

# Expanding HIV Prevention in Jordan

USAID Bilateral Project Final Report



October 1, 2006 – September 30, 2008



**USAID**  
FROM THE AMERICAN PEOPLE



Family Health  
International

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Jordan Final Report  
Cooperative Agreement 278-A-00-06-00327-00

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The high level of commitment and collaboration of the project’s stakeholders played an important role in the accomplishments of this diverse and far-reaching program. We commend them for the significant impact they helped us have in strengthening community structures, building capacity for communities and implementing partners, promoting synergies with other care and support services, and providing technical assistance and support at the national level.

**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
IP	Implementing Partner
IDU	Injecting Drug User
IEC	Information, Education, and Communication
ILO	International Labor Organization
JHU	Johns Hopkins University
JRCS	Jordan Red Crescent Society
KAPB	Knowledge, Attitudes, Practices, and Behaviors
LRO	Local Research Organization
MARP	Most-At-Risk Person
M&E	Monitoring and Evaluation

MCH	Maternal and Child Health
MENA	Middle East North Africa
MOH	Ministry of Health
MSM	Men Who Have Sex with Men
NAC	National AIDS Committee
NAP	National AIDS Program
NGO	Nongovernmental Organization
OI	Opportunistic Infection
PE	Peer Education
PHC	Primary Health Care
PHSC	Protection of Human Subjects Committee
PLHA	People Living with HIV/AIDS
QA	Quality Assurance
QI	Quality Improvement
QIZ	Qualified Industrial Zone
RDS	Respondent Driven Sampling
RTI	Reproductive Tract Infection
SB	Small Businesses
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
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

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## **I. EXECUTIVE SUMMARY**

Between October 2006 and September 2008, the US Agency for International Development (USAID) funded Family Health International (FHI) to manage and implement the “Expanding HIV Prevention in Jordan” project to provide support to the National AIDS Program (NAP), design community-based HIV/AIDS interventions for high risk groups, and increase awareness among the public to keep Jordan a low HIV prevalence country. To meet these goals, FHI/Jordan’s strategy involved increasing awareness and knowledge of STI prevalence, improving access to and quality of HIV/AIDS prevention and care services (including patient referral and monitoring services), and increasing stakeholder involvement (namely national policymakers) in HIV/AIDS planning efforts. Initially, USAID committed a total of US\$950,000 to FHI for this project. The project was later extended to September 2008 and funding increased by US\$200,000, bringing the total budget to US\$1,150,000.

This project was a continuation of FHI/Jordan’s previous work under the USAID-funded IMPACT program, in which FHI/Jordan partnered with the Jordanian Ministry of Health and the National AIDS Program in most of their major HIV initiatives. Under IMPACT, FHI/Jordan helped the Jordanian government establish the first National Strategy for HIV/AIDS; supported the National STD and HIV/AIDS Hotline and Counseling Center; and worked with young people so they could educate their peers about HIV/AIDS. FHI/Jordan also assisted nongovernmental organizations (NGOs) in reaching out to vulnerable populations while building the capacity of these local organizations to help those vulnerable to or at risk from HIV/AIDS.

As part of the “Expanding HIV Prevention in Jordan” project, FHI/Jordan provided technical assistance and training to the MOH/NAP and local NGOs in voluntary counseling and testing (VCT), strategic behavioral communication (SBC), sexually transmitted infections (STIs), strategic planning, and monitoring and evaluation (M&E) and HIV surveillance. With USAID’s help, FHI/Jordan reached thousands through such initiatives as peer education programs, support of VCT services, and workplace interventions. FHI/Jordan raised HIV/AIDS awareness among the general population as well as among government leaders, NGOs, and members of the business community. These interventions contributed to efforts to keep Jordan a low prevalence country. Activities included:

- technical assistance and capacity building of NAP/MOH and local NGOs to establish surveillance systems for HIV relevant to the Jordanian context (A surveillance working group was established, and a cadre of staff were trained in surveillance).
- support of the Jordanian government in developing a national M&E system, including tools
- formative assessments to facilitate program development for high risk groups, including men who have sex with men (MSM) and workers in small businesses and qualified industrial zones
- peer education programs for students that were expanded to new groups such as MSM, female sex workers (FSW), and those in the workplace

- ongoing efforts to build the capacity of NGOs and the Jordanian government through close collaboration
- SBC programs for vulnerable populations that move beyond awareness-raising to focus on behavioral outcomes
- workplace prevention and access to care programs in the workplace for qualified industrial zones and small businesses
- promotion of VCT sponsored by NGOs, including creation of a national toolkit for VCT delivery and sponsorship of a VCT task force

## **II. PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS**

### **A. INTRODUCTION**

As part of the “Expanding HIV Prevention in Jordan” project, FHI/Jordan provided technical assistance and training to the Jordanian government, local NGOs, community-based organizations (CBOs) and universities in the areas of VCT, SBC, STIs, strategic planning, and M&E and surveillance. Peer education programs continued to reach an increasing number of high risk groups. FHI also worked more widely with peer education initiatives to strengthen and expand outreach activities to include university students and hard-to-reach youth. These interventions all contributed to the effort to maintain low HIV prevalence in Jordan.<sup>1</sup>

FHI/Jordan supported HIV/AIDS prevention and care services through the following implementing partners (IPs): Jordan Red Crescent Society, Khawla Bintul Azwar Association, Family Guidance and Awareness Center, and the Noor Al-Hussein Foundation. These IPs provided a variety of services (including VCT, psychosocial support, outreach peer education, and capacity-building) to clients.

In the two years of project implementation, this bilateral project has built the capacity of the National AIDS Program, CBOs, NGOs, and government district stakeholders.

### **B. 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’s economy depends on services, tourism, and foreign aid. New growth 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. The GDP is growing at an average of 3.2 percent annually. Jordan’s population is young, with 50 percent below the age of 25 and a growth rate of 2.8 percent per year.

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<sup>1</sup> “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

Although Jordan has been politically stable for many years, the country is entering a period of demographic and epidemiological transition. This can be contributed to the high population growth rate, the increase in life expectancy (70.6 years for males and 72.4 years for females),<sup>2</sup> the increased rates of noncommunicable and chronic diseases, and the decrease in rates of communicable diseases. As with other nations in the Middle East North Africa (MENA) region, low per capita income, high poverty rates, unemployment, and globalization are affecting health services and the health situation. In addition, Jordan is burdened by increasing rates of forced migration from abroad due to regional instability and the resulting influx of immigrants into Jordan over the past several decades, which is increasing the burden on natural resources and services infrastructures, including health services. Regional instability and movements of people are also contributing to the emergence of newer communicable diseases such as HIV/AIDS. Although Jordan has low prevalence, if preventive measures are not implemented, HIV/AIDS and other communicable diseases could have significant social and economic consequences.

**STI/HIV/AIDS in Jordan:** The UNAIDS and World Health Organization (WHO) global report for 2007 estimates 0.02 percent HIV seroprevalence in the adult Jordanian population, thus classifying Jordan as a low-prevalence country vis-à-vis the global HIV/AIDS epidemic. Several factors have been observed, which may either mask a higher HIV prevalence, or contribute to an accelerated future spread of the epidemic. These factors include low levels of awareness, high levels of stigma and discrimination against people living with HIV/AIDS (PLHA), and marginalization of most-at-risk populations such as sex workers.

Data collected in 2006 and 2007 show a 31 percent increase in the cumulative number of HIV/AIDS cases reported in Jordan. As of July 2008,<sup>3</sup> 607 cases of HIV were diagnosed in Jordan. These represent all cases reported since the first case in 1986. As this data is recorded through passive case reporting, and the voluntary use of VCT services counts for less than 5 percent of registered cases, this may not necessarily provide an accurate reflection of national HIV prevalence. For example, little is known about prevalence among vulnerable populations.

Although the first cases of HIV resulted from blood transfusions, the main route of transmission is now through sexual contact (61.2 percent). Blood transfusions are responsible for 16.2 percent of HIV infections; 3.2 percent occur through injecting drug use; transmission from mother to child accounts for 1.4 percent; and the remaining 18 percent are of unknown transmission route. A significant number of HIV cases diagnosed in Jordan are among non-Jordanians (408 cases compared to 199 among Jordanians). The majority of Jordan's HIV patients are between the ages of 20 and 39. As of July 2008, 88 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. No syphilis infection was identified.<sup>4</sup>

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<sup>2</sup> dos.gov.jo, 2005

<sup>3</sup> Government of Jordan Ministry of Health, 2008

<sup>4</sup> *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

The spread of HIV and other STIs in Jordan is influenced by a combination of knowledge, behavioral, and environmental determinants. This includes misconceptions about the transmission and prevention of HIV; high risk sexual encounters and low perception of personal risk, particularly 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. For instance, despite the high awareness of the disease among workers in Jordan, a significant number of sexually active respondents had nonregular and commercial sex contacts. This persistent behavior suggests that the heightened awareness of HIV/AIDS and STIs and knowledge of condoms and other HIV prevention methods were not translating into safe sex.<sup>5</sup>

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 suggested high awareness of HIV/AIDS, but mixed levels of HIV/AIDS knowledge and low levels of STI knowledge. A knowledge, attitudes, and practices survey implemented by FHI at workplaces among qualified industrial zone workers and small business employees revealed that only 21 percent of qualified industrial zone workers and 38 percent of small business workers believed that condoms protect against HIV, with no significant difference between males and females.

HIV/AIDS prevention programs among vulnerable groups indicated that behaviors that increase the risk of HIV infection are common. Transactional sex occurs among vulnerable groups and is most likely higher in certain geographical areas, including Amman, Aqaba, Zarqa, and Irbid. Most common risk behaviors identified through HIV/AIDS prevention programs for most-at-risk populations include unprotected sexual behaviors with low self-risk assessment. A 2006–2007 study of MSM suggests that they do not always practice safe sex, although they were interested in receiving HIV-related education and services. However, the stigma and discrimination that these men experience often prevent them from seeking and accessing health care services.<sup>6</sup> Condoms are widely accepted and accessible in Jordan, yet condom use is low. Even health professionals rarely promote condoms as a disease prevention intervention.

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 widespread. 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.<sup>7</sup> Only 3 percent of established small business workers who are mostly Jordanian were open to sharing food and working with infected people.<sup>8</sup>

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<sup>5</sup> USAID/FHI Jordan, *2008 Baseline KAP Survey Among Qualified Industrial (QIZ) and Small Business (SB) Workers in Jordan Report*

<sup>6</sup> 2007 Jordan Red Crescent Society Report on Men Who Have Sex with Men and Vulnerable Youth in Amman

<sup>7</sup> USAID/JHU/HCP, *2005 Communication Partnership for Family Health Baseline Survey, Key Results*

<sup>8</sup> USAID/FHI Jordan, *2008 Baseline KAP Survey Among Qualified Industrial (QIZ) and Small Business (SB) Workers in Jordan Report*

In Jordan, the political will and commitment to improving health exists at the highest levels. The country developed the National Agenda (2006–2015),<sup>9</sup> 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 established.<sup>10</sup> 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 2012, the Ministry of Health will provide health prevention and curative services with a greater focus on primary health care, especially to contribute to achieving the objectives of the National Health Agenda, namely the national objective “for all Jordanians to enjoy an appropriate standard of health at all levels.”<sup>11</sup>

**Current Response to HIV/AIDS:** The National AIDS Program was established in 1986 and is funded through both national and international sources. Since 2005, the response has been coordinated by the National AIDS Committee, which also functions as the country coordinating mechanism for the Global Fund grant. The National AIDS Committee is composed of ministers, CBOs, NGOs, and international organizations, with an AIDS program manager in the MOH who is responsible for policies and for providing technical guidance to the National AIDS Program. Jordan developed a National HIV/AIDS Strategy for 2005–2009 that outlines a strategic framework for Jordan’s response to HIV/AIDS with a vision that Jordan should remain a low HIV prevalence country, not only among the general population, but also among all vulnerable sub-populations. The National AIDS Strategy currently guides the country’s response to the epidemic. All governmental and nongovernmental organizations that contributed to the 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 sub-populations. 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.

Both government and civil society are increasing efforts around HIV programming. In 2007–2008, several organizations became directly involved in the national response to HIV/AIDS through integrated programs initiated and supported by FHI/Jordan. In addition, over 15 organizations were supported by Global Fund and USAID funds through FHI/Jordan and the MOH, respectively. Those organizations focused most programming on HIV prevention, or addressing the needs of high risk groups. Many more are attempting to address this issue in their general community reproductive health programming.

### **C. PROGRAM OBJECTIVES, STRATEGIES, AND ACTIVITIES**

The milestones and activities accomplished over the course of the bilateral project contributed to the following objectives:

<sup>9</sup> [www.nationalagenda.jo](http://www.nationalagenda.jo)

<sup>10</sup> Government of Jordan National Agenda, 2005

<sup>11</sup> MOH National Health Strategy, 2008–2012

Objective 1 – Bridge the administrative and programmatic gap

Objective 2 – Directly contribute to helping Jordan maintain low HIV prevalence among the population and all vulnerable sub-populations

FHI/Jordan achieved Objectives 1 and 2 by supporting and collaborating with the NAP in alignment with the National HIV/AIDS Strategy. The goal of this strategy is: **“To maintain low HIV prevalence among the population and all vulnerable sub-populations of Jordan.”** More specifically, FHI/Jordan focused its activities and interventions on contributing to the following strategic objectives of the National HIV/AIDS Strategy:

**SO1: To collect, analyze, and use strategic information relating to the spread of HIV/AIDS and to the national response to the epidemic in Jordan.** FHI/Jordan collected information and built the capacity of the NAP in the areas of M&E, surveillance, and strategic information to address the first concern that insufficient understanding hinders the response by not allowing for evidence-based program design.

**SO2: To prevent transmission of HIV in Jordan.** FHI/Jordan increased access to quality HIV/AIDS prevention services through subagreements with IAs for SBC interventions and prevention activities for the general population. In addition, FHI/Jordan has strengthened stakeholder involvement by supporting the establishment of a surveillance working group and increasing the involvement of the private sector in the national HIV/AIDS response.

**SO3: To provide care, support, and treatment for PLHA.** FHI/Jordan supported PLHA by providing a forum for them to meet and discuss their needs to improve their access to quality HIV/AIDS services.

**SO4: To create an enabling environment in which an effective national response to HIV/AIDS can take place.** FHI/Jordan influenced government policy and programs by addressing the issues of stakeholder involvement and creating an environment more conducive to implementing HIV/AIDS activities. FHI/Jordan also worked to reduce stigma and discrimination throughout its activities and projects, thereby improving access to quality HIV/AIDS services. The project reached thousands through initiatives such as peer education programs, VCT services, and workplace interventions, and raised awareness among the general population as well as among government leaders, NGOs, members of the business community, and high risk populations.

**Milestone Achievements:** The “Expanding HIV Prevention in Jordan” project experienced a number of milestone achievements over the past two years. FHI/Jordan continued capacity building of governmental and NGO partners in the national HIV/AIDS response. FHI/Jordan also supported the government of Jordan in establishing and strengthening a national M&E system and a second generation surveillance system.

On a programmatic level, FHI/Jordan implemented SBC programs for youth and most-at-risk populations by continuing to build the capacities of four local NGOs to implement and monitor programs targeting these vulnerable groups. FHI/Jordan also increased uptake of VCT services by most-at-risk populations primarily as a result of referrals made by implementing agencies, thus contributing to the national effort in reaching these vulnerable groups. Capacity assessments of four NGO sites were also conducted to determine the potential for future provision of VCT. Two of these NGOs initiated onsite counseling services for MSM and FSW. The FSW counseling service was very successful in providing pretest counseling and encouraging women

to access the MOH Hotline and Counseling Center to find out their HIV status. Previously, these women had no access to VCT services, and they also were not being reached by HIV/AIDS prevention activities. The MSM counseling module faced challenges with stigma and discrimination that prevented MSM from approaching the Safety First Center in person. Counseling services were limited to online or phone counseling. Although in a former formative assessment MSM were found to be interested in receiving services, messages and articles started appearing in online and printed media asking people to stop the emergence of homosexuality. This prompted public reaction against provision of any services to MSM and seriously affected MSM project implementation by limiting its activities.

Workplace interventions that raised awareness and stimulated dialogue with senior management in key private sector businesses were also implemented. FHI/Jordan supported a number of World AIDS Day activities annually.

FHI/Jordan also increased the involvement of the private sector in HIV prevention projects in Jordan by expanding projects targeting workers in Dleil and Zarqa to reach other key private businesses in Sahab/Amman. FHI/Jordan continued the discussion and advocacy for increased engagement of the private sector in the country's HIV response by bringing leaders from the private sector and labor unions together with leaders from local NGOs and the NAP. These activities led to an increase in private sector leaders' awareness of HIV and the potential impact that HIV can have on their workforce, productivity, consumer base, and profits.

FHI/Jordan also developed a number of protocol tools, reports, and surveys during the "Expanding HIV Prevention in Jordan" project. The country office worked with the country surveillance working group and the MOH/NAP to develop the "Survey of Risk Behavior in Populations Potentially at Risk of Sexually Transmitted Infections in Jordan," protocol for a second generation biological behavioral surveillance survey (BBSS), which was granted officially by the MOH. The technical assistance provided to establish an M&E and surveillance system will help Jordan measure the trends of the HIV/AIDS epidemic in Jordan, and the surveillance data will be a fundamental data source for monitoring the epidemic's spread and guiding responses. FHI/Jordan also developed the baseline knowledge, attitudes, practices, and behaviors survey for the workplace program. The workplace survey and tools provide robust baselines for prevention activities among qualified industrial zones and small businesses. They can be used as models of knowledge, attitudes, practices, and behaviors in Jordan among qualified industrial zones and small business. Study results are posted on the FHI website.<sup>12</sup> FHI also helped the MOH/NAP develop comprehensive protocols for second surveillance with Arabic-language tools (questionnaires, consent forms, mapping guides, and respondent driven sampling guide) for FSW, IDU, MSM, and taxi drivers. The country office also produced and distributed a variety of guidelines, training manuals, standard operating procedures, toolkits, and other resources to several targeted groups, including service providers, youth, peer educators, and program managers. Finally, FHI/Jordan finalized the formative assessment study report about MSM in Amman and disseminated the findings of the study to the MOH/NAP, USAID, and other IAs and NGOs. In addition, the country office developed and revised the SBC strategy for MSM in Amman based on the findings of the formative assessment.

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<sup>12</sup> See [http://www.fhi.org/en/HIVAIDS/pub/survreports/res\\_Jordan\\_KAPSurvey\\_2008.htm](http://www.fhi.org/en/HIVAIDS/pub/survreports/res_Jordan_KAPSurvey_2008.htm)

## **C1. IMPLEMENTATION AND MANAGEMENT**

The project was managed and coordinated by the FHI/Jordan country office. FHI/Jordan supported four IPs through subagreements. Overall program management and technical support were provided by the country director with assistance from a program officer. Staff provided technical assistance to IPs and to other collaborating partners (e.g., MOH, NAP).

**Design and Management:** In October 2006, a one-year work plan and budget were approved by USAID to continue HIV/AIDS prevention activities in Jordan, building on the five-year IMPACT project. The initially one-year “Expanding HIV Prevention in Jordan” project was later extended for two years until September 2008. This was necessary to continue providing technical support in HIV/AIDS prevention, especially in reaching most-at-risk populations with services and SBC interventions; developing the national M&E system and second generation bio behavioral surveillance; collecting and analyzing strategic data on knowledge, attitudes, and practices of vulnerable populations; engaging the private sector in the national response through workplace programs; and youth activities.

Project staff in the first year of implementation included a country director who was responsible for daily management and technical oversight of the project, and who served as the liaison with USAID/Jordan, FHI headquarters, the MOH, and other key national and international stakeholders. Staff also included a technical officer who was responsible for mentoring different partners to build their technical capacities in HIV/AIDS areas and related program management; tracking project quality and helping improve the quality of work; adapting/integrating QA/QI tools and SOPs; assisting in the development, review, and finalization of M&E plans and SBC strategies; facilitating youth peer education training-of-trainer workshops and cofacilitating other technical trainings; leading focus group discussions with peer educators; and providing technical review of manuals and documents related to HIV/AIDS work. A senior administrative assistant helped with reporting, accounting, financial management, and administrative tasks.

In the second year of project implementation the country director left FHI, and the senior technical officer took on the role of acting country director. She took on the responsibilities of the country director for overall management of the project in addition to providing technical support to the project by working closely with different partners—including NGOs—to provide mentoring and training to build their technical capacities for project planning, M&E, research studies, SBC, VCT, gender, quality assurance and development, data collection and reporting, community involvement, advocacy, and technical networking. The program officer was responsible for managing subagreements, M&E project activities, and providing programmatic and technical support where needed, in addition to performing the responsibilities of a senior administrative assistant.

FHI’s office in Arlington, Va., provided targeted technical support, particularly in program management, M&E, VCT, workplace programming, and SBC, which was complemented by support from local and international consultants. Yearly work plans were developed in collaboration with the NAP and submitted to USAID/Jordan for approval.

Technical narrative and financial reports were submitted to USAID/Jordan as requested to update USAID mission staff on progress toward project deliverables. FHI/Jordan’s project staff was

able to achieve remarkable successes during the life of the project. Working closely with the MOH and NAP, 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 on 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 systems helped achieve results that were efficient and cost-effective, and that met USAID, FHI, and MOH standards.

**Subgrant Mechanisms and Implementation through Local Partners:** Beginning in December 2006, the "Expanding HIV Prevention in Jordan" project distributed a total of US\$202,273 to four local organizations to implement activities. "Expanding HIV Prevention in Jordan" subgrants promoted local ownership of the project and served as a mechanism for capacity building and technical exchange. Each subgrant was developed through collaboration between FHI staff (local and US-based) and the staff of the local subgrantee. The "Expanding HIV Prevention in Jordan" project has strengthened management and technical systems and improved or established processes and operating procedures for quality assurance. This was guided by the capacity building plans developed using the Technical and Organizational Capacity Assessment Tool as well as the data quality assessment done for the implementing agencies. Managed by FHI, four subgrants were distributed to the following local organizations: Family Guidance and Awareness Center, Khawla Bintul al Azwar Society, the Jordan Red Crescent Society, and the Performing Arts Center/Noor Al-Hussein Foundation. Their projects included outreach peer education, counseling and referring people for HIV testing, providing vocational training and HIV/AIDS awareness, conducting HIV/AIDS training, risk reduction, and promoting the adoption of preventative behaviors. Projects also included development of SBC materials for youth, FSW, MSM, workers in qualified industrial zones and small handicraft businesses, and transportation, taxi, and bus drivers. These were pioneering efforts for Jordan and the entire Middle East region.

In February 2008, the "Expanding HIV Prevention in Jordan" project contracted the local research organization Ipsos with a budget of US\$37,288 to implement a limited in scope knowledge, attitudes, behaviors, and practices survey among a selected random sample of employees working in qualified industrial zones and small businesses in Zarqa, Dleil, and Sahab to measure their knowledge, attitudes, practices, and behaviors in HIV prevention and to assess outcome/coverage of the intervention provided them. FHI/Jordan has worked closely with the local research organization, the MOH, the Family Guidance and Awareness Center, and qualified industrial zone management to implement this rigorous study among qualified industrial zones and small businesses of its kind in Jordan.

**Implementation Challenges:** Cultural norms and sensitivities surrounding HIV and sexual health issues, along with the lack of data on HIV in Jordan, continue to limit prevention interventions. The project overcame these barriers by introducing HIV/AIDS in the broader context of reproductive and public health and encouraging stakeholders' involvement in programming. Through "Expanding HIV Prevention in Jordan" activities, service delivery was

expanded from being only within MOH premises to also being provided by local NGOs. This mainly was reflected in delivering HIV counseling services for high risk groups at NGO sites, building and strengthening VCT referral systems between NGOs and the MOH, and building local referral networks of a variety of services (e.g., health, psychosocial, legal, and vocational) between NGOs working with FSW, MSM and workers of qualified industrial zones, small businesses, and other service providers in their respective communities. Also, the project developed guidelines to improve the quality of services and provided training and mentoring. Additional challenges stemmed from low capacity among NGOs and limited technical (HIV/AIDS) human resource capacities for working with high risk and marginalized populations. The project worked closely with the MOH and NGOs to build their capacities and provided them with multiple local and regional trainings. The project also developed and provided guidelines and SOPs.



	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08
Carry out mapping and RDS training, pilot mapping exercise, provision of mapping tools and guidelines, RDS materials, and software																						X		
Provide MOH and IAs with technical assistance to strengthen their M&E systems and coordinate with the national M&E plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Perform a data quality assessment for IAs followed by an M&E training											X													
<b>SO2: Prevention Activities Targeted at High risk Groups</b>																								
<i>Behavior Change Interventions</i>																								
Build capacity of focal IAs to develop and implement SBC approaches	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Develop and disseminate a variety of SBC materials	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Support SBC interventions for youth, FSW, MSM, workers in QIZ and SB, and taxi drivers	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							

	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	
Implement stigma and discrimination reduction approaches in policy, workplace, and educational settings, as well as through mass media	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Support ongoing outreach/peer education/awareness raising among priority populations	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
Hold training of trainers for theater-based peer education											X														
Hold training of theater-based peer educators		X																							
Hold training of trainers in HIV/AIDS peer education					X																				
Promote and use <i>Youth Participation Guide</i>												X	X	X	X	X	X	X	X	X					
Conduct workshop for IAs to build skills around gender norms and gender analysis with HIV/AIDS prevention programs									X																
Support World AIDS Day activities			X												X										
<i>Voluntary Counseling and Testing</i>																									
Adapt and publish a VCT toolkit for youth	X	X	X	X	X	X	X	X	X				X								X	X	X	X	X

	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	
Produce and disseminate a national toolkit for high quality VCT delivery							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Conduct workshop for MOH and IAs to build their capacities in providing high quality VCT services							X						X												
Involve IAs and NGOs in training activities, TOT, and establishing and providing services	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								
Engage the private sector and provide workplace interventions	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X				X		
Provide technical assistance to sectors with more vulnerable worker populations									X	X	X											X	X		
Conduct capacity building workshop for private sector focal points										X															
Identify opportunities to work with and support ABCAR, with support from UNDP and HARPAS								X	X	X	X	X													
<i>PLHA Support</i>																									
Conduct two days of first aid training for PLHA and care-givers and distribute first aid kits																									

	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 8	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	
Coordinate and sponsor discussion group event for PLHA						X																			
Support creation of enabling environments so PLHA and most-at-risk populations will not feel stigmatized	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Increase awareness and reduce stigma and discrimination	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Work with USAID and MOH to ensure all efforts continue to move forward on the national policy level	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Include anti-stigma and discrimination messages in peer education and trainings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		

### **C3. PROGRAM RESULTS**

#### **Program Outputs**

This section presents project achievements since its inception in October 2006.

#### **Strategic Information**

FHI/Jordan supported the government in establishing and strengthening a national M&E system. FHI/Jordan also continued to monitor and evaluate its own programs and fed this information into the national M&E system. In addition, FHI/Jordan carried out studies that respond to the national strategic objective: *“To collect, analyze, and use strategic information relating to the spread of HIV/AIDS and to the national response to the epidemic in Jordan.”*

#### **Key Achievements**

##### ***M&E***

- finalized the first National HIV/AIDS M&E plan along with an operational framework for implementation of the M&E plan
- provided the MOH with M&E tools developed by FHI from other regions for adaptation to the Jordanian context
- developed M&E plans for all IAs working with FHI/Jordan
- mentored and supported IAs’ project staff in the continuous monitoring and evaluating of subagreement activities to ensure that subprojects were reaching targets and maintaining high quality standards
- completed data quality assessments (DQAs) for FHI/Jordan’s IAs
- held two-day M&E workshop to share findings of the DQAs with IAs
- continued to provide technical support in the area of M&E for the MOH and facilitated M&E session for MOH staff

##### ***Surveillance***

- developed a second generation surveillance plan as well as operational work plan
- established a surveillance working group (SWG) to set standards for and make decision on the national surveillance systems
- held the first training workshop in Jordan on second generation surveillance to train a group of core MOH and NGO personnel in preparation for the upcoming second generation surveillance that shall occur next year with the support of the Global Fund
- provided technical support to the NAP by working closely with the MOH, Surveillance Working Group, and the country coordinating mechanism meetings to update government-relevant staff on second generation surveillance and discuss surveillance strategy
- finalized the Jordan BBSS Survey protocol tools (questionnaires and consent forms for FSW, IDU, MSM, and taxi drivers) in English and Arabic
- obtained MOH endorsement of the “Survey of Risk Behavior in Populations Potentially at Risk of Sexually Transmitted Infections in Jordan”
- facilitated ethical review for the above-mentioned survey by the Protection of Human Subject Committee and received approval

- held a “Mapping and RDS for High Risk Groups” training workshop with FHI/Jordan’s technical assistance and funding from USAID and the Global Fund to Fight AIDS, Tuberculosis, and Malaria and accordingly
  - trained the enumerators (MOH/NAP staff, NGO staff) in mapping/formative assessment for the four target groups to be covered in the Jordan BBSS survey (FSW, MSM, IDU, and taxi drivers in four cities including Amman, Aqaba, Irbid, and Zarqa)
  - trained MOH/staff and enumerators in the respondent driven sampling procedures and operations in the field
  - oriented MOH staff on respondent driven sampling analysis
- provided guidelines and tools for mapping/formative assessment for the four groups included in the Jordan surveillance
- identified the key informants to be interviewed for the four target groups (list exists in Arabic)
- pilot tested the mapping tools for IDU, FSW, MSM, and taxi drivers
- provided operational guidelines for respondent driven sampling operations in Jordan, a recent version of respondent driven sampling software, and a manual for analysis

### ***Studies***

- contributed to increased strategic information about the HIV/AIDS situation in Jordan by carrying out a knowledge, attitudes, practices, and behaviors study for the workplace program and disseminating findings to key stakeholders
- finalized the *Formative Assessment Study Report* about MSM in Amman and disseminated the findings of the study to the MOH/NAP, USAID, and other IAs and NGOs

## **Care and Support**

### ***VCT***

Through subagreements issued with NGOs working among vulnerable populations, FHI/Jordan expanded opportunities for greater involvement of NGOs in promoting increased uptake of VCT services. Among the many successes of these partnerships over the past year were the following key achievements:

### **Key Achievements**

- increased uptake of VCT services by most-at-risk populations, primarily as a result of referrals made by IAs, thus contributing to the national effort in reaching these vulnerable groups (this is supported by M&E data)
- continued building capacity of the MOH VCT Center to introduce and discuss quality assurance and quality improvement standards for VCT services
- produced “HIV Counseling and Testing for Youth,” an adapted Arabic manual for providers in the Middle East and North Africa region
- built and strengthened a referral system between the IAs and MOH VCT services in Jordan
- held a VCT training workshop that increased NGO staff understanding of VCT and improved staff skills to provide high quality VCT services
- supported training of counselors from two IAs at VCT sites

- conducted a four-day workshop training on using the VCT toolkit to enhance HIV counseling and testing practices for 21 NGO and MOH staff from October 28–31, 2007
- visited the Community Development Centre in Amman to assess capacity to provide components of VCT (two of the NGOs previously assessed are now successfully offering pretest counseling and facilitating referrals to VCT services for vulnerable groups)
- produced “National Toolkit for High Quality VCT Delivery,” an Arabic manual for providers in the Middle East and North Africa region

### ***PLHA Support***

FHI/Jordan coordinated and sponsored a discussion group for 19 HIV-positive people in March 2007. This event was groundbreaking because it was held outside the premises of the MOH for the first time. It gave PLHA a forum for meeting one another, sharing experiences, and providing each other with much needed support. PLHA discussed establishing an NGO to address their needs, such as the need for a health provider network, job opportunities, and financial support.

### ***Gender***

Over the past year, FHI/Jordan supported building the capacity of NGOs to integrate gender into ongoing HIV/AIDS prevention, care, and treatment. Gender inequality and deeply embedded gender norms are factors in how HIV is transmitted, for they increase vulnerability of individuals to HIV infection in terms of prevention behavior, stigma and discrimination, and access to care and treatment. FHI/Jordan addressed gender issues throughout the assessment, design, implementation, and evaluation of its programs.

### **Key Achievements**

- held two-day workshop to build the knowledge and skills of program managers and staff from IAs and local NGOs to conduct gender analyses that examine the role of gender norms in HIV/AIDS
- encourage gender equality and build skills around changing gender norms within SBC programs, such as peer- and curriculum-based education
- create SBC materials, including targeted messages for males and females, as appropriate
- continue to disaggregate M&E indicators by gender

### ***Workplace Interventions***

FHI/Jordan’s efforts focused on engaging the private sector in fighting HIV/AIDS and increasing their involvement in HIV projects in Jordan by bringing leaders from the private sector and labor unions together with leaders from local NGOs and the NAP. These interventions also increased private sector and business leaders’ awareness of HIV and improved their understanding of the potential impacts HIV can have on their workforce, productivity, consumer base, and profits.

### **Key Achievements**

- Family Guidance and Awareness Center – FHI/Jordan IA
  - gained support from senior management at 15 workplaces in the qualified industrial zones in Dleil and Sahab to implement an HIV SBC program
  - reached thousands of workers employed in the qualified industrial zones

**FHI/Jordan**

- organized a two-day workshop, in cooperation with the MOH and with support from USAID, on August 6 and 7, 2007, to examine the role of the private sector in the national response to HIV. The goals of this workshop were to
  - 1) foster information-sharing across sectors
  - 2) help business leaders learn more about how they can contribute to achieving the national HIV strategy goals
  - 3) strengthen links between multisectoral parties engaged in HIV initiatives
- hosted over 20 representatives at this workshop from organizations such as the MOH, the International Labor Organization, private sector focal points, religious establishments, and local NGOs that provide key HIV-related services.

**Global Leadership in HIV/AIDS**

FHI/Jordan continued its global technical leadership role by participating in regional and international workshops. In addition to participating in these, FHI/Jordan supported MOH and NGO staff attendance at various regional workshops to increase staff knowledge in different technical areas.

**Partnership and Collaboration**

In order to maximize achievements of FHI/Jordan activities, and to contribute directly to overarching national efforts to maintain a low HIV prevalence in Jordan, FHI/Jordan partnered with a wide range of local, national, regional, and international organizations.

Organizations	Activities
UNESCO	Supported Aspnet training workshop – FRESH initiative
UNFPA, WHO, UNAIDS, and other UN agencies	Participated in country UN theme meetings and World AIDS Day activities and shared information and best practices
Global Fund-MOH	Provided technical assistance to the MOH in different areas to implement activities funded by Global Fund, and supported a “Mapping and RDS for High Risk Groups”
DOS/MACRO	Assisted with the DHS 2007
USAID Health Contractors	Shared best practices
Ministry of Education	Participated in health education training by health education teachers in HIV/AIDS and gender
World Scout Bureau, Arab Regional office	Shared the HIV/AIDS program lessons learned and successes
World Scout organization	Disseminated a Youth Participation Manual and Theatre-Based Techniques for Youth education manual
Management of qualified industrial zones and governmental organizations in Zarqa	Facilitated workplace knowledge, attitudes, practices, and behaviors study

Organizations	Activities
Universities, schools, youth and community centers	Provided, facilitated, and supported peer education and awareness sessions
PLHA, Municipality of Irbid, Zarqa governorate and chamber of commerce, universities, schools, Jordan Scouts Youth Group	World AIDS Day activities

### **NGOs Working on HIV/AIDS**

FHI/Jordan supported four IAs through subagreements and continued collaboration with other local NGOs to strengthen their capacity to implement projects and advocate for more and better HIV-related services, especially for vulnerable populations. FHI/Jordan also worked to reduce stigma and discrimination. FHI/Jordan strengthened linkages among NGOs supporting HIV/AIDS efforts that allowed them to learn from and support each other and to use local resources to bolster the voice of HIV/AIDS advocacy.

- The continued capacity building of NGOs on both the technical and organizational levels has helped them become sub-recipients of Global Fund monies through the MOH. The NGOs implement activities for most-at-risk populations. Two FHI/Jordan implementing agencies supported by USAID and four additional NGOs participated in the numerous technical trainings provided by FHI/Jordan and received funds from the Global Fund for short-term activities with high risk groups.

### **Key Achievements**

- built capacity of governmental and NGO partners to strengthen implementation and monitoring of interventions with most vulnerable groups
- hosted HIV/AIDS NGO network meeting in which participants presented activities and future collaboration plans
- helped IAs improve areas of financial and program management on the basis of the Pre-award and Technical Organizational Capacity Assessment Tool findings conducted in FY06
- provided continuous support and mentoring to IAs on technical areas, including SBC, VCT, M&E, and Quality Assurance/Quality Improvement (this is further described under key IA achievements)
- completed a Technical Organizational Capacity Assessment Tool for the Performing Arts Center at the Noor al-Hussein Foundation in FY07
- organized a USAID site visit to SBC programs in Zarqa where IAs presented their work
- provided continuous support and mentoring to IAs on technical areas including SBC, VCT, and M&E
- supported two implementing agencies—the Family Guidance and Awareness Center and Khawla—to organize a World AIDS Day event in Zarqa

### **Prevention**

#### ***Behavior Change Interventions***

FHI/Jordan continued SBC programs to help prevent HIV transmission in countries targeting vulnerable populations such as youth, FSW, MSM, and workers in small businesses and industrial complexes, as well as taxi and bus drivers. Four subagreements were designed to

reduce vulnerability to HIV/AIDS by increasing awareness of and correcting knowledge about HIV/AIDS as well as promoting the acceptance of and demand for HIV/AIDS-related services and resources. These subagreements also generated support for STI/HIV/AIDS programs and encouraged community dialogue on HIV/AIDS issues.

### **Key Achievements**

- finalized an SBC Strategy for MSM in Amman based on the findings of the formative assessment
- drafted a “creative brief” that will be given to communication consultants (graphic designers, copywriters, theater producers) to develop SBC messages that can be delivered through appropriate channels and can also be potentially given to key informants to help develop a tailored, creative approach to reaching MSM
- completed and printed various behavior change materials (posters and leaflets) by IAs based on the finalized SBC Strategies
- submitted success stories on the project achievements to USAID
- posted the “Talk to a Friend” peer education manual on [www.fhi.org](http://www.fhi.org), where it offers a unique chance to provide an Arabic language resource material for Jordan and for the region
- supported two HIV/AIDS Awareness sessions for 40 students in collaboration with the community service office at the University of Jordan
- supported an HIV/AIDS awareness session for 25 students in collaboration with the King Abdullah Development fund at Al-Yarmouk University

### ***Dissemination of HIV/AIDS Resource Materials***

Dissemination of materials occurred through workshops trainings, directly sending them to partners, and regional meetings. FHI also posted the following materials on the FHI website:

- *Youth Participation Guide* translated into Arabic and adopted to the Jordanian context by the FHI/Jordan country office. The Arabic version was produced and printed in September 2007.
- *Voluntary Counseling and Testing for Youth, A Manual for Providers in the Middle East and North African Region*, translated into Arabic and adopted to the Jordanian context by the FHI/Jordan Country office. The Arabic version was produced and printed in May 2007.
- *Theatre-Based Techniques for Youth Peer Education: A Training Manual*, Arabic version produced and printed in November 2007.

### ***Youth Peer Education and Awareness Activities***

Peer education was one of FHI/Jordan’s major strategies for preventing HIV transmission over the past year. The peer education training of University of Jordan students began in 2003 and has since expanded to other universities and community mobilization centers due to its great success.

- reached 874 youth through peer education training programs at the following universities, schools, and community centers:
  - Community Service Office at the University of Jordan in Amman
  - Development Center for Youth in Zarqa
  - Al-Sukna Center in Al-Mafraq

- Al-Yarmouk University in Irbid
- Amman Baccaureate School
- Zarqa Union Center
- Al-Mansheiah Youth Center
- held “Theatre based techniques in HIV/AIDS Youth Peer Education” workshop for university students at Al-Yarmouk University in Irbid
- peer educators participated in joint event with the University of Jordan to present FHI publications and activities within the exhibition for people with special needs

### ***National AIDS Program***

FHI/Jordan provided ongoing technical assistance in VCT, SBC, M&E, and strategic planning to the MOH, its primary counterpart at the national level, to implement the National HIV/AIDS strategy, design the national M&E plan, implement Global Fund activities, and ensure linkages and collaboration at all levels. The continued support and capacity building for the NAP/NAC also included supporting their staff in attending numerous national, regional, and global workshops.

### ***World AIDS Day Activities***

FHI/Jordan supported many agencies and partners in carrying out their World AIDS Day events in December 2006 and 2007.

## **Key Achievements**

### **2006**

- partnered with the municipality of Irbid and the Jordan scout youth group in Irbid to produce the “The Open Street for HIV/AIDS Awareness” campaign
- produced FHI-materials with the main theme: Keep the promise, stop AIDS
- organized a festival that included quizzes, drama, and graduation of the semester’s youth peer educators with the University of Jordan and in collaboration with the University’s student council and community service office
- partnered with the MOH Directorate of the Salt governorate and organized a World AIDS Day celebration event with speeches by governorate officials, poems, and drama under the patronage of the governor.
- held a major World AIDS Day event in Amman, under the patronage of Her Royal Highness Princess Mona Al-Hussein in collaboration with the UNAIDS theme group and the MOH (The event included opening remarks from UNAIDS, the MOH, and USAID. Within this main event, FHI’s local NGO partners presented their USAID-funded SBC programs that target high risk groups. It was a unique opportunity for community mobilization and gaining support from stakeholders for such programs).
- supported World AIDS Day activities at schools such as Jubilee School and Amman Academy School

### **2007**

- held major World AIDS Day event in Irbid, under the patronage of His Excellency, the Minister of Health, in collaboration with the UNAIDS theme group and the MOH (The event included opening remarks from UNAIDS, the MOH, and USAID. As part of the main event, three of FHI’s local NGO implementing agencies were awarded for their HIV prevention interventions with high risk groups.

- hosted a “First Aid Training Workshop” – PLHA and their caregivers attended this two day workshop at the VCT center in Amman; all received first aid kits
- under the patronage of the Governor of Zarqa, held the 2007 World AIDS Day celebration in collaboration with Khawla Bintul Azwar Society, the Family Guidance and Awareness Center, and the Directorate of the MOH at the Zarqa Chamber of Commerce
- in collaboration with the Community Service Office at the University of Jordan, held a World AIDS Day celebration at the Islamic Scientific College, attended by those from the University of Jordan, students from the Islamic Scientific college, and peer educators from the university
- in collaboration with the Directorate of the Ministry of Health in Balqa, organized a World AIDS Day event at Al-Balqa Applied University under the patronage of His Excellency, the Minister of Health
- produced promotional materials (cards, bandanas) for the events and distributed FHI SBC materials in Arabic
- trained a group of youth peer educators, who presented sketches on stigma and discrimination related to HIV/AIDS at the World AIDS Day events that took place in Irbid, Zarqa, Balqa, and Amman

FHI/Jordan produced materials and resources related to working with vulnerable groups. The materials were disseminated to service providers, IA staff, peer educators, program managers, and partners:

- Baseline Knowledge, Attitudes, Practices, and Behaviors Survey among Qualified Industrial Zones and Small Businesses in Jordan
- “Act Now: A Peer Education Training Manual” for MSM and vulnerable youth
- Youth Participation Guide: Assessment, Planning, and Implementation
- HIV Counseling and Testing for Youth: A Manual for Providers in the Middle East and North Africa
- “Theatre-based Techniques for Youth Peer Education” Training Manual
- “Don’t Gamble with Your Health ... Test” poster (in Arabic and English) for MSM and the general population



- Safety First Leaflet (in Arabic and English) for MSM and the general population
- The National Toolkit for High Quality VCT Delivery
- “For better income, keep your health and protect yourself from HIV/AIDS” English poster for female and male workers in the qualified industrial zone
- “For better income, keep your health and protect yourself from HIV/AIDS” Arabic poster for males working in small businesses



### Summary of Baseline Knowledge, Attitudes, Practices, and Behaviors Survey Among Qualified Industrial Zones and Small Businesses (SB) in Jordan (2008)<sup>13</sup>:

FHI/Jordan has been managing a USAID-funded workplace prevention program to increase awareness of STIs and HIV/AIDS in this low-prevalence country and promote the adoption of preventative behaviors among workers in small businesses and those employed in factories in qualified industrial zones. Implemented by the MOH’s Family Guidance and Awareness Center, the program’s interventions mostly consist of behavioral communication activities, including outreach peer education, mentoring, health education sessions, and promotion of risk reduction, as well as referrals and linkages to health services, including to HIV VCT.

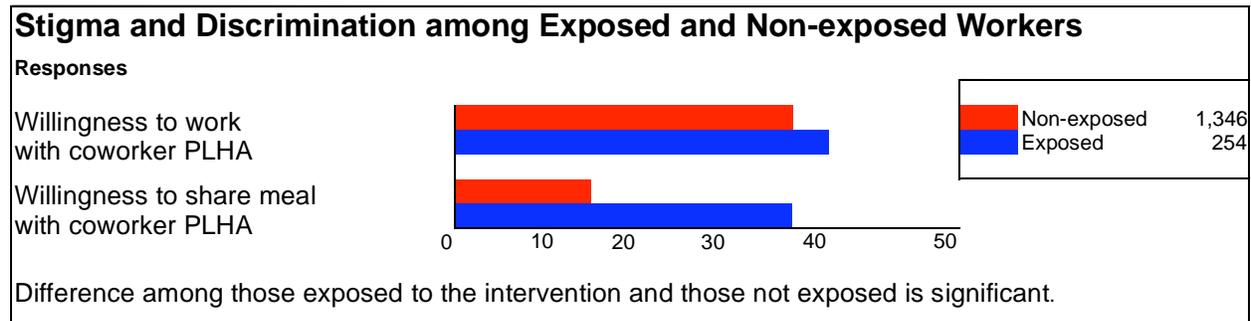
USAID supported this study to determine whether the program has contributed to changed behaviors and increased awareness of HIV among targeted groups. It provides a baseline for future interventions and can serve as an advocacy tool to encourage more funding and support for similar interventions, especially from qualified industrial zone and small business employers who had been unsure of their efficacy.

Ipsos Stat Jordan conducted the study, surveying 1,600 workers in Dliel, Sahab, and Zarqa, including 400 females. The study covered adults age 18 and over in two workforces: males in small businesses, and males and females employed in qualified industrial zones for 12 months or more. Fieldwork, completed in April 2008, entailed face-to-face interviews and the use of questionnaires in Arabic and English, since most qualified industrial zone workers are from Asian countries.

<sup>13</sup> The full study, as well as other graphs similar to the one on page 29, can be found on the web at [http://www.fhi.org/en/HIVAIDS/pub/survreports/res\\_Jordan\\_KAPSurvey\\_2008.htm](http://www.fhi.org/en/HIVAIDS/pub/survreports/res_Jordan_KAPSurvey_2008.htm).

Study respondents had high levels of awareness of HIV/AIDS and condoms and relatively easy access to male condoms and VCT. Nevertheless, a significant number reported risky sex with non-regular partners or sex workers during the past 12 months and low rates of consistent condom use. The study also revealed that many respondents had significant misconceptions about HIV/AIDS, including that condom use, abstinence, and being faithful did not protect against HIV transmission.

Although the level of stigma and discrimination against people living with HIV/AIDS is high in Jordan, respondents exposed to program interventions expressed more willingness than those not exposed to share meals and work alongside HIV-positive coworkers. Those exposed also had more accurate knowledge of modes of HIV transmission.



This survey provides valuable baseline information and can help with the redesign of interventions and new efforts to curtail the spread of HIV/AIDS in Jordan. Interventions need to be continued, and successive knowledge, attitudes, behaviors, and practices surveys should be conducted among the same groups every two or three years. More quantitative and qualitative research is also needed to provide insights into risky sex behaviors that the survey revealed and to identify and remove barriers to the adoption of healthier behaviors.

**Conclusions**

- Overall 16 percent have been exposed to the intervention (Family Guidance and Awareness Center).
- Qualified industrial zone workers had 18 percent exposure; small businesses had 8 percent exposure.
- Exposure to the intervention seems low.
- Behaviors among exposed and unexposed demonstrate that those exposed behaved better.
- Interventions have an effect on certain behaviors and change.
- Even when condom accessibility is high, its usage remains very low.
- Interventions have an effect on knowledge and behaviors.
  - awareness of HIV
  - modes of HIV transmission
  - misconceptions about HIV/AIDS
  - stigma and discrimination
  - awareness and use of male condoms
  - increased access to prevention services (condoms, peer education, VCT services)

**Recommendations**

- Continue prevention activities and increase the number of peer educators to increase the intensity of the intervention.
- Train coworker peer educators to provide services on site. This will overcome challenges of language and availability of peer educators.
- Develop materials based on the findings of these studies.
- Continue interventions and repeat survey in around two years to assess progress.
- Focus future interventions on stigma and discrimination, abstinence and being faithful messages, and consistent condom use. Address misconceptions and access to condoms.
- Possible future interventions can be:
  - mass media campaigns (language)
  - posters in relevant languages
  - presentations with discussions
  - access to condoms (distributors in rest rooms...)
  - peer education
  - indepth interpretation of the results before refining the interventions
  - consideration of a qualitative study to better understand issues/concerns of the quantitative findings
- Disseminate study findings with the Family Guidance and Awareness Center staff and peer educators.
- Disseminate the findings to factory managers.

### Summary of Workshops, Trainings, and Awareness Sessions

<b>Events</b>	<b>Number of events</b>	<b>Participants</b>	<b>Total males</b>	<b>Total females</b>	<b>Total individuals reached</b>
Peer education activities and SBC training workshops	28	School and university students, youth at youth centers, and NGO members and volunteers	348	571	919
Meeting for people living with HIV/AIDS	1	PLHA	18	0	18
NGO network meeting	1	NGO members and volunteers	3	14	17
HIV prevention in the workplace workshop	1	Private sector, government, ILO and NGO representatives	12	8	20
Monitoring, evaluation, and surveillance events, workshops, and trainings	5	MOH and NGO participants	75	45	120
VCT training workshops	2	MOH staff and NGO members	9	25	34

## **Program Outcomes and Impact**

FHI did not carry out outcome or impact evaluations during the project's duration. Activities were designed to contribute to the Jordan National HIV/AIDS Strategy implementation and two objectives: Bridge the administrative and programmatic gap and directly contribute to helping Jordan maintain low HIV prevalence among the population and all vulnerable sub-populations. It is likely that FHI/Jordan's work at the national level may have contributed to more clients' willingness to be tested and to access treatment and care. FHI/Jordan's work via the bilateral project is also likely to have had a positive influence on clients' knowledge, attitudes, and practices surrounding HIV/AIDS. Establishing and strengthening country national systems for M&E, and surveillance for providing clear and accurate information about the state of the epidemic and the effectiveness of Jordan's response (particularly among the most vulnerable sub-populations) will guide the national response to HIV/AIDS with evidence-based information, and will use that information to inform policy and advocacy strategies and improve planning of interventions for maximum impact.

The project contributed to increased availability of strategic data related to the spread of HIV/AIDS. The knowledge, attitudes, practices, and behaviors survey for workplaces in Jordan has provided valuable baseline information on HIV/AIDS knowledge, attitudes, and sex behavior. The findings can be used to redesign and improve interventions and renew efforts to curtail the spread of HIV/AIDS and sexually transmitted infections in general and more specifically among qualified industrial zones and small businesses.

The access of high risk groups to HIV/AIDS prevention services was limited. Through its subprojects, the project actively increased this access and addressed challenges to increase the health seeking behaviors among high risk groups. For instance, 600 individuals among the most-at-risk populations received one-on-one counseling. Twenty-four sex workers, seven FSW clients, and 71 workers who engaged in high risk behaviors were referred to VCT services. More than 90 others were referred to other services, including those for reproductive health/STI. Also, the cumulative number of people who approached the national center for hotline and counseling services and HIV testing through June 2008 was 496 (22 were HIV-positive). Among those, 112 approached the center in 2007; eight were HIV-positive. However, this increase in the number of people seeking HIV counseling and testing cannot be only or directly contributed to the bilateral project activities, but project activities may have contributed to this increase.

Prevention programs for high risk groups have built the capacities of local resources on how to access and work with high risk groups and provide them with services. This type of experience was very limited, and it is believed that these types of capacities and these modules of programs can be built on to expand coverage. Two of FHI/Jordan's NGO implementing partners have received funding from the Global Fund through the MOH to implement the modules of services and activities developed with FHI/Jordan to continue reaching high risk groups.

Additional outcome data are from the baseline knowledge, attitudes, practices, and behaviors survey among Qualified Industrial Zone and Small Business workers in Jordan that covered a sample of 1,600 people. The study objectives were: to assess the knowledge, attitudes, and practices toward HIV/AIDS of qualified industrial zone and small business workers at FHI-supported industries by March 2008; to determine the level of risk behavior for HIV transmission among qualified industrial

zone and small business and qualified industrial zone workers at FHI-supported industries by March 2008; to evaluate the coverage of the HIV prevention interventions provided by FHI-supported IAs in the workforce of qualified industrial zones and small businesses by March 2008; to evaluate the outcome of the intervention on the employees of qualified industrial zones and small businesses by March 2008.

The study findings showed that despite the high awareness of the disease, a significant number of sexually active respondents had non-regular and commercial sex, as well as sex with multiple partners. This persistent behavior suggests that the heightened awareness of HIV/AIDS and sexually transmitted infection and knowledge of condoms and other HIV prevention methods were not translating into safe sex. Despite relatively high knowledge of HIV prevention methods and correct information about AIDS transmission, stigma and discrimination against PLHA was widespread. This suggests that people infected and affected by HIV/AIDS are not well accepted or received in many communities. Accepting attitudes toward people with AIDS were lowest among female qualified industrial zone workers—specifically when it came to sharing food with coworkers and willingness to work with an infected coworker. Such attitudes are likely to have a negative effect on care and support programs for people infected and affected by HIV/AIDS. Stigma may also pose an obstacle to behavior change if not addressed. Still, an optimistic finding was that the majority of male respondents in qualified industrial zones expressed willingness to share food and work with infected coworkers. The coverage of the intervention by Family Guidance and Awareness Center activities is recorded higher among qualified industrial zone workers, and this may be the reason for their more favorable attitudes toward PLHA. The majority of qualified industrial zone workers are non-Jordanian, and this may also be a factor.

Compounded by the stigma and discrimination previously mentioned, misconception is very high among the surveyed respondents. Misconceptions quite often lead to unconscious risky behaviors. Thus, any program in the future should address misconceptions, and focus more on abstinence and being faithful messages, because many of the interviewees did not think that abstinence and faithfulness protects against HIV/AIDS.

Access to VCT was high. Many study participants reported knowing VCT services in their respective community. Many people reported ever having had HIV testing and knew their results. It is important to interpret these findings, taking into account that in Jordan, HIV testing is required for non-Jordanians seeking to live and work in Jordan. On the other hand, VCT was reported to be higher among small business workers. However, there is still room to make HIV testing more accessible and address high levels of stigma.

Although the coverage of the program seems very low, it did help increase knowledge and promote positive behaviors among those who had received services from the Family Guidance and Awareness Center in the past 12 months compared with those who had not. Thus the intervention had an effect on HIV awareness, knowledge of modes of transmission, misconceptions, awareness of male condoms, and increased access to prevention services (condoms, peer education, and VCT). Even though there is no way to attribute the positive results to the Family Guidance and Awareness Center program, it is fair to say that the intervention has contributed, and that it is somewhat effective. Any future program would have much more of an “impact” by focusing on increasing the coverage and intensity of the program. Much more attention would need to focus on small business workers.

### **III. LESSONS LEARNED AND RECOMMENDATIONS**

In the course of implementing the bilateral project, a number of lessons have been learned and recommendations made. These are intended for the MOH/NAP, FHI partners, and donors who are interested in starting, continuing, or building upon the bilateral project implemented by FHI. They are also meant for FHI country offices working in similar contexts. They include:

#### **Increase access of high risk populations to services.**

This can be achieved by expanding and diversifying service delivery, in addition to strengthening, supporting sustainability of NGOs to continue reaching most-at-risk populations and providing them with HIV/AIDS prevention services and referrals. It is also essential to have high quality services—especially VCT and SBC services—that also ensure the confidentiality of beneficiaries. Activities to increase knowledge and awareness of HIV/AIDS and provide referrals, and the self risk assessment can increase access to prevention services. This will address the combination of low risk perception and lack of awareness of available services.

#### **Increase involvement of the NGO network and strengthen their collaboration with the MOH.**

Under this project, technical assistance and capacity building was provided to IPs and NGOs. Also, relationships between the MOH and NGOs have been strengthened, so the MOH understands the benefit of working with NGOs. In the future, the number of NGOs working in this field and their coverage should be increased from the three regions in which they are currently working. Also, it is recommended that a structured network be established with a coordinating body to ensure better coordination of services, less competition, and improved cooperation among the NGOs and exchange of best practices.

#### **Empower people living with HIV/AIDS.**

PLHA in Jordan don't currently have any formal support mechanisms. It is recommended that support should be given to their endeavors to establish an entity to represent them and advocate for them. In the future, there should be a venue for support groups and the development of a care program for PLHA, increasing their role in the national response to HIV/AIDS.

#### **Continue advocacy efforts at the national level with the MOH.**

Over the last several years, the technical assistance provided by FHI to the MOH has enabled the MOH to access the latest technical updates, innovative program ideas, and global best practices. FHI support has facilitated development of national systems and coordination of national stakeholders. Because of these efforts, Jordan is now considered a leader in the response to HIV/AIDS in the Middle East region, and has received two grants from the Global Fund. This technical assistance to the MOH has been critical in providing the momentum needed to develop national surveillance systems to implement the first bio-BSS in Jordan. It is critical for the MOH to continue with the same momentum to achieve Jordan's vision of keeping Jordan a low-prevalence country.

#### **Increase behavior change interventions targeting high risk groups.**

The foundation has been laid for increased behavior change interventions for high risk groups through improved MOH/NAP support, greater NGO capacity and involvement, participation of PLHA and most-at-risk populations, and piloted modules for interventions with high risk groups.

Funding from international organizations and a national HIV/AIDS strategy are all in place. Therefore, there is a significant opportunity to increase the number of interventions and their coverage to reach higher numbers of high risk groups with behavior change and HIV/AIDS prevention.

**Increase focused interventions to reduce stigma and discrimination.**

Efforts should be continued to raise community awareness of HIV, increase involvement of PLHA, and increase advocacy efforts with political, legal, and community members. In the future, efforts should be made to raise awareness and involve local religious leaders to have more focused programs with service providers to raise their awareness about HIV/AIDS and reduce stigma, and emphasize the importance of maintaining confidentiality of all services for most-at-risk populations. Also, it is recommended that services be made more accessible by offering them through NGOs rather than through the MOH, which is an approach that needs to be supported by the MOH if it is to be successful.

**Continue to expand coverage of VCT services.**

Although a lot of work has been done with the MOH to improve or develop VCT services, there has also been a focus on working with NGOs through the NGO assessments and establishment of counseling services. An effort should be made to involve more NGOs and more non-government entities in providing VCT services. They have proven successful in pretest counseling, establishing local referral networks, referring their clients to VCT services and advocating for provision of other services, such as reproductive health services, and psychological, social, legal, and economic services. Access to VCT services should be increased by promoting them as high quality and confidential. This will increase trust in nongovernmental services. Counselors should be trained beyond large centers to the district level. A referral network was established between two NGOs and VCT centers. This should be expanded. It is recommended that VCT not be medicalized so that it is seen as a service for the general population rather than for specific groups. It is important not to use VCT as a source of information for the general population on HIV/AIDS, since this creates an undue burden on VCT centers. Systems should be put in place to ensure continued improvement of service quality.

**Continue to support the role of youth in the national-level response to HIV.**

Since the Jordan population is so young and those most at-risk of infection are youth, youth should continue to play an important role in the national-level response. Jordan youth have been involved in peer education, outreach activities, World AIDS Day activities, and community services. Their role should be supported and increased by giving them opportunities to increase their knowledge and skills, supporting initiatives designed by youth with mentoring, expanding successful modules, and acknowledging and recognizing their important role.

**Recommendations for future implementation of knowledge, behaviors, attitudes, and practices studies:**

It is important to engage all the key partners, such as the MOH and other governmental sectors, implementing partners, local research organizations, key informants, and members of the study populations, as this will inform and facilitate study planning and implementation and increase ownership of results. A rapid assessment is a crucial part of the preparation phase. Also, because of high stigma and discrimination and the sensitivity of questions asked about knowledge,

attitudes, and practices, it is essential to rigorously select the research team, train them, establish a code of conduct for field work, and ensure respect of all study ethical considerations. Studies should have protocol, tools, and consent forms that are approved by the ethics committee.

#### **Continue technical assistance to the National AIDS Program and the MOH.**

FHI/Jordan assisted the NAP in developing the protocol. Tools facilitated approval by the FHI ethics committee, provided trainings for mapping, respondent driven sampling, BSS, the established and supported Surveillance Working Group, and other technical assistance. The NAP needs continued technical assistance with oversight and planning of field work for data collection and the bio component; assurance of quality control measures and an ethical code of conduct; data analysis; and report writing. This is Jordan's first time conducting a bio-BSS; therefore, it is vital that they continue to receive technical assistance.

#### **Document and disseminate lessons learned and best practices.**

Materials, experiences, tools, and resources developed through this project can be shared with other countries to contribute to their responses to the epidemic. For example, the following materials could be shared: the *Theatre-Based Technique Training Manual for the Middle East Region* and the *MSM Peer Education Training Manual*. For future programs, postings on the internet, information-sharing at regional conferences, dissemination of Arabic resources adapted to the Jordanian context, and work with different agencies are all effective mechanisms for disseminating tools and best practices throughout the region.

### **IV. HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES**

FHI/Jordan worked closely with five local organizations to implement project activities. In addition to increasing provision of important HIV prevention and testing services, the strong relationship between FHI/Jordan and local partners significantly increased local capacity.

#### **Family Guidance and Awareness Center (FGAC)**

The Family Guidance and Awareness Center is an NGO affiliated with the Housewives Association that was established in 1982. It aims to increase awareness of family legal, psychological, and social issues among the local community in Zarqa and offers an array of health and legal services, psychological counseling, and support for victims of domestic violence, and women and children's development services, including vocational training.

**Target Groups:** vulnerable workers in small businesses and qualified industrial zones, taxi drivers in Zarqa, and workers in industrial complex zones in Sahab and Dliel

**Key Interventions:** SBC activities, peer education, mentoring, risk reduction, health education sessions, referrals, and linkages to health services

#### **Key Achievements**

- 1,485 education/awareness sessions were held
- 17,129 members of the target populations were reached through community outreach programs
- five supervision visits to outreach peer educators were carried out
- one support and motivation-building event for peer educator leaders was organized

- two SBC materials were produced for the workplace
- 573 members of the target populations were reached by peer educators in one-on-one sessions
- 1,060 members of the target populations were reached with information about VCT
- 71 referrals to VCT were given
- 75 referrals to other services other than VCT were given
- 800 condoms were distributed by the peer educators to most-at-risk target groups

### **Khawla Bintul Azwar Association**

Khawla Bintul Azwar Association 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 empower and activate women in society, concentrating on the concepts of change, accomplishment, work, and the respect of traditions and culture. The program areas of the society include development for the family, reduction of poverty and ignorance, development of income-generating micro-enterprises for poor families, vulnerable women's empowerment, and counseling and rehabilitation of young, vulnerable girls.

**Target Groups:** sex workers and other vulnerable female youth

**Key Interventions:** peer education and outreach, risk reduction, center-based education sessions, skills building and skills training, support meetings and edutainment activities, referrals to VCT and other services, linkages to reproductive health/STI services, and advocacy

### **Key Achievements**

- 20 women attended a peer education training workshop
- 914 women were reached by outreach peer educators
- 31 center-based HIV/health education sessions were offered to 144 women
- 33 sex workers attended one-on-one counseling sessions
- one referral system was established and all required referral forms were created
- three meetings with eight referral partners were organized
- 1,700 condoms were distributed to sex workers by the peer educators
- six support meetings for 170 women were hosted
- outreach visits to 140 madams were conducted
- 24 sex workers and 7 men were referred to VCT
- 18 referrals for medical check-ups were made (reproductive health/STIs)
- two referrals were made for services other than VCT
- two community mobilization meetings were organized for 103 participants

### **Jordan Red Crescent Society (JRC)**

The Jordan Red Crescent Society (JRC) is a legally recognized NGO and has undertaken the mission to alleviate the suffering of vulnerable people in Jordan. The society's diverse activities are implemented through its branches in Balqa, Irbid, Ajloun, Madaba, Tafileh, Ma'an, Karak, Mafraq, and Aqaba together with two special branches devoted to youth and students. Each of the branches runs individual activities that are tailored to meet the needs of their local community.

**Target Groups:** MSM and other vulnerable male youth through a four-phase program

**Key Interventions:** SBC activities, peer education, mentoring, risk reduction, health education sessions, referrals, and linkages to health services

### **Key Achievements**

- organized official opening of the Safety First Drop In Centre
- promoted online support to target groups through one-on-one contacts
- completed center website design and SBC materials
- held sensitization meeting for service providers from eight organizations that was attended by a PLHA representative
- held two referral meetings with key stakeholders attended by 10 persons from seven organizations
- established a referral system surrounding the Safety First Centre
- held introductory session for 12 potential peer educators
- conducted one edutainment activity for 24 youth who can be future peer leaders or who can provide links with MSM
- developed a variety of SBC materials, including posters and brochures
- developed an MSM peer education manual
- continued capacity building for project staff through internal mentoring and trainings

### **The Performing Arts Center/Noor Al-Hussein Foundation**

The Performing Arts Center (PAC) was established in 1987. It is an independent entity under the umbrella of the King Hussein Foundation/The Noor Al-Hussein Foundation. The PAC aims to develop an understanding and awareness of the value of the arts in the educational and social development process.

The PAC's programs are designed to be locally sustainable and replicable in different parts of Jordan and the region. The PAC is a unique institution in Jordan that uses drama, theater, dance, and music as creative mediums to promote tolerance, dialogue, peaceful conflict resolution skills, citizenship, democracy, and human rights.

**Target Group:** youth peer educators

**Key Interventions:** developed a Jordan-specific version of "Theatre-based Techniques for Youth Peer Education" training manual and capacity building for youth in theater-based techniques for HIV/AIDS/STI peer education programs

### **Key Achievements**

- held pre-test workshop for the *Theatre-based Techniques for Youth Peer Education Training Manual*
- conducted technical review of the *Theatre-based Techniques for Peer Education* manual done by the Performing Arts Center, FHI, and UNFPA
- held two training workshops for youth/peer educators on theater-based techniques
- produced two sketches on HIV/AIDS performed by youth trained to use theater-based techniques as peer education activities
- printed the *Theatre-based Techniques for Youth Peer Education Training Manual*

**A. IMPLEMENTING PARTNERS LIST**

	<i>NGO</i>	<i>Target Group/s</i>	<i>Objectives</i>	<i>Main Activities</i>
1.	<b>Jordan Red Crescent</b>	MSM and other vulnerable males	<ol style="list-style-type: none"> <li>1. Increase available data on MSM (and other vulnerable male youth) populations and activities in Jordan for programming and decisionmaking among national stakeholders, including implementing agencies and international donors.</li> <li>2. Improve the capacity of the Jordan Red Crescent in the field of HIV/AIDS, working with high risk groups, namely MSM and other vulnerable young males.</li> <li>3. Increase prevention practices among MSM and other vulnerable young males, particularly promotion of safer sexual practices.</li> <li>4. Increase health care seeking behavior among MSM and other vulnerable young males through HIV counseling, regular testing and STI screening, testing, and treatment.</li> </ol>	<ul style="list-style-type: none"> <li>• Provided new services including VCT pretest/sexual health counseling, referrals to other services, an online hotline, and educational services.</li> <li>• Established a website to distribute information about HIV/AIDS/STIs in Arabic, advertised the center and services available, gathered information, linked to other services, and provided the online hotline.</li> <li>• Built a referral system. Focused on referrals to the center and increased uptake, and linked with and provided referrals to other services including health, regular blood testing and STI screening, social, legal, and economic.</li> <li>• Implemented SBC strategies to increase knowledge about STI/HIV/AIDS, appropriate self-risk assessment, and distribution of promotional materials and condoms.</li> <li>• Developed <i>MSM Peer Education Manual</i> and trained peer educators.</li> <li>• Provided peer education/outreach.</li> <li>• Increased awareness/sensitization among service providers (doctors, nurses, health care staff) to create a supportive environment for target populations, and worked to decrease stigma and discrimination.</li> <li>• Continued to collect information and analyze data for program decisionmaking.</li> <li>• Exchanged experiences to learn more about strategies for working with MSM.</li> </ul>

	<i>NGO</i>	<i>Target Group/s</i>	<i>Objectives</i>	<i>Main Activities</i>
2.	<b>Khawla Bintul Azwar Association</b>	Sex workers and other vulnerable females	<ol style="list-style-type: none"> <li>1. Increase women’s basic knowledge of HIV/AIDS/STIs.</li> <li>2. Increase women’s knowledge of and skills pertaining to condom negotiation, including correct condom use.</li> <li>3. Increase women’s awareness of available and accessible support services (e.g., VCT, legal, social support, psychological, health/medical).</li> <li>4. Increase the number of targeted outreach activities conducted by trained peer educators.</li> <li>5. Increase the number of women for uptake of VCT, STI screening and treatment, vocational training, and counseling services.</li> <li>6. Increase the number of women’s opportunities for alternative income generation.</li> <li>7. Increase the number of women referred to services.</li> </ol>	<ul style="list-style-type: none"> <li>• Offered education by peer educators trained to use the recently developed peer education tool kit.</li> <li>• Provided peer education outreach to increase knowledge and skills using messages developed in the SBC strategy.</li> <li>• Held center-based education sessions to increase health knowledge and skills using messages developed through the SBC strategy. Modified approach to reach more women, use resources more effectively, and expand education topics.</li> <li>• Provided center-based vocational training programs to increase skills in alternative income generation, break patterns of vulnerability, and generate income.</li> <li>• Refined and disseminated SBC strategy and messages for vulnerable women.</li> <li>• Counseled vulnerable women according to national guidelines.</li> <li>• Distributed condoms through the MOH (not purchased by FHI).</li> <li>• Organized regular support meetings for women; shared experiences, motivated one another, built trust.</li> <li>• Provided outreach to madames to promote the center and promote encouraging healthy behaviors for their sex workers.</li> <li>• Established a referral system.</li> <li>• Assessed specific needs of vulnerable women and their families and referred them to appropriate services. Established a system to subsidize cost of medical visits for STI screening and transportation to VCT services for women most in need.</li> <li>• Conducted community mobilization events.</li> <li>• Organized exhibits of products/handicrafts created in vocational training sessions.</li> </ul>

	<i>NGO</i>	<i>Target Group/s</i>	<i>Objectives</i>	<i>Main Activities</i>
3.	<b>Family Guidance and Awareness Center</b>	Vulnerable workers in small businesses and qualified industrial zones, taxi drivers in Zarqa, and industrial complex zones in Sahab	<ol style="list-style-type: none"> <li>1. Increase capacity of 24 peer educators to conduct peer education activities among taxi and bus drivers, high risk workers in small businesses in Zarqa, and in the industrial complexes in Sahab and Dleil.</li> <li>2. Increase knowledge of HIV/AIDS/STIs among taxi and bus drivers, high risk workers in small businesses in Zarqa and the industrial complexes, and in Sahab and Dleil.</li> <li>3. Improve accurate risk perception and associated risk reduction behavior change among high risk workers in small businesses in Zarqa, and in the industrial complexes in Sahab and Dleil.</li> <li>4. Increase referrals to VCT among taxi and bus drivers, and men working in small businesses in Zarqa.</li> <li>5. Increase referrals to other support services among taxi and bus drivers and workers in Zarqa.</li> <li>6. Increase knowledge of and commitment to HIV/AIDS workplace prevention interventions among senior management of industrial zones and small business owners.</li> </ol>	<ul style="list-style-type: none"> <li>• Provided basic and advanced training of trainers for all peer educator leaders.</li> <li>• Supervised and provided feedback for quality assurance/quality improvement (QA/QI) of peer educator leaders.</li> <li>• Offered onsite peer education and conducted education/awareness-raising sessions led by peer educator leaders.</li> <li>• Finalized and disseminated messages developed according to the SBC strategies.</li> <li>• Developed a profile and innovative strategy to implement peer education with taxi drivers.</li> <li>• Counseled and educated target populations in one-on-one or small group education counseling sessions.</li> <li>• Built a referral system and provided information on referrals for follow-up services (i.e., medical services, the hotline, HIV counseling and testing, social services).</li> <li>• Distributed condoms provided by the MOH to high risk groups, in combination with behavior change and skills building sessions.</li> <li>• Conducted outreach and held sensitization meetings with small business owners and managers at the qualified industrial zones.</li> <li>• Provided key senior management with informational materials, brochures, and leaflets to increase their knowledge of and support for HIV prevention and testing activities in their workplaces.</li> <li>• Held formal meetings with key stakeholders (government officers, senior management of qualified industrial zones, and small business owners) to share information and lessons learned, and to generate support for program activities.</li> </ul>

	<i>NGO</i>	<i>Target Group/s</i>	<i>Objectives</i>	<i>Main Activities</i>
4.	<b>Noor Al-Hussein Foundation</b>	Youth peer educators	<ol style="list-style-type: none"> <li>1. Develop a Jordan-specific version of <i>Theatre-based techniques for Youth Peer Education: A Training Manual</i>.</li> <li>2. Increase youth's knowledge of theater-based techniques for HIV/AIDS/STI peer education programs.</li> <li>3. Increase youth's capacity to implement theater-based techniques for HIV/AIDS/STI peer education programs.</li> </ol>	<ul style="list-style-type: none"> <li>• Adapted existing materials.</li> <li>• Provided technical review (this was done by the Performing Arts Center and FHI).</li> <li>• Pretested adapted materials and made necessary revisions based on feedback.</li> <li>• Produced the materials according to SOPs, following financial and procurement policies.</li> <li>• Trained youth/peer educators in theater-based techniques and use of the toolkit.</li> <li>• Produced and documented sketches in line with the SBC strategies.</li> <li>• Evaluated the toolkit and made recommendations for monitoring, incorporating improvement, and using the toolkit with other high risk populations.</li> </ul>

**V. ATTACHMENTS**

## ATTACHMENT A: FINANCIAL SUMMARY

<b>Obligation Date</b>	<b>Amount</b>
October 1, 2006	US\$950,000
November 25, 2007	US\$200,000
<b>Total Award Amount</b>	<b>US\$1,150,000</b>

## ATTACHMENT B: DETAILED LISTING OF WORKSHOPS, TRAININGS, AND AWARENESS SESSIONS

<b>Events</b>	<b>Location</b>	<b>Date</b>	<b>Participants</b>	<b>Total males</b>	<b>Total females</b>	<b>Total</b>
Awareness session for school students (Dar Al-Nahda)	Amman	Nov 18, 06	Students	0	12	12
Awareness session for students (Al-Radwan and Kulia Eslamieh)	Amman	Nov 18, 06	Students	21	0	21
Awareness session for students	Amman	Nov 13–22, 06	Students	9	29	38
HIV/AIDS prevention workshop	Aqaba	Nov 10–11, 06	Students	18	0	18
Awareness session for students (Al-Radwan and Kulia)	Amman	Nov 18, 06	Students	22	0	22
HIV/AIDS prevention workshop	Amman	Nov 3–19, 06	University students	9	26	35
Theater-based techniques for HIV/AIDS	Irbid	Nov 27–29, 06	University students	16	10	26
Scientific open day for HIV/AIDS prevention (Nursing College)	Amman	Feb 7, 07	University students	0	200	200
HIV/AIDS prevention workshop	Mafraq	Jan 30–Feb 1, 07	Youth	5	12	17
HIV/AIDS prevention workshop	Zarqa	Feb 12–15, 07	University and school students	11	11	22
Training of trainers workshop (TOT workshop)	Amman	Jan 23–27, 07	University students and NGOs	11	21	32
Awareness session on HIV/AIDS	Amman	Feb 24, 07	Students	40	50	90
Surveillance working group meeting	Amman	Mar 2, 07	MOH staff	10	5	15
Meeting for PLHA	Amman	Mar 1, 07	PLHA	18	0	18
NGO network mtg	Amman	Mar 30, 07	NGOs	3	14	17

<b>Events</b>	<b>Location</b>	<b>Date</b>	<b>Participants</b>	<b>Total males</b>	<b>Total females</b>	<b>Total</b>
HIV/AIDS prevention workshop	Zarqa	April 14–15, 07	Youth	24	0	24
Training on VCT for NGO staff	Amman	April 22–26, 07	NGO staff	5	10	15
HIV/AIDS prevention workshop	Amman	April 24–25, 07	Female university students	0	15	15
Aspnet training on lifeskills and school education with UNESCO	Amman	April 27–28, 08	NGO, Ministries of Health and Education	25	20	45
HIV/AIDS prevention workshop	Amman	May 18, 07	Youth	15	4	19
HIV/AIDS prevention workshop	Al-Sukna	Jun 11–13, 07	Female university students	0	23	23
HIV/AIDS prevention workshop	Al-Sukna	Jun 20–21, 07	Youth	3	21	24
Peer training workshop, “Working with Youth in the Prevention of AIDS”	Aqaba	July 2–3, 07	Youth	0	19	19
Awareness Day on HIV/AIDS	Al-Sukna Camp	July 7, 07	Youth	20	0	20
HIV at Work: How Business Can Make a Difference	Amman	Aug 6–7, 07	Private sector and NGOs	12	8	20
HIV/AIDS prevention workshop	Amman	Aug 12–15, 07	University students	17	13	30
Training workshop on HIV/AIDS and STI behavioral and biological surveillance	Amman	Aug 19–23, 07	MOH staff and NGOs	18	11	29

<b>Events</b>	<b>Location</b>	<b>Date</b>	<b>Participants</b>	<b>Total males</b>	<b>Total females</b>	<b>Total</b>
Monitoring and evaluation training for NGOs	Amman	Aug 26–27, 07	NGO staff	5	8	13
Training workshop on using the VCT toolkit to enhance HIV practice for NGOs	Amman	Oct 28–31, 07	MOH staff and NGOs	4	15	19
HIV/AIDS prevention workshop	Amman	Dec 1–3, 07	University students	13	26	39
HIV/AIDS prevention workshop	Zarqa	Jan 28–Feb 4, 08	Youth	21	0	21
HIV/AIDS prevention workshop	Amman	Mar 21–22, 08	Youth	11	8	19
HIV/AIDS prevention workshop	Zarqa	Mar 28–29, 08	Youth	15	8	23
HIV/AIDS prevention workshop	Amman	April 4–5, 08	University students	5	14	19
HIV/AIDS prevention workshop	Amman	April 13–30, 08	University students	6	15	21
HIV/AIDS prevention workshop	Irbid	May 4–6, 08	University students	11	14	25
“Mapping, formative assessment for most-at-risk populations, RDS, and RDS analysis” training workshop	Amman	July 16, 20–23, 2008	MOH staff, NGOs	27	16	43
Knowledge, attitudes, practices, and behaviors dissemination meeting	Amman	July 28, 08	MOH staff, NGOs, and government officials	14	6	20

ATTACHMENT C: SUCCESS STORIES SUBMITTED TO TELLING OUR STORY – USAID WEBSITE<sup>14</sup>

# SUCCESS STORY

## Battling the Odds

**Young mother overcomes stigma and makes a difference**



Program participants raise funds with a bazaar of handmade goods.

Amira is a remarkable and courageous young mother who struggled against and overcame the many odds that were stacked against her. The journey that led her to become an outreach coordinator in a USAID-funded program through FHI is a tale of suffering and perseverance, ultimately leading to personal triumph and success.

Ten years ago, Amira owned a salon, drove her own car, and helped her husband pay the household bills. Her life was changed in an instant when she was hit by a car. For the next three years, Amira was in and out of hospitals, suffering excruciating pain and learning to walk again. Her husband, unwilling to saddle himself with a crippled wife, left her for another woman.

Divorced, penniless, and the sole supporter of two young children, Amira worried about how she would survive. “Divorced women in our society are very vulnerable; they are easy prey for men looking for a good time,” she says. “I could easily have gone down a dangerous road and put myself at risk for life-threatening diseases that I knew nothing about. I was that desperate to find the means to feed my children.”

In 2004, Amira heard about the Bushra/Ray of Light program, which is run by a local NGO supported with a grant from USAID through FHI. The program provides HIV/AIDS awareness and behavior change counseling activities for vulnerable women in low-income areas through peer education and activities that include home visits, health sessions, and skills building,

<sup>14</sup> These stories were submitted to the USAID mission in Jordan for the Telling Our Story website. They haven’t yet been posted to the website. The versions included in this report have not been finalized by USAID, so they may be different from the versions on the Telling Our Story website, if posted.

edutainment, referral for reproductive health/STI services, HIV counseling and testing, and other social and economic services.

Though the mere discussion of HIV/AIDS is a cultural taboo in Jordan, Amira saw she could help other women and joined the peer education program. To the stigma of divorce she carried was added the perception in the community that she spread knowledge about an immoral disease. Still, Amira pushed forward, confident that she was making a difference in the lives of women whose stories were not much different than her own. Many of them had become sex workers as a result of difficult socioeconomic circumstances and their need to support themselves and their families. When program staff noted Amira's dedication and the ease with which other women opened up to her, they offered her a full-time position as an outreach coordinator. Amira credits the program with changing her life. "I always had trouble standing up for myself. Now, I understand that I have rights, and I can defend the rights of other women as well. I talk to my friends and their children about HIV/AIDS and how they can protect themselves. I am again supporting myself and my children. I have come a long way."

# SUCCESS STORY

## Expanding the Message on HIV/AIDS

Agency reaches out to workers and other vulnerable populations



Family Guidance and Awareness Center outreach coordinator Enas Tergam (right) explains HIV/AIDS to a small business worker in a workplace training.  
Photo: FHI/Othman

***“We serve as a vital source of information and provide linkages to local services for people who might otherwise go unserved,” said Nadia Bushnaq, president of the Family Guidance and Awareness Center, a Jordanian nongovernmental organization.***

The Family Guidance and Awareness Center (FGAC) offers an array of health and legal services, psychological counseling, support for victims of domestic violence, and women and children’s development services, including vocational training. The cornerstone of FGAC services is a free hotline, staffed by trained counselors, that receives more than 120 calls per month with questions on law, psychological issues, employment, and other topics.

USAID, through an implementing partner, selected FGAC to participate in Jordan’s first training of trainers for HIV peer educators in 2002. The implementing partner continued to provide technical assistance to help FGAC build capacity to provide HIV/AIDS-related services, and in 2006, FGAC became one of the partner’s local implementing agencies.

The ongoing assistance and funding from USAID allowed FGAC to launch SBC programs on HIV for vulnerable populations. FGAC’s outreach targets taxi drivers and workers from small businesses and the surrounding qualified industrial zones that employ thousands of migrant workers from countries with significantly higher HIV/AIDS prevalence rates.

FGAC has conducted more than 1,485 HIV/AIDS awareness sessions and reached over 17,129 people with its messages. But the numbers do not tell the full story. FGAC president Nadia Bushnaq explained, “Our partnership with USAID ... allowed us to expand services from the community to the workplace, where we serve as a vital source of information and provide linkages to local services for people who might otherwise go unserved.”

The work is not easy, but can be very rewarding, says Saed Rgahib, an FGAC peer educator. Saed initially hesitated to join the workplace outreach team after he was beaten by members of a gang he approached with HIV/AIDS messages. But the welcoming response of the workers encouraged him, and he has successfully helped people gain access to VCT.

# SUCCESS STORY

## Taking a Risk for Women At Risk

**Standing by conviction opens path to discuss HIV/AIDS awareness**



After being exposed to other members of their community, the society's staff has moved from ignorance and disbelief about prostitution and HIV/AIDS, to being advocates for HIV/AIDS awareness, prevention, and behavior change.

Photo: FHI/Jenine Jaradat

***The society's 35 peer educators have reached 1,054 women. Twenty-four women and seven of their clients have also been referred to voluntary HIV testing and counseling.***

The Khawla Bint al Azwar Society once operated just like other community-based organizations, in which members collected clothes for the poor, visited the sick, and provided vocational training for local women. No one could have foreseen that they would soon be discussing taboo subjects with some of their community's most marginalized members.

In late 2005, through a USAID-supported implementing partner, the members of this respected society were introduced to an aspect of their community they had never encountered. The staff made contact with sex workers, visiting them in their homes to convince them to join a peer education program providing HIV/AIDS awareness and referral. The initial reaction was shock. "The subject of HIV/AIDS is simply not discussed in our culture," said program manager Aisha Abd Al Aziz. "We had our own reputations and those of our families to consider. And we didn't really believe that prostitution existed in our communities."

The women realized that they, like others, had been turning a blind eye to a growing problem. They learned that married women, single mothers, and teenage girls—most of whom were impoverished and uneducated, and many abused as children—were turning to sex for financial gain to support themselves and their families. HIV/AIDS awareness was almost non-existent among them, and the society's staff became convinced that they needed to be part of the solution.

This conviction came at a price. The society's reputation in public rapidly declined, and women approaching the organization were branded as sex workers. Some staff members resigned due to their families' pressure. The staff approached community leaders to explain the program and win support. It was a challenging task, but the women persisted. The result? More than 75 people, including religious leaders, NGO and private sector representatives, and health and education officials attended the society's latest advocacy workshop.

# SUCCESS STORY

## Helping the Private Sector Respond to HIV

**Workshop helps Jordan business sector join the national effort**



Teresa Peterson, Maram Habash, and Dr. Rajai Al-Azzeh listen to a presentation explaining how the Jordanian business sector can contribute to fight HIV/AIDS.

***Jordan's key selling point for foreign investment is its young, highly educated workforce.***

This August, 20 representatives of business, labor, government, and civil society participated in a workshop to examine the role of the private sector in the national response to HIV/AIDS. Family Health International, with USAID support, organized the two-day event in cooperation with Jordan's Ministry of Health. The workshop aimed to foster information-sharing across sectors, help business leaders learn more about how they can contribute to national HIV/AIDS strategy goals, and strengthen links between all players engaged in HIV initiatives.

"The need for this workshop was identified during last year's introductory session on private sector engagement," explains FHI Acting Country Director Lina Al-Hadid. "Participants said they wanted an opportunity to go into greater detail on some key topics, and identified additional stakeholders to involve." Participants included officials from the Ministries of Health and Labour, the International Labor Organization (ILO), the private sector, religious leaders, and representatives from local NGOs providing HIV-related services. Unchecked, HIV/AIDS has the potential to devastate Jordan's economy. The private sector has a strong interest in keeping the 60 percent of Jordanians ages 15 to 64—the peak working years—healthy and productive. Traditionally limited to exports of a few natural resources, Jordan is rapidly integrating into the global economy with growth in information technology, tourism, and other services. One of Jordan's key selling points for encouraging foreign investment is its young, highly educated workforce. Thus, HIV prevention is a key priority for this population. The workshop began with an overview of the current state of HIV in Jordan, the national strategy, and pending legislative issues related to employment and HIV/AIDS. Presentations were made on global best practices for HIV workplace programs, the recent launch of the Arab Business Coalition on HIV/AIDS, and examples of local private sector HIV/AIDS initiatives.

Day two included an in-depth session on the basics of HIV and AIDS, and an opportunity for participants to discuss challenging questions and situations, hear about tools and resources for developing workplace programs, and participate in a panel discussion with local service providers. Participants concluded by offering a long list of recommendations and next steps that FHI/Jordan is compiling for distribution to key stakeholders throughout Jordan. “This workshop provided a perfect opportunity to involve all the constituents in the national response,” explains Manal Azzi, ILO’s regional HIV specialist based in Lebanon. “The workplace response to HIV/AIDS needs a multisectoral approach in which the labor sector works with other national sectors to develop an integrated strategy.”



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