



**Jordan Cost Recovery and Sustainability
for Family Planning**



Quarterly Performance Report

Grantee: JSI Research & Training Institute, Inc. **Report Period:** April 1- June 30, 2000

CA No.: 278-A-00-98-00023-00 **Report No.:** Q-10

Administration

1. Funds for services at JAFPP's five USAID-supported clinics for July through September 2000 were wired into the JAFPP bank account.

Financial Data:

Total Estimated Amount:	\$807,221.00
Total Obligated Amount:	\$807,221.00
Expenditures this Quarter:	\$ 84,722.00
Expenditures to Date:	\$721,295.00
Remaining Under Current Obligation:	\$ 85,926.00
Estimated # of Months Remaining Under Current Obligation:	3.6 months
Cost-Sharing Amount to Be Generated:	\$ 94,303.00
Income Generated this Quarter:	\$ 39,065.00
Income Generated to Date:	\$313,329.00
% of Cost-Sharing Obligation Met to Date:	332 %

Program Activities

The description of Program Activities in all Quarterly and Annual Reports will follow the outline of the Implementation Plan so as to facilitate the annual evaluation of this results-oriented project.

Expected End-Result I: A 3-year plan for cost recovery and sustainability developed

A. Expand JAFPP's market assessment

This activity was completed in the first quarter of 1999.

B. Determine clinic costs and identify areas of inefficiencies through Patient Flow Analysis (PFA)

Activity this Quarter:

- During her April site visit, JSI R&T's Senior Technical Advisor went over the 1999 PFA graphs, statistics and analysis with Dr. Zeinab Abu Sha'ar and other JAFPP staff. It is clear that JAFPP has a complete grasp of PFA in its current format—how to collect the data, how to process the data and how to interpret the data—and require no further technical assistance until the new Windows-based software is available.
- During her April site visit, JSI R&T's Senior Technical Advisor discussed with JAFPP staff the future role of the CORE analysis. Due to its complexity, JAFPP will not pursue the use of this technique any further.

Next Steps:

None, until the extension period. This activity is complete as described in the original workplan

C. Expand and Operationalize JAFPP's Strategic Plan

Activity this Quarter:

- Implementation of the 2000 marketing plans of the five USAID-supported clinics continued (see Expected End-Result V)

D. Improve revenue generation

Activity this Quarter:

- The cost recovery record of the five USAID-supported clinics continues to improve and there was a significant increase in cost recovery over the previous quarter. In the second quarter of 2000, collectively the five USAID-supported clinics recovered 104% of their full

operating costs.

Next Step: Cost recovery levels will continue to be monitored to be sure that improvements noted persist.

E. Evolve an organizational model for JAFPP that promotes and supports sustainability

Activity this Quarter: None

Next Step: It was originally planned to introduce a “responsibility center” model at the Strategic Planning Workshop. However, due to the full agenda of the workshop and the sensitivity to using terminology such as “profit center,” it was decided to postpone this discussion indefinitely.

Expected End-Result II: Quality assurance system established for the entire JAFPP network

During this quarter, routine quality assurance activities were carried on. Routine supervision of the five clinics was carried out by the Medical Director, QA Officer, Executive Director and IEC Officer. Physicians at the project clinics participated in all staff meetings, monitored performance of their staff, and evaluated client satisfaction. Project clinics were supplied with their respective requirements of contraceptives, consumables and IEC materials.

A. Complete staffing necessary for ensuring the quality of basic family planning services

Activity this Quarter:

- Although the addition of a social worker to the Relief Team is considered vital to improving and maintaining quality services, JAFPP has still been unable to hire one due to lack of funds. Although cost recovery continues to improve, the surplus revenue generated must be used to subsidize the four clinics formerly supported by the European Union and therefore cannot be used to pay the salary of a Relief Team social worker.
- As a temporary solution, a Relief Team nurse has been cross-trained to fill in for absent social workers at various clinic sites.

Next Step: JAFPP will continue to investigate sources of funding for a Relief Team social worker. It is hoped that any follow-on funding from USAID will include funding for 1-2 Relief Team Social Workers.

B. Develop and finalize additional tools and procedures needed for the delivery of quality family planning services

Activity this Quarter:

- The new client folder and record forms have been printed. Instead of the 20,000 copies originally planned for, 30,000 were printed.

- JAFPP continues to work on the Clinic Procedures Manual sections. The sections on Clinic Operations and Job Descriptions have been drafted in Arabic and are being finalized. During the quarter, the Medical Director worked on sections encompassing Service Standards (will remain in English) and Quality Assurance. Because labor laws and social security laws have been changed, the Personnel section has been referred to a lawyer.

Next Step:

- JAFPP expects to complete all of the above sections of the Clinic Procedures Manual, except Personnel, by the end of the Project. The Marketing section has not yet been tackled.

C. Institute a Continuous Quality Improvement (CQI) System

Activity this Quarter:

- Translation into Arabic of the customized annexes to the CPP Quality Assurance Manual has been completed.
- During her April site visit, JSI R&T's Senior Technical Advisor discussed with JAFPP the need to implement client satisfaction techniques and internal reviews of problem patients at each of the five USAID-supported sites in order to comply with the Performance Monitoring Plan.

Next Step:

- Funding for printing the Quality Assurance Manual needs to be identified
- JAFPP plans to introduce client satisfaction techniques and internal reviews of problem patients at each of the five USAID-supported sites beginning in July 2000.

D. Promulgate JAFPP's image of quality and its broader reproductive health objectives

This activity was completed in the first quarter of 1999.

Expected End-Result III: Strengthen and expand reproductive health services at the 5 USAID-supported clinics

A. Assist in the implementation of reproductive health services

Activity this Quarter:

- Development of the service delivery protocols for pre-nuptial services—one for physicians and another for all other categories of staff--continued during the quarter. They are expected to be finalized by July.

- A training manual for prenuptial services has been drafted and will be finalized in the next quarter.
- JSI R&T's Senior Technical Advisor completed the translation, from French, of resource material on prenuptial counseling obtained from the Ministry of Health in Morocco and provided the translation to JAFPP's Medical Director.

Next Step:

- The client record form for prenuptial services will be adapted from the one used by the Ministry of Health.

B. Identify additional reproductive health service priority areas

Activity this Quarter:

- During her April site visit, JSI R&T's Senior Technical Advisor discussed the issue of adding new reproductive health services with JAFPP. JAFPP is currently considering services to pre/post-menopausal women and infertility services (monitoring ovulation, blood hormonal assay, counseling, etc.). Headquarters staff plan to interview clinic physicians about their thoughts on these services and may conduct a demand assessment by surveying older clients about their interest in continuing services as they approach their late 40's and early 50s.

Next Step:

- This activity will be incorporated into the strategic planning exercise to be held in September/October 2000.

Expected End-Result IV: JAFPP management staff using MIS data for monitoring, budgeting, planning, and other management decisions.

A. Improve computerization of the MIS

Activity this Quarter:

- JSI R&T's Senior Technical Advisor discussed the two alternative approaches to connecting the clinics via the Internet with JAFPP during her April site visit. JAFPP decided on the lower cost alternative.

Next Step:

- JAFPP together with JSI R&T's Resident Advisor will obtain updated bids for Internet connection.

B. Use CMIS to monitor programs and improve managerial decision-making

Activity this Quarter:

- During her April visit, JSI R&T Senior Technical Advisor worked with JAFPP to develop a set of formal protocols for using data for making routine management decisions—one for the clinic level and one for the headquarters level. The protocol was presented to the JAFPP headquarters staff and modifications were made. As a result of the discussions around the reports that were needed and the management decisions that they supported, it became clear that important data was not available from the CMIS and that a comprehensive review of the CMIS was needed.

Next Step:

- A comprehensive review of the CMIS should be incorporated into AID's planned new project.

C. Establish an MIS section at the JAFPP headquarters

Activity this Quarter:

- During her April site visit, JSI R&T's Senior Technical Advisor worked with JAFPP's MIS Officer on a preliminary task analysis of the MIS staff.

Next Step:

- During the Project extension period, JSI R&T's Senior Technical Advisor will prepare a report, based on the task analysis and the issues discussed in the September/October strategic planning meeting, making recommendations on how the MIS unit should fit into the overall JAFPP structure and on the structure of the MIS unit itself.

Expected End-Result V: Private sector marketing approach implemented Association-wide

A. Develop a Marketing Strategy

Activity this Quarter:

- JSI R&T's Resident Advisor has been closely monitoring the implementation of the marketing plans of five clinics. During the quarter, the following were the results of the marketing activities at the clinic level:

Site	No. of Meetings Held	No. of Potential Clients
Irbed 2	7	320
Mafraq	8	420
Qwaismeh	9	770
Wadi El Seer	4	210
Rusaifa	10	910
	38	2,630

Prospective clients who attend these meetings are invited to visit the clinics to see the facilities for themselves.

- In Mafraq, the social worker visited the municipality, the governor and the university to inform them of the services available at her clinic. The governor was very receptive and put her in contact with the directors of health and social affairs of the governorate.

Next Step:

- Outreach activities and monitoring of these activities will be ongoing.

B. Develop Marketing and IEC Materials

Activity this Quarter:

- A new brochure describing the services available at JAFPP clinics has been completed and 20,000 copies will be printed in the next quarter.
- The leaflet describing JAFPP's prenuptial services was finalized at the end of April and 20,000 copies will be printed in the next quarter.

Next Step:

- The two new brochures will be printed and distributed both in the clinics and by the Friends of the Association in conjunction with their marketing activities.

C. Organize special promotions

Activity this Quarter: This activities has been dropped from the Project

D. Involve Special Populations

Activity this Quarter:

- Planning continued for the scaled-down Year 2000 Youth Festival.

Next Step:

- The next Festival will be held in the fall of 2000. Planning is ongoing.

E. Expand and strengthen the role of members of the Friends of the Association in order to develop a cadre of “sales representatives”

Activity this Quarter:

- A one-day workshop was held on May 24 with an emphasis on increasing the effective participation of the Friends in implementing local clinic marketing plans. The workshop was attended by 17 volunteers, 5 physicians and 5 social workers from the five USAID-supported clinics.

Next Step:

- Efforts will continue to increase the number of active Friends, especially in the Greater Amman area.

F. Develop institutional clients

Activity this Quarter:

- During her April site visit, JSI R&T’s Senior Technical Advisor discussed the issue of how to move forward with institutional clients with JAFPP. JAFPP indicated that obtaining contracts with companies was problematic and the working with insurance companies was more promising.
- JSI R&T’s Senior Technical Advisor provided JAFPP with considerable resource materials on establishing linkages with the commercial sector (see Attachment I).

Next Step:

- JAFPP will continue to pursue the relationships with private health insurers.

Expected End-Result VI: The existing JAFPP training center for FP/RH equipped to provide state-of-the-art in-service training

A. Provide training equipment

Activity this Quarter:

This activity was complete at the end of the 3rd quarter of 1999

B. Develop a plan that will enable the Resource and Training Center to become an income generating “responsibility center”

With the completion of construction and installation of the equipment supplied by JSI R&T, the “physical plant” for the Resource and Training Center is fully operational. JAFPP continues to rent out “excess capacity” to other organizations to begin to generate revenue. Further activities of the Project will focus on building the Center into a national/regional training resource with significant cost recovery capabilities.

Activity this Quarter:

- At the end of April, Mr. Basem Abu Ra’ad, Dr. Zeinab Abu Sha’ar, and Mr. Abdullah Abu Attar, accompanied by JSI R&T’s Resident Advisor George Hazou and Senior Technical Advisor Susan Klein, participated in the study tour to Cairo. They visited the Regional Center for Training in Family Planning (RCT), the National Center for Training and Technical for Breastfeeding (NTTSC), the Center for Development Studies (CDS) and a private clinic and maternity hospital run by Dr. Karim Shaalan.

Next Step:

- Feasibility for a regional Resource and Training Center and a free-standing maternity facility will be examined during the September/October strategic planning consultancy.

Clinic Services

Service activity in the 5 Project-supported clinics--Irbid 2, Al Rusaifa, Al Mafraq, Qwaismeh, and Wadi Al Seir--was as follows:

New Clients

	Total 1999	Q-	Total 2000 Year-to-Date
Receiving family planning services	3,026	747	1,378
Receiving other reproductive health services	4,319	1,549	2,863
Receiving BSE, counseling or consultation only	918	279	575
TOTAL NEW CLIENTS	8,263	2,575	4,816

Client Visits

	Total 1999	Q10	Total 2000 Year-to-Date
Family planning visits	21,685	5,351	9,917
Other reproductive health visits	20,128	6,521	12,183
Receiving BSE, counseling or consultation only	3,205	1,043	1,829
TOTAL VISITS	45,018	12,915	23,929

Methods Distributed

Method	Quantity Distributed in the Q-10	Couple Years of Protection	
		Q10	Total 2000 Year-to-Date
Pills (15 cycles per CYP)	1,067 cycles	71	138
IUDs (1 insertion per 3.5 CYP)	1,080 insertions	3,780	6,993
Condoms (120 units per CYP)	7,739 units	64	120
VFTs (6 tubes per CYP)	0 tubes of 20	0	0
Injectables (4 ampules per CYP)	141 ampules	35	75
Norplant (1 insertion per 3.5 CYP)	1 insertions	3.5	21.5
Tubal Ligations-Referrred (1 procedure per 9 CYP)	0 procedures	0	0
TOTAL		3,953.5	7,347.5

Cost Recovery

	Includes Social Workers (as per targets specified in revised Performance Monitoring Plan)			
	Total 1998	Total 1999	Q10	Total 2000 Year-to-Date
Operating Expenses (in JD)	113,550	115,298	26,580	57,909
Income Generated (in JD)	70,218	99,158	27,658	52,268
% Cost Recovery	61.8%	86.0%	104.1%	90.3%

	Does not include Social Workers (as per targets originally sent to AID/W)			
	Total 1998	Total 1999	Q10	Total 2000 Year-to-Date
Operating Expenses (in JD)	101,302	100,594	23,174	50,501
Income Generated (in JD)	70,219	99,158	27,658	52,268
% Cost Recovery	69.3%	98.6%	119.3%	103.5%

Attachment 1

Resource Materials Provided to JAFPP During the Second Quarter of 2000

Resource Materials Provided to JAFPP

Cost-Recovery/Sustainability--c/o Mr. Basem Abu Ra'ad

April 22, 2000

- a. Guidelines for Strengthening Institutions and Recovering Costs. JSI/SEATS, 1997.
- b. Enhancing the Sustainability of Reproductive Health Services: Lessons Learned from the SEATS II Project. JSI/SEATS, 2000.

Quality Assurance/CQI--c/o Dr. Salma Zo'abi

April 22, 2000

- a. Mainstreaming Quality Improvement in Family Planning and Reproductive Health Services Delivery: Context and Case Studies. JSI/SEATS, 2000.

Reproductive Health--c/o Dr. Zeinab Abu Shar

April 22, 2000

1. Translation of Moroccan Prenuptial Counseling Pilot Project

Marketing/IEC c/o Mr. Basem Abu Ra'ad

April 22, 2000

- a. Employer-Provided Family Planning in the Private Sector: The Lessons of Enterprise. The Enterprise Program, March 1991.
- b. Guide to Conducting Cost/Savings Analysis of Private Sector Family Planning Programs. The Enterprise Program, May 1991.
- c. The Tata Steel Family Welfare Story: Benefits for Company and Community. Population Reference Bureau, March 1989.
- d. Issues in Private Sector Family Planning: the Experience of the Enterprise Program. The Enterprise Program, September 1991.
- e. *The Enterprise Program: Innovations in Private Sector Family Planning*
- f. The Enterprise Program: Final Report. The Enterprise Program, September 1991.
- g. Enterprise in Mexico: A Strategic Approach to Private Sector Family Planning. The

Enterprise Program, August, 1990.

- h. Enterprise in the Philippines: A Strategic Approach to Private Sector Family Planning. The Enterprise Program, July 1990.
- i. Franco, C., Quinley, J., Schwethelm, B., Kachule, T., and Burkhalter, B. Employer-Based Programs in Maternal and Child Health: Project HOPE's Strategy for Attaining Long-Term Sustainability of Health Promotion in Malawi. BASICS, 1997.
- j. Fort, C. The Enterprise Program Follow-Up Study: Were Private Sector Family Planning Services Sustained?, SEATS Program, March 1994
- k. Bonardi, R. The PROFIT Model for Implementing Partnerships. PROFIT, September 1997.
- l. Mitchell, S. Conducting a Private Sector Family Planning Country Assessment. PROFIT, September 1997.
- m. The PROFIT Project: A Compendium of Experience and Findings. PROFIT, September 1997.

Training Center--c/o Dr. Zeinab Abu Sha'ar

April 22, 2000

- 1. Gaumard Scientific Catalogue: Simulators for Health Care Education. (2000/01)

14