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AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

MEMORANDUM

December 1, 1989

TO: Distribution

FROM: Earl W. Gast, ANE/PD/MENA

SUBJECT: Jordan: Family Health Services (278-0287). Project Committee Meeting

A Project Committee meeting to review the subject document will be held on Thursday, December 14, 1989, from 10:00 to 12:00, in room 4440. An issues paper will follow shortly.

Your participation is invited.

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FAMILY HEALTH SERVICES (FHS)

PROJECT IDENTIFICATION DOCUMENT (PID)

I. Project Summary:

The Family Health Services (FHS) Project is product of continuing successes in the policy dialogue process with the Government of Jordan (GOJ). Several significant decisions by the GOJ are evidence of the substantive changes occurring in Jordan's health sector. These include: the divestiture of all Ministry of Health (MOH) hospitals; the general introduction of birth spacing services within the national systems of primary health clinics and hospitals; the concentration of the MOH upon the delivery of primary health care services; and the appearance of health-financing as an active planning issue for the future of health care in Jordan.

The FHS Project provides some of the financing needed to implement and further the results of these decisions. More specifically, the FHS Project will: establish the MOH's first cost-accounting system for the delivery of family health services; provide technical assistance and training to the MOH for analyzing recurrent cost data, user-fee revenues and health-financing alternatives; purchase the contraceptive commodities required to introduce birth spacing services in additional public clinics and hospitals; train clinical personnel in contraceptive service delivery; purchase clinical supplies needed for birth spacing service delivery; provide technical assistance and training to the MOH for improving its service performance and management information system; offer technical assistance and training needed to establish a family health specialty for physicians working in primary health care; assist MOH to emphasize mothercare services; assist the Jordan Association for Family Planning and Protection to improve and increase birth spacing services; and help to finance the development planning work of the General Secretariat of the National Population Commission. Through these elements, the FHS Project strives to improve both the quality and self-sustainability of family health services in Jordan. If this purpose is achieved, the FHS Project will succeed in contributing to its sectoral goal: to reduce infant and maternal mortality in Jordan by 15% through more self-sustainable health care programs.

II. PROGRAM FACTORS

A. CONFORMITY WITH RECIPIENT COUNTRY STRATEGY/PROGRAM

Two of the most significant events on the current development scene in Jordan have been the Government of Jordans' (GOJ) decisions to (1) restructure the health care sector for the

delivery of curative services and (2) actively offer contraceptive services through government health facilities. The restructuring of the health sector began with the creation of the National Medical Institute (NMI) in July, 1988. The NMI took over administrative control of the three existing government hospital systems (21 Ministry of Health hospitals; six Royal Medical Service or military hospitals; and the university-based teaching hospital) and merged them into a single, multi- hospital network operated as a public corporation.

After divestiture of its 21 hospitals, the MOH has had to redefine its own role within the health sector generally and specifically in the delivery of health care services. This redefinition process has begun to focus upon health regulatory functions, environmental health, preventive medicine and primary health care services. The GOJ, therefore, continues to abide by its long standing commitment to strengthen primary health care programs and services. The prioritized primary health care objectives, with emphasis on maternal/child health interventions, so far remain consistent with those articulated in the 1986-1990 Five Year Development Plan. A health sector planning group has been formed by the Ministry of Planning to examine the restructuring process for the health sector. This group identified the creation of a family health specialty for both MOH and NMI physicians as one mechanism for strengthening primary health care services and highlighted the key role of the MOH in health sector planning.

Although there is little mention of population or family planning issues in the current Five Year Plan, the GOJ, in November, 1987, decided it would begin to incorporate birth spacing services among those medical services offered at government health facilities. Such contraceptive services were conceptualized as an integral part of a holistic primary health care system in which birth spacing would make a significant contribution to improved maternal/child health. In January, 1988, the MOH embarked upon its first program to train physicians and equip clinics for the provision of contraceptive services.

In addition, the GOJ, during 1988, reactivated the long dormant National Population Commission to examine the relationships between demographic variables and the attainment of development objectives. To regularize the work of the Commission, the GOJ created the General Secretariat of the National Population Commission which would provide full-time, staff services to the Commission. The role of the Population Commission is vital in demonstrating to top-level decision makers and planners the impact of demographic trends on sectoral development objectives.

The Family Health Services Project is designed to assist the GOJ in its efforts to implement the two major policy decisions mentioned above. The components of the project, therefore, have been selected to support: the reorganization of the MOH; continued emphasis on primary health care, particularly MCH programs; the establishment of a family health specialty; the expansion of birth spacing services within public and NGO facilities; and the analytical work of the General Secretariat of the National Population Commission.

B. RELATIONSHIP TO CDSS AND AID STRATEGY

The principal strategic objective of USAID assistance to the health sector is to strengthen Jordan's primary health care services to impact on infant, child and maternal health. The Mission views this new project as a rare, perhaps even a unique, opportunity to assist a Ministry of Health to transform itself from an organization with a major responsibility for hospital-based curative health care to a public health service with a priority orientation toward primary health care. The Mission's health strategy in the past has been to bolster Jordan's primary health care services through implementation of selected child survival interventions and strengthening the skills of health service providers. This project will work directly with the Ministry of Health to improve its existing primary health care system and to provide competent birth spacing services through that same system.

When the creation of the NMI brought health financing forward as a health sector planning issue within the GOJ, the Mission adopted, as a new strategic objective, assisting the GOJ to examine health financing alternatives and to explore methods to reduce recurrent costs in health care service delivery. The Mission has already designed a program of support to the NMI in these areas; but, to date, no assistance package has been designed to help the MOH address these issues generally and to examine health financing alternatives for primary health care services specifically. The FHS Project will be the vehicle for providing such assistance to the MOH.

In the population sector, the Mission's strategic objective is to promote a decline in the crude birth rate and national population growth rate by increasing contraceptive use. The most recent CDSS for the health and population sectors specifically encouraged the reduction of birth rates through both public and private sector channels, specifically citing the following strategic objectives: (1) supporting the MOH to offer more birth spacing services as a health measure, (2) stimulating the strength of the private sector in providing contraceptive products and services, and (3) helping the GOJ to devote more

resources to population issues by establishing a vigorous Secretariat to the National Population Commission and by incorporating demographic variables into the regular development planning process.

The Mission's first bilateral population project, Marketing of Birth Spacing, concentrates on providing contraceptive products and services through the private sector. The FHS Project will provide support for birth spacing services within the public and NGO sectors as well as support the efforts of the Secretariat to the National Population Commission.

C. OTHER DONOR ACTIVITY

World Bank preparation missions have made several recent visits to Jordan in order to assist the Government with the preparation of a request for a second health sector loan. World Bank teams have been examining and have urged the GOJ to do more in health financing, institutional development for the Ministry of Health, improvement of the quality and cost-effectiveness of primary health care and improvement in the cost-effectiveness of the hospital system. Areas proposed for World Bank financing in the next health sector loan include funding for: importation of essential drugs; rehabilitation of hospital physical plants; equipment for hospitals, health centers and laboratories; and pre-service and in-service training for physicians and paramedical personnel. USAID anticipates very close collaboration with World Bank teams in the development of the project. We have already briefed (on October 17 and 18) the World Bank Health Sector Team about the FHS Project and each of its components.

The World Health Organization (WHO) is also providing training to primary health care personnel. The Mission will liaise closely with WHO's local offices to avoid duplication of effort and to work together to meet mutual objectives. UNFPA has relatively small program of support for population activities in Jordan which include: complementary funding (to that proposed in the FHS Project) for the General Secretariat of the National Population Commission; operational support for the Jordan Association for Family Planning and Protection; and funding for a variety of population/planning conferences.

III. PROJECT DESCRIPTION

A. PROBLEM

After its creation in July of 1988, the NMI took the lead in planning the reformation of hospital-based, secondary and tertiary health care. Quickly, the financing required to improve the quality of secondary and tertiary health care across the nation became a critical health planning issue for the NMI.

To help NMI address this health financing issue, the Mission (with funding provided by AID/W) developed a program of assistance to help the NMI adopt measures to reduce recurrent costs at all of its 28 hospitals and to explore health financing alternatives which could increase revenues from health care users.

Although hospital-based care continues to consume the bulk of public financing for health care, the MOH will play a very important role in the process of restructuring the health sector in Jordan. The MOH, for example, retains the responsibility for administering primary health care services through the large network of government health clinics (450+) in the Kingdom. In addition, the MOH will continue to exercise medical regulatory functions (drug registration, physician certification, etc.) and conduct "public health service" (epidemiology, AIDS case-detection and monitoring, environmental health, etc.) operations.

The MOH has already begun to reorganize itself to execute its revised set of responsibilities and to effectively coordinate its activities with those of the NMI. This, therefore, is a period of transition for the Ministry. From technical, administrative and human perspectives, changes in the Ministry will require considerable attention. The reorganization of the Ministry as an institution is an integral part of realizing the objectives for the future in the health sector. The Mission has been invited to assist the MOH in this important institution building activity designed to enable it to perform three important functions: (a) managing and strengthening primary health care, (b) leading sectoral planning and (c) assuming the regulatory functions of a modern Ministry of Public Health. Reform of the MOH will require technical assistance, introduction of new disciplines to the skills of high level staff and assistance to the MOH in development of improved primary health care service delivery.

One problem which has hampered previous MOH efforts to maintain quality assurance in primary health care service delivery is the loss of physicians from primary health care work to more prestigious and more senior positions in secondary and tertiary health care. There simply was little opportunity for career advancement for physicians who remained in primary health care. To counter this problem, the MOH is interested in creating a family health specialty which, when a physician becomes certified in this field, would allow that person to advance in grade and salary (similar to those possible in traditional, hospital-based specialties such as radiology or orthopedics) and still remain in primary health care work.

In the past, the GOJ's pattern of health investment emphasized the expansion of health facilities and the improvement of curative health care. The ambitious nature of these undertakings made it impossible to invest equally in preventive and primary health care programs. Even with an increase in the number of health centers and clinics over the past ten years, these facilities are not utilized by the general populace as fully as they could be. Data on the actual costs of the provision of primary health care through these facilities are also incomplete. Similarly, user fees and payments are quite low and heavily subsidized by the GOJ. The meager revenues of the existing structure of cost recovery are not regularly compared with primary health care service delivery costs as part of the normal health planning process.

To respond to these needs, the MOH intends to expand its health sector planning activities (in conjunction with the NMI and the Ministry of Planning) and to introduce a family health specialty as a new subject area of medical expertise and as a new job category within its ranks. In addition, the MOH plans to revitalize the range of services offered at its clinics through creating a section within the Ministry which would be concerned solely with improved clinic performance. One aspect of such improvements at clinics is the MOH's effort to expand birth spacing services. The MOH has already begun to offer birth spacing services at up to 20 designated clinics. This initiative was the result of recent training programs provided through AID central funds to MOH staff. Birth spacing service delivery, therefore, is receiving greater attention at MOH facilities than at any time in the past. The Mission hopes to build upon the momentum provided by this training effort to encourage the development of a comprehensive program of contraceptive service delivery at all MOH health care centers. The MOH has also expressed keen interest in improving the health status of mothers and children as a high priority within primary health care and has cited maternal nutrition, breastfeeding improvements and antenatal and neonatal outreach programs as key areas of emphasis.

B. PROJECT GOAL AND PURPOSE

The sector goal that this project supports is to reduce infant and maternal mortality in Jordan by 15% through more self-sustainable health care systems. The project purpose is to increase the quality and cost-efficiency of broad-based primary health care services in Jordan. To achieve this purpose, the FHS Project will help the MOH to: establish a system for determining actual recurrent costs for primary health care service delivery and for analyzing alternative means for financing those costs; expand clinical birth spacing service delivery at MOH clinics; provide technical assistance and train MOH staff in health planning and data analysis; more accurately identify the changing health needs of mothers and children;

and introduce a new family health specialty for physicians. The project will also strengthen the ability of the NGO sector to deliver birth spacing services and the National Population Commission to analyze and interpret demographic trends in Jordan.

C. EXPECTED ACHIEVEMENTS/ACCOMPLISHMENTS

At the end of the project, the achievements expected are:

- A cost accounting system will be introduced and cost data will be regularly collected and analyzed at the MOH;

- An assessment of client revenues and recurrent costs will be completed and recommendations made for an improved cost recovery program at MOH clinics;

- The GOJ will adopt a policy on cost-containment within its systems of health care service delivery.

- A health management information system will be established at the MOH which monitors clinic performance and measures progress towards service delivery goals;

- Up to 200 persons will be trained in birth spacing service delivery at MOH clinics;

- Birth spacing services will be introduced in an additional 75 MOH clinics;

- The review of recurrent PHC service delivery costs and clinic revenue data will be a regular, annual planning exercise;

- A curriculum and certification standards for a family health specialty will be developed;

- A national mothercare/breastfeeding program will be introduced along with a clinic outreach program which emphasizes pre- and postnatal services;

- A national maternal mortality survey will be completed;

- The Jordanian Association for Family Planning and Protection will increase its services by 30% from its current base case load of 25,000 clients and will manage its clinic program of birth spacing services with a revised cost recovery program; and,

- The National Population Commission General Secretariat will produce regular reports on the impact of changing demographic variables on the health and other sectors of Jordan.

D. PROJECT DESCRIPTION

The Project is structured to provide assistance to the MOH and other organizations to improve Jordan's capacity to more effectively plan for and manage on a more self-sustaining basis an improved range of family health services. As such, each component of the FHS Project will address specific variables which contribute to this enhanced capacity. These components are heavily oriented to assisting the public sector (mainly the MOH); however, two Project elements also offer assistance to non-governmental organizations (the Jordan Association for Family Planning and Protection and the General Secretariat of the National Population Commission which is housed at the Queen Alia Social Welfare Fund). The AID-financed portion of this five-year project totals $7 million over the life of the Project.

1. Cost-Containment/Program Performance Component

The Cost-Containment/Program Performance component is designed to primarily improve the capacity at the MOH to: examine health-financing policy options; analyze the effectiveness of cost-recovery mechanisms; monitor the relative performance of the health sector; and, determine the success of publicly administered efforts in achieving service delivery objectives within that sector. This component will introduce data collection systems which will allow MOH officials to track the performance of individual clinics, the health status of the nation MOH facilities, the cost of delivering health services, and the revenues generated by user-fee structures. The component augments these initiatives with assistance designed to improve the work of the General Secretariat of the National Population Commission to analyze and utilize related data.

(a) Cost Accounting/Recovery System:

In Jordan, generally, data concerning the costs of delivering specific health services, be they at sophisticated hospitals or at primary health care centers, are essentially not available. Estimates of the costs of such services are possible through retroactive examinations of total health budgets and expenditures; however, the level of aggregation of such information is typically too high for sophisticated analysis. Consequently, a regular review of health care delivery costs versus revenues recovered from clients or other sources is not possible in the normal process of health administration decision-making.

This project element will finance the introduction of a cost accounting system for MOH clinics. Since cost accounting models for primary health care services are less well developed internationally than those for hospital-based care, considerable technical assistance ($323,000) will be needed to develop a system adapted to the nature of MOH clinics and the MOH administrative mechanisms. The technical assistance will also be applied to the analysis of cost accounting data and the implication of such data to existing methods for cost recovery. This project element will also finance training ($106,600) of MOH personnel in the introduction and use of the cost accounting system. Other costs ($59,600) associated with the introduction of the cost accounting system (printing of data entry forms, accuracy audits of test clinics, etc.) will also be financed.

This element's total estimated cost (LOP) is $489,200. We propose to "buy in" to a central project (possibly the new REACH Project) for the implementation of this element; however, the specific needs of establishing a cost accounting system for MOH service delivery locations may necessitate a direct procurement just for these services.

(b) Logistics and Client Data System

As the MOH introduces birth spacing services and a family health specialty, it is important to establish a system which quantifies the utilization of contraceptive commodities at various points in the MOH logistics distribution system. An integral part of this logistics data system is information about user offtakes at individual clinics and client usage rates for family health services at these same clinics. AID, with decades of experience in establishing such systems, can offer the the MOH the benefit of this experience worldwide.

In doing so, the FHS Project will finance the provision of technical assistance, training and other costs. Technical assistance ($214,400) will be financed to help design the logistics and client data systems as well as to help establish the system as a regularly operating activity within the MOH. This component will also finance the training ($106,000) of MOH staff (at national, regional and local levels) in the introduction and use of the data system. Part of this

training will include the management utility of the aggregated data generated by the system. The other costs ($21,350) to be financed in this project element will be the costs associated with field trials of the data system which include: printing of data entry forms and data cleaning activities. These field trials will test for data accuracy in the system.

The total cost of this project element is estimated over the life of the project to be $341,750. The Mission proposes to "buy in" to one of the central projects administered by ST/HP/POP as the most appropriate means to implement this element in an expeditious fashion.

(c) Health Statistics

In its continuing role in monitoring the health of the nation and epidemiological patterns, the MOH could improve this monitoring function by more regular collection and analysis of health statistics in Jordan. The health statistics element of the FHS Project will finance the technical assistance, training and other costs associated with improving the analysis of health statistics. Technical assistance ($85,800) will be provided to help the MOH in revising the existing system for collecting health statistics from all private and public health facilities. MOH staff will also receive short term training ($31,700) in the utilization of revisions in the data collection mechanisms and in computerized analytical techniques. A small amount of other costs ($21,350) will also be financed in association with field tests of the revised system (printing and associated data analysis costs).

The total life-of-project cost of this element, therefore, is projected to be $138,850. A "buy in" to the PRITECH or a similar AID/W project is the mechanism anticipated for implementation.

(d) Computerization of the Management Information System (MIS):

Integral to each of the project elements described above is an increased data analysis capacity. Each data system must be computerized so that data can be aggregated by various subjects and related to various management issues. This flexibility in data utilization is best achieved if all data systems are computerized and established on a compatible basis.

At present, most of the data analysis done at the MOH is housed at the national headquarter offices. While central data analysis is essential, it is also important that data of health program management value is compiled and utilized at regional centers of program supervision. The computerization supported by the FHS project will introduce management information analysis capabilities at these regional MOH offices in addition to improving data analysis capacities at national offices.

Toward this end, this project element finances technical assistance ($43,000) in the selection, establishment and "debugging" of a computer network at the MOH. Some training ($43,000) of MOH staff in the use of the hardware and the software is also necessary. The purchase of about twenty computer hardware and software packages will be financed by this project element ($148,400). Combining each area of support, the total estimated cost for this project element is $234,400.

(e) Health Policy Analysis and Formulation:

The various new data collection and analysis systems described above will provide the information needed for sophisticated examinations of health financing policy options and assessments of the effectiveness of cost-recovery mechanisms which are operative at MOH facilities. Such data can be used to make self-sustainability projections and scenarios of future treasury outlays depending upon different cost-recovery programs which could be adopted. Its expected that these analyses will lead to the adoption of a specific cost-recovery policy for publically administered health care. In addition, the MIS-generated data can be used to measure progress toward service delivery objectives. The client data system, for example, will allow analyses of client utilization trends and the relative ability of the primary health care system to "prevent" more complicated health problems requiring costly secondary or tertiary health care.

This project element, therefore, will finance the technical assistance ($128,400) and training ($63,600) of MOH staff needed to examine health-financing options and to establish the "in house" skills necessary for the regular performance of such analyses. The total cost of this element is $192,000.

(f) General Secretariat of the National Population Commission

The work of the General Secretariat of the National Population Commission is directly related to health sector planning needs and to planning in other sectors of Jordan's economy. Inaugurated through assistance provided by UNFPA and USAID, the Secretariat was established toward the end of 1988 at the Queen Alia Social Welfare Fund.

USAID support to the Secretariat began with a bilateral grant to the Secretariat for local operations and through technical assistance provided through the RAPID III Project. The work of the Secretariat centers around the analysis of demographic data on Jordan and the effect of changes in demographic status on various economic sectors (including health).

It is important that this growing analytical capacity continue to be supported so that demographic factors can be regularly incorporated into the planning process within various Ministries of the GOJ and so that demographic variables are considered in policy-making. Toward this end, the FHS Project will finance additional technical assistance ($527,500) to the Secretariat and some of its local operating costs ($345,000) on a declining scale, bringing the total for this project element to $872,500.

2. Family Health Services in the Public Sector Component:

The creation of a family health specialty within public health facilities offers a means for emphasizing the skills necessary to provide a full range of primary health care services. It also offers the advantage of creating career advancement possibilities within health professions without having to move into the traditionally more prestigious (and prosperous) fields of secondary and tertiary health care.

To assist the MOH in introducing such a specialty and to increase the range of family health services, the FHS Project will provide financial support in three separate areas:

(a) Birth Spacing Service Delivery:

In January of 1988, the MOH began implementing a pilot program of introducing a wide range of birth spacing services at a few of its MCH centers. This program involved training MOH clinical personnel under the central Family Planning Training for Paramedical, Auxiliary and Community Personnel II (PAC II) Project and equipping pilot centers with medical supplies and contraceptives. The implementation of this pilot program in 19 MOH centers showed a high demand for birth spacing services and resulted in the rapid exhaustion of virtually all contraceptive supplies provided.

The MOH health professionals rated highly the quality of training they received and reported practical applicability of their newly acquired skills. Due to the success of this pilot program and the desire to expand the range of family health services at MOH facilities, the FHS Project will finance the expansion of birth spacing services at the MOH.

Short and long term technical assistance ($540,500) will be financed to manage and implement an expanded program of training in birth spacing service delivery and to assist in the introduction of these services to new clinics. Training ($214,800) of MOH personnel in birth spacing service delivery skills will also be supported. This training will be mainly in-country but will include some training in other countries within the region. The total costs of this project element is estimated to be $855,300. Implementation is planned as a "buy in" to the new PAC II(B) Project administered in AID/W.

(b) Development of Family Health Specialty:

The creation of a new medical specialty for physicians is a complicated affair. The experience of the international medical community in similar specializations will form part of the basis for such a specialty in Jordan. In addition, with a new medical specialty comes the requirement for standards of certification and continuing education which would be adopted by the medical establishment (which includes the MOH, the Jordan Medical Association, and the Jordan Medical Council).

This project element will assist the MOH in the process of establishing this new medical specialty by financing short term technical assistance ($162,000) in curricula development and the definition of standards of certification. Short term training ($204,900) will also be provided to staff at the MOH and members of the Jordan Medical Association, drawn mainly from the experience in the U.S., bringing the total for this element to $366,900.

(c) Commodities

The main commodity requirement for this component is contraceptives ($1,176,450). The total contraceptive commodity requirement represents a combination of the estimated needs of both the MOH and the NMI. The MOH requirement ($697,000) was estimated by an examination of the contraceptive volume utilized by the 19 centers involved with the MOH pilot program in birth spacing service delivery. The estimate of MOH needs assumed the continued supply of the 19 pilot centers and the expansion of services to an additional 75 centers which would realize the same average consumption per center as that experienced in the pilot program. The range of contraceptives envisioned include: condoms, pills and IUD's. This project will also supply the clinical equipment necessary to expand birth spacing services to the additional MOH 75 centers ($434,000). The contraceptive commodity requirement at the NMI is precipitated by the planned incorporation of birth spacing services within the general out-patient care offered at NMI facilities. The contraceptives needed for the NMI are estimated to cost $479,450.

3. Family Health Services in the NGO Sector Component

Over the past three years, the Mission has supported (with ANE Regional Population Project funds) a variety of activities at the Jordan Association for Family Planning and Protection (JAFPP). This assistance complemented the funding provided to the JAFPP by the International Planned Parenthood Foundation (IPPF).

USAID's assistance to the JAFPP concentrated on improvements in: quality assurance in service delivery; a cost recovery system based on client fees for service; and the overall management structure. The JAFPP was recently reorganized under a new set of articles of incorporation and plans to open about three new clinics in an effort to expand the birth spacing services it provides in the country.

The financial support for the JAFPP proposed in the FHS Project will build upon the progress achieved in the Mission's earlier assistance. The new support will help the Association to further improve its cost recovery system and its national management structure and cover clinic operating cost shortfalls on a declining scale (on a percentage basis which reduces to 15% of revenue-cost shortfalls by the end of the the Project). Toward these ends, the Project will provide technical assistance ($347,500), finance portions of clinic operations ($282,150), and supply contraceptive commodities ($160,200).

The Mission is now in the process of assisting the JAFPP to determine the feasibility of establishing three new clinics. This study will determine the demand for services in three proposed locations or may suggest alternative locations if the study demonstrates that other areas have higher potential. Pending the outcome of the feasibility study, funds to establish the three clinics and cover operating shortfalls over the project period have been included in the Contingency line item ($292,000).

The total cost of this component without the additional clinics $789,850. Support of local operating costs at the JAFPP will be offered in a direct grant to the Association. Technical assistance will be provided through a "buy in" to an appropriate central project in birth spacing service delivery. Contraceptive commodities will be procured through a "buy in" to the central AID/W contraceptive procurement process.

4. Mothercare Component

The Mothercare Component addresses previously unmet needs of mothers and children in Jordan through a comprehensive program which utilizes a community based approach.

The main elements of this component are:

(a) A national maternal mortality survey will be undertaken to calculate the rate of maternal mortality and identify the local risk factors and circumstances associated with high rates of maternal mortality. The results of such a survey will be used for the early detection and treatment of high risk pregnancies.

This element will be implemented in close coordination with the Department of Statistics (a section of the Ministry of Planning) and the MOH, which will provide the manpower necessary for such an activity.

(b) In an effort to assist the MOH to increase the utilization of prenatal and postnatal services available to mothers in its PHC centers, an outreach program for mothers and family members will be implemented. The program will be designed to influence the variables (identified by a consumer-based, assessment study) which contribute and hinder the popular use of pre- and postnatal services.

(c) In May of 1989, the Mission sponsored a breastfeeding seminar in Jordan aimed at reviewing the present status of breastfeeding in the country. The seminar also formulated a plan of action to sustain breastfeeding successes and to prioritize actions needed for further improvements. For breastfeeding, this plan was based on the results of a national baseline study carried out by Noor al-Hussein Foundation in Jordan with assistance from Annenberg School of Communication under the HealthCom Project. The study indicated that, in spite of the large number of mothers who breastfeed in Jordan, a large portion possess incorrect knowledge about breastfeeding which results in incorrect breastfeeding practices (such as late initiation of breastfeeding, early supplementary feeding, and sudden weaning).

This project element will support the creation of a core of personnel (comprising a newly established breastfeeding unit) specialized in the management and administration of breastfeeding programs who will later serve as trainers for other health personnel and who will help develop and implement a national breastfeeding policy for Jordan. This breastfeeding unit will consist of two eight member teams with representatives from the MOH and NMI.

(d) The incidence of anemia cases among women (a health problem in Jordan for many years) is reported by the MOH to be on the increase. The FHS Project will finance a health education program that increases the awareness of mothers to the importance of applying sound nutritional practices. This health education program will be designed and implemented in coordination with the Health Education Division at the MOH.

The total life-of-project cost of the Mothercare component will be $525,078. Implementation is planned as a "buy in" to the Maternal and Neonatal Health and Nutrition Project administered in AID/W.

E. IMPLEMENTERS/CONTRIBUTORS

1. Ministry of Health

The Ministry of Health (MOH) will have a key role to play in the implementation of this project. The MOH will: introduce new health planning and management information systems; select individuals for training; work with contracted technical advisors in the further development of its own role as the key purveyor of public health services; select clinic physicians and other health professionals to take part in birth spacing service training; assure that equipment and supplies are available to those clinics designated as birth spacing service delivery centers; introduce a cost accounting system for the delivery of primary health care services; and coordinate each project activity within operational units of the MOH.

2. Jordanian Association for Family Planning and Protection

The Jordanian Association for Family Planning and Protection (JAFPP) is the major NGO provider of birth spacing services in Jordan and serves as much as 25 percent of those women who practice contraception. JAFPP is directed by an Administrative Committee and managed by a central management team led by an Executive Director. All eight existing clinics are fully staffed and operational. The Association will place its emphasis on continued improvement of service delivery, promotion of its services, increased recovery of operational costs and an expansion of its clinic system in order to serve a greater number of women in Jordan.

3. General Secretariat of the National Population Commission

In recognition of the importance of demographic issues by the GOJ, the National Population Commission (NPC) was established in 1973 and revitalized in 1988 to determine the policy implications of changing demographic conditions within the country. The mandate of the General Secretariat is to undertake activities to improve the understanding of the relationships between population and socioeconomic development and to establish a central system to monitor and evaluate the implementation of various population-related programs in Jordan. The Secretariat will organize seminars on topics of interest, conduct or commission studies to fill important research gaps, publish a newsletter and, later, a journal which will highlight its research findings and will present demographic data to high level GOJ decision-makers in order to demonstrate impacts in various sectors.

4. Private Sector Organizations

It is anticipated that several private firms in the United States, which specialize in technical assistance and training in the health sector, will be involved in the implementation of this project. Private sector organizations are expected to carry out the following tasks: (1) provide technical assistance, training and development of the comprehensive management information system for the Ministry of Health; (2) plan and deliver training in birth spacing service delivery, development of IE&C materials for public sector institutions and management/evaluation of birth spacing services; (3) plan and deliver training in pharmaceutical and contraceptive supply and logistics management; (4) provide technical assistance and training to the Jordanian Association for Family Planning and Protection; and (5) provide technical assistance and training in demography and population studies to the National Population Commission's General Secretariat.

To the maximum extent possible, the Project will "buy in" to existing central AID/W projects which already involve U.S. firms with relevant technical expertise. This method of obtaining the needed services from the private sector will: reduce contracting time, streamline the implementation effort, and lesson the management burden on the Mission's limited staffing pattern.

Examples of central projects which may be utilized in the implementation of elements include: the PAC II(B) Project for training in birth spacing service delivery; the Maternal and Neonatal Health and Nutrition Project (No. 936-5966) for the breastfeeding and maternal health activities; the Family Planning Logistics Management Project (No. 936-3038) for assistance in establishing a logistics information system at the MOH; the Contraceptive Procurement Project (No. 936-3018) for obtaining contraceptive commodities; and the PRITECH Project for assisting in developing the MOH system for health statistics.

5. USAID

USAID will be responsible for preparing and amending (as needed) the project agreement with the GOJ and for monitoring and evaluating the project. In addition, USAID will initiate the documents necessary to "buy in" to central AID/W Projects and will determine the specific scopes of work (in conjunction with the MOH) for those "buy ins." Any new contracting for activities not possible under a "buy in" format will be done by USAID as a direct contract.

III. FACTORS AFFECTING PROJECT SELECTION AND FURTHER DEVELOPMENT

A. SOCIAL CONSIDERATIONS

1. Socio-Cultural Context

Jordanians of all socio-economic categories place a high value on the maintenance of good health for family members. This value contributes to a behavioral norm of an active use of western (allopathic) medical facilities (either private or public) in the event of illness. Data indicate that allopathic medical providers are the first source choice for the majority of Jordanians seeking health care. For example, 80% of mothers go to either public or private hospitals for delivery of their babies. This pattern of prevailing use of allopathic medical facilities, however, is primarily motivated by desires to seek curative care in situations of perceived ill health or culturally defined circumstances (such as the onset of labor in a pregnant woman) requiring medical intervention. With a curative bias in health-care seeking behavior, it is also common for individuals to bypass primary health centers and go directly to the out-patient care sections of secondary or tertiary health facilities.

The use of medical facilities for preventive medical attention or for the maintenance of good health is a relatively new social concept. This concept has been adopted and translated into changes in health care seeking behavior on the part of Jordanians in only a few special medical events: immunizations, diarrheal episodes and birth spacing. Over 80% of Jordanian households have accepted immunization as a means of safeguarding a child's future health. More than 60% of households recognize diarrheal episodes as a potentially health threatening event for infants and regularly utilize oral rehydration therapy during such episodes. The number of married couples of fertile age currently practicing birth spacing represent about 26% of the total in Jordan. The adoption of these three areas of preventive health care behavior is the result of mass public health campaigns by the MOH (in the instance of the first two) and of popular demand (in the instance of the latter).

The FHS Project is designed to build upon these existing patterns of health care seeking behavior in Jordan. The Project strives to make the primary care centers operated by the MOH and the JAFPP more effective sources of both curative care (for the predominant health care seeking motivation) and for those areas of preventive health care which have already been accepted by significant proportions

of the Jordanian public. In doing so, the Project will help the MOH establish a family health specialization at primary health centers which will improve the quality of curative care and integrate preventive health interventions into the health services routinely offered at such centers.

Furthermore, the Project will help the MOH to introduce a full range of birth spacing services into more of its centers responding to a public demand that historically has been met mainly through private sector sources. (At least 80% of current contraceptive users receive contraceptive services from private sector sources). A pilot program, in which 19 MOH centers began offering a wide range of contraceptive services, showed that public utilization of the centers involved increased markedly during the test period. This pilot program indicates that the incorporation of such family health services within primary health centers will be socially acceptable on a national scale as well.

The quality of health care at the secondary and tertiary levels in Jordan is among the best in the region and, in some instances, approaches international standards. Improvement in the quality of primary health care must be accomplished to make it more attractive to a broader range of income groups and to encourage the use of primary health care institutions in place of the more costly care through secondary and tertiary sources now sought on an out-patient basis by large numbers of the population.

2. Beneficiaries

This project will work largely with the Ministry of Health. As such, the primary beneficiaries of the Project will include the professional staff of the Ministry of Health who will receive technical assistance and training and those individuals who now and could in the future use the services of the MOH clinics. The MOH currently operates a system of over 450 health centers which are located throughout the country. At least 66% of the total population are eligible to use MOH facilities. Since about 70% of the population are urban dwellers, the bulk of the beneficiaries using improved MOH services will be urban residents. Statistics also indicate that higher income households typically utilize private sector sources almost exclusively for medical care. Therefore, the users of MOH clinics are usually from middle to lower income households. In addition, the approximately 25,000 individuals who use the services of the JAFPP clinics will be among the direct beneficiaries of the Project.

The NPC's General Secretariat and its staff will directly benefit from the Project's support as well. The Ministry of Planning and the GOJ generally will benefit from the improved demographic analyses performed by the General Secretariat and from the improved health sector planning capacity at the MOH.

3. Participation

This project is being designed with the participation of all of the various implementing groups in Jordan. The project design team is working closely with the Minister of Health and heads of the two key directorates concerning the activities directly involving improvements within the MOH. The Mission has worked closely with and has been responsive to the needs presented by both the Jordanian Association for Family Planning and Protection and the General Secretariat of the National Population Commission. The Mission has also worked closely with the administrative staff at the National Medical Institute in the identification of cost accounting/health financing issues in Jordan's health sector. Excellent relations established to date between the Mission and the NMI will enhance the ability of the two organizations to discuss health sector issues and promote the liaison necessary between the NMI and the MOH.

The design effort incorporates known data on patient preferences and health care seeking behavior among the general population of Jordan. Users of birth spacing services at the 19 pilot MOH centers also participated in the design of this project by being the source of user statistics concerning the optimal means to offer birth spacing services at primary health centers.

All of these groups will be expected to take an active role in the development of the Project Paper and in the implementation process.

4. WID Considerations

The ultimate beneficiaries of this project will be the clients (mainly women and children) who use the public health care system and the JAFPP clinic system and are members of those communities served by the various health centers. The needs of mothers and their children, in terms of both health status and ease of use of clinics, are essential variables affecting the improvement of family health services. In addition, many of the health-care professionals receiving training under the Project will be women. The providers of birth-spacing services, in particularly, will be women.

Many of the health statistics which need to be gathered more accurately and regularly concern the health of mothers. The Project will assist the MOH to obtain a better system to monitor the general health status of women and children within the country, particularly in regard to maternal mortality and morbidity. The Project's Mothercare component will work to prevent neonatal and maternal tetanus, prevent and treat maternal anemia and promote breastfeeding and nutritional maintenance of mothers.

B. ECONOMIC CONSIDERATIONS

The main goal of the project is to reduce the incidence of infant and maternal morbidity and mortality. The direct economic benefit will be savings in health system costs incurred because of averted infant and maternal illness and death. The FHS Project also strives to assist the MOH to consider health-financing alternatives which would reduce the current reliance upon treasury outlays to cover about 90% of primary health care service delivery costs. New cost-recovery programs could dramatically decrease the amount of subsidy needed for primary health care in Jordan.

Through this project the Ministry of Health will improve the quality and cost effectiveness of services provided through its primary health care clinic system. This effort will have three major economic impacts: (1) recurrent costs of health care should decrease as a result of increased efficiency of primary health care delivery; (2) the use of less expensive primary health care facilities will increase and the use of more expensive out-patient services at secondary or tertiary facilities will decrease; and (3) savings in total health system costs should accrue due to increased health status of the population generally.

An important part of the FHS Project is the support to establish a cost accounting system which will allow the MOH for the first time to measure and track the cost of family health service delivery at its primary health centers. This capacity will allow the MOH to introduce cost efficiency as a regular planning and decision-making variable in its daily operations. An accurate system of cost accounting will also provide a basis for the MOH to reexamine client user fee schedules and other aspects of financing the health services offered through MOH facilities.

One element of the support proposed for the JAFPP under the FHS Project is technical assistance to the Association in methods to reduce recurrent operational costs and to maximize the financing of such costs through user fees. As an incentive to make these cost recovery systems a success, the Project proposes a declining level of financial support in direct proportion to expected increases in cost recovery.

C. RELEVANT EXPERIENCE WITH SIMILAR PROJECTS

USAID/Jordan's Office of Health, Population and Nutrition staff are now managing both bilateral projects with experience relevant to the design of the FHS Project and a number of centrally funded activities which have contributed to the conceptualization of this Project.

The Mission's Primary Health Care Nursing Development (PHCND) Project has assisted in the establishment of the Nursing Tutor Training Institute with a specialized primary health care training program. This project will train 55 nurse tutors with specialization in primary health care, restructure the primary health care curriculum at the nursing colleges and establish three to six model PHC clinics/training sites. The PHCND Project has provided valuable experience on how non-physician personnel at clinics can increase the efficiency of clinic operations; increase the quality of care at clinics; increase total clinic utilization rates; extend effective "encatchment" areas of clinics; and improve health counselling services.

The Mission's Marketing of Birth Spacing (MBS) Project is the first bilateral population project to be accepted in Jordan. To date, the concept of birth spacing as a maternal/child health tool is being well received. While this project works through the private sector to promote birth spacing and to deliver contraceptives, it will also include public sector health care providers in brief, one day seminars on current birth spacing technology and appropriate contraceptive use. Most importantly, the MBS Project will undertake a generic birth spacing promotion campaign utilizing the mass media. This campaign will promote birth spacing as an important health technology which can improve the status of maternal and child health. Such generic advertising is expected to generally increase the demand for birth spacing services, some of which will appear at the doors of MOH clinics.

The program in Jordan of ST/POP's Family Planning Training for Paramedical, Auxiliary and Community Personnel II (PACII) provided training to MOH personnel in birth spacing service delivery, development of IE&C materials, program management, monitoring and evaluation. This program formed the basis of the MOH's pilot effort in contraceptive service delivery at selected clinics and was extremely well received by the Government of Jordan. RONCO trained 20 trainers and approximately 100 governorate level personnel in the delivery of clinical birth spacing services. Nearly 200 additional MOH staff have received training in IE&C, management, monitoring and evaluation. Nineteen clinics

have been fully equipped to offer birth spacing services. Equipment is available to fully equip an additional clinic. The Ministry has specifically asked that this training program be expanded and this request prompted the inclusion of birth spacing service delivery assistance within the FHS Project.

The Mission is providing modest support to the General Secretariat of the National Population Commission utilizing ANE Regional Population funds and ST/POP's RAPID III Project for this purpose. The Secretariat is preparing a series of research reports on the impact of population growth on various sectors which it can use to discuss population impacts with key decision makers in the Government of Jordan which will hopefully, over time, lead to the development of a population policy. The experience from this support to the Secretariat provided the Mission with an excellent basis on which to determine and quantify the specific needs of the organization.

Over the past three years, the Mission has provided technical assistance and training to the Jordanian Association for Family Planning and Protection through technical assistance provided by the Margaret Sanger Center. This assistance was financed with funds provided by the ANE Bureau's Regional Population Project. AID believes that this effort to assist an existing private NGO to deliver birth spacing services to lower income women has been very successful.

As noted above, the Mission's HPN Office has been working closely with the National Medical Institute (Jordan's new public corporation responsible for administering virtually all publicly financed hospitals) to strengthen administrative and management systems at the NMI. Included within this assistance are efforts to examine health care financing and national health insurance schemes. These efforts will relate directly to the Ministry of Health as it attempts to control health sector expenditures and improve cost efficiency in the delivery of primary health care services. Furthermore, the creation of the National Medical Institution (NMI) and the MOH's resulting loss of responsibility for the administration of hospitals precipitated new health planning needs for the sector generally. Coordination in planning between the NMI (with public secondary and tertiary health facilities) and the MOH (with public primary health care facilities) is essential. This coordination is best achieved with a complementary health planning assistance program for both the NMI and the MOH. The FHS Project is the vehicle for such health planning assistance to the MOH.

Consolidation of several of the smaller centrally-funded population activities under a single bilateral "umbrella" will simplify and regularize funding for contraceptive service delivery. Such a bilateral funding mechanism will also facilitate greater management flexibility without significantly increasing management burden.

D. AID SUPPORT REQUIREMENTS AND CAPABILITIES

USAID/Jordan has sufficient staff to monitor project implementation by the various implementing agencies and has designated the direct hire Health, Population and Nutrition Officer as the responsible Project Officer. The HPN Office has on staff a full-time FSN program specialist who now has responsibility for all primary health care activities under sponsorship of the Ministry of Health as well as the PAC II birth spacing training activity. In addition, the Mission will create one new FSN Health Specialist position to assist in the management of FHS Project activities. A US PSC Population Project Advisor provides assistance to the MOH, the JAFPP and the Mission on birth spacing activities. A full complement of Controller, Legal, Economic, Program and Project Development Office personnel are also available at the Mission to help backstop the Project.

E. ESTIMATED COSTS AND METHODS OF FINANCING

The estimated total cost of this project is $12,000,000 of which the total A.I.D estimated funding required is $7,000,000 in ESF grant funds for the five year life of the project. The project is scheduled to begin implementation in September 1990. A detailed Illustrative Budget which outlines AID funding requirements by component is presented in Appendix 1. A summary of contributions is presented below.

The Jordanian contribution, which includes the in-kind contribution of the salaries of MOH professional counterparts and trainees; clinic buildings, utilities, staff and ancillary drugs and chemical supplies not provided by the Project; actual support costs provided by the Queen Alia Fund to the General Secretariat of the National Population Commission; and income generated by JAFPP clinics in service delivery activities, is estimated at approximately $3,430,000. The GOJ contribution to the Project represents approximately 12% of the MOH budget. The Project hopes to reach 20-25% of MOH clinics which would generate a higher in-kind GOJ contribution estimate. A more accurate estimate will be presented in the Project Paper.

Other international donors, such as the UN Fund for Population Activities and the International Planned Parenthood Federation, will contribute approximately $1,570,000 to the activities of the National Population Commission and the JAFPP.

Component		Contribution by Donor($000)			
		A.I.D	Jordan	Other	Total
I	Health Planning/MIS	2,269	1,700	800	4,769
II	Family Health Services Public Sector	2,388	1,330	-	4,163
III	Family Health Services NGO Sector	790	280	770	1,840
IV	Mothercare	525	120	-	645
V	Evaluation /Contingency	583	-	-	585
	Total	7,000	3,430	1,570	12,000

F.DESIGN STRATEGY

To develop the design of the FHS Project to the Project Paper stage, the Mission will apply the skills of its Financial Management, Regional Legal, Health, Population and Nutrition, Program, Project Development, and Data Management Offices. Additional contributions, however, will be needed from three experts not present in the Mission community.

1. Contraceptive Logistics Expert

The service of a contraceptive logistics expert are necessary to develop more detailed estimations of contraceptive commodity requirements for the MOH, NMI and JAFPP. Since longitudinal contraceptive off-take data are generally unavailable for the NMI and MOH facilities, the logistics expert will need to select an alternative mechanism for estimating client volume and contraceptive demand. The logistics expert will also need to examine the existing internal distribution and warehousing systems of the three proposed service delivery organizations with regard to existing capacity and areas needing improvement. A probable source for such an expert is the Centers for Disease Control in Atlanta.

2. Primary Health Care MIS/Cost Accounting Expert

This person should also be familiar with cost-accounting systems which have been developed for primary health care services and will recommend an appropriate cost-accounting model for adaptation to MOH operations. The Mission will require the assistance of AID/W in the identification of such an individual to become a member of the project design team.

3. Public Sector Contraceptive Health Service Delivery Expert

Since a major effort of the FHS Project is the support of a significant expansion of birth spacing service delivery within Jordan, the design team should include a person experienced in the design and implementation of a broad spectrum of contraceptive service delivery programs in the public sector. This person should be particularly familiar with clinic-based service delivery systems and be someone conversant with the full range of contraceptive service delivery issues (i.e. quality assurance, counseling, community out-reach, etc.). The Mission proposes to obtain such specialist on a TDY basis from ANE/TR or from the S&T Bureau.

4. Design Schedule

Assuming the PID is approved by AID/W during December, 1989 and the Mission receives approval to authorize the Project Paper in the field, the Mission proposes to design and authorize the Project according to the following time schedule:

Collection of Background Data by Mission Staff	January, 1990
Assembly of Project Design Team and Preparation of Project Paper Draft	February-March, 1990
Finalization of Project Paper in Conjunction with the Ministry of Health	April, 1990
Mission Project Paper Review and Authorization	May, 1990
Project Negotiations with the GOJ	June-July, 1990
Project Agreement Signing	August, 1990

G.DESIGN ISSUES

The Mission has identified the following design issues to be addressed during the preparation of the Project Paper.

1. Retention of User Fees

In the past, the revenues generated by the old fee-for-service structure were retained for reapplication within the health budgets of the public health care delivery system. The Ministry of Finance, however, has

announced its intention to retrieve all user fees as general revenue to the GOJ. For new cost-recovery programs proposed under the FHS Project to meet overall health-financing policy objectives, it is important to assure that revenues generated from user fees be retained by the health care provider as an incentive for increased cost efficiency. The Project design process should examine this issue further with the MOH, NMI, Ministry of Planning and Ministry of Finance to see if user-fee retention by health care providers is a realistic possibility.

2. Contraceptive Commodities

Since the MOH does not have a history of contraceptive services delivery, there is no existing set of utilization data on which to base contraceptive need projections through the application of standard AID estimation techniques. All the contraceptive off-take data from the MOH's pilot contraceptive service delivery program indicate that stock of contraceptives were exhausted before the end of any one twelve-month period. Therefore, the project design will have to utilize a non-AID standard technique for determining contraceptive commodity requirements. The alternative estimation technique selected should entail a careful examination of contraceptive requirements to both fill a distribution pipeline and meet reasonable expectations of user demand. Assistance from ST/HP/POP may be required in selecting an acceptable estimation alternative.

3. Development of a Family Health Specialty:

Members of the medical community in Jordan have suggested to the Mission that one way to provide the MOH with the needed assistance to develop family health specialties is to establish a cooperative relationship with a broad-based medical school at a U.S. University. The feasibility of such a mechanism will have to be examined concerning: implications for cost; implementation practicality; and suitability of the range of technical expertise possible through a university format.

H. ENVIRONMENTAL

A categorical exclusion is requested on the basis that this activity fits under Section 216.2 (c) (viii) of A.I.D. regulation 16, "Programs involving nutrition, health care or population and family planning services." There will be no activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.).

Family Health Services Project (278-0287)
Detailed Budget by Project Component and Element
by Fiscal Year

Component/Activity	FY90	FY91	FY92	FY93	FY94	Total
1. Health Financing/Program Preformance						
A. Cost Accounting/Recovery System						
1. Short-term Technical Assistance		105,000	107,000	55,000	56,000	323,000
2. Short-term Training		52,000	32,000	22,000	0	106,000
3. Other Costs						
Data Systems Test		10,000	0	5,000	0	16,000
Accuracy Audit		0	16,050	0	16,800	32,850
Printing		5,250	0	5,500	0	10,750
SUBTOTAL		173,250	155,150	88,000	72,800	489,200
B. Logistics and Client DAta System						
1. Short-term Technical Assistance		78,750	80,250	33,000	22,400	214,400
2. Short-term Training		52,500	53,500			106,000
3. Other Costs						
Form Printing		5,250		5,500		10,750
Field Test Data Forms		5,250	5,350			10,600
SUBTOTAL		141,750	139,100	38,500	22,400	341,750
C. Health Statistics						
1. Short-term Technical Assistance		31,500	32,100	11,000	11,200	85,800
2. Short-term Training		21,000	10,700			31,700
3. Other Costs						
Form Printing		5,250	0	5,500	0	10,750
Field Test Data Forms		5,250	5,350	0	0	10,600
SUBTOTAL		63,000	48,150	16,500	11,200	138,850
D. Computerization of MIS System						
1. Short-term Technical Assistance		15,750	16,050	0	11,200	43,000
2. Short-term Training		15,750	16,050	0	11,200	43,000
3. Commodities (Computers, software and accessories at $7000 each)		73,500	74,900	0	0	148,400
SUBTOTAL		105,000	107,000	0	22,400	234,400
E. Health Policy Analysis and Formulation						
1. Short-term Technical Assistance		63,000	32,100	16,500	16,900	128,500
2. Short-term Training		31,500	32,100	0	0	63,600
SUBTOTAL		94,500	64,200	16,500	16,900	192,100

F. General Secretariat of the National Population Commission						
1. Technical Assistance	125,000	131,250	133,750	137,500	0	527,500
2. Other Costs (Local)	75,000	78,750	80,250	55,000	56,000	345,000
SUBTOTAL	200,000	210,000	214,000	192,500	56,000	872,500
TOTAL COMPONENT 1	200,000	787,500	727,600	352,000	210,700	2,268,800
II. Family Health Services in the Public Sector						
A. Birth Spacing Service Delivery						
1. Long-term Technical Assistance		220,500	224,700	0	0	445,200
2. Short-term Technical Assistance		47,250	84,150	49,500	50,400	195,300
3. Training		73,500	74,900	44,000	22,000	214,400
SUBTOTAL		341,250	347,750	93,500	72,400	854,900
B. Development of Family Health Specialty						
1. Short-term Technical Assistance		47,250	48,150	33,000	33,600	162,000
2. Short-term Training		63,000	64,200	38,500	39,000	204,700
SUBTOTAL		110,250	112,350	71,500	72,600	366,700
C. Commodities						
1. Contraceptives	9,000	110,250	256,800	330,000	470,350	1,176,400
2. Medical Supplies		78,750	80,250	275,000	0	434,000
SUBTOTAL	9,000	189,000	337,050	605,000	470,350	1,610,400
TOTAL COMPONENT II	9,000	640,500	797,150	770,000	615,350	2,832,000
III. Family Services in the NGO Sector						
1. Technical Assistance	190.000	157,500	0	0	0	347,500
2. Local Support Costs	100,000	78,750	53,500	27,500	22,400	282,150
3. Contraceptives	30,000	31,500	32,100	33,000	33,600	160,200
TOTAL COMPONENT III	320,000	267,750	85,600	60,500	56,000	789,850
IV. Mothercare Component						
1. Technical Assistance		194,250	176,550	66,000	0	436,800
2. Other Costs		34,178	32,100	22,000		88,278
TOTAL COMPONENT IV	0	228,428	208,650	88,000	0	525,078
TOTAL ALL COMPONENTS	529,000	1,924,178	1,819,000	1,270,500	837,050	6,415,728
EVALUATION				60,000		60,000
CONTINGENCY	0	190,000	141,000	111,000	82,272	524,272
GRAND TOTAL	529,000	2,114,178	1,960,000	1,441,500	955,322	7,000,000

Budget by Total Project Element by Fiscal Year

	FY'90	FY'91	FY'92	FY'93	FY'94	Total
Technical Assistance	315,000	1,092,000	898,800	401,500	201,700	2,909,000
Training	75,000	309,750	283,550	104,500	72,200	845,000
Commodities	39,000	294,000	444,050	638,000	503,950	1,919,000
Other Costs	100,000	418,428	333,600	297,500	177,472	1,327,000
Total	529,000	2,114,178	1,960,000	1,441,500	955,322	7,000,000

RELIMINARY LOGICAL FRAMEWORK

PROJECT TITLE AND NUMBER: "FAMILY HEALTH SERVICES" 278-0287

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal:	Measures of Goal Achievement:		
To reduce infant and maternal mortality in Jordan by 15%	Decrease in infant and maternal morbidity and mortality.	MOH Annual Statistics. Census data. Health surveys.	Other factors having a negative impact on maternal and child health do not increase.
Project Purpose:	End of Project Status:		
To increase the quality and self-sustainability of broad-based primary health care services in Jordan.	1. Cost accounting system in place and operating at the MOH. MOH incorporating current PHC service delivery costs and revenues into annual planning process. 2. Assessment of client revenues and recurrent costs completed with recommendations for an improved cost recovery program. 3. A cost-containment policy for health service delivery adopted by the MOH. 4. MIS established at MOH which monitors clinic performance and mesure progress toward service delivery goals. 5. Up to 100 primary health care centers providing improved services in health care delivery and birth spacing. 6. Curriculum and certification standards for family health specialty developed.	Family health surveys. Evaluations. National health statistics. MOH Documents.	1. MOH personnel available to serve as counterparts to T.A. providers. 2. Personnel available for training. 3. Adequate budgetary funds available to implement suggested changes. 4. Cooperation of public health organizations.

* *	7. A national mothercare/ breastfeeding program in place with clinics providing outreach programs for pre- and postnatal services.		
	End of Project Status (cont.)		
	8. A national maternal mortality survey completed.		
	9. JAFPP able to manage and expand its clinic program of birth spacing services with revised cost recovery program.		
	10. NPC regularly generating reports concerning impact of demographic variables.		
Outputs: Health Planning/MIS	Magnitude of Outputs:		
1. Cost accounting system in place.	1. Cost accounting system at all relevant centers.	1. Site assessment.	1. Adequate staff to manage system.
2. Report of analysis of client revenues vs recurrent costs with recommendations for financing shortfalls.	2. Regular reports of revenues and costs.	2. Production of reports.	2. Staff available to collect data.
3. Health information system in place to monitor clinic performance.	3. Regular reports produced which analyze performance, health status and costs.	3. Production of reports.	3. Adequate staff available for training, Base statistics complete at data collection points.
4. Staff at MOH with new skills in data collection and analysis.	4. At least 35 persons trained in data collection and analysis.	4. Pre and post training results. Assessment during observational visits.	4. MOH staff available and MOH willing to invest time in training.
5. Logistic distribution system in place to trace contraceptive and pharmaceutical usage/stocks in clinic system.	5. Up to 15 persons trained in logistics management. Regular reports on status of logistic system.	5. Training tests. Assessment during observational visits. Production of reports. Adequacy of supplies.	5. Availability of staff. Availability of adequate supplies of pharmaceuticals, contraceptives.
6.Annual production of health sector plan.	6. Availability of health sector plan.	6. Report (plan).	6. Base statistics available from various reporting units.
7. Demographic analysis and policy impact studies produced by National Population Commission.	7. Studies completed.	7. Receipt of studies. Reports of NPC-convened senior level meetings to discuss findings.	7. Adequate staff and resources assigned to task.

Outputs: Family Health Services			
6. PHC staff trained in birth spacing service delivery.	6. 200 or more staff trained.	6. Training results, observation, # of clinics providing birth spacing service delivery.	6. Availability of female physicians for training.
7. PHC centers with proper birth spacing equipment and adequate contraceptive supplies.	7. Up to 100 centers equipped.	7. Site visits.	7. Equipment available. MOH willing to select and supply centers. Adequate contraceptive supplies.
8. Establishment of curricula & certification standards for family health specialty.	8. Formal acceptance of physicians into specialty.	8. Site visits.	8. Certification standards will be adopted and accepted by medical community (JMA).
Outputs: Family Health Services at JAFPP			
9. JAFPP increased capacity to deliver quality family planning services at clinics.	9. 10% annual increase in clients served. Increased cost effectiveness of service delivery.	9. Client records, evaluation, site visits, quarterly progress reports.	9. JAFPP clinics maintain level of quality of service and will make staff available to service increased number of clients.
Outputs: Mothercare			
10. Breastfeeding unit created.	10. 16 individuals trained.	10. Reports, site visits.	10. MOH and NMI will nominate trainers.
11. Clinic outreach program established.	11. Trained personnel in 100 clinics.	11. Reports, site visits.	11. MOH willing to free trainees.
12. Maternal mortality survey.	12. Survey completed.	12. Survey report.	12. MOH & MOP Dept. Statistics willing to implement.
Inputs:	Magnitude		
Technical Assistance	$2,908,900.	Technical assistance reports.	Inputs available on a timely basis.
Training	770,600	Invoices.	
Printing/Field Testing	102,300	Field Observation.	
Local Support Costs	715,428	Evaluation reports.	
Commodities	1,919,050	AID audits.	
Evaluation/Contingency	583,722	Quarterly reports by JAFPP and other grantees.	
Total	$7,000,000		

UNITED STATES GOVERNMENT

memorandum

DATE: November 26, 1989

REPLY TO ATTN OF: L. P. Reade, DIR

SUBJECT: Contributions to Priority Policy Initiatives: USAID/Jordan's Family Health Services (FHS) Project

TO: Carol Adelman, AA/ANE

Thru: John Blackton, DAA/ANE

The development of the FHS Project is a collaborative effort between USAID/Amman and Jordan's Ministry of Health (MOH). The PID, consequently, is a document which is being shared with MOH staff and which will become part of the official files of the MOH. Although discussions with MOH staff about the FHS Project have been both candid and direct, the text of the PID is tempered somewhat to be sensitive to the realities of existing GOJ policies (the lack of a formal population policy, for example) and relationships between ministries within the GOJ. We, therefore, have prepared this memorandum to serve as a companion piece to the PID in which we can discuss more frankly some of the policy implications of the FHS Project.

In this memorandum, we explain the very great significance the FHS Project has in the Mission's policy dialogue process for the health and population sectors. The Project represents the means to exploit recent policy dialogue successes and, hopefully, to set the stage for future progress in the policy dialogue process. As such, the FHS Project contributes to three policy-dialogue objectives: (1) to reduce the need for government subsidies in health care by promoting more self-sustainable health care systems; (2) to reduce population growth rates through broad-based, contraceptive service delivery programs; and, (3) to create a more active and regularly utilized primary health care system as a preventive alternative to more costly secondary and tertiary health care.

1. Contributions to a Self-Sustainable Health Care System

A. Background

The Mission is concerned about the high level of subsidy present in the extensive, publically-operated health care system. An estimated 90% of the cost of health care in public facilities is born by the GOJ. About 67% of the total population of the country is eligible to utilize some form of subsidized public facility for health care. We believe that Jordan can not afford to continue to subsidize health care costs at this level and still achieve all of its health sector objectives over the next ten years.

Therefore, the Mission has begun a policy dialogue to urge the GOJ to adopt measures to both contain health care costs and to increase revenues generated through cost recovery mechanisms.

The GOJ administers what is called a "health insurance" program. This program deducts a small fixed fee (ranging from $1.50 to $6.00) from government employee paychecks to help pay for health care services at public facilities. In addition, there is a small fee-for-service charge (between $0.90 and $1.50) levied each time a client utilizes a health facility. These two sources of revenue represent the bulk of the existing cost-recovery system currently operating at public health centers and generates funds sufficient to cover only about 10% of total health expenditures.

Previously, the revenues generated from the total "health insurance" system were retained by the MOH to reapply to its budget requirements. In March and April of this year, however, the Ministry of Finance (MOF) announced its intention to consider even the relatively meager revenues generated by the "health insurance" system to be general GOJ revenues which should flow to the MOF. If this proposal is implemented, the MOH and the National Medical Institute would have to surrender their revenues to the MOF each year and simply request budgets annually from the MOF with no guarantee that "health insurance" revenues would be actually reapplied to their separate budget submissions. Such a policy would negate any incentive to make a cost-recovery system work to achieve a self-sustainable health care system.

B. Promoting Health Financing Alternatives and More Self-Sustainable Health Care Systems:

While plans were being prepared within the GOJ in early 1988 for the new multi-hospital, public corporation, later to be named the National Medical Institute (NMI), to assume administrative control of all publically-financed hospitals, the Mission began a policy dialogue with GOJ officials to raise the issue of self-sustainability. This dialogue also discussed the need to explore alternative health financing mechanisms which would introduce a cost-recovery system capable of offsetting a much larger portion of health expenditures.

When the NMI was finally established in July, 1988, the Mission had ready an assistance plan (utilizing AID/W funds) for helping NMI staff to identify various means to reduce the recurrent costs involved in running its 28 hospitals and to explore health financing alternatives. In addition, the Mission financed an assessment (by Birch & Davis, Inc.) of the GOJ's existing "health insurance" program to identify possible alternatives which could employ commercially viable health care delivery and cost-recovery elements. Until the development of the FHS Project, the technical assistance program with the NMI represented the main engine for the Mission's policy dialogue with the GOJ in health financing.

The NMI, however, represents only a part of public expenditures in health. Furthermore, the MOH is concerned about the MOF's interest in obtaining the revenues generated by the existing "health insurance" program. Unfortunately, the MOH does not have the economic expertise nor cost data necessary to counter the economic arguments raised by the MOF in favor of its taking over the "health insurance" program. The MOH, nevertheless, still has a significant voice in health sector planning and could contribute more actively in decisions regarding the manner in which health care will be financed in the country.

C. The Role of the FHS Project

The MOH has not progressed as rapidly as the NMI in recognizing the need to examine health financing alternatives and does not currently possess the ability to determine the actual cost of primary health care services offered at its 450+ clinics across the country. Despite the threat to the existing cost-recovery program posed by the MOF proposal, the MOH is still more familiar with the steps needed to improve its health statistics and its ability to measure the quality and quantity of medical services offered in clinics than with what is needed to reform and defend health-financing mechanisms.

Through the FHS Project, the Mission will expand its health financing policy activities into the realm of the MOH and include primary health service delivery data within the factors considered in pursuing health financing alternatives. Although not previously very concerned with recurrent costs, the MOH now faces the prospect of declining or static budgets while still striving to reach yet unattained health sector goals. The FHS Project will introduce a cost accounting system which will allow the MOH, for the first time, to quantify and track actual costs of PHC service delivery programs. The regular review of these data will enhance the MOH's capacity to more accurately measure health financing variables and to re-evaluate the existing national "health insurance" system and user fee structure. Such data and reviews of cost-recovery realities, we believe, will result in the adoption of a cost-containment policy by the GOJ during the life of the FHS Project. These analyses may well also lead to the adoption of other health financing measures.

2. Contributions to the Mission's Population Objectives

A. Background

Jordan has a total population of about 3 million people with an annual population growth rate of 3.7%. This growth rate places Jordan among the top four countries in the world with the highest growth rates. Even before the decline in per capita GNP (which began in 1986), this high population growth rate

drew the attention of Jordan's leaders. There was a growing recognition that developmental advances in a variety of sectors were being eroded away by the high rates of population increase.

Examples of the recognition of the socio-economic impact of rapid population growth include::

- The Ministry of Labor, in mid-1987, expressed concern over the increasingly high numbers of individuals entering the labor force each year and the levels of investment which would have to be maintained to create the new jobs necessary to meet this growing demand.

- The potential political consequences of increasing numbers of disgruntled educated who remain unemployed are not lost on many leaders.

- The press of the increased population of students upon the educational system is producing a situation wherein unprecedented numbers of young Jordanians are being denied access to quality secondary technical school and college level educational facilities.

- The supply of fresh water has long been recognized to be a limited resource which is being overtaxed by ever-increasing demand.

- Already a net food importer, Jordan's import-export trade imbalance in agricultural commodities is exacerbated by the rates of population increase.

In this environment, the Mission noted several indications of high-level support for changes in GOJ policies for the health/population sector. As early as September, 1987, His Majesty the King made public statements which linked improvements in life-style to qualitative issues and warned that increasing numbers of people could threaten such improvements. The Minister of Health, shortly thereafter, began calling for the public to practice birth spacing for improved maternal/child health. Just this October, the King addressed a "Safeguarding the Future" Conference (sponsored in Jordan by the UN) and identified population growth as one of the three most important variables which must be addressed if a better future is to be realized.

These changing developments on the local socio-political scene have had a profound affect upon the policy dialogue process in Jordan concerning the need to address the issue of high population growth rates. For the population sector, the effect has been a series of startling policy breakthroughs which precipitated a willingness within the MOH to actively undertake a national, public sector based, contraceptive service delivery

program. The Mission's FHS Project represents the latest effort to formalize a bilateral agreement which finances steps to implement this signifant policy change.

B. Introduction of a National Contraceptive Service Delivery Network:

The first of these breakthroughs came in November, 1987 when the Government of Jordan (GOJ) indicated its willingness to have bilateral economic assistance funds utilized for the provision of contraceptive services, the first time the GOJ had done so. The main condition to this change in the GOJ's position, which had been stalwartly upheld for over 35 years of USG-GOJ economic assistance negotiations, was that contraceptive services would be introduced only as a birth-spacing technology designed to help achieve existing GOJ objectives for maternal/child health (MCH). As such, contraceptive service delivery programs could fall under existing GOJ policies for MCH care and avoid the historically difficult and politically prickly issues of a government endorsed ideal for the country's demographic profile.

Despite this breakthrough, the Ministry of Health (MOH) was not yet prepared to begin offering contraceptive services widely through its own clinics and facilities. The Mission, nevertheless, took steps to seize the opportunity the GOJ's policy change represented and quickly developed the Marketing of Birth Spacing (MBS) Project to provide support to the private commercial sector (which had indicated its willingness to begin immediately to increase the availability of contraceptive services within Jordan). Unlike the past "classic case" scenario for introducing family planning programs within most ANE Bureau countries (which began with public sector services), the Mission's first bilateral family planning project was a social marketing project with the commercial sector.

The strengths of Jordan's commercial sector, although considerable, were never viewed by the Mission as being capable of effectively providing contraceptive services to all segments of Jordan's population. The Mission has consistently acknowledged that certain groups within Jordan (for example, low-income households) may be more completely served by the public sector. Public sector channels for contraceptive services delivery, however, did not move as quickly to incorporate the new MCH technology of birth spacing. During 1988 and the first half of 1989, the MOH experimented with the introduction of contraceptive services within only a few of its many facilities. The MOH wanted to test the reaction of both the general populace and its own professional staff to the incorporation of contraceptive services. When this experiment

showed that such services could be sensitively provided and that there was an active demand for services among clinic clientel, the MOH expressed its intent to introduce contraceptive services within all of its facilities.

C. The Role of the FHS Project:

The FHS Project, therefore, is the mechanism by which the Mission will support the delivery of contraceptive services through both public sector and NGO/PVO outlets. The Mission considers the FHS Project to be an essential element in a holistic national program of contraceptive services which utilizes these different service delivery channels: the commercial sector, the public sector and NGO/PVO's. Relying on the MBS Project alone would deny the critical assistance needed to develop two of the three service delivery channels which have proven internationally to make significant contributions to an environment of broadly accessible family planning services.

3. Contributions to an Emphasis on Primary Health Care

A. Background:

For several years, USAID/Jordan's CDSS expressed concern over the disproportionately high attention the MOH placed on curative health care at its costly hospital facilities. Preventive medicine and primary health care simply did not receive equal emphasis at the MOH. The creation of the NMI, with its administrative responsibility for all publicly financed hospitals, heralded a change in this situation.

B. Primary Health Care Reform at the MOH:

The MOH must now redefine its role within Jordan's health sector and must formulate new justifications for continued budget allocations from the Ministry of Finance. The MOH's only basis for medical service delivery to patients is now primary health care (PHC). Its network of PHC and MCH clinics are the new "flagships" of MOH medical services. As a result there is now a unique opportunity to help the MOH reform itself into a public health service with a priority emphasis on primary health care and preventive medicine. The MOH has already begun the reformation process and has identified some general directions for its future programs; however, the reformation process is still incomplete.

C. The Role of the FHS Project:

The FHS Project provides the Mission with a mechanism to help guide the reformation process within the MOH toward an appropriate mix of child-survival and maternal health services. Our existing Primary Health Care Nursing Development

(PHCND) Project can be used to influence the reform process for nurses, nurse-assistants and midwives. However, to address the role of the physician in the delivery of a holistic package of primary health care services (including birth spacing and breast feeding), an alternative to the PHCND Project is required. The FHS Project offers complementary assistance to the MOH in planning for improved primary health care services and for institutionalizing a long-term, career role for physicians in a PHC service structure.

4. Conclusion/Comment

The Mission is striving to respond as flexibly as possible to the rapidly changing policy environment within Jordan's health sector. The new FHS Project offers the means to put action and support behind our words of encouragement to the GOJ in what has become a remarkably successful policy dialogue. We, therefore, request your early approval of the FHS PID.

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