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Strengthening Family Planning Project

تعزير تنظيم الأسرة

Annual Report

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Executive Summary

Background

Under the Strengthening Health Outcomes through the Private Sector (SHOPS) Leader with Associates (LWA) Cooperative Agreement, USAID/Jordan issued an Associate Award to Abt Associates for a five-year program called “Strengthening Family Planning” or in Arabic, *Ta’ziz Tanzim Al Usra* (in short, *Ta’ziz*). *Ta’ziz* aims to expand the availability, quality and use of family planning (FP) services through partnership with the private, non-governmental sector in Jordan. The project seeks to boost the role of NGOs in providing FP services, focusing on the Jordan Association of Family Planning and Protection (JAFPP). In addition, the project seeks to expand the contraceptive market and increase choice. During Year 1 the project was organized around the following five results areas:

- A. Strengthened JAFPP management and governance systems
- B. Increased demand for and access to private sector/NGO services
- C. Improved quality of FP/RH services at JAFPP and UNRWA clinics
- D. Expanded family planning market and product choice in Jordan
- E. Increased JAFPP financial sufficiency

This report conveys the results of the first year of program work, from October 1, 2010 to September 30, 2011.

Key accomplishments in Year 1

In Year 1 the project completed a full slate of research to serve as a foundation for programming across the life of the project, and also reach a large number of programmatic milestones. In our work with JAFPP, we established a true partnership of equals, aiming all programming at the sustainability of the Association in its life after *Ta’ziz*. All technical assistance to the Association follows the maxim that we advise, they lead, and we support. Great care has been taken to minimize the perception of “project activities” while emphasizing JAFPP-led interventions with which we can support and assist. It is our strong view that the new, re-invigorated JAFPP can only be envisioned by the Association itself, and we can assist them in reaching this goal. In one example, the Association acknowledged the strong need to improve the quality of its clinical services as well as the perception of quality among its clients that would bring return business and generate new clients through positive word of mouth. In response, the project’s quality assurance (QA) experts formed a team with the Association’s clinical service delivery management to introduce new QA systems, build the capacity of both clinic management and staff to assure quality, while commencing the planned program of clinic renovation and renewal. The board and management of the Association also recognized its profound need to professionalize the governance and management of the Association. Again, experts from the project formed a strong team with key members of the Association’s leadership to introduce modern systems in human resource management, financial management, board practices, and management capacity building. Similar scenarios have played out in other areas such as marketing, maintenance, and operations.

In Year 1, the project also set the stage for interventions that will help break the stagnation of contraceptive prevalence in Jordan. *Ta’ziz* commenced development of an integrated

nationwide social marketing campaign to promote the use of oral contraceptive pills, which is set to launch early in the first quarter FY 2012. During the development effort, the project engaged important government stakeholders such as the Higher Population Council and the Ministry of Health, which will endorse the campaign through use of their logos. The campaign will also carry the “Hayati Ahla” logo, connecting it with the larger joint effort (with the Jordan Health Communication Partnership) to promote a better life through family planning.

A. Strengthen management and governance systems at JAFPP

During the project Year 1, JAFPP has solidified its new leadership and management approach, which has set it on a trajectory to recapture its leadership position in the FP community in Jordan. During this year Ta’ziz assisted JAFPP in reaching important governance and management milestones, emphasizing those laid out in its memorandum of understanding (MOU) with USAID and its own three-year strategic plan. JAFPP restructured its governance framework and codified these changes in new bylaws, a delegation of authorities chart, and code of conduct. They introduced several new management and governance systems, including a dashboard mechanism that provides data for decision making in the form of key performance indicators for the organization, a new human resource management system, and effective board management practices. The leadership team also adopted a detailed self-assessment tool to monitor and continuously improve its own governance performance.

B. Increased demand, supply, and access at JAFPP and UNRWA clinics

In Year 1, the project and JAFPP set the stage for dramatically increasing demand at JAFPP clinics, and at the same time being sure newly-renovated and well-equipped clinics were waiting for these new clients. The project began its program of assisting with purchasing, renovating, and equipping JAFPP clinics. A new clinic was purchased in Irbid, renovation started in Sports City and will soon commence in Zarqa, and medical equipment has been purchased and will soon be on its way to clinics.

To assure a steady supply of clients to newly renovated clinics, the project assisted JAFPP to create a formal marketing function within the Association, staffed by a senior member of the management team. The project built the capacity of the Marketing Manager and assisted her in creating an Association-wide marketing plan. In addition, clinic-by-clinic local marketing plans are being formed, starting with the new clinic in Aqaba.

C. Improved quality of FP/RH services at JAFPP and UNRWA clinics

Project Year 1 saw a rapid start and quick scale-up of quality improvement activities for JAFPP and UNRWA, all based on a thorough quality needs assessment exercise at the beginning of the project. A strong JAFPP/project QA team has introduced a comprehensive slate of new QA systems, based on international best practices. A highlight of these systems is a new supportive supervision system to ensure quality improvement at the clinic level, backed up by up-to-date checklists and tools. Project experts have built the capacity of JAFPP QA and clinical managers to conduct truly supportive supervision visits that find QA opportunities in every visit. All these QA systems and processes have been codified in a new JAFPP quality assurance manual.

A critical need uncovered by the assessment was the need for clinical training for JAFPP staff. In Year 1, the project trained over 250 participants in several skill areas including general and specialized FP counseling, FP service provision across a number of methods, and clinic management.

D. Expanded FP market and product choice in Jordan

The project aims to make an important contribution toward increasing the modern contraceptive prevalence rate (CPR) in Jordan, ending the plateauing trend of the past 10 years. In Year 1, the project teamed with national-level stakeholders and readied a comprehensive national-level social marketing campaign designed to promote the use of oral contraceptive pills. The integrated campaign will include mass media advertising (television, radio, and print), public outreach activities (“road shows”), point-of-purchase/prescription promotion and merchandising, and a full slate of public relations activities designed to generate positive media coverage of the benefits of oral contraception. The project also aims to increase contraceptive choice for Jordanian couples. Talks are ongoing with government and industry stakeholders about the introduction of new methods into the marketplace, focusing initially on the one-month injectable contraceptive. A key to improving CPR is dispelling widely held myths among both end users and their healthcare providers. To that end the project is utilizing an evidence-based medicine (EBM) approach to improve the knowledge and attitudes of physicians and pharmacists who at worst may be biased against some modern contraceptive methods, particularly hormonals, or misinformed on side effects and other health concerns that worry their clients and even themselves

E. Increased financial sustainability of JAFPP

JAFPP’s financial shortfall stands at almost \$500,000 for the current financial year and it is rapidly spending its reserves. Without a rapid turnaround in financial practices, the Association will be insolvent in less than five years. Fortunately, the new (2010) board of directors takes this situation very seriously. With technical assistance from the project, the Association has embarked on a vigorous program of financial renewal. Interventions and changes include a new price list, new finance software, a new finance manual, updated procurement procedures, and capacity-building for Association finance staff. Based on a newly-accepted pricing structure and other changes, JAFPP is projected to be 100% financially self-sufficient by the end of the Ta’ziz project (without donor assistance).

Publications/Products Produced

A. Strengthened management and governance systems and increased financial sustainability at JAFPP

- **JAFPP Strategic Plan 9/2011-9/2014**
- JAFPP Manual of Organizational Roles and Responsibilities
- JAFPP Human Resources Policy Manual
- JAFPP governance self-assessment tool
- JAFPP governance self-assessment results report
- JAFPP key performance indicators and dashboard
- Employees satisfaction survey report
- JAFPP Amended Bylaws
- JAFPP Code of Conduct
- JAFPP Authority Delegation Chart

- JAFPP Bylaws Implementation Plan
- JAFPP Salary Survey
- JAFPP Human Resources (HR) Department Assessment
- JAFPP Financial Systems and Capacity Assessment Report
- JAFPP Financial Manual Update

B. Increased access to and quality of private sector family planning services

- Training activities report
- Focus Group Discussion on JAFPP quality of services report
- ISG. June 2011. *JAFPP Service Quality and Brand Image Report*
- ISG. June 2011. *Family Planning Focus Group Discussions among Married Women of Reproductive Age in Jordan*
- JAFPP quality perception survey report
- JAFPP (UNRWA, Aman Association) training needs assessment report
- Training map and detailed schedule
- Perception of JAFPP quality survey (non and former clients) report
- Client satisfaction (existing data) report
- **JAFPP Clinic Quality Needs Assessment Report**
- JAFPP Clinic Infrastructure Assessment Report
 - Prioritized clinics for renovation
 - Timeline for renovation
 - Feasibility report for clinic expansion
- Report (list) of tubal ligation providers near JAFPP clinics

C. Increased demand for family planning products and services in the total market

- **El Khoury, M. June 2011. *Jordan Family Planning Market Segmentation Analysis***
- Clinic catchment area report and prioritization
- Injectable contraceptives literature review
- Emergency contraceptive pills literature review
- Provider knowledge, attitudes and practices literature review

A. Strengthened management and governance systems at JAFPP

During the project Year 1 timeframe, JAFPP has solidified its new leadership and management approach, which has set it on a trajectory to recapture its leadership position in the FP community in Jordan. During this year Ta'ziz assisted JAFPP in reaching important governance and management milestones, emphasizing those laid out in its MOU with USAID and its own three-year strategic plan. JAFPP restructured its governance framework and codified these changes in new bylaws, a delegation of authorities chart, and code of conduct. It introduced a dashboard mechanism that provides data for decision making in the form of key performance indicators for the organization as a whole. The leadership team also adopted a detailed self-assessment tool to monitor and continuously improve its own governance performance. Because the Association is a membership-led organization, it also introduced a membership development function that will contribute to attracting active and value-adding

members, which will in turn support a better process for selecting and electing board members.

The governance reform was reflected in a new organizational structure and job descriptions that introduced new functions of human resource management (HRM), social marketing, membership development and quality assurance, all necessary components for a modern, effective NGO. The new organizational structure also created synergy between functions and introduced strategic and operational levels of management with the proper integration between these two levels. The leadership team developed a three-year strategic plan to present a vision, strategic direction, and roadmap that JAFPP will follow. In this strategic plan, JAFPP positions itself as a provider of high-quality services that are affordable to middle- and lower-income clients.

At the operational level, human resources (HR) and financial management has been the focus of Ta'ziz support in Year 1. Focusing on the key weaknesses identified by several past and current in-depth assessments and reports, the project and the Association's managers engaged in updating and developing sound management practices in both areas. With project assistance, managers created a new HR policy and procedures manual, a salary scale and grading system, a performance appraisal system, and a retention incentives system.

A.1. Management and governance capacity-building

The project team supported and facilitated the passage of the new by-laws and the delegation of authorities chart by the General Assembly, the board of directors (BOD), and the ministry of social development (MOSD). Once the bylaws were passed, the project helped to conduct a gap analysis to compare new to existing practices. The project facilitated an implementation workshop for needed changes, and an implementation plan was developed. A code of conduct was also adopted and signed by BOD, employees, and two hundred members.

The project and Association managers conducted a comprehensive organizational analysis and its findings were the basis for developing a new organizational chart and a manual of roles. The manual provides detailed job description for all employees and board members of the Association. Based on the manual six BOD/senior management committees were formed and started functioning. A three-year strategic plan was developed which maps out the actions the Association will take to reach its short- and mid-term goals. To track implementation, the project and the Association's health management information system (HMIS) staff developed a dashboard to monitor key performance indicators picked by the Association to help the BOD and senior management manage the Association strategically.

To provide assistance in taking on the many new roles and practices, the project has provided continuous capacity building and training. Three two-day workshops were arranged on governance and strategic management led by local and international experts on family planning NGOs, providing examples and skill-building. Ta'ziz also supported six board members and managers to attend a high-level training event on how to derive and use data for decision- making.

Implementation of the many new practices and changes introduced by the project is a challenge. Despite BOD and senior management resolute intention to continue governance and organizational improvements and their formal adoption of changes, implementation of so

many changes at once presents the possibility of change fatigue on the part of some BOD and management members. Hence, the need to apply a systematic change-management process is evident. An encouraging factor that will facilitate the successful management of change, is the strong leadership provided by a few visionary members of the BOD and management team.

A.2. Improvement of JAFPP's human resource management systems

As part of the organizational assessment process, the project examined the HR management practices of the Association. The assessment showed an absence of some key elements of a customary human resources management (HRM) system, and a weakness in others. Based on the findings of the assessment, the project supported JAFPP to establish an HRM function, develop an HR Policy Manual and HRM detailed procedures that include a salary scale and grading system, a performance appraisal system, a recruiting system, a training management system, retention incentives system, service termination procedures, and management of personnel files.

In order to develop the HR procedures, two surveys were conducted, the first a salary comparison survey which showed that JAFPP pay is on par with similar organizations. While higher-ranking employees and doctors are paid slightly below comparison organization averages, the lowest-ranking employees (e.g., cleaners and drivers) are quite well paid by comparison. The second survey measured employee satisfaction. Its findings showed that employees are generally satisfied, but there is need for improvement in the areas of recognition and incentives.

There is increased urgency in the need for intensive training and capacity building for management staff to gain the skills and competencies required to efficiently apply the HR management function. The other new functions, social marketing, quality assurance, organizational performance management, and membership development management will also require professional training of employees who will undertake these responsibilities. JAFPP management team members are eager to gain new skills, and the project will need to provide assistance to locate suitable training opportunities and facilitate payment for them.

A.3. Improvement of organizational and financial management at JAFPP

The project conducted a thorough assessment of financial systems and capacity. The team visited clinics and spent several days with the HQ finance staff to review systems such as the financial accounting system, the accounting basis, financial procedures (petty cash, bank deposits, procurement, inventory management, payments, budgeting/planning, auditing, and reporting), security mechanisms. The team found that controls are generally sound, processes under the DOA agreement will be less cumbersome, and the capacity of the HQ staff is generally high. The findings report contains recommendations for further formalization of controls and processes, targeted training for clinic and HQ staff, and replacement of the costly and unnecessarily-complex financial software package.

The team selected replacement finance software and entered negotiations with the vendor. The revised financial procedures manual was put into operation, and a revised procurement manual is in draft and ready for stakeholder input.

Table 1. Component A quantitative results

Item	Planned	Actual	Notes
Workshops & training courses	2	4	The management and BOD spent 9 full days training
JAFPP job descriptions	N/A	32	As per the new organizational chart
Number of HR procedures	N/A	10	Nine detailed HRM procedures + the general HR policy manual (see section below)
Number of conducted assessments	2	4	Including the salary comparison survey
Number of governance and management products (other than HRM)	5	5	In addition, the project facilitated the adoption and implementation of the new bylaws and delegation of authorities.

Challenges and solutions

Adopting the new governance documents was challenging at the beginning of the project interventions. It required that two-thirds of the JAFPP general assembly convene and vote for the changes in the by-laws, followed by required approval of the Ministry of Social Development and a national council that has recently been established to regulate the work of civil society associations in Jordan. Shepherding the by-laws through all these approval steps required constant, intensive work and follow-up with all parties involved.

Implementation of the many new practices and changes introduced by the project was a challenge for board members to change behavior and move from micro- to strategic management and delegation of authority to executive managers. Executive managers needed also to cope with changes and upgrade their technical capacities to meet the requirements of their new roles and responsibilities.

Highlights from Q4

The focus of this quarter was the completion of setting up the HRM function, specifically the HRM procedures. During this quarter, the project and JAFPP team finalized the HR policy manual and developed the HR internal instructions. Detailed HR standard operating procedures were also drafted. These standards included a performance appraisal system, grading system and salary scale, recruitment system, service termination system, training management system, personnel files management system, leave policies, and succession planning.

Local and international experts presented to the leadership team several options for implementing world-class retention and performance incentive systems. It was agreed that incentives would be implemented in a step-wise fashion: retention incentives will be implemented first, based on the findings of a formal salary survey in Jordan. Second, budget-neutral performance recognition incentives will be introduced at the clinic level. Finally, the Association will adopt a formal pay-for-performance incentive system, near the end of project Year 2.

As part of the continuous capacity building process and to help JAFPP fully take over the management of the dashboard and the select JAFPP key performance indicators, six of the board members and managers participated in an advance intensive three-day training workshop on how to manage strategic plans, derive key performance indicators, and monitor its implementation.

B. Increased demand, supply, and access at JAFPP and UNRWA clinics

In Year 1, the project and JAFPP set the stage for dramatically increasing demand at JAFPP clinics, and at the same time being sure newly-renovated and well-equipped clinics were waiting for these new clients.

A highlight of project technical assistance in this area has been helping the Association identify, train, and coach a dedicated “social marketing manager”. Through continuous and focused capacity-building efforts, this social marketing manager is now conducting independent marketing activities, and leading marketing planning for JAFPP clinics. During Year 1, project staff collaborated with the JAFPP Social Marketing Manager to conduct a catchment area analysis for the 17 JAFPP clinics, based on 1) geographic information system (GIS) mapping information, and 2) current client flow at each clinic. This JAFPP/project team developed a multi-criterion methodology to provide a ranking of the clinics from the most- to least-ideally located. This catchment area analysis methodology can be used for every new location JAFPP might consider for its future clinics. The catchment area analysis revealed the following:

- For Mahata, Rseifah, Al Hussein, and Irbid 1, it is recommended either to purchase the existing clinic or to purchase facilities located very close to the existing ones.
- For Madaba, Jarash, Sweileh, Mafraq, Ajloun and Karak, it is recommended to relocate the clinics outside their current catchment areas.

- For the other clinics, further elements have to be analyzed before drawing conclusions about whether to relocate them outside their present catchment area.

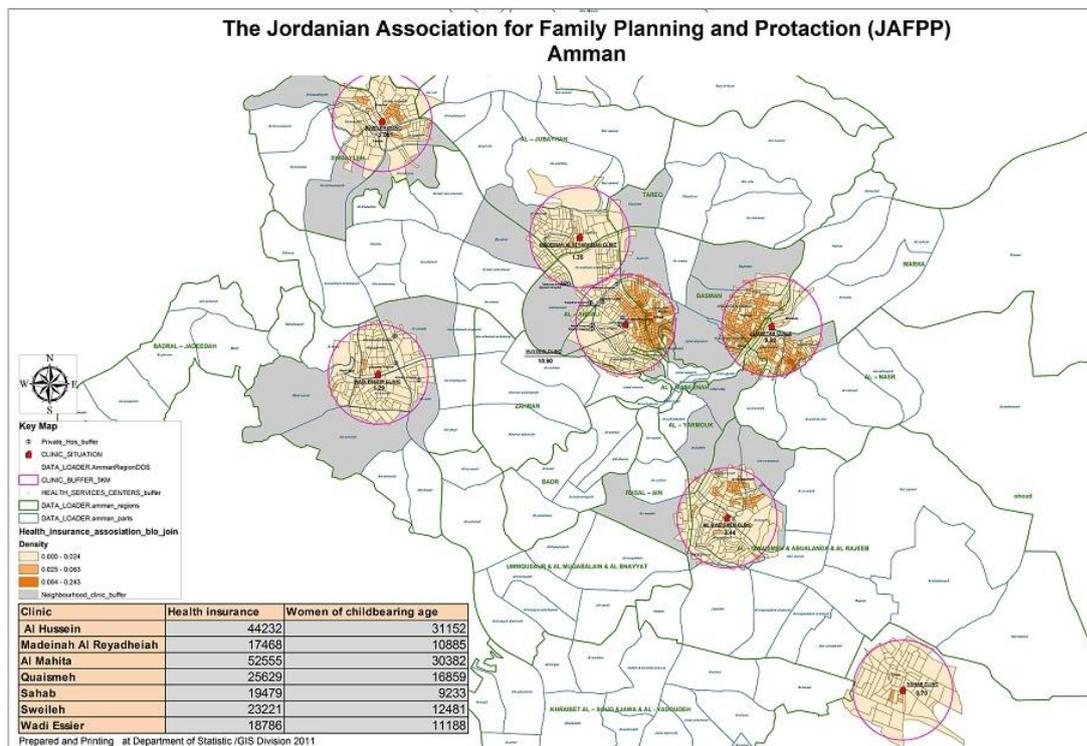


Figure 1. Catchment area mapping example

To further inform plans to improve client flow at JAFPP clinics, the project conducted surveys¹ of current JAFPP clients', former clients', and non-clients' perceptions and expectations regarding JAFPP clinic services, and reasons of former and non-clients for not going to JAFPP clinics. The research showed that perceptions of JAFPP clinics are positive, and that JAFPP is already positioned as a high-quality provider of FP services. Thus, the opportunity to develop and implement a marketing plan for JAFPP services can occur earlier than expected.

As part of the overall JAFPP marketing plan, the Ta'ziz/JAFPP team will also conduct marketing assessments and develop marketing plans for each individual clinic. This process has been started, using the new Aqaba clinic as a pilot. The marketing plan for the Aqaba clinic includes new IEC materials, signage, community events, renewed "friends of JAFPP" involvement, regular interaction with the local press, and partnerships with local, especially women's NGOs and the Ministry of Health (MOH). In



Figure 2. JAFPP Aqaba clinic exterior signage

¹ Al Alawi, N., Shahrouri, M. – Demand for family planning area survey, March 2011. – Survey on quality of JAFPP clinics, March 2011.

addition, the marketing plan includes tight integration with ongoing quality-assurance systems to make sure the product (the clinic) is ready for an influx of new clients.

As a preparation phase for the overall JAFPP brand positioning and marketing plan, Ta'ziz staff conducted a series of capacity-building meetings with JAFPP staff to analyze the current range of services and explore potential for new products and services based on the findings of focus group discussions with existing and prospective clients. The groups brainstormed lists of services that might be dropped, maintained, or added. Potential new products and services include offering an expanding contraceptive line, mammogram services, food services, and a pharmacy onsite. The project will explore further with JAFPP which if any of these additional services would be viable.

During this project year, Ta'ziz made progress in plans to purchase, renovate, and equip JAFPP, and to a lesser extent, UNRWA clinics. The initial plan to renovate *rented* clinics was revisited jointly by USAID, the project, and JAFPP leadership. The group reached consensus to renovate JAFPP-owned clinics only. This consensus was coherent with current JAFPP strategy to own all its clinic buildings eventually.

As part of a comprehensive assessment of JAFPP clinics, project staff identified needs for equipment and supplies at all 17 clinics and for the new clinics to be purchased. While equipment needs varied somewhat from one clinic to another, most equipment was out of date and needed replacement. Priority was given to replacing the ultrasound machines, based on the high level of demand for this service. Non-medical equipment, such as furniture and audio-visual educational materials was also identified as needed in all clinics. The procurement process for all equipment was launched, and deliveries are expected to be completed in the second quarter of Year 2.

B.1. Assess clinic location, equipment, FP methods offered, and client profile

The JAFPP client profile was determined based on a large-sample quantitative survey conducted among current, former and never users of JAFPP clinics. The findings informed the market segmentation process and they will serve as a guide for development of communication messages. The catchment area analysis serves as a guiding tool for decision-making regarding which clinics to relocate. The JAFPP social marketing manager now has the tools necessary to conduct additional catchment area analyses to assess market potential of new proposed locations.

As part of the comprehensive quality assessment conducted at the clinics, project staff assessed equipment needs compared to equipment on hand. Equipment included medical instruments, medical equipment such as ultrasound machines, and non-medical equipment such as waiting-room furniture and physician desks.

B.2. Develop an overall plan for clinic expansion and improvements in collaboration with USAID and JAFPP and agree on first year work plan

The project facilitated a wide-ranging and comprehensive stakeholder process to determine probable locations for expanding JAFPP clinics to new locations. Stakeholders included JAFPP HQ and clinic staff, USAID, the Jordan HPC, MOH, potential new clients, and community health workers. Stakeholders considered factors such as population density,

underserved populations, and availability of public transportation. Through this process it was determined that the highest-priority new locations would be, in priority order:

1. Amman-Tabarbour
2. Amman-Na'oor
3. Zarqa
4. Ma'an
5. Wadi Mousa/Showbak
6. Tafila
7. Jordan Valley
8. Al-Salt

The project later concluded at the suggestion of Dr. Raeda Al Qutob at the Higher Population Council (HPC) that it may not be prudent to site a clinic in Tafila due to government plans to open a new women's health clinic in the area. The project therefore will work with JAFPP to identify another potential new site, perhaps in the greater Amman area due to its large and rapidly growing population.

B.3. Improve geographic access through opening new JAFPP clinics and renovating, expanding, or repairing the existing clinics

It was originally planned to renovate all 17 existing JAFPP clinics in their current, rented locations. A comprehensive engineering assessment revealed, however, that nine of the 17 clinics were unsuitable for renovation due to the condition of the existing structure and the probable cost of renovation. Of the eight remaining clinics, none of the owners would allow renovation. At this time, it was also learned that changes in the current rental laws in Jordan were likely to result in drastic increases in JAFPP rents, possibly quadrupling rental costs in some cases. For all these reasons, USAID, the project, and JAFPP decided mid-year to renovate only owned clinics. Thus, the renovation process started immediately in the owned Sports City clinic and a suitable building in Zarqa which is owned by the Association (not the existing clinic structure).

A process of assisting the Association to purchase clinics was started mid-year of project Year 1. The first clinic purchase process, in Irbid, took much longer than anticipated. The purchase process for an NGO in Jordan was more complicated and opaque than any of the partners had been able to foresee. Nevertheless, with the process and needed documentation now clear to all parties, it is anticipated that further purchases will be smoother, if not speedy overall.

B.4. Procure clinic equipment for JAFPP and UNRWA

Armed with the comprehensive needs assessment results, project purchasing staff conducted a competitive bidding process for 1) ultrasound machines, 2) medical equipment, and 3) non-medical equipment. Ultrasounds and medical equipment have been purchased and are being readied for delivery. The non-medical-equipment purchase process is still underway.

During Year 1 it was decided to limit UNRWA assistance to capacity building and no equipment purchase is planned for UNRWA locations.

B.5. Expand the types of and increase demand for modern methods available in JAFPP and UNRWA clinics

Because the Aqaba clinic is newly-completed, the project started the implementation of an operational marketing plan for that clinic. Ta'ziz staff supported the JAFPP social marketing Manager in introducing a voucher program with community health workers (CHWs) in southern Jordan.

B.6. Positioning of JAFPP to attract more clients

Focus group discussions (FGDs)² were conducted to probe the perception of JAFPP and its services among non-clients and former JAFPP clients. Though the overall perception of JAFPP was positive, the discussions revealed a need for differentiated positioning of JAFPP's service proposition versus public and private for-profit services. JAFPP's main competitor is the private for-profit medical sector, due to perceived belief that private clinics offer higher quality and more "personalized" service. The FGD participants expressed interest in receiving more services from JAFPP. As indicated above, the project will explore the viability of offering more services in a bid to increase client traffic for FP services.

Table 2. Quantitative data, component B

Item	Planned	Actual	Notes
JAFPP clinic marketing plans	2	2	Aqaba and Sports City clinics
Ultrasound machines purchased	17	17	To be delivered in Y2
Clinic renovation	3	0	Two to be completed in Q1, Y2
Purchase clinics	-	1	At end of Q4
Medical and non-medical purchase	N/A	N/A	To be delivered at end of Q2 of Y2

Challenges and solutions

The project discovered the property purchasing process for JAFPP clinic sites is very challenging and time consuming. It has proven difficult to find suitable properties in targeted areas. It can be difficult to find owners willing to sell, and those who are willing to sell sometimes ask for outrageous prices for properties that do not pass independent appraisal of their value. There are bureaucratic procedures to hurdle once a property is ready to buy on behalf of the JAFPP. The Ministry of Social Development and the Department of Land and Survey must approve the acquisition, and there can be no bank liens. These procedures can create delays. Nonetheless, the project and the JAFPP have been learning from experience in Year 1 and we go into Year 2 with confidence the worst is behind us. The project has commissioned real estate firms to help locate properties, and JAFPP clinic staff persons around the country have been offering suggestions and tips that have proved helpful since it is in their interest to move to an improved, renovated facility. The project has therefore set an aggressive target for property acquisition and renovation in Year 2 (refer to annual work plan).

² International Solutions Group - *JAFPP service quality and brand image report*, April 2011.

Highlights from Q4

A marketing assessment of Sports City clinic was conducted while the renovation works were taking place. This step will be followed by a community assessment for potential partnerships with NGOs and re-creating the dynamics of the JAFPP friends' network. By the end of Q4, a marketing plan for Sports City clinic was drafted.

A draft JAFPP brand positioning strategy, advocacy plan, and PR plan for Year 2 was also completed during Q4. The brand positioning strategy will be drawn for the next four years, and implemented through successive operational phases.

- Renovation work of Sport city clinic was launched.
- Purchasing of Irbid South clinic was completed.

C. Improved quality of FP/RH services

During Year 1, the project assisted JAFPP to formulate and install a holistic system for clinical quality assurance. During the first quarter, a team of medical and engineering professionals from Ta'ziz and JAFPP conducted a comprehensive quality needs assessment at 17 JAFPP and two UNRWA clinics. The assessment examined each clinic in terms of physical infrastructure, equipment, staff processes, and staff training needs. Urgent needs were uncovered in each of these areas, and this guided the formulation of interventions during Year 1.

Clinical and management training of JAFPP clinic staff was a key activity for Year 1. Clinic management introductory training was provided in Q1 for clinic and JAFPP HQ managers. Other management training courses were rolled out over the course of the year, and will continue through the life of the project. Project trainers carried out training on several high-priority clinical topics, such as basic family planning counseling.

A joint project/JAFPP team was formed to address quality gaps through a systematic performance improvement process. This methodology resulted in systems-level interventions as well as capacity building for JAFPP managers. Key interventions included systematic supportive supervision processes and tools, as well as a new system of gathering and using patient satisfaction data. Together, these and other QA interventions were formalized in a quality assurance manual.

C.1. Initial assessment of quality of care

During the first quarter, a team of medical and engineering professionals from Ta'ziz and JAFPP conducted a comprehensive quality needs assessment at 17 JAFPP and two UNRWA clinics. The assessment examined each clinic in terms of physical infrastructure, equipment, staff processes, and staff training needs. Finding highlighted urgent needs for the relocation, renovation, and construction of the clinics themselves. Current facilities were often found to be too small for current patient load, poorly laid out in terms of patient flow and infection prevention, and unattractive to potential clients. Next, most equipment, instruments, and

supplies were found to be out of date or not functional. Replacement of ultrasound machines was found to be particularly urgent as the availability of ultrasounds has a direct and immediate effect on demand for services. Of equal importance, the assessment revealed serious needs for human resource development. The all-female staff of clinics is a key driver of clients choosing JAFPP. While turnover is relatively low, vacancies are barely covered by relief staff. In the past, two clinics were closed due to the inability to hire female physicians. Supervision within the clinics and from HQ to clinics was found to be sporadic, unsystematic, and not always viewed as supportive. Further, roles, responsibilities, and reporting relationships are often unclear between various clinic staff and department heads at HQ. Detailed findings are available in the *Quality Needs Assessment Report*. Interventions for Year 1 were based on these findings.

C.2. Clinical and counseling training for JAFPP and UNWRA providers

The training needs assessment conducted in Q1 identified significant and urgent needs for counseling and clinical training. The project used the recent nationally approved FP guidelines as a basis to create new and adapt existing training materials. The project and JAFPP management worked together to create a comprehensive training plan. Training started with training of trainers (TOT) for six JAFPP, four UNRWA and two MoH participants, followed closely by training on the priority FP topics.

The training activities were interactive and participatory and when applicable participants from the three institutions were brought together for sharing of ideas and learning from one another. For JAFPP participants, the classroom training was followed up with supportive supervision visits and additional personalized on-the-job training as needed. (See also the training evaluation results, below.)

C.3. Clinic management training and HMIS support

Physicians who have not typically received any management training manage JAFPP clinics. Thus, the training needs assessment identified clinic management capacity building as a key opportunity for quality improvement. The project adapted curricula and materials developed by the USAID-funded Leadership, Management, and Sustainability project. To start, the project provided clinic management introductory training for 18 clinic and HQ managers at the end of Q1. Further clinic management needs were identified by the participants during that workshop and a management training plan was developed rolled out starting in Q4 with a course on Problem Solving and Decision Making, judged highest priority by participants. Training on additional management topics will be provided in Year 2, approximately once per quarter.

C.4. Strengthened supportive supervision, quality, and performance-improvement systems and practices

The quality needs assessment identified supportive supervision practices at JAFPP as both 1) of critical importance in assuring quality services, and 2) in great need of improvement and standardization. Headquarters supervision of the clinics was found to be casual and not based on standards. Performance monitoring and quality-improvement materials were not in use and practices were poor. To activate and convert these practices to pro-activity, the project and JAFPP QA team wrote new performance checklists for all FP services, based on

international and national standards. The team formalized the frequency and procedures for supervision, both from HQ to clinics, and within the clinics themselves. Supervision data will be captured in the Association’s HMIS and fed back to supervisors, managers, and clinic staff. All these processes have been documented in the new quality assurance manual. During Q4, project staff and JAFPP managers have begun regular supportive supervision visits to clinics. During the visits, project experts provide supervision modeling, feedback, and coaching for JAFPP managers. As JAFPP staff new skills solidify over time, project staff participation will be reduced accordingly.

C.5. Referral system developed that includes tubal ligation and post-abortion care services

The original project plan called for a formal and documented system of referrals for tubal ligation, from JAFPP and UNRWA to qualified providers. During Q1 the project engaged in a stakeholder dialog that highlighted the sensitivity of providing or even counseling for sterilization. With advice from USAID, the project decided to identify the tubal ligation and post-abortion care (PAC) service locations near JAFPP and UNRWA clinics, and to provide interested clients with this information.

Table 3. Quantitative data, component C

Item	Planned	Actual	Notes
Basic FP counseling	N/A	126	JAFPP, UNRWA, and Aman Association
Infection prevention	N/A	13	
DMPA	N/A	16	
Total	142	227	
Introductory clinic management	N/A	18	clinic and HQ managers
Problem solving and decision making	N/A	13	clinic and HQ managers
Total	N/A	31	

Challenges and solutions

Nonjudgmental and supportive acknowledgment of the difficult conditions faced by the Association and its staff in the last years was successful in overcoming resistance to change and low staff motivation in evidence during the initial steps. Practical training in Implanon proved challenging due to the high patient flow needed for practice of the new skills. The project arranged for practical training at the MOH-managed Al Bashir hospital, which typically sees enough Implanon® patients to suit the training need. However, the MOH has yet to sign its training contract due to apparent liability concerns. The project therefore is instituting an alternative plan that would have private sector physician Dr. Nimer Al Khatib, who was the health ministry’s leading Implanon® provider and trainer before retiring last year, conduct classroom and practical training at JAFFP clinics. Patient appointments for Implanon® insertions would be arranged in advance through JAFPP clinic staff and outreach workers to enable the scheduled practical training of physicians, who need to perform a minimum of two insertion procedures and one removal under supervision and possibly more depending on the demonstrated level of competency. Scheduling the large number of training

events for JAFPP and UNRWA remains challenging. Most training activities are conducted on Fridays when clinics are closed, in three geographic regions (south, central, and north).

Highlights from Q4

In Q4, the JAFPP/Project QA team began using the new supervision system and associated checklists. Project QA experts accompanied the JAFPP Clinical Director and Quality Assurance Manager on visits to the majority of JAFPP clinics. During these visits, the team tested the new checklists and other tools, conducted supervision and quality assessments, provided problem solving and coaching for clinic staff, and conducted brief on-the-job training where needed. The teams also tested a new USAID FP compliance tool. In two cases, USAID staff accompanied the teams. A key deliverable for the quarter was the completion of the JAFPP quality assurance manual, which documents all systems and tools developed during the year.

D. Expand FP market and product choice in Jordan

During Year 1, Ta'ziz pursued several complementary strategies in order to increase overall use of modern FP methods in Jordan. Knowing that consistent marketing strategies rely on accurate market analysis and segmentation in order to identify target audiences, the project undertook a number of assessments at the outset. For cost-efficiency purposes, Ta'ziz decided to start with a secondary review of existing studies and surveys, complemented by focus group discussions (FGDs) for in-depth information. This combination provided information about married women of reproductive age (MWRA) knowledge, attitudes, and behavior on FP, as well as information about their influencers. The project also undertook a thorough stakeholder involvement process, canvassing of all relevant stakeholders in the FP arena, including Ministry of Health (MOH), Higher Population Council (HPC), JAFPP, the Department of Statistics (DOS), PSP, and several Jordanian universities. The resulting market segmentation study³ included in-depth sociological and psychological analysis of three segments identified based on reproductive health lifecycles: **newly married**, **active childbearing**, and **limiting**. The market segmentation analysis illuminated Jordanian women's choices and barriers, and supported the development of appropriate and targeted marketing strategies. In summary, the analysis showed that



- For newly married, spacing after the first child should be encouraged rather than delaying pregnancies because of the extreme social pressure to demonstrate fertility.
- For active childbearing and limiting segments, where a sizable proportion of FP users still chose traditional methods, the marketing strategy should emphasize the greater effectiveness of modern methods. .

³ El Khoury, M. - *Jordan family planning market segmentation analysis*, June 2011.

- The term “limiting births” should be downplayed, while placing a greater emphasis on spacing and reversible contraception.

D.1. Develop and implement marketing strategies for underutilized modern methods already available in Jordan

Taking into account the market segmentation findings and a tracking survey that tracked the results of a PSP-commissioned oral contraceptive pill (OCP) advertising, Ta’ziz commenced development of a new integrated social marketing campaign to promote oral contraceptive pills. The project will execute the campaign in two phases in FY12. The first phase will position combined oral contraceptives (COCs) as “birth spacing pills” and the second phase will position progestin-only pills (POPs) as “breastfeeding pills”. Ta’ziz engaged three partner communication firms to develop and execute the campaign, each with distinct assignments, i.e., design and development, outreach and public relations, and media placement. The mixed-media integrated campaign will include the following elements:

- Mass media advertising: TV, radio and print
- Public relations: launch event, media interviews
- Promotional materials: posters, brochures, flyers, danglers, roll-ups, and back-lit posters
- Merchandising: achieve high visibility at the point-of-purchase (pharmacies) and in beauty centers and physicians’ offices
- Outreach: 18 community events featuring informational booths, quizzes and prizes; lectures in UNRWA camp schools and clinics
- Social media: Jeeran and Facebook

D.2. Continue to create overall acceptability of contraceptive methods through the EBM approach

Ta’ziz built on PSP/Jordan’s initiative to introduce evidence-based medicine in reproductive health (EBM-RH) to Jordan as a strategy to improve provider knowledge, attitudes, and practices with respect to patient counseling and prescribing modern contraceptive methods. The goal of EBM is to integrate the use of best science-based evidence with clinical expertise and patient values. EBM will encourage providers to look at the best scientific evidence on any clinical question regarding contraceptive side effects, perceived harm, or benefits rather than rely on opinion or even hearsay, which is all too common among the provider and consumer communities alike. At the same time, the EBM strategy recognizes that the provider’s expertise and the patient’s own profile, preferences, and needs (values) are important factors in a patient counseling session.

In Year 1, Ta’ziz trained a national cadre of physicians to develop critically appraised topics (CATs) locally, whereas previously international consultant experts developed them. At the end of the training session, over 20 participating private and public physicians and medical school academicians formed the Jordan Evidence-Based Medicine in Reproductive Health Group.

Research and experience from the PSP/Jordan project show that private health providers are resistant to prescribing DMPA (depot medroxy progesterone acetate), mainly because they are lacking capacity in side-effects management and do not feel comfortable in counseling on the method and addressing client concerns often based on rumors. To address this situation, the EBM-RH Group started developing and revising CATs focusing on DMPA. In Year 1, 13 CATs on DMPA and 1 CAT on combined oral contraceptives (COCs) were developed locally, 11 CATs on DMPA were locally reviewed, and eight previously developed CATs on combined oral contraceptives (COCs) were updated locally.

In Q4, the project finalized the development of DMPA seminar materials, which were locally reviewed by the Jordan EBM-RH Group.

D.3. Explore opportunities to introduce new methods

In Year 1, the project reviewed a range of new contraceptive methods for possible introduction into the Jordanian market, including emergency contraceptive pills (ECPs), the one-month injectable Cyclofem®, Depo Provera® SubQ in Uniject, and the contraceptive patch Ortho Evra®.

The project conducted a desktop review of emergency contraception (EC) experience in Arab and Muslim countries and engaged in dialogue with the Higher Population Council (HPC) and other stakeholders on the possibility of ECPs and Cyclofem®. The HPC and the Reproductive Health Steering Committee supported conducting a market feasibility study for Cyclofem®. However, HPC advised not to conduct the feasibility study for the ECPs at this time due to perceived political sensitivity concerning this method. In addition, the project engaged in exploratory dialogue with Janssen Pharmaceuticals regarding the introduction of Ortho Evra®. Janssen expressed tepid interest at best, as it believes government-mandated pricing restrictions would limit its ability to generate a meaningful return on investment on the product. As for Depo Provera® SubQ in Uniject, the project learned, unfortunately, that it would not pass Jordan Food and Drug Administration (JFDA) registration requirements due to its ingredient profile.

In Q4, Ta'ziz conducted a preliminary discussion with the Concept Foundation, the licensor for Cyclofem®, about introducing the product to Jordan in collaboration with one of its licensed manufacturers, and the project conducted a desktop review of experience with the one-month injectable contraceptive in other developing nations. The project will complete the feasibility study for Cyclofem® in the first half of Year 2.

D.4. Expand the role of pharmacists to provide information and contraceptive services at pharmacy outlets

In Year 1, the project finalized a secondary review of pharmacists' knowledge, attitude, and practices (KAP) regarding FP and contraceptive methods that showed that pharmacists' misconceptions and fear of hormonal methods hinder their active promotion of these family planning (FP) methods. In response, Ta'ziz developed a pharmacy strategy that would engage the Jordan Pharmacists Association (JPA) as a central partner in an effort to improve the ability of pharmacists to provide evidence-based information on contraceptive methods to their customers, with an ultimate goal of increasing pharmacy sales of contraceptives, particularly OCPs.

In Q4, the project finalized a pharmacy detailing approach and developed a profile for 400 pharmacies located in areas of high population density in Amman. The detailers will use validated scientific evidence on contraceptives in a bid to reduce pharmacist bias about modern FP methods and enable them to provide correct information to their FP customers.

D.5. Explore financing mechanisms to allow better access to new methods

In Year 2, Ta’ziz will continue implementation of the voucher program for FP services initiated by PSP, and the project will test a contraceptive choice coupon for FP products available in pharmacies.

Under PSP, community health workers have distributed vouchers to low-income women who are in need of, but cannot afford, family planning services offered by private sector providers that they prefer, particularly female providers. Women have redeemed these vouchers at JAFPP clinics and at PSP network doctor clinics for the indicated FP service. The doctors and clinics in turn, are reimbursed by the project based on a capitated rate.

Table 4. Quantitative data, component D

Item	Planned	Actual	Notes
EBM CATs developed and or reviewed locally	25	25	14 developed and 11 reviewed in country

Challenges and solutions

Due to a protracted procurement and contracting process, development of the OCP campaign took longer than anticipated. Ta’ziz is confident however that with its significant time and labor investment upfront, the resulting campaign will be of high quality and should achieve impact.

Highlights from Q4

By the end of Q4, creative materials for the national OCP campaign were nearing completion, with the campaign launch slated for early November. The Jordan EBM-RH Group completed development of DMPA CATs. The Cyclofem® market feasibility study commenced. The project entered into negotiations with the Jordan Pharmacists Association to execute the pharmacy strategy.

E. Increased financial sustainability at JAFPP

In Year 1, activities aimed at helping JAFPP recover its financial self-sufficiency addressed three main objectives: 1) needs assessment of JAFPP financial systems, 2) a financial strategic planning workshop, and 3) financial systems capacity building. In general, satisfactory progress has been achieved in meeting each of these three objectives. Lessons

learned while facing challenges during Y1 will feed into the work plan and work approach in Y2.

E.1. Needs assessment of JAFPP financial systems

In Year 1, project staff completed a comprehensive assessment of JAFPP’s existing financial management systems and the financial health of the organization. The assessment covered the following areas: accounting system, internal reporting, control procedures, cash management, inventory controls, payroll, fixed assets, and external auditing. The assessment report and related presentations included recommendations to JAFPP that were subsequently used by JAFPP to create a financial sustainability plan. Main recommendations were the need for a modern financial management system to replace the existing outdated accounting system, and the need to update the control procedures and the financial and procurement manual of the JAFPP.

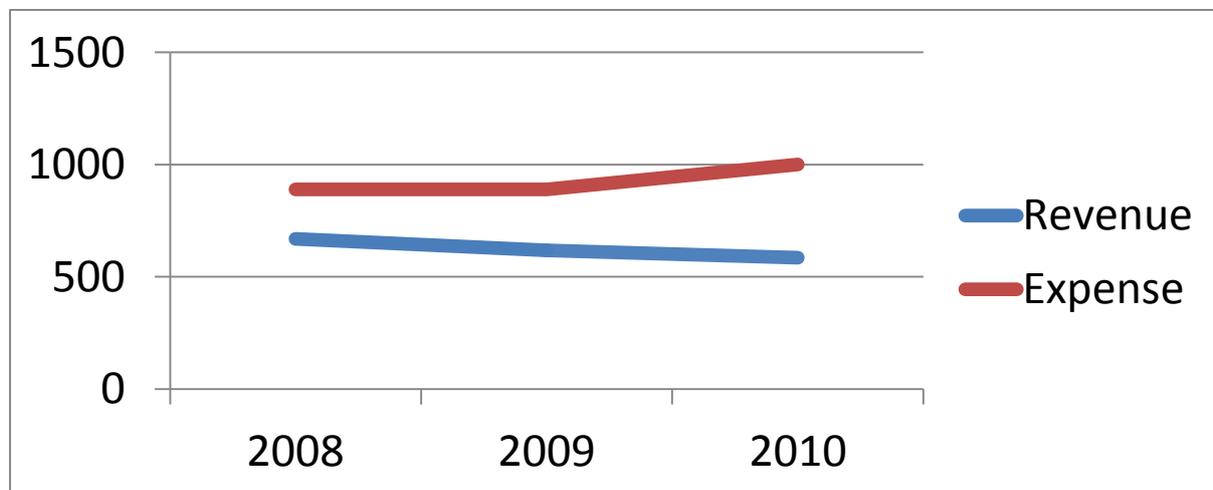


Figure 3. JAFPP revenue and expense projections

The main achievement during Y1 was the modernization and update of the financial and procurement manual.

E.2. Financial strategic planning workshops

During Year 1, several formal and informal in-depth discussions were held with members of the JAFPP board of directors and senior management officers regarding financial strategic planning and financial sustainability of the JAFPP. A final financial workshop with the board of directors and senior management was part of the board’s two-day workshop in the Dead Sea area on 23-24 September 2011. During this board workshop, JAFPP financial forecasts were presented along with the newly adopted service price list that will enable JAFPP to reach financial self-sufficiency. The new price list is a key accomplishment of Year 1, especially given the initial resistance to increasing prices at all and the impracticality of slashing costs dramatically to reach the breakeven point.

E.3. Financial systems capacity building

The project team outlined the functional requirements of the best-fit integrated financial management system needed for JAFPP purposes. The system will include accounting, inventory, payroll, accounts payable, accounts receivable, and fixed asset modules. Several systems were tested and the team concluded the Quick Books integrated system is optimal. The JAFPP finance team is currently testing a demo Quick Books system.

The new integrated system will accommodate accounting in accordance with international accounting standards and will cover all reporting requirements of the JAFPP, which include:

- reporting to JAFPP management and board
- reporting to donor agencies
- reporting to government authorities (Ministry of Social Development)

Challenges and solutions

The main challenge to reaching financial self-sufficiency is the view of some board members that JAFPP is a charity organization and that it should not increase its prices irrespective of the organization's costs. This challenge was overcome through continuous dialogue and through presenting the true picture of (dire) financial outcomes, should prices remain constant.

Monitoring and evaluation

To serve as a solid foundation on which to base effective interventions, the project conducted the following research and assessments this fiscal year:

- Review of literature and analysis of available data for market segmentation analysis and FP user profiles. This review determined the size and distribution of the FP market in Jordan, studied profiles of users and non-users of various FP methods, and estimated the size of potential demand by method and source. This information provided input for development of FP social marketing plans for the project.
- Quantitative survey on the quality of products and services at JAFPP clinics among 300 current, former and potential clients. This survey provided input for clinic marketing plans, as well as development of capacity building plans to improve the quality of JAFPP services.
- Focus group discussions on JAFPP service quality and image. This research complemented the above quantitative survey, providing more in-depth information on the perceptions of the JAFPP and client experience with the organization's clinical services.
- Quantitative survey on the demand for FP methods and services in JAFPP clinic catchment areas. This survey provided input for development of social marketing plans for modern family planning methods and JAFPP clinics.
- Focus group discussion on FP. This research complemented the above quantitative surveys, providing more in-depth information on determinants for FP use, use of traditional methods compared with modern methods, and the FP decision-making process.
- Literature review of injectable contraceptive methods in Jordan. This analysis reviewed existing studies to improve understanding of injectable knowledge, use, and sources of supply among women, as well as to determine provider knowledge,

practices, and barriers toward prescribing the method. The information informed development of provider training plans and EBM programming focusing on DMPA.

- Literature review of the emergency contraceptive pill in Arab and Muslim countries. This analysis reviewed existing studies to improve understanding of knowledge, attitudes, and use with respect to emergency contraceptive pills, with a special focus on Arab and Muslim-dominant countries.
- Literature reviews of pharmacist and provider knowledge, attitudes, and practices concerning FP methods in Jordan. The data informed development of the pharmacist strategy and EBM-RH programming.

To ensure precision, reliability, and timeliness of monitoring of project activities, the project developed standardized monitoring tools and systems for project workshops, trainings, and social marketing events. In addition, to ensure the validity and integrity of all collected data, the project developed and began to implement quarterly data quality audit procedures. The data quality audits systematically examine data entry, storage, and analysis, ensuring high quality, useful information for the project.

Finally, Ta'ziz decided to revamp its performance monitoring plan, consolidating program components into three result areas instead of five. The new PMP will be submitted with the Y2, FY12 work plan.

Project management, administration, and finance

Human resources

Nearly all current project staff were hired and in place by the end of October 2010.

New staff hires

New Senior Finance Assistant (Ms. Manal Saudi) was hired in August 2011 to provide additional support within the project's finance and operations division.

Staff departures

Mays Halassa, public-private alliances advisor, left the project in September to pursue graduate studies in public health at the American University in Beirut. Shirin Al-Adwan, who has been a PSP medical representative for more than two years, replaced her.

Recruitment

The project is recruiting actively for a "procurement and contracting specialist" and it expects to fill the position in the first quarter of FY12.

**FINANCIAL SUMMARY
USAID Q4 FY2011**

	Total Q4 Jul-Sep '11	Total thru Sep 2011
I. Home and Site Office Labor	148,273	627,147
II. Fringe Benefits	63,757	265,949
III. Overhead	53,001	200,627
IV. Consultants	6,432	157,101
V. Travel and Per Diem	18,098	90,627
VI. Allowances	23,829	279,671
VII. Equipment	5,644	70,299
VIII. Other Direct Costs	89,955	266,386
VIII. Subcontractors	258,178	814,609
IX. Handling Charge	7,567	32,257
X. General and Administrative	76,852	356,295
XI. Total Costs	751,586	3,160,968

BUDGET FOR FY10 as IN WORKPLAN	5,227,616
BALANCE BUDGET	2,066,648
TOTAL ESTIMATED COST	24,362,125
OBLIGATED FUNDING	6,000,000
PIPELINE	2,839,032