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## **Strengthening Family Planning Project**

تعزیز تنظیم الأسرة

### **Annual Report**

**October 1, 2013–September 30, 2014**

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## Abbreviations

AOR	Agreement Officer's Representative
BCC	Behavior Change Communication
BOD	Board of Directors
BSP	Bayer Schering Pharma
CBO	Community-Based Organization
CCA	Circassian Charity Association
CHW	Community Health Worker
CMIS	Clinic Management Information System
COC	Combined Oral Contraceptive
CPAFP	Coalition of Private Associations for Family Planning
CPR	Contraceptive Prevalence Rate
CYP	Couple Years of Protection
DPMA	Depot Medroxyprogesterone Acetate
ECP	Emergency Contraceptive Pill
EBM	Evidence Based Medicine
ERP	Enterprise Resource Planning
EU	European Union
FP	Family Planning
GOJ	Government of Jordan
GP	General Practitioner
GUVS	General Union of Voluntary Societies
HCAC	Health Care Accreditation Council
HMIS	Health Management Information System
HPC	Higher Population Council
HPP	Health Policy Project
HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health
HRM	Human Resources Management
HSSII	Health Systems Strengthening II project
ICDL	International Computer Driving License
IEC	Information, Education, and Communication
IT	Information Technology
IUD	Intrauterine Device
JAFPP	Jordan Association of Family Planning and Protection
J-CAP	Jordan Communication, Advocacy, and Policy Project
JPA	Jordan Pharmacists Association
JUH	Jordan University Hospital
MWRA	Married Women of Reproductive Age
M&E	Monitoring & Evaluation
MoH	Ministry of Health
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
NWD	Network Doctor
OB/Gyn	Obstetric/Gynecologist

OCP.....Oral Contraceptive Pill  
OJT.....On-the-Job Training  
PFH.....Population and Family Health  
PMP.....Performance Monitoring Plan  
POP.....Progestin Only Pills  
PR.....Public Relations  
QA.....Quality Assurance  
RH.....Reproductive Health  
SHOPS.....Strengthening Health Outcomes through the Private Sector  
STTA.....Short Term Technical Assistance  
SWOT.....Strengths, Weaknesses, Opportunities, and Threats  
TA.....Technical Assistance  
TFR.....Total Fertility Rate  
ToT.....Training of Trainers  
UNRWA.....United Nations Relief and Works Agency for Palestinian Refugees  
USAID.....United States Agency for International Development

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# Executive Summary

## Background

Under the Strengthening Health Outcomes through the Private Sector (SHOPS) Leader with Associate (LWA) Cooperative Agreement, USAID/Jordan issued an Associate Award to Abt Associates for a five-year program called “Strengthening Family Planning” or in Arabic, *Ta’ziz Tanzim Al Usra* (in short, *Ta’ziz*).

The goal of this project is to expand the access, quality, and utilization of family planning (FP) services through engagement with the private, non-governmental sector in Jordan. The program will contribute to increased availability and use of modern contraceptive methods, a reduction in the current high rates of discontinuation and a reduction in unmet need. The project will realize these goals by working with the private sector, collaborating with both for-profit and non-profit non-governmental organizations. The project has three primary result areas:

- A. Strengthened management and governance systems and increased financial sustainability at the Jordan Association for Family Planning and Protection (JAFPP)
- B. Increased access to and quality of private sector family planning services
- C. Increased demand for family planning products and services in the total market

This report conveys the results of the fourth full year of program implementation from October 1, 2013 to September 30, 2014.

## Key milestones achieved in year 4

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

#### A.1 NGO management and governance strengthening

- Comprehensive human resources management (HRM) system, organizational structures, job descriptions, and salary scale and grading system developed for Hussein Labor Clinics (HLC) and Aman Jordanian Association (AJA).
- Delegation of authorities chart developed for HLC, AJA, and Islamic Charity Center Society (ICCS).
- Information technology (IT) infrastructure upgraded at ICCS, HLC, and AJA.
- Stage one completed for installation of a clinic management information system (CMIS) with partner NGOs; client file, appointment system, invoicing, and inventory modules tested and deployed at ICCS, HLC, and AJA.
- JAFPP organizational performance assessed against management and governance systems targets outlined in the project’s performance monitoring plan (PMP); JAFPP exceeded targets for human resources, financial, and procurement management procedures.
- Four training sessions on clinic management completed with 88 clinic staff attending.

#### A.2 NGO financial sustainability

- Business plans developed for JAFPP and AJA.
- Two project proposals, one concept note, and two funding requests developed and submitted by JAFPP to potential donors.

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

### B.1. Clinic property acquisition and renovation

- Six properties purchased through JAFPP subgrant
- Eight JAFPP clinics renovated
- FP/RH sections of four ICCS clinics and two HLC clinics renovated

### B.2. Clinical and counseling training for private sector providers

- Provided FP/RH clinical and counseling training for 822 participants

### B.3. FP/RH service quality assurance and improvement

- Quality systems established at JAFPP, ICCS, AJA, and HLC clinics
- Unified client files and service records adopted by JAFPP, ICCS, AJA, and HLC, and incorporated in newly installed CMIS.
- Client satisfaction reports generated by JAFPP, ICCS, AJA, and HLC
- FP service quality certification program designed and pilot implementation plan developed

### B.4. EBM approach to enhance capacity of FP providers

- Developed 20 CATs for single rod implants and 15 CATs for the vaginal ring
- Updated 24 CATs for depot medroxyprogesterone acetate (DMPA)
- Completed grading the level of evidence of 130 CATs on various methods and practices according to the supporting evidence
- Completed the design of the evidence notebook
- Conducted 1,200 academic detailing visits to 300 doctors covering EBM/RH topics related to birth spacing and single rod implants
- Conducted 11 EBM round table discussions on birth spacing and single rod implants with 305 private doctors in attendance
- Developed tools to measure and assess changes in provider knowledge pertaining to birth spacing and single rod implants, collected data and commenced with measurement

### B.5. Private doctors' network

- Network expanded to 280 physician members

### B.6. Pharmacist program

- Conducted 1,200 academic detailing visits to 300 pharmacies covering EBM topics related to OCPs.
- Conducted 12 EBM seminars with 981 pharmacists in attendance
- Conducted seven lectures on family planning and OCPs for the University of Jordan with 445 pharmacy students in attendance
- Posted EBM descriptive content and CATs on modern contraceptive methods on JPA's website

### B.7. Private hospitals initiative

- Postpartum contraception initiative launched with private hospitals

#### B.8. NGO performance-based family planning service grants

- Performance-based grants awarded to four NGO partners, JAFPP, ICCS, Aman, and HLC; JAFPP earned first performance incentive payment

#### B.9 MoH supply contingency

- No contingency required this year

#### B.10 Increased collaboration between the public and private sectors

- Public-private partnership in family planning (PPP-FP) roundtable conducted with public and private stakeholders, cohosted by the Higher Population Council (HPC) and Ministry of Health

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

#### C.1. Marketing support for NGO performance-based subgrantees

- Thirteen family fairs executed by NGO subgrantee partners (JAFPP executed eight family fairs, HLC executed three, and AJA executed two)

#### C.2. JAFPP institutional repositioning and NGO advocacy capacity building

- JAFPP perception survey report produced, repositioning activities enacted
- Coalition of Private Associations for Family Planning (CPAFP) formed and launched, advocacy event conducted

#### C.3. National method-specific social marketing campaigns

- IUD integrated social marketing campaign completed
- Over 12,000 women reached through 59 IUD edutainment lectures conducted across the Kingdom

#### C.4. Network doctor marketing support

- 20 NWDs media trained
- 184 Q&A and EBM/RH “press corner” advertorials developed and published
- 11 TV and 4 radio interviews and talk show appearances executed with NWDs

#### C.5. IEC materials and tools

- IEC materials and tools produced and distributed to all new NGO partners

#### C.6. Expansion of contraceptive method choice

- Third contraceptive method mix expansion workshop conducted with MoH; consensus achieved on selecting Cyclofem® as the first option for pilot test
- MoH technical committee affirmed Cyclofem selection as new contraceptive method for test and agreed to work with the project in designing a pilot program
- Three potential agents (drug importers/distributors) for Cyclofem identified.
- Registration process initiated for Cyclofem with the JFDA but postponed to 2015 as the Indonesian manufacturer needs time to update a required CTD file
- Discussion initiated with MSD on the formal introduction of Implanon to the Jordanian private market at a reduced price

### C.7 Consumer promotions

- Jordan Pharmacists Association (JPA) delivered signed memoranda of understanding (MOUs) with pharmacies to secure their participation in the “contraceptive choice” coupon pilot program; 110 pharmacies engaged in contraceptive choice coupon pilot
- Distribution channels expanded for the “contraceptive choice” coupons to NGO partner clinics
- Promotional materials for the contraceptive choice coupon developed and distributed to participating pharmacies
- In-clinic promotion enacted for the contraceptive choice coupon

### C.8. Contraceptive insurance benefit

- Demand side (beneficiary) baseline survey and cost minimization analysis completed
- Contraceptive insurance benefit promoted to insurance beneficiaries

### C.9. Contraceptive insurance benefit

- Conducted home-based visits to 259,177 Jordanian women through the community outreach program

## **Publications/products produced in year 4**

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

- JAFPP Financial Sustainability Report (Banyan Global)
- JAFPP and AJA business plans
- JAFPP project proposal for providing reproductive health and family planning (RH/FP) services to refugee women in communities in Jordan
- AJA and HLC HR policy and procedures manuals, incorporating salary scales and grading systems, job descriptions, and organizational structures
- JAFPP Management and Governance Progress Assessment Report
- User and administrator manuals for CMIS client file, appointment, invoicing, and inventory modules

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

- The Impact of Evidence-Based Medicine on Family Planning Providers’ Knowledge, Attitudes, and Practices: A Randomized Experiment in Jordan
- Client Satisfaction Pilot Survey Results
- Postpartum care and contraception training module
- Acute obstetric complications and counseling for safe motherhood/family planning training module
- Updated DMPA training module for doctors( English) and DMPA counseling training module for nurses and social workers (Arabic)
- Updated reproductive tract infections training module for doctors (English) and nurse/midwives (Arabic)
- Private Family Planning Services Certification, Consultancy Report and Pilot Design

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

- Evaluation Report: Reach and Effect of the Social Marketing Campaign for Oral Contraceptive Pills, 2011-13
- JAFPP Stakeholders’ Perception Study



## **A. Strengthened NGO management and governance systems and increased financial sustainability**

In year 4, the project provided organizational development (OD) support to three new partner NGOs that provide clinical FP services – Islamic Charity Center Society (ICCS), Hussein Labor Clinics (HLC), and Aman Jordanian Association (AJA). The decision to provide OD support to these NGOs was based on needs identified in organizational assessments to evaluate their readiness to receive and successfully implement performance-based FP service grants. Meanwhile, the project continued to provide support to the JAFPP to strengthen its management and governance systems and to enhance its prospects for achieving financial sustainability. This included the provision of technical support for business plan development and new business development.

The project gave special attention to the development of a CMIS for JAFPP and the other three NGOs. In year 4, the project completed the upgrading of ICCS, HLC, and AJA computer hardware required for the installation of the CMIS, and it developed and installed four modules (client file, appointment system, invoicing, and inventory). The project also completed the design quality management and client satisfaction modules. The project aims to have nine CMIS modules operational with its partner NGOs in year 5 (Y5).

### **A.1. NGO management and governance strengthening**

#### **Human resources management**

The project's organizational pre-award survey for AJA and HLC identified needs to refine their organizational structures, develop job descriptions, and establish human resources management functions and procedures.

In year 4, the project developed and implemented successfully with AJA and HLC:

1. Improved organizational structures that better align with the NGOs' strategies and functions
2. Job descriptions aligned with the organizational structure; quality, marketing, and resource development functions introduced to both NGOs.
3. Salary scale and grading system
4. HR policy manual
5. HRM procedures that include management of personnel files, performance appraisals, leave procedures, training programs, and personnel recruitment and termination policies.

The project also supported the development of a modern open performance appraisal system at ICCS.

The project supported the development and implementation of a performance appraisal system at JAFPP in year 3. Following its initial implementation, the project identified the need for further training and capacity building to ensure the success of the new system. In year 4, the project simplified performance appraisal forms and developed self-explanatory general competencies and job performance indicators.

### **Balanced scorecards system**

The ICCS has adopted a strategy with the vision of moving from relief to development, accompanied by attempts to modernize its systems and practices. However, the project assessment findings revealed that the society does not have the proper tools nor board or departmental ownership and commitment to implement its strategic plan. The project has supported the ICCS in establishing a balanced scorecards (BSC) system, which is a very powerful tool to engage stakeholders in implementing plans.

### **Delegation of authority/governance reform**

The project has supported ICCS, AJA, and HLC in developing a delegation of authority (DOA) chart that delineates the role of the Board of Directors in endorsing and steering the executive management teams. It also provides clear delegation of authorities to the executive team to carry out its day-to-day work.

### **Balanced Scorecard Basics**

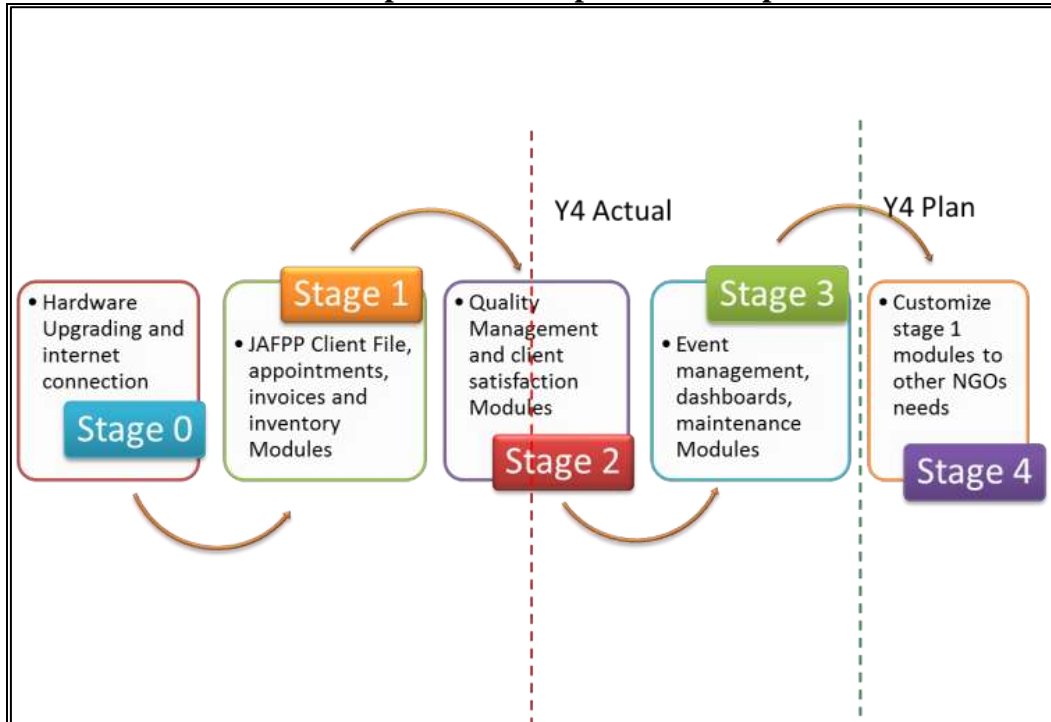
The balanced scorecard is a strategic planning and management system that is used extensively in business and industry, government, and nonprofit organizations worldwide to align business activities to the vision and strategy of the organization, improve internal and external communications, and monitor organization performance against strategic goals. Drs. Robert Kaplan (Harvard Business School) and David Norton originated it as a performance measurement framework that added strategic non-financial performance measures to traditional financial metrics to give managers and executives a more 'balanced' view of organizational performance. (Balance Scorecard Institute website)

The project had planned to provide support to HLC to refine its governance structure. As a precursor to this, the project determined that HLC needed to adjust its legal status, and it assessed and identified a number of actions that HLC would be required to undertake to comply with Jordanian law. However, the project could not move this forward as HLC was reluctant to implement changes that might require the organization to give up pharmacy and dental services it currently provides.

### **Clinic management systems**

In year 4, the project introduced a clinic management information system (CMIS) to its NGO partners. Findings of pre-award surveys and organizational assessments conducted by the project showed that its NGO partners, with the exception of the JAFPP, lacked a reliable information system that could provide data for performance indicators under the performance-based grants. A detailed assessment of the NGOs' IT readiness identified the need to upgrade their infrastructure to accommodate the new CMIS. The hardware upgrading process at the three NGOs was not completed until July, although the stage one modules of the CMIS (client file, invoicing, inventory, and appointment system) were developed and tested by the end of quarter two. This caused a delay in the deployment of the CMIS at the partner NGOs. The actual deployment of the first four modules took place in Q4. As a result, the project had to reschedule its CMIS implementation plan, with timing for completion pushed to Q2, Y5.

## CMIS development and implementation process



By the end of Y4, the project successfully deployed stage one modules at HLC and ICCS and trained their clinic staff and system administrators how to operate them. Clinic staff at these two NGOs will be retrained so that they can start using the system to generate reports for the performance-based grants. The project developed stage two modules, which include quality compliance and client satisfaction modules, with implementation rescheduled for Year 5.

### **JAFPP management and governance performance assessment**

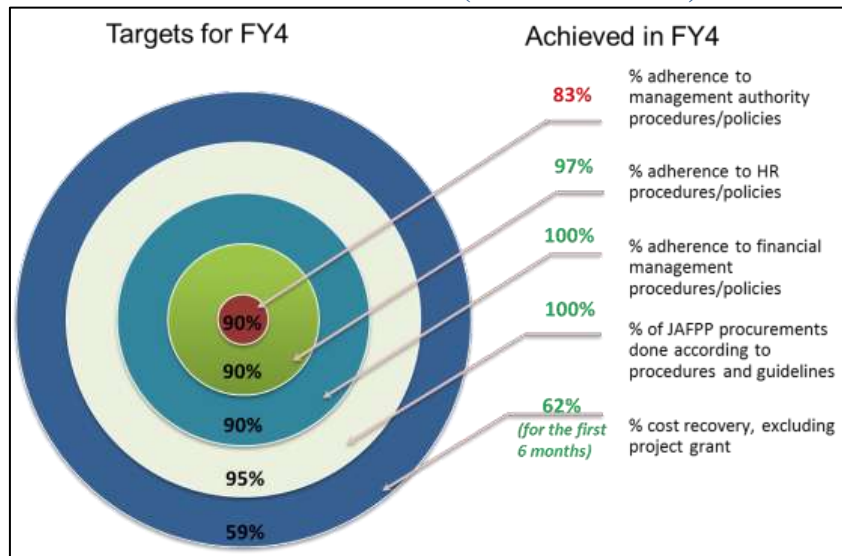
The project assessed JAFPP performance in strengthening and improving its management and governance systems and its adherence to management and governance procedures and policies. The assessment found:

1. JAFPP has sustained improvements in management and governance structures, systems, and procedures over the last two years.
2. JAFPP governance is effective with adherence to the association's new bylaws, delegation of authority reforms, and code of ethics.
3. JAFPP's senior management team (SMT) drove the organizational change process with project support; both the executive director and first line managers participated actively and demonstrated solid commitment.
4. The change process was constrained in part due to the instability of the BOD leadership; however, the constraint was effectively addressed through continuous dialogue and coordination between different board members and the Ta'ziz project.
5. The quality of BOD and managerial decision-making has improved, which is generally based on information and consultation.
6. There is clear progress in the development of organizational capacities that include performance capacity, staff capacity, workload capacity, supervisory capacity, support service capacity, systems capacity, structural capacity, and role capacity. Supervisory capacity is the weakest area.
7. Management is more empowered and in a better position to support the association's clinics and programs than it was two years ago. However, the clinics require higher

productivity and higher utilization of their capacity to achieve the objectives outlined in the association’s 18-month business plan for 2014-2015. The primary challenge is to maximize existing management capacity to support the association’s clinic network.

The assessment assigned percentage ratings for JAFPP’s adherence to project targets set for the year 2014. The JAFPP surpassed its HR, financial, and procurement compliance targets. However, the association needs to expend more effort on improving the performance of its board. Recruitment and orientation of new association members remain unsystematic. The assessment also concluded that board members should play a more active role in resource development and public relations activities.

### Main 2014 Outcomes (PMP Indicators)



The project drew on the recommendations of the assessment to identify required interventions to support JAFPP’s continued improvement in management and governance in Y5.

### Training and capacity building

#### **Clinic management training**

JAFPP clinic managers participated in the final training session for clinic management that started last year, while training was intensified for clinic receptionists in year 4. The project assessed the knowledge gained by JAFPP clinic managers by the end of the training program. Comparing the pre-assessment scores with the post-assessment scores showed that 75% of participants increased their knowledge by more than 20%.

Following are the management training sessions conducted in Year 4:

1. Emotional intelligence: delivered to JAFPP, HLC, and AJA clinic managers. It aimed to introduce the concept of emotional intelligence at work. Twenty-three clinic managers attended.
2. Customer service management: delivered to clinic receptionists. It aimed to create awareness of the importance of maintaining a positive attitude towards customers, customer satisfaction, and understanding client wants and expectations. Twenty-five clinic receptionists attended.

3. Time and stress management training: delivered to clinic receptionists. It aimed to enable trainees to manage time effectively in order to contribute to clinic targets, gain a clearer picture of the priorities of tasks at work, and understand sources of stress and stress management. Twenty one clinic receptionists attended
4. Conflict management training: delivered to clinic receptionists. It aimed to train receptionists on how to manage conflict situations rationally, logically, confidently, and quickly. Nineteen receptionists attended.

### **Financial management training**

The project has built on its success in establishing and institutionalizing HR functions at JAFPP. It has supported the enrollment of the HR officer in a certified HR diploma training; this has enabled the project to exit and successfully hand over HR support to the HR officer. In year 4, the project supported the enrollment of the financial manager in a six-month Certified Management Accountant program. This intensive professional training will build the capacity of the JAFPP financial manager to extend his tasks to monitor JAFPP financial performance and support the board and management in the financial strategic manager role.

### **IT training**

To support the development and implementation of the CMIS program with partner NGOs, the project has conducted two one-day training sessions for all users of the system at ICCS, AJA, and HLC. The training program covers use of the computerized client file, appointment system, and invoicing and inventory systems. Twenty-five receptionists and system administrators attended the training. In addition, intensive on the job training has been provided to the system administrators at the three NGOs.

## **A.2. NGO financial sustainability**

### **Business plans**

#### **JAFPP**

In order to accelerate JAFPP cost recovery and support its prospects for achieving financial sustainability, the project supported the development of an 18-month business plan that provides a priority list of achievable actions. The plan outlines goals for achieving cost recovery levels of 59% by the end of 2014 and 72% by the end of 2015 (exclusive of project grant funding).

The business plan identifies the following priority tasks to realize immediate improvement in cost recovery:

1. Eliminating significant operational inefficiencies at the clinics and at headquarters
2. Increasing utilization of clinic capacity
3. Increasing income per clinic visit and per client
4. Eliminating, or at least managing, the severe financial drainage by the seven worst performing clinics (in terms of deficit and cost recovery).
5. Increasing the price of at least one loss making clinical service: antenatal

JAFPP started business plan implementation and it recorded notable progress in increasing utilization of clinic capacity and moved to increase the price of its antenatal services, which was identified in a previous analysis as a loss-making service. By the end of the first six months of 2014, JAFPP had achieved an 11% increase in revenue compared to the same

period of 2013. By the September 2014, it was achieving cost recovery at a rate of 60%.

### **Aman Jordanian Association**

The project pre-award assessment for AJA identified lack of funds as a major risk to the sustainability of its operations. It was 100% reliant on donors. The project supported the development of a one-year business plan for AJA that calls for achieving 30% cost recovery through the development of sustainable sources of income. The business plan outlines strategies that would help AJA increase the number of family planning and reproductive health visits and sustain the increase through strengthening clinic performance and quality.

### **Business development**

The project continued to provide JAFPP with technical support for business and proposal development to support their overarching goal of attaining financial sustainability as an institution. In year 4, the project supported the integration of business development roles and responsibilities into JAFPP's executive manager and program manager job descriptions. The project also supported the updating of a donors' matrix that identifies potential initiatives, donors, and sources of funding and their requirements. The matrix helped JAFPP track opportunities and develop potential partnerships with donors where interests align.

With project support, the JAFPP submitted:

1. A concept note to UNFPA to fund JAFPP's provision of services to Syrian refugees; target grant amount is JD 30,000.
2. A proposal for a two-year project with a budget of JD 1,218,000 that would provide FP/RH services to Syrian refugees living in Jordanian communities. It was submitted to 11 potential donors and JAFPP had follow up meetings with five of them.
3. Two co-funding requests to the British Embassy and the Australian Embassy for a program that would extend the operating hours of the Bayader clinic.
4. An outreach project proposal submitted to the USAID Civil Society Initiative for its second round grant solicitation.

### **Challenges and solutions**

The project faced challenges in introducing use of the new CMIS with its partner NGOs, in part due to IT hardware supplier delays and in part due to NGO clinic staff and administrators being unaccustomed to use of technology. The project is taking steps to provide additional training and hands on technical assistance to its partners to facilitate full-scale adoption in Y5 and it will customize the CMIS as needed to address NGO needs.

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

The support provided for the JAFPP was successful in strengthening and maturing quality improvement cultures and structures for family planning services in existing and newly established clinics and led to sustained improvements in the main quality domains. The strengthened supportive supervision and updated quality monitoring system produced clinic-based quality of care data that guided clinics in their continuous improvement interventions that were in line with improvements achieved at the organizational level.

In year 4, experience and lessons learned with JAFPP guided the establishment and implementation of quality assurance systems with the three new partner NGOs (ICCS, HLC, and AJA). Systemic quality improvement interventions were commenced in close collaboration with HCAC, starting with initial quality assessments of the functionality of the quality system at each NGO, including JAFPP, in order for the project to evaluate and refine support provided to each partner.

Eight predetermined quality indicators guided the assessment and subsequent corrective actions (with 45% weight allocated for provider competency, degree of knowledge, and skills application in client care). Need-based comprehensive advanced FP counseling and clinical training was provided to the project's wide base of partners including JAFPP, UNRWA, ICCS, HLC, AJA, Institute for Family Health (IFH), private network doctors (NWDs), and recently for hospital providers at the four selected hospitals for the postpartum contraception pilot.

The project continued to monitor and improve quality of family planning services provided for the referred outreach clients through monthly client phone interviews, quarterly focus groups discussion with the community health workers, and doctors' self-assessment reports.

The project developed a design for quality certification scheme for private FP services, described in the project work plan for Y5, FY15. In addition, the project advanced initiatives in evidence-based medicine/reproductive health (EBM/RH) and its work with pharmacists, continued to expand the private doctors' network, and launched its postpartum contraception pilot with private hospitals. In addition, Ta'ziz initiated an effort with the Higher Population Council (HPC), Ministry of Health (MoH), and stakeholders to strengthen public-private partnership in family planning.

### **B.1. Clinic property acquisition and renovation**

In year 4, Ta'ziz and the JAFPP achieved significant progress in purchasing and renovating clinic properties. With project support, JAFPP purchased six properties through its subgrant, and the project renovated eight newly acquired facilities.

#### **Clinic Purchases**

1. Tabarbour
2. Hay Nazal
3. Salt
4. Marj Hamam
5. Zarqa 2
6. Mafrq

#### **Clinic Renovations**

1. Madaba
2. Ajloun
3. Hussein
4. Hay Nazal
5. Tabarbour
6. Mahata
7. Salt
8. Marj Al Hamam



Ta'ziz arranged for delivery of previously procured new medical/non-medical equipment, supplies and furniture to newly renovated JAFPP clinics and its stores. In addition, the project completed assessments of the FP/RH sections of 16 ICCS clinics, two HLC clinics, and five IFH clinics. Subsequently, ICCS completed renovations of the FP/RH sections of four of its clinics, funded through its subgrant, while the project directly undertook the renovation of the FP/RH sections of two HLC clinics.

## **B.2. Clinical and counseling training for private sector providers**

Expanding the number of project beneficiaries and implementing systematic quality improvement and monitoring activities at NGO partners revealed several FP/RH training needs and gaps that were addressed during Y4 through provision of practical, classroom, and on the job training:

1. IUD insertion for doctors (4 days; 1 day didactic, 1 day model, and 2 days practical on live clients)
2. Implanon insertion and removal for doctors (4 days: )
3. General principles of family planning counseling for doctors, nurses/midwives and social workers (full day)
4. Oral contraceptive pills counseling and clinical care for doctors, nurses/midwives and social workers (full day)
5. Depo-Provera counseling and clinical care for doctors and nurses/midwives (full day for doctors, half day for paramedics)
6. IUD counseling for nurses/midwives and social workers (half day)
7. Implanon counseling for nurses/midwives and social workers (half day)
8. Infection prevention for doctors and nurses/midwives (full day)
9. Management of contraceptive side effects for doctors (full day)
10. Post-partum care and contraception (full day)
11. Acute obstetric complications, safe motherhood/postpartum family planning (full day)
12. Clinical breast examination for doctors and nurses/midwives (full day for doctors and half day for paramedics)
13. Introduction to and basics of postpartum contraception (half day)



Provider training sessions

In a notable achievement, the project worked through the JAFPP to secure an agreement with the MoH to train UNRWA and private male providers on Implanon and IUD insertion in its effort to widen access to long-acting reversible contraceptive (LARC) service methods. Pre-/post-tests continued to show significant improvement in participant knowledge and results of quality monitoring and observations during supportive supervision visits following the training activities showed improved practices and positive attitude change toward modern contraceptives in general and hormonal methods in particular.

## **B.3. FP/RH service quality assurance and improvement**



In year 4, the project refined and streamlined its FP quality monitoring tools based on the USAID MEASURE tool, clarified further FP quality inputs and processes, grouped related indicators into eight core measurable elements (Table 1), and developed a computerized scoring system for data entry and reports generation.

#### List of family planning quality indicators

#	Indicator	Definition	Formula	Data source	Responsibility	
					Data collection	Data entry
1.	Provider competency – <b>15%</b>	% of providers trained on updated national FP guidelines	(# completely met items X2+ #partially met items ) / # applicable items x	HR records & observation	Clinic manager	Clinic clerk/ central quality coordinator
2.	Compliance with counseling guidelines – <b>15%</b>	% adherence to counseling guidelines for all married women of reproductive age, as per counseling guidelines	(# completely met items X2+ #partially met items ) / # applicable items x2	Performance checklists	Central QA Medical director	Clinic clerk/central quality coordinator
3.	Compliance with FP clinical care guidelines – <b>15%</b>	% of providers' adherence to FP clinical care guidelines as per method specific performance check list	(# completely met items X2+ #partially met items ) / # applicable items x2	Performance checklists	Central QA Medical director	Clinic clerk/ central quality coordinator
4	Documentation of client information and FP service provided – <b>15%</b>	% of completed client information recorded in files	(# completely met items X2+ #partially met items ) / # applicable items x2	Client file review form	Central QA Clinic head	Clinic clerk/central quality coordinator
5	FP method choice and availability – <b>10%</b>	% of all modern family planning methods included in MoH logistic system available at the clinic	(# completely met items X2+ #partially met items ) / # applicable items x2	Inventory check & FP logistic log book	Central QA	QA coordinator
6	Available infrastructure for implementation of national infection prevention protocols – <b>10%</b>	% compliance with system inputs needed for infection prevention and medical waste management as per performance checklist	(# completely met items X2+ #partially met items ) / # applicable items x2	Performance checklist	Central QA Clinic head	Clinic admin assistant/ central quality coordinator
7	National infection prevention and medical waste management protocols implemented –					

#	Indicator	Definition	Formula	Data source	Responsibility	
					Data collection	Data entry
	20%					
8	Client satisfaction tracking at clinic level	% of overall satisfaction	Client satisfaction reports		Clinic quality officer	Clinic admin assistant/social worker

In collaboration with HCAC, the project assessed the clinic quality systems of its NGO partners, the JAFPP, ICCS, HLC, and AJA. Not surprisingly, the JAFPP after years of project support had a superior if not perfect quality system, while the others showed considerable need for improvement.

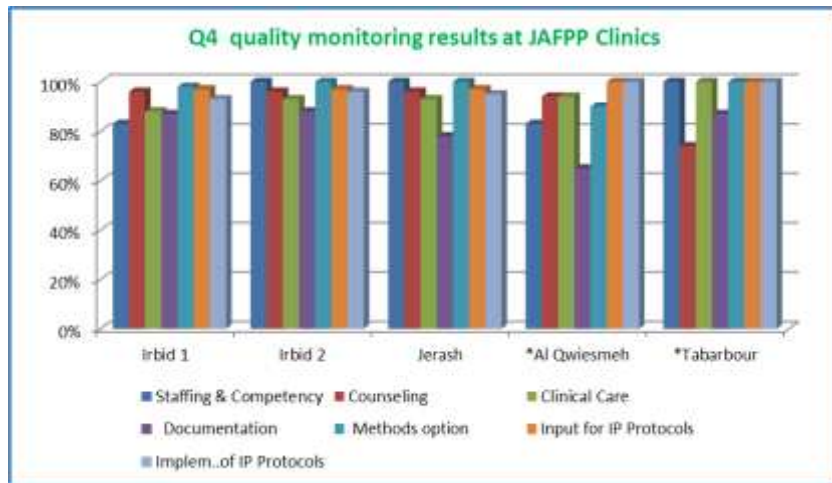
To establish and operationalize a quality system at each new partner NGO, central level quality coordinators and quality officers at each clinic were provided with two days of introductory healthcare quality training. A tailored quality collaborative approach was adapted to update previously developed NGO quality assurance policies and plans in order to facilitate knowledge sharing, exchange, and better utilization of time and available resources. Combined Ta'ziz and HCAC technical support was capped with the development of a master quality file for each NGO that was distributed to clinics and followed by orientation and training of clinic staff according to job descriptions and responsibilities.

The client file was updated and unified across the four NGOs, and a computerized version was installed in the CMIS, laying the groundwork for reliable service and client data tracking. The continuous coaching and hands on support that was jointly provided by the Ta'ziz service delivery/QA team and an HCAC consultant led to the empowerment of quality teams who were able to take responsibility for quality monitoring, reporting, and follow-up on corrective actions needed to bridge service quality gaps.

**FP/RH service quality support and monitoring**

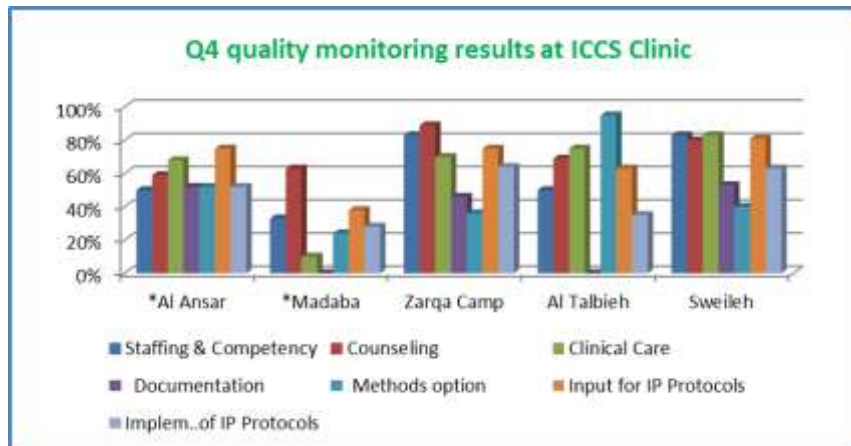
**JAFPP**

With the technical support and infrastructure enhancement provided by the project throughout the last four years, JAFPP currently has an advanced service delivery infrastructure and the capacity to carry out quality improvement and supportive supervision activities.



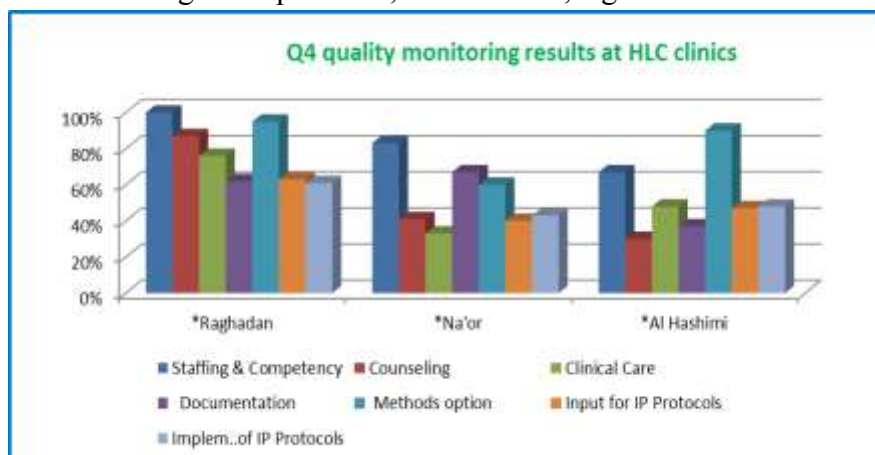
**ICCS**

The established quality system at the ICCS clinics is still premature and the clinics have variable on site management structures, service packages, infrastructure strength, and capacity to absorb the needed change for quality improvement. The project provided technical support to scale up supportive supervision practices and strengthen clinic infrastructure, including limited physical infrastructure upgrades that are in line with the clinics' overall operations.



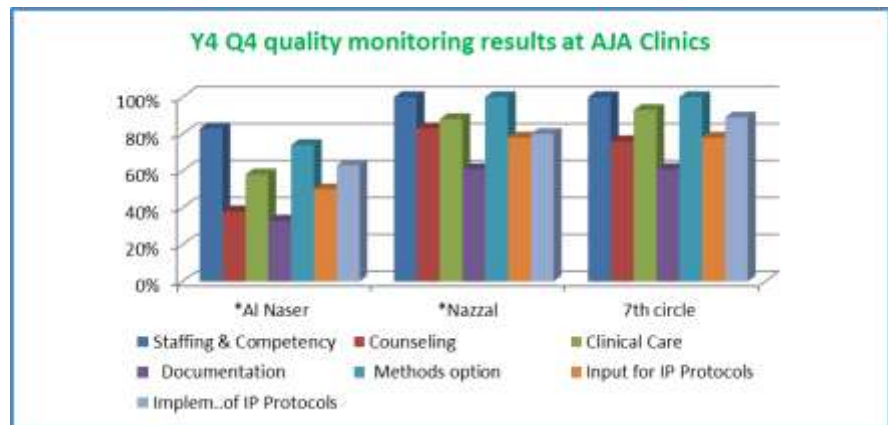
**HLC**

HLC remains a small NGO with limited growth potential; nevertheless, significant improvement in quality FP services and quality improvement practices has been noted at the three HLC clinics. Improvement interventions were inspired and supported by management, quality teams, and clinic commitment and hard work.



## AJA

Although AJA also only operates three clinics, the established quality system is still not fully implemented and is in need of further hands on technical assistance for the QA teams and clinic staff. An additional challenge for AJA was the high turnover of clinic and management staff.

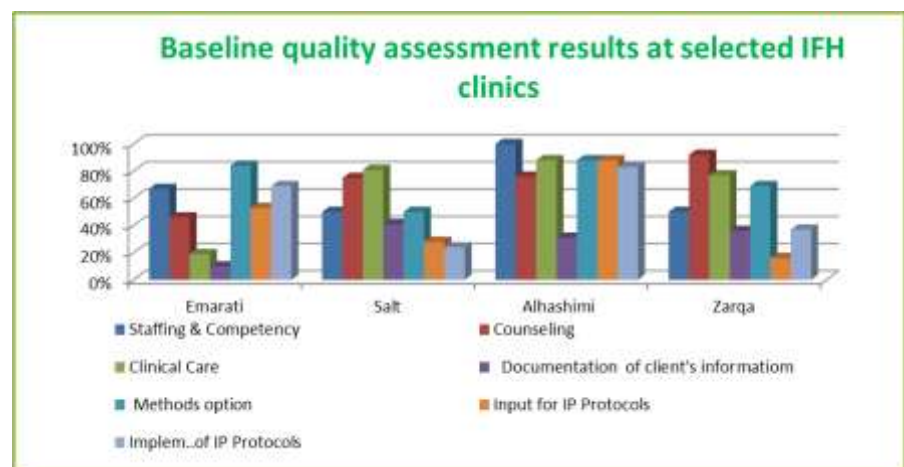


## IFH

IFH currently runs nine clinics distributed between different cities and refugee camps that are supported by multiple international donors. It has also recently been invited to participate in the project's performance based grant program. Support to improve the quality of FP services was informally provided to IFH in previous years through provider capacity building, sharing of quality improvement tools, and provision of updated client files similar to the four NGOs currently participating in performance based grants program.

After a preliminary agreement was reached to invite IFH to participate in the project's performance based grant program, a quality assessment was conducted at

representative clinics in Q4. The results showed inconsistent infrastructure, but a relatively high quality services and data reporting. The project will provide technical support and capacity



building to adapt the quality system and tools established at the other NGOs to fit the complex situation of FP service delivery at IFH's central and clinic levels. The support provided will be aimed at ensuring that client data recording and reporting are aligned with the project's methodology and that FP services provided comply with quality standards.

## Private network doctors

Ta'ziz continued to implement its quality-monitoring program for NWD outreach referral points. The monitoring methodology included client phone interviews, focus group discussions with community health workers, and doctor self-assessments. The results of these interventions initiated a gap analysis, corrective actions, and systematic documentation for further analysis. Well-performing NWDs are recognized and promoted through social marketing activities (e.g. talk shows on television, radio interviews, and lay audience lectures).

### **FP services quality certification pilot**

Ta’ziz completed a design and detailed implementation plan for a quality certification program for FP services offered in private health facilities, which it will pilot in Y5. With multiple stakeholder participation, the program will certify the quality of family planning services offered by private health facilities based on a set of criteria (e.g. provider training and clinical competency, counseling skills, enabling infrastructure, infection control practices, and recordkeeping). The project will submit the design document to USAID separately.

### **B.4. EBM approach to enhance capacity of FP providers**

The Jordan Evidence-Based Medicine/Reproductive Health (JEBMRH) Group completed the development of 20 CATs for single rod implants and 15 CATs for the vaginal ring that address common or frequent clinical questions for these methods. The group also updated 24 DMPA CATs and graded the level of evidence for the POP (17), COC (19), IUD (20), and birth spacing (15) CATs, as well as for the DMPA, implant, and vaginal ring CATs.

The project developed all content for the upcoming evidence notebook and solicited feedback from reviewers. The notebook will feature branding and the logo of the JEBMRH group. The project will produce and disseminate the notebook on behalf of the JEBMRH group in Y5.

The project met its annual target of 1,200 academic detailing visits to 300 physicians. During the visits, providers are encouraged to discuss their clinical experience and to adopt an evidence-based medicine approach in counseling their patients.

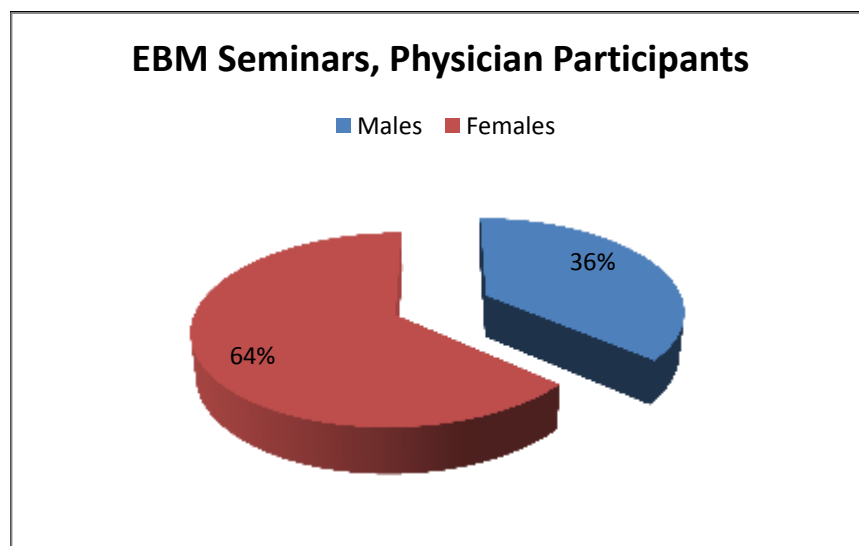
With Ta’ziz support, the JEBMRH group continued physician roundtable meetings to discuss earlier developed evidence on birth spacing and single rod implants, executing eleven roundtables with 305 doctors in Amman, Irbid, Karak, and Aqaba.

### **Year 4: EBM roundtable seminars for physicians**

Date	Geographic Location	Number of Participants				
		Female	Male	Total		
26-Nov-13	Amman	31	9	40		
29-Dec-13	Amman	26	6	32		
20-Jan-14	Irbid	11	8	19		
3-Feb-14	Amman	21	7	28		
21-Mar-14	Aqaba	8	19	27		
29-Apr-14	Amman	22	2	24		
21-May-14	Amman	25	6	31		
23-Jun-14	Irbid	11	8	19		
11-Aug-14	Amman	22	11	33		
22-Aug-14	Aqaba	3	20	23		
22-Sep-14	Karak	14	15	29		
Total				194	111	305

EBM Seminar, Physicians Participants		
Male physicians	111	36.39%

EBM Seminar, Physicians Participants		
Female physicians	194	63.61%
Total	305	
Governorates - Amman, Irbid, Karak & Aqaba		



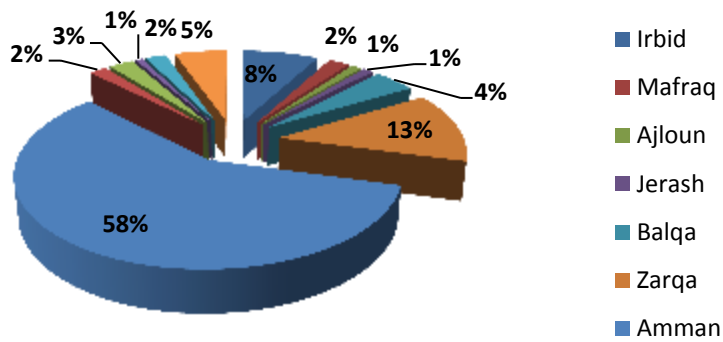
Ta'ziz continued its effort to measure EBM program results and efficacy, for which it has developed a measurement tool to assess the change in provider knowledge pertaining to birth spacing and single rod implants. The measurement tool was used in conjunction with EBM seminar activities, data was collected, and data analysis has commenced.

Ta'ziz finalized the research design to conduct quantitative research to assess the acceptability of Implanon among method acceptors to inform an expansion of method availability in the private sector in collaboration with manufacturer Merck Sharpe and Dohme (MSD). The project secured Abt institutional review board (IRB) approval and commenced with data collection.

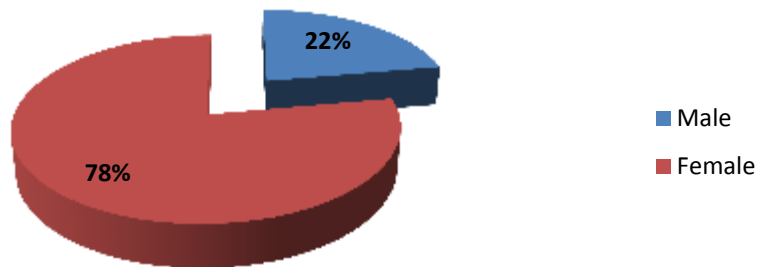
### **B.5. Private doctors' network**

In year 4, Ta'ziz reached its goal of adding 60 doctors to the private doctors' network, which now includes 280 members. The program invites doctors based on specific inclusion criteria and in close coordination with the community outreach team. The project conducted quarterly academic detailing visits to discuss CATs for contraceptive methods and to distribute patient education materials and provider tools. Selected NWDs provided lectures to women in targeted areas and appeared on TV and radio talk shows to discuss IUDs and FP during the first phase of the IUD social marketing campaign. The project hosted one meeting for NWDs to update them on project support activities.

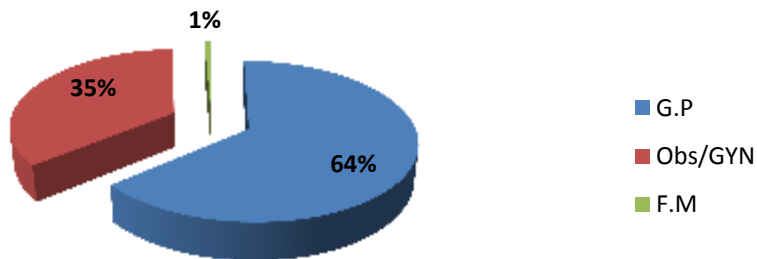
### Network Doctor Geographic Distribution



### NWD Gender



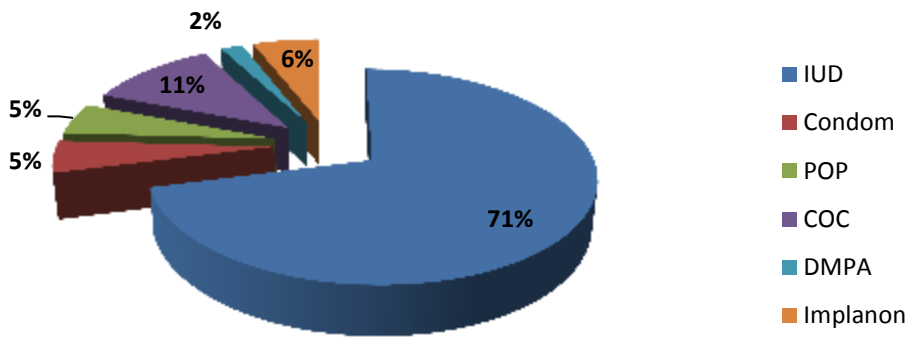
### NWD Specialization



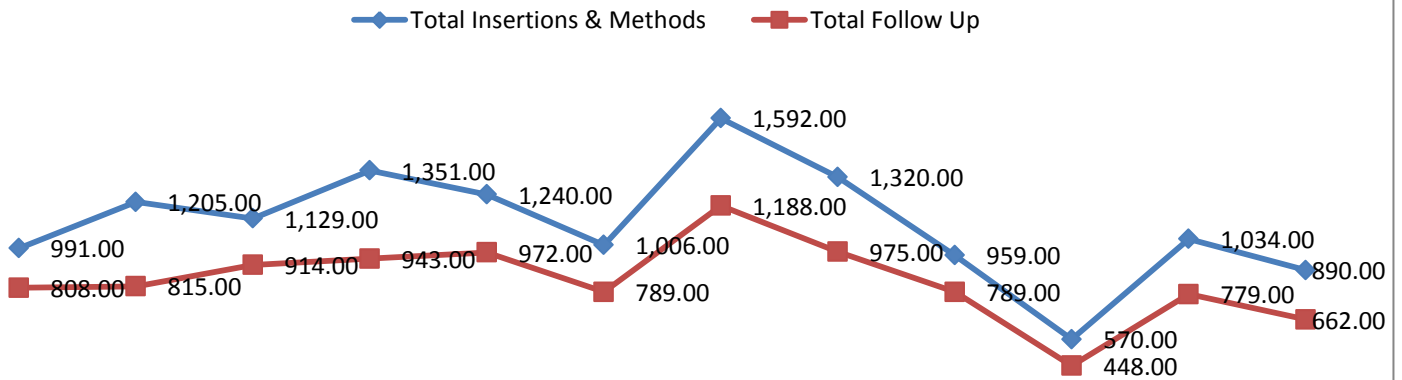
### NWD Classification



### NWD FP Methods Dispensed, Y4/FY14

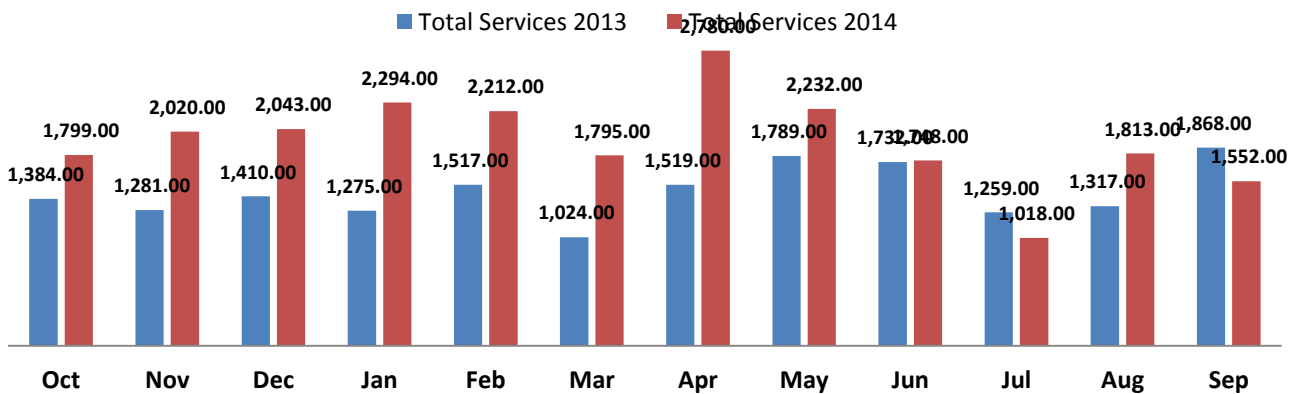


### Total Number of Services (Oct/2013 - Sep/2014)



Oct, 2013 Nov, 2013 Dec, 2013 Jan, 2014 Feb, 2014 Mar, 2014 Apr, 2014 May, 2014 Jun, 2014 Jul, 2014 Aug, 2014 Sep, 2014

### NWD FP Services - Year-on-Year Comparison



#### B.6. Pharmacist program

Project detailing staff conducted 1,200 detailing visits to 300 pharmacies located in high



population density areas in Amman, Aqaba, and Jerash. During these visits, staff discussed CATs with pharmacists centering on OCPs.

The project’s pharmacy detailer also provided family planning brochures and recipe booklets to pharmacies for their clients. In cooperation with the Jordan Pharmacists Association, the project conducted 12 EBM seminars for 981 pharmacists in Amman, Irbid, Zarqa, Mafraq, Balqa, Madaba, Jerash, Karak, and Aqaba governorates. In July, the JPA conducted an informational quiz for pharmacists who attended the seminars. Pharmacists who answered the questions correctly had their names entered into a drawing and three winners received Apple iPads as prizes.

#### Year 4: EBM roundtable seminars for pharmacists

Date	Geographic Location	Number of Participants		
		Female	Male	Total
30-Oct-13	Amman	108	43	151
24-Nov-13	Zarqa	18	41	59
9-Dec-13	Irbid	52	54	106
29-Jan-14	Balqa	35	17	52
11-Feb-14	Jerash	27	16	43
28-Feb-14	Amman	65	101	166
17-Mar-14	Mafraq	30	12	42
26-Mar-14	Madaba	27	14	41
25-Apr-14	Aqaba	23	7	30
27-May-14	Amman	92	47	139
28-May-14	Karak	14	13	27
19-Sep-14	Amman	53	72	125
<b>Total</b>		<b>544</b>	<b>437</b>	<b>981</b>

EBM Seminar, Pharmacists Participants		
Males	437	45%
Females	544	55%
Total	981	
Governorates - Amman, Irbid, Zarqa, Balqa, Madaba, Mafraq, Karak, Jerash, & Aqaba		

#### B.7. Private hospitals initiative

The project embarked on a new initiative to explore collaboration and partnership with private hospitals throughout the Kingdom as part of its continued effort to expand access to quality FP services in the private sector. The initiative began with an assessment to explore avenues of collaboration and the needs of private hospitals to expand the provision of quality FP services by meeting several involved bodies such as the USAID-funded Health Systems Strengthening II (HSSII) project, OB/GYN specialists, the Jordan Nursing Council (JNC), and members of the JEBMRH group.

The initial aim is to develop a postpartum contraception initiative with private hospitals that have maternity wards. Teaching hospitals were an initial target since they would offer an

opportunity to instill good postpartum contraception practice with emerging physicians and they might be most receptive to educational interventions.

The project narrowed the list of hospital participants in the pilot intervention to the following four private teaching hospitals that have a relatively high load of maternity cases:

1. Specialty Hospital
2. Al-Amal Hospital
3. Al-Essra Hospital
4. Al-Hayat Hospital

The project completed design for a pilot intervention that will assess the uptake of postpartum contraception among hospital maternity clients versus baseline, drawing on HSSII experience with a similar intervention in a public hospital setting while acknowledging the significant differences in the operating modalities of public and private hospitals. Ta'ziz developed research instruments and secured IRB approval for this initiative. The project obtained postpartum training materials developed by HSSII and modified them to meet the needs and requirements of the private hospitals.

Ta'ziz developed a work plan for the pilot covering all work streams, including:

- Project setup
- Postpartum counseling orientation and training
- IEC materials development
- Monitoring

The project will complete the following tasks to drive the initiative forward:

- Memoranda of understanding with participating hospitals
- Baseline and tracking research design
- IEC materials (targeting maternity cases) development

### **B.8. NGO performance-based family planning service grants**

The project awarded performance-based grants to four NGO partners, JAFPP, ICCS, Aman, and HLC, which took effect February 1. Under the grants, the four sub-recipients can obtain quarterly performance incentive payments based on the achievement of agreed performance benchmarks for FP visits, quality assurance, and client satisfaction.

The four NGO performance-based subgrantees (JAFPP, ICCS, HLC, and AJA) submitted reports for two quarters claiming they had reached performance benchmarks to trigger project incentive payments. The project sought to verify the claims through telephone follow-up calls to reported clients but the results revealed an unacceptably high proportion of either missing or incorrect telephone numbers. The project since determined with its partner NGOs that it would undertake other means to verify performance, including an attempt to match invoices with reported services. Following its due diligence review, Ta'ziz awarded a performance incentive payment to JAFPP for its first quarter performance, as it surpassed performance benchmarks, while it denied incentive payments to ICCS and AJA, as it was unable to verify their reported performance. Ta'ziz will make decisions on the performance incentive payments for the second quarter early in the first quarter of Y5.

Ta'ziz determined it would enter into a second round of grant funding and it invited IFH to submit an application as a new partner. In addition, it invited HLC to submit an application for modest incremental funding given the relatively low ceiling of its current grant.

### **B.9 MoH supply contingency**

No action required for this activity as MoH continues to supply contraceptives to the project's NGO partners and NWDs without interruption. The project however may need to revisit this in Y5.

### **B.10 Increased collaboration between the public and private sectors**

The project engaged the MoH, HPC, and colleagues in the HSSII project in an initiative to strengthen public-private partnership in family planning (PPP/FP), which commenced with a roundtable discussion in May 2014. The goal of the roundtable was to review the current family planning landscape and "FP market segments" in Jordan, review successful PPP/FP models implemented in the developing world, and to discuss and reach early consensus on PPP/FP ideas and concepts for introduction or expansion in the Kingdom. Over 70 participants representing government and private entities participated in the roundtable, including NGOs, pharmacists, physicians, contraceptive manufacturers and distributors from the private sector, and MoH, Royal Medical Services, and HPC in the public sector.

The roundtable participants suggested a range of ideas and concepts for further consideration to expand PPP/FP. These included a public-private quality accreditation/certification scheme for FP services supported by a national accredited training center, public/private insurance coverage of contraception, and a revised national policy enabling trained nurse/midwives to insert IUDs both in the public and private sectors, under limited supervision from doctors. Other ideas included calls for strengthened pre-service FP training for pharmacists, doctors, and nurses, working with educational institutions and their professional organizations, a reclassification of oral contraceptive pills as an over-the-counter (OTC) drug, an Islamic fatwa endorsing FP, and mobile FP clinics. There was also a call for a strong endorsement from the MoH on the safety of modern contraceptives to reassure a still skeptical public.

The roundtable participants agreed to form a PPP/FP task force, convened regularly by the HPC, to continue dialogue and advance promising initiatives. The project has finalized the framework of the taskforce and is working with the HPC to schedule the first taskforce meeting to continue dialogue, identify priorities, and plan and secure funding for PPP/FP initiatives.

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

During year 4, the Ta'ziz social marketing team worked closely with new NGO partners – ICCS, HLC, and AJA – to assess their human resources/technical capacity needs to conduct marketing activities. The project designed and produced clinic point-of-service materials including clinic promotional brochures and outdoor banners for 24 ICCS, AJA, and HLC clinics and an IEC materials package and IUD campaign materials were presented to the new NGO partners for display and distribution through their clinics.

The Ta'ziz social marketing team also worked with new NGO partners to initiate demand for their clinics through five family fairs that reached 350 people on average per fair, while continuing to oversee eight JAFPP family fairs for their newly opened clinics. ICCS, AJA,

and HLC community workers/field clinic promoters completed training on field promotion and sales techniques for clinic services. The project also supported supervision visits to assess the field promotion performance of ICCS (11), HLC (1), and Aman (2) community workers.

IFH approached Ta'ziz to be considered for a performance-based subgrant, for which the project conducted a pre-award assessment of its marketing capacity.

After discussions with the Higher Population Council (HPC), the IUD social marketing campaign resumed with three more media waves and an intensive outreach effort from November through September. Advertorials featuring NWDs conveying FP/RH evidence were published with frequency in the two major newspapers in the country.

The project facilitated the creation of the landmark Coalition of Private Associations for Family Planning (CPAFP) comprising six partner NGOs – JAFPP, ICCS, AJA, HLC, the Circassian Charity Association (CCA), and the General Union for Voluntary Societies (GUVS). The partner NGOs, along with the HPC and MoH, publicly signed a common charter confirming their commitment to advocate for family planning for the betterment of Jordanian families and to support access to FP information and modern methods through their clinics in a highly publicized inaugural event. The project organized a publicity event under the patronage of the CPAFP to celebrate International Family Day and convey supportive FP messages that reached almost 3,900 family members with celebrity performers who advocated for FP and the CPAFP during the show.

An assessment of the IUD campaign showed positive results. The project's "total market approach" for generating demand for contraceptive services in the private and public sectors appeared to be reaping results. The findings revealed a clear boost in national CYP this fiscal year, largely driven by a significant spike in the uptake of IUD insertion services. The Ta'ziz IUD campaign, the expansion of the private doctors' network, and expansion of clinics in the public sector providing IUD services (including through midwives), all are legitimate factors in contributing to the evident CYP increase that we hope may comprise the beginnings of a secular upward trend.

## **C.1. Marketing support for NGO performance-based subgrantees**

### **Marketing management systems**

The pre-award assessment of the three new NGO partners (ICCS, HLC, and AJA) conducted in the latter part of Y3 determined the need to extend significant marketing support to all of them at both the institutional and clinic levels for the following:

- 1) Strategic/institutional level
  - a) Marketing and public relations functions within the organization
- 2) Operational/clinic level
  - a) Available human resources for demand generation (e.g., social health worker)
  - b) IEC materials for clients and tools for providers
  - c) Outdoor signage
  - d) Clinic advertising
  - e) Community outreach
  - f) Community events (e.g., clinic open days, family fairs)

During Q1/Y4, the project initiated the development of marketing management systems with

a human resources (HR) assessment, leading to the identification of marketing positions, job descriptions, and staffing plans to develop marketing management capacity. Three positions were identified:

- 1) Marketing coordinator: in charge of marketing strategic planning and work planning including performance monitoring plan (PMP) development with key performance indicators
- 2) Field promotion coordinator: supervises field clinic promoters, defines performance objectives for new clients, prepares field visit cycles, and provides technical support to the field clinic promoters
- 3) Field clinic promoters: perform FP service promotion through home visits

Detailed job descriptions were drafted and shared with the partner NGOs. ICCS and HLC assigned existing staff and hired new staff to fill the required marketing positions as follows:

**Marketing staffing matrix for new NGO partners**

	<b>ICCS</b>	<b>HLC</b>	<b>Aman</b>
<b>Marketing Coordinator</b>	One staff (existing)	One staff (existing)	One staff (existing)
<b>Field Promotion Coordinator</b>	Nine staff (existing)	One staff (existing)	One staff (existing)
<b>Field Clinic Promoters</b>	Eighty-one staff (new)	Two staff (existing)	Three staff (existing)

In order to build the marketing capacity of both existing and new staff, Ta’ziz agreed with the NGO partners to provide training as follows:

- 1) Marketing coordinators: training in social marketing with a focus on research, planning, and monitoring and evaluation
- 2) Field promotion coordinators: training in sales techniques and salesforce supervision
- 3) Field clinic promoters: training in sales techniques and field promotion

**FP service promotion program**

Based on the NGO marketing assessment, and in order to increase demand for their FP clinical services, NGO partners identified field clinic promoters to perform community outreach. Their primary objective will be to disseminate information about the availability of high quality affordable FP services in the NGO clinic and to promote the benefits of birth spacing using modern FP methods.

The clinic field promoters attended a three-day training session on developing interpersonal communication skills and sales techniques to promote their clinics’ FP services and to achieve effective referrals to those clinics. In addition to providing formal training, the project has provided hands-on technical assistance to the NGO partners in planning home visit cycles and monitoring outreach efforts using home visit monitoring forms.

**Year 4 FP Promotion Training and Supervision Visits**

<b>Partner NGO</b>	<b>Total Trained</b>	<b>Supervision Visits</b>
JAFPP	14	-
ICCS	95	11
HLC	3	1
AJA	3	2
<b>Total</b>	<b>115</b>	<b>14</b>

**Social marketing training**

The project commissioned Saad Darwazeh to conduct social marketing training for the NGO partners. The training modules are tailored according to the trainees' profile. Mr. Darwazeh conducted an assessment of the NGO's social marketing activities and their trainees' current understanding of social marketing. By the end of the training, the trainees will be able to:

- Understand the definition of social marketing and the fields it is applied in
- Understand the social marketing planning process and steps
- Be able to create a social marketing initiation plan Was the training done?

NGO partners identified the trainees and they are scheduled to begin training in late October 2014.

### **Clinic point-of-service (POS) materials, signage, and outdoor advertising**

The following POS materials, signage, and outdoor advertising were commissioned for 17 ICCS clinics, 3 Aman clinics, and 3 HLC clinics:

- Promotional brochures distributed to all clinics
- Flex banners designed, approved, and in the pipeline for production
- Alcabond designed, approved, and in the pipeline for production
- Acrylic stands distributed to all clinics
- USAID plaques awaiting text approval from the USAID

Ta'ziz installed street billboards for AJA Jabal al Nasr clinic, HLC Hashmi clinic and ICCS Markaz Aisha clinic in Zarqa. The remaining street billboard for ICCS Abu Deir al Ghafar clinic replaced AJA's at the end of September 2014.

### **Family fairs**

During year 4, Ta'ziz supported the execution of 13 family fairs by three NGO partners. The fairs were significant in introducing the NGOs' services in the areas and raising demand for their clinics. ICCS required the Ta'ziz team to review the content and the type of performances for its clinic family fairs to respond to its requirements regarding acceptable content and format in accordance with its organizational and cultural criteria. The Ta'ziz social marketing team accommodated its request and commissioned alternative entertainers to replace Za'al and Khadra and to perform children's entertainment activities. ICCS has scheduled the fairs to commence after Eid el Adha in October.

### **Year 4 NGO Partner Family Fairs**

<b>Partner NGO</b>	<b>Clinic location</b>	<b>Estimated number of participants</b>	<b>Number of clients served</b>	<b>Number of new clients</b>	
JAFPP	Madaba	700	328	170	
	Jerash	500	205	75	
	Zarqa		194	137	
	Ajloun		137	69	
	South Irbid	450	140	75	
	Jabal Al Hussein	400	150	75	
	Tabarbour	450	34	34	
	Hay Nazal	400	75	42	
	<b>Total JAFPP</b>	<b>8</b>	<b>2900</b>	<b>1263</b>	<b>677</b>
	HLC	Hashmi Shamali	350	75	34

Partner NGO	Clinic location	Estimated number of participants	Number of clients served	Number of new clients
	Naour	420	54	24
	Raghadan	375	70	58
<b>Total HLC</b>	<b>3</b>	<b>1145</b>	<b>199</b>	<b>116</b>
AJA	Jabal Al Nasr	350	35	15
	7 <sup>th</sup> Circle	425	125	100
<b>Total AJA</b>	<b>2</b>	<b>775</b>	<b>160</b>	<b>115</b>

## C.2. JAFPP institutional repositioning and NGO advocacy capacity building

### JAFPP institutional repositioning and public relations

In Q1/Y4, the project completed the JAFPP image survey report and shared it with the JAFPP board and executive leadership. Among other key findings, the report revealed that a number of key influencers and stakeholders do not perceive the JAFPP or its leadership team as dynamic leaders of Jordan's family planning movement, unlike its earlier image as pioneers and early proponents of family planning within the Middle East. Some indicated the association needs "new blood" to reinvigorate its image and restore it to a leadership position within Jordan's FP realm. Media representatives noted the association has not nurtured a relationship with media to update the public on its mission and activities.

In Q2/Y4, Ta'ziz presented the perception survey results to the JAFPP board of directors and its management team, noting the following:

- JAFPP's history and past reputation are strengths for the association
- JAFPP is viewed as a leader in FP/RH, but the perception is limited to service provision and it is perceived as declining
- National stakeholders, donors, NGOs and media lack correct and updated knowledge on JAFPP's current governance, management and the quality of its clinics and services
- JAFPP is not perceived as a leader for FP advocacy
- Respondents acknowledge the potential key role of JAFPP in FP advocacy
- JAFPP representatives have to seize more opportunities to gain higher visibility, especially with the media
- JAFPP can become an important partner for donors to build other NGOs' capacity

JAFPP board members and management staff appreciated the study findings that gave them valuable insight on the action steps they have to take to reposition JAFPP as a national advocate for family planning and leader in FP/RH service delivery.

With the survey findings in mind, the project in collaboration with JAFPP developed public relations (PR), corporate communication, and advocacy strategies to strengthen its image and reposition it as a leading public advocate for family planning in Jordan. The association's expanded network of refurbished clinics, for example, provides an opportunity to present a "new JAFPP" to the public, FP stakeholders and influencers including media. The plan included redesigning the website, producing PR material, developing an institutional documentary, and conducting a publicity event to celebrate the 50<sup>th</sup> anniversary of JAFPP.

A redesigned website featuring new content was launched in September 2014. The purpose of the website is to promote the services of JAFPP to its beneficiaries as well as project its institutional strength to international donor agencies. An institutional documentary was

conceived and agreed upon to portray a reinvigorated JAFPP. The documentary will primarily target international donor agencies.

**Official opening of the JAFPP Jabal al Hussein clinic**

JAFPP celebrated the opening of its newly renovated clinic in Jabal al Hussein in the presence of Jordanian government and USAID officials. The Secretary General of the Ministry of Social Development, Omar Hamza, USAID/Jordan officials Rhonda Shire, Sarah Blanding, and Ziad Muasher, and Abt Associates CEO Kathleen Flanagan commemorated the opening of the newly renovated clinic. JAFPP president Basel Al Hadid welcomed the participants and expressed his acknowledgement and gratitude for the longstanding USAID support that helped the Association provide RH and FP services to over 70,000 women last year. Shire delivered an introductory speech highlighting the important achievements of JAFPP through USAID support with 20 clinic renovations conducted and subsequent quality improvement of its FP/RH services. The official guests attended part of the family fair “edutainment” performances before proceeding to the clinic tour.

**NGO FP advocacy: Coalition of Private Associations for Family Planning (CPAFP)**

Six charter members inaugurated the Coalition of Private Associations for Family Planning (CPAFP) in a ceremony on April 21 at an Amman hotel to convey to the Jordanian public their united belief that the practice of family planning will lead to the betterment of Jordanian women and children’s health and Jordanian society. In addition, through a signed mission statement, the members affirmed their commitment to provide convenient and timely access to accurate information on family planning and to provide quality family planning services.

**CPAFP Mission Statement**  
*We, the national NGO coalition for family planning in Jordan, support the access of the Jordanian population to accurate information on family planning, and benefit from a large choice of high quality family planning services. We are committed to providing this quality information and choice through our community and clinic services.*

Dr. Sawzan Majali, Secretary General of the Higher Population Council, and Dr. Ayoub al Assayideh, Director of the Ministry of Health’s Women and Child Health Directorate, offered congratulatory remarks and their endorsement of the coalition, noting its potential to mobilize a social movement to achieve the country’s health and demographic goals.



MOH Director of MCH Directorate Dr. Ayoub Assayideh signing the CPAFP Charter



ICCS president Jameel Dhessat delivering a speech on the commitment of ICCS to support FP in Jordan

The coalition’s six charter members are the JAFPP, ICCS, AJA, HLC, CCA, and GUVS. The coalition members pledged to work closely together to illuminate the importance of family planning in Jordan and to encourage other groups in the private sector as well as the



government to advocate more vociferously for family planning and its known health and social benefits.

**CPAFP publicity event to celebrate International Family Day**

Ta’ziz supported the CPAFP in organizing a festival to promote International Family Day and the coalition’s mission.

Nearly 3,900 family members, mostly from south and east Amman, Madaba, and Zarqa, participated in the festival that conveyed the slogan, “Our Jordanian family” (in Arabic, *Mahrajan Osritna Al Ordonya*) in its bid to promote the practice of family planning to build strong and healthy Jordanian families.

The festival promoted the benefits of FP through entertainment sketches by the popular husband and wife comic duo, Za’al and Khadra. Mufti Dr. Ahmad Harasees from the Iftaa’ Department also explained how family planning fits with the practice of Islam, and Dr. Najwa Qutob delivered an impassioned speech on family planning’s medical and health benefits for mothers and their babies. The festival also featured famed folkloric song and dance groups, including Qaryouti Group, the Salt Young Women’s Group, and Al Lawzieen Group, who are United Nations Goodwill Ambassadors. CPAFP members as well as the King Hussein Cancer Center offered free services and information on family planning through their booths.



Crowds attending stage “edutainment” performances



Salt Young Women’s Group performs traditional songs and dance

Since forming on April 21, the CPAFP members have pledged to work closely together to illuminate the importance of family planning in Jordan and to encourage other groups in the private sector as well as the government to advocate more vociferously for family planning and its known health and social benefits. During the festival, the six CPAFP member NGOs provided free counseling services to 686 women and distributed 276 referral vouchers for FP services. ICCS, HLC, and AJA offered blood pressure screenings, as well.

**Free Health Services by CPAFP Members**

NGO booth	FP Services	Medical Examination
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	<b>FP Referrals</b>	<b>FP Counselling</b>	<b>Blood Pressure</b>	<b>Blood Sugar test</b>
<b>ICCS</b>	NA	130	90	40
<b>CCA</b>	14	34	-	-
<b>HLC</b>	NA	20	8	85
<b>AJA</b>	58	290	87	87
<b>JAFPP</b>	200	170	-	-
<b>GUVS</b>	4	42	-	-
<b>Total</b>	<b>276</b>	<b>686</b>	<b>185</b>	<b>212</b>

### C.3. National method-specific social marketing campaigns

#### IUD social marketing campaign

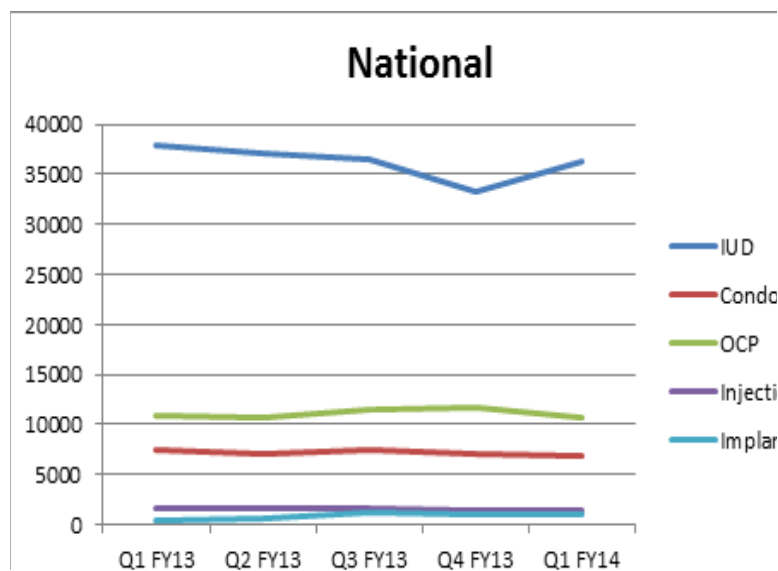
In year 3, the project launched the first phase of a national social marketing campaign that integrates use of mass media, public relations, outreach activities, and “point-of-service” IEC materials to promote the IUD as a long-acting reversible contraceptive. The second wave of the IUD campaign resumed in year 4, and the project concluded three waves throughout the year, interrupted only during an assessment phase and Ramadan.

#### **Campaign impact**

The campaign appears to have contributed to a significant upward spike in IUD services provided by the MoH, JAFPP, UNRWA, Royal Medical Services (RMS), and other NGOs, as shown in the graph below (which does not include private NWD services).

#### **National CYP by FP method**

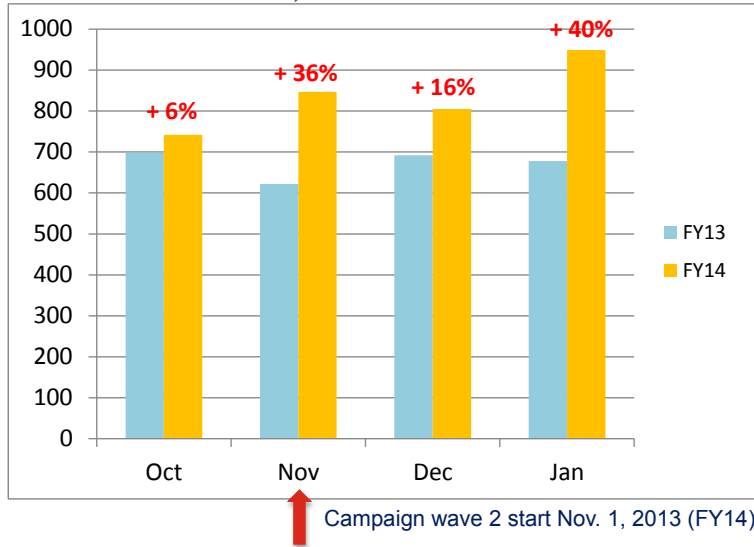
(Includes MoH, JAFPP, UNRWA, RMS and other NGO service data only and excludes private doctors, clinics and hospitals)



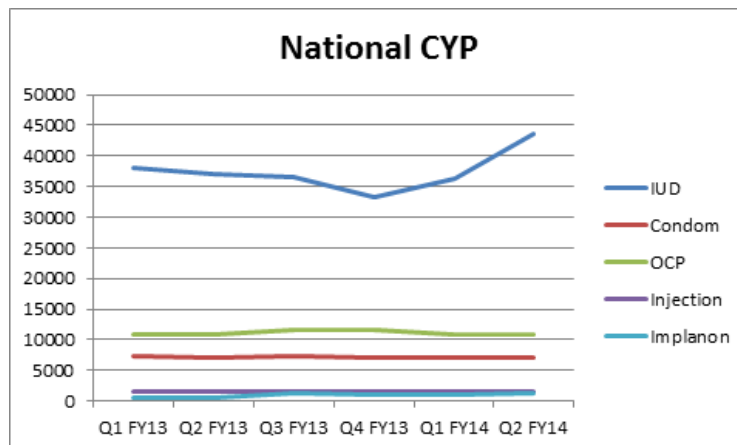
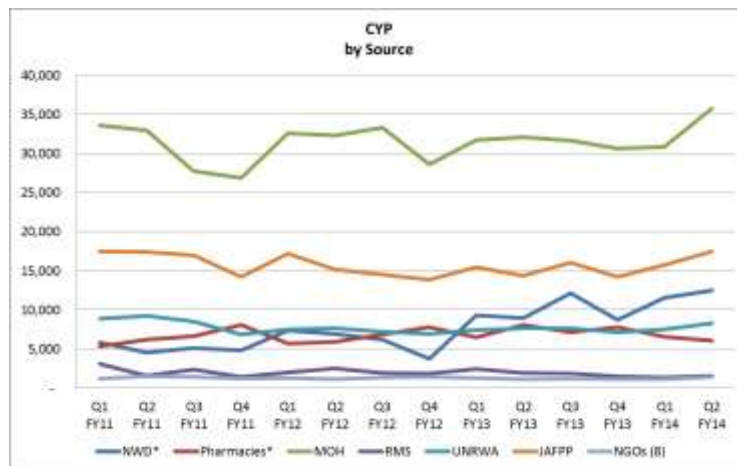
Note that the IUD CYP spike occurs starting in Q1/FY14, reversing a downward trend, which coincided with the launch of the second phase IUD campaign in November 2013 (the project delayed the second phase due to the HPC’s media backlash concerns).

The impact on IUD services provided by private NWDs appears to have been even more significant. Coinciding with the launch of the second phase campaign, NWD IUD services were 36% higher in November 2013 versus the same month the previous year, which was followed by significant year-on-year monthly increases thereafter.

### NWD IUD insertions, Oct-Jan FY14 vs. Oct-Jan FY13



The project’s “total market approach” for generating demand for contraceptive services in the private and public sectors appears to be reaping results. The tables below reveal a clear boost in national CYP this fiscal year, largely driven by a significant spike in the uptake of IUD insertion services. The Ta’ziz IUD campaign, the expansion of the private doctors’ network, and expansion of clinics in the public sector providing IUD services (including through midwives), all are legitimate factors in contributing to the evident CYP increase that we hope may comprise the beginnings of a secular upward trend.



During Q3/Y4, the Ta'ziz team and the media placement firm Platform conducted a media analysis of the previous campaign wave based on IPSOS research data to develop a media plan that would achieve a minimum of 1,500 gross rating points (GRP)<sup>1</sup> over the campaign period. This minimal threshold of GRPs is to ensure acceptable reach and frequency to achieve impact on recall and eventual behavior change among the target audience. The analysis was conducted in April, and the revised media plan was developed and approved by HPC to start on May 1. Since June 1, TV ads were running with the logos of the three other CPAFP members that provide IUD services – AJA, ICCS, HLC – as well as the logo of Royal Medical Services (RMS), which responded to an HPC invitation to join the IUD campaign as a “sponsor.”

### **Mass media**

During year 4, 1,389 TV spots were aired on Jordan TV and Ro'ya TV during popular programs that include:

- *Yawm Jadeed*, a daily program covering local community news and activities
- *Yess 'ed Sabahak*, a weekly program handling national issues and features
- *Sehtak Beddenya*, a health program
- *Sahteen wa 'Afyeh*, a cooking program
- *Helwa ya Donya*, a program covering general interest topics
- *Donya ya Donya* (ad airing during health and cooking segments for this popular program)
- *Caravan/Seven doctors*, the health section of a family program
- *Weather broadcast* (reaches high-level audiences during winter)
- *Evening series' episodes*, large attendance by married women of reproductive age (MWRA) which extended the campaign reach through TV
- *Main news bulletin*

In addition, 1,080 radio spots were aired during prime talk shows and national programs on Hala FM, Rotana FM, and Amman FM stations.

During Q1/Y4, 30 full-colored quarter-page ads were published in Al Rai, Ad Dustour, and Al Ghad daily newspapers in prime locations in sections targeting family and women. Six ads were published in the weekly newspaper Al Waseet. Outdoor advertising included the high-reach large electronic screen at Seventh Circle. In Q2/Y4 12 full-colored quarter-page ads appeared in Al Rai, Ad Dustour, and Al Ghad daily newspapers in prime locations in sections targeting family and women. Two ads appeared in the weekly newspaper Al Waseet. Outdoor advertising was limited to the high-reach large electronic screen at Seventh Circle. In Q3/Y4, six full-color quarter-page ads were published in Al Rai daily newspaper in prime locations in

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<sup>1</sup> Gross rating points: Gross Rating Points (GRPs) equal Reach times Frequency, expressed as a percentage. GRPs measure the total of all Rating Points during an advertising campaign. A Rating Point is one percent of the potential audience. For example, if 25 percent of all targeted televisions are tuned to a show that contains your commercial, you have 25 Rating Points. If, the next time the show is on the air, 32 percent are tuned in; you have 25 + 32 = 57, and so on through the campaign. The word "gross" reflects that the calculation double-counts (actually multiple-counts) the audience; that is to say, it is possible to reach a percentage higher than 100. (Web source: “Marketing Metrics Made Simple.” <http://www.marketing-metrics-made-simple.com/gross-rating-points.html>)

sections targeting family and women. Eight ads were published in the weekly newspaper Al Waseet. Outdoor advertising included the high-reach large electronic screen at Seventh Circle for a period of two months.

During Q4/Y4, medium-sized 18x8 cm colored ads were published in Al Rai daily newspaper on the front page of the Abwab section. Outdoor advertising included the high-reach large electronic screen at Seventh Circle during August.

### **Public relations**

The campaign's public relations (PR) effort included press releases highlighting the impact of the "edutainment" lectures that gained placement in Al Rai, Al Ghad, Al Arab Al Yaoum, the national press agency Petra website, and the Saraha News online website. The Jordan Times also featured women's testimonials obtained from community outreach edutainment lectures.

Ta'ziz trained 14 NWDs in an intensive two-day media training workshop in partnership with the Jordan Media Institute (JMI) to develop their interview skills with a special focus on TV interviews. Following are the interviews conducted by NWDs during year 4:

### **NWD media interviews**

#	Media	Program Name	Doctor Name	Program Time
Nov-13				
1	JTV	Yased Sabahak	Dr. Maysoon Daoud	08.11.2013
Dec-13				
2	Amman FM	Beit Beiout	Dr. Jumana Tanji	04.12.2013
3	Rotana FM	Terawe'a	Dr. Nahed Abu Ghazaleh	09.12.2013
4	Fann FM	The morning show	Dr. Fatma Suliman	11.12.2013
Jan -2014				
5	Roya TV	Donia Ya Donia	Dr. Suha Khalifeh	09.01.2014
6	JTV	Yawm Jadeed	Dr. Jumana Tanji	13.01.2014
7	Amman FM	Beit Beiout	Dr. Fatma Suliman	22.01.2014
8	Roya TV	Donia Ya Donia	Dr. Maysoon Daoud	26.01.2014
9	JTV	Sehtak Beldonia	Dr. Nahed Abu Ghazaleh	28.01.2014
June -2014				
10	JTV	Yased Sabahak	Dr. Kholoud Sa'ad	06.06.2014
11	Roya TV	Donia Ya Donia	Dr. Nancy Abu Baker	08.06.2014
12	JTV	Yawm Jadeed	Dr. Fatma Suliman	12.06.2014
13	Amman FM	Beit Beiout	Dr. Nadia Hattab	15.06.2014
August - 2014				
14	Amman FM	Beit Beiout	Dr. Kifah Zoubi	10.08.2014
15	JTV	Yawm Jadeed	Dr. Nancy Abu Baker	13.08.2014
16	Roya TV	Donia Ya Donia	Dr. Mirna Kloub	17.08.2014
17	JTV	Yased Sabahak	Dr. Ahlam Shadid	22.08.214
18	Hala FM	Ala Al Sobhieh (Morning Show)	Dr. Fatma Suliman	24.08.2014
19	JTV	Sehtak Beldonia	Dr. Dalal Al Saidi	26.08.2014

## Community outreach

During year 4, Ta’ziz reached over 12,000 women through 59 edutainment lectures implemented in partnership with community based organizations (CBOs) located in poor and underserved areas in eleven of Jordan’s 12 governorates (Amman, Ajloun, Aqaba, Balqaa, Irbid, Karak, Maan, Madaba, Mafraq, Tafileh, Zarqa). The lectures were conducted by the NWDs on reproductive health and the benefits of modern family planning methods. The doctors provided the women with valuable information otherwise unavailable to them. They answered questions and conducted the lecture in an interactive and engaging way.

The women received FP services, vouchers of their choice, and gifts from corporate partner sponsors including Johnson & Johnson, Fine (Nuqul Group), and Nestle. It was evident that the method of choice was the IUD as approximately 82% of the women opted to receive the IUD insertion voucher.

### Year 4 IUD Edutainment Lectures

Quarter	Number of Lectures	Total Attendees	Total Women Counseled	Total FP Vouchers Distributed	Percentage of IUD Vouchers from total
Q1	23	5074	504	413	92%
Q2	8	1585	278	71	81%
Q3	15	2915	871	395	78%
Q4	13	2673	716	372	74%
Total	59	12247	2369	1251	82%

### Point-of-service detailing

Ta’ziz achieved its target and provided point-of-service patient educational materials and promotional materials to campaign partner organizations. In Q1/Y4 it distributed materials to 32 CBOs located in remote areas. In Q2/Y4, the project installed point-of-service patient educational materials and promotional materials – rollups, brochures and danglers – in 174 MOH Public Health Centers (PHC) in Amman, Zarqa, Balqa, Jerash, Irbid, Ramtha, and Aghwar. In Q3/Y4 Ta’ziz installed point-of-service patient educational materials and promotional materials – rollups, brochures, and danglers – in 69 MOH PHCs in Irbid to support demand for IUD services given the MoH role as a primary IUD campaign “sponsor.” (Data revealed the MoH boosted IUD services significantly during the campaign period.)

### Social media

The project’s Facebook page *Sehetna wa rahetna bitanzim osritna* (“Our health and peace of mind with family planning”) conveyed information on the IUD and campaign activities, and project medical experts responded to private messages and questions. By September 25, the Facebook page had accumulated the following statistics:

#### Facebook/Osritna statistics as of September 25, 2014

Indicator	Number	Year 4 growth
Number of likes	20,997	127%
The number of people talking about this	40,296	82%
The number of people who engaged with the page; engagement includes any click or story created (unique users)	46,557	62%
The number of people who visited your page, or saw your page or one of its posts in news feed or ticker; these can be people who have liked your page and people who have not (unique users)	25,995	N/A
The number of people who have seen any content associated with your page (unique users)	504,019	6%

Indicator	Number	Year 4 growth
Reach of page posts (number of people who saw the page posts in “newsfeed”)	24,246	N/A
Total consumers; the number of people who clicked on any of the content	7,996	N/A

#### C.4. Network doctor marketing support

During year 4, the project completed designs, production, and placement for 128 “press corner” advertorials in the two newspapers with the highest reach in Jordan, Al Rai, and Ad Dustour, using NWDs to convey consumer-friendly evidence on IUD benefits through a question-and-answer format. This also promoted NWD services by featuring an individual physician member of the network. The publication of “press corner” advertorials was suspended during Q3/Y4 to adapt the content to a male audience, and the designs and sizes of “press corner” advertorials were completely modified to adapt the content to the male audience. The message was redirected to target married men in particular under a new slogan: “you have the right to choose”. The new conceptual design kept the new private NWDs visible and made the EBM information about the method simple and shorter while emphasizing the benefits and effectiveness of the FP modern methods.



Media training practical interview exercise in JMI TV studio

NWDs participated in TV and radio interviews and in “edutainment” lectures on FP topics with a focus on the IUD, engaging large female audiences. The project also printed additional business cards for NWDs that display the project-generated FP quality assurance emblem.



Media training group session with Dr Hani Al Badri

To build the capacities of the NWDs on handling TV interviews, Ta’ziz conducted a two-day media training workshop with 20 participating NWDs in partnership with the Jordan Media Institute (JMI) to develop their skills.

#### C.5. IEC materials and tools

The project continued to respond to all partners’ needs for IEC materials, tools, and job aids, producing needed quantities. Ta’ziz also worked closely with the new NGO partners to determine and fulfill their needs for FP IEC materials and tools.

#### IEC package for private hospital postpartum contraception initiative

The pilot intervention to promote postpartum contraception in the maternity wards of private hospitals aims to increase the awareness of new mothers on FP benefits, introduce them to the different options of modern FP methods, and to emphasize the importance of starting FP as a healthy lifestyle that contributes to family quality of life. It is critical to reach mothers during



the postpartum stage with timely information and attractive, easy-to-read, and easy-to-understand printed materials and tools to motivate their adoption of modern FP methods. This is achieved by enlisting staff support to build enthusiasm among beneficiary mothers through counseling sessions using IEC materials and tools. Tailored print materials will reinforce messages presented verbally during interpersonal contacts and they will serve as reference material should health providers or clients forget any important messages.

After a rapid assessment of all available family planning materials and conducting several in-depth interviews with stakeholders and health care representatives from the participating private hospitals, a mix of IEC materials and gift items were identified based on the need, recommendation, and knowledge of the service providers and expertise of the marketing team. Drafts of the newly developed material will be pretested with service providers (midwives and nurses) and with the target audience (mothers at the postpartum stage).

### **Postpartum contraception and maternity care package**

- Visual aid kit: family planning flip chart, FP wheel, anatomy/FP efficiency chart.
- IEC materials: Modern FP methods booklet, COC brochure, IUD brochure, and FP fatwa booklet
- Mother and baby care booklets: exercises for the mother, breastfeeding information, baby care, a card enlisting hospital telephone numbers for emergencies or further counseling, baby growth record booklet
- Baby changing bag and additional gift items (if sponsored), e.g. Johnson & Johnson products

### **C.6. Expansion of contraceptive method choice**

The project worked with the Ministry of Health to conduct a third stakeholders' workshop on method mix expansion in an attempt to achieve consensus on a new method that could be introduced to Jordan. The workshop titled "Family Planning Method Expansion Options" was conducted with the MoH on Feb. 5 with representatives from Ta'ziz, Royal Medical Services, Mu'tah University, HSSII, Jordan University Hospital, the government's Joint Procurement Department, UNRWA, private sector OB/Gyn physicians, and the MoH in attendance.

The main objective of the workshop was to discuss expansion of the current contraceptive method mix, to review available contraceptive options to introduce to Jordan, and to reach consensus on the best new contraceptive method for Jordan while considering MoH capabilities. The workshop's consensus recommendation was to select "Cyclofem®" as the first option, and as secondary options, Sayana Press® (Depo Provera subcutaneous in Uninject), which would replace the DMPA intramuscular (IM) injection in the MoH method mix, and emergency contraceptive pills (ECPs).

Ta'ziz enacted steps to initiate a pilot program to test the acceptability of Cyclofem in the Jordanian market, which it would implement with the MoH and other key stakeholders (e.g. UNRWA). Project representatives met with the JFDA and identified drug registration procedures, and discussed how to obtain a registration waiver for the pilot project. The project learned that it must obtain official MoH endorsement of the pilot project design to obtain such a waiver from JFDA. Meanwhile, Ta'ziz identified three potential local agents for Cyclofem to handle the registration process.

Ta'ziz however encountered roadblocks to obtain MoH and JFDA support for a registration waiver that would have enabled immediate implementation of a pilot program. Primarily, the

MoH and JFDA worried there could be negative media or parliament reactions to testing an unregistered drug on women of reproductive age. The MoH also expressed concern that there was no urgent medical need to justify obtaining an official endorsement for a waiver from the Minister of Health.

Ultimately, it was agreed that Ta'ziz should pursue a normal drug registration process for Cyclofem at the risk of delaying pilot implementation. Proceeding in this direction, the project encountered another barrier. The JFDA requires an updated Common Technical Document (CTD) file for drug registration but the Indonesian manufacturer of Cyclofem stated it would be unable to provide an updated CTD file until next year (2015).

While it tabled the registration of Cyclofem, Ta'ziz pursued other contraceptive options with the Ministry of Health technical committee that is charged with method mix expansion. These options include emergency contraceptive pills and Sayana Press (Depo Provera SubQ in Uniject), which were agreed as consensus secondary options in the method mix expansion stakeholders meeting earlier this year. In addition, the project is tracking the progress of a local agent in registering Eloira, a new hormonal intrauterine system (IUS) product that would compete with Bayer's high-priced but popular hormonal IUS product, Mirena®. In addition, the project advanced discussion with Merck, Sharpe, and Dohme (MSD) on the formal introduction of Implanon to the Jordanian private market at a reduced price. In line with this initiative, Ta'ziz finalized the research design to conduct quantitative/qualitative research to assess the acceptability of Implanon among private market acceptors and service providers. The project secured the institutional review board (IRB) approval and data collection started in August.

## **C.7 Consumer promotions**

### **Contraceptive choice coupon**

The Jordan Pharmacists Association (JPA) signed memoranda of understanding (MOUs) with 110 pharmacies in Amman, Irbid, Balqa, Karak, Jarash, Zarqa, and Aqaba governorates to secure their participation in the "contraceptive choice" coupon pilot program. Clinic patients receiving coupons from NWDs and NGO partner clinics can redeem them at any participating pharmacy for a 30 percent discount on a contraceptive of their choice available at the pharmacy, which would include the full range of OCP products, IUDs (including hormone-releasing Mirena®), the vaginal ring (NuvaRing®), and injectable contraceptives. The project developed a directory of participating pharmacies while continuing collaborative efforts with the JPA to recruit additional pharmacies for the pilot. Ta'ziz distributed the directory to all NWDs and other physicians it reaches through its academic detailing effort. In addition, the project expanded coupon distribution channels to NGO partner clinics.

In order to increase demand for the contraceptive choice coupons, Ta'ziz produced 40,000 promotional fliers for display on pharmacy counters and distribution through outreach workers, and it produced 500 promotional "danglers" for display in participating pharmacies and NWD clinics. The project is also contacting NWDs on a monthly basis to remind them to dispense the coupons to interested clients.

When the pilot is completed, the project will carry out an analysis to evaluate the impact of this initiative on stimulating private market sales of contraceptive products and expanding choice for Jordanian women, and determine whether it will continue the coupon program or invest in alternative means to spur contraceptive demand.

### **Newthink Festival**

In line with its goal to provide accessible information on reproductive health and family planning options, Ta'ziz participated in the Newthink Festival targeting youth aged 24-35. This annual festival focuses on unleashing the creativity and innovation of Jordanians, and it aims to bring together creative minds from businesses, governments, cultural, non-profit sectors, and education. Ta'ziz provided RH/FP information through interactive quizzes to the audience and offered a section for counseling at the booth. While the number of vouchers distributed was modest, the main objective was raising awareness and the team at the festival distributed FP brochures and engaged with visitors from Amman and the surrounding governorates. The festival attracted over 13,000 visitors.

### **C.8. Contraceptive insurance benefit**

Ta'ziz advanced its pilot initiative to test the uptake and impact of private health insurance coverage of contraception, working in collaboration with the Higher Population Council (HPC). The pilot will assess the awareness and uptake of the contraceptive insurance benefit among health insurance beneficiaries employed by companies that agreed to participate in the project, which include the Royal Scientific Society (RSS), covered by Al Nisr Al Arabi, and Manaseer Group, covered by MedGulf. It will also measure the impact on cost containment through averted maternity costs that would include complicated births. If the pilot demonstrates a clear benefit to health insurance companies and more importantly to their clients, the private companies, the project would recommend working with stakeholders to advocate for widespread offering of contraception coverage in the private health insurance industry. The pilot insurance initiative also offers the project an avenue for reaching men in the workplace with education and an incentive to practice family planning, as most of the direct insurance beneficiaries employed in the formal sector are male.

The project completed the baseline cost minimization analysis for insurance company partners, MedGulf, and Al Nisr Al Arabi. Ta'ziz reimbursed Al Nisr Al Arabi for cost of contraceptive products provided under the scheme, as agreed (MedGulf on the other hand has a capitated benefit that will cover these costs).

Baseline telephone-based beneficiary interviews were successfully conducted with 444 married women of reproductive age prior to the activation and official launching of FP insurance coverage. The same beneficiaries will be contacted again towards the end of the FP insurance coverage pilot in order to test whether the provision of FP health insurance increased modern FP method use, influenced provider and/or method choice, or resulted in any other changes in attitudes or behaviors.

At the outset of the pilot, the project supported Manaseer Group and Royal Scientific Society (RSS), the corporate clients of insurance company partners, MedGulf and Al Nisr Al Arabi, respectively, in producing and distributing information packages to all insurance beneficiaries to generate awareness of the new contraceptive benefit. Later, in agreement with its partners, Ta'ziz agreed to re-promote the benefit through a telemarketing campaign.

### C.9. Community outreach

The project's outreach partner organizations CCA and GUVS conducted home-based visits to 259,177 Jordanian women. During these home visits, the community health workers (CHWs) discuss the benefits of modern family planning methods, describe how each method works, and dispel misconceptions about modern FP methods. In addition to health education, the CHWs provide FP referrals to public and private/NGO (NWD, JAFPP, and UNRWA) health facilities and distribute vouchers to low-income women for private NWD FP services.

#### Outreach milestones achieved

Activity	Year 4 Milestone Goals	Year 4 Milestones Achieved	Project Cumulative
<b>New women reached by CHWs</b>	258,576 new women	259,177 new women	678,595
	181,003 MWRA	185,491 MWRA	554,335
<b>Number of FP counseling visits</b>	524,909 visits	550,470 visits	1,437,649 visits
<b>New acceptors of modern contraceptives</b>	NA	39,885 women	89,584
<b>FP referrals and vouchers</b>	36,201 received >50% acted upon	44,822 received >50% acted upon	116,410 received >50% acted upon
<b>FP vouchers</b>	18,100 received > 50% acted upon	24,605 received > 58% acted upon	54,274 received >50% acted upon

As indicated in the table above, CCA and GUVS conducted home visits to 259,177 new women in the north, central, and south regions of Jordan, out of whom 185,491 were MWRA. FP counseling visits, including follow-up visits, totaled 500,159 home-based sessions. The number of modern contraceptive method acceptors totaled 39,885 women, among whom 15,306 women began using IUDs, 13,420 began using OCPs, 1,037 began using Implanon®, and 8,549 began using condoms. Outreach workers distributed vouchers for private FP services to 24,605 poor, high maternal risk women.

#### Workplace outreach

In Y4, the project, in collaboration with CCA, GUVS, and the Microfund for Women (MFW), conducted 29 FP lectures for 801 women, and 616 one-on-one FP counseling sessions at select MFW branches and distributed 2,359 FP vouchers. In addition, the project conducted seven FP lectures at five Jordanian pharmaceutical manufacturing sites for 316 female workers.

Activity	Achievements
<b>Number of one to one FP counseling sessions at selected MFW branches</b>	<b>948</b> 3,350 vouchers distributed
<b>Number of FP lectures at MFW branches</b>	<b>49 lectures</b> 1,292 women attended
<b>Number of FP lectures at pharmaceutical manufacturing sites</b>	<b>7</b>

## **Careline**

In year 3, the project, in collaboration with CCA, implemented the “Careline” telephone follow-up pilot project, which aimed to increase the number of new users of modern FP methods among outreach clients. During the phone calls, the counselors encouraged the women to redeem their vouchers, and provided them with an opportunity to ask questions about contraceptive method adoption and address any side effect concerns. These follow-up phone calls boosted the redemption rate for FP vouchers and the three-month continuation rate among new adopters of modern FP methods. Therefore, in year 4 the project supported both outreach partners to implement the “Careline” telephone follow-up project, which increased the redemption rates of the FP vouchers compared to the previous year (see table below).

### **Voucher redemption, Y3 vs. Y4**

<b>Year 3</b>	<b>Year 4</b>
Number of vouchers distributed: <b>19,848</b>	Number of vouchers distributed: <b>24,605</b>
Number of vouchers redeemed: <b>10,091</b>	Number of vouchers redeemed: <b>14,274</b>
Redemption rate: <b>51%</b>	Redemption rate: <b>58%</b>

### **Contraceptive campaign/clinic marketing support**

In year 4, the CHWs were actively engaged in public outreach for the IUD social marketing campaign, provided one-on-one counseling to women, and offered referrals to health service providers. They also supported JAFPP family fairs with on-site counseling efforts.



### **FP outreach counseling impact evaluation**

Given strong interest in increasing the involvement of men in family planning (consensus at the HPC-hosted 2011 national FP/RH symposium), Ta’ziz designed a rigorous controlled study that would compare the impact of couples counseling versus women-only counseling during outreach home visits. The study will also reveal the overall impact of the home-based counseling approach. SHOPS field support has funded the research while the associate award has funded the actual outreach intervention. The main objectives of this research are to (1) measure the impact of counseling women on family planning uptake, (2) measure the impact of counseling couples on family planning decisions and uptake as compared to counseling women alone, and (3) identify the mechanisms through which counseling—either alone or as a couple—affects family planning use.

The project has completed the research intervention and endline survey, and it is currently analyzing the results. The project will submit the impact evaluation report by Q2, Y5.

## **Monitoring, evaluation, and dissemination**

### **Monitoring and evaluation**

To ensure project data have validity and integrity, the project conducts systematic data entry

audits, and data quality checks on a quarterly basis. During these regular audits, Ta’ziz examines the following:

- Data collection, through validation (e.g., calling random clients to verify outreach visits or verifying signatures on training sign in sheets)
- Data entry, through random verification of a minimum of 10% of entered data (e.g., by reentering data)
- Data from the outreach database, the voucher database, the JAFPP, IMS (national pharmacy contraceptive sales estimates), and MoH CYP reports are used to update the Ta’ziz monitoring dashboard.

The following table depicts a summary of monitoring databases:

Database (format)	Task Owner	Description	Status as of end Y4
1. Training database (Microsoft Access)	Ta’ziz	All training sessions are entered into this database. Data was audited in Y3.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input checked="" type="checkbox"/> Audit conducted
2. Outreach databases (Oracle RDBMD)	CCA GUVS	CCA and GUVS enter data from data cards on a daily basis. They conduct audits by checking the validity of entered data, through supervisory field visits and through telephone calls to beneficiaries. Reporting to Ta’ziz is quarterly.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input checked="" type="checkbox"/> Audit conducted
3. Voucher database (Microsoft Access)	Ta’ziz	Ta’ziz staff enters voucher redemption data received from NWDs and JAFPP in summary sheets on a monthly basis.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input checked="" type="checkbox"/> Audit conducted
4. Client satisfaction database (Microsoft Access)	Ta’ziz	Monitoring NWD quality through telephone interviews with clients by taking a random sample of redeemed vouchers.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input type="checkbox"/> Audit conducted
5. NWD self-assessment database (Microsoft Access)	Ta’ziz	Monitoring NWD quality through doctors’ self-reported evaluations. A random sample of vouchers with completed self-reported evaluations on the back is entered into the database on a monthly basis.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input type="checkbox"/> Audit conducted
6. Pharmacy discount coupon database (Microsoft Access)	Ta’ziz	Redeemed coupons logged into database.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input type="checkbox"/> Audit conducted

<b>Database (format)</b>	<b>Task Owner</b>	<b>Description</b>	<b>Status as of end Y4</b>
7. Marketing events database (Microsoft Access)	Ta'ziz	Monitoring reach of social marketing campaigns and JAFPP marketing events.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input checked="" type="checkbox"/> Audit conducted
8. Detailing visits database (Microsoft Access)	Ta'ziz	Monitoring detailing visits to pharmacies and private-sector GP or Ob/Gyn physicians. Data includes requests for marketing materials.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input checked="" type="checkbox"/> Audit conducted
9. JAFPP supervision database (Microsoft Excel)	Ta'ziz	Data from JAFPP supervision visits collected by Ta'ziz and JAFPP staff. Audit not applicable.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input type="checkbox"/> Audit conducted
10. Client complaint follow-up database (Microsoft Excel)	Ta'ziz	Recording and following-up on serious client complaints about services received at JAFPP clinics or NWDs. Audit not applicable.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input type="checkbox"/> Audit conducted
11. Careline database (Microsoft Access)	CCA GUVS	Monitoring and reporting on method uptake for women who receive Careline telephone calls after accepting free outreach vouchers. Audit not needed because the outreach system allows for internal checks.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input type="checkbox"/> Audit conducted
12. Workplace outreach database (Microsoft Excel)	Ta'ziz	Monitors the outcome of lectures given by CHWs at Microfund for Women centers by calling women after accepting vouchers at those lectures.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input type="checkbox"/> Audit conducted
13. Data audit database (Microsoft Excel)	Ta'ziz	Monitoring of quarterly data audits. Audit not applicable.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized <input type="checkbox"/> Audit conducted
14. Performance based subgrants clinic visits database (preliminary) (Microsoft Excel or hard copy)	HLC AJA ICCS	As the CMIS system is being installed and operationalized, three of the four NGOs are using a simple database to record RH/FP clinics starting from February 2014. Audits not required.	<input checked="" type="checkbox"/> Database active <input checked="" type="checkbox"/> Data utilized

The following table depicts a summary of evaluation activities:

Evaluation	Description	Status
JAFPP Institutional Perception Study	Qualitative study utilizing in-depth interviews with representatives of stakeholders in the field of FP/RH in order to assess stakeholders' perceptions toward JAFPP as leaders and advocates.	<input checked="" type="checkbox"/> Study prep <input checked="" type="checkbox"/> Data collection start: <u>1 April 2013</u> <input checked="" type="checkbox"/> Data collection end: <u>28 May 2013</u> <input checked="" type="checkbox"/> Analysis: <u>Completed</u> <input checked="" type="checkbox"/> Report: <u>Delivered 18 December 2013</u> <input checked="" type="checkbox"/> Local dissemination: <u>March 31, 2014</u>
OCP campaign endline / IUD campaign baseline	Quantitative tracking survey using non-probabilistic sampling through household interviews in Amman, Irbid, and Zarqa to gauge the reach and effectiveness of the OCP campaign.	<input checked="" type="checkbox"/> Study prep <input checked="" type="checkbox"/> Data collection start: <u>9 May 2013</u> <input checked="" type="checkbox"/> Data collection end: <u>13 May 2013</u> <input checked="" type="checkbox"/> Analysis: <u>Completed</u> <input checked="" type="checkbox"/> Report: <u>Delivered 18 December 2013</u> <input type="checkbox"/> Local dissemination: As needed
IUD campaign omnibus survey	Four questions were purchased in an omnibus survey to attain a rough estimate of the reach and effect of the IUD campaign 4 months post-wave. Quantitative survey through household interviews in the greater Amman vicinity. Non-probabilistic sampling.	<input checked="" type="checkbox"/> Study prep <input checked="" type="checkbox"/> Data collection start: <u>7 October 2013</u> <input checked="" type="checkbox"/> Data collection end: <u>26 October 2013</u> <input checked="" type="checkbox"/> Analysis: <u>Completed</u> <input checked="" type="checkbox"/> Report: <u>Delivered 19 February 2014</u> <input type="checkbox"/> Local dissemination: As needed
Family planning couple counseling Study	Longitudinal cohort study with a randomized control trial approach. Study is divided into two phases; each phase includes baseline screening, recruitment and interviewing, randomization, outreach intervention implementation, and endline interviewing.	<input checked="" type="checkbox"/> Study prep <input checked="" type="checkbox"/> Data collection start: <u>September 2013</u> <input checked="" type="checkbox"/> Data collection end: <u>Phase 1 and Phase 2 surveys completed.</u> <input checked="" type="checkbox"/> Analysis <input type="checkbox"/> Report writing <input type="checkbox"/> Local dissemination
Careline – outreach program	Randomized control trial in order to assess the effectiveness of telephone follow-up calls in increasing voucher redemption and method uptake and in decreasing discontinuation after uptake.	<input checked="" type="checkbox"/> Study prep <input checked="" type="checkbox"/> Data collection start: <u>7 April 2013</u> <input checked="" type="checkbox"/> Data collection end: <u>28 August 2013</u> <input checked="" type="checkbox"/> Analysis: <u>Completed</u> <input type="checkbox"/> Report writing: To be delivered Q4 <input type="checkbox"/> Local dissemination
FP insurance study	Cost analysis using claims data Cohort study using telephone interviews to gauge beneficiary uptake of modern FP method due to insurance coverage. Cohort of beneficiaries interviewed prior to their knowledge of the FP coverage and prior to the activation of the coverage, and towards the end of	<input checked="" type="checkbox"/> Study prep <input checked="" type="checkbox"/> Data collection start: Baseline <u>28 September – 7 Oct 2013</u> <input type="checkbox"/> Data collection end: <u>October 2015 for beneficiary survey</u> <input type="checkbox"/> Analysis <input type="checkbox"/> Report writing <input type="checkbox"/> Local dissemination



Evaluation	Description	Status
	the coverage period.	
IUD campaign post wave 2	Quantitative tracking survey using non-probabilistic sampling through household interviews in Amman, Irbid, and Zarqa to gauge reach and effectiveness of the IUD campaign.	<input checked="" type="checkbox"/> Study prep <input checked="" type="checkbox"/> Data collection start: <u>11 March 2014</u> <input checked="" type="checkbox"/> Data collection end: <u>20 March 2013</u> <input checked="" type="checkbox"/> Analysis: <u>Completed</u> <input type="checkbox"/> Report writing: To be delivered Q4 <input type="checkbox"/> Local dissemination
Implanon method acceptability study	Quantitative study through telephone interviews with women who received the Implanon at NWDs through the Outreach Program. The study might be completed with qualitative FGDs if unanswered questions arise from the quantitative survey. Objective is to identify the profile of users, reasons for choosing Implanon, and reasons for discontinuation.	<input checked="" type="checkbox"/> Study prep <input checked="" type="checkbox"/> Data collection start <input type="checkbox"/> Data collection end <input type="checkbox"/> Analysis <input type="checkbox"/> Report writing: <input type="checkbox"/> Local dissemination
Postpartum counseling at private hospitals - pilot	Randomized control trial using the same methodology used by HSS-II in Al Bashir Hospital to test if postpartum counseling affects modern method uptake and continuation.	<input checked="" type="checkbox"/> Study prep: Commenced during Q2 <input checked="" type="checkbox"/> Data collection start <input type="checkbox"/> Data collection end <input type="checkbox"/> Analysis <input type="checkbox"/> Report writing: <input type="checkbox"/> Local dissemination

## Dissemination

The project seeks to disseminate its successes and lessons learned to as wide an audience as possible within the international development and public health communities worldwide.

Ta'ziz earned the distinction of delivering two oral presentations at the International Conference on Family Planning in Addis Ababa, Ethiopia in mid-November 2013, as follows:

- *Family Planning Pill Campaign Delivers Excellent Results* (presenter: Reed Ramlow)
- *Using Evidence-Based Medicine to Overcome Barriers to Modern Contraceptive Use, presentation at the International Conference on Family Planning* (presenter: Dr. Maha Al-Saheb)

On March 4, Houda Khayame, Ta'ziz social marketing manager, delivered a presentation on the IUD integrated social marketing campaign at the long-acting and permanent methods (LAPM) technical consultation meeting hosted by the SHOPS project at Abt Associates' headquarters in Bethesda, Maryland.

The project submits relevant reports and publications to the USAID Development Experience Clearinghouse (DEC) and it provide regular updates to USAID for its monthly bulletins.

## **Project management, administration, human resources and finance**

### **Management and administration**

No significant developments to report

### **Human resources**

#### **New staff hires**

Rasha Al Bira, Procurement and Contracts Officer  
 Mais Jarrah, Academic Detailer  
 Alaa' Abu Shareiah, Academic Detailer  
 Jihad Ghanem, Driver

#### **Staff departures**

Mais Halaiqah, Pharmacy Representative  
 Hazem Rajeh, Driver  
 Hanan Zaidah, Organizational Development Manager

#### **Staff transfers to J-CAP**

Houda Khayame, Social Marketing Manager  
 Mays Halassa, Outreach Manager  
 Nisreen El Tell, Communications Manager

### **Finance**

#### **Incremental funding**

The project obtained incremental funding from USAID to bring total funding up to its ceiling of \$33,362,336. Field support funding remains at \$4.7 million.

#### **SHOPS Jordan associate award, financial summary, FY2014**

<b>Summary Line Items</b>	<b>Total Q4</b>	<b>Total FY 14</b>
I. Home and Site Office Labor	174,622	504,557
II. Fringe Benefits	78,231	244,719
III. Overhead	44,476	336,555
IV. Consultants	54,246	211,245
V. Travel and Per Diem	30,817	165,108
VI. Allowances	42,924	184,619
VII. Equipment	13,603	111,748
VIII. Other Direct Costs	265,614	1,354,680
VIII. Subcontractors	1,243,474	5,656,328
IX. Handling Charge	28,849	97,983
X. General and Administrative	126,450	494,720
<b>XI. Total Costs</b>	<b>\$2,103,306</b>	<b>\$9,362,262</b>

BUDGET CEILING	\$33,362,336
OBLIGATED FUNDING	\$33,362,336
PIPELINE	\$7,772,118

**SHOPS Jordan field support, financial summary, FY2014**

<b>Summary Line Items</b>	<b>Total Q4</b>	<b>Total FY 14</b>
I. Home and Site Office Labor	35,972	461,096
II. Fringe Benefits	17,831	211,470
III. Overhead	17,005	160,461
IV. Consultants	0.00	0.00
V. Travel and Per Diem	0.00	2,752
VI. Allowances	0.00	0.00
VII. Equipment	0.00	0.00
VIII. Other Direct Costs	34,979	180,816
VIII. Subcontractors	173,974	1,647,132
IX. Handling Charge	3,827	31,315
X. General and Administrative	20,781	176,048
<b>XI. Total Costs</b>	<b>\$304,369</b>	<b>\$2,871,090</b>
BUDGET CEILING	\$4,700,000	
OBLIGATED FUNDING	\$4,700,000	
PIPELINE	\$25,810	