



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



**Quarterly Performance Report**

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

**CA No.:** 278-A-00-98-00023-00

**Report No.:** Q-11

**Administration**

1. Funds for services at JAFPP’s five USAID-supported clinics for October through December 2000 were wired into the JAFPP bank account.
  
2. An extension to the Cooperative Agreement was signed. The extension adds six months to the term of the project and \$438,020 to the budget. Along with the increased budget, JSI R&T’s cost-sharing amount is also increased (12.6% of \$807,221 plus 7% of \$438,020). For the extension period, the operating costs of four additional clinics will be covered and JSI R&T’s subagreement with JAFPP will be amended to reflect this.

**Financial Data:**

Total Estimated Amount:	\$1,245,241.00
Total Obligated Amount:	\$1,245,241.00
Expenditures this Quarter:	\$ 69,757.00
Expenditures to Date:	\$791,051.00
Remaining Under Current Obligation:	\$454,190.00
Estimated # of Months Remaining Under Current Obligation:	18.9 months
Cost-Sharing Amount to Be Generated:	\$132,371.00
Income Generated this Quarter:	\$ 38,093.00
Income Generated to Date:	\$351,422.00
% of Cost-Sharing Obligation Met to Date:	265 %

## **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:** No activity this quarter

#### **Next Steps:**

The annual PFA study will be done at each of the five USAID-supported clinics in the next quarter. During the extension period, JAFPP will convert to the new Windows-based PFA and studies will be conducted in both the current and new USAID-supported clinics.

### **C. Expand and Operationalize JAFPP's Strategic Plan**

#### **Activity this Quarter:**

During the second half of September, 2000, JSI R&T assisted JAFPP in undertaking a highly participatory strategic planning exercise meant to chart its course into the new millennium..

- Preliminary to the workshop:
  - -JAFPP clinic staff collected data on the competition in their respective catchment areas, including names and location, services provided and costs.
  - The JSI R&T Resident Advisor accompanied consultants on field visits to JAFPP clinics (including Qweismeh, Wadi El Seir, Rusaifa, Mahata, and Ibed 1 and 2) where they meet with clinic staff, observed services being provided, collected data and interviewed clients. They also met with 5 private physicians in the catchment areas and visited two private hospitals in Amman providing maternity and infertility services.
  - Consultant Dr. Karim Shaalan did a preliminary assessment of the feasibility of establishing an inpatient maternity/gyn hospital and an outpatient ob/gyn surgi-center. It was determined that both of the two models would require considerable financial investment and were a major divergence from JAFPP's current portfolio of services and that neither of the two models were likely to be able to be profitable.

- Consultant Dr. Zeinab Heada conducted a situation analysis of JAFPP's capacity as a family planning / reproductive health training center. It was determined that JAFPP's training facilities were well-equipped. While JAFPP was providing a good deal of training, the training documentation needed to be improved. Dr. Zeinab made recommendations for moving forward to establish a Resource and Training Center.
- The strategic planning process itself was facilitated by consultant, Carol Flaherty-Zonis, with the assistance of JSI R&T staff Susan Klein (Senior Technical Advisor), Sarah Littlefield (Finance Advisor) and Kumkum Amin (Marketing Advisor), as well as consultant Jeffrey Zonis. During the 4-day workshop, the Board of Directors, staff, selected members of JAFPP women friends and selected members from the General Assembly identified organizational values and beliefs; analyzed JAFPP's strengths, weaknesses, opportunities and threats (SWOT); defined indicators of success and analyzed the gaps between the current situation and the success indicators; revised the organization's Mission Statement; redefined its goals, and; identified a broad set of strategies aimed at achieving these goals.

**D. Improve revenue generation**

**Activity this Quarter:**

- The cost recovery record of the five USAID-supported clinics remains high. In the third quarter of 2000, collectively the five USAID-supported clinics recovered 99.1% 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:** None

***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:**

- The nurse of the mobile clinic was given further training so that she could fill in for the regular Relief Team nurse while she is on extended sick leave.
- With the signing of the project extension, JAFPP began the recruitment process for a Relief Team social worker by advertising the position.

**Next Step:** The recruitment, selection, training and fielding of a Relief Team social worker will be concluded by the end November, 2000.

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

**Activity this Quarter:**

- 30,000 copies of the new client folder and record forms have been distributed to all of the JAFPP clinics.
- No work was done on the Clinic Procedures Manual sections during the quarter.

**Next Step:**

- JAFPP still expects to complete all of the above sections of the Clinic Procedures Manual, except Personnel, by the end of the Project.

**C. Institute a Continuous Quality Improvement (CQI) System**

**Activity this Quarter:**

- The Arabic translation of the customized annexes to the CPP QA manual has been finalized.
- During the quarter, JAFPP began to institute a procedure for monitoring client satisfaction on a quarterly basis. A client satisfaction questionnaire was developed and the staff of all JAFPP have been trained to conduct exit interviews using this questionnaire.
- JAFPP has instituted a system to review the management of problem patients at all of its clinics. Twice a month, the physician in each clinic will convene a meeting of her staff to discuss, as a team, particular patient problems they have faced in the previous period.

**Next Step:**

- With the completion of the translation of the Quality Assurance Manual, 30 copies will be printed. The Manual will be distributed to the five USAID-supported clinics that have already received training in Quality Assurance and provision will be made to train the staff

of the remaining clinics during which time they will be provided with copies of the Manual

- Clinics will forward the first client satisfaction analyses to JAFPP headquarters.

**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.
- A training manual for pre-nuptial services has been finalized. A workshop for physicians, nurses and social workers, based on this manual, was held in August 2000.
- The client record form for pre-nuptial services has been adapted from the one used by the Ministry of Health.

**Next Step:**

- Finalization of the protocol for pre-nuptial services has been delayed (originally expected to be completed in July) until October.

**B. Identify additional reproductive health service priority areas**

**Activity this Quarter:**

- During the strategic planning workshop in September, a number of possible new services, including reproductive health services, were identified:
  - Expanded laboratories at the clinic and central level
  - Infertility services
  - Services to pre/postmenopausal women
  - Services for men
  - Sexuality counseling
  - Well-baby services / immunization
  - Nutrition counseling / weight loss clinic
  - Breast and Mammography Center(s)
  - Men's Reproductive Health Center
  - Reproductive Health Resource and Training Center

**Next Step:**

- Feasibility studies will be undertaken early in the new project to determine which of these services will be pursued and on what schedule.

***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:**

- Bids for the Internet connection via JAFPP to all clinics have been collected and Nets has been selected as the provider.
- The server unit for the Headquarters has been purchased.

**Next Step:**

- Clinic computers need to be upgraded in order to support the Internet connection.

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

**Activity this Quarter:** No activity this quarter

**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:**

- This issue was touched upon as part of the strategic planning process. It will be dealt with in the overall re-organization that will be addressed during the new project.

**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. The social workers, supported by the Friends of the Association, in each catchment area visited resource people in youth centers, women's unions and schools/colleges. Prospective clients who attend these meetings are invited to visit the clinics to see the facilities for themselves.

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	6	230
Mafrag	7	395
Qwaismeh	6	695
Wadi El Seer	4	228
Rusaifa*	5	340
	28	1,888

\* Rusaifa's performance was negatively affected by the car accident that severely injured the physician and social worker who were on sick leave for more than a month.

**Next Step:**

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

**B. Develop Marketing and IEC Materials**

**Activity this Quarter:**

- Funds have been reallocated in order to print 20,000 copies of the new brochure describing the services available at JAFPP clinics and the leaflet describing JAFPP's prenuptial services.

**Next Step:**

- The two new brochures will be printed in November 2000.

**C. Organize special promotions**

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

**D. Involve Special Populations**

**Activity this Quarter:**

- Because no Youth Festival has ever been held in the southern region, a scaled-down version of the Youth Festival was held in Aqaba, using IPPF rather than USAID funds. The subagreement budget that had been set aside for this activity has been reprogrammed to cover the costs of printing new client record forms.

**Next Step:**

- No additional activity is anticipated as part of this Project

**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:**

- The Friends of the Association continue to play an active role in marketing JAFPP services at the local level. They make home visits and organize meetings of groups of women to promote JAFPP clinics, FP/RH services. They invite women to visit the clinics and sometimes accompany them on these visits. They also organize meetings for the clinic social workers to meet with local women’s associations.

**Next Step:**

- JAFPP will continue to consider strategies to more effectively involve the Friends, such as paying some transport expenses and honorariums as well as inviting the to attend workshops and ceremonies that JAFPP may conduct periodically

**F. Develop institutional clients**

**Activity this Quarter:**

- There was no work done on this activity during the quarter.

**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 3<sup>rd</sup> 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:**

- Preliminary to the strategic planning workshop, consultant Dr. Zeinab Heada did a situation analysis of JAFPP’s training capacity and needs with an eye toward developing a sustainable Resource and Training Center.

**Next Step:**

- Preliminary feasibility for the regional Resource and Training Center will be assessed during the next quarter pursuant to information gathered during the strategic planning process.

### Clinic Services

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

### New Clients

	Total 1999	Q-11	Total 2000 Year-to-Date
Receiving family planning services	3,026	691	2,069
Receiving other reproductive health services	4,319	1,593	4,456
Receiving BSE, counseling or consultation only	918	381	956
<b>TOTAL NEW CLIENTS</b>	<b>8,263</b>	<b>2,665</b>	<b>7,481</b>

### Client Visits

	Total 1999	Q11	Total 2000 Year-to-Date
Family planning visits	21,685	5,114	15,031
Other reproductive health visits	20,128	6,327	18,510
Receiving BSE, counseling or consultation only	3,205	1,160	2,989
<b>TOTAL VISITS</b>	<b>45,018</b>	<b>12,601</b>	<b>36,530</b>

### Methods Distributed

Method	Quantity Distributed in the Q-10	Couple Years of Protection	
		Q11	Total 2000 Year-to-Date
Pills (15 cycles per CYP)	1,023 cycles	68	206
IUDs (1 insertion per 3.5 CYP)	1,012 insertions	3,542	10,535
Condoms (120 units per CYP)	6,521 units	54	174
VFTs (6 tubes per CYP)	0 tubes of 20	0	0
Injectables (4 ampules per CYP)	131 ampules	33	108
Norplant (1 insertion per 3.5 CYP)	3 insertions	11	32
Tubal Ligations-Referrred (1 procedure per 9 CYP)	2 procedures	18	18
<b>TOTAL</b>		<b>3,726</b>	<b>11,073</b>