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Jordan Program Profile



Summary: In 2010, the Strengthening Health Outcomes through the Private Sector project began implementation of a five-year program in Jordan to strengthen access to modern family planning products and quality family planning services through the private sector. Funded by the United States Agency for International Development, the program's strategy centered on diversifying the availability of family planning products in the private sector, strengthening private sector provision of family planning services—especially the organizational and financial base of the Jordan Association for Family Planning and Protection, the leading family planning NGO in Jordan—and increasing demand for family planning services and products through mass-media promotional campaigns and community-based outreach efforts. This profile presents the program's context, goals, components, results, and the following lessons learned:

- Bolstering family planning services through NGOs can be achieved by strengthening NGO organizational capacity, service delivery reach, and financial sustainability.
- Community-based outreach programs and reduced financial barriers can have a significant impact on generating modern family planning users.
- Mass media, combined with interpersonal counseling, can greatly improve awareness and acceptance of new family planning methods.

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Jordan Program Profile

CONTEXT

Jordan's rapidly growing population tripled since 1979, from 2.1 million to an estimated 6.3 million in 2012 (Jordan Population and Family Health Survey [JPFHS] 2012), and is expected to double by 2040 (United States Agency for International Development [USAID]/Country Development Cooperation Strategy, 2012). This demographic surge poses challenges in view of limited natural resources— especially water and energy— and undermines the government's development goals and long-term stability. The population is also characterized by a major “youth bulge,” with 31 percent of Jordanians between the ages of 15 and 29 (USAID/Country Development Cooperation Strategy, 2012). As a result, Jordan's government is increasingly pressed to improve economic and social indicators and to address critical social needs, such as health care and education. Beginning in 2011, this situation was further exacerbated by the onset of the civil war in Syria. According to the United Nations High Commissioner for Refugees (UNHCR), more than 628,000 Syrian refugees are currently registered as refugees (UNHCR, 2015). The Jordan government estimates that there are as many as 1.4 million Syrians living in Jordan (UNHCR Jordan, 2015). This is in addition to an existing population of more than 2 million Palestinian refugees (United Nations Relief and Works Agency for Palestine Refugees in the Near East [UNRWA] 2014), and almost 60,000 Iraqi refugees (UNHCR, 2015) already in Jordan. This new refugee crisis has placed additional demands on the capacity of Jordan's public health system to deliver services.

Family Planning Environment

Jordan has achieved decreases in the total fertility rate, from 5.6 in 1990 to 3.5 in 2012 (JPFHS 2002 and 2012). However, the total fertility rate has been relatively unchanged since 2002.

Moreover, there has been only a slight increase in the modern contraceptive prevalence rate in recent years. The 2002 JPFHS indicated that 56 percent of married women of reproductive age used some form of contraception, with modern contraceptive methods



A community health worker goes over a variety of family planning methods during a home visit.

PSP Project Jordan

accounting for 41 percent. The 2012 JPFHS showed an increase in overall reported use of contraception by these women at 61 percent, but modern contraceptives still accounted for only 42 percent of women's use.

The stagnant modern contraceptive prevalence rate has been attributed to a wide range of barriers. These barriers range from cultural pressure to have large families and a fear or dislike of side effects from modern methods, to poor counseling and method choice in public and private health facilities. Cultural bias and service delivery failures similarly influence discontinuation rates: 48 percent of Jordanian women who adopt a modern method are likely to discontinue its use within 12 months (JPFHS 2012).

The situation required an innovative approach with coordination among all stakeholders (private entities, public agencies, and nongovernmental organizations [NGOs]) to strategically design activities in a complementary manner. Expanding access to family planning methods available to Jordanians through the private sector was paramount in addressing increasingly important population dynamics. However, it was also critical to address long-standing cultural and religious factors affecting demand for contraceptives through a concerted effort to educate both women and men on the benefits and safety of longer-acting methods, such as intrauterine devices (IUDs)—the most prevalent modern method in Jordan—and to reinforce messages on the efficacy and safety of oral contraceptive pills (OCP).

The Role of the Private Sector

The private sector accounts for a large share of the Jordanian family planning market (Figure 1). Women obtaining products from private sources, including hospitals, private clinics, NGOs, and pharmacies, account for 55 percent of all users (JPFHS 2012).

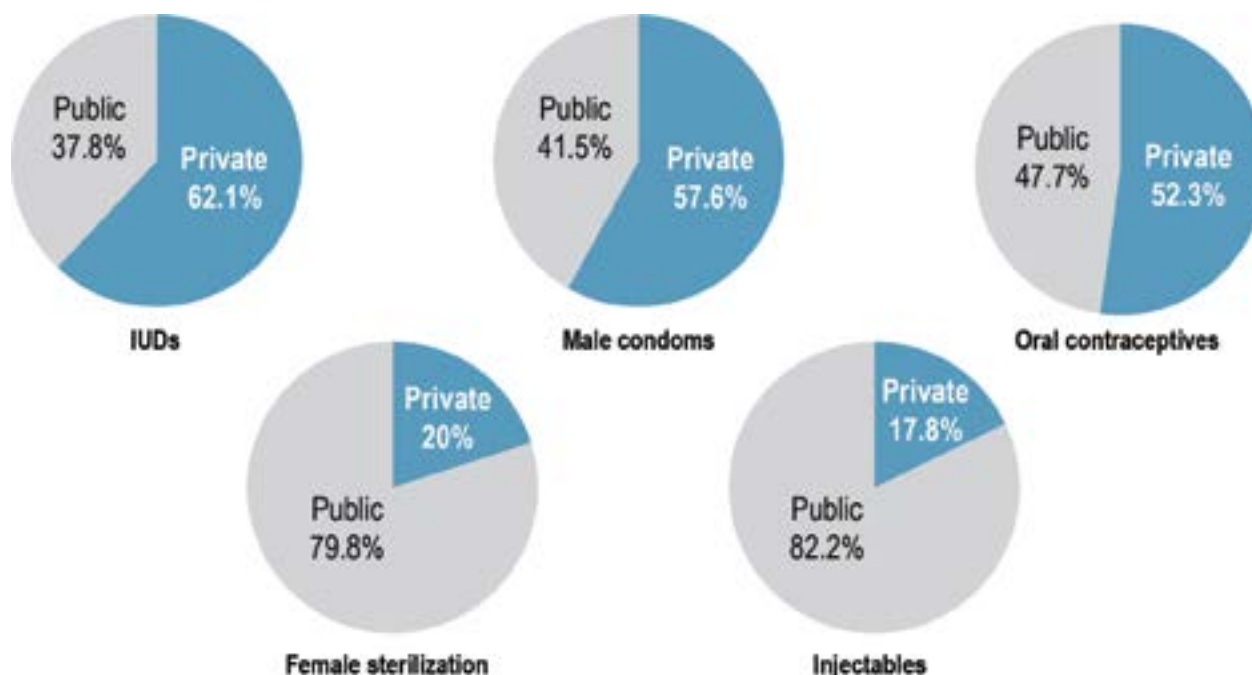
The popularity of the private sector as a source of family planning products and services is driven by the presence of numerous pharmacies, shorter wait times, and perceived higher-quality service in private facilities. Community-based outreach programs, combined with long-standing USAID support for the Jordan Association for Family Planning and Protection (JAFPP), also have contributed to a growing demand for family planning services in the private sector.

Additionally, in 2010, due to a temporary reversal of government policy, midwives working in the public sector were not allowed to insert IUDs, impeding progress for several years. During this period, female providers in the private sector became particularly important to ensuring access to family planning

services, particularly IUDs. While the USAID-funded Health Systems Strengthening II project helped the Ministry of Health to overcome this policy challenge and the public sector family planning program to start recovering from it, the private sector is still a very important source for family planning services in Jordan.

Against this contextual backdrop, USAID supported leveraging the private health sector to increase the use of modern family planning methods in Jordan. Building on previous investments in this sector, USAID/Jordan issued an associate award under the global project, Strengthening Health Outcomes through the Private Sector (SHOPS). The program, known as the Ta'ziz project (short for *Ta'ziz Tanzim Al Usra*, or Strengthening Family Planning), was designed to scale up activities begun under the Private Sector Project for Women's Health (PSP) (2005–2010), while providing financial and organizational support to select NGOs, particularly JAFPP.

Figure 1. Source of modern contraceptive methods by sector, JPFHS, 2012



GOALS

The primary objective of the Ta'ziz project was to expand the access, quality, and use of family planning services to increase adoption of modern contraceptive methods and reduce both discontinuation rates and unmet need. The specific scope of the project included strengthening JAFPP's capacity and self-sufficiency, improving access to quality services and an expanded contraceptive method mix, working with private providers and the broader private sector, and using multi-channel campaigns to boost demand.

The Ta'ziz project was organized around the following goals:

- Strengthening JAFPP management and governance systems
- Increasing JAFPP's financial self-sufficiency
- Increasing access to family planning products and services through the private sector
- Expanding the quality and availability of family planning products and services
- Increasing demand for, and access to, private sector and NGO services

Timeline

July 2010: Launch project

March 2011: Begin family planning training

December 2011: Launch JAFPP social marketing

January 2012: Launch Ta'ziz community outreach and voucher program

February 2012: Start Phase One of OCP campaign

March 2012: Begin Evidence-based Medicine (EBM) training for physicians and pharmacists

September 2012: Launch Phase Two of OCP campaign

June 2013: Start Phase One of IUD campaign

November 2013: Launch Phase Two of IUD campaign

February 2014: JAFPP, Islamic Charity Center Society (ICCS), and the Al Hussein Labour Clinics (HLC) receive performance-based sub-grants

May 2014: Form national-level task force for public-private partnership

September 2014: Begin family planning service quality recognition award program design and pilot implementation

October 2014: Launch Careline

December 2014: Form national coalition of NGO family planning providers

February 2015: Institute for Family Health (IFH) receives performance-based sub-grant

April 2015: Conduct EBM workshop for medical students

May 2015: Complete purchase, renovation, and/or equipping of 22 JAFPP clinics

COMPONENTS

Strengthening JAFPP Management and Governance Systems

Given the NGO sector's major role in private family planning service provision in Jordan, it was essential to strengthen key NGOs. Ta'ziz focused on improving the organizational effectiveness, service quality, and financial sustainability of JAFPP, the largest NGO provider of family planning in Jordan; JAFPP provides almost 11 percent of total family planning services and 19 percent of IUD services (JPFHS 2012).

Building capacity in JAFPP

As a nonprofit established in 1964, JAFPP became a champion of the family planning movement. It is one of the main providers of family planning, reproductive health, antenatal care, and family services in Jordan and operates through a growing network of clinics that cover 10 of the 12 governorates in the country. One of JAFPP's hallmarks is an all-female staff, making it an ideal provider for women seeking family planning services. Ta'ziz worked with JAFPP management and staff to rebuild organizational and managerial capacity, with the intent of re-establishing JAFPP as a market leader in family planning promotion and service provision, after setbacks the NGO experienced in the last decade. An initial assessment revealed numerous gaps in JAFPP's management, staffing, and clinical operations.

Improving management and governance

Ta'ziz and JAFPP initiated a series of changes aimed at modernizing JAFPP's governance framework to enable more effective management. Initial changes entailed developing a new organizational structure and appointing a new board of directors. Additional activities included developing the following:

- Updated organizational and delegation of authority charts
- New bylaws

- A dashboard to monitor key performance indicators
- A manual detailing job descriptions of all employees and board members
- Training for managers and the board of directors in managerial skills and data for decision making
- Programmatic milestones

The change in management systems required major alterations in organizational and managerial style, shifting from short-term to strategic thinking, as well as introducing substantial procedural changes using a formal change management program, with all activities led by JAFPP.

Human resources

Examination of JAFPP's human resources management revealed gaps and weaknesses in procedures and staff management. Staff surveys and salary assessments showed overall satisfaction with work and salaries but also revealed the absence of systems for recognizing performance and motivating employees. The project worked with JAFPP to address these weaknesses by establishing a formal human resources system supported by a policy manual and procedures that explicitly outlined a salary scale and systematized procedures for performance appraisal, personnel file management, and recruitment, retention, and termination of personnel.

A particular concern for JAFPP was recruiting and retaining clinical staff. In recent years, the difficulty of engaging female doctors had led to the closure of several clinics—mainly in remote locations. New graduates were primarily interested in working with the Ministry of Health and Royal Medical Services to get training and specialization opportunities, and there was also high competition from the private sector and from opportunities abroad. To address this challenge, Ta'ziz helped JAFPP design a solution that included paying doctors a salary supplement if they agreed to work in these remote areas.

Increasing JAFPP's Financial Self-Sufficiency

When Ta'ziz began in 2010, JAFPP was fully dependent on donor support, with a financial shortfall of nearly \$500,000, and it was rapidly spending its reserves. The newly appointed board of directors strongly supported the need to reorganize financial management with a view toward ensuring financial sustainability. Working with JAFPP management and the board, Ta'ziz initiated a set of changes and investments, including new software and procedural manuals for JAFPP finance departments, updated procurement procedures, and training in accounting and management procedures for finance staff. In addition, Ta'ziz worked with JAFPP to develop a new pricing structure, which was put in place during the project's second year.

Additionally, Ta'ziz worked with the JAFPP finance committee to develop a new financial management system—in line with international accounting standards—tailored to JAFPP's requirements, including the need to report to management and board members, donors, and government authorities. Ta'ziz provided assistance at both the central and clinic levels for developing business plans. JAFPP management undertook a range of actions to support

the agreed-upon objective of financial self-sufficiency by 2015. These included support and training for business planning; development of a donor matrix to help identify upcoming opportunities; and assistance in developing new business proposals.

Increasing Access to Family Planning Products and Services through the Private Sector

Expanding the reach of JAFPP clinics

The NGO sector provided 20 percent of modern family planning methods in Jordan, and more than half of this was provided by JAFPP (JPFHS 2012). However, while JAFPP remains a major provider of family planning, it has seen its overall family planning market share fall in recent years, from a high of 24 percent in 1997 (JPFHS 1997) to 11 percent in 2012 (JPFHS 2012). Ta'ziz worked with JAFPP to expand its service reach to provide access to family planning for more women, particularly in rural areas. JAFPP clinics, located in the city centers of each governorate in which it works, are easily accessible by public transportation, facilitating access by clients who live in rural locations or other areas that could not support a clinic.



Community health workers go door to door to counsel women on health issues and family planning methods.

Minki Chatterji

Ta'ziz conducted a comprehensive engineering assessment for the existing JAFPP clinics that revealed structural deficiencies in many of them, along with problems of overcrowding and congested patient flow. Ta'ziz sought a strategic approach for addressing challenges by engaging a broad range of stakeholders, including JAFPP managers and staff, USAID, the Jordan Higher Population Council, the Ministry of Health, potential clients, and community health workers (CHWs). Ta'ziz and JAFPP decided to purchase properties for its clinics, in view of the high costs of renovation in some clinic locations as well as, in some cases, impending rental increases that would quadruple rents. Ta'ziz helped JAFPP purchase, renovate, and/or equip a total of 22 clinics, both in Amman and in urban centers in each of the nine other governorates that have a JAFPP presence (map, Figure 2).

Developing initiatives with other Jordanian NGOs

In order to build the capacity of other promising NGOs also providing family planning services, Ta'ziz developed a competitive, performance-based grants program. Out of 37 nationally registered NGOs that provide medical services, the project selected four organizations to receive a grant based on the relatively large number of clients served by these NGOs: JAFPP, HLC, and IFH.

For the three new grantee NGOs—ICCS, HLC, and IFH—the project conducted initial rapid assessments of the family planning and reproductive health operations and facilities in 22 of their clinics. Based on the assessment findings and lessons learned from working with JAFPP, the project supported training of clinic staff and quality improvement and assurance measures. It also identified and trained marketing staff, field promoters, supervisors, and coordinators for each grantee.

Figure 2. JAFPP clinic locations



In response to the refugee crisis in Jordan, Ta'ziz also provided support to the UNRWA, whose clinics served 1.2 million Palestinian refugees living in Jordan, to strengthen its family planning services and quality. Providers from these clinics participated in Ta'ziz clinical training, and clinics received equipment for family planning services.

Building an NGO coalition

In a 2014 landmark development, Ta'ziz facilitated the creation of the Coalition of Private Associations for Family Planning, the first such organization in Jordan's private sector family planning community.

In April 2014, six partner NGOs joined the Ministry of Health and the Higher Population Council in signing a charter describing their commitment to advocate for family planning. The six coalition members were

JAFPP, the Al Aman Jordanian Association, HLC, ICCS, the Circassian Charity Association (CCA), and the General Union for Voluntary Societies (GUVS).

Ta'ziz supported the Coalition of Private Associations for Family Planning in organizing a festival promoting its mission on the International Day of Families (May 15); the festival was themed "Our Jordanian Family." The event, which had approximately 3,900 attendees, included family planning promotion through skits performed by a husband-and-wife comedy team, traditional music and dance, and free access to family planning and other services provided by the six member NGOs. This important activity also served to promote the leadership role of each NGO.



A Syrian refugee and her newborn baby at a clinic in Ramtha, Jordan.

DFID

Expanding the private provider network

Since 2002, private doctors and clinics have consistently provided at least 20 percent of modern methods used in Jordan (JPFHS). To build on this, SHOPS worked to expand a network of private doctors that began under the predecessor project, PSP-Jordan. The network doctors, located throughout Jordan, were almost 80 percent female and were thus an important access point for women who wished to obtain family planning services. Under the first PSP and then Ta'ziz, network doctors received training to increase the quality of their counseling and services, media training to help them become better advocates for family planning in Jordan, limited marketing support (counseling and patient communication materials), and equipment for their clinics. Many of the network doctors also participated in the Ta'ziz family planning voucher program. This program began under the PSP project as part of a broader community outreach program to

offer women greater access to family planning from female providers in the private sector. The voucher program provided women free family planning commodities from the Ministry of Health.

Reducing financial barriers to private sector family planning provision

The 2012 JPFHS indicated differing patterns of contraceptive use. The two poorer quintiles of women who used modern contraceptives tended to use pills and injectables in greater proportions than the richest two quintiles. The opposite was the case for IUDs, which were more expensive than pills or injectables in the private sector. To address this issue, Ta'ziz expanded the free family planning voucher scheme. Through the outreach program, CHWs from the NGOs CCA and GUVS offered clients family planning counseling in their homes; counseling included either vouchers for free family planning services (with a booklet containing the names and



SHOPS Project

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Emcees and a quiz participant at a JAFPP family fair promote the Zarqa clinic.

locations of trained network doctors and JAFPP providers in their neighborhood who accepted the vouchers) or referrals to public facilities or UNRWA clinics where services were free. The CHWs worked largely in areas with low-income and working women, and the vouchers were intended to overcome cost barriers to seeking family planning services in the private sector. The vouchers were then reimbursed by the project according to a set rate.

In 2013, the project also worked with CCA and GUVS to pilot a Careline—a telephone follow-up service that called women who participated in outreach counseling sessions and received vouchers. The Careline was designed to increase the number of voucher redemptions and users of modern family planning methods among outreach clients. During the calls with clients, the counselors (CHWs from CCA and GUVS) encouraged the women to redeem their family planning vouchers and invited them to ask questions about contraceptive method adoption and express any concerns about side effects. Counselors also made follow-up calls to women who used vouchers for family planning services to ensure that women did not have any questions or concerns about the method or side effects.

Increasing pharmacy provision of family planning products

Pharmacies provided 15 percent of modern family planning in Jordan, largely OCP and male condoms (JPFHS 2012). However, pharmacies had the potential to offer women access to an expanded range of methods. Ta'ziz collaborated with the Jordan Pharmacy Association (JPA) to engage pharmacists in promoting increased provision of an expanded range of methods from pharmacies through a contraceptive choice coupon program. The goal of this program was to encourage new family planning acceptors to try modern methods and to provide new options to those who wanted to discontinue their current method by overcoming some of the potential cost barrier. The coupons, which reduced the retail price of the commodities by 30 percent, were valid in participating pharmacies for purchase of hormonal methods available in the private market. Coupon recipients could

receive up to three coupons for OCP or vaginal rings, each valid for one cycle, or one coupon for an IUD or a three-month injectable. Participating network doctors distributed coupons with the understanding that doctors would perform an exam before prescribing hormonal methods. The JPA recruited pharmacies and pharmacy staff in Aqaba and Jerash to participate in the pilot in 2012. Ta'ziz developed supplementary promotional materials that were distributed to participating network doctors and pharmacies.



Dalal Masalha/SHOPS Jordan

Pharmacies display family planning promotional materials developed by Ta'ziz.

Expanding the Quality and Availability of Family Planning Products and Services

Method mix

In both the public and private sectors, the Jordanian family planning market consisted of OCP, depot medroxyprogesterone acetate (DMPA), male condoms, and IUDs. The vaginal ring is available from the private sector, and implants are available from the public sector. For decades, the IUD has been the only long-acting, reversible contraceptive method on the market, and it is the most used method among married women of reproductive age, at 50 percent of modern method use. The IUD will likely continue to be the most preferred family planning method among Jordanian women; however, it is important that women have as many contraceptive options as possible to enable them to select one that best fits their needs.

Ta'ziz accordingly sought to expand the range of contraceptive options available to women in the private sector in Jordan. This was done through national-level discussions with a wide variety of stakeholders to identify new products that could be introduced or expanded in the Jordanian market. The discussion covered several products, seeking consensus on those with less potential for controversy or negative consequences. Stakeholders recommended Cyclofem® (a monthly injectable) as a first candidate, although registration issues from the manufacturer delayed moving forward with this method. They also discussed Sayana Press® (a three-month, progestin-only injectable), emergency contraceptive pills, Eloira (a hormonal intrauterine system), and Implanon® (a three-year implant).

The Ministry of Health introduced Implanon® to the public sector in 2004. Given the large share of family planning provided in the private sector, Ta'ziz worked to make this method available through private providers as well. However, the manufacturer of Implanon® had not released it for sale in the private sector in Jordan. Ta'ziz developed a process to



Family planning counseling kit used by community outreach workers.

allow its network doctors to work with the Ministry of Health to provide this method. In collaboration with the ministry, Ta'ziz trained network doctors on Implanon® clinical skills and counseling. Once trained, these private providers were allowed to receive Implanon® supplies from the ministry for provision to clients who came with vouchers from the Ta'ziz outreach program. Ta'ziz also conducted an acceptability study of Implanon® among clients (through the outreach program) to determine the profile of women who chose this method, reasons for satisfaction or dissatisfaction, and discontinuation rates and factors associated with discontinuation.

Improving the quality of NGO services

Continuing education is vital to a provider's ability to deliver high quality services, expand offerings, and ultimately increase the demand for and supply of family planning services. However, training programs were not always offered to private providers or may have been offered at times or in locations that were inconvenient for providers whose first priority was to keep their business running and serve their clients. To address this situation, Ta'ziz developed a training program that enabled these providers to obtain the latest knowledge and technology updates.

Provider training

Ta'ziz provided need-based training to improve the family planning and reproductive health clinical and counseling capacity of private providers from a broad range of partners, including network doctors, CHWs, JAFPP, UNRWA, and other participating NGOs. To do this, Ta'ziz developed a comprehensive family planning and reproductive health training plan, along with new and adapted training manuals based on the World Health Organization and national guidelines for family planning services. Training topics included:

- General principles of family planning counseling
- OCP, injectables, and condom counseling and clinical care
- Practical Implanon® and IUD skills
- Management of modern contraceptives' side effects
- Acute obstetric complications and counseling for safe motherhood and birth spacing
- Reproductive tract infections
- Clinical breast examination
- Postpartum care and contraception
- Menopause, health maintenance, and contraception

Training was conducted cascade-style, with training of trainers provided for six staff members from JAFPP, four from UNRWA, and two from the Ministry of Health. Initial training also included guidelines in clinic management and on-site supervision, since many physicians serve as clinical managers.

Quality assurance

A baseline assessment of quality assurance (QA) standards, practices, and procedures demonstrated a need for formal supportive supervision practices at partner NGOs, starting with JAFPP. Supervision was inconsistent and failed to institutionalize and support adherence to standards of quality. To address this problem, the project's QA team drafted checklists and an improved QA system for family planning services, drawing on national and international standards. The QA team established supervisory schedules and procedures, both for JAFPP headquarters and clinics, to allow for findings to be displayed and reported.

Ta'ziz also worked with network doctors to develop and implement family planning service quality monitoring through multiple methodologies, such as self-assessments and interviews with clients and CHWs. The project provided technical support for quality improvement by distributing performance checklists and sharing QA tools developed for JAFPP.



Nisreen El Tell/SHOPS Jordan

Dr. Ihsan Al Neimat, network doctor, with a patient.

Evidence-based medicine

To improve providers' knowledge, attitudes, and practices regarding counseling on and prescribing of modern family planning methods, Ta'ziz continued the EBM approach that was established under the PSP project. This approach was designed to increase provider knowledge and acceptance of family planning methods through the use of scientifically proven evidence, overcoming previously held biases and misperceptions. When evaluating and counseling clients on family planning methods, side effects, and benefits, EBM encouraged providers to seek scientific evidence rather than rely on opinions. The project sought to institutionalize EBM by training a group of Jordanian public and private physicians and medical academics to serve as "champions" of EBM. These champions, known as the Jordan Evidence-Based Medicine/Reproductive Health Group (JEBM-RH), played a leading role in developing and presenting evidence-based information. Ta'ziz used critically appraised topics developed by the group and other experts to provide information on modern methods to providers. Critically appraised topics were one- or two-page summaries that provided a synthesis of the best available medical

research related to a focused clinical question and included a clinical "bottom line." This information was disseminated through roundtable discussions and individual detailing visits to doctors' offices. Detailing visits were one-on-one interactions between a detailer and a provider in which a critically appraised topic was discussed and the provider had a chance to ask questions or discuss concerns.

In light of their large contribution to family planning services, the project included pharmacists in the EBM program. A review of pharmacists' knowledge, attitudes, and practices regarding family planning showed that misperceptions and fear of hormonal methods posed significant barriers to promotion of modern contraception. The JPA—the body that registers pharmacies and institutes the continuing medical education program for pharmacists—was contracted to implement the pharmacy EBM program. Topics included family planning counseling, side effect recognition and management, and the mechanism of action of specific contraceptive methods. Education for pharmacists and EBM outreach included training, seminars, lectures, and electronic outreach.



The popular duo Za'al and Khadra perform a family planning comedy sketch at a community fair.

Increasing Demand for and Access to Private Sector and NGO Services

Mass media campaigns

Given Jordan's stagnant total fertility rate, slowing improvements in the contraceptive prevalence rate, and patterns of method discontinuation, the project focused a major part of its strategy on generating demand for modern contraceptive products, with an emphasis on private sector provision. This effort included a dual strategy of mass media and interpersonal communication.

Mass media campaigns were an important component to increase demand for family planning services, as they have the ability to reach a large population and can complement community-level activities. A market segmentation study conducted early in the project—drawing from literature reviews, focus group discussions, and dialogue with stakeholders—identified several targeted marketing strategies to emphasize the advantages of birth spacing, the effectiveness of modern family planning methods, and reversible contraception for birth spacing. On this basis, Ta'ziz developed two multimedia campaigns: a campaign promoting OCP (2012 to 2013) and one on IUDs (2013 to 2014).

Oral contraceptive pills

The OCP campaign was implemented in two phases extending over a period of 14 months from 2012 to 2013. Phase One, launched in early 2012, positioned combined oral contraceptives as “birth spacing pills,” and promoted progestin-only pills as “breastfeeding pills.” The project disseminated messages through various channels: mass media (television, radio, and print); posters and other promotional materials; high-visibility schemes at purchase points (pharmacies); and in beauty centers and doctors' offices. The outreach also included 18 community events, with quizzes, booths, and sessions in UNRWA schools and clinics. Three female network doctors participated in 10 television and 14 radio interviews on major programs.

Phase Two of the campaign, late 2012 through mid-2013, contained broad-based, multimedia market saturation, with 680 television and 2,071 radio spots and 108 newspaper ads. Prominent physicians discussed OCP on 13 television and 19 radio shows. Community outreach included 109 community edutainment lectures



SHOPS Project

SHOPS created an oral contraceptive TV spot nominated for best public service award by the Global Business Council.

or roadshows reaching more than 4,200 women in public venues such as shopping malls—with gifts for participants provided by private sector partners, including Nestlé and Johnson & Johnson. Additional outreach in urban centers and Palestinian refugee camps reached more than 30,000 women and couples.

IUDs

The most popular family planning method in Jordan was the IUD, but its use was still low compared to that of other countries. The Ta'ziz national social marketing campaign for IUDs began in early 2013. The goal of this campaign was to correct misperceptions, reduce fears, improve attitudes and foster IUD uptake and continued use. Public and private stakeholders sponsored the campaign, including the Ministry of Health, the Higher Population Council, JAFPP, UNRWA, and the Royal Medical Services. The project launched the campaign in June 2013 and carried it out in three waves, interrupted by an assessment phase and the month of Ramadan. Jordanian television showed an image of the IUD product for the first time on as seen below.



SHOPS Project

A TV ad, part of a Ta'ziz campaign, positions the IUD as a safe, effective, and reversible family planning method.

Campaign strategies featured a comprehensive market saturation approach. The first wave included 215 television and 300 radio spots, 24 quarter-page newspaper ads, and 15 edutainment lectures in 15 underserved areas, reaching more than 3,000 women. Among attendees, 622 received counseling from CHWs and 303 received family planning vouchers, including 242 vouchers for IUD insertions (82 percent of the total vouchers distributed). Saturation increased in the second and third waves, with a total of 1,389 TV and 1,080 radio spots, newspaper ads, press releases, and outdoor advertising. Network doctors, who had received intensive media training through a local agency, participated in 14 radio and television interviews.

The project's Facebook page also ran messages about IUDs while enabling private messages and questions, which then received responses from medical experts. By the end of 2014, the number of "likes" had risen to nearly 21,000 (more than doubling over the previous year), while the number of unique users rose to more than 500,000.

Training network doctors as family planning advocates

As Ta'ziz' work with network doctors progressed, opportunities for them to become public advocates for family planning increased. Ta'ziz trained 20 high-performing network doctors for public appearances such as lectures, edutainment sessions, and the project's two national family planning campaigns. For example, network doctors participated in nine television and 13 radio interviews on popular stations. The project also placed 286 Press Corner newspaper advertorials. The question-and-answer format featured selected network physicians providing evidence-based answers to questions about modern methods, promoting modern family planning, dispelling misperceptions, and obtaining publicity for their own practices.

Raising awareness through community outreach

Extensive community outreach activities complemented the mass media campaigns to raise awareness, increase knowledge, and shift attitudes about family planning services. The outreach program was designed to bring information on modern methods

of contraception to hard-to-reach population groups, with the goal of increasing the use of family planning services and facilitating referrals to these services in both the public and private sectors.

Ta'ziz conducted the outreach program through CCA and GUVS, which recruited and trained more than 100 CHWs to visit women door to door and to counsel them in their homes. The CHWs conducted at least two home visits with all married women aged 15 to 60 residing in geographical areas with low contraceptive prevalence rates, high unmet need for family planning, and recognized poverty pockets or refugee camps. (The age range for counseling extended to 60 years to reach women who were influencers of others in their communities and inform them of the benefits of family planning). In addition, CHWs made a third and fourth visit to a minimum of 32 percent of these women to address health problems, follow up with new adopters of modern family planning methods, or address unmet need for family planning. Eleven percent of the women were visited up to eight times to further address these issues.

As discussed earlier, the CHWs provided women who wanted to adopt a modern family planning method and met specific criteria with a voucher to visit a network doctor or JAFPP clinic or a referral for free services at the Ministry of Health or UNRWA clinics. The voucher covered the cost of receiving the method as well as the cost of a follow-up visit after taking up a method.

For JAFPP and other participating NGOs, family fairs provided another vital avenue for reaching the community. The fairs raised awareness of the NGOs, integrating family planning messages and awareness of service availability in the form of family-oriented edutainment. Fairs typically opened with an Islamic sermon endorsing the practice of family planning, followed by traditional song performances, entertaining comedy sketches, and an interactive quiz on family planning. A CHW from the Ta'ziz outreach program provided counseling and free service vouchers at the fair. Ta'ziz support of family fairs began in collaboration with JAFPP in 2011 to promote the opening and raise awareness of newly renovated clinics in Aqaba and Irbid South.

Results

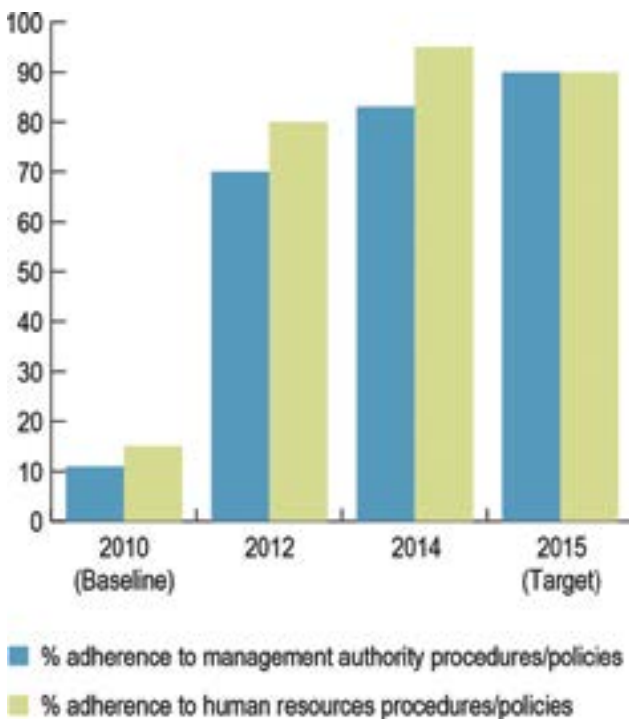


RESULTS

Strengthening JAFPP Management and Governance Systems

The introduction of productivity measurements and performance monitoring dashboards helped clinicians and managers track progress toward performance goals established for each clinic. The data were also used for management and financial decisions. At the facility level, the project also implemented a clinic-centered organizational system, along with a coaching scheme entailing frequent follow-up visits. These strategies helped clinics increase the number of clients served. By the end of Year Three, all clinics had achieved their targets in terms of the number of client visits, and JAFPP's clinic system had served more than 70,000 clients and provided 158,000 CYP. As a result of these organizational changes, JAFPP clinics began recording increased compliance with the standards set at the project's outset for procedures, performance, and quality, including management authority and human resources (Figure 3).

Figure 3. JAFPP achievements in increasing adherence to procedures and policies, 2010–2015



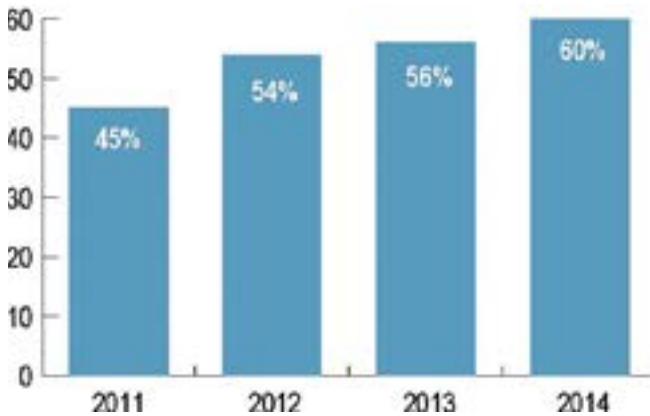
The board of directors agreed to increase prices for clinical services in 2011. Many fees for services were raised by 20 to 133 percent. This allowed JAFPP to remain competitive, as the new fees were still less than half of competitors' fees for similar services, while still meeting its organizational objective of providing affordable services for low-income women.

In 2011, JAFPP won the Mark of Best Practice award from the King Abdullah Center for Excellence. In 2015, JAFPP applied for the prestigious King Abdullah Award for Excellence for NGOs—a major achievement, given that the association's management problems had become well known. Ta'ziz worked with JAFPP management to help them prepare and submit compliance documentation to meet the award criteria. These awards are based on the European Foundation for Quality Management Model of Excellence, which provided a framework for organizational management and performance improvement systems. Winning these awards would show that JAFPP had successfully identified areas for improvement across all aspects of their operations and improved in these areas.

Increasing JAFPP's Financial Self-Sufficiency

With the introduction of increased prices for its services, JAFPP cost recovery rates increased between 2010 and 2014. Ta'ziz and JAFPP explored new services (including laboratory or pharmacy services and additional family planning offerings) that could be added to attract more clients and increase the association's income and market share. They also discussed approaches for maximizing efficiency in high-cost services. By the end of 2014, JAFPP's organizational performance had exceeded the performance targets established during the first year for financial and procurement management procedures, with JAFPP attaining a 60percent cost recovery (Figure 4). This was achieved through a combination of increased service fees and decreased administrative expenditures.

Figure 4. JAFPP cost recovery achievements, 2011–2014

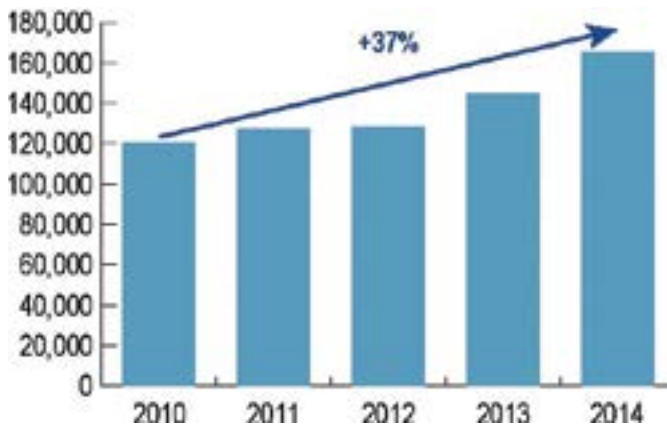


Increasing Access to Family Planning Products and Services through the Private Sector

JAFPP clinics

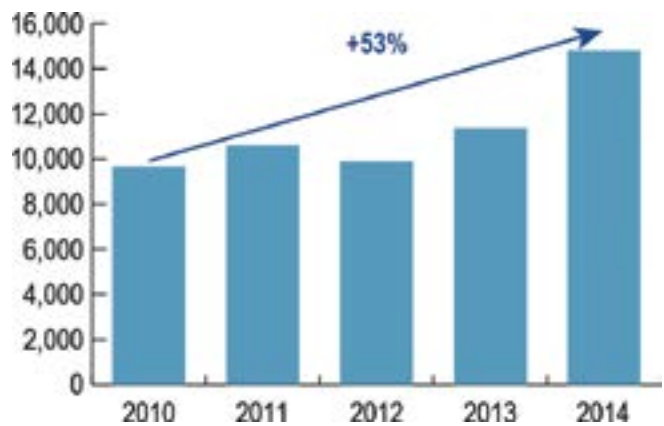
Over the course of the project, Ta’ziz assisted JAFPP in the purchase of 20 clinics and renovation of 22 clinics, giving JAFPP a reach into 10 of the 12 governorates. Nationally, JAFPP contributed nearly one-quarter of CYPs: it provided more than 3,500 CYPs per clinic, increased family planning visits to its clinics by 37 percent in four years (Figure 5), and had just over 165,400 family planning visits in 2014, up from more than 120,400 in 2010.

Figure 5. Number of client visits to JAFPP clinics, 2010–2014



The number of new women per year that used JAFPP’s family planning services increased by 53 percent in a four-year period (Figure 6), with more than 14,000 new clients using JAFPP family planning services in 2014. Most importantly, 90 percent of women visiting JAFPP clinics expressed satisfaction with its family planning services, up from 69 percent in 2011.

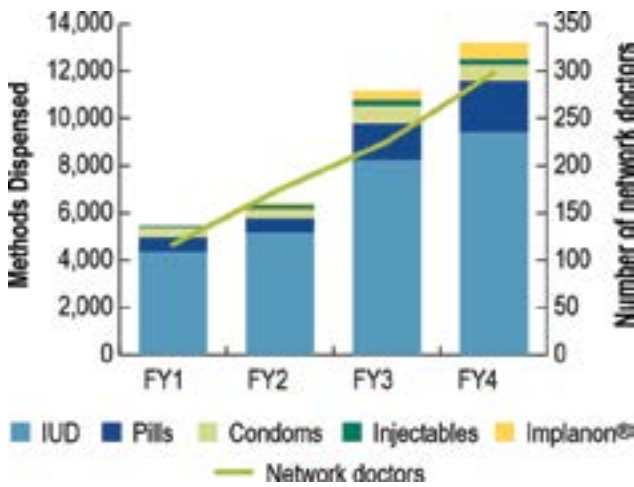
Figure 6. Number of new family planning clients to JAFPP clinics, 2010–2014



Private provider network

The project steadily expanded the informal network of private doctors from 120 to 300 providers in four years. The majority of participating doctors were female (78%), and while over half (58%) worked in Amman, the network covered all 12 governorates by the end of the project. Ta’ziz provided the network doctors with a range of capacity building activities, including clinical training, EBM seminars and detailing visits, media training, and limited marketing support. Figure 7 shows the increasing number of network doctors and the family planning services they provided to clients through the outreach program. It also shows a change in distribution of various methods provided.

Figure 7. Network doctors and the family planning services provided to outreach clients



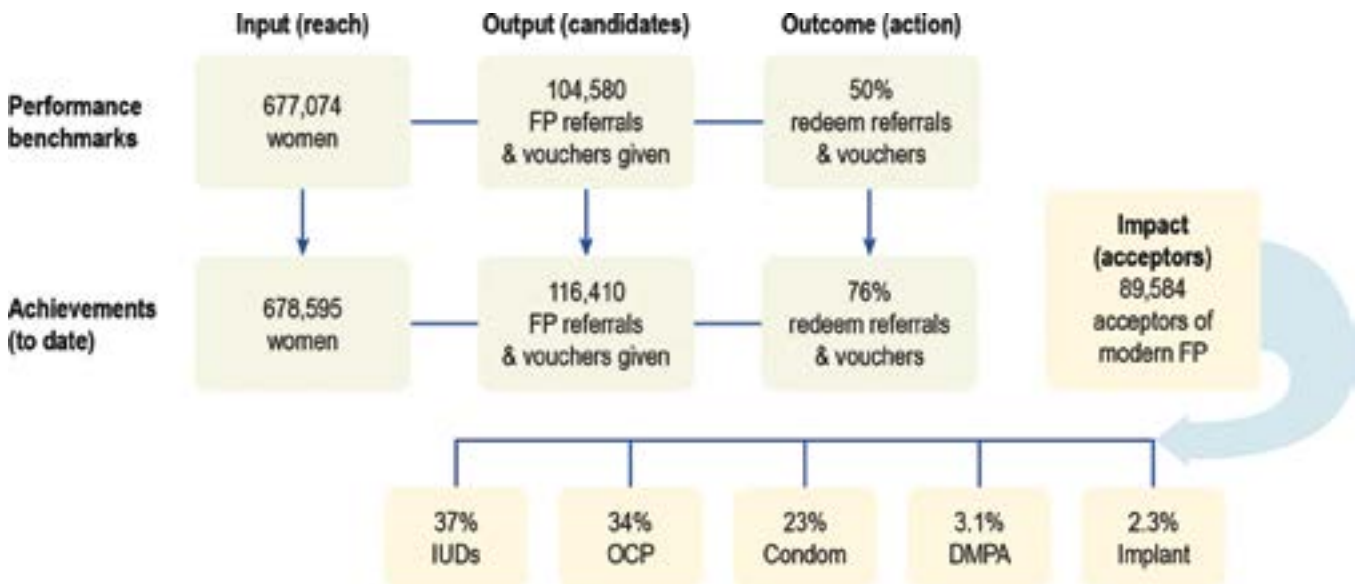
Reducing financial barriers to modern family planning

The project's work with mechanisms to remove or reduce financial barriers for women to access family planning products and services in the private sector achieved significant results. As shown in Figure 8,

in four years Ta'ziz exceeded its targets for women reached (through outreach with family planning messages) and had a redemption rate of 76 percent for free vouchers to the private sector or referrals to Ministry of Health or UNRWA clinics, resulting in almost 90,000 acceptors of a modern family planning method.

An evaluation of the Careline pilot program showed a positive impact on increasing the redemption rate of the free voucher, with 58 percent of clients who received Careline counseling calls reporting acting upon the vouchers as compared to 52 percent among those who did not receive counseling calls. Moreover, Careline calls resulted in an almost 50 percent reduction in method discontinuation, with 13 percent of women who did not receive any Careline calls reporting that they discontinued the method three months after its uptake as compared to 7 percent of women who did receive Careline calls (Figure 9). As a result, the program was institutionalized into the outreach program.

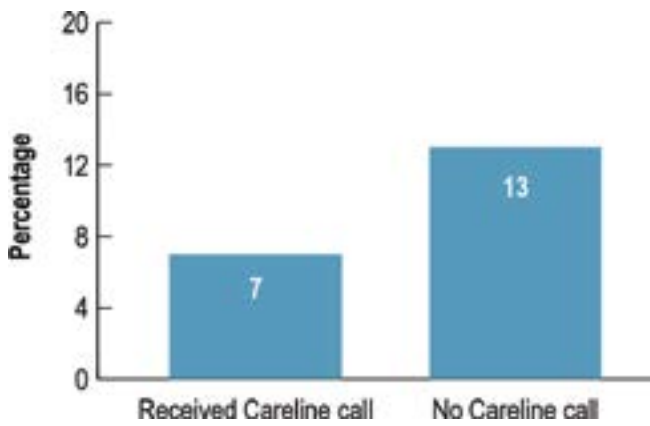
Figure 8. Achievements of the Ta'ziz community outreach program



Note: FP = Family planning

The number of women who adopted a family planning method is higher than the percentage of women who redeemed a voucher or referral because some women received services upon a CHW counseling without using a voucher or referral.

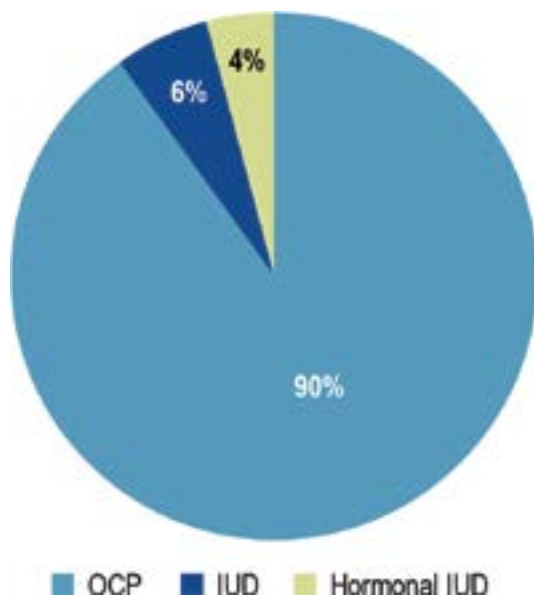
Figure 9. Clients who discontinued method after three months (%)



Increasing pharmacy provision of family planning products

The contraceptive choice coupon pilot focused on redemption of discounted family planning method vouchers at participating pharmacies. The pilot, which ran for 14 months, recruited 12 pharmacies and eight network doctors from Jerash and Aqaba to participate. The network doctors distributed 165 coupons, 84 of which were redeemed at pharmacies (a 51% redemption rate). As shown in Figure 10, the methods selected were mainly short-acting OCP, which

Figure 10. Family planning method choice purchased with coupons from pharmacies



is not surprising given that this is the major method provided by pharmacies. The pilot was then expanded nationally, with 114 pharmacies and 179 network doctors participating. Anecdotal evidence shows that one hindrance to the program was that pharmacists were hesitant to participate because of the time involved, along with having to go through both JPA and SHOPS to obtain the small reimbursement of a 30 percent commodity discount. The pharmacists were also interested in giving the coupons themselves rather than having them come from network doctors, but this would have made the program more difficult to monitor.

Expanding Quality and Availability of Family Planning Products and Services

Introducing new products

As part of the Implanon® acceptability study, the project conducted interviews with 495 women who had used Implanon® provided by a network doctor through the outreach program. By the end of the study, 79 percent of women reported that they were still using the implant. For those who had it removed, almost 73 percent reported that they had switched to another family planning method, showing that for them, Implanon® was not the right method. Eighty-nine percent of respondents reported that they were satisfied with their insertion procedure; in unprompted responses, 74 percent reported that the insertion procedure was positive because it was painless (85%), took very little time (52%), and the doctor was skilled (38%)— reflecting that trained network doctors have the technical knowledge and skills for this procedure. For those who reported a negative insertion experience, only 5 percent reported that the doctor seemed untrained or nervous.

Improving the quality of private and NGO services

Provider training

Providers from all partner NGOs and the network doctors participated in training activities, with 3,093 people trained over the course of the project. Trainings were designed and conducted according to adult training principles, were interactive, and were well received by participants. Pre- and post-training tests showed significant improvement in participants' knowledge, skills, and attitudes toward modern contraceptives' safety and effectiveness.

Quality assurance

The number of supportive supervision visits at JAFPP clinics increased significantly, with supervisors visiting each clinic at least once per quarter. Combined with JAFPP management reorganization, training, and a QA focus, there were clear indications of improved clinical services quality. By 2014, 14 of the 17 JAFPP clinics had exceeded the target of 85 percent compliance with JAFPP's clinical standards and policies (Figure 11).

As they began to work with Ta'ziz, HLC and ICCS also underwent quality interventions, based on lessons learned from JAFPP. The HLC and ICCS clinics set a target of 75 percent for each of the clinical quality areas, since the concept of quality monitoring was new for these NGOs. HLC exceeded this target in all categories; ICCS clinics did not meet their quality targets, but received intensified technical support from the project.

Ta'ziz also worked to improve the systems that contribute to the quality of clinical outcomes. Figure 12 shows that the quality system scores of all three NGOs improved significantly, based on the Health Care Accreditation Council's index that includes client and family rights, management of information, access and continuity of care, client assessment and care, medication and family planning methods use, client and family counseling, quality improvement and client safety, professional qualification and training, environmental safety, infection prevention and control, support services, and employee health.

Figure 11. Quality monitoring data at 14 JAFPP clinics (%)

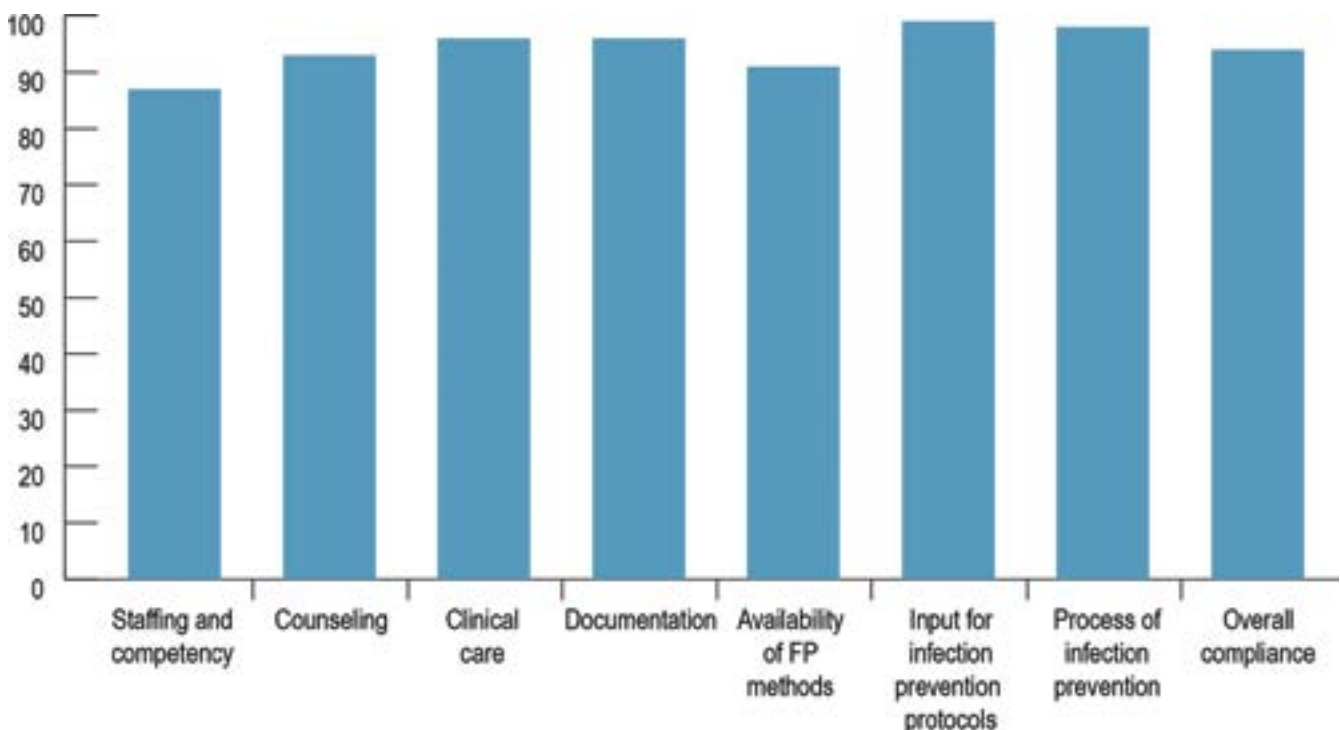
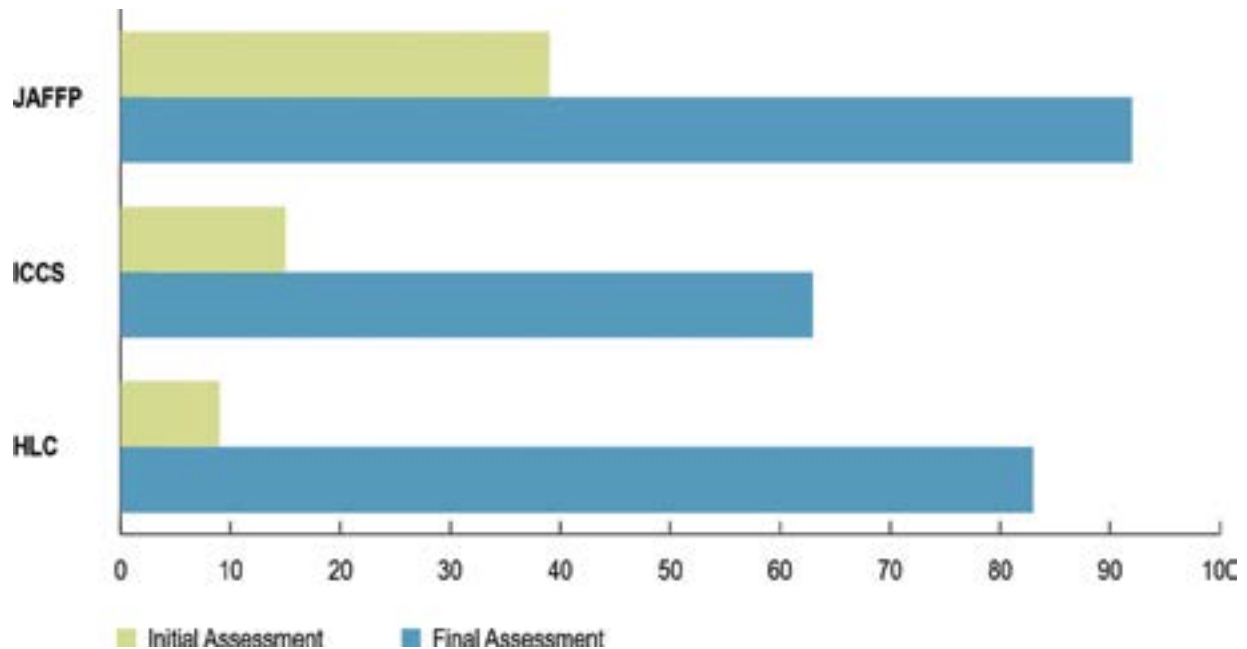


Figure 12. Comparison of NGO initial and final quality systems scores (%)



Evidence-based medicine

JEBM-RH group members led more than 50 roundtable seminars with more than 3,000 doctors to discuss critically appraised topics. They also conducted nearly 40 seminars for more than 2,500 pharmacists. The first EBM programs, which focused on oral contraceptives, demonstrated promising results. Approximately 66 percent of targeted providers participated in roundtables on combined oral contraceptives and 71 percent participated in sessions about progesterone-only pills, demonstrating a strong interest in the EBM approach. A 2010 pre-post assessment also showed that after participating in EBM sessions

on combined oral contraceptives, providers exhibited an increase in several areas: the ability to correctly identify specific risks and benefits of combined oral contraceptives, the rate of (self-reported) discussion of family planning with clients, and a willingness to prescribe combined oral contraceptives to women who had not yet had a child. Almost 80 percent of doctors said that they had always or often discussed family planning with clients during the past week, compared to 62 percent at baseline. However, a randomized controlled study on EBM sessions for DMPA—a product with very low acceptance in Jordan due to concerns about short-term side effects—showed only slight improvement in providers' acceptance of DMPA and willingness to prescribe it to clients. The study concluded that, as a standalone intervention, EBM might not be effective when there is strong provider and consumer bias against a contraceptive method. In the project's final year, Ta'ziz conducted an assessment to evaluate whether the multi-channel training approach, including classroom training, EBM seminars, and detailing visits, resulted in improved service delivery outputs in relation to family planning counseling.



A facilitated roundtable discussion of DMPA.

SHOPS Project

Increasing Demand for and Access to Private Sector Services

Mass media campaigns

Oral contraceptive pills

An endline survey of the OCP campaign showed that television was the highest source of exposure to family planning messages (84%) followed by leaflets and brochures (25%) and radio (9%). Ninety-three percent of respondents wanted to keep watching or listening to the campaign when they first heard or saw it. A significantly higher proportion of lower-socioeconomic status respondents reported such an interest, compared to higher-status respondents. Moreover, those of lower socioeconomic status had a higher measure of positive attitudes toward the campaign. Nevertheless, satisfaction was generally high, with over 85 percent of respondents agreeing with six positive statements relating to the campaign.

The campaign also proved to be effective. Spontaneous recall of campaign messages was 84 percent among women who participated in a tracking survey after the first wave of the campaign and 73 percent after the second wave of the campaign. Compared to unexposed respondents, exposed respondents were more likely to know about benefits of OCP without prompting and were less likely to state that they did not know about OCP. They were also more likely to agree with positive statements about OCP—and family planning in general—and were more likely to be current users of family planning methods and less likely to be non-users who do not intend to use family planning methods in the future. Finally, they were twice as likely to express an intention to use OCP in the future (among non-users). The second wave of the campaign demonstrated significant impact on exposed married women of reproductive age, with 81 percent of exposed women knowing that OCP are safe to use (versus 65 percent of unexposed women).

Pharmacy sales of OCP increased by 40 percent in July 2012, compared to January 2012, the month before the OCP campaign was aired, suggesting a significant project contribution to contraceptive acceptance and use in Jordan. The campaign's Facebook page attracted nearly 1,000 visits, including males and females (56% and 43%, respectively), and achieved a "viral" reach of more than 100,000 hits.

IUDs

An evaluation of the IUD campaign showed that the number of IUD insertions at the private network doctor clinics increased by 36 percent in the month after the campaign's second phase began, compared to the same month in the previous year, while the increase was only 6 percent in the month before campaign start (Figure 13). A year-by-year comparison of monthly insertions revealed a significant increase in 2013, beginning at the time of the launch of the campaign's second wave.

Figure 13. IUD insertions by network doctors October 2012–January 2013 versus the following year



Overall, 56 percent of respondents reported that their knowledge was affected, mostly about the safety (47%), effectiveness (32%), and long-lasting nature (32%) of IUDs. The survey also showed significant differences between exposed and unexposed respondents to the campaign. A significantly higher proportion of exposed reported (without prompting) that the IUD was safe (83% versus 70%), it could be used for up to 12 years (72% versus 62%), and it did not harm fertility (46% versus 34%).

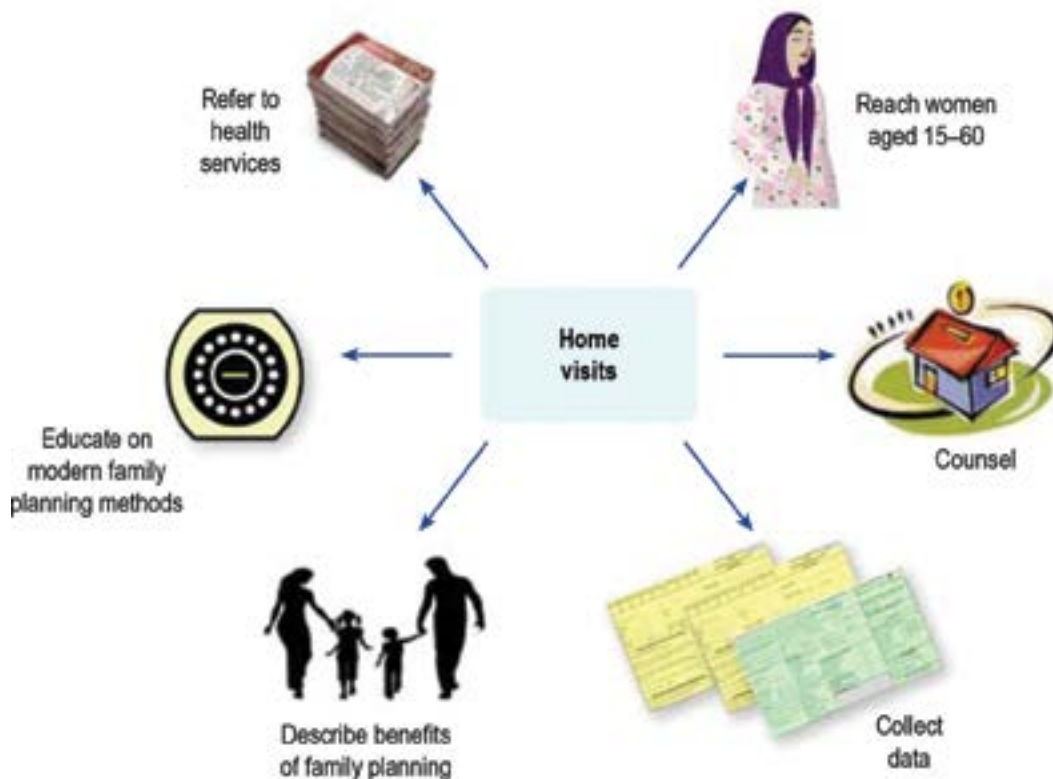
Raising awareness through community outreach

Ta’ziz had a goal of reaching 677,074 women through the project’s community outreach program (Figure 14). Project partners CCA and GUVS exceeded that goal in four years, reaching 678,595 women with home-based family planning counseling and distributing more than 116,000 free family planning vouchers or referrals to free services.

CHWs also participated in the national media campaigns. This combined approach had a significant impact on family planning accessibility and acceptance, surpassing nearly all of the project’s goals. The CHWs provided counseling during the edutainment lectures, which were a component of the IUD and OCP campaigns. From 74 edutainment lectures, 1,554 free family planning vouchers were distributed, and 82 percent of these were for IUDs.

In Year Three of Ta’ziz, JAFPP took over the management of their clinic family fairs, organizing 12 fairs, each attracting 300 to 700 participants for a total of 5,120. Ta’ziz supported other NGO partners by allowing them to promote their clinics and services at the fairs.

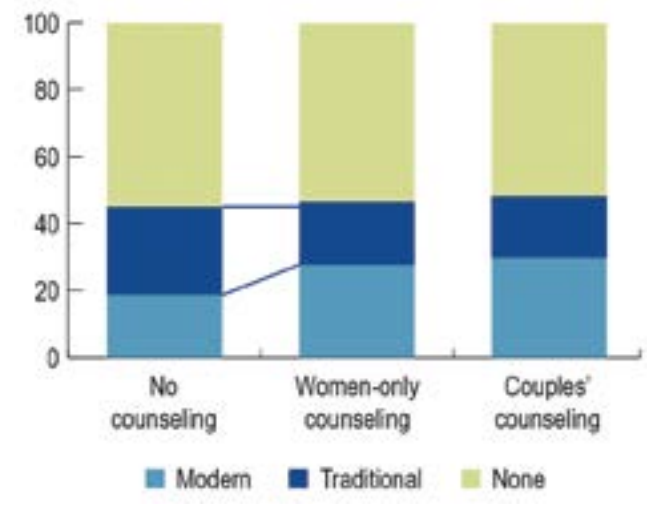
Figure 14. Community outreach model



Counseling study

Ta'ziz conducted a randomized controlled trial through the outreach program to evaluate the impact of counseling women alone or couples on family planning outcomes. A key finding of the study was that offering in-home family planning counseling and free vouchers, either to women alone or to couples, had a strong and positive impact on uptake of modern methods. Counseling women alone increased modern method uptake by about 48 percent, while counseling couples increased it by about 59 percent, compared to the no-counseling group. Counseling also resulted in lower use of traditional methods. This figure demonstrates that the outreach program helped shift women from traditional to modern methods. These positive gains justify continued investments in the longstanding USAID-funded counseling program.

Counseling resulted in higher use of modern methods and lower use of traditional methods (%)



The study also revealed that counseling reduced women's concerns about side effects, an important barrier to uptake among Jordanian women. However, almost half of women who were counseled still voiced concerns about side effects. Program implementers need to better understand the source of these concerns and adapt the counseling protocol accordingly. In addition, the study found that couples counseling was more effective than women-only counseling in influencing intermediate outcomes such as increasing the husband's knowledge of and willingness to use family planning. Couples counseling was also more effective than women-only counseling in increasing spousal communication about family planning.



SHOPS Project

Attendees at a community meeting organized by Ta'ziz raise their hands to respond to quiz questions on oral contraceptive pills in Deir Alla town.

Lessons Learned



LESSONS LEARNED

Bolstering family planning services through NGOs can be achieved by strengthening NGO organizational capacity, service delivery reach, and financial sustainability.

The combination of organizational enhancements, expanded service delivery points in key urban locations, and revitalized financial strategies that have resulted in JAFPP achieving a 58 percent cost recovery in 2014 has bolstered JAFPP's contribution in the Jordanian family planning market.

Community-based outreach programs and reduced financial barriers can have a significant impact on generating modern family planning users.

The Ta'ziz community outreach program, delivered through home-based counseling combined with free vouchers to private sector providers or referrals to Ministry of Health or UNRWA clinics, had a positive and significant impact on women's use of modern contraceptive methods. At endline, 28 percent of women who were previously non-users took up

a modern contraceptive method after individual counseling, as compared to only 19 percent of those without any counseling. Over the course of the project, Ta'ziz generated almost 90,000 acceptors of a modern family planning method through the outreach program. This approach offers high potential for the Jordanian context.

Mass media, combined with community events and interpersonal counseling, can greatly improve awareness and acceptance of new family planning methods.

Combining awareness-raising television and radio spots with in-depth information provided through longer television and radio programs were an important complement to the messages given to individuals through outreach workers. The mix created greater awareness and acceptance of family planning in general and addressed common questions or misperceptions about specific methods. These interventions were especially effective in combination with programs to expand family planning options and to improve family planning service delivery through private providers.

CONCLUSION

A comprehensive supply-side and demand-side strategy can be highly effective in increasing use of family planning in the private sector, including by new users. Mass media campaigns are invaluable in increasing knowledge and use of family planning methods, including lesser-used methods. This is especially effective when connecting these campaigns to specific providers who are trained in the provision of these methods. In the private sector, barriers to use, such as cost, can be addressed through demand-side financing efforts like vouchers. Vouchers can extend access to private facilities that offer high quality services for new users in underserved areas. This is particularly important to increasing access in contexts where women prefer female providers, who can be easier to access in the private sector.



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