Private Sector Project for Women’s Health
A Legacy of Partnership for Innovation and Change

(2005-2012)
PSP-Jordan Overview

Project Mandate
Improve the health of Jordanian women and (by extension) their families through public-private partnership

The Problem
• Women lacked information and access to quality family planning and reproductive health services
• The private health sector lacked training and programs to address the need for quality women’s health services
• Breast cancers detected in late stages, number two killer of women in Jordan
• Violence against women common yet services to detect, treat and refer cases were lacking in Jordan
Solutions required innovation to achieve change

- Used a community outreach approach to educate low-income women and to trigger demand for women’s health services through referrals and vouchers
- Formulated the “EQuiPP” approach to improve quality of women’s health services in the private sector
- Launched the movement to promote early detection of breast cancer
- Teamed with private partners to improve detection, treatment and care for female survivors of domestic violence
Partners were the keys to success

- PSP worked with public and private partners to develop solutions to women’s health issues in Jordan
- Partners led the way, driving implementation, project provided support
- Partners supported the project in achieving all expected results
- Legacy: partnership provides the platform for sustainability of program interventions
PEOPLE MADE THE DIFFERENCE, INCLUDING OUR PROJECT STAFF
Community Outreach: Educating Women in Their Homes and Generating Demand for Women's Health Services
Community Outreach

Objective: Increase demand for high quality FP/RH/WH services and increase knowledge to promote healthy behaviors

- A community outreach strategy designed for changing women’s attitudes.
- Home based health education for women ages 15-60 yrs.
- Community Health Workers (CHWs) conduct systematic visits.
- Referrals are provided for women in need of care.
Community Outreach Partners and Coverage

Circassian Charity Association CCA:
- 80 CHWs

General Union for Voluntary Societies:
- 35 CHWs

Private Sector Project for Women’s Health (PSP)
Community Outreach Methodology

- Women ages 15-60
- Home based counseling
- Modern family planning options
- Breast Cancer
- Data collection & analysis
- Referrals to health services
- Follow up

Private Sector Project for Women’s Health (PSP)
Community Outreach Referral System

Types of Referrals:
- Outreach CHW
- FP Referrals and vouchers
- BC Referrals and vouchers

Referral System:
- PSP’s network of doctors
- MOH
- UNRWA
- JAFPP
- RMS
- Pharmacists
- KHCC
- KAH

Private Sector Project for Women’s Health (PSP)
# Community Outreach Visit Protocol and Data Analysis

<table>
<thead>
<tr>
<th>Visit #1 &amp; #2</th>
<th>Visit #3 &amp; #4</th>
<th>Visit #5+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target women:</strong></td>
<td><strong>Target women:</strong></td>
<td><strong>Target women:</strong></td>
</tr>
<tr>
<td>All women 15 - 60</td>
<td>Traditional and non-users (15 - 40)</td>
<td>Non-users</td>
</tr>
<tr>
<td></td>
<td>Pregnant or breastfeeding</td>
<td>Adopted method on visit #4</td>
</tr>
<tr>
<td></td>
<td>Received breast cancer referral or has breast problem</td>
<td>Pregnant or breastfeeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Received breast cancer diagnosis or has cervical health issue</td>
</tr>
<tr>
<td><strong># of women</strong></td>
<td>32% of women contacted require additional visits</td>
<td>11% of women contacted need up to 8 visits</td>
</tr>
</tbody>
</table>
Community Outreach Capacity Building

- Supervision
- Recruiting CHWs
- Training
- Area maps
- Health service information
- Data collection
- Field distribution

Private Sector Project for Women’s Health (PSP)
Community Outreach supported by IEC Material

Private Sector Project for Women’s Health (PSP)
Community Outreach Program’s Achievements

Total number of women reached: 1,492,000 women age 15-60

Referrals and Voucher

FP referrals and vouchers
- 242,355 received
- 144,226 60% acted upon
- Acceptors of modern FP methods 127,800

BC referrals and vouchers
- 22,267 received
- 14,750 66% acted upon
- 327 breast cancer cases diagnosed

Private Sector Project for Women’s Health (PSP)
Community Outreach Innovations

- Counseling women in difficult topics and changing their attitudes towards FP and BC
- Referring women to both public and private sector health services
- To make community outreach more effective, data was utilized to refine visit protocol
- Adapted physician’s evidence-based medicine (EBM) material for CHWs
Community Outreach Legacy and Going Forward

- Built an effective community outreach system that will be continued under the Strengthening Family Planning project.

- Established core teams of skilled health educators (within CCA and GUVS).

- A wealth of data to support decision-making.

- Gradual acceptance of family planning and importance of early breast cancer detection.
Community Outreach

Private Sector Project for Women’s Health (PSP)
Enhancing Quality of Private Provider Services: The EQuiPP Approach
Enhancing Quality in Private Providers (EQuipPP)

**Elements of Change**
- Classroom and Clinical Trainings
- Evidence Based Medicine Detailing
- QA Certification Recognition

**Actions Towards Change**
- CME Policy
- Peer Review
- Increased Client Base/Market

**Motivators for Action**
- Knowledge
- Attitudes
- Practices

**Private Sector Project for Women’s Health (PSP)**
Enhancing Quality in Private Providers (EQuIIPP)

- In-class and Clinical Training
- Quality Assurance (QA) Program
- Policy Changes for Continuous Medical Education (CME)
The most effective educational methods are:

- Simple behavior changes easiest
- More than one intervention
- Combined lecture and “hands on”
- The most interactive

Source: Cochrane Review 3000 health professionals. International Center for Evidence-Based Medicine
Voluntary In-Class Courses for General Practitioners

Sample topics:

- Basic contraceptive technology
- Advanced contraceptive technology
- Hypertensive disorder with pregnancy
- Bleeding during pregnancy
- Diabetes mellitus with pregnancy
- Abnormal uterine bleeding
- Cervical cancer
- Violence against women

Total 1,700 doctors
Total topics 19
<table>
<thead>
<tr>
<th>Topics</th>
<th>Actual</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>Clinical Breast Exam</td>
<td>399</td>
<td>399</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>269</td>
<td>267</td>
</tr>
<tr>
<td>IUD Insertion</td>
<td>153</td>
<td>148</td>
</tr>
<tr>
<td>Pap Smear and Wet Mount</td>
<td>231</td>
<td>226</td>
</tr>
</tbody>
</table>
QA and Certification Program

• Partner: Jordan Medical Council (JMC)

• International standards for:
  • Family Planning
  • Breast Cancer
  • Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI)

• Participating physicians were mainly female General Practitioners, Family Doctors and Obstetricians and Gynecologists
Steps in Certification Process

Step 1: Orientation in guidelines and standards expected

Step 2: Assessment of physicians and facilities using:
- Post test
- Self assessment questionnaire
- Facility checklist
- Standardized patients
- Models

Step 3: Recognition and reward
Clinical Skills Assessment

Doctor assessed while examining a model.

Jordan University Clinical Skills Center
Continuing Medical Education Policy

**Desired result of CME:** a progressive change in practice behavior, attitudes, and development of skills and competencies to reflect new medical knowledge.

**Accreditation Council for CME (ACCME):**
“Highest level of evidence shows CME effective.....
.......connects current practice to best practice”

**Formalizing a CME system in Jordan:**
- Benchmarking to international standards
- Legal mandate for all practicing physicians
- Standards and guidelines to accredit CME institutions and courses
- Formal tracking system for physicians’ CME credit

*From Voluntary to Mandatory – the Bridge to Quality*
EQuiPP Changes Doctor Behavior: Results of Evaluation

Mystery client surveys, quality checks and interviews showed:

- Certified physicians follow the protocols
- Doctors highly positive about the impact of EQuiPP activities on improving the quality of their services
- Doctors added new services, used better approaches and invested in their clinics
- Used new clinical information and resource materials
- Reduced their professional isolation
Thanks to Key Medical Training Partners

- Jordan Medical Council
- Ministry of Health
- King Hussein Cancer Center
- University of Jordan
- Jordan University of Science and Technology
- Jordan University Hospital
- Specialty Hospital
- Jordan Association for Family Planning and Protection
- King Abdullah Hospital
- Jordan Nuclear Regulatory Commission
Enhancing Quality in Private Providers (EQuiPP)

EQuiPP

Elements of Change

Actions Towards Change

Motivators for Action

Class room and Clinical Trainings

Evidence Based Medicine Detailing

QA Certification Recognition

KNOWLEDGE

ATTITUDES

PRACTICES

CME Policy

Peer Review

Increased Client Base/Market
Enhancing Quality in Private Providers (EQuIPP)

- Pharmacist Training
- Evidence Based Medicine and Detailing
- Private Network Doctors
Partners in Pharmacist Training

- Jordan Pharmacists Association
- Pharmacy 1
- PharmaServe
1,153 pharmacists ready to counsel on FP

- In-class training for pharmacists
- Checklists to assist pharmacists in counseling
Sustainability: FP in Pharmacist Curriculum

Applied Science Private University

PHILADELPHIA UNIVERSITY
THE WAY TO THE FUTURE

ZARQA UNIVERSITY

About the University
Continuing Provider Bias about OC’s

Doctor’s advice to a woman who wants to stop taking the pill

- 73%: Use another method
- 18%: Try another brand
- 8%: Continue using them
- 1%: Take a rest

Source: PSP Doctors’ Family Planning And Breast Cancer Survey 2008
Evidence-Based Medicine to Change Attitudes

- EBM is the integration of the best research evidence with clinical expertise and patient values.

- EBM changes the paradigm from expert opinion to evidence.

- Critically Appraised Topics (CAT)
  - Developed by doctors at Oxford University.
  - Standardized brief summary of the evidence.
  - Useful tool for answering clinical questions regarding contraception
  - Can address contraceptive side effect concerns, safety and benefits
EBM: From Opinion to Evidence

• Uses concise research summaries or “CATs”
• Based on doctors and client concerns
• Opportunity for physicians to debate key topics, review updates and change attitudes and practice
Evidence Based Medicine - Successful Innovation

• 2010 assessment found improved private physicians’ knowledge, attitudes, and practices on oral contraceptives

**Figure 2 Percentage of Respondents Able to Identify Correctly the Specific Risks and Benefits of COCs**

- Decreased menstrual blood flow is a benefit of using COCs: 93% (Endline), 82% (Baseline)
- COCs are a safe treatment for moderate acne: 96% (Endline), 83% (Baseline)
- COCs are safe for most women: 78% (Endline), 59% (Baseline)
- COCs can be prescribed to nulliparous women who wish to delay: 81% (Endline), 55% (Baseline)
- Women who use COCs are not at increased risk to gain weight: 73% (Endline), 43% (Baseline)
Detailing to Reinforce Messages

- 5,730 detailing visits to 300 private doctors
- Delivered EBM messages on contraceptive methods
- Job aids and print materials distributed to support family planning counseling
PSP Network Doctors

Network of 120 private doctors providing quality health services to women.

- Memoranda of understanding
- Quality assurance standards
- Referrals from outreach
- Vouchers and discounts
- Business training and loans
- Reward and recognition tactics
Pharmaceutical Partnerships to Grow the Contraceptive Market

- PSP and Bayer Schering Pharma collaborated to change doctor attitudes toward hormonal contraceptives through EBM workshops and academic detailing to GPs and specialists.

- Merck Sharp & Dohme (MSD) introduced a new contraceptive method, NuvaRing® to Jordan, supported by project outreach.

- PSP, with MoH supplies and MSD consent, introduced Implanon® to the private sector through the private doctor network.

Private Sector Project for Women’s Health (PSP)
Breast Cancer: Promoting Early Detection to Save Lives
Breast Cancer – Second Leading Cause of Death among Women in Jordan

Increasing Cases of Breast Cancer

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Cases</th>
</tr>
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<tbody>
<tr>
<td>1996</td>
<td>448</td>
</tr>
<tr>
<td>2000</td>
<td>554</td>
</tr>
<tr>
<td>2005</td>
<td>674</td>
</tr>
<tr>
<td>2007</td>
<td>817</td>
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2005: 70% of BC Cases Detected in Late Stages, High Mortality Rate

Stages of Breast Cancer in Jordan based on KHCC Experience 2005

- Stage I, 6.70%
- Stage II, 23.70%
- Stage III, 56.20%
- Stage IV, 12.90%
- Stage 0, 0.50%

Less Survival at Late Stages

<table>
<thead>
<tr>
<th>Stage of Disease at Detection</th>
<th>Percent of 5-year Survival</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>120%</td>
</tr>
<tr>
<td>I</td>
<td>100%</td>
</tr>
<tr>
<td>II a</td>
<td>80%</td>
</tr>
<tr>
<td>II b</td>
<td>60%</td>
</tr>
<tr>
<td>III a</td>
<td>40%</td>
</tr>
<tr>
<td>III b</td>
<td>20%</td>
</tr>
<tr>
<td>IV</td>
<td>0%</td>
</tr>
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A Public Private Partnership for Early Detection

Private Sector Project for Women’s Health (PSP)

King Hussein Cancer Foundation

Ministry of Health

Early detection grew from 30% to 50% in 5 years

PSP/USAID

King Hussein Cancer Center
Initiated the Jordan Breast Cancer Program in 2007

Members of the National Committee and the Executive Board

Source: JBCP
PSP Role in Breast Cancer Strategy

- Public education and awareness
  - Communications & mass media
  - Outreach – self exams and referrals
- Training and quality assurance for private health providers
- Mammogram referral system
- Support for national sustainability (Jordan Breast Cancer Program)
Breast Cancer Awareness and Advocacy

- Launching the “Pink Ribbon”
- October awareness campaigns
- Support of USAID
- KHCF and private companies
Breast Cancer Messages and Materials

- TV Ads
- Radio Ads
- Brochures
- Posters
- Billboards
One to One: Encouraging Women to Take Action

OUTREACH

1.5 million women

Teaching Breast Exam

Addressing Fears
Outreach Referring Women for Early Detection

1.5 million women

Women with Symptoms
Free vouchers
King Hussein Cancer Center
King Abdullah Hospital

Women for Screening
Free and paid referrals
Ministry of Health
RMS
UNRWA
Private Centers
PSP Network
Private Doctors Ready to Provide Quality Services

Clinical Breast Exam Training and Certification

BC National Guidelines
Improving Quality of Mammogram Screening

30 mammography technicians

100 radiologists
OMNIBUS Survey November 2010

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population heard or seen messages on Breast Cancer</td>
<td>79%</td>
</tr>
<tr>
<td>% of women know how to do Self Breast Exam</td>
<td>74%</td>
</tr>
<tr>
<td>% of women conducting Self Breast Exam in the last 30 days</td>
<td>31%</td>
</tr>
</tbody>
</table>
SUCCESS! - from 30% to 59% in Early Stages

Stages of Breast Cancer
KHCC 2005

- Stage 0: 0.50%
- Stage I: 6.70%
- Stage II: 23.70%
- Stage III: 56.20%
- Stage IV: 12.90%

Stages of New Breast Cancer
Jordan Cancer Report 2009

- Stage I: 26%
- Stage II: 30%
- Stage III: 23%
- Stage IV: 10%
- Unknown: 8%
- Stage 0: 3%
Saving Lives with Early Detection of Breast Cancer: Legacy into the Future

- Jordan Breast Cancer Program now leading all activities with funding through KHCF
- Successful transition of mass media campaigns to JBCP
- International advisory board established
- Effective private public partnership
- A potential model for chronic diseases
Preparing Private Hospital to Address Gender Based Violence: Improving Care and Treatment for Survivors
Violence Against Women (VAW): “A serious health issue in Jordan”

Magnitude

- **Social acceptance:**
  90% of women found wife beating acceptable

- **Prevalence of physical violence:**
  1/3 of ever-married women age 15-49 reported they had been hit, slapped, kicked, or subjected to some other form of physical violence

- **Spans all socio-economic groups:**
  - 74% of divorced women
  - 31% of currently married women
  - 38% of widows

- **Women ashamed or fear to seek care:**
  Only 1 of 5 women who had experienced violence sought treatment and support

DHS 2007
Testimonials of Jordanian Women

“I have suffered a lot and always swallow my pain. That is why I constantly visit doctors and use medicines. I have no one to help me” - 27 yr old divorced woman

“I told them in the hospital I fell down. If I told the truth my husband would kill me. I was ashamed to talk about a problem considered a family issue!” - 35 yr old married woman

Serious need for intervention!
PSP/VAW Objectives and Strategies

PSP VAW Main Objectives

- Establish VAW as national priority among policy-makers
- Strengthen capacity of private health care providers
- Improve capacity of local NGO’s
- Raise awareness among women

PSP VAW Strategies

- Advocacy and policy reform
- Communication campaigns
- Capacity building and institutionalizing VAW services in 17 Hospitals 100 clinic doctors
- Capacity Building 6 NGOs Grants to 4 Local NGOs
- Community Outreach 46,000 women

Private Sector Project for Women’s Health (PSP)
Advocacy and Awareness Raising
National Council for Family Affairs/NCFA

Key Achievements

- VAW situational analysis
- VAW policy training for 480 ministry staff
- A national VAW advocacy plan
- Support for Dar Al-Wifaq Al-Usari/MOSD
- A media network to address VAW
NGO Capacity Building and Grant Fund
Zein Al-Sharaf Institute for Development/ZENID

Objectives
- Improve quality of NGO response to VAW
- Foster networking between NGOs and VAW service providers

Key Achievements
- 6 NGOs received specialized training
- 4 NGOs awarded grants
- 3 NGOs maintained VAW activities after grant’s end
VAW Outreach: Circassian Charity Association/CCA

Objectives
Home visits to raise awareness on VAW

Key Achievements
More than 46,000 women reached in their homes
More than 3,000 women referred for services
Types of Violence
1. Psychological (majority of cases referred)
2. Economic
3. Physical or sexual
Preparing Private Hospitals to Manage VAW

Objectives

- Increase healthcare providers ability to detect violence and refer survivors to rehabilitative centers
- Setup a referral and tracking system

Program Targets

- 17 private hospitals
- 170 clinical and administrative staff
- 100 private physicians
Preparing Private Hospitals to Manage VAW: A Four Step Approach

**Assessment**
- Survey instrument
- Selection criteria
- Transparent selection process

**Sensitization**
- One-on-one visits
- Convincing data, legal issues
- International accreditation requirement to include VAW

**Agreement**
- Hospital mgmt approval
- MOUs on roles, responsibilities and expectations

**Sustainability**
- Action and training plan
- Orientation seminar
- Staff training
- Policies and procedures
- VAW committees

Private Sector Project for Women’s Health (PSP)
Achieving Sustainability

Queen Noor launching first Arabic manual for private health providers on detection and referrals for Violence Against Women

A private hospital team discusses VAW detection and referral procedures for its hospital
PSP VAW Innovations and Results

- Memoranda of understanding signed with 17 hospitals
- Internal policies established in 9 hospitals
- Formal VAW sessions in hospitals’ CME programs
- VAW committee established in each hospital
- Case filing and referral system developed
Conclusions/Lessons Learned

• International hospital accreditation and legal requirements are major motivators

• Approval from upper management essential to ensure initial participation of hospital staff

• VAW detection and referral training is more effective when entire team involved – physicians, nurses, social workers and administrators

• Establishment of internal hospital policies and systems are essential to success
THANK YOU