/GYN clinics in Amman, Zarqa, and Rusaifah showed 0.7 percent had gonorrhea; 1.2 percent had Chlamydia; 5.4 percent had bacterial vaginosis; and 19.1 percent had candidiasis.[5] No syphilis infection was identified.

Jordan Youths' High Risk of HIV

Social factors leave youths particularly vulnerable to HIV infection. In Jordan's conservative culture, young people lack access to reliable information and guidance about family planning and sexually transmitted infections. Economic hardships have led to delayed marriages, which often result in sexual contact with more partners before marriage. Due to high unemployment, many young people spend time in cafés and amusement centers, or work as unskilled laborers, where they may be pressured to engage in risky sexual behavior.

A combination of knowledge, behavioral, and environmental determinants influences the spread of HIV and other STIs in Jordan. This includes misconceptions about the transmission and prevention of HIV; high risk sexual encounters and low perception of personal risk, particularly

[2] dos .gov.jo–2005
[3] dos .gov.jo–2005
[4] Government of Jordan Ministry of Health, 2006
[5] Prevalence of Reproductive Tract Infections in Women attending Selected Urban OB/GYN Clinics in Jordan–2003, conducted by FHI/MOH/Family Health Group/ University of Jordan Laboratories and supported by USAID

among high risk groups; stigma and discrimination against those infected with HIV and persons at high risk; limited and often low quality health and information services for HIV/STI; and limited data about the epidemic and high risk populations.

Because of the difficulty of discussing sexual matters, talking about HIV/AIDS is still taboo. Therefore, many Jordanians have misconceptions about HIV/AIDS. The 2002 Demographic and Health Survey among married women presented high awareness of HIV/AIDS, but mixed levels of HIV/AIDS knowledge and low levels of STI knowledge. A study by Johns Hopkins University suggested that many Jordanians did not understand how to prevent HIV and did not know that condoms can be used for this purpose. Many had significant misconceptions about transmission, believing it is necessary to avoid sharing food with someone who is HIV-infected.[6] There is also a low level of health awareness among tourist industry workers in Aqaba and Petra.[7] Similarly, a small study of university-age youths revealed common misconceptions about HIV/AIDS, as well as low perception of self risk when it comes to contracting HIV or another STI.

Behaviors that increase the risk of HIV infection are common in Jordan. Transactional sex occurs among vulnerable groups and within certain geographical areas, including the Golden Triangle. Reports of very young female sex workers in Aqaba and Petra have increased, and there are increasing reports of unprotected sexual behavior in the region. Many of those who practice these behaviors say they are not at risk, and except for the treatment of STIs, these sex workers rarely seek healthcare.[8] A recent study of men who have sex with men suggests that they do not always practice safe sex, though they are interested in receiving HIV-related education and services. However, the stigma and discrimination which these men experience often prevent them from seeking and accessing healthcare services.[9] Condoms are generally widely accepted and accessible in Jordan, yet condom use is low. Even health professionals rarely promote condoms as a disease prevention intervention.[10, 11]

The link between HIV/AIDS and practices that contradict religious morals, societal values, and cultural norms—intravenous drug use, homosexuality, and prostitution—has resulted in the rejection of people living with HIV/AIDS—and even those suspected of being infected. Stigma and discrimination faced by those infected or vulnerable to infections is significant and wide spread. For instance, 65 percent of women and men said those with HIV should not be allowed to work with other employees, even if the patient does not feel sick.[12]

Jordan's healthcare system offers limited STI services, and referral systems are weak. Although the National AIDS Program and the Ministry of Health produced STI case management guidelines based on suggestions from the World Health Organization, the step-by-step procedures have been difficult to adapt locally.

[6] USAID/JHU/HCP: 2005 Communication Partnership for Family Health Baseline Survey, Key Results
[7] FHI/Jordan's qualitative formative assessments with vulnerable populations in Aqaba and Petra, 2004–2005
[8] FHI/Jordan's qualitative formative assessments with vulnerable populations in Aqaba and Petra, 2004–2005
[9] 2007 Jordan Red Crescent Society. Report on Men who have Sex with Men and vulnerable youth in Amman
[10] 2002 DHS
[11] FHI. 2000. HIV/AIDS/STI Prevention Program Strategy for Jordan
[12] USAID/JHU/HCP: 2005 Communication Partnership for Family Health Baseline Survey, Key Results

Many physicians complain of a lack of updated medical information and have expressed the need for continued medical education on STIs. Providers do not appear to be following the guidelines, and many treat STIs without informing patients that the infections are sexually transmitted. Often, condoms are not available or supplied by providers, including STI specialists. While both public and private physicians provide STI treatment, most patients seek treatment in private settings where confidentiality is ensured. Male clients with STIs often avoid clinics by obtaining unreliable drugs directly from pharmacies. The government requires private clinics to report STIs, but many clinics do not comply. Furthermore, sources of information for youth on sexuality and STI/HIV/AIDS are of limited reliability and accessibility.[13]

In Jordan, the political will and commitment to improve health exist at the highest level. The country developed the National Agenda (2006–2015)[14], which is the result of concentrated efforts by Jordanians to put the country on a path toward fast economic growth and greater social and political inclusion. A set of health sector priorities and strategic directions have been made.[15] The health system in Jordan includes public sector hospitals and agencies, the private sector, and the international charitable sector (including the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)). By law, the Ministry of Health is responsible for protecting health by providing preventive and curative services as well as monitoring responsibilities. The MOH provides primary, secondary and tertiary healthcare services. Primary healthcare services are mainly delivered through an extensive network of 60 comprehensive healthcare centers, 367 primary care centers, 238 village clinics, and 365 maternal and child health centers. According to the National Health Strategy, the role of the Health Ministry is to plan, develop and monitor the implementation of the health policy; provide preventive care and public healthcare; train and educate health professionals; manage emergencies and disasters in coordination with other sectors; and promote and institutionalize health research and technology.[16]

Current Response to HIV/AIDS: Despite obvious challenges, clear progress has been made since 2000, and there is now a platform of success on which to base future HIV/AIDS programs. National stakeholders are committed to HIV prevention. Structurally, Jordan's response to HIV/AIDS includes a National AIDS Council, comprised of Ministers from all sectors, and a National AIDS Committee with an AIDS program manager in the Ministry of Health who is responsible for policies and the provision of technical guidance for the National AIDS Program. Programmatically, Jordan supports a national blood transfusion service. It has also instituted mandatory HIV testing and strong control measures for foreigners who reside in the country for more than a month. The country provides antiretroviral drugs for HIV-positive Jordanians who need treatment. The National AIDS Strategy (2005–2009) currently guides the country's response to the epidemic. All governmental and nongovernmental organizations that contributed to this strategy agree that the key prevention element in a response to Jordan's low-level HIV epidemic is the delivery of services focused on the most vulnerable, at-risk subpopulations.

Both government and civil society are increasing efforts around HIV programming. In 2000, FHI's assessment found no NGO working specifically in HIV/AIDS prevention or addressing the needs of high risk groups. Now, more than 15 groups are focusing a majority of programming

[13] FHI Assessment in Aqaba and Petra
[14] www.nationalagenda.jo
[15] Government of Jordan National Agenda 2005
[16] MOH National Health Strategy 2006–2010

efforts on HIV prevention, and many more are attempting to address this issue in their general community reproductive health programming. These include Queen Zein Al–Sharaf Center for Youth, Noor Al Hussein Foundation, the Hashemite Development Foundation, the Princess Basma Women's Research Committee, and others. Most importantly, eight organizations are now working directly with high risk groups, including Jordan Red Crescent, Family Guidance and Awareness Center, Khawla Bintul al Azwar Society, Jordan Association for Family Planning and Protection, Questscope, Horizon Strategic Studies Center, Child and Jordanian National Forum for Women/Children and Women Aqaba Center and Caritas.

Through the IMPACT Project, USAID has been a lead donor addressing HIV/AIDS in Jordan since 2000. In addition to support from USAID, Jordan was awarded US$2,483,900 from the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2003. UNAIDS, UNESCO, and UNICEF have also provided technical assistance and funding for national AIDS activities, and the UNAIDS Theme Group provides support and helps with planning.

PROGRAM OBJECTIVES, STRATEGIES, AND ACTIVITIES

The overall goal of keeping Jordan a low prevalence country was a hallmark of the IMPACT Project in Jordan. The main project objectives were to increase strategic information on STI/HIV/AIDS; increase stakeholder involvement and support for HIV/AIDS programs; build the capacity of the Jordanian government, NGOs and community-based organizations; increase awareness and knowledge of STI/HIV/AIDS; and improve access and the quality of STI/HIV/AIDS services (including youth friendly services, patient referral and monitoring services, and services targeting high risk populations).

Program Activities: IMPACT/Jordan activities aimed at meeting program objectives centered around five programmatic areas: voluntary counseling and testing; STI prevention; strategic behavioral communication, information and planning; coordination; and organizational capacity development. Much of IMPACT/Jordan's success was dependant upon the integration of these program activities. Strategic behavioral communication and advocacy—at the national level, within the private sector, among the general population, and with vulnerable groups—were integral to establishing the broad support essential for the implementation of all other IMPACT Project activities. Strategic information generated through studies, assessments, and monitoring activities provided critical data to inform and motivate stakeholders and direct decisions and the allocation of resources. As strategic behavioral communication efforts increased knowledge about STI/HIV and the demand for services, technical and financial assistance for voluntary counseling and testing and STI programs improved the quality and accessibility of these services. Efforts to develop capacity cut across all program areas. Encouraging participation

Key Voluntary Counseling and Testing Activities

- Refurbished the National STD and HIV/AIDS Hotline and Counseling Center.
- Established a system for monitoring and evaluating services provided at the center.
- Standardized Training of health educators on VCT to upgrade counselors' skills, including introductory and advanced training; regional training; and joint training in behavior change communication.
- Developed a publicity campaign to promote supplying educational and promotional materials to the center.

and implementing activities that would increase local capacity fostered understanding, ownership, and sustainability across all technical topics.

Voluntary Counseling and Testing: IMPACT/Jordan's technical assistance promoted an expanded, functioning system of high quality, voluntary counseling and testing centers and an effective referral network. IMPACT worked closely with the National AIDS Program and healthcare providers to build systems and increase local capacity in diverse areas, including strengthening counseling skills; developing national guidelines and standard operating procedures; reviewing and finalizing policies and operations with an eye toward creating standardized training materials; and revising monitoring forms to provide valuable data for national indicators, as well as the smooth functioning of testing and counseling centers. IMPACT/Jordan's interventions established a voluntary counseling and testing package that was easily expanded to new sites in other cities with monies from the Global Fund. Given the low perception of risk among vulnerable groups, promotion in the media was essential to increase utilization of the counseling and testing centers. IMPACT/Jordan collaborated with Johns Hopkins University and others to include references to the voluntary counseling and testing centers and hotline in their strategic behavioral communication programs.

Support for Sexually Transmitted Infections Prevention and Management: IMPACT/Jordan provided technical assistance to improve STI knowledge and service delivery within a system of national guidelines. Primarily working at the national level, IMPACT established an unambiguous need for STI programs through the Reproductive Tract Infection Study. The study was more than a data collection exercise; it was a capacity building process both for individual STI clinicians and for health centers offering STI services. Information generated through this study was a key advocacy tool, and helped the development of national STI guidelines. With clear policies in place and a national body dedicated to moving STI programming forward, IMPACT was able to facilitate coordination with other organizations that implemented operational policies. To complement these national activities, targeted trainings before and during the study at the service delivery level ensured that healthcare providers were aware of and able to follow new guidelines and algorithms.

Addressing Gender Issues

IMPACT convened a "Gender and HIV/AIDS Training" to examine the role of gender in HIV/AIDS programs, services and policy. Participants from the Ministry of Health, NGOs, and faith–based groups learned about gender, its effects on HIV, and strategies to improve gender norms and reduce inequality between men and women. The training included participatory exercises to encourage critical awareness of gender roles, promote the position of girls and young women, involve boys and young men, and address power relationships within the family and community. Participants recommended ways their organizations could more effectively promote gender equitable messages.

Strategic Behavioral Communication: The IMPACT/Jordan staff realized that services, guidelines, and operating procedures alone are not sufficient. Target populations must be aware of the services and resources and willing and able to use them in order for change to occur. Because of this, a strategic behavioral communication component was integrated into every activity to increase awareness, acceptance, and demand for these services and resources.

There was little information about the high risk groups when IMPACT/Jordan began. Therefore, small-scale rapid assessments were critical to inform youths, tourist workers, men who have sex

with men, female detainees, workers in small businesses and qualifying industrial zones, and female sex workers and their partners. These assessments made up strategic behavioral communication messages and channels, which were developed through planning workshops. The workshops, along with tailored on-the-job training and mentoring, joint planning and implementation increased local capacity in strategic behavioral communication.

The majority of strategic behavioral communication interventions targeted youths and high risk groups at workplaces and World AIDS Day events. IMPACT adapted project activities to Jordan's cultural, social, and religious environment; encouraged participation and coordination between sectors; worked to eliminate gender inequalities; and used formal and informal systems and structures to reach those targeted.

Peer education programs and outreach activities were supported by information, education and communication materials—such as posters and brochures—along with tools such as the Female Sex Worker Peer Education Toolkit. World AIDS Day events were instrumental in bringing HIV/AIDS to the public by encouraging community dialogue on HIV/AIDS issues, promoting the general need for action, increasing community involvement in STI/HIV prevention, and supporting specific HIV/AIDS initiatives.

Strategic Information: In 2000, when FHI began implementing IMPACT activities in Jordan, the dearth of HIV/AIDS related information encouraged complacency and misconceptions among national stakeholders and the community. There do not appear to have been any major surveys of behavior among injection drug users or men having sex with men in Jordan, most likely due to the perception that these groups are small, group members are difficult to identify and reach, and there are stigmas associated with their behaviors. A key element of IMPACT's program approach was to gather essential information about HIV in Jordan, particularly exploring the behaviors and needs of vulnerable populations. IMPACT/Jordan staff used this data to demonstrate the need for

IMPACT Sponsored World AIDS Day

From 2002 through 2006, World AIDS Day activities were a hallmark of IMPACT/Jordan and presented continued opportunities for collaboration with the Ministry of Health, UN agencies, and others. Princess Muna al-Hussein attended the event the last three years. Activities included speeches, seminars, discussions, narratives by AIDS patients, dramas, monologues, and quizzes. Information, education and communication materials included posters, brochures, newsletters, calendars, and banners. There was also a special presentation by the Hotline and Counseling Center's peer educators on program highlights and achievements and a forum for Ajloun Governorate officials and community stakeholders to discuss HIV/AIDS prevention issues, including stigma reduction and discrimination.

IMPACT's Support of the National AIDS Program

Beginning in 2000, Family Health International worked closely with the Ministry of Health and the National AIDS Program to plan and coordinate most of Jordan's major HIV activities. Initial technical assistance at the national level expanded stakeholders' understanding of HIV/AIDS from a health, social, and economic perspective. It helped them recognize that HIV is a multifaceted issue that requires a unified response. Activities based upon participation involved stakeholders in every step of the response through joint strategic planning, policy and decisionmaking, and monitoring and evaluation. IMPACT provided training, mentoring, coaching, and support for attendance at international and regional conferences and workshops as a means of building individual skills and knowledge. The opportunity for active involvement encouraged Jordanian leaders to make a commitment to, strategies, guidelines, and policies.

STI/HIV/AIDS information. Dissemination of the findings of various studies helped engage national leaders in the response to HIV and motivate action, commitment, and coordination among key stakeholders.

Strategic Planning, Coordination, and Organizational Capacity Development:
Given that the epidemic in Jordan is relatively new and the response still in the beginning stages, a significant task of IMPACT was to build capacity, strategize, plan, coordinate and build relationships between primary stakeholders. IMPACT/Jordan relied on participation and a range of methods to build the capacity of local NGOs, healthcare institutions and personnel, and national leaders. Formal training and workshops in strategic planning, program design and implementation, and other program areas were followed with on-the-job mentoring and coaching to ensure that knowledge was put into practice. Global and regional successes, tools, strategies, frameworks, procedures, and other resources were translated into Arabic and adapted to Jordan. This helped broaden stakeholders' understanding of HIV and generated innovative ideas and possible responses to the disease. Joint learning activities, such as meetings and workshops, helped coordinate efforts and built relationships among partners.

Building communication and coordination mechanisms, such as an NGO network and STI subcommittee, ensured these relationships would be sustained and offered consistent and formal mechanisms for sharing experiences, resources, and skills. For example, the 10-member Network of NGOs has a mandate to share HIV/AIDS information and facilitate coordination and collaboration among NGOs supporting the national efforts.

PROJECT IMPLEMENTATION AND MANAGEMENT

Design and Management: In June 2000, IMPACT-supported staff was invited by the National AIDS Project and USAID/Jordan to review the HIV/AIDS/STI situation and—in partnership with the NAP and USAID—propose a program strategy. The team met with several members of the NAP and other HIV/STI experts in the public and private sectors, reviewed studies conducted and the program plans for the NAP and visited health services and community-based programs in Amman and Zarqa. A report summarized the major findings and provided recommendations for collaboration with Jordan's National AIDS Project over a four-year period. An initial work plan and budget was approved by USAID, and IMPACT provided field support funding for fiscal year 2001 for a total of US$300,000.

In February 2001, an IMPACT/Jordan country director was hired and six months later a project office was established in Amman. A senior administrative assistant was hired to help with reporting, accounting, financial management, and administrative tasks. The country director was responsible for daily management and technical oversight of the project, and acted as a liaison with USAID/Jordan, FHI headquarters, the Ministry of Health, and other key national and international stakeholders. In May 2006 a program officer joined the IMPACT/Jordan team to manage subagreements, monitor and evaluate project activities, and provide programmatic and technical support where needed. FHI's office in Arlington, VA, provided targeted technical support, particularly in program management, monitoring and evaluation, voluntary counseling and testing, workplace programming, and strategic behavioral communication, which was complemented by support from local and international consultants. Yearly work plans were developed in collaboration with NAP and submitted to USAID/Jordan for approval. Semiannual

reports were submitted to USAID as part of the global IMPACT report; additional technical narrative and financial reports were submitted to USAID/Jordan as requested to update Mission staff on progress towards project deliverables.

IMPACT/Jordan's staff was able to achieve remarkable successes during the life of the project. Working closely with the Ministry of Health and National AIDS Program, as well as collaborating with local, international, and regional partners, strengthened Jordan's response to HIV and increased synergy between projects. The staff focused its efforts on developing capacity and building upon local resources wherever possible. Using FHI's Quality Assurance/Quality Improvement processes for program implementation, the staff incorporated the use of strategies, frameworks, minimum standards and procedures, checklists, proxy indicators and monitoring processes covering the major program areas, including all technical activities as well as program management and administrative functions. These effective systems help achieve results that were efficient, cost-effective, and met USAID, Family Health International, and Ministry of Health standards.

Phasing of Program Activities: IMPACT/Jordan worked in three phases: Phase 1 (2001–2002), Phase 2 (2002–2004), and Phase 3 (2005–2006).

Phase 1 activities, which were guided by FHI's 2000 assessment, supported voluntary counseling and testing in partnership with the Ministry of Health. Impact/Jordan assisted in organizing and facilitating skills training at the ministry's counseling and testing center. The training was attended by 18 members of the ministry's staff. IMPACT also provided technical assistance to the development of national guidelines and policies, setting a framework within which future trainings and procedures could be based. Family Health International, through the IMPACT Project, provided the newly developed Egyptian guidelines for stakeholder review in order to adapt them to the Jordanian context. IMPACT's ongoing support and capacity building led to Jordan's first counseling and testing services.

In Phase 2, IMPACT/Jordan focused efforts on peer education programs and capacity building for government, nongovernmental organizations, and community-based organizations in voluntary counseling and testing, behavior change communication, strategic information and strategic planning. Prevention and awareness efforts first targeted university students in Amman. Reproductive health awareness sessions at universities were accepted by parents and other stakeholders and led to the demand for more HIV/AIDS information among youths. In just one year, these sessions were expanded in from two to six universities and annual World AIDS Day activities. They pushed HIV/AIDS into the public eye as an important health issue.

In Phase 3, IMPACT/Jordan targeted HIV/STI prevention among marginalized, high risk populations. In 2006, prevention interventions began with men who have sex with men; female sex workers; vulnerable workers in Zarqa and poor urban settings; workers at qualified industrial zones; and vulnerable girls and women at juvenile detention and rehabilitation centers.

Program Funding: IMPACT programming in Jordan was supported by USAID with funding of US$1,900,000 over six years. Additional funding of US$600,000 was secured through Family Health International's YouthNet program October 2005–June 2006, which complemented IMPACT activities and emphasized efforts targeting youth. In September 2006, USAID provided follow-on funding to FHI to continue critical programs initiated through IMPACT.

Subgrant Mechanisms and Implementation through Local Partners: Beginning in 2003, IMPACT distributed a total of US$290,000 to 20 local organizations to implement activities. IMPACT's subgrants promoted local ownership of the project and served as a mechanism for capacity building and technical exchange. Each subgrant was developed through close collaboration between IMPACT staff (local and US-based) and the staff of the local subgrantee. IMPACT strengthened management and technical systems and improved or established processes and operating procedures for quality assurance. Using the Technical and Organizational Capacity Assessment Tool, IMPACT and five subgrantees developed a capacity building plan that mapped out technical assistance needs, including financial management, organizational management, and other issues.

Managed by FHI, the first subgrant was with the Ministry of Health to implement voluntary counseling and testing in Amman. A second subgrant was distributed to Family Health Group to conduct the Reproductive Tract Infection Study. The remaining five subgrants were distributed to the following local organizations, which were willing and able to work with vulnerable populations: Jordanian Association for Family Planning and Protection, Horizon Strategic Study Center, Family Awareness and Guidance Center, Khawla Bintul al Azwar Society and the Jordan Red Crescent Society. Their projects included establishing a drop in center for men who have sex with men; providing vocational training and HIV/AIDS awareness for female sex workers; and conducting HIV/AIDS training for inmates at rehabilitation centers, workers at qualified industrial zones and employees of small businesses. These were pioneering efforts for Jordan and the entire Middle East region.

Implementation Challenges: Cultural norms and sensitivities surrounding HIV and sexual health issues, along with the lack of data on HIV in Jordan, limited the initial support from government and public health professionals. IMPACT/Jordan overcame these barriers by introducing HIV/AIDS in the broader context of reproductive and public health and encouraging stakeholders' involvement in the programming process. Additional challenges stemmed from low capacity among NGOs, which lacked experience working with high risk and marginalized populations, and did not have systematic access to them.

When the war in Iraq began in March 2003, IMPACT/Jordan operated under a state of emergency for two months. Branding became an issue because local organizations were sensitive to the role the United States played in the war and preferred to maintain a low profile with US-funded activities. For some NGOs, the war also diverted attention from HIV because it created more urgent issues related to immigration, refugees, and the need for food, clothing and shelter. During this period, the country office implemented increased security measures. Despite the heightened security risk, IMPACT/Jordan remained active and provided technical assistance to the National AIDS Program and local partners.

Partnerships: In order to maximize IMPACT/Jordan activities, IMPACT partnered with a wide range of local, national, regional, and international organizations. IMPACT provided ongoing technical assistance to the Ministry of Health on the design and implementation of the national HIV/AIDS strategy and implementation of Global Fund activities. IMPACT/Jordan also worked with the Ministry of Tourism and Antiquities on peer education training and awareness raising activities targeting tourist workers. Collaboration between IMPACT/Jordan and Ministry of Education resulted in youth peer education/awareness sessions and revised curricula for HIV

education of teachers. IMPACT/Jordan helped the Higher Council for Youth draft the national youth strategy and implement the health section. A number of other partnerships centered around youth outreach programming (see Table 1 below). IMPACT/Jordan also worked with the Directorate of Women's Affairs within the Jordan Armed Forces and Questscope. As a member of both the Global Fund Country Coordinating Mechanism and the National AIDS Committee, IMPACT/Jordan provided significant and ongoing technical expertise. IMPACT also partnered with the UN Development Program on the Arab Business Coalition in the Arab Region to devise ways to involve businesses in the response. UNICEF, UNAIDS Theme Group, UNESCO, the United Nations Population Fund (UNFPA), WHO and other UN agencies jointly supported World AIDS Day activities, partnered on youth activities, and supported the National AIDS Strategy with FHI. Other USAID Cooperative Agencies—such as Futures Group, Johns Hopkins University, and MACRO International—collaborated with IMPACT/Jordan to implement activities on policies (the Health Policy Initiative Project, Reproductive Health Action Plan, and Contraceptive Security Plan), behavior change communication (Jordan Health Communication Project), stigma and discrimination, and to help define indicators for the DHS in 2002 and 2007.

Table 1: IMPACT/Jordan Partners on Youth Outreach Activities

NGOs & CBOs	Universities and Schools	Government of Jordan
Rehabilitation Center Waqqas/UNRWA	University of Jordan	Ministry of Health
Women Program Center Waqqas/UNRWA	Al–Mashreq private school	Ministry of Education
Khawla Bintul Azwar	Al–Hashmieh University	Ministry of Interior Affairs
Jordan Red Crescent Society	Jordan University for Science and Technology	Ministry of Social Development
Caritas/UNHCR	Yarmouk University	
Family Guidance & Awareness Center		
Al–Bdour NGO / Tafileh		
Jordan Scout Youth Group in Northern Jordan		
Jordanian Association for Family Planning and Protection		
Prince Al–Hassan Award		
Higher Council For Youth		

IMPACT/JORDAN PROGRAM TIMELINE

Activity	FY 2000	FY 2001		FY 2002		FY 2003		FY 2004		FY 2005		FY 2006		FY 2007
	Apr 00 Sept 00	Oct 00 Mar 01	Apr 01 Sept 01	Oct 01 Mar 02	Apr 02 Sept 02	Oct 02 Mar 03	Apr 03 Sept 03	Oct 03 Mar 04	Apr 04 Sept 04	Oct 04 Mar 05	Apr 05 Sept 05	Oct 05 Mar 06	Apr 06 Sept 06	Oct 06 Mar 07
Planning														
Conducted HIV/AIDS situational analysis assessment in Jordan	x								x					
Opened IMPACT/Jordan office		x												
Hired country director and senior administrative assistant		x												
Hired program officer													x	
Support for Voluntary Counseling and Testing														
Provided training for HIV counselor (introductory and refresher) in collaboration with Ministry of Health and Global Fund to Fight AIDS, Tuberculosis and Malaria						x	x	x	x				x	
Quality assurance/ quality improvement concept for program implementation was introduced to all Implementing Agencies											x		x	
Organized study tour on voluntary counseling and testing at the Mortimer Market Center in London for staff of the National AIDS Program and a nurse at the Voluntary Counseling and Training (VCT) Center									x					
Provided technical assistance to standardize VCT training materials and forms, establish local referral directory, improve HIV counseling systems, develop national VCT guidelines and standard operating procedures									x	x	x		x	
Revised the VCT strategy for Jordan										x	x		x	
Support for Sexually Transmitted Infections														
Conducted a study on sexually transmitted disease (STD) prevalence to improve STD data availability and provide information for the development of treatment standards and services						x	x	x	x					
Gave technical assistance in development of treatment algorithms for sexually transmitted infections in women							x	x	x					
Provided doctors' training on sexually transmitted infections treatment and management							x	x						
Conducted surveyors' training							x	x						
Conducted lab staff's training							x	x						
Provided doctors' and nurses' training on counseling and referrals							x	x						

Activity	FY 2000	FY 2001		FY 2002		FY 2003		FY 2004		FY 2005		FY 2006		FY 2007
	Apr 00 Sept 00	Oct 00 Mar 01	Apr 01 Sept 01	Oct 01 Mar 02	Apr 02 Sept 02	Oct 02 Mar 03	Apr 03 Sept 03	Oct 03 Mar 04	Apr 04 Sept 04	Oct 04 Mar 05	Apr 05 Sept 05	Oct 05 Mar 06	Apr 06 Sept 06	Oct 06 Mar 07
Finalized, printed, and disseminated the report on the reproductive tract infection study										x	x			
Provided recommendations for treatment guidelines and policies										x	x			
Generate and Use Strategic Information														
Conducted assessment of sex workers and potential entry points for interventions								x	x	x	x	x	x	
Conducted formative assessment of university students.					x									
Held a National AIDS Program meeting to review monitoring and evaluation concepts and terminology and examine the national plan							x							
Designed a study protocol for vulnerable men and youths in Jordan and conducted assessment													x	x
Conducted assessment of tourist workers in Petra								x	x					
Conducted small scale rapid assessments with high risk groups (taxi drivers and hotel workers in Aqaba); disseminated findings to stakeholders in Aqaba during a behavior change communication workshop										x	x			
Behavior Change Interventions/Peer Education & Awareness														
Developed five strategic behavioral communication strategies with IAs working with high risk groups, including targeting men who have sex with men, sex workers, female detainees, and workers in small businesses and qualified industrial zones											x		x	x
Implemented behavior change communications and interventions targeting high risk groups								x					x	x
Trained peer educators in Aqaba, Amman and Irbid in collaboration with Youth Higher Council , Ministry of Health , nongovernmental organizations and Jordan Scout Youth						x	x	x	x	x	x	x	x	
Conducted technical review and produced a female sex worker Peer Education Toolkit													x	x
Provided implementing partners with multilingual Information, education and communication materials (posters, brochures, and toolkits)													x	
Conducted outreach to university students and hard to reach youths through peer education and development and distribution of 17,000 extracurricular printed materials with HIV/AIDS messages								x	x	x	x	x	x	
Conducted orientation for new university students on HIV						x	x	x	x	x	x	x	x	
Adapted and translated "Youth Testing and Counseling Manuals" and "Youth Participation Guide" into Arabic												x	x	
Peer education curriculum developed by the peers and field tested										x	x			

Activity	FY 2000	FY 2001		FY 2002		FY 2003		FY 2004		FY 2005		FY 2006		FY 2007
	Apr 00 Sept 00	Oct 00 Mar 01	Apr 01 Sept 01	Oct 01 Mar 02	Apr 02 Sept 02	Oct 02 Mar 03	Apr 03 Sept 03	Oct 03 Mar 04	Apr 04 Sept 04	Oct 04 Mar 05	Apr 05 Sept 05	Oct 05 Mar 06	Apr 06 Sept 06	Oct 06 Mar 07
Implemented World AIDS Day Activities				x		x		x		x		x		x
Held awareness sessions on HIV/AIDS for private sector employees, UN agencies and 200 Standard Chartered Bank employees													x	
Reviewed an HIV/AIDS Manual for Journalists developed by UNESCO and Petra (Jordanian news agency)													x	
Coordinated a first-ever meeting to bring leaders from the business and labor unions together with leaders from local NGOs implementing HIV/AIDS initiatives and the National AIDS Program, and established a dialogue about the role of the private sector in supporting the goals and objectives of the National Strategy												x		
Strategic Planning, Coordination, and Organizational Capacity Building														
Provided technical assistance and updates to the National AIDS Committee, National AIDS Program and the Ministry of Health in areas of HIV/STD control, counseling and testing, strategic behavioral communication, monitoring and evaluation, and behavioral surveillance survey			x	x	x	x	x	x	x	x	x	x	x	x
Provided technical support to the National AIDS Program (NAP) for the operation of its Counseling and Hotline Center; developed a promotional brochure to advertise services; provided the center with HIV/AIDS materials for adaptation, translation, reproduction and distribution to its clients)			x	x	x	x	x	x	x	x	x	x	x	x
Provided the NAP director with technical materials to support policy and implementation needs			x	x	x	x	x	x	x	x	x	x	x	x
Provided technical assistance in the development of Jordan's 2002 and 2007 Demographic and Health Surveys Program				x	x								x	x
Held dialogue to prepare for strategic plan development with the Ministry of Health and others						x	x	x						
Supported the National AIDS Program (NAP) to develop the National Strategic Plan for HIV/AIDS strategy (2005–2009)									x	x	x	x	x	x
Conducted workshops on HIV/AIDS basic information and technical areas: SBC, VCT and Monitoring and Evaluation				x	x	x	x	x	x	x	x	x	x	
Assessed NGO partners' capacity using FHI's Technical and Organizational Capacity Assessment Tool (TOCAT)												x		
Developed NGO network and supported its meetings										x	x	x	x	
Conducted orientation to policy advocacy training for the NGO network in collaboration with the policy project										x	x			
Drafted BCCC strategy for the network message creative design workshop for the NGO network members											x			

Activity	FY 2000	FY 2001		FY 2002		FY 2003		FY 2004		FY 2005		FY 2006		FY 2007
	Apr 00 Sept 00	Oct 00 Mar 01	Apr 01 Sept 01	Oct 01 Mar 02	Apr 02 Sept 02	Oct 02 Mar 03	Apr 03 Sept 03	Oct 03 Mar 04	Apr 04 Sept 04	Oct 04 Mar 05	Apr 05 Sept 05	Oct 05 Mar 06	Apr 06 Sept 06	Oct 06 Mar 07
Conducted monitoring and evaluation training for the National AIDS Program, the Ministry of Health, and others								x					x	
Provided training and strengthened capacity of government and NGOs in monitoring and evaluation of HIV/AIDS interventions; provided materials and curriculum from FHI										x	x		x	
Helped build capacity of local partners to design and implement program interventions								x	x			x	x	
Held training for health educators and NGOs to enhance counseling skills and strengthen referral network and collaboration with community-based NGO						x	x							
Conducted gender and HIV/AIDS training													x	
Provided behavior change communication training for partner NGOs and Ministry of Health				x							x		x	
Participated in regional and global meetings and workshops							x		x		x	x	x	x
Hosted counseling and testing study tour for Ministry of Health staff in London									x					
Shared lessons and technical approaches	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Made presentations at international conferences							x		x		x	x	x	x

PROGRAM RESULTS

IMPACT realized the following successes in Jordan:

Voluntary Counseling and Testing

- Provided technical assistance to all eight voluntary counseling and testing centers in Jordan, including identifying needs for capacity building, training and mentoring, providing tools, quality assurance, and monitoring counseling.
- Trained 30 Ministry of Health staff members, health educators, and NGO staff members to enhance counseling skills and strengthen referral network.
- Renovated the National Hotline and Counseling Center; equipped the center with CD4 laboratory equipment and trained 33 staff members to use it.
- Distributed 13,179 condoms at voluntary counseling and testing center in Amman.
- Organized a study tour for two National AIDS Program and Voluntary Counseling and Testing Center staff members to review best practices at the Mortimer Market Center (MMC) in London.

IMPACT/Jordan significantly contributed to producing these results:

- A total of 343 Jordanians were tested for HIV in the VCT Center in Amman from the last quarter of 2001 to the first quarter of 2007, including 31 sex workers, 14 injection drug users, and 32 men who have sex with men.
- A total of 12,096 condoms were distributed at the VCT Center from the last quarter of 2001 to the first quarter of 2007.
- During 2006, according to the VCT Center personnel, 490 people participated in awareness raising programs. In addition, 499 physicians, nurses and health workers have been trained in the following technical and programmatic areas: 155 on behavior change communication; 147 on monitoring and evaluation; 117 on voluntary counseling and testing; and 80 on sexually transmitted infection management.
- The National STD and HIV/AIDS Hotline and Counseling Center staff were trained in pre- and post-test HIV counseling. A variety of guidelines, training manuals, standard operating procedures, toolkits and other resources exist and are being used by local and national organizations throughout Jordan.

Strategic Behavioral Communication

- IMPACT developed a publicity campaign for the National Hotline and Counseling Center, which included information, education and communication materials and an open house to familiarize the NGOs with the services and solicit their assistance with outreach efforts.
- The IMPACT Project developed and implemented subgrants with five NGOs to implement strategic behavioral communication interventions among vulnerable and high risk groups.
- IMPACT trained 118 individuals, including members of the target population, communications experts, health educators and other Ministry of Health staff members.
- The program sponsored the first meeting to engage Jordan’s private sector in the response to the HIV epidemic.
- IMPACT/Jordan reached 6,590 workers with HIV/AIDS awareness messages.
- IMPACT implemented World AIDS Day activities for six years.
- The program trained 800 young people as HIV/AIDS/STI peer educators.

- IMPACT/Jordan reached 15,000 young people with HIV prevention messages through peer education activities.
- IMPACT distributed 90,000 copies of HIV/AIDS education materials.

Strategic Information

- The IMPACT Project developed activity data collection forms, reports, and systems at the National STD and HIV/AIDS Hotline and Counseling Center
- IMPACT trained 3,838 people in monitoring and evaluation for HIV/AIDS programs.
- IMPACT/Jordan provided technical assistance to local partners on qualitative methodology training and data collection
- IMPACT conducted four formative assessments among vulnerable groups to increase data for planning, prevention, and interventions.
- The staff disseminated the results of the four formative assessments.
- IMPACT developed a protocol for reproductive tract infection studies.
- The staff created STI Technical Group, which approved the reproductive tract infection study protocol and met regularly to oversee the study.
- IMPACT/Jordan conducted the reproductive tract infection study and disseminated results.

Key Strategic Information Activities (More detailed information on these assessments can be found in the attachments section of the report.)

- IMPACT conducted situational analyses on HIV/AIDS in Jordan in 2000 and 2004.
- The staff conducted a reproductive tract infection study of 1,200 women in 2003.
- IMPACT conducted an assessment of tourist trade workers in Aqaba and Petra, 2004–2005.
- IMPACT conducted an assessment of men who have sex with men in Amman in 2006.
- The staff conducted a formative assessment of sex workers in 2003.
- The staff conducted an assessment of university students in 2002.
- The staff provided technical assistance in behavioral and bio-marker surveillance study of high risk groups; it also provided assistance in the refinement of a monitoring and evaluation system to ensure cohesion between Global Fund and other HIV/AIDS activities.

Strategic Planning, Coordination, and Organizational Capacity Building

- IMPACT established a network of NGOs and facilitated nine network meetings.
- IMPACT/Jordan provided technical assistance to the national HIV care and support committee, including FHI tools and technical updates.
- IMPACT/Jordan maintained membership in the National AIDS Committee, Country Coordinating Mechanism, and UNAIDS Theme Groups.
- The project organized 2020 seminars and meetings for provision of information to the National AIDS Committee.
- IMPACT sponsored participation in 13 international and regional conferences and technical meetings.
- IMPACT facilitated the strategic planning process for Jordan's National HIV/AIDS strategy.

IMPACT/Jordan hosted a total of 50 trainings on a variety of technical issues. A table of all IMPACT-sponsored trainings and workshops is included in Attachments D and E.

IMPACT/Jordan or partner staff participated in 20 regional and International meetings and conferences during the life of the project. A table of all meetings and conferences attended is included in Attachment E.

PROGRAM OUTCOMES AND IMPACT

Outcomes of IMPACT/Jordan activities, delivered in this early stage of Jordan's response to HIV, are evident in the changes in knowledge, commitment, capacity, and coordination among local bodies. Changes in behavior, however, would need bio-behavioral surveillance data to be assessed.

Although service delivery and uptake numbers may seem relatively low compared to other countries, IMPACT/Jordan has achieved great success by bringing HIV/AIDS prevention from being a taboo subject to being addressed through a holistic approach that concerns the health and welfare of all Jordanians. A National HIV/AIDS Strategy was developed, and interventions have expanded from information, education, and communication campaigns into broader interventions and more integrated programs. Technical areas that are essential elements of successful HIV/AIDS programs have been introduced in Jordan and integrated into all programs. These successes will help achieve the national goal of keeping Jordan a low prevalence country and will support effective service delivery in future years as demand continues to increase.

In addition, the IMPACT/Jordan Project has seen other successes. Primarily, healthcare providers, national leaders, NGO staff members, youth, and high risk populations have increased their knowledge of STI/HIV/AIDS. There was also an increase in the HIV/AIDS prevention, testing and counseling services available in Jordan. In 2000, there was one prevention and counseling and testing service available. As of March 2007, there were 55 VCT centers offering pre- and post-test counseling, HIV testing, and CD4 testing.

Another important outcome is the increase in the willingness of leaders of national, community, NGO, and community-based organizations to support HIV/AIDS programs. The government's resources allocated to HIV have increased from US$340,000 in 2000 to US$1.108 million in 2007.

LESSONS LEARNED AND RECOMMENDATIONS

LESSONS LEARNED

The support of industry managers is essential for effective workplace interventions. It is an important element of a larger strategy to include HIV/AIDS peer education and awareness raising activities in the workplace. This was very clear in the qualified industrial zone projects implemented by Family Guidance and Awareness Center. Project staff educated industry management in order get their approval and support, and then began implementing activities with peer educators. Only when management makes such activities a part of their operations—supported by clear policies—can such interventions make a difference.

Incentives for peer educators are necessary to motivate and sustain their work. Interpersonal communication provided by peer educators plays a critical role in behavior change and HIV prevention programs. This requires the time, transportation, training, and commitment of peer educators. It is unrealistic to expect youths to be able to implement these activities over a long period without some form of compensation or incentive. Incentives demonstrate the value of their contribution to the country's response to HIV/AIDS. Incentives need not always be in the form of financial awards. IMPACT encouraged other incentives, such as peer educator support meetings and participation in national and regional events. Additionally, providing peer educators with diverse training that builds their life skills and capacities will expand their experiences and eventually contribute to their future careers.

Active participation of the target population is critical for effective programs and services. Not only are representatives gatekeepers who enable broader access to others within the target population, they understand the population's values, beliefs, social norms, and needs. For example, men who have sex with men helped the Jordan Red Crescent Society identify others to interview for the assessment. Sex workers involved in Khawla Bintul al Azwar's programs have recruited other vulnerable women to take part in the program's awareness-raising activities. In addition, youth peer educators encourage their friends and classmates to become active in the response to HIV. The participation of target populations must be consistent and ongoing, starting with project design and continuing through program implementation and follow up. It is essential that their participation go beyond one-time activities so they will have a stake in the success of the program.

Healthcare providers must be sensitive in order to encourage high risk groups to seek care. Providers must deliver friendly, confidential, respectful, and affirming services. This is a challenge in Jordan's traditional and stigmatizing environment where vulnerable populations feel marginalized and discriminated against by healthcare providers. The lack of trust and respect often discourages members of these groups from seeking prevention and healthcare services.

Innovation and flexibility are essential to the success of new and unique projects. The qualitative study on men who have sex with men was the first of its kind in Jordan. It was successful, in part, due to the flexibility and innovation of the project staff. Collecting data among this hidden population posed multiple and diverse challenges. For example, when faced with difficulties reaching the target population, the staff recognized the role of the Internet and used it as a tool for gathering formative data about these men. The stigma associated with sex

work and HIV was also a significant barrier to delivering services and support to those in need. In order to avoid stigmatizing both outreach workers and the target population, Khawla Bintul al Azwar Society began doing outreach work during Ramadan, when there is a tradition of giving and support. Once a precedent had been established, outreach workers could continue their support to sex workers and vulnerable women without drawing unnecessary attention to themselves or those seeking their services. Using religious and cultural traditions as an entry point to support services was an innovative way to overcome barriers.

NGO networks are critical support mechanisms for beginning and established NGOs targeting high risk populations. The NGO network in Jordan was established in 2005 and included members of both NGOs and community-based organizations. The network had a mandate to share information, lessons learned, best practices and resources, as well as facilitate referrals and encourage coordination, partnership and support. The network offered members advice and mentoring, as well emotional support, motivation and confirmation that the work is important. This is particularly vital given the stigma and discrimination often faced by staff members working with marginalized groups.

Patience, respect, and sensitivity toward the local culture must guide programs, especially in conservative countries. For IMPACT, this meant it was important to work slowly, relying on multiple entry points to introduce HIV in the broader public health context. It also meant adapting resources to the locale and involving key stakeholders from project start-up onward. These things were particularly important at the beginning of the project when there was considerable social stigma surrounding HIV. To avoid stigma, IMPACT/Jordan initially adopted a broad approach that included HIV as one of many urgent health and social issues and promoted discussions about health rather than HIV alone. For example, the University of Jordan requires ten credit hours of voluntary work, which students could fulfill by raising awareness of HIV as part of general health discussions and education. NGOs such as the Khawla Bintul al Azwar Society introduced HIV issues through their work addressing social and economic needs of vulnerable populations. In all of its activities, IMPACT/Jordan took time to adapt existing resources—such as training curricula and materials—to Jordan's culture and the state of the epidemic. This fostered a willingness to use the resources and avoided widespread offense and boycotting of the materials because they were too sexually explicit. The necessity of this approach was clear in the Jordanian Association for Family Planning and Protection’s subproject, which faced barriers when the staff did not recognize power and gender issues in their work with institutions and failed to segregate male and females workers during discussions of sensitive topics like STI/HIV and sexual health. As a result, many women were unwilling to participate, and others were uncomfortable sharing their feelings and experiences.

Collaboration, coordination, and communication between stakeholders are essential to project sustainability and impact. IMPACT/Jordan played a key role in disseminating national guidelines, policies, and standard operating procedures to NGOs, and, at the same time, brought the successes and challenges of NGOs to the attention of National AIDS Program and the Ministry of Health. This led to regular dialogue among groups, which is essential for a strong, coordinated national response to HIV/AIDS. IMPACT-supported workshops created opportunities for stakeholders from the Ministry of Health to interact with representatives of NGOs that were directly supporting vulnerable populations, enabling them to share perspectives and recognize each others’ strengths.

Recommendations

IMPACT/Jordan's recommendations can be grouped into four major areas: create a more enabling environment; expand HIV/AIDS prevention, testing, care, treatment, and support services; improve quality of services and the capacity of those delivering them; and increase the data on HIV/AIDS.

It is necessary to create an enabling environment. IMPACT/Jordan made great strides in sensitizing and motivating national level stakeholders through study tours, workshops and the dissemination of data. While this was successful, there is still a need for more advocacy among national stakeholders. It is important to bring HIV to the attention of other ministries, such as the Ministry of Interior and the Ministry of Social Development, and demonstrate the potential impact of HIV on many sectors. Together, the National AIDS Program and HIV programmers should strategize with these ministries on how they can contribute to the response and work together to allocate more resources to HIV programs.

Despite compelling evidence that prevention programming was needed among tourist workers in Petra and Aqaba, for example, programming was eventually blocked by government officials who feared the negative consequences of mentioning HIV/AIDS because of efforts to market Jordan's tourist destinations. In the future, these types of programs should be renewed and greater advocacy must be implemented to assure the cooperation of top decisionmakers across the political spectrum.

Additionally, to assure the continuation of HIV programs, it is critical to gain the support of a majority of leaders within many ministries and national bodies so that if one or two leave the projects will not stagnate. It is important to promote the goal of maintaining Jordan as a low prevalence country when advocating for their support.

Continuing advocacy is essential to increase support at the community level. At the community level, IMPACT/Jordan has successfully pioneered interventions among high risk groups such as MSM and SWs yet it was difficult to generate community involvement for prevention activities. This is due in part to cultural concerns, and also because Jordan is a low-prevalence setting and HIV/AIDS does not pervade people's everyday lives. Future HIV advocacy efforts should target community level and religious leaders to help sway public support for and engagement in HIV prevention, care, and treatment programs.

It is necessary to continue advocacy to increase support in the private sector. Within the private sector, the follow-up to IMPACT should continue to meet with and educate private sector and business leaders. This will increase their awareness of HIV and their understanding of the potential impact that HIV can have on their workforce, productivity, consumer base, and profits. The private sector should be involved in HIV projects from initial design through project closeout and evaluation.

Increase the role of youth in the national level response to HIV. The majority of Jordanians are very young. Those under 30 represent 74 percent of the population. The 12–30 age group represents 40 percent[17] of Jordan's population. As the leaders of tomorrow, youths should

[17] National Youth Strategy for Jordan 2005–2009

continue to play a strong role in Jordan's response to HIV. They have already made a huge impact in decreasing stigma and bringing HIV into the mainstream through their peer education and outreach activities, and their involvement in World AIDS Day activities.

Meet with policymakers to improve HIV-related policies. Effective HIV/AIDS policies are an important component in a successful response to the epidemic. Conversely, ineffective policies can seriously hinder the response. For example, the current mandatory testing policy discourages many Jordanians from seeking testing. Although Jordan's HIV/AIDS policy analysis and development will be implemented through the Health Policy Initiative (HPI) project, HIV programmers can play a key role. Future efforts should promote liaisons and coordination between HIV projects and policymakers to ensure that the right people are contributing information to policy development and analysis, promote the use of data in making decisions, and ensure that HIV-related policies are properly disseminated and enforced.

Increase behavior change interventions targeting high risk groups. HIV programmers should increase behavior change interventions for high risk groups with the aim of decreasing risky behaviors. Peer education, outreach, and counseling and testing services that welcome marginalized populations and are accessible in terms of location, cost, and hours of operation are essential to promoting healthy behavior. Coverage of existing programs can be expanded to increase the numbers reached and cover a broader geographic area. New HIV programs could be established by working with NGO in new areas, such as high tourist areas in southern Jordan.

The next step requires technical assistance to design materials, decide on channels, and create products that will be compelling to target audiences, including the high risk groups, healthcare providers, and community and religious leaders. Although it requires considerable resources, a mass media campaign would significantly enhance HIV programs. Social mobilization around a mass media campaign would contribute greatly to reducing HIV-related stigma and discrimination in the general public and help create an enabling environment. This, in turn, will make it easier to work with most at risk populations, help create demand for HIV-related services, and potentially improve the quality of life for those infected and affected by HIV and AIDS.

Diversify voluntary counseling and testing service delivery. A positive element of voluntary counseling and testing activities has been the increased opportunity for NGOs and the government to work together. It is clear that pre- and post-test counseling could and should be offered in more settings than the Ministry of Health/National AIDS Program in order to reach vulnerable communities. NGOs have increasingly been involved in these activities.

With counseling and testing delivery expanding across the governorates and the increased involvement of NGOs, technical and quality assurance activities must be addressed. Barriers to access to anonymous testing need to be addressed.

Strengthen the people living with HIV/AIDS network. A people living with HIV/AIDS network exists, but it faces stigma, discrimination, limited funding, and legal issues related to not being formally recognized and registered. The network can and should play a strong role in the response to HIV—through greater involvement in advocacy, decisionmaking, planning, monitoring, and evaluating programs and services. This requires technical assistance to build organizational capacity, conduct strategic planning to better define the Network's mission, role,

and primary contribution to the response to HIV, increase individual skills in advocacy, technical, and programming areas, and build membership.

Integrate HIV into other health program areas. To encourage attention to HIV and further institutionalize HIV programs and services, HIV programmers must emphasize and promote linkages between HIV and other health issues. For example, at the strategic planning level, the National HIV/AIDS Strategy should be linked to the National Youth Strategy, reproductive health strategy, and strategy for TB. At the service delivery level, HIV should be integrated into training programs, tools, checklists, and quality assurance systems for a variety of health issues, including TB, sexually transmitted infections, and family planning services. This will help normalize HIV education, counseling, testing, and treatment services and reduce the number of missed opportunities to educate, counsel, and test those at risk, and to provide treatment options and prevention services for those who are HIV-positive. HIV, along with reproductive health and sexuality, should be also addressed within high schools. Youths need to understand their bodies and be prepared to make healthy decisions well before they enter universities. Comprehensive RH/HIV and sexual health programs for youth should serve as the basis for reliable information where they can learn about their bodies, relationships, life skills and decisionmaking.

Institutionalize and increase the sustainability of services for high risk groups. Access to quality HIV/AIDS prevention, care, support and treatment services, especially for vulnerable populations, is still limited. Organizations willing to work with these groups are still nascent. Although there is now more information available about what these populations need, resources and technical assistance must be direct to NGOs and health organizations serving these populations to ensure sustainability of their programs. Capacity building efforts should focus on improving and maintaining quality, further developing or strengthening skills, systems and tools. In technical areas, this should include delivering voluntary counseling and testing, strategic behavioral communication, monitoring and evaluation, STI prevention and treatment, and support for those living with HIV.

Organizational development should address resource development, strategic planning, and program and financial management. IMPACT/Jordan used the Technical and Organizational Capacity Assessment Tool to assess the capacity of several NGOs. The results from this assessment can continue to guide capacity development efforts for each NGO. Workshops, on-the-job training, and site visits/study tours proved to be effective ways to build individual and organizational capacity of local partners. These local counterparts will continue to benefit from exposure to cutting edge, innovative, and state-of-the-art programs, as well as best practices and lessons learned from other countries. For example, the USAID-funded HIV Prevention Project in Indonesia, which is also responding to an epidemic in a predominantly Muslim, conservative society, can offer Jordan models and programming ideas to enhance current strategies and activities. These NGOs are trailblazers in Jordan, so the more mentoring, advice, and support they receive, the more effective their programs will be.

Strengthen and expand the NGO network. The existing NGO network, which plays a critical facilitation and supportive role among NGOs, should be strengthened and expanded. Currently, the network is fragile, and highly dependent on external funding, support, and leadership The NGO members—fragile themselves because of limited resources and stigma related to populations they serve—rely on the network for motivation, support, and opportunities to learn from and work with one another. The network should be expanded to better reflect the

multifaceted nature of HIV. It would benefit from the inclusion of additional members, such as a National AIDS Program representative, media, human rights groups, and other health related programs that could advocate for the need and value of programs working with high risk populations in Jordan. There is a clear need to define network leadership related to coordinating, facilitating, and monitoring the network. The NGO network should establish a steering committee and meet regularly. NGOs can elect steering committee representatives, who would attend and report to other NGOs on their activities, best practices and lessons learned.

Continue technical assistance to National AIDS Program and Ministry of Health. The National AIDS Committee, National AIDS Program, and Ministry of Health have significantly increased their capacity in HIV/AIDS technical areas. This has allowed them to play a pivotal and successful leadership role in Jordan's response to the epidemic. As the epidemic in Jordan continues to evolve, more information becomes available about HIV and the epidemic in Jordan. The National AIDS Program must have access to the latest technical updates, innovative program ideas, and global best practices. Continued technical assistance in public health topics will ensure they have current knowledge from a public health and medical perspective. Additional organizational development and capacity building in program management and evaluation, coordination, strategic planning, and resource development will ensure they can lead a sustainable, unified, effective and efficient response in Jordan.

Increase data related to the STI/HIV epidemic and strengthen mechanisms to use that data to inform program and policy decisions. Critical gaps in information about HIV/AIDS/STIs continue to exist in Jordan, especially among vulnerable populations. A lack of information makes it difficult for the general population to understand HIV/AIDS and for partners to develop programmatic responses. Additional strategic information is needed to inform the National AIDS Program strategy and to guide program design, implementation, and evaluation. For example, the formative assessment on men who have sex with men focused on west Amman, a well educated, cosmopolitan, upper middle class group of men who are most likely not representative of all men who have sex with men in Jordan. HIV programmers should continue efforts to gather more data about other segments of this population in Jordan. It is essential to improve monitoring of HIV systems in Jordan so they are active rather than passive. Conducting a behavioral surveillance survey is essential to better understand and address risk behaviors. Mechanisms should be established and supported to ensure that findings and up-to-date data is relayed back to stakeholders, HIV programmers, and policymakers after they have been analyzed.

Document and disseminate lessons learned and best practices. Jordan is considered a leader in the response to HIV in the Middle East Region, and IMPACT/Jordan was one of the most successful HIV/AIDS programs in the area. Materials, experiences, tools, and resources developed through IMPACT can be shared with other countries to jump start their response. For example, IMPACT/Jordan's voluntary counseling and testing training materials were used to expand VCT Centers under the Global Fund. These resources could be distributed to other National AIDS Programs to help counseling and testing in other countries. IMPACT/Jordan staff worked closely with and provided technical assistance to UN agencies in country and regional offices: UNAIDS, UNICEF, UNFPA and UNESCO. These relationships can be an effective mechanism to disseminate tools, resources, and best practices throughout the region. Jordan should continue its leadership role in the Middle East's response to HIV, using lessons learned to help neighboring countries address barriers and solve problems through proven approaches and innovative activities.

HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES

Implementing Partner Matrix for IMPACT/Jordan

NGO Name	Geographic Location	Target Population(s)	Budget (US$)	Intervention	Project Dates
Family Guidance and Awareness Center	Zarqa	Vulnerable young males (out-of-school youth) working in handicrafts and industrial complexes	$36,751	Behavior change communication activities, peer education, mentoring, risk reduction, health education sessions, referrals and linkages to health services	April 1, 2006–Nov. 30, 2006
Family Health Group		Women	$41,314	Conduct a cross-sectional study of women presenting to OB/GYN clinics consisting of a questionnaire and testing for RTIs	Jan. 1, 2003–Sept. 30, 2003
Horizon Strategic Study Center		Sex workers and vulnerable women	$46,604	Adaptation and development of sex worker peer education tool kit for sex worker peer education programs (in Arabic)	April 1, 2006–Dec. 31, 2006
Jordanian Association for Family Planning and Protection		Female youth, detainees in juvenile and rehabilitation centers, and "gatekeepers"	$47,299	Strategic behavioral communication programs with peer education and use of community volunteers, health education sessions, counseling and advocacy for improved access to medical services	April 1, 2006–Dec. 31, 2006
Jordan Red Crescent Society		Men who have sex with men and other vulnerable male youths	$49,995	Mapping and formative assessment to identify areas of vulnerability and risk behavior patterns within Amman, and establishment of Safety First Drop-in Center	April 1, 2006–Dec. 31, 2006
Khawla Bintul al Azwar Association		Sex workers and other vulnerable young females	$47,593	Peer education, home visits, health sessions at the Center, skill building/training (computers, cooking, etc.), edutainment, referral and linkages for STI evaluation, and other social, economic, legal services, and continued advocacy at various levels	April 1, 2006–Dec. 31, 2006

Subproject Highlights

Implementing Agency:	**Family Guidance and Awareness Center**
Geographic focus	Zarqa
Target population	Vulnerable young males
Length of support	April 1, 2006–Nov. 30, 2006
Level of support	US$36,751

Organization Profile

The Family Guidance and Awareness Center (FGAC) is an NGO affiliated to the Housewives Association that was established by virtue of the decision number 639, issued by the Social Development Directorate in 1982. The Housewives Association is comprised of a general assembly with 100 members, a board of directors (seven members and two reserve members) and a trained staff that specializes in psychological, social and legal consultation, in addition to the legal department. Elections are held every three years, and the board of directors meets every month. There is also an annual meeting of the general assembly in which the financial and administrative report is submitted to the Ministry of Social Development and to the Voluntary Associations Union. FGAC has Articles of Association that guide the way the organization functions. Services are free to the local community. The center has a fully certified auditor and a full-time financial manager.

FGAC has conducted a Study of Child Labor and Training of Trainers for people working in the field of combating domestic violence and has issued booklets, posters and other materials.

Background

As part of the IMPACT/Jordan Project, the Family Awareness and Guidance Center supported vulnerable young males working in handicraft and qualified industrial zones in Zarqa with behavior change communication activities, peer education, mentoring, risk reduction, health education sessions, referrals and linkages to health services. The project goal was to increase the level of awareness and promote the adoption of preventative behaviors among at risk male youths (aged 18–24) on issues related to sexually transmitted infections and HIV/AIDS in small businesses and at the Dleil Industrial Complex in Zarqa.

FGAC had five specific project objectives:

1. Increase capacity of 20 peer educators to conduct peer education activities among young men in small businesses in Zarqa and the qualified industrial zones.
2. Increase knowledge of HIV/AIDS/STIs, and prevention skills/behavior change among young men in small businesses in Zarqa and the qualified industrial zones.
3. Increase discussion about HIV/AIDS/STIs, sexuality, alcohol/drug abuse/use, gender issues, socioeconomic context of HIV/AIDS among young men in small businesses in Zarqa and the qualified industrial zones.
4. Increase referrals among young men in small businesses in Zarqa and the qualified industrial zones to comprehensive health services to male youths.
5. Increase knowledge of and commitment to HIV/AIDS workplace prevention interventions and development of referrals to health services among senior management of industrial zones and small business owners.

Accomplishments

- Training of trainers and behavior change communication material design workshops were conducted.
- There were 6,590 members of the target group reached with peer education outreach.
- There were 422 vulnerable males reached with voluntary counseling and testing information.
- There were 25 referrals to voluntary counseling and testing services.
- Barriers and motivators for attending voluntary counseling and testing were documented.
- The project gained support among senior management at the qualified industrial zones, and 15 qualified industrial zones were reached.

Outputs and Challenges

- FGAC successfully overcame rejection by the community at the beginning of the program to discuss AIDS as it relates to sexual practices.
- FGAC successfully overcame refusal to allow the condom discussion as prevention for HIV/AIDS because it was considered commercial promotion of a foreign product.
- FGAC successfully overcame initial refusal for carrying out activities at qualified industrial zones by management because it could potentially decrease profits.

The initial support of the Dleil governor helped convince qualified industrial zone management to participate in the programs, and the continued advocacy and meetings by project staff increased commitment to activities. Owners of small businesses were willing to distribute brochures or post messages, such as stickers or stands in their workplace. The sustainability of awareness activities was raised by the community because they were concerned about the continuity of such activities. The positive impact of the support gained from the community and stakeholders facilitated the implementation of the program activities in small businesses and the qualified industrial zone.

Recommendations for the FGAC project:

- Facilitate the process of receiving voluntary counseling and testing services by the small business community in terms of accessibility, time and location.
- Strengthen the referral process by clarifying roles and responsibilities and formalizing steps.
- Ensure that all risk behaviors identified by the peer educators are well documented.
- Identify what type of behavior change communication materials should be produced.
- Develop a checklist for supervising the quality of outreach work.
- Support of stakeholders is directed toward having more effective advocacy in terms of exerting direct influence on HIV /AIDS prevention programs, workplace policy, program implementation and resource allocation.
- Encourage sharing experiences and success stories with other workplaces.

Implementing Agency:	**Family Health Group**
Geographic focus	Amman and Zarqa
Target population	Women
Length of support	Jan. 1, 2003–Sept. 30, 2003
Level of support	US$41,314

Organization Profile

The Family Health Group (FHG), registered in 1995, is an independent nonprofit organization. It was established to bring together a multidisciplinary group of health and non-health professionals to coordinate efforts to improve family health in a sociocultural context. At present, FHG is an affiliate of the Jordan University through a collaboration agreement.

The FHG started its first group activity in September 1996. Funded by the Ford Foundation, the project aimed to review the laws and policies affecting women's health in four countries in the region, conduct an intervention study on the quality of reproductive healthcare, and organize a regional dissemination activity.

The FHG has experience in carrying out indepth comprehensive research skills in the area of reproductive health. FHG conducted a baseline needs assessment of women's reproductive health morbidity that was funded by the Ford Foundation and, then, designed interventions. One major component of this project was the training of provider of care and managers on all aspects of healthcare delivery ad management. Interventions at the facility level also included infrastructure improvement and establishment of a women's clinic. A health education intervention package was also developed and delivered to women through community volunteers.

Background

As part of the IMPACT/Jordan project, FHG conducted a cross-sectional study of women seeking care at OB/GYN clinics. It consisted of a questionnaire and testing for reproductive tract infections (RTI). The overall goal of this study was to improve the quality of STI/RTI care provided to women by improving the national RTI/STI case management guidelines. This overall goal comprises the following general objectives: (1) to determine the prevalence of STIs/RTIs in women attending OB/GYN clinics at primary healthcare facilities in Jordan; (2) to determine the validity of the current Jordanian flow chart for vaginal discharge; and (3) to determine the etiological agents causing vaginal discharge in women.

Accomplishments

- Improved national RTI/STI case management guidelines
- Increased understanding of the RTI prevalence and the etiological agents causing vaginal discharge in women who seek care at OB/GYN settings in Jordan
- Identified demographic, behavioral, social, sexual, obstetrical, and medical risk factors associated with STIs

Conclusions and recommendations: RTIs are prevalent among Jordanian women in the selected sites. A small proportion of RTIs are caused by sexually transmitted organisms, mainly *C. trachomatis*, *N. gonorrhoeae*, and *T. vaginalis*. Most of the cases of RTIs are due to vaginitis. Ministry of Health clinicians tend to over-diagnose and over-treat RTI cases, despite being

trained on using RTI algorithms. Providers of sexual and reproductive healthcare need to be alerted to the possibility of RTIs among all women. Therefore, history taking and physical examinations ought to be routine for the detection of these conditions. Treatment guidelines for symptomatic general population women should be further refined. STI/RTI training, information and guidelines should be updated and disseminated. Diagnostic capability for gonorrhea (GC) or Chlamydia (CT) should be expanded in major hospitals.

Implementing Agency:	**Horizon Strategic Study Center**
Geographic focus	Amman and Zarqa
Target population	Sex workers and at-risk women
Length of support	April 1, 2006–Dec. 31, 2006
Level of support	US$46,005

Organization Profile

The **Horizon Strategic Study (HSS) Center** is a registered nongovernmental, non-religious, and nonprofit organization created in Amman, Jordan in 1992. HSS staff includes prominent researchers and specialists from Jordan and around the Middle East, who bring expertise in areas such as mass media, economics, sociology, public health, psychology, political science, tourism, agriculture, and the environment. The organization employs three full time staff members and contracts with specialized consultants as needed.

HSS is currently working on a number of different HIV/AIDS programs and has well established relationships and good communication with government agencies and NGOs working on both gender and HIV/AIDS issues. HSS consultants have participated in many studies exploring knowledge, attitudes, behaviors and practices related to HIV/AIDS among specific populations in Jordan. HSS is in the final stages of the "Women and HIV/AIDS in Jordan Study" that has been conducted in collaboration with the United Nations Development Fund for Women (UNIFEM). HSS is also working on AIDS issues through a voluntary based network consisting of out-of-school youth working to prevent HIV/AIDS infection at all community level. These volunteers were selected to be community peer leaders and are organized by the Youth Against AIDS Unit. This unit is organized and managed by youths with supervision by an HSS manager. Activities of the unit include organizing workshops for peer leaders and vulnerable groups and bridging groups in collaboration with Jordanian NGOs and the National AIDS Program. Outreach visits and educational sessions for out-of-school youth and female sex workers are now conducted by field worker volunteers in the Youth Against AIDS Unit.

Background

As part of the IMPACT/Jordan project, the Horizon Strategic Study Center targeted sex workers with their production of the “Talk to a Friend” training toolkit and training of trainers for 50 sex workers and vulnerable women. The goal of this project was to adapt and develop a comprehensive "Sex Workers Peer Educators Toolkit" into the Arabic language. The primary project objective was to establish a well trained network of female sex workers and other peer leaders and further build their capacity to use this toolkit and to train others to use it. Horizon collaborated with Khawla Bentul al Azwar Association to pretest the “Sex Workers Peer Education Toolkit.” A major challenge of this project was getting sex workers to participate in

the focus group discussions. Horizon was able to overcome this by looking to other NGOs for help in recruiting sex workers.

Accomplishments

- Conducted focus group discussions with NGO members, community members and sex workers
- Collected and translated relevant materials for the "Talk to a Friend" Training Toolkit
- Reviewed and adapted the Toolkit
- Completed two rounds of pretesting
- Produced the Toolkit
- Conducted two training workshops for peer educators using the Toolkit
- Evaluated the Toolkit

Outputs and Challenges

- Cooperation and networking among NGOs working in HIV/AIDS has facilitated the process of reaching female sex workers and getting them to participate in trainings and evaluations.
- Understanding the social, economic, HIV/AIDS knowledge, and educational background of female sex workers through the data accumulated by other FHI IAs has helped to produce a toolkit appropriate for the local culture.

Implementing Agency:	**Jordan Association for Family Planning and Protection**
Geographic focus	Amman
Target population	Female youths, youths in juvenile and rehabilitation centers, and "gatekeepers" or secondary targets
Length of support	April 1, 2006–Dec. 31, 2006
Level of support	US$47,299

Organization Profile

The Jordanian Association for Family Planning and Protection (JAFPP), an NGO founded in 1971, is devoted to assuring access to high quality family planning and reproductive health services for women, young people and the socially disadvantaged. The organization works to create the conditions for a happy and stable family from a physical, psychological, social and economic perspective. JAFPP is an affiliate of the International Planned Parenthood Foundation (IPPF) and a member of Jordan National Population Commission (NPC).

JAFPP consists of two axis: the voluntary axis, consisting of 231 members of the general assembly, which elects the 11-member board of directors, and the executive axis. The main role of the executive team is to execute approved policies and strategies, develop and implement the work plan and budget, and monitor and evaluate the programs and projects of the association based on the goals and objectives of the JAFPP Strategic Plan (2001–2006). The association has several qualified medical doctors on staff, as well as a board member who is part of National AIDS Program. JAFPP is implementing several projects in the areas of family planning,

reproductive health, clinical services, male participation, youth to youth, and women empowerment and advocacy in population issues.

In 1996 JAFPP began targeting the most vulnerable youth, men, and women and implementing programs to address their needs. Since Jordan has a low HIV prevalence, some of these projects aimed to raise awareness and knowledge of the dangers of HIV/AIDS and STIs among various sectors of the society. However, JAFPP recognizes that projects targeting high risk groups must move beyond raising awareness and focus on imparting behavior change messages, as well. Through its different projects, JAFPP has prepared and distributed many printed materials containing information on this subject. JAFPP has also integrated HIV/AIDS and STI components into all of its activities such as lectures, seminars, workshops, and innovative festivals for youth. The festivals were very successful; one in Amman drew more than 1,500 youths and teachers and had with the support of the Ministry of Youth. Festival events include drama shows, skits, and speakers that drew attention to HIV/AIDS and other important issues facing youths, such as drugs and reproductive health. JAFPP has also taken advantage of local and international occasions, such as World AIDS Day, to raise awareness of HIV.

Background

JAFPP's goal under IMPACT was to increase the level of awareness and to promote the adoption of preventative behaviors among the detainees and staff of rehabilitation and juvenile centers on issues related to STIs and HIV/AIDS. Three project objectives were: 1) to implement a behavior change program at four juvenile centers; 2) to develop behavior change material for a juvenile center based program; and, 3) to advocate for HIV prevention and care services at the juvenile centers. As part of IMPACT/Jordan, JFPP conducted eight workshops for community volunteers, staff, and female detainees in juvenile and rehabilitation centers. They reached 2,382 detainees and 819 staff members through awareness sessions, distributed 20,000 information education and communication materials, and helped 65 detainees through one-on-one counseling sessions. Through the advocacy meetings JAFPP aimed to find new strategies that would contribute to program sustainability. JAFPP also emphasized that working with the staff at the juvenile and rehabilitation centers will facilitate future interventions at these sites.

JAFPP faced implementation delays due to various challenges: delay in signing the subagreement and the money transfer; delay in receiving formal written approval necessary to initiate project activities; requirements to ask for repeated approvals and go through repeated procedures to implement the different activities of the project; and abrupt postponing of planned activities at rehabilitation centers due to security procedures. They also faced difficulties in recruiting volunteers with enough skills and backgrounds about health awareness programs. Primary recommendations from this project are to increase the HIV/AIDS knowledge of the staffs at the juvenile and rehabilitation centers. This will help them be more involved in future behavioral change efforts. It is also critical to streamline the approval process from the centers and create a more enabling environment to support the implementation of project activities.

Accomplishments

- Conducted two workshops for 41 community volunteers
- Conducted three workshops for 71 staff members
- Conducted two workshops for 48 detainees
- Conducted one workshop on indepth counseling, referrals, and testing for 17 community volunteers

- Reached 2,382 detainees and 819 staff members through 131 awareness sessions
- Conducted 65 one-on-one counseling sessions
- Distributed 20,000 IEC materials
- Hosted advocacy meeting for stakeholders and decision makers
- Hosted 10 informational meetings at five additional detention centers
- Hosted one monitoring meeting for 30 facilitators and representatives of centers

Implementing Agency:	**Jordan Red Crescent Society**
Geographic focus	National study conducted in Amman
Target population	Men who have sex with men and other at-risk male youths
Length of support	April 1, 2006–Dec. 31, 2006
Level of support	US$47,933

Organization Profile

Jordan Red Crescent Society (JRC) is a legally recognized NGO. It is independent from the government and has no religious or cultural affiliations. This policy allows JRC to remain neutral and impartial in their offers of assistance, although the organization maintains good lines of communication with all governmental ministries. Since its formation, the JRC has sought to alleviate the suffering of vulnerable people, while adhering to seven principles upon which the movement is focused: humanity, neutrality, independence, unity, voluntary service, impartiality and universality. JRC's priorities are: emergency preparedness, emergency response, promotion of humanitarian values, and social and health services. The society's diverse activities are implemented through its branches in Balqa, Irbid, Ajloon, Madaba, Tafileh, Ma'an, Karak, Mafraq and Aqaba together with the youth and student branches. Each of the branches runs individual activities that are tailored to meet the particular needs of their local community.

In May 2002 the Jordan Red Crescent launched its national campaign against HIV/AIDS as an integral part of the Federation's Global Program and began implementing its awareness training, "The Truth about AIDS…Pass It On." It was the first project of its kind that was based on youth peer education and involved community leaders in its planning and implementation. At the national level, JRC has held numerous trainers' workshops and other trainings for peer educators, Ministry of Health staff, universities and civil society organizations working with youths who have subsequently incorporated JRC's programs into their own. JRC is a member of the Jordan UN HIV/AIDS Theme Group, National AIDS Committee, and the Regional Arab Network Against AIDS network (RANA). Additionally, the president of the Jordan Red Crescent is the vice chairman of National AIDS Committee.

Background

In cooperation with IMPACT/Jordan, JRC implemented an awareness program for the prevention of HIV/AIDS to offer critical services to vulnerable populations and high risk groups. The project had four specific objectives:

- Increase available data on men who have sex with men and other vulnerable male youths and activities in Jordan for programming and decision making among national stakeholders, including implementing agencies and international donors.
- Improve the capacity of the Jordan Red Crescent in the field of HIV/AIDS, specifically working with men who have sex with men and other vulnerable young males.

- Increase prevention practices among men who have sex with men and other vulnerable young males, particularly promotion of safer sexual practices.
- Increase the likelihood that men who have sex with men and other vulnerable young males will seek healthcare, HIV counseling, regular testing, and sexually transmitted infection screening, testing and treatment.

Through their project activities, JRC learned important lessons that will help direct future programming:

- Fear and stigma deter men who have sex with men from taking part in the project and also make it hard to get in touch with them.
- Some men who have sex with men are harder to reach than others, for example, men who are from poor socioeconomic backgrounds.
- Men who have sex with men prefer self-administered questionnaire to indepth interview.

Accomplishments

- Participated in study tour to Beirut
- Two training workshops for volunteers and staff
- Conducted formative assessment about men who have sex with men in Amman:
  - Indepth interviews
  - Self administered questionnaires
  - Mapping for locations where men who have sex with men meet
  - Key informant interviews
- Established and equipped a drop-in center within the premises of JRC
- Technical review and finalization of the report on men who have sex with men in Amman study

Implementing Agency:	**Khawla Bintul al Azwar Society**
Geographic focus	Zarqa
Target population	Sex workers and other at-risk female youth
Length of support	April 1, 2006–Dec. 31, 2006
Level of support	US$44,420

Organization Profile

Khawla Bintul al Azwar Society is registered with the Ministry of Social Development as an NGO. It began activity in 2003 and was officially registered in 2004 by a group of concerned community members who sought to enable and activate the women in the society, concentrating on the concepts of change, accomplishment, work, and the respect of traditions and culture. The society has a general assembly of 50 members that elect an administrative committee every two years.

Program areas of Khawla Bintul al Azwar Society are:

- Development for the family and reduction of poverty and ignorance
- Development of income-generating micro-enterprises for poor families
- Training for girls in handcraft production
- Literacy training for girls
- Marketing of homemade products made by vulnerable girls

- Counseling and rehabilitation of young, vulnerable girls and related services for their families
- Support to orphans, guardian and helping poor families

Khawla Bintul al Azwar Society established strong relationships with the public and private sectors with the aim of enhancing its services and ability to achieve its goals through networking. For example, Khawla worked with Questscope for development in the Middle East; Questscope provided the society with capacity building support and important training of volunteers. Khawla offers vocational training for vulnerable girls and women in the community, such as cooking, sewing, crafts, beauty training, computer training and language schooling, in addition to recreational activities such as drama, sports clubs, and a reading room. The society has initiated numerous income-generating, micro-enterprise activities and has a program to distribute small business loans and seed money to women involved in this project. Khawla signed an agreement with the Ministry of Social Development to start additional trust/credit fund and micro-enterprise activities. Moreover, the society held symposiums and delivered lectures to the women in the local community in cooperation with Family Awareness and Counseling. Khawla also has strong links to medical doctors, who collaborate with the society to deliver speeches, health educational sessions and sometimes offer medication.

Background

As part of IMPACT/Jordan activities, the Khawla Bintul al Azwar Society implemented an HIV/AIDS prevention program for female sex workers and other vulnerable female youth through peer education outreach, center-based vocational trainings, health education sessions, individual and group counseling for female peer educators, community workshops for stakeholders, and referrals for health issues, and voluntary counseling and testing services. Since the project began in April 2006, 164 vulnerable women were reached through peer education outreach and approximately 85 percent attended HIV/STI and psychological health workshops. Peer educators and staff made 70 home visits to vulnerable women and helped host two handicraft exhibitions and two drama performances. Through their work with high risk populations under the IMPACT Project, Khawla staff became more qualified to work with the target group. They gained significant experience and learned valuable lessons about how to overcome challenges, establish meaningful relationships, develop preventive and therapeutic activities, and meet the needs of vulnerable women. Phase 2 of the project they initiated under IMPACT is now being funded by a USAID/Jordan Cooperative Agreement with FHI for the 2007 fiscal year.

Outputs and challenges

Throughout the life of the project, Khawla faced significant challenges and learned important lessons that will guide future programming:

- Community and religious stakeholders played a vital role in recruiting female volunteers for the project.
- Reaching female sex workers and enrolling them in the activities of the project requires several outreach visits. However, it was found that sex workers are willing to distribute brochures and disseminate information about HIV/AIDS to their peers.
- Outreach work involves some risks that needed to be carefully assessed by the Bushra team. In addition to personal safety issues, outreach workers are at risk of being arrested and are subjected to HIV/AIDS-related stigma. This was overcome by having male volunteers accompanying the team members in outreach activities, especially when they

enter into brothels. However, male volunteers are not taking part in discussions with sex workers.

- Stigma affected the staff and volunteers of the Bushra project because of their work with sex workers. Khawla staff and volunteers gained the support of their families, which is critical because they live and work in a very close community.
- Sex workers' participation in project activities was difficult because of the long hours of these activities. For example, vocational trainings were held from 10 a.m.–2 p.m.
- It was necessary to adjust the hours for one-on-one counseling to accommodate the female sex workers.
- Some health service providers refused to provide medical exams and reproductive healthcare services to sex workers who were referred there. Advocating with management level personal to take in female sex workers was successful, but the sex workers were stigmatized and treated badly by the healthcare providers.
- There is a lack of knowledge about HIV/AIDS among some healthcare providers.

Recommendations for the Khawla Bentul al Azwar Society project include:

- Follow up on providing female sex workers with condoms on site and through peer educators.
- Assess the quality of education offered by peer educators in condom negotiation and condom use demonstration, and provide training as necessary.
- Set out selection criteria for recruiting volunteers and ensure that an approved code of conduct is utilized.
- Explore other options for health referrals.
- Explore the possibility of modifying the timing of project activities to be responsive to the needs of female sex workers, but at the same time ensure that these activities are still reducing their risky behaviors.

Accomplishments

- Held training on behavior change communication, computer skills, evaluation and HIV/AIDS for the project staff.
- Held 28 training sessions for female peer educators
- Provided 63 individual counseling sessions to PE.
- Referred 22 individuals for health issues (reproductive health/STI)
- Reached 21 vulnerable women who sought voluntary counseling and testing services
- Reached 164 vulnerable women through PE outreach
- Reached 140 women, who attended HIV/STIs and psychological health workshops
- Made 70 home visits to vulnerable women
- Held two crafts exhibitions
- Held two drama performances
- Held two community workshops for 46 people from the local community and official representatives from the governorate

Attachment A: Country Program Financial Summary

Since 2000, USAID has committed US$1,900,000 to IMPACT/Jordan. The IMPACT/Jordan Program closed on March 31, 2007. The FHI/Jordan country office continues to support activities initiated through IMPACT with a cooperative agreement from USAID.

Table X: Breakdown of Funding by Fiscal Year

Fiscal Year	Total Funding Obligated
2001	US$300,000
2002	US$300,000
2003	US$200,000
2004	US$400,000
2005	US$500,000
2006	US$200,000
IMPACT/Jordan Total	**US$1,900,000**

IMPACT/Jordan implemented the following subagreements over the life of the project:

Implementing Agency	Total Life of Project Budget
Family Guidance and Awareness Center	US$ 36,751
Family Health Group	US$41,314
Horizon Strategic Study Center	US$ 46,005
Jordan Association for Family Planning and Protection	US$ 47,299
Jordan Red Crescent Society	US$ 47,933
Khawla Bintul Azwar Association	US$ 44,420

Attachment B: Case Studies

Case Study #1 – Family Guidance and Awareness Center (FGAC) Responding to AIDS in the Workplace

A large multinational workforce lives away from home and shares work space, meals and dormitories. Adolescent boys training to be mechanics, hairstylists, and bus drivers—farthest down in the business hierarchy—caught in power relationships over which they have no control. These are situations that have proven to be breeding grounds for risky sexual behaviors and these are the populations that staff at the Family Guidance and Awareness Center in Zarqa decided to target with their HIV/AIDS peer education program.

Through their partnership with FHI, the center chose twenty volunteers to participate in an HIV/AIDS training of trainers, preparing them to share the information they learned with their colleagues. As challenging as it was to convince young people to discuss an issue with so many stigmas attached, convincing factory managers in the Qualified Industrial Zones (QIZ) in the area of Dleil that their staff was in dire need of HIV/AIDS awareness and behavior change counseling was even harder. It fell to Enas Durgham, a legal advisor at the center, to go door-to-door and try to persuade the managers of 15 factories. Many were reluctant, with some refusing her turning her away until she went back with a local official. With the official's help, the managers agreed to the training; however, because of the nature of factory work, the only time they could allocate for the training was the time-slot normally given for prayer or lunch.

Within two months, ten peer educators had trained staff at the 15 factories. Foreign workers received brochures on HIV/AIDS from FHI in their own languages, and those with a sufficient knowledge of Arabic would translate the awareness sessions for the rest. Some workers who were interested in learning more asked to see the peer educators outside working hours. They met at cafes in the evening and continued the training.

The peer educators soon found out just how crucial their training was. Feelings of frustration and depression were rampant among the factory workers, due to homesickness and boredom from their jobs. Sex is recreational and breaks the monotony of factory life. Practicing safe sex is largely an unknown concept.

Ten peer educators were sent to small businesses in the Zarqa area. Working in groups of two, they approached the business owners and asked for a few moments of their time. Most were willing to listen to the peer educators and seemed happy to be engaged. As the peer educators became better known, business owners invited them to speak. Some agreed to have brochures or posters left in their offices.

One of those peer educators was Saed Raghib, 27. He had been working as a peer educator with the center for 11 years—five in HIV/AIDS programs—when he was asked to participate in the small business project. Raghib had been beaten up by gang members when he approached them on the topic of HIV. He was cautious about contacting mobile phone vendors, but most agreed to listen to him. Some even consented to be tested.

As the educators worked through the area, details about their target group began to emerge. In the hierarchy of these businesses, younger trainees answer to the older ones and all answer to the

boss's assistant. Abuse of power and demanding sexual favors from those lower down is common. Younger workers learn that the way to control is to exploit, and a vicious cycle is unleashed. Sometimes they also learn that others are willing to pay for what their supervisors take, and they use sex to make some extra money.

With an initial target group of 1,000, the Family Guidance and Awareness Center were delighted to reach 6,940 people through their program. The staff is concerned that they cannot ensure the continuity of their program because of the large turnover of factory workers.

Peer educators in both groups paid follow up visits to those they had trained. Some encouraging signs were that 25 individuals had gone to the Voluntary Counseling and Testing Center for follow up and many factory workers reported practicing safer sex or abstaining until they returned to their families.

Enas and Abeer Balawi, a psychologist at the center, both said that other than the resistance they initially faced from the peer educators and factory managers, the main problem they had was supporting the volunteers financially. "We understand that volunteers can't be paid; however, since we are taking them away from work or school, the least we can do is pay for their transportation and a light meal. It is very difficult to secure funding for field work," Abeer said.

Case Study #2 – Khawla Bintul al Azwar Association Preventing the Spread of HIV by Helping Vulnerable Women

To invite female sex workers to enroll in the program it had initiated as part of IMPACT, the Khawla Bint al Azwar Society needed a way to approach them. The holy month of Ramadan, the month of alms giving, provided the opportunity. Members of the society took a small amount of money to the sex workers' homes as charity. After being invited in for a coffee, the members explained that they were starting a program aimed at behavior change, vocational training and HIV prevention. The society recruited 20 female sex workers who were willing to become peer educators.

IMPACT's program with the society involved behavior change counseling activities for female sex workers through peer education and staff-led activities, such as home visits, health sessions at the center, skills building, edutainment, referral and linkages for sexually transmitted infection evaluation with gynecologists, and other social, economic and legal services. The participants attended 28 training sessions and participated in 63 individual counseling sessions.

After attending HIV/AIDS trainers' training and behavior change counseling sessions run by IMPACT, the participants were equipped to become peer educators. Each woman visited a minimum of two other sex workers per month to pass on the knowledge they had gained. In this manner, 164 additional women received information on HIV/AIDS prevention, while 140 women were persuaded to attend HIV/STI and psychological health workshops at the center. As a result, 21 women were referred to the VCT Center for testing, 22 were referred for reproductive health and STI issues, and most reported they had made changes to reduce their risk of infection in the course of their work.

The society is now rethinking its approach to such a sensitive project. While the women in the

society are proud of their achievements, success did come at a price. The society, located in a residential area in the conservative city of Zarqa, has suffered from a decline in its reputation. Though the society tried to keep the program low key, word of the nature of the program and its participants has gotten out. The society Director Abeer Jameel is worried about the effect the sex worker program will have on the society's other activities—a productive kitchen, salon and gym. Recently, one of the hairdressers in the salon informed them that her husband had been hearing troubling gossip about the society and wouldn't allow her to return to work.

Nevertheless, the members of the society are eager to continue what they have begun. Maha Abdal Al, a member of the board said, "Going into the homes of sex workers in the beginning was very difficult. We are respectable women with children. We had no idea how many sex workers were in our area. Now, we realize that this issue affects all of us and that it's up to people like us to affect change within our communities." She would like the society to support the formation of a network of community-based organizations, NGOs, the private sector, the local community, the government and the media to raise awareness on HIV/AIDS and high risk groups.

Attachment C: List of Publications and Materials Produced through IMPACT

- Peer education manual for youth in 2003
- Youth Participation Guide: Assessment, Planning, and Implementation (Arabic translation)
- "Delivering Voluntary HIV Counseling and Testing in the Middle East Region – Challenges and Lessons Learned from Jordan" abstract presented at the XVI International AIDS conference, Toronto, Canada, 2006.

Attachment D: Summary of Workshops Conducted

Table X: Summary of Workshops, Trainings, and Awareness Sessions

Event	Location	Date	Participants	Total Males	Total Female	Total
Work with Youth for AIDS prevention, Peer education workshop	Amman	Aug. 5–8, 2002	Youth			22
Peer education workshop at Family Guidance & Awareness Center	Zarqa	Sept. 15–19, 2002	Out-of-school youths	20	0	20
Peer education training by Ahmad Zghoul	Zarqa	Aug. 11–13, 2002	Youth participating in the camp	45	0	45
Awareness session by Ahmad Zghoul	Zarqa	Aug. 22, 2002	Youth	15	0	15
Awareness session by Ahmad Zghoul	Zarqa	Oct. 1, 2002	Students	39	0	13
Awareness session by Ahmad Zghoul	Zarqa	October 2002	Students	18	0	18
Peer education workshop with student council UOJ	Amman	Nov. 18–27, 2002	University students	6	7	13
Lecture on HIV/AIDS at University of Jordan	Amman	December 2002	University students	34	46	80
Lecture on HIV/AIDS by Ahmad Zghoul	Zarqa	September 2002	Students	36	0	36
Lecture on HIV/AIDS by Ahmad Zghoul	Zarqa	November 2002	Students	60	0	60
Behavior change communication workshop	Amman	Feb. 11–14, 2002	Ministry of Health & NGO staff			
Peer education workshop with student council UOJ	Amman	May 10–17, 2003	University students	8	29	37
Peer education workshop with student council UOJ	Amman	Aug. 18–20, 2003	Students from different universities	9	17	26
STD training	Amman	Feb. 5–6, 2003	Doctors & study staff	11	9	20
STD training	Amman	May 5, 2003	Doctors & study staff	10	23	33
Peer education workshop	Amman	May 18–20, 2003	Students	10	18	28
Peer education	Lecture	May 17, 2003	Students			200
Peer education	Lecture	May 10, 2003	Students			80
M&E Training	Training	Dec. 2–4, 2003	Doctors & NGOs	10	7	17
Health educators workshop	Amman	May 19, 2004	Health educators/Ministry of Health	22	12	34
Lecture on HIV/AIDS by Ahmad Zghoul	Amman	May 24, 2004	Students	31	21	50

Event	Location	Date	Participants	Total Males	Total Female	Total
Stakeholders meeting	Amman	May 10, 2004	Stakeholders & Ministry of Health			
Peer education workshop at Jordan University for Science and Technology (JUST)	Irbid	May 18–20, 2004	University students	14	10	24
Lecture on HIV/AIDS by Ahmad Zghoul	Zarqa	Aug. 15 2004	Youth	10	9	19
Lecture on HIV/AIDS Awareness by Ahmad Zghoul	Zarqa	Aug. 4–5, 2004	Youth	20	20	40
Peer education workshop	Petra	Oct. 5–7, 2004	Tourist guide	9	0	9
Lecture on HIV/AIDS by Ahmad Zghoul	Zarqa	Oct. 26, 2004	Students	0	26	26
Peer education with student council UOJ	Amman	March 16, 2004	University students	3	30	33
Peer education with Jordan Scout Youth Group	Irbid	Dec. 4, 2004	Youth	35	0	35
lecture on HIV/AIDS with community service office	Balama	Dec. 8, 2004	Youth			65
Awareness session workshop for universities	Amman	April 19, 2004	Students from different universities	18	10	28
Voluntary counseling & testing workshop	Amman	May 30–June 30, 2004	Ministry of Health staff	10	8	18
Peer education at Family Guidance and Awareness Center	Zarqa	July 5–7, 2004	Youth	15	1	16
Peer education workshop	Amman	July 26–Aug. 1, 2004	University students	14	10	24
Workshop to develop HIV strategy	Amman	Jan. 4–5, 2005	Stakeholders & Ministry of Health			64
Awareness workshop	Amman	Jan. 14, 2005	Youth			85
Peer education workshop	Irbid	Feb. 1–2, 2005	University students	41	7	48
Voluntary counseling & testing workshop	Amman	Feb. 27–March 1, 2005	Ministry of Health	8	11	19
Awareness session	Sahab	March 30, 2005	Youth	40	0	40
Behavior change interventions workshop	Aqaba	April 11–14, 2005	Tourist workers and Ministry of Health	18	12	30

Event	Location	Date	Participants	Total Males	Total Female	Total
Peer education workshop	Irbid	April 29–May 1, 2005	Youth	17	18	35
Lecture on HIV/AIDS in collaboration with youth higher council	Amman	April 15, 2005	Youth			80
NGO training workshop	Amman	June 5–8, 2005	NGO, university students			29
Peer education training	Aqaba	June 23–25, 2005	Youth	38	0	38
Awareness session in collaboration with youth higher council	Amman	July 1, 2005	Youth			62
Peer education workshop	Zarqa	Aug. 9–10, 2005	University students	17	4	21
Peer education workshop	Zarqa	July 25–27, 2005	University students			
Voluntary counseling & testing workshop	Amman	Aug. 22–24, 2005	NGOs, Ministry of Health	10	13	23
Creative design workshop	Amman	Aug. 28–31, 2005	NGO, Ministry of Health, university students	13	21	34
Peer education workshop	Waqqas	Sept. 30, 2005	Youth	14	10	24
Peer education workshop	Waqqas	Nov. 25–26, 2005	Youth	23	0	23
Awareness session	Amman	Nov. 23, 2005	Students	17	6	23
Peer education workshop	Waqqas	Nov. 22–23, 2005	Youth	25	0	25
Awareness session	Amman	Dec. 3, 2005	Refugee			12
Awareness session	Tafileh	Dec. 10, 2005	Young females	0	30	30
Awareness session	Amman	Dec. 12, 2005	Female students	0	82	82
Awareness session	Zarqa	Dec. 21, 2005	Females	0	38	38
Awareness session in collaboration with women's program center	Waqqas	Jan. 28–29, 2006	Youth	29	0	29
Youth participation guide, training of trainers workshop	Aqaba	Feb. 5–9, 2006	NGO, university students, Ministry of Health staff	16	13	29
Technical and Organizational Capacity Assessment Tool workshop	Amman	Feb. 13–14, 2006	NGOs	3	12	15
Awareness session in collaboration with Jordan Scout Youth Group	Irbid	Feb. 22, 2006	Scout	30	0	30
Awareness workshop at University of Jordan	Amman	Feb. 25, 2006	University students			47

Event	Location	Date	Participants	Total Males	Total Female	Total
Awareness session with Khawla Bint Al–Azwar	Zarqa	Feb. 27, 2006	Females	0	45	45
Awareness session with woman program center in Zarqa	Zarqa	March 3, 2006	Youth	36	11	47
Awareness session at University of Jordan	Amman	March 5, 2006	University students			60
Workplace intervention workshop "The Private Sector in the Fight Against HIV/AIDS"	Amman	March 29, 2006	Private sector, Ministry of Health	30	7	37
Joint voluntary counseling and testing/strategic behavior communication creative design workshop	Aqaba	April 8–11, 2006	NGOs, Ministry of Health staff	11	18	29
Monitoring and evaluation training	Amman	April 25–26, 2006	NGOs and Ministry of Health staff	4	14	18
Workshop for theatre-based techniques	Amman	April 27–29, 2006	University students	18	8	26
Workshop with woman program center	Waqqas	May 1, 2006	Youth	30	20	50
Monitoring and evaluation meeting with Ministry of Health	Amman	May 11, 2006	Ministry of Health HIV/AIDS focal points	7	1	8
Training for trainers workshop in Y–Peer for adapting the manual into Jordanian context	Amman	May 19–20, 2006	Youth and NGO	6	5	11
Awareness session with Jordan Scout Youth Group	Irbid	May 22, 2006	Scout	18	25	43
Awareness session with the Waqqas/UNRWA Rehabilitation Center	Waqqas	May 26–27, 2006	Youth	12	13	25
Awareness session for Standard Chartered Bank employees	Amman	June 4, 2006	Employees of the bank	70	130	200
Peer education workshop	Amman	June 15–17, 2006	Asylum seekers, refugees	11	5	16
Peer education workshop	Amman	June 28, 2006	Asylum seekers, refugees	11	9	20
Peer education workshop	Amman	June 29, 2006	Asylum seekers, refugees	11	14	25
Gender and HIV/AIDS training workshop	Amman	July 3–5, 2006	Ministry of Health, NGOs, university students	7	18	25
Peer education workshop	Amman	July 6–7, 2006	Asylum seekers & refugees	7	4	11
Voluntary Counseling & Testing Training	Amman	Aug. 7–8, 2006	NGOs	2	15	17

Event	Location	Date	Participants	Total Males	Total Female	Total
Voluntary counseling and testing training for trainers	Amman	Aug. 13–15, 2006	NGOs, Ministry of Health	6	14	20
Peer education training workshop "Working with Youth in the Prevention of AIDS"	Aqaba	Nov. 10–11, 2006	Public high school students	18	0	18
Theatre-based techniques workshop at Yarmouk University	Irbid	Nov. 27–29, 2006	University students			25

Attachment E: IMPACT sponsored participation in regional/international workshops and conferences

Date	Event	Location	Participant(s)
Nov. 10–13, 2003	Regional training of trainers in peer education	AUB University Beirut, Lebanon	Ministry of Health staff member, student from University of Jordan Student Council
July 19–27, 2003	Monitoring and evaluation training	Lusaka, Zambia	IMPACT/Jordan country director
May 16–22, 2004	Monitoring and evaluation training workshop on HIV Behavioral and Sero-surveillance	Addis Ababa, Ethiopia	Ministry of Health staff from National AIDS Program
June 21–25, 2004	Africa regional finance meeting	Cairo, Egypt	IMPACT/Jordan senior administrative assistant
Sept. 19–26, 2004	Study tour	London, England	IMPACT/Jordan country director, Ministry of Health staff member, head nurse at VCT Center
Sept. 11–19, 2004	Monitoring and evaluation, behavioral surveillance survey	Bangkok, Thailand	Ministry of Health staff (Community Medicine)
May 3–5, 2005	Inter-country workshop on the Arabic experimental multimedia	Damascus, Syria	IMPACT/Jordan country director
July 6–16, 2005	Finance meeting	Johannesburg, South Africa	IMPACT/Jordan senior administrative assistant
July 10–13, 2005	International Society for Sexually Transmitted Diseases Research	Amsterdam, Holland	IMPACT/Jordan country director & Ministry of Health staff (NAP manager and Secretary General)
July 25–30, 2005	FHI Global Management Meeting	Washington, D.C., United States	IMPACT/Jordan country director
Sept. 21–24 2005	Capacity building on outreach among vulnerable populations	Casablanca, Morocco	Jordan Red Crescent Society, Khawla staff
Sept. 19–23, 2005	Regional training of trainers in peer education workshop	Tunisia, Tunisia	Peer leaders (Yarmouk University, University of Jordan)
Jan. 30–Feb. 6, 2006	Workshop on the role of women in health awareness	Tunisia, Tunisia	IMPACT/Jordan country director, Ministry of Education staff
June 14–16, 2006	Second national conference on peer education HIV/AIDS in Kenya	Nairobi, Kenya	IMPACT/Jordan program officer, University of Jordan peer leader
March 27–31, 2006	Training of trainers in Y–Peer theatre-based techniques	Marrakech, Morocco	Noor Al–Hussein Foundation (2)
Aug. 12–18, 2006	International AIDS Conference	Toronto, Canada	IMPACT/Jordan country director and National AIDS Program
Nov. 22–28, 2006	Regional meeting for monitoring and evaluation	Cairo, Egypt	IMPACT/Jordan Program officer
Dec. 2–5, 2006	Regional Meeting for Middle East and North Africa Region (Global Fund)	Sana'a, Yemen	IMPACT/Jordan country director, Ministry of Health staff (Public Health technical)

Attachment F: Abstracts Submitted to Conferences

Abstract category: C41 Prevention programs for indigenous populations

Abstract title: Step-by-Step: Breaking Through Barriers to Deal with HIV/AIDS in Jordan

Author(s): .As'ad A.[1], Khraisat B.[2], Nary P.[3]

Institute(s): 1 Ministry of Health, National AIDS Program, Amman, Jordan; 2 Family Health International, Jordan Country Office, Amman, Jordan; 3 Family Health International, Prevention and Mitigation Division, Arlington, United States

Abstract text: Issues: Stigma, cultural traditions, close familial ties, lack of knowledge and low perception of risk discourage community discussion and hinder HIV/AIDS programming in Jordan. Although Jordan's MOH estimates fewer than 500 cumulative HIV/AIDS cases in Jordan to date, the rate of incidence is on the rise. UNAIDS estimated a six-fold increase in AIDS deaths in the Middle East and North Africa Region in 2005. However, stigma, cultural traditions, close familial ties, lack of knowledge and low perception of risk discourage community discussion and hinder HIV/AIDS programming in Jordan.

Description:

FHI/Jordan developed a gradual approach, putting HIV/AIDS on the national agenda by:

- Building strong stakeholder support for HIV/AIDS as a public health issue
- Introducing HIV/AIDS in the context of overall reproductive and public health

Three initial steps ensured sustainable programming:

- Reproductive health awareness sessions at universities were accepted by parents and other stakeholders and led to demand for more HIV/AIDS information among youths.
- Formative assessments confirmed the need for interventions among groups at high risk: tourists and sex workers.
- Dissemination of data at the national level led to stakeholder support for targeted interventions among groups at high risk.

Attachment G: Summaries of Assessments and Studies

1. Reproductive Tract Infection (RTI) /STI Study in 2003

STI study

To gauge the effectiveness of the guidelines and to gather more valuable data, the Implementing AIDS Prevention and Care (IMPACT) Project—funded by the US Agency for International Development (USAID) and implemented by Family Health International (FHI)—collaborated with the Ministry of Health to design and implement a one-time sexually transmitted infection prevalence study in 2003 for 1,200 women attending selected urban OB/GYN clinics in Jordan. Family Health Group, a local not-for-profit organization affiliated with the University of Jordan, assisted FHI in conducting this study. The study produced invaluable information on the behaviors that put Jordanians at risk for sexually transmitted infections and HIV. The information will help Jordan develop appropriate and effective STI management protocols, improve the national STI/reproductive tract infection (RTI) case management guidelines and enhance the quality of STI/RTI services.

Summary of STI study findings

- Syndrome management algorithm that relies on “risk assessment” not possible in Jordan.
- There was significant over-treatment for cervical infections based on the algorithm. Not one cervical infection was identified.
- Limited number of healthcare providers with skills in bedside diagnostics for STI/RTI.
- Counseling as an element of STI care is not currently part of the system.
- Management guidelines failed to list all possible recommended drugs.
- Study condoms were used in hospital for other purposes.
- Universal precautions procedures should be re-emphasized.
- Women were often reluctant to undergo physical and speculum examination.
- Privacy issues in managing STIs need to be addressed.

2. Formative Assessment of Tourist Workers in Petra and Aqaba: Inside Petra

Executive summary

With the support of the Jordanian government and the United States Agency for International Development (USAID), IMPACT conducted a formative assessment designed to provide qualitative data to clarify the lifestyles, risk behaviors, beliefs, values, and healthcare seeking behaviors of tourist sector workers in and around Petra. These workers include hotel employees, stablemen, tourist guides, taxi drivers, and members of the Al–Bdool (indigenous tribe of Petra and the surrounding area). The primary purpose of the assessment was to inform the development and implementation of HIV/AIDS and STD prevention interventions targeted for the tourist sector workers.

The methodologies used to assess the Petra tourist sector included key informant interviews, field visits, focus group discussions, and indepth interviews. The most intensive component of the assessment consisted of 70 indepth interviews conducted between August and December 2003.

Key findings

- Most tourist sector workers believe that tourists are screened for HIV prior to entering Jordan.
- According to the tourist workers, many tourists think that Jordan is an HIV-free country.
- Misconceptions about HIV/AIDS and STDs are common. Few were able to identify more than one or two symptoms of any disease that is sexually transmitted.
- Although many had been tested for sexually transmitted infections in the last year, most distrust public health services.
- Almost none knew anything about HIV.
- Many said they could tell intuitively if a person had AID; some said the way a person walks or moves can indicate if they have AIDS.
- Discussion of HIV/AIDS/STDs tends to be limited to advising someone against spending time with certain women based upon appearance.
- Many often engage in sexual activity to earn money.
- Most had never been tested for HIV, but many had been treated for STDs.

Recommendations and next steps resulting from the assessment

- Prevention interventions should be "low-profile" focusing on the behaviors and attitudes that put people at risk, not the people or groups of people themselves.
- Interpersonal interventions, such as peer education, should be emphasized.
- A quantitative study should be implemented prior to intervention implementation to establish a baseline for measuring changes in behaviors, attitudes, and knowledge.
- Capacity of a few local organizations should be developed to carry out community-based activities.
- Initial interventions should focus on the Petra region, expanding to other sites like Aqaba and Wadi Rum after lessons learned have been gathered and assessed.
- Any interventions and future studies should be carried out with the full knowledge and support of stakeholders, including political, health sector, religious, and tourism sector leaders.

3. Ethnographic Assessment of Female Sex Workers: Reality of Sex Work in Jordan

Main goal

The main goal of this study is to describe the current situation of female commercial sex workers in Jordan in order to help formulate a strategic plan for the prevention of sexually transmitted diseases (STDs) and HIV/AIDS. This group is considered to be at high risk for infection and transmission of STDs and HIV/AIDS as the result of unprotected sexual intercourse and multiple sex partners and the low level of health awareness and education among these groups.

Methodology

Relying on international data and indicators relating to commercial sex workers, a questionnaire was developed to help the investigators and interviewers for data collection and analysis from the study group.

Place and study interval
The study was conducted mainly in Aljuydeh Correctional Facility and Alchansa'a Center for Care and Rehabilitation, one night club, and a massage club over the course of three weeks.

Sample Size
The overall sample size was 35 females—17 were from Aljuydeh Correctional Facility, six inmates from Alchansa'a Center for Care and Rehabilitation, and the remaining 12 from the massage and the night clubs.

Conclusions and Recommendations

- Due to legal, sociocultural and religious aspects and obstacles within this group, it is hard to determine the actual number of people working in this sector, as well as any generalized health attitudes for this group. Personal interviews are considered to be the main source for data collection, but this method can mask the nature and the reality of the work. It shows a clear need for additional research among sex workers.
- Mediators play an important role in organizing the work and the activities of the groups involved in commercial sex work. These mediators are most often females called "madams," or Mua'alemah in Arabic. These madams typically run the activities in four houses for about four to nine girls. During the study, it was found that taxi drivers could play the role of mediators.
- In the last few years there has been an increase in the participation of teenagers in commercial sex work. This alarming trend needs immediate attention, and interventions with this age group should be designed with a focus on programs for increasing knowledge and awareness of STD/HIV/AIDS and finding ways to limit their involvement in sex work.
- Organized commercial sex groups often collaborate illegally with local physicians and pharmacists, who provide the necessary healthcare for these girls in the form of illegal abortions. This practice needs stricter control from the Ministry of Health and other government organizations to prevent such illegal activities.
- Commercial sex workers who are not in organized groups may suffer from serious health problems. This may be due to low levels of health awareness and also a fear of seeking help from healthcare providers.

4. Formative assessment among men who have sex with men in Amman: SAFETY FIRST Project's background and rationale
Jordan has a low HIV/AIDS prevalence and has had a National AIDS program since 1986. According to the National AIDS Strategy, one of the three main groups identified as being vulnerable to HIV/AIDS are men who have sex with men. As there is little information available in Jordan about the men's risky behaviors, HIV prevention practices and healthcare needs, more information was needed in order to be able to provide them with required services. In response, Jordan Red Crescent Society, with the support of Family Health International and the United States Agency for International Development (USAID) established the SAFETY FIRST project.

The SAFETY FIRST project aimed at researching and understanding the healthcare needs and experiences of men who have sex with men so it could eventually provide them with desired services. The first phase of SAFETY FIRST focused on getting information from the at-risk men

in Amman about HIV/AIDS related healthcare needs, in addition to obtaining information from public and private healthcare service providers who worked with such men.

Target group and Methodology

SAFETY FIRST research mainly targeted men ages 18 to 26 in Amman, and used indepth interviews, self-administered questionnaires, key informant interviews with healthcare providers, and mapping locations to collect information from and about the target population.

Indepth interviews consisted of the following sections: (a) background information about the men's ages, education and occupation; (b) contextual questions regarding their values, hopes and experiences as men who have sex with men in Amman; (c) the men's information on HIV/AIDS and sexually transmitted diseases (STDs); (d) AIDS/HIV testing among the men; (e) the men's sexual behaviors; (f) healthcare providers' services and attitudes, (g) SAFETY FIRST center and (h) meeting places.

Indepth interviews were carried out with 10 men in order to better understand the experiences of being a man who has sex with a man in Amman, their health seeking behaviors and HIV/AIDS-related healthcare needs. The research aimed to collect 20 indepth interviews with men, but since the research was the first of its kind in Amman it was difficult to reach the target number of interviews.

During the research's eight-month period, the research managed to reach up to 50 men. This number was achieved by spreading the project's idea through the men, healthcare service providers, staff members and the Internet. Still, the men felt mistrustful about meeting with research staff on most occasions and taking the indepth interview. Several meetings had to be held with the men before the interview in order to explain the research to the men and assure them that all information they shared was confidential. A number of men were not interested in taking part in the research after having met staff members. The research was confronted with the lack of sufficient ways to reach the targeted group. Although the Internet was considered one of the best ways to reach the men and let them know about the project, it was introduced in the later stages of the research. With the use of the Internet, more men were willing to fill out self-administered questionnaires and let their contacts know about the project.

Self-administered questionnaires were another research tool used by the SAFETY FIRST project to collect information about the healthcare behaviors of targeted men and their main HIV prevention and care needs.

The self-administered questionnaire was composed of five sections: (a) general information about the men's age, education and social status, (b) the men's sexual behaviors, (c) the men's understanding of HIV/AIDS/STDs, healthcare services, and the SAFETY FIRST center.

By the end of the research period, 15 self-administered questionnaires were filled out by men. The project's target was to collect 20 self-administered questionnaires. In view of the delayed use of the Internet this was considered a positive achievement.

Interviews were held with key informants from the healthcare sector and Ministry of Health officials. The Ministry of Health in Jordan provides HIV counseling and testing, an HIV hotline and free antiretroviral therapy to individuals living with HIV. It also runs an HIV/AIDS Voluntary Counseling and Testing (VCT) Center in Amman. Members of the Ministry of Health and other healthcare providers have often gained the confidence of men who have sex with men around HIV/AIDS issues. Interviews with healthcare providers were carried out in order to use their experiences in working with at-risk men and what they understood to be the main needs of the men, as well as the barriers and facilitators to them seeking services.

Initially, the project was to interview 10 key informants from the healthcare sector. The project reached and contacted up to 10 key informants in the public and private health sector; four healthcare providers showed interest in taking part in the research. The sensitivity of the research subject and its taboo nature in Jordan was one of the main reasons healthcare providers refused to participate in the research. Most healthcare providers were suspicious of the research and feared improper use of information that might have a negative impact on them and their work. This was one of the main problems faced by the program. In some cases their fears were overcome by having an official letter explaining the project, its purpose, and the confidential use of information to healthcare providers.

Mapping exercises were carried out by staff members and volunteers to identify the meeting places of the targeted men and whether these places could be used for educating men about their health needs. Researchers and volunteers were to visit these places twice at different times of the day. The mapping exercise also included visiting Internet Web sites that men who have sex with men use. The project's aim was to identify up to 10 areas or ways that the men meet. The research was able to determine locations with the help of the men themselves and project volunteers. Although other locations were identified, it was hard for project staff and volunteers to access them because of personal safety issues.

Conclusion

Although the sample of men who have sex with men reached by the project was small, there is a need to provide specialized services for the men in Amman. The stigma and discrimination the men experience are key reasons why they do not seek healthcare services. It is essential to provide them with professional services in a tolerant and nonjudgmental environment.

According to the assessment, men who have sex with men need to be educated about several issues regarding HIV/AIDS/STDs, such as routes of transmission, prevention methods, proper condom use and available treatment for HIV/AIDS. The sample researched showed that at-risk men in Amman are extremely vulnerable to HIV/AIDS due to their misconceptions and lack of information. Furthermore, the research found that targeted men are in need of psychological and social services. The men face a lot of pressure and complexities regarding their sexual identity since homosexuality is perceived as contradictory to religious morals and existing societal norms in Jordan.

As the men expressed, the Internet is one of the main tools that can help the project reach targeted men with information. There should also be more work to eliminate the stigma related to HIV/AIDS.

Attachment H: PRESS RELEASE

PRESS RELEASE

FOR IMMEDIATE RELEASE

CONTACT: Dr. Basma Khraisat (079-58-44446)
basmakh@go.com.jo
Country Director of Family Health International

GOVERNOR OF AQABA OPENS INNOVATIVE WORKSHOP ON HIV/AIDS

Three-day workshop laid groundwork for community-based response

Aqaba, Jordan, Wednesday, April 13, 2005 – The workshop opened by Governor of Aqaba Khaled Awada Allah on Monday April 11th, closed today after participants explored innovative ideas to develop community-based programs to prevent HIV/AIDS transmission in priority sites throughout Jordan. The workshop, held with the support of the United States Agency for International Development (USAID) and implemented by Family Health International (FHI), stressed the role that community-based organizations must play in developing and implementing approaches designed to promote behavior change among those at risk of HIV transmission.

"This workshop demonstrates the extent to which community leaders in cities such as Aqaba and Petra regard HIV/AIDS as an important public health priority," said Governor Awada Allah in his opening remarks on Monday. "The Jordanian government commitment at the national level must be complimented by community-level programs designed by communities to prevent the spread of HIV among those populations at greatest risk.

The workshop focused on a methodology known as "behavior change communication" or "BCC." Participants examined the process of behavior change; the behaviors that may put some Jordanians at risk for HIV; and the use of evidence-based communication strategies for promoting behavior change or the maintenance of positive behaviors. They paid particular attention to the unique cultural and traditional norms of Jordan, as well as the fact that Jordan is still a low-prevalence country.

"We are committed to helping to keep Jordan a low-prevalence country," said Mr. David Piet, Team Leader, Population and Health Section, Social Sectors Office, USAID, on Monday. "Lessons learned over many years of support to international programs have shown that each country's response to public health and social issues must be developed and implemented by the country itself. We recognize that communities know their problems best. To this extent, we recognize that the over 25 participants attending the workshop play important roles in developing and implementing a Jordanian response to HIV/AIDS."

At the national level certain important steps have been taken already. A national strategy for 2005–2006 is being developed. The government has taken action to ensure a safe blood supply,

to provide voluntary counseling and testing, even to provide antiretroviral therapy to people living with HIV/AIDS.

Community-based programs are likely to include the establishment and/or strengthening of community-based organizations; the development of outreach and peer education programs among target populations; counseling; mass media and other behavior change communication approaches; as well as advocacy and community mobilization programs.