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USAID Health Service Delivery FY 2021 Work Plan

October 1, 2020 to March 14, 2021

Submission Date: September 1, 2020

Revised FY21 Work Plan Submission Date: September 30, 2020

Agreement Number: AID-278-A-16-00002

Agreement Period: March 15, 2016 to March 14, 2021

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This document was produced for review and approval by the United States Agency for International Development/Jordan (USAID/Jordan).



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ACRONYMS AND ABBREVIATIONS

AOR	Agreement Officer's Representative
CHC	Community Health Committee
C/S	Cesarean Section
COVID-19	Corona Virus Disease 2019
CSC	Community Scorecard
CSS	Client Service Station
DAG	Directorate Advisory Group
EMPHNET	Eastern Mediterranean Public Health Network
ETITD	Electronic Transformation and Information Technology Directorate
FBSS	Facility-Based Supportive Supervision
FMD	Forensic Medicine Department
FP	Family Planning
FY	Fiscal Year
GOJ	Government of Jordan
GPs	General Practitioners
HAD	Health Affairs Directorate
HC	Health Center
HCAC	Health Care Accreditation Council
HCAD	Health Communication and Awareness Directorate
HMIS	Health Management Information System
HPS	Health Promotion Supervisor
IDQCD	Institutional Development and Quality Control Directorate
IEC	Information, Education, and Communication
IS	Information System
ISD	Integrated Service Delivery
ISDIC	Integrated Service Delivery Improvement Collaborative
IT	Information Technology

IUD	Intrauterine Device
JMMSR	Jordan Maternal Mortality Surveillance and Response System
LHSS	Local Health Systems Sustainability
MCH	Maternal and Child Health
MOH	Ministry of Health
MTaPS	Medicines, Technologies, and Pharmaceutical Services
NAG	National Advisory Group
NCD	Non-Communicable Disease
NCDD	Non-Communicable Diseases Directorate
NGO	Non-Governmental Organization
NORMAL	Normal, Opportunities, Return, Methods, Absence of menses, Limit
NRMM	National Registry of Maternal Mortality
OJT	On-the-Job Training
PDCA	Plan, Do, Check, and Act
PHC	Primary Health Care
PHFP	Partnership for Health and Family Planning
Q	Quarter
RMNCH	Reproductive, Maternal, Newborn and Child Health
RMNCH+	Reproductive, Maternal, Newborn and Child Health including Nutrition, NCDs and Gender Based Violence
RMS	Royal Medical Services
SDP	Service Delivery Point
TOR	Terms of Reference
TOT	Training of Trainers
USAID	United States Agency for International Development
WCHD	Woman and Child Health Directorate

GLOSSARY

Baseline Assessment:	A method used to assess a current situation to help USAID Health Service Delivery identify gaps in delivery of reproductive, maternal, newborn and child health services, and measure progress against the baseline over time.
Change Package:	A group of interventions designed to improve the health service delivery process and address gaps indicated in the baseline assessment findings as part of the Integrated Service Delivery Improvement Collaborative (ISDIC).
Client Service Station (CSS):	A functional triage unit or station established within the health facility using existing resources with the aim of improving and organizing client flow to ensure receipt of integrated health care services.
Clinical Governance:	System through which organizations are accountable for continuously improving the quality of their services and safeguarding standards of care by creating an environment in which excellence in clinical care will flourish.
Continuum of Care:	Public health framework based on integrated service delivery (ISD) throughout the lifecycle (adolescence, pregnancy, childbirth, postnatal period and childhood) and between places of care (including households, communities and clinical care settings).
Data-Driven Approach:	The use of assessment and research data to improve the delivery and management of services for reproductive, maternal, newborn and child health, including nutrition, non-communicable diseases and gender-based violence (RMNCH+), by promoting evidence-based decision-making and informed strategic planning.
Decision Support System:	An information system that aggregates and reports on key performance indicators in an easy-to-use format for RMNCH+ program managers at all levels.
Facility-based Supportive Supervision (FBSS):	A process of guiding, helping, training and encouraging staff to improve their performance continuously; it is a group collaboration effort at the facility level. The FBSS uses open, two-way communication and team building to facilitate problem solving, by focusing on monitoring performance by using clinical performance checklists for service providers at the facility, according to a supervisory plan.
Innovation Grants:	The Innovation Grants Program supported a wide range of innovative approaches and activities to improve access to, quality of, and use of RMNCH+. USAID Health Service Delivery defined “Innovations” as service delivery, community interventions, or technology applications that are not currently part of ongoing programs throughout Jordan, and which intend to achieve improved health results.

Integration of Care:	From the client's perspective , integration means health care that is seamless, smooth, and easy to navigate. From the provider's perspective , integration means that separate technical services and their management support systems are provided, managed, financed, and evaluated either together or in a closely coordinated way. Evidence-based clinical pathways reinforce compliance with key steps in service delivery. Providers' analyze client needs to develop structured interactions with clients. Documentation provides useful information for each client and service. From a community's perspective , health care responds to priority needs with good access to and quality of care, and more engagement in planning and monitoring of health services. From a health manager's perspective , information on overall service provision is readily available, aggregated as needed for each level of care. This should lead to prompt identification of gaps or challenges, and better use of resources.
Integrated Service Delivery Package:	An integrated, preventive, and curative package developed to enhance access to care, and quality, integration, and consistency of care. This integration is essential to improving the delivery of RMNCH+ services at Service Delivery Points (SDPs) and avoiding missed opportunities for comprehensive service delivery.
ISD Improvement Collaborative:	USAID Health Service Delivery uses a customized collaborative approach to introduce and implement the ISD package in selected SDPs. The ISDIC is a dynamic, data-driven approach that uses a cycle of performance-based monitoring, analysis, and change implementation. Each ISDIC cycle includes a collaborative session, a change package, and an action period that allows SDP teams to implement and monitor progress in improving RMNCH+ services according to results.
Collaborative Sessions:	Each ISDIC cycle includes a collaborative session in which several SDP teams present their progress and discuss how they overcame challenges. This collaborative approach allows exchange of productive ideas and experiences, facilitating greater improvement for SDPs.
Jordan Maternal Mortality Surveillance and Response (JMMSR) System:	The JMMSR is a national system to quantify the maternal mortality ratio for Jordan through active surveillance, and to eliminate preventable maternal deaths. Bylaw 10 mandates implementation of the JMMSR system for all sectors, and technical steps cover the notification of deaths among women of reproductive age, identification of maternal deaths, review, analysis, response, and dissemination.

I. ACTIVITY OVERVIEW

A. ACTIVITY DETAILS

Activity Name	USAID Health Service Delivery
Activity Start/End Date	March 15, 2016–March 14, 2021
Name of Prime Implementing Partner	Abt Associates
Contract/Agreement Number	AID-278-A-16-00002
Partners	Jordan Health Care Accreditation Council (HCAC), Eastern Mediterranean Public Health Network (EMPHNET), Population Council, American College of Nurse-Midwives
Geographic Coverage (Governorates/Districts)	Nationwide
Reporting Period	Fiscal Year 2021 (FY21) (October 1, 2020 to March 14, 2021)

United States Agency for Development (USAID) Health Service Delivery is a five-year activity funded by USAID/Jordan designed to improve health outcomes for women of reproductive age and children under the age of five in Jordan, including Syrian refugees living in Jordanian host communities. Abt Associates and its partners implement USAID Health Service Delivery.

In partnership with the Government of Jordan and other international and local partner organizations, USAID supports programs that expand access to and availability of integrated health services and improve the quality of essential health services at the national and sub-national levels. Multiple initiatives are under way to improve the health of both Jordanian nationals and non-Jordanians living in Jordan. The main guiding frameworks are the Ministry of Health (MOH) Five-Year Strategic Plan, Jordan Response Plan, and USAID Country Development Cooperation Strategy. USAID Health Service Delivery supports and reinforces many of the themes and strategies in these initiatives.

USAID Health Service Delivery directly supports the USAID/Jordan Results Framework Intermediate Result 3.1 (Health Status Improved), by expanding access to and availability of integrated health services. USAID Health Service Delivery works to improve the quality of reproductive, maternal, newborn and child health services – including nutrition; identification, counseling, and referral for non-communicable diseases; and gender-based violence – in the public, nongovernmental organizations (NGOs), and private sectors in its geographic areas of focus.

USAID Health Service Delivery also seeks to improve health-seeking behaviors and practices by increasing health services' accountability to and engagement of communities. Finally, USAID Health Service Delivery helps alleviate impacts of rapid population growth by increasing access to quality health services for both Syrian refugees and Jordanian host communities, and by improving availability and quality of family planning services.

In collaboration with the MOH Communicable Disease Directorate (CDD), USAID Health Service Delivery, per USAID guidance, developed and implemented new activities to support the National Preparedness and Response Plan for Corona Virus Disease 2019 (COVID-19) in Jordan. USAID Health Service Delivery activities addressed several pillars from the National Preparedness and Response Plan for COVID-19, Pillar 7 on Case Management, Pillar 8 on Operation Support and Logistics, and Pillar 2 on Risk Communication and Community Engagement.

B. VISION

Women of reproductive age and children under five years of age in Jordan will access and receive comprehensive, integrated quality health services across a continuum of care, resulting in improved health status.

C. MISSION

USAID Health Service Delivery aims to improve health outcomes for women of reproductive age and children under five years of age, including Syrian refugees living in Jordanian host communities. Abt Associates and its partners implement the programs and interventions. The USAID Health Service Delivery approach will stimulate management, clinical, and behavioral changes within Jordan's public, nongovernmental, and private health services that will lead to better RMNCH+ outcomes.

Integrated, efficient, and effective health service delivery is an essential instrument to enhance the health status, health protection, and social welfare of women of reproductive age and children under five years of age.

USAID Health Service Delivery works with Jordanian counterparts at all levels of the health system to ensure that they assume full ownership of all programs.

Building capacity to sustain performance improvements is a core component of every level and intervention. By engaging health managers and health teams in improvement processes, USAID Health Service Delivery builds their capacity to engage in continuous improvement cycles. USAID Health Service Delivery provides clinical training to address identified gaps or weaknesses, and strengthens supportive supervision at each level of the system to sustain clinical and managerial competencies in the future.

D. IMPLEMENTATION APPROACH

USAID Health Service Delivery has two main results under the objective of improving health outcomes for women of reproductive age and children under five years of age, as shown in the results framework below (Figure 1).

Result 1 addresses expanding availability of and access to integrated reproductive, maternal, neonatal, and child health services. USAID Health Service Delivery designs and implements interventions to increase uptake of RMNCH+ services by the targeted population (Sub-result 1.1). The interventions also increase community involvement in raising awareness of RMNCH+ information and services available in the public, non-governmental, and private sectors (Sub-result 1.2).

Result 2 addresses improving the quality of integrated reproductive, maternal, neonatal, and child health services. This requires complementary and parallel interventions to improve provider competency in delivering high quality, evidence-based services (Sub-result 2.1), and to strengthen management of RMNCH+ services (Sub-result 2.2).

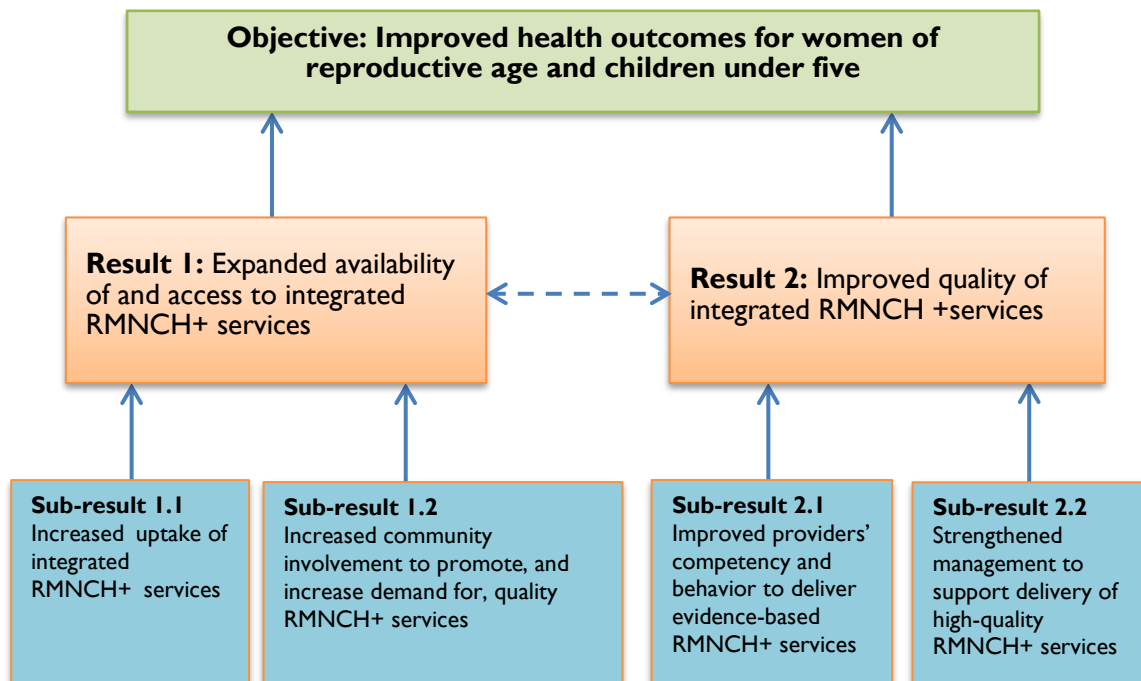


Figure 1: USAID Health Service Delivery Results Framework

2. EXECUTIVE SUMMARY

A. PROGRAM ACTIVITIES FOR FISCAL YEAR 21

This Fiscal Year 2021 (FY21) work plan covers the final six months of implementation for USAID Health Service Delivery (October 1, 2020 - March 14, 2021). During this final work plan, USAID Health Service Delivery will focus on supporting the national stakeholders to successfully complete deliverables related to Jordan's Maternal Mortality Surveillance and Response System, the Unnecessary Cesarean Section Deliveries Reduction Program and the implementation of the Family Planning Innovations Day Amidst COVID-19 (please see Annexes 2 and 7). Per USAID's guidance, USAID Health Service Delivery will continue its support to pillars 7, 8 and 2 of the National COVID-19 Preparedness & Response Plan 2020. USAID Health Service Delivery will complete the activities to support these programs by the end of Quarter 1 (Q1) of FY21.

USAID Health Service Delivery will work closely with national stakeholders and counterparts to complete the handover of the defined programs by the end of Q1 of FY21 as described within this report and Annex 1. In addition, USAID Health Service Delivery will continue data collection and analysis to inform the FY21 Q1 Report and the Final Program Report, and will inform the communication products developed in Q1. See Annex 5 for additional details on communication products that USAID Health Service Delivery will develop in FY21 Q1. Following the successful completion and handover of all USAID Health Service Delivery technical programs in Q1 of FY21, Abt Associates' team will use the remaining time of Q2 of FY21 for the administrative closeout of USAID Health Service Delivery.

a) Jordan's Maternal Mortality Surveillance and Response System

During FY20, and building on the momentum achieved and lessons learned during the first two years of JMMSR System implementation, USAID Health Service Delivery in collaboration with the MOH and national stakeholders used the JMMSR data collected from January through December 2018 to develop and finalize Jordan's first National Maternal Mortality Report for 2018. In addition, USAID Health Service Delivery with the National Advisory Group (NAG) finalized the second Maternal Mortality Report for 2019. USAID Health Service Delivery continued to make progress to support the implementation of responses to avert further maternal deaths. In FY21, USAID Health Service Delivery will hold a dissemination event for the National Maternal Mortality Report for 2019. Importantly, USAID Health Service Delivery, in coordination with the NAG, will conduct a response workshop based on the findings of the National Maternal Mortality Report 2019. As part of this workshop, USAID Health Service Delivery will engage the MOH, Royal Medical Services (RMS), the private sector, and key stakeholders in developing and finalizing the JMMSR 2019 Response Plan.



Finally, USAID Health Service Delivery will complete the JMMSR IS enhancement and the necessary capacity building of the MOH's Electronic Transformation and Information Technology Directorate (ETITD) and all relevant stakeholders to manage and sustain the JMMSR system and JMMSR Information System (IS). USAID Health Service Delivery will also work closely with the ETITD, the Non-Communicable Disease Directorate (NCDD), District Advisory Groups (DAGs), and NAG to hand over the JMMSR system, as detailed further in Section 3.D and in Annex 1 of this work plan.

b) Unnecessary Cesarean Section Deliveries Reduction Program

In line with recommendations by the NAG after reviewing JMMSR data, in addition to current data on the Cesarean Section (C/S) rates in Jordan, USAID Health Service Delivery developed and implemented a national program that aims at reducing the unreasonably high C/S delivery rate in Jordan. USAID Health Service Delivery established a multi-sectoral C/S Oversight Committee and provided technical assistance to the committee to develop evidence-based clinical guidelines to standardize the practice of childbirth in public and private hospitals.

USAID Health Service Delivery, in coordination with the committee, rolled out capacity building for health care providers in participating hospitals on the guidelines and planned for the development of monitoring tools to ensure compliance with guidelines.

In FY21, USAID Health Service Delivery will continue to work with the committee to expand the access to didactic training to additional hospitals, conduct on-the-job training (OJT) to participating hospitals and adopt the tools to monitor providers' compliance with the guidelines. The USAID Health Service Delivery team will provide technical assistance to the C/S Oversight Committee to conduct a series of training workshops to train additional health care providers in both public and private hospitals. The USAID Health Service Delivery team will conduct field visits to participating hospitals in order to coach service providers in the obstetric department to enhance the documentation, improve reporting and define service delivery bottlenecks.

c) Family Planning Innovations Day Amidst COVID-19

In FY20, with the start of the COVID-19 pandemic, USAID Health Service Delivery in collaboration with national stakeholders, developed and implemented alternative approaches to maintain access to and quality of RMNCH services, with an emphasis on family planning. One of these approaches included the design and implementation of a Family Planning Innovations Day Amidst COVID-19. USAID Health Service Delivery (Abt and partner HCAC) designed this call-for-action and developed the supporting materials for its implementation. Target audiences for this call-for-action, will include decision-makers, health care institutions, and health care providers, who will be encouraged to make and execute pledges to promote the use of family planning. USAID Health Service Delivery expects this call-for-action to fuel innovation and creativity within health facilities and among providers when offering family planning services. Annex 7, Family Planning Innovations Day Amidst COVID-19 Action Plan, provides more details on how USAID Health Service Delivery will implement this activity in FY21 Q1.

d) COVID-19 Program

Building on the momentum achieved in FY20 and in response to USAID's request, USAID Health Service Delivery will continue to support pillars 7, 8 and 2 of the National Response Plan for COVID-19. This will include implementing hospital response action plans, expanding COVID-19 case management training, assessing readiness of selected MOH health centers to deal with COVID-19, and developing and disseminating additional COVID-19 health education and awareness messages.

In FY21 Q1, USAID Health Service Delivery will assist the MOH CDD to update the Clinical Guidance and Protocols for COVID-19 Case Management and roll out training for health care providers on the updated Clinical Guidance. In addition, USAID Health Service Delivery will assist the MOH at the central, HAD and hospital levels to implement the response action plans and enhance hospital readiness to deal with COVID-19 cases.

USAID Health Service Delivery will also work with the MOH CDD and the established HAD multidisciplinary teams to assess selected comprehensive health centers' readiness to deal with COVID-19 cases, and develop response action plans based on assessment findings.

Finally, USAID Health Service Delivery will assist the MOH HCAD to develop additional COVID-19 health education and awareness messages with emphasis on self-care at home and assist CHCs to disseminate these health messages.

B. USAID HEALTH SERVICE DELIVERY HANDOVER OF PROGRAMS

In FY20 Q3 and Q4, USAID Health Service Delivery successfully closed out the Innovation Grants and the Community Outreach programs with the relevant stakeholders. In FY20 Q4, USAID Health Service Delivery successfully handed over the Newly Hired General Practitioners (GPs) training program and the COVID-19 program to the MOH Human Resources Development Directorate and the Communicable Diseases Directorate respectively.



In FY21 Q1 USAID Health Service Delivery will continue to strengthen the commitment of a variety of national stakeholders towards self-reliance and ensure a smooth handover of its programs to them. USAID Health Service Delivery with its stakeholders identified the programs to be handed-over. To standardize the process of hand over, USAID Health Service Delivery developed and agreed upon a hand over framework that includes three main components: program technical approach, program tools, and recipient responsibilities. Annex I: USAID Health Service Delivery Programmatic Handover provides comprehensive details on each of these components for the respective programs. In the following sections, USAID Health Service Delivery elaborates on the stakeholder engagement processes used to ensure counterparts' commitment and engagement throughout design, implementation, and adoption of program activities.

3. FY 21 PROGRAM ACTIVITIES

A. JORDAN'S MATERNAL MORTALITY SURVEILLANCE AND RESPONSE SYSTEM

Since the launch of the JMMSR System in 2018, USAID Health Service Delivery continued its technical assistance to the MOH and stakeholders from the public and private health sectors to ensure nationwide implementation of this system and its responses to eliminate preventable maternal deaths in Jordan.



During FY20, and building on the momentum achieved and lessons learned during the first two years of JMMSR System implementation, USAID Health Service Delivery in collaboration with the MOH and national stakeholders used the JMMSR data collected from January through December 2018 to develop and finalize Jordan's first National Maternal Mortality Report for 2018. This report in turn allowed for the development and dissemination of a Response Plan for reducing maternal mortality, which included reducing unnecessary C/S as a critical element of the plan. In addition, USAID Health Service Delivery with the NAG finalized the second Maternal Mortality Report for 2019. USAID Health Service Delivery continued to make progress in enhancing the JMMSR IS to ensure the sustainability of the system. USAID Health Service Delivery updated the JMMSR System policies and procedures and built the capacity of key stakeholders to understand their clear roles and responsibilities. In addition, USAID Health Service Delivery updated and translated the JMMSR System Guidelines for Implementation, ensuring the JMMSR System stakeholders have a standardized approach for implementing and managing the JMMSR system at all levels.

In FY21, USAID Health Service Delivery will conduct a dissemination event for the National Maternal Mortality Report for 2019. Depending on the COVID-19 pandemic status in Jordan, USAID Health Service Delivery may host a virtual dissemination event. USAID Health Service Delivery, in coordination with the NAG, will also conduct a response workshop (likely virtual) based on the findings of the National Maternal Mortality Report 2019. As part of this workshop, USAID Health Service Delivery will engage the MOH, RMS, the private sector, and key stakeholders in developing and finalizing the JMMSR 2019 Response Plan.

Additionally in FY21, USAID Health Service Delivery will work with the MOH NCDD, NAG, and DAGs to continue building their capacity on the operational guidelines developed in FY20. This will include improving the quality of the JMMSR data and ensure smooth transition of JMMSR leadership and management to respective levels of the Jordanian health care system (including the Health Affairs Directorate (HAD) and central levels).

At the HAD level, USAID Health Service Delivery will further enhance the communication and collaboration among DAGs members. USAID Health Service Delivery will conduct a training workshop for the DAG Chairpersons from the 14 HADs to strengthen their capacity to better collaborate with the DAG rapporteurs, so that the Chairpersons take on the responsibility to assess and enhance the quality of the collected maternal death data.

At the central level, USAID Health Service Delivery will work closely with the NCDD staff to strengthen their capacity to check the completeness and accuracy of the data collected by the DAGs.

Finally, USAID Health Service Delivery will complete the JMMSR IS enhancement and finalize any necessary capacity building of the MOH's ETITD to manage and sustain the JMMSR IS. USAID Health Service Delivery will also provide technical support to the NCDD to hand over the JMMSR system, as detailed further in Section 3.D and in Annex I of this work plan. Also, see Annex 3 for a list of the JMMSR system facilities.

B. UNNECESSARY CESAREAN SECTION DELIVERIES REDUCTION PROGRAM

USAID Health Service Delivery works with several national stakeholders to contribute to the reduction of maternal mortality in Jordan. As defined in the first National Maternal Mortality Report 2018, the reduction of unnecessary C/S deliveries is one of the five response strategies that Jordan will adopt to avert further preventable maternal deaths.

During FY20, USAID Health Service Delivery established a multi-sectoral C/S Oversight Committee of leading Obstetrics and Gynecology (Ob/Gyn) professors and specialists from the MOH, RMS, university hospitals, and the private sector. USAID Health Service Delivery collected baseline data in 10 hospitals regarding their current C/S practices. Using this data, USAID Health Service Delivery provided technical assistance to the C/S Oversight Committee to develop and disseminate evidence-based guidelines to standardize the clinical practice of C/S deliveries. The evidence-based guidelines endorsed by His Excellency, the Minister of Health, included standardizing clinical practices of induction and augmentation of labor among health care providers working in public and private hospitals. In addition, USAID Health Service Delivery provided capacity building to health care providers in participating public and private hospitals on implementing the evidence-based guidelines. During FY20 Q4, USAID Health Service Delivery provided the didactic training online using pre-recorded sessions that were accessed by trainees through the following link: <http://tiny.cc/csrd>. A total number of 599 participants from 19 public hospitals and nine private hospitals completed the requirements for the didactic training.

In FY21, USAID Health Service Delivery will continue working with the C/S Oversight Committee to expand the didactic capacity building to 10 public hospitals and 10 private hospitals on the “National Guidelines to Support Vaginal Births and Reduce Primary Cesarean Section Deliveries.”

Additionally, USAID Health Service Delivery will conduct OJT to assist health care providers in participating hospitals to comply with the guidelines. USAID Health Service Delivery will strengthen hospitals' capacities to monitor the progress of the Unnecessary C/S Reduction program using a facility-based toolkit. This toolkit will include the *Plan, Do, Check, and Act (PDCA)* cycle as a mechanism for improving the quality of childbirth practices, and include relevant tools to support this process. The toolkit includes an action plan to guide the process of guidelines adoption, a data collection checklist, a clinical audit tool and a list of suggested performance monitoring indicators. USAID Health Service Delivery will conduct OJT to support participating hospitals to collect, analyze and use data to monitor progress in their respective hospitals. See Annex 4 for a list of hospitals engaged with USAID Health Service Delivery on reducing unnecessary C/S in their facilities.

USAID Health Service Delivery will also provide technical support to central level stakeholders to hand over this program, as detailed further in Section 3.D and in Annex I of this work plan.

C. FAMILY PLANNING INNOVATIONS DAY AMIDST COVID-19

USAID Health Service Delivery anticipates that the challenges and repercussions of the COVID-19 pandemic will continue to impact health care service delivery in Jordan, including family planning services. Health care providers, following the directions they received from the Government of Jordan, are ensuring appropriate infection prevention and control, screening, and case management of COVID-19 in their facilities. However, family planning services must continue regardless of the pandemic, and maintaining the continuity of these services is critical to sustaining the gains Jordan has made in improving reproductive health for women.

In FY20, with the start of the COVID-19 pandemic, USAID Health Service Delivery in collaboration with national stakeholders developed and implemented alternative approaches to maintain access to and quality of RMNCH services, with an emphasis on family planning.

One of these approaches included the development of a call-for-action at the national level to increase the uptake and provision of family planning services, through the design and implementation of a Family Planning Innovations Day Amidst COVID-19. This will be in lieu of the originally planned Family Planning Action Day.

USAID Health Service Delivery (Abt and its partner HCAC) designed this call-for-action with necessary COVID-19 precautions in place. During FY20, USAID Health Service Delivery, with HCAC, developed the communication materials, including flyers, roll-ups, social media content, etc., and received approval from USAID on these communication materials that will promote the “Day.”

The proposed Family Planning Innovations Day Amidst COVID-19 activity, planned for October 19, 2020, will target USAID Health Service Delivery’s current service delivery points (SDPs) and additional locations reached through HCAC’s network. Target audiences including decision-makers, health care institutions, and health care providers will be encouraged to make and execute pledges to promote family planning. Target audiences will implement their pledges on a designated day. Participants will announce and register their pledges on a webpage.

USAID Health Service Delivery expects this call-for-action to fuel innovation and creativity within health facilities and among providers when offering family planning services. The team also expects to influence the hearts and minds of the public (e.g., clients and families), deepening clients understanding of their rights and encouraging clients to demand quality family planning services, even in challenging times. See Annex 7 for the Family Planning Innovations Day Amidst COVID-19 Action Plan for specific details on how USAID Health Service Delivery will implement this activity in FY21 Q1.

D. COVID-19 PROGRAM

In response to USAID's request, in FY21 Q1, USAID Health Service Delivery will continue to support pillars 7, 8 and 2 of the National COVID-19 Preparedness and Response Plan for Jordan, with priority emphasis on implementing hospital response action plans, expanding COVID-19 case management training, assessing selected MOH health centers' readiness to deal with COVID-19, and developing and disseminating additional COVID-19 health education and awareness messages. Please refer to Table I for the detailed activities under Pillars 7, 8 and 2.

a) Pillar 7: Case Management

Given the evolving situation of COVID-19 in Jordan and the MOH decision to quarantine selected COVID-19 cases at home, in FY21 Q1, USAID Health Service Delivery will work with the MOH CDD to update the "Clinical Guidance and Protocols for COVID-19 Case Management" according to the updated National Response Plan. The update will also include guidance on self-care at home for COVID-19 cases, updated criteria for admission and discharge of COVID-19 cases and other relevant updates related to COVID-19 and pregnancy.

Using this updated Clinical Guidance, USAID Health Service Delivery, in collaboration with the MOH CDD, will roll out training for health care providers.

b) Pillar 8: Operation Support and Logistics

In FY21 Q1, USAID Health Service Delivery, in collaboration with MOH counterparts, will present the detailed findings for COVID-19 readiness of the assessed hospitals and the subsequent response action plans to the central MOH. This will help to secure central level commitment and support for implementing these action plans.

USAID Health Service Delivery will provide technical assistance to the MOH CDD and Institutional Development and Quality Control Directorate (IDQCD), and the established HADs and hospital multidisciplinary teams to support the implementation of the COVID-19 response action plans in selected hospitals.

Given the evolving situation of COVID-19 in Jordan, USAID Health Service Delivery will work with the MOH CDD and the established HAD multidisciplinary teams to assess the readiness of selected comprehensive health centers to deal with COVID-19 cases. This will include the customization of the adapted WHO hospital readiness checklist to address relevant response functions at the PHC level. Based on the assessment results, USAID Health Service Delivery will provide technical assistance to develop response action plans to enhance selected health centers' readiness to deal with COVID-19.

USAID Health Service Delivery will also strengthen the capacity of the MOH ETITD, WCHD, HADs and health care providers to support the use and management of the enhanced Health Map Mobile Application. USAID Health Service Delivery will promote the use of the application with health care providers and citizens of Jordan. USAID Health Service Delivery will inform health care providers about the application and its use in all planned training workshops. This will include the value of using the application to conduct virtual client/provider interactions. In addition, USAID Health Service Delivery will work with the

HCAD and health promotion supervisors at HADs and CHCs to develop and disseminate messages about the application.

c) Pillar 2: Risk Communication and Community Engagement

In FY21 Q1, USAID Health Service Delivery will provide technical assistance to the MOH HCAD to develop additional COVID-19 health education and awareness messages with emphasis on self-care at home. In addition, USAID Health Service Delivery will assist health promotion supervisors at HADs and CHCs to disseminate these messages.

Table 1: Detailed Activities¹ in FY21 Q1 for USAID Health Service Delivery to Support the National Response Plan for COVID-19

No.	Name	Start Date	Finish Date
1	Pillar 7. Case Management	Thu 10/01/20	Thu 12/31/20
1.1	Strengthen the capacity of health care providers at selected public hospitals and MOH health centers on the updated Clinical Guidance and Protocols for COVID-19 Case Management.	Thu 10/01/20	Thu 12/31/20
1.1.1	Support the MOH to update the Clinical Guidance and Protocols for COVID-19 Case Management based on the best available evidence.	Thu 10/01/20	Thu 10/15/20
1.1.2	Conduct virtual training workshops for public sector health care providers on the updated Clinical Guidance and Protocols for COVID-19 Case Management.	Sun 10/18/20	Thu 12/31/20
1.1.3	Conduct field visits to selected health centers to follow up on the implementation.	Sun 11/01/20	Thu 12/31/20
1.1.4	Clinical Guidance and Protocols for COVID-19 Case Management updated to reflect the most recent evidence.	Thu 12/31/20	Thu 12/31/20
1.1.5	Summary reports for additional COVID-19 case management training developed.	Thu 12/31/20	Thu 12/31/20
2	Pillar 8. Operation Support and Logistics	Thu 10/01/20	Thu 12/31/20
2.1	Assist the MOH with the implementation of the COVID-19 hospital response action plans.	Thu 10/01/20	Thu 12/31/20
2.1.1	Present to the central MOH the detailed findings for COVID-19 readiness and subsequent response action plans for the assessed hospitals.	Thu 10/01/20	Mon 10/12/20
2.1.2	Conduct field visits to HADs and selected hospitals to follow up on implementation of the hospital response action plans.	Thu 10/15/20	Thu 12/31/20
2.1.3	Progress reports for COVID-19 response action plans for 15 hospitals developed.	Thu 12/31/20	Thu 12/31/20

¹ Color key: main objectives are in red, sub-objectives are in blue, detailed activities are in black and milestones are in green.

Table 1: Detailed Activities¹ in FY21 Q1 for USAID Health Service Delivery to Support the National Response Plan for COVID-19			
No.	Name	Start Date	Finish Date
2.2	Assist the MOH to prepare selected comprehensive health centers to deal with COVID-19.	Thu 10/01/20	Thu 12/31/20
2.2.1	Assist the MOH CDD and the IDQCD to customize the adapted WHO hospital readiness checklist to address relevant response functions at the PHC level.	Thu 10/01/20	Sun 10/11/20
2.2.2	Assist the established HAD multidisciplinary teams to assess the selected health centers' readiness for COVID-19.	Tue 10/13/20	Sun 11/15/20
2.2.3	Assist the HAD multidisciplinary teams and selected health center staff to develop COVID-19 response action plans for selected health centers.	Sun 11/01/20	Thu 12/31/20
2.2.4	MOH Comprehensive Health Centers' readiness checklist for COVID-19 developed.	Sun 10/11/20	Sun 10/11/20
2.2.5	20 MOH Comprehensive Health Centers' response action plans for COVID-19 developed.	Thu 12/31/20	Thu 12/31/20
2.3	Strengthen the MOH capacity at central and HAD levels to manage the enhanced MOH Health Map Mobile Application.	Thu 10/01/20	Thu 12/31/20
2.3.1	Conduct training workshops for the central MOH ETITD and WCHD staff to train them on the use and maintenance of the enhanced MOH Health Map Mobile Application.	Thu 10/15/20	Thu 12/31/20
2.3.2	Conduct training workshops for the IT focal points and Heads of MCH units at HADs on the use and maintenance of the enhanced MOH Health Map Mobile Application.	Sun 11/01/20	Thu 12/31/20
2.3.3	Conduct field visits to support the MOH ETITD and WCHD with the use and maintenance of the enhanced MOH Health Map Mobile Application.	Sun 11/15/20	Thu 12/31/20
2.3.4	Summary reports on the enhanced Health Map Mobile Application training generated	Thu 12/31/20	Thu 12/31/20
3	Pillar 2. Risk Communication and Community Engagement	Thu 10/01/20	Thu 12/31/20
3.1	Strengthen Community Engagement to Raise Awareness on COVID-19.	Thu 10/01/20	Thu 12/31/20
3.1.1	Assist the MOH HCAD to develop COVID-19 health education and awareness messages with emphasis on self-care at home.	Thu 10/01/20	Sun 11/15/20
3.1.2	Assist health promotion supervisors at HADs and CHCs to disseminate the COVID-19 health education and awareness messages to communities with emphasis on self-care at home.	Sun 11/15/20	Thu 12/31/20
3.1.3	COVID-19 health education and awareness messages with emphasis on self-care at home developed.	Sun 11/15/20	Sun 11/15/20
3.1.4	COVID-19 health education and awareness messages with emphasis on self-care at home disseminated.	Thu 12/31/20	Thu 12/31/20

E. PROGRAM HANDOVER AND STAKEHOLDER ENGAGEMENT

USAID Health Service Delivery has worked with the MOH and counterparts for five years implementing multiple programs in coordination with several national stakeholders to expand access to and quality of RMNCH+ services. Through these engagements, the USAID Health Service Delivery team and its counterparts have developed an extensive library of resources that the MOH, RMS, NGOs, and other counterparts have at their disposal to continue improving access to and quality of health services in Jordan. In FY20, USAID Health Service Delivery also worked with the MOH and other counterparts to support the National Response Plan for COVID-19.



In FY20 Q3 and Q4, USAID Health Service Delivery successfully closed out the Innovation Grants program and the Outreach program. In FY20 Q4, USAID Health Service Delivery also handed over the Newly Hired GPs training program to the MOH Human Resources Development Directorate and the COVID-19 program tools to the MOH Communicable Diseases Directorate.

As part of its handover process, USAID Health Service Delivery and its counterparts identified key programs to fully transition in FY21 Q1 to program counterparts. These programs have strengthened the Journey to Self-Reliance and will continue to strengthen the commitment of national stakeholders to improving RMNCH+ services for the people of Jordan. USAID Health Service Delivery designed and implemented these programs together with national stakeholders. The programs include ISDIC, Community Engagement, JMMSR, Unnecessary C/S Reduction, and HMISs.

To standardize the process of hand over of these programs to different stakeholders working at different levels of the health system, the SAID Health Service Delivery team, with its counterparts, agreed on a hand over framework. The handover framework includes three main components: the program technical approach, the program tools, and recipient responsibilities at central, HAD, and facility levels. Annex I: USAID Health Service Delivery Programmatic Handover provides comprehensive details for each of the programs and their respective handover components.

In FY21 Q1, the USAID Health Service Delivery team will work closely with USAID Population and Family Health Office and the Jordanian stakeholders to officially handover all tools, materials, and approaches to designated counterparts at central, HAD, and facility levels. Engagement will include a series of handover events and meetings for each program activity with designated counterparts. In addition, handover will include digital copies of all approaches, tools, and templates listed in Annex I.

In FY21 Q1, the USAID Health Service Delivery team in collaboration with the Woman and Child Health Directorate (WCHD), the Health Communication and Awareness Directorate (HCAD), ETITD, the Communicable Diseases Directorate (CDD), Institutional Development and Quality Control Directorate, and other relevant central MOH directorates will conduct a series of events to handover programs to the 14 HADs.

During these events, the USAID Health Service Delivery teams with their counterparts, will present the programs that were implemented in each HAD, the relevant tools and materials that were used for implementation, and the human resource capacity that was built under USAID Health Service Delivery.

By the end of these events, HAD Directors and their teams will be able to maintain the implementation of the RMNCH program activities under the Partner for Health and Family Planning (PHFP) program.

In the following sections, USAID Health Service Delivery describes the stakeholder engagement processes used to ensure central, HAD, and facility counterparts' commitment throughout each program's design and implementation, and the counterparts active participation in taking on program implementation through the careful sequencing of handover activities.

a) *Integrated Service Delivery Improvement Collaborative Program Stakeholder Engagement for Handover*

USAID Health Service Delivery worked with counterparts to institutionalize the ISDIC starting from the inception of the program, including stakeholders at the central, HAD, and facility level.

At the central level, USAID Health Service Delivery engaged the MOH directorates from the beginning in the ISDIC design, implementation, and monitoring functions. Through this engagement, the MOH directorates developed ownership of the ISDIC program. Because of this ownership, USAID Health Service Delivery, in collaboration with the MOH, and in particular the WCHD, developed and disseminated the Maternal and Child Health (MCH) Instructions Booklet to strengthen the management of RMNCH+ services. The MOH demonstrated its commitment by expanding the ISDIC implementation beyond USAID Health Service Delivery SDPs, and by aligning ISDIC priorities to support MOH strategic objectives that aim at improving health outcomes of women/child health. In addition, USAID Health Service Delivery strengthened the central MOH training capacity through establishing a core of trainers to roll out training activities at the HAD and facility levels.

At the HAD level, USAID Health Service Delivery and the MOH WCHD reactivated and updated the terms of references of the existing family planning follow-up committees in the 14 HADs. This included expanding the scope of these committees to include the integrated RMNCH+ services. This expansion strengthened the technical and management oversight of the HADs to support SDPs in improving access to and quality of RMNCH+ services. Furthermore, USAID Health Service Delivery in collaboration with WCHD conducted multiple training of trainer (TOT) workshops and refresher trainings to strengthen the training capacity of the HAD staff to ensure they can carry out the responsibility of conducting the ISDIC related activities and support health care providers in continuously improving service delivery. In FY20, USAID Health Service Delivery supported the MOH, HADs, and other stakeholders to lead their own collaborative sessions and develop doable change packages, allowing HADs to apply the skills they developed. In addition, USAID Health Service Delivery, together with counterparts, developed and disseminated job aids, management tools, and information, education, and communication (IEC) materials to support all HADs in implementing and supervising different RMNCH+ service delivery programs.

At the facility level, USAID Health Service Delivery, with its counterparts established processes to strengthen the delivery of high quality RMNCH services. This included the establishment of the Client Service Station (CSS) as a new approach to improve the client flow and seize opportunities for RMNCH services. In addition, USAID Health Service Delivery established the Facility Based Supportive Supervision (FBSS) as a means to allow a continuous clinical performance monitoring and provide timely feedback to health care providers to sustain the quality of services provided. The established FBSS contributed to the overall MOH supportive supervision system, that exists at the central and HAD levels. In addition, to enhance data collection and progress reporting, USAID Health Service Delivery and its counterparts updated and disseminated data collection tools and records to support specific RMNCH activities.

The MOH, specifically the WCHD and HCAD, has expressed its willingness and readiness to lead the ISDIC program in the future. In FY20, the WCHD issued official letters to sustain the ISDIC in all HADs. See Annex 6 for the MOH Commitment to Sustain RMNCH Programs. Please see Annex 1 for a complete list of tools, approaches, and materials that USAID Health Service Delivery will handover to these MOH counterparts in FY21 Q1 according to their defined roles and responsibilities at each respective level of the health care system to carry the ISDIC program forward.

b) Community Engagement Program Stakeholder Engagement for Handover

To pave the way for program sustainability, USAID Health Service Delivery engaged the HCAD from the beginning in the design of the Community Engagement Program. During the last few years, with technical assistance from USAID Health Service Delivery, the HCAD took the lead to implement and monitor all interventions under the community engagement program.

At the central MOH level, USAID Health Service Delivery in collaboration with the HCAD developed a set of management and technical tools to assist with planning, implementation and monitoring different components of the community engagement program, such as the Community Mobilization Manual, Community Based Mother to Mother Breastfeeding Support Training Package, Health Promotion Manual and Community Scorecard Guidelines. In addition, USAID Health Service Delivery strengthened the MOH training capacity through the establishment of core trainers at the central MOH level.

At the HAD level, USAID Health Service Delivery supported HPS to establish 80 Community Health Committees (CHCs) and 16 Mother to Mother Breastfeeding Support groups as well as supervising them by using the Community Mobilization Manual. Furthermore, USAID Health Service Delivery strengthened the training capacity through the establishment of core trainers at the HAD level. In FY20, Health Promotion Supervisors (HPSs), with the support of the HCAD, demonstrated their commitment, and expanded their community engagement interventions beyond USAID Health Service Delivery targeted SDPs.

At the grass-roots level, USAID Health Service Delivery worked with health center (HC) managers, Health Promotion Coordinators, and CHC members to implement and monitor the different components of the community engagement program.

Please see Annex I for a complete list of tools, approaches, and materials that USAID Health Service Delivery will continue to handover to these counterparts in FY21 Q1 according to defined roles and responsibilities at each respective level of the health care system to carry the program forward.

c) Jordan's Maternal Mortality Surveillance and Response Program Stakeholder Engagement for Handover

As stated in the program description above, USAID Health Service Delivery, and previous Abt-led projects, worked closely with the MOH to establish the JMMSR System from design and inception to full implementation. In the last few years, USAID Health Service Delivery has worked with counterparts to strengthen the implementation of the JMMSR and ensure its sustainability.



At the central level, USAID Health Service Delivery supported the MOH in defining clear roles and responsibilities for key entities to enable their continued contribution to system implementation. USAID Health Service Delivery coordinated with the MOH NCDD and the ETITD in designing and managing a JMMSR IS within the MOH to ensure streamlined data management, reducing future overhead and upkeep expenses. In addition, USAID Health Service Delivery provided extensive capacity building to enable MOH trainers to continue training all JMMSR stakeholders on the implementation steps. Finally, USAID Health Service Delivery facilitated a collaborative process to develop the National Maternal Mortality Reports for 2018 and 2019, and the 2018 Response Plan.

At the HAD level, USAID Health Service Delivery and the MOH's NCDD provided capacity building of all DAGs members, equipping them with the essential competencies to identify, review, and respond to the maternal deaths. In addition, USAID Health Service Delivery ensured that all DAGs received the JMMSR System Guidelines for Implementation, and training on how to apply them to the important task of reporting all maternal deaths in a timely and correct manner.

At the facility level, USAID Health Service Delivery identified and trained focal points to report on maternal deaths using the JMMSR IS. USAID Health Service Delivery procured and installed IT equipment to facilitate the JMMSR IS and trained respective providers on its appropriate use.

The JMMSR program stakeholders, described above, are the National Registry of Maternal Mortality (NRMM) at the MOH's NCDD at central level, the DAGs within the HADs at mid-management level, and the focal points within hospitals and forensic medicine departments. Please see Annex I for a complete list of tools, approaches, and materials that USAID Health Service Delivery will continue to handover to these recipients according to defined roles and responsibilities at each respective level of the health care system to continue implementing the JMMSR program.

d) Unnecessary Cesarean Section Deliveries Reduction Program Stakeholder Engagement for Handover

USAID Health Service Delivery purposefully identified a multi-sector group of committed individuals to serve on the C/S Oversight Committee. This diverse group came together with USAID Health Service Delivery's support to develop a critical National Guideline to Support Vaginal Births and Reduce Primary C/S based on the latest evidence-based practices. In addition, USAID Health Service Delivery built the capacity of health care providers working in labor and delivery units in public and private hospitals on applying the guideline.

Please see Annex I for a complete list of tools, approaches, and materials that USAID Health Service Delivery will handover to these stakeholders in FY21 Q1.

e) Health Management Information System Program Stakeholder Engagement for Handover

The USAID Health Service Delivery's Health Management Information System (HMIS) team, in collaboration with the MOH ETITD, developed innovative information systems to support the implementation of several important USAID Health Service Delivery programs. These included the JMMSR IS, the Health Map Mobile Application, and the Community Outreach Management Information System. In order to sustain the use of the developed HMISs and due to their cross-cutting nature, USAID Health Service Delivery, from the design phase, engaged not only the ETITD as a host for these systems, but also engaged the respective technical directorates as systems users.

At the central level, USAID Health Service Delivery worked closely with the MOH ETITD, to develop all applications starting from the design phase to system development, implementation and deployment. In addition, USAID Health Service Delivery rolled-out multiple capacity building programs to allow ETITD staff to have the management and technical skills to support the continuous use of all established HMIS and to maintain them.

In addition, USAID Health Service Delivery provided full documentation for each of the established HMISs, including the JMMSR and Health Map Mobile Applications. This technical documentation will continue to be an important support reference for the MOH ETITD technical team.

At HAD level, USAID Health Service Delivery, in collaboration with the ETITD, rolled-out specialized capacity building programs to Information Technology (IT) Focal Points in the 14 HADs. This allowed focal points to provide the needed IT support to health facilities to operate and maintain the different information systems.

At the health facility level, USAID Health Service Delivery rolled-out capacity building to relevant health care providers, to allow them sustained use of appropriate HMISs. Please see Annex I for a complete list of tools, approaches, and materials that USAID Health Service Delivery will handover to these recipients according to defined roles and responsibilities at each respective level of the health care system in FY21 Q1.

f) COVID-19 Program

In FY20, USAID Health Service Delivery worked in close collaboration with the MOH and other national stakeholders to support the implementation of Jordan's National Response Plan for COVID-19. This included supporting the MOH CDD, IDQCD, ETITD and HCAD to design and implement activities to address Pillars 2, 7 and 8 of the National Response Plan for COVID-19.

Pillar 7: Case Management

At the central level, USAID Health Service Delivery supported the MOH CDD to develop the "Clinical Guidance and Protocols for COVID-19 Case Management" based on the best available evidence. Following the endorsement of His Excellency the Minister of Health for the Clinical Guidance, USAID Health Service Delivery with the MOH developed a training plan for COVID-19 case management, conducted TOT workshops and identified COVID-19 trainers at the central level to support subsequent training for health care providers.

At the HAD level, USAID Health Service Delivery used the Clinical Guidance and Protocols for COVID-19 Case Management to establish a core of clinical trainers at each respective HAD.

At the health facility level, USAID Health Service Delivery used the Clinical Guidance to build the capacity of health care providers (including physicians, nurses and midwives) from public and private health sectors to screen, triage, and manage suspected and confirmed COVID-19 cases.

In FY21 Q1, USAID Health Service Delivery will continue to support the MOH in expanding training on COVID-19 Case Management to include additional health care providers.

Pillar 8: Operation Support and Logistics

At the central level, USAID Health Service Delivery supported the MOH CDD and the IDQCD to adapt the WHO Hospital Readiness Checklist for COVID-19 for the Jordanian context.

At the HAD level, USAID Health Service Delivery worked with the MOH to establish and train multidisciplinary teams in all 14 HADs to mobilize the needed resources to support hospital response action plans.

At hospital level, USAID Health Service Delivery, in collaboration with relevant counterparts, conducted readiness assessments for 11 MOH hospitals. In addition, USAID Health Service Delivery, with its counterparts, assessed Queen Alia Hospital (RMS), Jordan University Hospital and Al-Isra Hospital (private). Assessment findings supported the MOH and hospital managers to develop response action plans. When implemented, these plans will enhance hospital readiness to deal with COVID-19 cases.

In FY20, USAID Health Service Delivery assisted the MOH to expand its Health Map Mobile Application, by adding new functions to map out the available human resources, medical equipment and supplies at the health facility level including those related to COVID-19. The enhancement also allows for two-way virtual communication between health care providers and their clients. Moreover, the enhanced application allows health care providers to share IEC materials with their clients.

Pillar 2: Risk Communication and Community Engagement

At the central level, USAID Health Service Delivery, in collaboration with the MOH HCAD, developed COVID-19 health education and awareness messages using evidence-based information from WHO and CDC. HCAD uploaded these on the MOH website.

At the HAD level, USAID Health Service Delivery, in collaboration with the HCAD, assisted the Health Promotion Supervisors at HADs and CHCs to disseminate the developed COVID-19 health messages within their communities using their social media platforms.

Please see Annex I for a complete list of COVID-19 tools, approaches, and materials that USAID Health Service Delivery will hand over to the recipients according to defined roles and responsibilities at each respective level of the health care system in FY21 Q1.

g) RMNCH+ Community Outreach Program

The RMNCH+ Community Outreach Program has supported health promotion and health education activities through sub-agreements with the Institute for Family Health (IFH), the Jordanian Association for Family Planning and Protection (JAFPP) and Blumont. Under the program, female Community Health Workers (CHWs) visited households to provide information on RMNCH+ topics, and guide women of reproductive age and children under five to relevant health services.

On March 16, 2020, based on USAID guidance aimed at limiting the spread of COVID-19, all household visits under the Community Outreach Program were suspended. Soon afterwards, USAID Health Service Delivery terminated the Community Outreach Program per USAID's direction.

In FY21 Q1, USAID Health Service Delivery will work with the MOH HCAD to handover the RMNCH+ Community Outreach Program. Please see Annex I for a complete list of tools, approaches, and materials that USAID Health Service Delivery will hand over to the recipients according to defined roles and responsibilities.

4. COLLABORATION AND KNOWLEDGE SHARING

Abt Associates will upload all deliverables to USAID's Development Experience Clearinghouse. As per Section 3 of this workplan, during FY21 Q1 and Q2, USAID Health Service Delivery will collaborate with its counterparts to hand over programs and their materials. The section below details how USAID Health Service Delivery works with its counterparts.

A. COLLABORATION WITH PARTNER ENTITIES IN HOST GOVERNMENT AND OTHER DONOR AGENCIES

a) The Ministry of Health

Since its inception and throughout the course of its implementation, USAID Health Service Delivery has maintained a close, strong, and productive relationship with MOH counterparts at the central level, in HADs, and in health facilities. USAID Health Service Delivery has aligned activities with the priorities of its senior MOH counterparts that fall within the mandate of USAID Health Service Delivery, including the development of technical strategies, training materials, and quality improvement processes. While this approach requires time, it ensures that counterparts have a demonstrable level of commitment, and a stake in the success of interventions.

In FY20, the USAID Health Service Delivery senior management team visited each HAD several times to review progress, discuss and address challenges, and maintain an open and productive relationship with key counterparts. USAID Health Service Delivery specialists and team members frequently engage MOH counterparts in central directorates, in HADs, and in hospitals and health centers in all implementation steps. Often, staff turnover within the MOH, especially at the directorate level, requires additional efforts from USAID Health Service Delivery to orient and engage new counterparts concerning the multiple on-going or planned interventions in their respective areas.

In this last quarter of implementation, USAID Health Service Delivery has further refined its approach and interventions concerning the MOH leaders. In FY21 Q1, USAID Health Service Delivery will focus efforts on continuing to build ownership and commitment of the MOH counterparts to continue program elements such as the ISDIC in hospitals and HCs, JMMSR, and community engagement that have improved access to and quality of RMNCH+ services. USAID Health Service Delivery will conduct a series of meetings with counterparts at the central level and the 14 HADs to officially handover programs to respective directorates as discussed in Section 3 and in Annex I.

b) The Royal Medical Services

USAID Health Service Delivery has an excellent relationship with the RMS, including the Director General, Chiefs of Ob/Gyn and Neonatal Specialties, Nursing Director, hospital directors and staff of the maternal and neonatal units in the participating hospitals. The RMS senior leadership regularly meets with the team and actively supports RMNCH+ interventions in its hospitals.

Similar to the collaboration with the MOH, in FY21 Q1, USAID Health Service Delivery will focus on implementing key interventions with the RMS, e.g., JMMSR and C/S reduction programs, which RMS has been deeply involved in since the programs' initiation. In addition, USAID Health Service Delivery will work with the RMS at different levels to handover the RMNCH related programs. The USAID Health Service Delivery team will conduct a series of meetings with the Chiefs of Obstetrics and Gynecology and Neonatal to present to them the programs implemented in collaboration with RMS, the relevant tools and materials that were used for implementation, and the human resource capacity that was built under USAID Health Service Delivery.

Please see Annex I for a complete list of tools, approaches, and materials that USAID Health Service Delivery will handover to these recipients according to defined roles and responsibilities at each respective level of the health care system.

c) The United Nations agencies: United Nations Population Fund

In FY21, USAID Health Service Delivery will continue to coordinate and share JMMSR progress with the United Nations Population Fund.

B. COLLABORATION WITH USAID IMPLEMENTING PARTNERS IN FY21

a) Partnership for Health and Family Planning

In FY20, USAID Health Service Delivery, with guidance from USAID/Jordan, engaged with its national implementing partners in dialogue with the relevant MOH directorates to determine if their current programs funded through this Activity may be suitable for further support from the MOH under the PHFP Program. This included, for example, the transition and handover of the ISDIC program.

On July 23, 2020, USAID Health Service Delivery met with USAID and the head of WCHD and HCAD to discuss the possibility of handing over the ISDIC program to the MOH, with support from the PHFP. At this meeting, the heads of WCHD and HCAD committed to transitioning ISDIC, with the support of PHFP. The MOH expressed its readiness and enthusiasm around taking on the components of ISDIC, and providing leadership.

As the MOH decides to pursue ISDIC and other opportunities to continue USAID Health Service Delivery programs with direct support from USAID, USAID Health Service Delivery in consultation with USAID/Jordan will provide program documents, training materials, and any other information needed by the MOH to facilitate the transfer process.

b) USAID Jordan Community Health and Nutrition

The USAID Jordan Community Health and Nutrition led by FHI 360 began activities in FY20. In FY20, USAID Health Service Delivery met with their management team to explore areas of cooperation and collaboration.

In FY21 USAID Health Service Delivery will transfer or hand over relevant materials to the MOH and provide copies to USAID Jordan Community Health and Nutrition in case these materials will be useful for them in the future.

c) Medicines, Technologies, and Pharmaceutical Services (MTaPS)

During FY20, USAID Health Service Delivery met with the MTaPS team, currently focusing on supporting the MOH with Infection Prevention and Control (IPC). Both teams introduced their COVID-19 related activities, and discussed how to coordinate on IPC activities. USAID Health Service Delivery and MTaPS agreed to share information and materials, and to collaborate as much as possible. During FY21, USAID Health Service Delivery will continue coordination with MTaPS and exchange relevant COVID-19 materials as needed.

d) Local Health Systems Sustainability (LHSS)

USAID Health Service Delivery met with LHSS in Jordan several times to coordinate COVID-19 response efforts. First, each team discussed their overall approach to COVID-19 related capacity building, including target groups, methodologies and mechanisms to deliver capacity building. The teams also discussed potential areas of collaboration, and USAID Health Service Delivery shared with LHSS the case management training materials to support LHSS strengthening the capacity of the private sector to respond to COVID-19. During FY21 Q1, USAID Health Service Delivery will continue to coordinate with LHSS and share all COVID-19 related materials.

e) Health Care Accreditation Council (HCAC)

In FY20, USAID Health Service Delivery shared with the HCAC the COVID-19 readiness assessment report for Al-Bashir Hospitals. In addition, USAID Health Service Delivery engaged HCAC in the process of developing the response action plan for this hospital.

In FY21 Q1, USAID Health Service Delivery will collaborate with the HCAC to follow up on the implementation of the response action plan for Al-Bashir Hospitals.

C. KNOWLEDGE SHARING IN FY21

USAID Health Service Delivery systematically engages counterparts in formally designated technical working groups (TWGs) for development of technical materials used for program implementation, such as clinical guidelines, protocols and training packages. In FY21, USAID Health Service Delivery will formally hand over all technical materials collaboratively developed. See Annex I.

USAID Health Service Delivery will also organize events, workshops, seminars and other means to disseminate program materials and technical information at the central and governorate levels as appropriate. This will include, but not be limited to, the following:

- Family Planning Innovations Day Amidst COVID-19;
- Unnecessary C/S Deliveries Reduction Program training workshops;
- National and regional dissemination of the National Maternal Mortality Report 2019 with a focus on responses to prevent similar maternal deaths in the future; and,
Official handover of a range of technical guidelines and materials to the appropriate stakeholders in the MOH, RMS, and dissemination to a broader set of counterparts including NGOs (See Annex I).

5. SUMMARY OF FY21 PROGRAM ACTIVITY DELIVERABLES AND MILESTONES

The following table lists the main deliverables/milestones for FY21 in Q1.

Table 2: Deliverables for FY21 Q1	
No.	Deliverable
1.	Maternal Mortality Report 2019 disseminated
2.	JMMSR “Response” workshop report developed
3.	JMMSR training workshop summary reports developed
4.	C/S Reduction Program Facility Based Toolkit, to implement and monitor the C/S reduction national guideline, developed and disseminated
5.	C/S Reduction Program summary training reports developed
6.	Family Planning Innovations Day Amidst COVID-19 conducted
7.	Family Planning Innovations Day Amidst COVID-19 report developed
8.	MOH Comprehensive Health Centers readiness checklist for COVID-19 developed
9.	20 MOH Comprehensive Health Centers’ response action plans for COVID-19 developed
10.	Clinical Guidance and Protocols for COVID-19 Case Management updated to reflect the most recent evidence
11.	Summary reports for additional COVID-19 case management training developed
12.	Progress reports for COVID-19 response action plans for 15 hospitals developed
13.	COVID-19 health education and awareness messages with emphasis on self-care at home developed
14.	COVID-19 health education and awareness messages with emphasis on self-care at home disseminated
15.	Summary reports for the enhanced Health Map Mobile Application training developed
16.	Programs’ handover packages developed and disseminated to the respective counterparts

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