



THE WORLD BANK



# **Evaluating Impact: Turning Promises into Evidence National Breast Cancer Early Detection and Screening Program**

Names of team members

Amman, Jordan

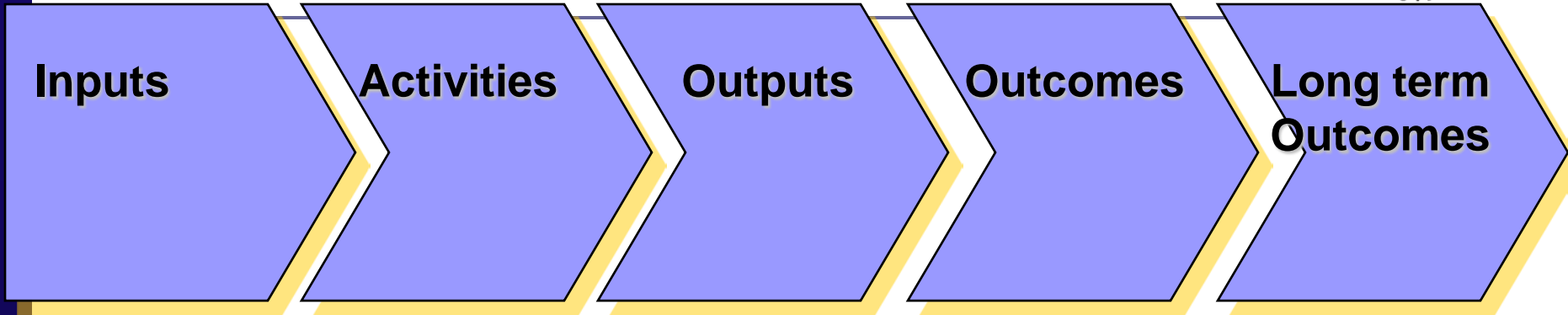
March 2009

# 1. Background

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- Objectives:
  - Reduce morbidity and mortality from breast cancer
  - Increase diagnosis of breast cancer at early stages
- Demand Side Intervention
  - Public awareness campaigns: media, TV, radio, newspapers, advertisements, mss, emails, mail
  - Community and inter-personal activities: outreach activities, lectures at health centers, Educational materials
- Supply Side Intervention
  - Model Screening centers: Provide mammography unit and training for medical staff to improve quality of diagnosis
- Stakeholders: MOH, KHCC, USAID

# 2. Results Chain



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# 3. Primary Research Questions

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- ❑ What is the impact of public awareness campaigns on health seeking behavior for breast cancer screening? (Demand Side)
- ❑ What is the impact of community and inter-personal activities on increasing the number of women enrolled in breast cancer screening program? (Demand Side)
- ❑ What is the impact of the model health centers on early stage detection? (Supply Side)

# 4. Outcome Indicators

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- Demand Side:
  - increase in knowledge about the importance of breast cancer screening
  - percentage of women who have a screening mammogram as a proportion of eligible population(40-59)yr.
  - percentage of women who receive a screening
- Supply Side:
  - # of cases of breast cancer detected at stage 0 and I
  - Patient satisfaction with screening services and quality of care
    - Annual performance evaluation

# 5. Identification Strategy/Method

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- Provide media campaigns to all governorates receiving model screening centers
- Randomized Promotion of community awareness campaigns (demand side intervention) around sites designated for model screening centers (supply side intervention)
  - Randomly assign community promotion at the village/neighborhood level
  - Community promotion to be clustered around model screening centers

## 6. Sample and data

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- Administrative data collected at:
  - National cancer registry
  - Civil registry
  - Model screening centers
  - Department of general statistics
- May collect household data if resources are available
- 24 model screening centers to be created in pre-established areas
- Data collection will take place in proximity to model screening centers

# 7. Time Frame/Work Plan

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- Rollout:
  - Phase I: Rollout of 16 model health centers in pilot study (2006-2010)
  - Phase II: Rollout of additional 24 model health centers (2010 – 2015)
- 2010: Baseline data prior to Phase II for randomized promotion
- 2011 - 2012: Follow-up data collection I
- 2012 - 2013: Follow-up data collection II



# 8. Sources of Financing

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- Intervention budget:
  - MOH
  - KHCC
  - USAID
  - WHO
  - UNRWA
  
- Impact evaluation:
  - World Bank?