Health Systems Strengthening II (HSS II)

Annual Report

Results and Challenges

October 13th, 2011

Health Systems Strengthening II

The Health Systems Strengthening II project is funded by the United States Agency for International Development and implemented by Abt Associates Inc. in partnership with BAHA Consultant Engineering, Initiatives Inc., O'Hanlon Health Consulting, LLC and Abu-Ghazaleh & Co. Consulting (TAG Consultants)

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TABLE OF CONTENT

TABLE OF CONTENT II

LIST OF ABBREVIATIONS III

MESSAGE FROM THE CHIEF OF PARTY 1

INTRODUCTION AND SUMMARY OF PROGRESS 2

1. PROJECT RESULTS 4

STRATEGY 1: INSTITUTIONALIZE KNOWLEDGE MANAGEMENT (KM) PRACTICES TO STRENGTHEN MOH DECISION-MAKING AND ORGANIZATIONAL DEVELOPMENT 4

STRATEGY 2: EXPAND, STRENGTHEN, AND IMPROVE PERFORMANCE OF SELECTED SYSTEMS SUPPORTING QUALITY HEALTH SERVICES 5

STRATEGY 3: IMPROVE QUALITY OF SAFE MOTHERHOOD AND ER SERVICES IN HOSPITALS 8

STRATEGY 4: IMPROVE QUALITY OF AND INCREASE ACCESS TO FP/RH SERVICES AND INFORMATION 11

STRATEGY 5: IMPROVE QUALITY OF AND ACCESS TO PRIMARY CARE SERVICES 14

STRATEGY 6: ENGAGE AND EMPOWER COMMUNITIES TO ADOPT HEALTHIER LIFESTYLES 15

2. STRATEGIC OPPORTUNITIES 17

3. COOPERATION WITH PARTNERS 18

4. MONITORING PERFORMANCE 19

ANNEX 1: YEAR 2 HSS II ANNUAL WORK PLAN GANTT CHART 21

ANNEX 2: HSS II PERFORMANCE MONITORING ANNUAL REPORTING FOR YEAR TWO 44

ANNEX 3: TEMPORARY DUTY YONDER (TDY) FOR YEAR 2 - ENDING SEPTEMBER 30TH, 2011 57

List of Abbreviations

AWSO	Arab Women Speak Out
CA	Contracting Agency
CAT	Critically Appraised Topics
CHC	Community Health Committee
CPAP	Continuous positive airway pressure
CPP	Comprehensive Postpartum Project
DBE	Directorate of Biomedical Engineering
EBM	Evidence Based Medicine
EOC	Essential Obstetric Care
ER	Emergency Response
ESP	Essential Services Package
FP	Family Planning
GBD	Government Building Directorate
HCAC	Health Care Accreditation Council
HC	Health Center
HC&AD	Health Communication and Awareness Directorate
HD	Health Directorate
HP	Health Promotion
HPC	Higher Population Council
HSMC	Hospital Safe Motherhood Committee
HSS	Health Systems Strengthening Project
IEC	Information, Education, and Communication
IT	Information Technology
ITD	Information Technology Directorate
IUD	Intra Uterine Device
JAFPP	Jordan Association for Family Planning and Protection
JHCP	Jordan Health Communication Project
JUST	Jordan University of Sciences and Technology
KM	Knowledge Management
MCH	Maternal and Child Health
MCHIS	Maternal and Child Health Information System
MOH	Ministry of Health
NNC	Neonatal Care
Ob/Gyn	Obstetrics and Gynecology
OJT	On-the-job-training
PA	Performance Assessment
PHC	Primary Health Care
PIS	Perinatal Information System
PSP	Private Sector Project
QUH	Quality Unit Head
RH	Reproductive Health
RHAP	Reproductive Health Action Plan
RMS	Royal Medical Services
TOT	Training of Trainers
UNRWA	United Nations Relief Works Agency
US	United States
USAID	United States Agency for International Development
WCHD	Women and Child Health Directorate

MESSAGE FROM THE CHIEF OF PARTY

The second year of the HSS II project included a number of achievements that strengthened the health system at all levels and as it comes to an end, HSS II project has defined a multi-pillar approach for responding to the current needs of the public health sector in Jordan. For nearly two years HSS II has supported the MOH with improving the quality of health care services. Technical assistance and training was centered on the different levels of health care delivery system. In the third project year HSS II turns its attention to helping MOH implement a decentralized integrated quality improvement approach that responds to individual needs.

In its second year HSS II had substantial changes in its management. HSS II team's efforts supported by Abt's home office and the PFH office at USAID were carefully designed and implemented to ensure a smooth transition for the project's new management and to establish an effective partnership with different counterparts and stakeholders. These efforts are currently rewarded by having HSS II team assuming its full responsibility to achieve the assigned project deliverables.

Another important milestone is the ability of HSS II to stimulate the interest and support of higher MOH officials in its different programs and activities. HSS II contributed to further improving the MOH's capacity to manage and deliver health care services in Jordan. Our joint work with the MOH to develop the Job Description for MOH staff is an illustrative example of the effective partnership. A broad base of stakeholders has been involved in different project programs and the HSS II staff have earned the respect and the trust of the government counterparts and stakeholders and are now more confident to provide mentorship and technical advice to them. Equally important, HSS II is gaining the trust and support from the PFH office at USAID.

In the third year of the HSS II project, we would like to thank the people of the MOH, RMS and HPC, not only for putting their trust in HSS II , but also for believing in the potential for positive implications on improving the quality of health care services in Jordan.

HSS II Chief of Party

INTRODUCTION AND SUMMARY OF PROGRESS

The Health Systems Strengthening II (HSS II) project in Jordan is a five year project, from 2009 to 2014, funded by the United States Agency for International Development (USAID) and implemented by Abt Associates Inc in partnership with BAHA Consultant Engineering, Initiatives Inc, TAG Consultants and O'Hanlon Health Consulting.

Working in close collaboration with Jordan's Ministry of Health (MOH), Royal Medical Services (RMS) and the Higher Population Council (HPC), HSS II is strengthening health systems and improving access to quality health services throughout Jordan.

During the second year of the project, from October 2010 through September 2011, significant results were achieved across all project components in keeping with the contract between USAID and Abt Associates. This included the following highlights.

Hospital renovation and equipping: Phase 1 of the contract was completed, with renovation and equipping of emergency rooms at two major hospitals and the obstetric and neonatal departments at the country's largest hospital, Al-Bashir. Seven training centers were also renovated and equipped. Phase 2 was launched which will result in renovation and equipping of nine hospitals by the end of year three. Renovations were complemented by training of health care providers in Emergency Response (ER) services, maternal and newborn care, and family planning.

Knowledge management: The MOH adopted a knowledge management strategy supported by training materials and focal persons at all levels. Information systems were improved to facilitate data-driven management, including installation of 180 computer systems at Health Directorates (HDs) and hospitals along with training of staff to more effectively use and maintain these systems. At primary care level 315 health centers regularly submit quality indicator reports, and all twelve HDs use this information for annual planning.

Quality improvement: Thirty primary health care centers from all twelve HDs are well on their way to achieving accreditation by Jordan's Health Care Accreditation Council (HCAC) through an innovative collaborative approach to quality improvement introduced in the first year of the project. Improvements in quality were supported by a referral system expanded to over 225 health centers in ten HDs; operational plans formulated by all twelve HDs and actively followed up by Quality Councils in seven; and revised job descriptions for 441 job categories approved by the Minister of Health.

Safe motherhood: Twenty-five MOH and RMS hospitals have active hospital safe motherhood committees (HSMCs) which monitor compliance with obstetric and neonatal service delivery standards and clinical guidelines. Best practices such as use of partograph during labor are promoted in 16 hospitals. Continuous positive airway pressure (CPAP) for resuscitation of newborns was introduced to nine hospitals, with significant improvements in newborn survival.

Family planning and reproductive health: Access to family planning (FP) was expanded with the introduction of postpartum and post-abortion FP services in 13 hospitals and long acting hormonal methods in 47 health facilities around the country. Skills and attitudes of health care providers were improved through a variety of trainings, including support for

reduction of missed opportunities for FP counseling and services at Primary Health Care (PHC) facilities in all twelve HDs. Family planning information and service standards were integrated into medical curricula at Jordan University and Jordan University of Science and Technology.

Community health: Participation of communities in health promotion and improved health services was expanded from 37 to 45 Community Health Committees active in all twelve HDs. More than one hundred community events reached 9,400 women with Family Planning messages. Twelve youth groups were formed with peers reaching out to each other to promote life planning and healthy lifestyle skills.

Project management: The HSS II project senior management team was fully staffed for the first time, including a new Chief of Party (COP), Deputy Chief of Party (DCOP), and two new technical Team Leaders in addition to two existing ones. Senior operations, finance and monitoring and evaluation positions remained stable. Technical Task Manager positions were expanded from 13 to 15, supported by slightly expanded teams of Field Coordinators and Operations Officers.

Project funding: A contract modification was signed during year two, raising the overall project value from $58m to $73m, primarily allocated for additional hospital renovation and equipping.

1. PROJECT RESULTS

Strategy 1: Institutionalize Knowledge Management (KM) Practices to Strengthen MOH Decision-making and Organizational Development

Objective 1.1: Establish and promote knowledge management practices and culture

A "Knowledge Management Strategy 2011-2014" was launched under the patronage of His Excellency the Minster of Health. This strategy is a framework for improved management through better capturing, storing, sharing and using of information throughout the MOH.

To support implementation of the strategy, a "Knowledge Management Implementation Toolkit" and "Knowledge Management Training Manual" were developed in collaboration with the MOH KM Technical Team. These documents include simple and practical concepts and tools which are being used for training KM Implementation Teams at Central MOH and HD levels. A team of master trainers at Central MOH level was established to support sustainability of the KM training program.

KM Coordinators were appointed by the MOH at each of the twelve Health Directorates and in 22 hospitals. In the hospitals these coordinators are linked with the HSMC.. Several HDs have set up KM Teams to work with the KM Coordinator.

Monthly workshops on KM implementation were initiated in all HDs and hospitals, strengthening the skills of managers to identify knowledge needs and use information to improve decision making. During these workshops the KM toolkit was updated, including helping to ensure that it supports the HCAC accreditation standards under the Information Management Cluster. This link means that knowledge management practices and culture will expand in a sustainable way over time as more and more health centers and hospitals prepare for accreditation.

Health center manager in Aqaba usinga data dashboard for improved planning and monitoring of services.

Objective 1.2: Strengthen MOH information technology (IT) infrastructure and staff capacity to enable KM practice

The capacity of the MOH IT Directorate and HD IT Units was strengthened through technical skills training that included four courses on A+ (for computer maintenance) and N+ (for communication network maintenance), with 55 staff trained. An IT inventory system was developed and put in practice.

Information systems—including Maternal and Child Health Information System (MCHIS), Perinatal Information System (PIS), FPLMIS and quality indicators—were strengthened with improved layout and user interface, additional report generation capacity, development of information dashboards and better integration between the systems. Data quality was improved by adding data validation rules at data entry level.

The FPLMIS and quality indicators were upgraded to being web-based, including a dashboard for the quality indicators. The PIS was extended to four RMS hospitals. Two dashboards were developed to help managers identify opportunities for enhancing access to quality maternal and newborn care and family planning services.

IT infrastructure was strengthened through provision of 59 computers at Health Directorates and 122 computers at hospitals, along with some printers and associated networking infrastructure.

Objective 1.3: Strengthen Performance Assessment (PA) Unit to promote a culture of performance excellence

In collaboration with a technical working group (TWG) from the Department of Performance Assessment, an organizational performance assessment of the MOH was carried out. The process began with orientation of key MOH officials on performance assessment indicators and a data collection methodology and process. A data collection tool was agreed; data were collected from a national sample of MOH staff at all levels; analysis was conducted using SPSS; and a draft report was prepared. The report has remained with the TWG subject to further approval within the MOH.

Strategy 2: Expand, Strengthen, and Improve Performance of Selected Systems Supporting Quality Health Services

Sub-Strategy: Strengthen MOH management, planning and monitoring capacities to improve quality of health services

Objective 2.1: Institutionalize planning processes at all levels to improve organizational performance

Support for planning processes within the MOH included review of the MOH Strategic Plan, particularly with regard to how effectively it addresses Jordan's Millennium Development Goals (MDGs). This was followed by assisting the twelve HDs to review and update their operational plans for 2010-2011 in line with the overall strategic plan. Updated operational planning guidelines were provided to HDs, hospitals and health centers.

The capacity of Quality Teams to develop and monitor annual operational plans was strengthened at 90 focus health centers. At hospital level, six HSMCs developed annual plans and nine more were trained on operational plan development. HSS II facilitated mid-term review of all plans in close collaboration with HDs.

Objective 2.2: Scale up supportive supervision to enhance quality of health services

Findings of a "Supervision System Assessment" conducted in year one were used to tailor year two interventions. Maternal and Child Health (MCH), PHC, and health promotion (HP) supervision checklists were updated and refresher trainings conducted to introduce the tools and monitoring process to HD level supervisors and Quality Unit Heads (QUHs). Health center performance was reviewed by supervisors on a monthly basis with support from HSS II staff. Performance data included MCH, FP and quality indicators.

Supervision of MCH services was strengthened through development of supportive supervision guidelines in close collaboration with the Women and Child Health Directorate (WCHD). The WCHD is taking a keen interest in providing sustained supportive supervision at primary care level.

Objective 2.3: Strengthen MOH management capacity to improve service performance

Management training needs assessment led to a series of 13 workshops to build skills in management, leadership, and monitoring and evaluation. Central MOH managers, Health Directors, supervisors, Quality Unit Heads, and health center managers participated. Training for health center managers focused on developing skills in team building, managing meetings, and general management and leadership. Quality Unit Heads were further trained as trainers to ensure ongoing sustainability of this capacity building intervention.

An exhaustive revision of MOH job descriptions, under the guidance of a national Steering Committee, continued from year one and resulted in finalization of 441 job descriptions approved by the Minister of Health—a landmark achievement for the MOH and HSS II. These revised job descriptions include key performance indicators that will be the basis for further strengthening human resource management through better annual performance review.

Sub-Strategy: Strengthen Quality Improvement System to enhance the quality and performance of health services

Objective 2.4: Promote culture of quality improvement in MOH through holistic quality approach and tools

The MOH PHC Quality Improvement Leadership Committee, chaired by the Secretary General, met several times during the year to introduce quality improvement tools, review PHC quality improvement data, and discuss specific ways in which the MOH leadership can promote quality improvement. In February, the recently conducted first six-month interim assessment of the 30 health centers being prepared for accreditation was reviewed and strategies discussed for resolving key impediments to achieving HCAC standards.

In these meetings and subsequent discussions, HSS II shared an employee engagement model, results dashboards and balanced scorecards as tools for the MOH to use in support of quality improvement. These tools were also introduced to Health Directors and Quality Unit Heads.

Objective 2.5: Institutionalize a selected number of administrative systems supporting quality

Referral: The four pillars of an effective referral system continued to be strengthened—capacity building, logistics, monitoring and reporting. Referral Officers, QUHs and IT staff in six HDs were trained on the referral system. Referral Officers in three HDs trained newly appointed employees involved with referral and oriented specialists from hospitals on the referral system.

For expansion of the referral system from six HDs to an additional four HDs, training teams were prepared by HSS II to support cascade training in Amman, Irbid, Karak and Madaba. To date 350 health center staff have been trained.

Improvement of referral system logistics included installing computers and printers at HDs and hospitals , and printing and disseminating referral guidelines to all HDs.

Monitoring of the referral system improved with greater involvement of the central MOH Directorate of HD Administration (DHDA) in conducting joint field visits with the HSS II team. Monthly referral reports were submitted by six HDs, with the remaining four HDs expected to begin monthly reporting once their computers are fully installed.

Medical records: A national Medical Records Steering Committee was established to formulate a unified medical record for each level of health facility. A technical working group conducted extensive review and revision of existing materials, and proposed an updated unified record for primary health care facilities. This medical record will be field tested during year three in the 30 health centers preparing for accreditation. Once finalized it will be rolled out countrywide in phases.

Objective 2.6: Institutionalize Quality Improvement Reporting System to assess Health Center's (HC's) quality and performance

A set of eight quality indicators developed during the HSS project was revised in collaboration with the DHDA, the WCHD and HDs. Two indicators were modified and two were added (for health promotion and modern FP methods), resulting in ten indicators that are more accurate and comprehensive.

Indicator revision was followed by re-training of staff in 90 focus health centers. QUHs from all twelve HDs, and Quality Coordinators from Amman HD, were also trained on the updated indicators. New data collection forms, with guidance for using them, were distributed to participating health centers. Monthly meetings were held with QUHs to review the indicator reports and discuss actions to improve performance.

The project's Knowledge Management team assisted with updating the quality indicator reporting system to being web-based, and participated in Quality Council meetings to help promote use of data.

Sub-Strategy: Develop MOH health workforce capacity to enhance performance

Objective 2.7: Institutionalize MOH's capacity to plan, manage, and carry out effective training

The concepts and practice of evidence-based medicine (EBM) were introduced to the MOH and RMS. Trainer and trainee manuals were developed and a group of EBM trainers was prepared. An orientation workshop for key MOH and RMS managers was followed by EBM trainings that included obstetricians, pediatricians and general practitioners from 13 hospitals and 30 HCs. Supervisory and technical committees for EBM were established to support implementation of EBM practices at MOH and RMS facilities.

52 health professionals from MOH and RMS were trained on evidence-based medicine (EBM)

HSS II continued on a regular basis to support and build the technical capacities of training coordinators at hospitals and training supervisors at HDs.

Objective 2.8: Renovate, equip, and operationalize a select number of training centers

Seven training centers were renovated and equipped, one at the central MOH and six at HD level (Amman, Balqa, Mafraq, Zarka, Jerash, Ajloun). An additional center at Irbid was equipped but did not require renovation. Renovation work was started on two more centers at Ma'an and Tafieleh.

Renovations include training rooms, lecture rooms, information and library centers, toilets, kitchenette and waiting areas.

Sub-Strategy: Establish a Facility and Equipment Maintenance System

Objective 2.9: Establish a standardized and efficient Maintenance System at the Central Level

The MOH maintenance system was assessed and an improvement action plan launched following review by the MOH Maintenance Task Force (MTF). Maintenance committees established at nine hospitals developed operational plans. A consultant engineering firm was subcontracted to develop a maintenance manual, conduct training for the MTF and hospital maintenance committees, and monitor implementation of maintenance (this process is ongoing through year three).

Drawings and operational manuals for electromechanical systems installed at Al-Bashir, Prince Faisal and Dr. Jamil Tutanji Hospitals were handed over to the respective maintenance committees.

Strategy 3: Improve Quality of Safe Motherhood and ER Services in Hospitals

Objective 3.1: Strengthen MOH and RMS staff capacity to manage and deliver quality Safe Motherhood services

Field support: Regular field visits were conducted by HSS II professional staff to MOH and RMS hospitals to provide managerial support and technical on-job-training (OJT). This included a data-driven approach to planning using performance standards along with disease-specific indicators, perinatal indicators, and other quality improvement measures.

Training: OJT and didactic training sessions included:

- OJT for implementation of Nasal Bubble CPAP at the first nine out of twenty-seven MOH and RMS hospitals.
- OJT and didactic training for essential maternal and neonatal skills. Service providers from Jordan University Hospital (JUH) were included in the didactic training sessions for the first time.
- OJT for physicians and midwives inform obstetric departments of Queen Ranya and Al-Yarmouk Hospitals to improve implementation of partograph and management of pregnancy induced hypertension (PIH) using $MgSO_4$.

- Clinical training for selected core trainers on the best practices package (described below), followed by OJT conducted by these trainers for service providers at their locations.

Technical materials: A manual on "Guidelines for Confidential Inquiries into Maternal Mortality and Near Misses" was developed. Training and follow-up on the use of the confidential inquiry form was provided to 17 MOH and RMS hospitals.

A manual titled "Best Practices for Implementing the Mother-Newborn Package of Services at Hospitals" was printed and disseminated to service providers in MOH and RMS hospitals. Supporting information, education, and communication (IEC) materials were also provided, along with OJT sessions for service providers on effective use of these materials at the point of service.

Hospital Safe Motherhood Committees: HSMCs were endorsed by the Minister of Health, who also formed a Central Safe Motherhood Committee (CSMC) chaired by the Secretary General. These committees will help to ensure sustained improvements in the quality of maternal and newborn health services at hospital level and to monitor confidential inquiry into maternal mortality and near-misses. Four new HSMCs were formed at Queen Ranya, Princess Salma, Prince Hashem and Prince Rashed Hospitals. Capacity of HSMCs was built for more effective planning and quality improvement implementation.

The national Medical Record Technical Working Group (TWG) developed initial drafts of the neonatal and maternal medical record as one step toward standardizing and unifying all medical records in MOH hospitals. Once the medical record is finalized it will be field tested in selected hospitals and then launched nationally.

Objective 3.2: Improve quality of ER departments in select hospitals

Renovated ER reception area at Jamil Tutanji Hospital helps to ensure better patient flow and enhance client satisfactions

Renovation: Renovation and expansion of emergency rooms at Prince Faisal (1150 m^2) and Dr. Jamil Tutanji (1250 m^2) Hospitals was completed. This included ensuring an adequate triage room, reception, resuscitation and observation areas, operating theater, lab, x-ray, doctor's offices, changing rooms, dirty and clean utility areas, and waiting areas—all divided into three interlinked zones that ensure effective patient flow. Separate entrances for ambulance and walk-in patients were developed.

Comprehensive assessments of ER departments at Jerash, South Shouneh and Al-Karak Hospitals were completed, and schematic designs developed. Designs will be discussed and finalized with USAID, MOH and the Government Building Department (GBD), and the renovation work will be completed in the coming year.

Equipment and furnishings: In addition to Al-Bashir hospital, the two renovated emergency rooms were also comprehensively equipped and furnished, with some delays due to new procedures in customs clearing. Training on the use and maintenance of equipment was supplemented with routine field support to monitor proper handling of this equipment. HSS II

coordinated extensively with the Directorate of Biomedical Engineering (DBE) for taking over long-term responsibility for equipment maintenance.

Capacity building: "Clinical Practice Guidelines" for physicians, "Emergency Nursing Procedures" and "Service Standards for ER in General Hospitals" were printed and distributed. Training for staff included the following:

- 155 physicians working in ER departments trained on the ER clinical guidelines
- 183 nurses trained on the ER nursing procedures
- 463 staff working in 30 health centers preparing for accreditation trained on cardio-pulmonary resuscitation (CPR) and related first aid
- 558 community members participated in twelve sessions for orientation on ER services.

Follow-up OJT with hospital staff supported compliance with guidelines and procedures. A functioning supervision system based on the ER service standards was established by the MOH.

Objective 3.3: Renovate, expand, and equip MOH & RMS hospitals to enhance quality of Safe Motherhood services

Renovation: Renovation and expansion of the obstetric and neonatal departments and comprehensive postpartum clinics at Al-Bashir Hospital (6100 m^2) was completed. This extensive work improves patient flow, facilitates infection prevention, and creates a pleasant and safe environment in keeping with American Institute of Architects (AIA) standards for health facilities.

A renovated and well-equipped newborn intensive care unit (NICU) at Al-Bashir Hospital in Amman helps to ensure neonatal survival

Renovation of the obstetric units at Al-Hussein (2900 m^2), South Shouneh (2000 m^2) and Al-Mafraq (3000 m^2) Hospitals will be completed in the second week of October 2011, contributing to improvements similar to those at Al-Bashir Hospital.

Comprehensive assessment and schematic designs for an additional twelve hospitals was initiated. Work at Queen Alia RMS Hospital (2500 m^2) has begun. A major project to renovate Jordan University Hospital's obstetric and neonatal departments (6250 m^2) will be awarded to a contractor in October. All projects are expected to be completed by the second quarter of year four.

Equipment and furnishings: Comprehensive equipping and furnishing of the renovated portions of Al-Bashir Hospital was completed in time for inauguration in September 2011.

An International Invitation for Bids (IFB) was issued in the United States as a first step towards procuring medical equipment for obstetric and neonatal departments and outpatient clinics at 29 MOH and RMS hospitals. Equipment is already being received and consolidated in the United States (US) for shipment to Jordan in the coming year.

Objective 3.4: Strengthen MOH hospital staff capacity to deliver quality Family Planning/Reproductive Health (FP/RH) services and information

Please refer to Strategy 4

Objective 3.5 Mobilize community to use upgraded Safe Motherhood services

Please refer to Strategy 6

Strategy 4: Improve Quality of and Increase Access to FP/RH Services and Information

Objective 4.1: Increase access to a wider range of Family Planning methods at PHC and Hospital levels

FP information and service standards were integrated in medical curricula at Jordan University (JU) and the Jordan University for Sciences and Technology (JUST), as well as in the pharmaceutical curricula at JUST. Integration of FP information in the Family Medicine residency program was initiated, pending approval of the Jordan Medical Council (JMC).

Generate demand for modern contraceptive methods
See Strategy 6

Strengthen interventions to reduce FP Missed Opportunities at Essential Services Package (ESP) HCs
A "Missed Opportunities Reduction Efforts for FP" (MORE-FP) was initiated in health centers to increase the number of women receiving modern FP methods. This initiative was pretested in three health centers and expanded to two more after modifying the tools. HSS II staff provided extensive follow-up over a period of five months. The results turned out to be unsatisfactory as very few women took up modern FP use. Accordingly, the initiative was discontinued in July 2011. A full report of the MORE-FP experience was compiled by HSS II.

Expand delivery of Modern Contraceptive Methods and Services
Postpartum and post-abortion FP services were initiated in nine MOH hospitals beginning from May 2011, and four RMS hospitals beginning from September. The process in RMS hospitals lagged behind due to the slow pace of official correspondence between the MOH and RMS related to provision of commodities and log books for tracking them.

FP services were provided in all the 150 health centers where the ESP was promoted. HSS II assisted the WCHD to expand long acting hormonal methods to a total of 47 health facilities all over Jordan.

Objective 4.2: Improve capacity of MOH service providers to deliver family planning services

Improve provider's behavior and attitude towards the delivery of evidence-based quality FP services
Health care providers from 11 HDs participated in FP counseling training, with the first training day dedicated to emphasizing the importance of FP to Jordanian families and to the country's welfare and economy.

Service providers' attitudes and skills for providing FP counselling and services improved

A training module on "Fostering Good FP Practices" was developed and pretested through two workshops, resulting in some modifications. The modified module was used to conduct ten workshops for HD staff who had received FP counseling training during the past year. These workshops helped to improve the attitudes of service providers and expand their important role in supporting FP.

The Critically Appraised Topics (CATs) on combined oral contraceptives and progestin-only pills developed by the USAID-funded Private Sector Project were translated into Arabic and integrated within the counseling training program. CATs aim to improve service providers' knowledge, reduce their misconceptions and bias against modern FP methods, and provide them with a practical methodology to talk with clients regarding myths and misconceptions.

Strengthen clinical skills and competencies of MOH/RMS services providers in FP pre-service, in-service, and field based hands-on-training

As mentioned above, FP information and service standards were integrated in medical and pharmaceutical curricula at JUH and JUST.

At primary health care level, orientation on FP services was integrated into the ESP training given to 372 staff members from all twelve HDs. This orientation emphasized their role in improving FP services within their facilities, including reducing missed opportunities for FP counseling and services.

MOH and RMS trainers, assisted by HSS II staff, implemented the following FP trainings for hospital and HD staff:

- 414 midwives, nurses and physicians from 11 HDs were trained on FP counseling through a series of 20 workshops
- 88 physicians were trained on long-acting hormonal contraceptive implants through six workshops
- 46 physicians were trained on Intra uterine device (IUD) insertion through four workshops
- 41 midwives were trained on the national logistics system for FP commodities
- 280 service providers from 13 MOH and RMS hospitals were trained on postpartum and post-abortion FP service standards
- 16 services providers were trained as "master trainers" for expanding and sustaining FP/RH trainings over time

Trainings were followed by OJT conducted by MCH supervisors with technical support from HSS II staff. This improved results as service providers were assessed at their work places and assisted to overcome challenges in providing appropriate FP services to clients.

Strengthen MCH Supervision System

A "Supervision System Guide" was developed for the WCHD to assist supportive supervision of maternal and child health services. The guide summarizes supervisory roles, responsibilities, attitudes and processes, and includes tools to be used during supervisory visits.

The MCH supervisory tools used at HD level were updated to be more user-friendly and more focused on FP. An FP counseling checklist was developed. These updated tools were officially approved by the MOH and distributed to all HDs. Refresher training on using the tools for better supervisory visits was given to MCH supervisors. HSS II staff conducted a number of joint field visits with the supervisors to provide on-job-training.

A series of eight meetings were held in which WCHD staff, WCH unit heads and midwifery supervisors from all HDs explored ways to improve the supervision system. Sessions on improved use of data for decision making were included. Trainings on "Management and Leadership" and on "Monitoring and Evaluation" further strengthened managerial skills.

Objective 4.3: Improve quality and enhance utilization of family planning service delivery information

The MCH information system was reviewed to ensure that indicators provide relevant and appropriate information for the business needs of the MOH. This led to further technical review of the system. Pending final approval by the MOH the HSS II team will work with an MOH technical working group to update the MCHIS in year three.

Data from the "2009/2010 Sentinel Surveillance for Combined Oral Contraceptives and IUD Discontinuation" and "Missed Opportunities for FP Counseling" studies conducted at health center level were analyzed in collaboration with the WCHD. Sentinel surveillance results were disseminated through a one-day workshop for midwives and midwifery supervisors who were responsible for the study.

Objective 4.4: Expand access to a wider range of modern contraceptive methods

In addition to expanding contraceptive implant availability to 47 health facilities, HSS II worked closely with the MOH to ensure availability of a range of modern contraceptives at the obstetric wards of thirteen hospitals. Nine of these hospitals are providing these services, with the remaining four ready to begin as soon as FP commodities are received from the MOH. With active promotion of postpartum and post-abortion counseling, a rise in contraceptive utilization is expected in the coming year.

Objective 4.5: Ensure equitable access of poor and underserved communities to FP services

A number of community mobilization campaigns were held to promote demand for FP services. Please see Strategy 6 for details.

The mobilization campaigns in Mafraq, Karak and Balqa led to these Health Directorates ensuring that more physicians were trained on contraceptive implants and IUD insertion, and deploying each trained physician to cover more than one health center in order to increase access to services in underserved areas.

Objective 4.6: Strengthen stewardship role of MOH in sustaining access to FP services

The process of developing a national FP Strategy was initiated with formation of a national steering committee to oversee a smaller technical working group that will lead the process. The framework for the strategy will be a modified version of the WHO six building blocks, with two additional building blocks: community participation and monitoring and evaluation.

HSS II supported the HPC in following up on the Reproductive Health Action Plan II (RHAP II), including holding the first FP Conference for Jordan in September. Discussion on how to use the HPC's FP survey results is ongoing.

Strategy 5: Improve Quality of and Access to Primary Care Services

Objective 5.1: Prepare eligible Primary Health Care Centers for accreditation to improve quality of PHC services

Develop accreditation collaborative implementation kit

A first draft of the "Accreditation Collaborative Implementation Kit" for health centers and cluster owners was developed. This guide to preparing health centers for accreditation will be finalized in year three, incorporating any updates in the HCAC PHC accreditation standards as well as lessons learned through the first accreditation collaborative. The guide will enable the MOH to take the lead in preparing health centers for accreditation in future.

Assist the MOH to prepare 30 Primary Health Centers for HCAC-PHC Accreditation

The first accreditation collaborative continued to function well, with all 30 health centers making progress—some more than others—in compliance with standards as measured through two interim assessments during the year. The innovative collaborative approach is widely considered to significantly improve the culture of quality improvement in participating health centers.

Build accreditation collaborative capacity for MOH staff and related HSS II staff

To ensure continuity and sustainability of the accreditation preparation process, a series of training modules was developed for HD staff - 65 of whom participated in the first module in July. Further training in year three will ensure strong capacity at HD level to prepare health centers for accreditation.

Monitor and evaluate the progress of the accreditation collaborative health centers against HCAC-PHC Accreditation standards.

Health centers focused on one cluster of standards each quarter, using the collaborative methodology of monthly learning sessions and action cycles. There was an evolving process for monitoring progress over time, including the following:

- After the first quarter of implementation health centers' compliance with the first cluster of standards was assessed by HSS II staff in a collaborative process with each health center. Assessment results were analyzed and used to plan for further quality improvements.
- After the second quarter a more comprehensive assessment—covering the two clusters each health center had completed—was conducted by HCAC-certified surveyors hired by the project. Results were not only shared with health centers, but also at HD and central MOH levels through the PHC Quality Improvement Leadership Committee. The

committee developed an action plan to help address compliance issues beyond the capacity of individual health centers.

- Another assessment was conducted after one year of implementation, covering all four clusters of standards each health center had completed. This time the assessment was fully outsourced to HCAC, in keeping with their role as the national accrediting body.

Each successive assessment showed general improvements in compliance with standards across all health centers. Assessment findings continue to be used to inform and improve the accreditation collaborative process. The confidence of the central MOH and Health Directors in the accreditation preparation process has increased over time, with strong commitment to ensure that all critical standards are met. There is enthusiasm for scaling up this approach in the coming year.

Objective 5.2: Institutionalize Essential Services Package to increase access to PHC services

Assist MOH in the implementation of ESP in additional HCs:
ESP implementation was expanded to an additional 60 health centers across all HDs as part of their annual operational plans. This included training of health care providers through a series of 18 workshops, as well as OJT by HSS II staff particularly related to completing indicator reporting for FP, HP, referral and quality indicators. Monthly meetings were held with PHC and nursing supervisors to update the supervision tools and discuss supervisory visit reports and ongoing action plans.

A process to develop clinical guidelines in support of the ESP was initiated with the MOH and Higher Health Council.

Strategy 6: Engage and Empower Communities to Adopt Healthier Lifestyles

Objective 6.1: Strengthen MOH's capacity to institutionalize Health Promotion Program

The HP training curriculum was updated in collaboration with the Health Communications and Awareness Directorate (HC&AD) and HP supervisors at the twelve health directorates. A series of fourteen workshops ensured that HP activities were incorporated in annual action plans of health centers. Three hundred thirty-six staff from 89 health centers were trained on health promotion concepts and practices in order to help them design and implement more effective HP activities.

HP staff at HD and central MOH levels were trained on management, supervision and leadership skills. HP Supervisors and HC&AD staff completed an advanced Training of Trainers (TOT) training course that qualifies them as certified HP trainers for ongoing HP promotion at health center and community levels.

An annual HP assessment was conducted in each HD in partnership with the HC&AD in order to assess capacity and recommend improvements for the HP program.

Objective 6.2: Mobilize communities to address their determinants of health

Community Mobilization

Seven Community Health Committees (CHCs) were established bringing the total number across Jordan to 45. These committees, comprising a wide spectrum of community members, planned and implemented interventions that provide people with health information and help to create opportunities for people to practice healthy lifestyles.

CHCs updated their annual work plans focusing on maternal and child health. Recognizing that good health begins at home, work plans emphasized raising awareness of women and men about healthy birth spacing and the use of modern family planning methods to create positive impact on maternal and child health as well as overall quality of life of the family. FP awareness sessions were held at health centers, women's and charity associations, and through specially organized health awareness events.

FP mobilization campaigns were held in Mafraq, Balqa and Karak HDs in partnership with the public and private sectors, including the Jordan Family Planning and Protection Association, the Jordan Breast Cancer Program, private physicians, youth centers and women's associations. The campaigns were designed to last for three months but initial success led to a strategic decision to extend the duration for one year.

A member of Ader CHC in Karak showing women how to prepare a healthy meal as part of healthy kitchen initiative

"Participatory Rapid Appraisal" and "Community Action Cycle" methodologies were used to ensure that community members take the lead in identifying local health needs and strategies to address those needs.

Youth Peer Education

Twelve groups of youth peer educators were formed in four governorates—Ajloun, Balqa, Mafraq and Karak—through which specific messages were communicated among your people related to future planning of a healthy family, including consideration of family size. HP supervisors from these HDs supported youth peer education activities.

FP women advocacy groups

The "Arab Women Speak Out" (AWSO) approach reached approximately 300 women in the four governorates of Amman, Mafraq, Balqa, Karak. Through the AWSO training program participants' knowledge and skills related to family planning, healthy lifestyles, communication between spouses and general communication were built. Participants developed action plans to spread their new knowledge to other women in their community with the help of the health center and HD.

2. STRATEGIC OPPORTUNITIES

The MOH, RMS and HPC have all made strong commitments to improving the health system and achieving better health outcomes, including an emphasis on reproductive health and family planning. For example, the MOH Strategic Plan 2008-2012 articulates a vision for "A healthy community functioning within a high quality, integrated health system that is fair and operates with the highest standards in the region".

USAID/Jordan, in keeping with the US Government's Global Health Initiative, is supporting the Government of Jordan (GOJ) to achieve a shared vision for sustainable health outcomes through improved health systems, health services and practice of healthier lifestyles.

Strategic implementation approach: With the support and backing of the GOJ and USAID, HSS II is responding to strategic opportunities to further strengthen the country's health system. Based on achievements to date, and lessons learned, the project will strengthen its implementation approach in the coming year in the following ways:

- Increased attention on **higher population areas** for greater impact, while at the same time not neglecting underserved areas.
- More emphasis on institutionalized **supportive supervision and mentoring** rather than classroom training in order to improve measurable results and reduce the amount of time health staff are away from post.
- Increased **ownership by the MOH and communities** for processes and results, with a more facilitative approach by the project rather than an activity-driven approach that unnecessarily burdens the health system and undermines institution building and sustainable impact.

Strategic quality improvement programming: The increasing national commitment to quality improvement, evidenced by establishment of the HCAC and the MOH's vision to accredit PHC facilities, provides a strategic opportunity for HSS II to strengthen interventions at PHC level. Given the initial success of the innovative improvement collaborative approach over the past year, HSS II will integrate and consolidate all PHC programming into a "PHC Quality Improvement Collaborative" that will be scaled up to an additional 60 health centers in six HDs in year three.

This comprehensive approach addresses a number of health system challenges by facilitating a sustained culture of change and improvement; strengthening planning and supervision; promoting evidence-based decision making; and enabling achievement of measurable results. Measures to improve **family planning services are integrated** throughout this approach.

3. COOPERATION WITH PARTNERS

HSS II not only collaborates effectively with the MOH, RMS and HPC, but also with a variety of USAID-funded projects and other organizations. Examples of specific partnership efforts during the past year include the following:

- With the Higher Population Council, HSS II:
    - Supported development of policy briefs on FP counseling and services, and long acting FP methods (particularly “Implanon”).
    - Helped to plan the HPC’s “First Reproductive Health/ Family Planning Conference in Jordan”.
    - Participated in finalizing the RHAP II.
    - Supported efforts to develop a Maternal Mortality Registry system in Jordan.
    - Helped to plan and conduct the first national neonatal mortality survey funded by Unicef.
- With the Jordan Health Communication Project (JHCP) HSS II:
    - Trained health providers from Irbid HD on FP counseling and services, and provided FP IEC materials including the “Consult and Choose” manual for distribution to local hospitals.
    - Used a JHCP-developed DVD on “Fostering Good Family Planning Practices” in training workshops and JHCP IEC materials in various community based interventions.
- With Ta’ziz and Private Sector Project for Women Health (PSP) HSS II:
    - Assisted Ta’ziz in building the capacity of the Jordan Association for Family Planning and Protection (JAFPP) and United Nations Relief Works Agency (UNRWA) staff on FP counseling and LAHC:CI. Provided clinical guidelines and training modules to Ta’ziz for ongoing trainings.
    - Translated the PSP-developed CATS related to COCs and POPs and incorporated them into the FP training curriculum.
- In collaboration with the Jordan Healthcare Accreditation Project (JHAP) HSS II helped develop criteria for and identify FP/RH Centers of Excellence.
- HSS II included the Jordan Breast Cancer Program and the Jordan Family Planning and Protection Association (JFPP) in FP mobilization campaigns in Mafraq, Balqa and Karak.
- HSS II collaborated with the Health Policy Partnership project in a newly formed Contracting Agencies’ (CAs’) Policy Working Group.
- HSS II participated with a group of USAID CA’s in the developing Family Planning Compliance monitoring tools and processes.

4. MONITORING PERFORMANCE

The year two operational plan was developed and formatted using Microsoft Project, with the Gantt chart attached in Annex 1 derived from this. This chart facilitates regular monitoring and reporting of activities, milestones and deliverables. Quarterly reports were submitted to USAID. The status of deliverables for the whole of year two is summarized in the following table.

Status of Year 2 Major Deliverables

Milestone #	Description	Due Date	Status
1.2.3.2	FP LMIS system is upgraded and uploaded on the MOH website	3/31/11	Completed
1.2.6.4	MOH ePortal Dashboard developed and installed	3/31/11	Delayed
1.2.6.5	Patient-Based Quality Improvement System developed and installed in 30 HCs	7/26/11	Delayed
1.2.10.4	IT inventory system is developed	9/29/11	Completed
1.3.1.7	2010 Performance Assessment report developed and disseminated	9/29/11	Delayed
2.1.1.10	30 HCs action plans developed	3/3/11	Completed
2.1.1.11	Annual Operational Plans for 6 HSMCs developed	3/3/11	Completed
2.3.3.2	MOH Job descriptions submitted for MOH approval	1/27/11	Completed
2.5.1.7	Referral & appointment system established in 10 HDs	9/29/11	Delayed established in 6 HDs
2.5.2.5	Medical records for HCs updated and piloted	9/29/11	Delayed
2.8.1.9	Renovation works at selected Training Centers completed	5/2/11	Completed
2.8.2.5	Training equipment and furniture procured and distributed	5/19/11	Completed
3.1.2.7	Standardized obstetrics and neonatal medical records developed	5/2/11	Delayed
3.2.1.2	Renovation works at 2 ER departments completed (Phase I)	11/30/10	Completed
3.2.3.2	Renovation works at Al-Bashir Hospital completed (Phase I)	5/31/11	Completed
3.2.4.4	Equipment and furniture procured and installed in 3 targeted hospitals	3/31/11	Completed
3.2.5.6	Equipment and furniture procured and installed in obstetric and neonatal care units at Al Bashir hospital	5/19/11	Completed
3.3.1.8	Renovation works at 4 hospitals completed	8/30/11	Completed in three Hospitals
4.2.2.11	FP information and service standards integrated in medical curricula of two universities	9/29/11	Completed
4.6.2.3	MOH Family Planning Strategy developed and disseminated	9/15/11	Delayed
6.2.1.3	6 new CHCs established	7/31/11	Completed
6.2.4.4	12 women groups formed	7/31/11	Completed
6.2.4.5	4 community mobilization campaigns conducted	8/30/11	Completed 3 campaigns
6.2.5.3	12 youth peer educators formed	8/1/11	Completed

Monitoring Project Indicators
Performance indicators were developed for the life of the project and approved by USAID in year one. These 25 indicators were based on relevance to project results, technical feasibility, reliability, utilization in decision-making to improve project performance, and the participatory factor in data collection and analysis. Data are gathered from a wide range of sources including log books at health centers and hospitals, health system information systems, and research.

An updated summary on indicator status is provided in Annex 2. Over time, with a better understanding of project interventions and some modifications to program implementation, there is a need to revise some indicators. This will be done as part of year three planning.

ANNEX 1: YEAR 2 HSS II ANNUAL WORK PLAN GANTT CHART

This section presents the Gantt charts showing the progress for Year Two planned activities as initially included in the annual Work Plan of the project. The remarks column of the chart displays the status of each activity according to the following definition criteria:

- Completed – Activity/milestone was completed on the planned finish date
- Delayed – Activity started but did not finish on planned finish date. Progress is delayed
- Cancelled – Activity cancelled
- Postponed – Activity postponed to the following year

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
1	1	**Strategy: Institutionalize Knowledge Management practices to strengthen MOH decision-making and organizational performance**	**Sun 10/3/10**	**Thu 9/29/11**	**77%**	
2	1.1	**Establish and promote knowledge management practices and culture**	**Sun 10/3/10**	**Thu 9/29/11**	**82%**	
3	1.1.1	**Assist MOH KM team to prepare, test, finalize and disseminate KM implementation KIT**	**Sun 10/3/10**	**Thu 2/17/11**	**100%**	
4	1.1.1.1	Launch KM Strategy	Sun 11/14/10	Thu 12/16/10	100%	Completed
5	1.1.1.2	Conduct meetings and workshops to assist KM team in finalizing the KM M&E plan	Sun 10/3/10	Thu 12/30/10	100%	Completed
6	1.1.1.3	Conduct meetings and workshops to assist KM team in developing KM Implementation Kit	Sun 11/21/10	Thu 2/17/11	100%	Completed
7	1.1.1.4	KM M&E Plan finalized and disseminated	Tue 1/11/11	Tue 1/11/11	100%	Completed
8	1.1.1.5	KM Implementation Kit Finalized & Disseminated	Thu 2/17/11	Thu 2/17/11	100%	Completed
9	1.1.2	**Assist MOH to Implement KM practice to strengthen FP/MCH decision making process at all levels using the vertical approach**	**Sun 11/7/10**	**Thu 9/29/11**	**50%**	
10	1.1.2.1	Formulate KM Implementation FP/MCH Task Force at all levels	Sun 11/7/10	Thu 12/30/10	100%	Completed
11	1.1.2.2	Conduct KM training to introduce KM concepts for the FP/MCH Task Force and QUHs	Sun 1/2/11	Thu 2/10/11	100%	Completed
12	1.1.2.3	Conduct workshops and meetings to train the FP/MCH Task Force in utilizing the KM implementation Kit in regards to FP/MCH services	Sun 2/20/11	Thu 3/31/11	100%	Completed
13	1.1.2.4	Conduct meetings and workshops for QUHs and FP Supervisors in utilizing the KM Implementation Kit in regards to FP/MCH services	Tue 4/5/11	Thu 5/5/11	100%	Completed
14	1.1.2.5	Conduct meetings and workshops for Quality Councils in utilizing the dashboard and applying knowledge in decision making and monitoring HCs in regards to FP/MCH services	Sun 7/17/11	Thu 9/29/11	0%	Postponed for Y3
15	1.1.2.6	Conduct meetings and workshops HCs Managers (30 Collaborative HCs) to utilize dashboards to enhance FP/MCH services	Sun 7/10/11	Thu 7/28/11	0%	Postponed for Y3
16	1.1.2.7	Conduct follow up visits to the Quality Councils to monitor the progress of KM implementation	Sun 7/3/11	Wed 9/14/11	0%	Postponed for Y3
17	1.1.2.8	KM process implemented for FP/MCH services	Thu 8/11/11	Thu 8/11/11	0%	Delayed
18	1.1.3	**Assist MOH to Implement KM practice to strengthen SM decision making process at all levels using the vertical approach**	**Sun 11/21/10**	**Thu 9/15/11**	**100%**	
19	1.1.3.1	Formulate KM Implementation SM Task Force at all levels	Sun 11/21/10	Thu 1/20/11	100%	Completed
20	1.1.3.2	Conduct KM training to introduce KM concepts for the SM Task Force	Sun 1/23/11	Thu 3/3/11	100%	Completed
21	1.1.3.3	Conduct workshops and meetings to training the SM Task Force in utilizing the KM implementation kit in regards to SM services	Sun 4/17/11	Wed 6/1/11	100%	Completed
22	1.1.3.4	Conduct meetings and workshops for HSMCs in 22 Hospitals in utilizing the dashboard and applying knowledge in decision making and monitoring SM services	Tue 4/5/11	Thu 6/30/11	100%	22 hospitals trained on creating paper based dashwalls and on applying knowledge management
23	1.1.3.5	Conduct follow up visits to the HSMCs to monitor the progress of KM implementation	Mon 7/4/11	Thu 9/15/11	100%	Completed
24	1.1.3.6	KM process implemented for SM services	Tue 8/30/11	Tue 8/30/11	100%	Completed
25	1.1.4	**Assist the MOH to develop communication mechanisms to promote the KM culture**	**Sun 1/30/11**	**Thu 9/29/11**	**50%**	

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
26	1.1.4.1	Produce KM Newsletter	Sun 1/30/11	Tue 8/2/11	50%	First KM Newsletter produced
27	1.1.4.2	2 KM Newsletters produced and disseminated	Thu 9/29/11	Thu 9/29/11	0%	One Newsletter produced
28	**1.1.5**	**Assist KM team in institutionalizing KM training**	**Sun 10/10/10**	**Wed 7/20/11**	**100%**	
29	1.1.5.1	Prepare KM training Manual	Sun 10/10/10	Thu 3/31/11	100%	Completed
30	1.1.5.2	Conduct 2 Workshops to build the capacity of KM Trainers in utilizing the KM manual	Tue 4/5/11	Wed 7/20/11	100%	Completed
31	1.1.5.3	KM Training Manual finalized and used in training trainers	Thu 6/30/11	Thu 6/30/11	100%	Completed
32	**1.2**	**Strengthen MOH IT infrastructure and Staff Capacity to enable knowledge management practice**	**Sun 10/3/10**	**Thu 9/29/11**	**76%**	
33	**1.2.1**	**Assist MOH to update, maintain and expand Perinatal Information System**	**Sun 10/3/10**	**Thu 9/29/11**	**88%**	
34	1.2.1.1	Enhance PIS layout and user interface	Sun 4/3/11	Thu 9/29/11	100%	Completed
35	1.2.1.2	Update the system by adding new variables and enhancing PIS reporting system	Sun 10/3/10	Thu 1/20/11	100%	Completed
36	1.2.1.3	Expand PIS to new RMS Hospitals & JUH	Sun 10/3/10	Thu 9/29/11	80%	Delayed to finish - pending IT equipment
37	1.2.1.4	Develop PIS Dashboard	Sun 10/17/10	Thu 9/29/11	100%	Completed
38	1.2.1.5	Updated PIS system implemented at 4 new RMS, 22 MOH hospitals and JUH	Thu 7/28/11	Thu 7/28/11	0%	Delayed
39	1.2.1.6	PIS Dashboard developed and installed	Thu 9/29/11	Thu 9/29/11	100%	Completed
40	**1.2.2**	**Assist MOH to update and maintain MCH Information System**	**Mon 11/1/10**	**Thu 9/29/11**	**100%**	
41	1.2.2.1	Enhance MCH layout and user interface	Mon 11/1/10	Thu 9/29/11	100%	Completed
42	1.2.2.2	Develop MCH Dashboard	Mon 11/1/10	Thu 9/29/11	100%	Completed
43	1.2.2.3	MCH Dashboard developed and installed	Thu 9/29/11	Thu 9/29/11	100%	Completed
44	**1.2.3**	**Assist MOH to upgrade and maintain FP LMIS System**	**Sun 10/31/10**	**Sun 9/11/11**	**100%**	
45	1.2.3.1	Upgrade the FP LMIS to be web-based system	Sun 10/31/10	Thu 3/31/11	100%	Completed
46	1.2.3.2	FP LMIS system is upgraded and uploaded on the MOH website	Sun 9/11/11	Sun 9/11/11	100%	Completed
47	**1.2.4**	**Assist MOH in deploying the Referral and Appointment Information System**	**Sun 10/3/10**	**Thu 9/29/11**	**28%**	
48	1.2.4.1	Install software and train staff at 6 HD's and 11 hospitals in using the Referral and Appointment system	Sun 10/3/10	Mon 11/1/10	100%	Completed
49	1.2.4.2	Install software and train staff at 4 HD's and 14 hospitals in using the Referral and Appointment system	Mon 7/11/11	Thu 9/29/11	0%	Postponed for Y3
50	1.2.4.3	Referral System installed at 10 HDs	Thu 9/29/11	Thu 9/29/11	0%	Delayed
51	**1.2.5**	**Assist MOH to upgrade and maintain Quality Indicator based Information System**	**Sun 10/3/10**	**Mon 8/22/11**	**100%**	
52	1.2.5.1	Conduct field visits to install and train QUHs and IT Unit Staff on the Quality Indicators MS Access Based System in 12 HDs	Sun 10/3/10	Mon 11/15/10	100%	Completed
53	1.2.5.2	Develop web based Dashboard for the Quality Indicators' Information System	Sun 10/3/10	Thu 12/30/10	100%	Completed
54	1.2.5.3	Update the Quality Indicators MS Access Based System to include additional number of key Indicators recommended by MOH	Sun 4/10/11	Mon 8/22/11	100%	Completed
55	1.2.5.4	Update the web based Dashboard to meet the additional key indicators added to the system	Tue 4/5/11	Wed 7/13/11	100%	Completed

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
56	1.2.5.5	Dashboard installed, configured and updated	Wed 7/13/11	Wed 7/13/11	100%	Completed
57	**1.2.6**	**Assist MOH to develop a Comprehensive Quality Improvement Information System**	**Sun 10/3/10**	**Thu 9/29/11**	**60%**	
58	1.2.6.1	Install and Configure MOH ePortal & Dashboard to integrate MCH, PIS, QIS systems	Sun 1/2/11	Thu 9/29/11	80%	Delayed to finish
59	1.2.6.2	Phase 1: Develop & Install a Patient-Based (PHC) Quality Improvement System at the 30 Health Centers participating in the First Collaborative	Sun 10/3/10	Thu 9/29/11	80%	Delayed to finish
60	1.2.6.3	Phase 2: Develop & Install a Patient-Based (MCH & FP) Quality Improvement System at the 30 Health Centers participating in the First Collaborative	Sun 7/3/11	Thu 9/29/11	0%	Delayed to finish
61	1.2.6.4	MOH ePortal Dashboard developed and installed	Thu 8/18/11	Thu 8/18/11	0%	Delayed
62	1.2.6.5	Patient-Based QIS system developed and installed in 30 HCs	Tue 7/26/11	Tue 7/26/11	0%	Delayed
63	**1.2.7**	**Assist MOH to update the GIS system**	**Sun 6/5/11**	**Thu 9/29/11**	**23%**	
64	1.2.7.1	Enhance GIS layout and user interface	Sun 6/5/11	Thu 8/4/11	30%	Delayed to finish
65	1.2.7.2	Update data input information	Sun 6/5/11	Tue 8/30/11	30%	Delayed to finish
66	1.2.7.3	Update GIS Technical Tools	Sun 8/14/11	Wed 9/28/11	0%	Postponed for Y3
67	1.2.7.4	GIS system is updated on the MOH website	Thu 9/29/11	Thu 9/29/11	0%	
68	**1.2.8**	**Assist MOH to update the MOH web site to Portal**	**Sun 7/3/11**	**Thu 9/29/11**	**0%**	
69	1.2.8.1	Enhance MOH website layout and user interface	Sun 7/3/11	Mon 9/5/11	0%	Postponed for Y3
70	1.2.8.2	Develop MOH Web Portal	Sun 7/3/11	Thu 9/29/11	0%	Postponed for Y3
71	1.2.8.3	Web site is upgraded	Thu 9/29/11	Thu 9/29/11	0%	Postponed for Y3
72	**1.2.9**	**Assist the MOH in Strengthening MOH IT Staff capacity**	**Thu 10/14/10**	**Thu 9/29/11**	**73%**	
73	1.2.9.1	Train ITD and IT Units' Staff on N+ Program (Network Maintenance)	Sun 4/3/11	Thu 5/26/11	100%	Completed
74	1.2.9.2	Train ITD and IT Units' Staff on A+ Program (computer maintenance)	Tue 4/5/11	Mon 5/30/11	100%	Completed
75	1.2.9.3	Train ITD and IT Units' Staff on the Advanced Excel and MS Access	Tue 4/5/11	Mon 5/30/11	100%	Completed
76	1.2.9.4	Train ITD Staff on Java programming language	Thu 10/14/10	Mon 11/15/10	100%	Completed
77	1.2.9.5	Train ITD Staff on Project Management Professional program	Mon 7/4/11	Sun 8/28/11	0%	Postponed for Y3
78	1.2.9.6	Train ITD Staff on PHP programming language	Wed 1/5/11	Mon 1/31/11	100%	Completed
79	1.2.9.7	Train ITD Staff on System Analysis and Design	Tue 8/30/11	Thu 9/29/11	0%	Postponed for Y3
80	1.2.9.8	MOH staff trained in different IT technology skills at 12 HDs + ITD	Thu 9/29/11	Thu 9/29/11	100%	Completed
81	**1.2.10**	**Assist MOH in assessing IT maintenance contracting procedure**	**Tue 4/5/11**	**Thu 9/29/11**	**100%**	
82	1.2.10.1	Assist MOH in preparing IT inventory register & software	Wed 4/6/11	Thu 9/29/11	100%	Completed
83	1.2.10.2	Prepare IT maintenance technical guidelines	Tue 4/5/11	Thu 6/30/11	100%	Completed
84	1.2.10.3	IT Maintenance Contracting Procedure Report finalized and disseminated	Thu 7/14/11	Thu 7/14/11	100%	Completed
85	1.2.10.4	IT inventory system is developed	Thu 9/29/11	Thu 9/29/11	100%	Completed
86	**1.2.11**	**Purchase IT equipment to support HSS II Plan**	**Sun 10/3/10**	**Thu 9/29/11**	**58%**	
87	1.2.11.1	Develop IRM Document	Sun 10/3/10	Thu 10/28/10	100%	Completed
88	1.2.11.2	Procure IT equipment	Mon 1/17/11	Mon 6/13/11	80%	Delayed to finish
89	1.2.11.3	Distribute IT equipment to final destination	Thu 7/14/11	Thu 9/29/11	0%	Delayed to finish

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
90	1.2.11.4	IT equipment Distributed to final destination	Thu 9/29/11	Thu 9/29/11	0%	Delayed
91	**1.2.12**	**Assist the ITD and the IT units in HDs and hospitals to maintain the IT infrastructure and provide technical support**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**	
92	1.2.12.1	Contract Technical Support Company*	Sun 10/3/10	Mon 11/15/10	100%	Completed
93	1.2.12.2	Conduct Periodic Follow up Visits	Sun 10/3/10	Thu 9/29/11	100%	Completed
94	**1.3**	**Strengthen Performance Assessment Unit to promote a culture of performance excellence**	**Sun 10/3/10**	**Thu 9/29/11**	**70%**	
95	**1.3.1**	**Prepare MOH Performance Assessment Report**	**Sun 10/3/10**	**Thu 9/29/11**	**63%**	
96	1.3.1.1	Finalize the PA Indicators and survey tools	Sun 10/3/10	Tue 11/30/10	100%	Completed
97	1.3.1.2	Launch 2010 Performance Assessment	Mon 1/10/11	Mon 1/31/11	100%	Completed
98	1.3.1.3	Collect Performance Assessment Data	Tue 2/1/11	Mon 4/25/11	100%	Completed
99	1.3.1.4	Analyze data and prepare draft report	Sun 4/3/11	Tue 7/12/11	50%	Delayed to finish
100	1.3.1.5	Finalize the PA report	Sun 7/3/11	Thu 8/18/11	0%	Delayed to finish
101	1.3.1.6	Draft Policy Dialogue plan of action	Mon 9/5/11	Thu 9/29/11	0%	Delayed to finish
102	1.3.1.7	2010 Performance Assessment Conducted	Thu 9/29/11	Thu 9/29/11	0%	Delayed
103	**1.3.2**	**Strengthening the capacity of PA committee and PA unit**	**Wed 12/1/10**	**Thu 8/18/11**	**100%**	
104	1.3.2.1	Conduct M&E Training for PA Committee Members and PA Unit Staff	Wed 12/1/10	Sun 1/16/11	100%	Completed
105	1.3.2.2	Conduct SPSS Training for PA Committee Members and PA Unit Staff	Sun 7/10/11	Thu 8/18/11	100%	Completed
106	1.3.2.3	PA committee obtained M&E and SPSS training	Thu 8/18/11	Thu 8/18/11	100%	Completed
107	**2**	**Strategy: Expand, Strengthen and improve performance of selected systems and processes supporting quality health services**	**Sun 10/3/10**	**Fri 9/30/11**	**87%**	
108	**2.1**	**Institutionalize planning process at all levels to improve organizational performance**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**	
109	**2.1.1**	**Assist MOH to expand and strengthen the planning process at all levels**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**	
110	2.1.1.1	Conduct a workshop to assist the MOH to address the MDG challenges	Sun 11/28/10	Thu 12/30/10	100%	Completed
111	2.1.1.2	Conduct meetings and workshops to assist MOH to review the strategic plan	Sun 10/3/10	Thu 9/29/11	100%	Completed
112	2.1.1.3	Conduct workshops / meetings to assist 12 HDs in reviewing and updating their Annual Operational Plans	Sun 10/3/10	Thu 2/17/11	100%	Completed
113	2.1.1.4	Conduct workshops to assist 30 HCs to develop their Annual Action Plans	Sun 1/2/11	Thu 4/14/11	100%	Completed
114	2.1.1.5	Conduct training workshops to build the capacity of HSMCs at 9 hospitals in Operational Planning	Sun 4/3/11	Mon 9/26/11	100%	Completed ahead of schedule
115	2.1.1.6	Conduct field visits to support 6 HSMCs to develop their annual OPs	Sun 10/3/10	Thu 2/10/11	100%	Completed ahead of schedule
116	2.1.1.7	Print and distribute the updated OP guidelines	Sun 7/3/11	Mon 9/26/11	100%	Completed
117	2.1.1.8	MOH Strategic Plan updated	Thu 9/29/11	Thu 9/29/11	100%	Completed
118	2.1.1.9	12 HDs with updated annual operational plans	Thu 3/3/11	Thu 3/3/11	100%	Completed
119	2.1.1.10	30 HCs action plans developed	Thu 3/3/11	Thu 3/3/11	100%	Completed
120	2.1.1.11	Annual Operational Plans for 6 HSMCs developed	Thu 3/3/11	Thu 3/3/11	100%	Completed ahead of schedule
121	2.1.1.12	HSMC members at 9 hospitals trained in Operational Planning	Thu 6/16/11	Thu 6/16/11	100%	Completed ahead of schedule

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks	Chart label
122	**2.1.2**	**Strengthen monitoring process for HD operational plans**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**		100%
123	2.1.2.1	Conduct meetings to assist DPP and 12 HDs to utilize the operational planning monitoring tool	Mon 5/2/11	Tue 8/30/11	100%	Completed	100%
124	2.1.2.2	Conduct mid term review of operational plans for 12 HDs	Sun 7/3/11	Thu 9/29/11	100%	Completed	100%
125	2.1.2.3	Support Quality Councils to FU on the implementation of OPs, Supervision, and QI activities	Sun 10/3/10	Mon 9/26/11	100%	Completed	100%
126	2.1.2.4	Mid term review of Operational Plans conducted for 12 HDs	Thu 9/29/11	Thu 9/29/11	100%	Completed	9/29
127	**2.2**	**Scale up supportive supervision to enhance quality of health services**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**		100%
128	**2.2.1**	**Expand the supervision system to include supervision on Quality Teams at HCs**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**		100%
129	2.2.1.1	Train QUHs to use quality supervision tool	Sun 10/3/10	Thu 11/25/10	100%	Completed	100%
130	2.2.1.2	Conduct monthly meetings for QUHs to support and FU activating the quality supervision system at 12 HDs	Sun 10/3/10	Mon 9/26/11	100%	Completed	100%
131	2.2.1.3	6 HDs with Active Quality supervision system	Thu 9/29/11	Thu 9/29/11	100%	Completed	9/29
132	**2.2.2**	**Support PHC, MCH and HP supervision systems in strengthening the supervisors' skills (refer to Strategy 4, 5 & 6)**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**		100%
133	2.2.2.1	Strengthen the MCH, PHC & HP supervisors supervisory capacities through refresher supervision training	Mon 1/3/11	Thu 6/16/11	100%	Completed	100%
134	2.2.2.2	Support PHC, MCH & HP teams in conducting regular meetings to monitor progress in activating supervision systems	Sun 10/3/10	Mon 9/26/11	100%	Completed	100%
135	2.2.2.3	Expand the PHC supervision system's tools to include nursing supervision checklist	Sun 10/3/10	Thu 3/24/11	100%	Completed	100%
136	2.2.2.4	Guide the process of updating the PHC, MCH & HP supervision tools	Sun 10/3/10	Tue 6/14/11	100%	Completed	100%
137	2.2.2.5	MCH, PHC & HP supervision system active in 12 HDs	Thu 9/29/11	Thu 9/29/11	100%	Completed	9/29
138	2.2.2.6	PHC & HP supervision system active in 8 HDs	Thu 9/29/11	Thu 9/29/11	100%	Completed	9/29
139	**2.3**	**Strengthen MOH management capacity to monitor and improve performance**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**		100%
140	**2.3.1**	**Build management and leadership capacity of selected MOH staff**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**		100%
141	2.3.1.1	Conduct workshops to build the management and leadership capacity for selected Central MOH managers, Health Directors, Supervisors, QUHs, QD Staff, and HC Managers	Sun 10/3/10	Mon 9/26/11	100%	Completed	100%
142	2.3.1.2	Conduct TOT workshop to build the QUHs and QD Staff capacity as trainers	Sun 7/10/11	Thu 7/28/11	100%	Completed	100%
143	2.3.1.3	TOT workshop conducted for QUHs and QD staff	Thu 4/28/11	Thu 4/28/11	100%	Completed	4/28
144	2.3.1.4	MOH Officials trained on Leadership and Management skills	Thu 9/29/11	Thu 9/29/11	100%	Completed	9/29
145	**2.3.2**	**Strengthen monitoring and evaluation capacity of selected MOH Staff**	**Sun 10/10/10**	**Mon 1/24/11**	**100%**		100%
146	2.3.2.1	Conduct workshops to build the M & E capacity of QUHs,QD staff, and HD supervisors	Sun 10/10/10	Mon 1/24/11	100%	Completed	100%
147	2.3.2.2	3 M&E workshops conducted for Supervisors	Mon 1/24/11	Mon 1/24/11	100%	Completed	1/24
148	**2.3.3**	**Assist MOH to develop job descriptions**	**Sun 10/31/10**	**Thu 1/27/11**	**100%**		100%

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
149	2.3.3.1	Finalize the Job descriptions and submit them to the Job Description Steering Committee	Sun 10/31/10	Thu 1/27/11	100%	Completed
150	2.3.3.2	MOH Job descriptions submitted for MOH approval	Thu 1/27/11	Thu 1/27/11	100%	Completed
151	**2.4**	**Promote culture of quality improvement in MOH through holistic Quality approach and tools**	**Sun 2/20/11**	**Thu 9/29/11**	**100%**	
152	**2.4.1**	**Assist PHC/QI leadership committee to assume its responsibility in assessing performance of quality by using innovative approaches and tools**	**Sun 2/20/11**	**Thu 9/29/11**	**100%**	
153	2.4.1.1	Conduct a capacity building workshop for the PHC/QI leadership committee on Dashboard, Employee Engagement and/or Balanced Scorecards	Sun 3/13/11	Mon 7/4/11	100%	Completed
154	2.4.1.2	Facilitate meetings for the PHC/QI Leadership Committee to revise data submitted from HDs and QD on accreditation and /or Quality Indicators	Sun 2/20/11	Tue 8/23/11	100%	Completed
155	2.4.1.3	Conduct a workshop for Health Directors to introduce a new QI tool (Employee Engagement Model)	Sun 3/6/11	Wed 4/20/11	100%	Completed
156	2.4.1.4	Conduct training workshops for QUHs to prepare them as trainers at HDs to orient newly appointed staff	Sun 5/15/11	Thu 9/29/11	100%	Completed
157	2.4.1.5	Employee Engagement Model introduced to 6 HDs	Tue 8/30/11	Tue 8/30/11	100%	Completed
158	2.4.1.6	PHC/Quality Leadership Committee trained on innovative QI Tools	Tue 8/30/11	Tue 8/30/11	100%	Completed
159	**2.5**	**Institutionalize selected number of administrative systems supporting quality**	**Sun 10/3/10**	**Thu 9/29/11**	**90%**	
160	**2.5.1**	**Assist Directorate of Health Directorate Administration to expand the Referral System to other 6 HDs**	**Sun 10/3/10**	**Thu 9/29/11**	**99%**	
161	2.5.1.1	Meet with the RMS to explore the possibility of expanding the referral and Appointment system at Tafileh and Aqaba HDs	Sun 10/3/10	Thu 12/30/10	100%	Completed
162	2.5.1.2	Prepare central training officers at 6 HDs to train Local Training Teams on the Referral System	Tue 2/1/11	Thu 4/28/11	100%	Completed
163	2.5.1.3	Support a number of training workshops conducted by Central Training Officers and Local Training Teams to train HC Teams	Sun 4/10/11	Thu 9/8/11	100%	Completed
164	2.5.1.4	Print and disseminate the Referral Guidelines to all 6 HDs	Tue 2/1/11	Thu 4/28/11	100%	Completed
165	2.5.1.5	Conduct two workshops for Central Referral Officers, IT and QUH on the monitoring and follow up on the progress of the Referral system	Sun 4/3/11	Sun 8/28/11	100%	Completed
166	2.5.1.6	Conduct field visits to monitor the implementation of the Referral System	Sun 10/3/10	Thu 9/29/11	100%	Completed
167	2.5.1.7	Referral & appointment system established in 10 HDs	Thu 9/29/11	Thu 9/29/11	0%	Delayed pending computer furnishing in 4 HDs
168	**2.5.2**	**Assist MOH to design, introduce a unified HC's medical record**	**Sun 1/16/11**	**Thu 9/29/11**	**70%**	
169	2.5.2.1	Assist MOH Medical Record Steering Committee with the development of plan to develop, implement the unified HC's medical record	Sun 1/16/11	Tue 9/20/11	25%	Delayed to finish
170	2.5.2.2	Assist the MOH Technical Working Group to update the content of the unified HC's medical record	Sun 4/3/11	Mon 9/19/11	90%	Delayed to finish
171	2.5.2.3	Assist the MOH Technical Working Group to integrate the MCH record into the unified HC's medical record	Sun 4/3/11	Mon 9/19/11	90%	Delayed to finish

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
172	2.5.2.4	Pilot, test the new medical records in the HCs participating in the accreditation collaborative	Sun 8/14/11	Thu 9/29/11	0%	Postponed for Y3
173	2.5.2.5	Medical records for HCs updated and piloted	Thu 9/29/11	Thu 9/29/11	0%	Delayed
174	**2.6**	**Institutionalize Quality Improvement Reporting system to assess HCs performance**	**Sun 10/3/10**	**Fri 9/30/11**	**100%**	
175	**2.6.1**	**Expand the use of Quality Indicators**	**Sun 10/3/10**	**Fri 9/30/11**	**100%**	
176	2.6.1.1	Conduct meetings and workshops to assist MOH to identify additional Quality Indicators related to National Health priorities	Mon 11/1/10	Thu 11/25/10	100%	Completed
177	2.6.1.2	Conduct refresher training for Health centers with low performance on the indicators/Modules	Sun 1/9/11	Wed 8/3/11	100%	Completed
178	2.6.1.3	Train QUHs, coordinators and supervisors at 12 HDs on new indicators	Sun 3/20/11	Thu 6/16/11	100%	Completed
179	2.6.1.4	Support the QUHs in training QI teams at HCs on the new indicators	Sun 7/3/11	Thu 9/29/11	100%	Completed
180	2.6.1.5	Assist MOH to adopt the QI indicators reporting system at a central MOH Directorate / Administration	Sun 10/3/10	Thu 4/14/11	100%	Completed
181	2.6.1.6	Conduct field work to support Quality Councils to FU on the implementation of QI activities, use of QI innovative tools and data generated by the Quality Improvement Reporting System	Sun 10/3/10	Mon 9/26/11	100%	Completed
182	2.6.1.7	Conduct Regular monthly meetings with QUHs to support and follow up the Quality indicators and Quality Councils	Sun 10/3/10	Mon 9/26/11	100%	Completed
183	2.6.1.8	Conduct training to HDs and/or Leadership committee on the use of Dashboard	Thu 4/14/11	Sun 8/28/11	100%	Completed
184	2.6.1.9	New indicators introduced into Quality Indicators system	Fri 9/30/11	Fri 9/30/11	100%	Completed
185	**2.7**	**Institutionalize MOH capacity to plan, manage and carry out effective training**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**	
186	**2.7.1**	**Assist MOH/RMS to Introduce and adopt EBM practice***	**Sun 10/3/10**	**Thu 9/29/11**	**100%**	
187	2.7.1.1	Establish a Task Force Group for EBM	Sun 10/3/10	Thu 12/30/10	100%	Completed
188	2.7.1.2	Develop an EBM Action Plan	Sun 1/30/11	Wed 3/23/11	100%	Completed
189	2.7.1.3	Develop EBM manual*	Mon 3/21/11	Thu 7/28/11	100%	Completed
190	2.7.1.4	Establish a group of regional EBM trainers*	Mon 5/2/11	Thu 7/28/11	100%	Completed
191	2.7.1.5	Conduct awareness workshops for managers on skills needed to implement EBM*	Wed 6/1/11	Wed 9/28/11	100%	Completed
192	2.7.1.6	Conduct workshops to train health providers on skills for EBM practice	Wed 6/1/11	Wed 9/28/11	100%	Completed
193	2.7.1.7	EBM manual developed and disseminated	Thu 7/28/11	Thu 7/28/11	100%	Completed
194	2.7.1.8	Capacity of MOH EBM trainers built	Thu 7/28/11	Thu 7/28/11	100%	Completed
195	2.7.1.9	Service providers at 30 health centers and 13 MOH/RMS hospitals trained on EBM	Thu 9/29/11	Thu 9/29/11	100%	Completed
196	**2.7.2**	**Strengthen the capacities of training supervisors and coordinators at HDs and hospital levels**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**	
197	2.7.2.1	Conduct a series of workshops and seminars to strengthen the capacity of training supervisors and coordinators to manage training interventions at HDs and hospital levels	Sun 10/3/10	Thu 9/29/11	100%	Completed
198	2.7.2.2	Technical capacity sessions for training supervisors and coordinator conducted	Thu 9/29/11	Thu 9/29/11	100%	Completed
199	**2.8**	**Renovate, equip and operationalize selected number of training centers**	**Sun 10/10/10**	**Sun 9/4/11**	**84%**	

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
200	**2.8.1**	**Upgrade physical infrastructure of selected MOH primary health care training centers**	**Sun 10/10/10**	**Sun 9/4/11**	**100%**	
201	2.8.1.1	Discuss & finalize schematic designs for training centers with USAID, MOH & GBD	Sun 10/10/10	Sun 10/17/10	100%	Completed
202	2.8.1.2	Discuss & finalize design development for training centers with USAID, MOH & GBD	Thu 10/21/10	Thu 11/4/10	100%	Completed
203	2.8.1.3	Pre-qualify contractors	Sun 10/24/10	Thu 11/11/10	100%	Completed
204	2.8.1.4	Prepare tender documents	Mon 11/8/10	Mon 12/6/10	100%	Completed
205	2.8.1.5	Execute bidding	Wed 12/8/10	Wed 1/5/11	100%	Completed
206	2.8.1.6	Evaluate and award the contract to successful bidder's)	Thu 1/6/11	Thu 1/20/11	100%	Completed
207	2.8.1.7	Obtain USAID consent	Sun 1/23/11	Thu 1/27/11	100%	Completed
208	2.8.1.8	Conduct and complete renovation works at selected Training Centers	Mon 3/28/11	Tue 5/31/11	100%	Completed for 4 training centers
209	2.8.1.9	Renovation works at selected Training Centers completed	Mon 5/2/11	Mon 5/2/11	100%	Completed
210	2.8.1.10	Conduct and complete renovation works at three additional Training Centers	Sun 7/3/11	Sun 9/4/11	100%	Completed
211	**2.8.2**	**Procure and install furniture and equipment at selected MOH primary health care training centers**	**Wed 10/27/10**	**Thu 6/30/11**	**67%**	
212	2.8.2.1	Develop list of furniture to be procured based on design development	Wed 10/27/10	Wed 11/10/10	100%	Completed
213	2.8.2.2	Procure equipment and furniture for selected Training centers through an international IFB	Wed 11/10/10	Mon 6/20/11	100%	Completed
214	2.8.2.3	Consolidate procured equipment and furniture shipment and transport to Jordan	Tue 2/1/11	Mon 5/2/11	10%	Deleted: Furniture to be purchased locally
215	2.8.2.4	Distribute and handover equipment and furniture to training centers	Mon 5/2/11	Thu 6/30/11	100%	Completed for 4 training centers
216	2.8.2.5	Training equipment and furniture procured and distributed	Thu 6/30/11	Thu 6/30/11	100%	Completed
217	**2.9**	**Establish standardized and efficient Maintenance System at the Central Level and Hospital Level**	**Sun 10/3/10**	**Thu 9/29/11**	**20%**	
218	**2.9.1**	**Update the assessment for the maintenance system at MOH**	**Wed 10/20/10**	**Tue 1/25/11**	**100%**	
219	2.9.1.1	Conduct meetings with MOH and DBM to identify maintenance gaps	Wed 10/20/10	Sun 11/14/10	100%	Completed
220	2.9.1.2	Conduct field vists to renovated hospital to assess the current maintenance system	Wed 10/27/10	Tue 11/2/10	100%	Completed
221	2.9.1.3	Assessment of maintenance system at MOH updated	Tue 1/25/11	Tue 1/25/11	100%	Completed
222	**2.9.2**	**Assist MOH with the establishment of MOH Maintenance Task Force**	**Sun 10/3/10**	**Thu 11/4/10**	**100%**	
223	2.9.2.1	Obtain MOH approval to formulate a Maintenance Task Force	Sun 10/3/10	Thu 10/14/10	100%	Completed
224	2.9.2.2	Develop Terms of Reference (TOR) for the Maintenance Task Force	Mon 10/18/10	Thu 10/21/10	100%	Completed
225	2.9.2.3	Conduct meetings with MOH and DBM to agree on Terms of Reference	Mon 10/25/10	Thu 11/4/10	100%	Completed
226	**2.9.3**	**Assist MOH Maintenance Task Force with development of maintenance improvement plan**	**Mon 2/28/11**	**Thu 9/29/11**	**0%**	
227	2.9.3.1	Assist MOH Maintenance Task Force with development of facility maintenance supervisory tools	Wed 7/20/11	Wed 8/24/11	0%	Postponed for Y3
228	2.9.3.2	Assist MOH Maintenance Task Force with the development of facility maintenance record keeping system	Sun 7/31/11	Sun 9/4/11	0%	Postponed for Y3

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
229	2.9.3.3	Assist MOH with development of facility maintenance inventory system	Wed 8/3/11	Sun 9/4/11	0%	Postponed for Y3
230	2.9.3.4	Assist MOH Maintenance Task Force with the development of a maintenance manual	Thu 8/18/11	Thu 9/29/11	0%	Postponed for Y3
231	2.9.3.5	Improvement plan for Maintenance System at MOH developed	Mon 2/28/11	Mon 2/28/11	100%	Completed
232	2.9.3.6	Maintenance Manual and Supervisory tools developed	Thu 9/29/11	Thu 9/29/11	0%	Postponed for Y3
233	**2.9.4**	**Strengthen the capacity of MOH & DBM to implement the maintenance improvement intervention**	**Sun 1/2/11**	**Thu 9/29/11**	**28%**	
234	2.9.4.1	Conduct meetings to recommend for and agree on steps to improve maintenance contracting mechanisms at Central Level	Sun 7/10/11	Thu 9/29/11	0%	Postponed for Y3
235	2.9.4.2	Conduct meetings to assist DBM to utilize record keeping system to generate reports on maintenance intervention at Hospital Level	Sun 8/14/11	Thu 9/29/11	0%	Postponed for Y3
236	2.9.4.3	Conduct workshops to strengthen the capacity of the MOH Miantenance Task Force in the implementation and mointoring of maintenance improvement plan	Thu 6/30/11	Thu 9/29/11	0%	Postponed for Y3
237	2.9.4.4	Provide MOH with the As-built drawings and electromechanical manuals for renovated hospitals	Sun 1/2/11	Thu 9/29/11	50%	Completed for 2 ERs and Al-Bashir
238	2.9.4.5	Maintenace Task Force & GBD capacity to implement maintenance improvement plan built	Thu 9/29/11	Thu 9/29/11	0%	Postponed for Y3
239	**2.9.5**	**Strengthen the capacity of MOH at hospital level to adopt facility maintenance system**	**Tue 2/1/11**	**Thu 9/29/11**	**5%**	
240	2.9.5.1	Assist with the development of facility maintenance committee	Tue 2/1/11	Mon 9/26/11	10%	Postponed for Y3
241	2.9.5.2	Conduct workshops to train hospital staff on Maintenance System and tools	Mon 8/15/11	Thu 9/29/11	0%	Postponed for Y3
242	2.9.5.3	Conduct filed vists to support hospital staff in the implementation of the Maintenance System	Sun 4/17/11	Mon 9/26/11	0%	Postponed for Y3
243	2.9.5.4	Staff from selected 9 hospitals trained on the Facility Maintenance System	Thu 9/29/11	Thu 9/29/11	0%	Postponed for Y3
244	**3**	**Strategy: Improve quality of safe motherhood and ER services in hospitals**	**Sun 10/3/10**	**Fri 9/30/11**	**69%**	
245	**3.1**	**Strengthen MOH and RMS staff capacity to manage and deliver quality safe motherhood services**	**Sun 10/3/10**	**Fri 9/30/11**	**73%**	
246	**3.1.1**	**Implement the "Best Practices in Mother-Newborn Package of services at the hospital level" in 6 MOH/ RMS hospitals**	**Sun 10/3/10**	**Thu 9/29/11**	**76%**	
247	3.1.1.1	Print and distribute Mother-Newborn Package & Best Practice Clinical Guidelines	Sun 10/3/10	Thu 1/27/11	100%	Completed
248	3.1.1.2	Conduct TOT workshops to establish Mother-Newborn package Trainers in MOH/RMS Hospitals	Sun 6/26/11	Wed 7/13/11	100%	Completed
249	3.1.1.3	Train MOH/RMS trainers on the Best Practices in Mother-Newborn Package of services	Sun 1/2/11	Wed 9/28/11	50%	Delayed to finish
250	3.1.1.4	Support MOH/RMS trainers to roll out OJT for implementing Best Practices of Mother-Newborn Package of services at selected hospitals	Tue 3/1/11	Thu 9/29/11	60%	Delayed to finish
251	3.1.1.5	Assist MOH/RMS EOC & NNC trainers with strengthening the service providers essential skills in maternal and neonatal departments	Sun 10/3/10	Thu 9/29/11	100%	Completed
252	3.1.1.6	Conduct didactic and OJT training to Introduce Nasal Bubble CPAP system at selected MOH/RMS Hospitals	Mon 7/4/11	Thu 9/29/11	0%	Postponed for Y3

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks	Gantt
253	3.1.1.7	MOH/RMS trainers are trained to implement best practices of mother-newborn package of services at 24 hospitals	Thu 9/29/11	Thu 9/29/11	0%	Delayed - Completed in 11 hospitals	9/29
254	3.1.1.8	Best Practices in implementing Mother-Newborn Package of services utilized in 12 MOH/RMS Hospitals	Thu 9/29/11	Thu 9/29/11	0%	Delayed - Completed in 11 hospitals	9/29
255	3.1.1.9	EOC & NNC clinical guidelines are monitored at MOH/RMS hospitals	Thu 9/29/11	Thu 9/29/11	100%	Completed	9/29
256	3.1.1.10	Nasal Bubble CPAP System utilized in 9 MOH/RMS Hospitals	Thu 9/29/11	Thu 9/29/11	100%	Completed	9/29
257	**3.1.2**	**Assist MOH/RMS to standardize hospital maternal & neonatal medical records**	**Sun 1/2/11**	**Thu 9/29/11**	**37%**		37%
258	3.1.2.1	Assist MOH/RMS with the formulation of the technical working groups	Sun 1/2/11	Thu 1/27/11	100%	Completed	100%
259	3.1.2.2	Obtain an agreement from MOH/RMS to print the developed medical records on due date	Sun 7/3/11	Thu 7/28/11	0%	Postponed for Y3	0%
260	3.1.2.3	Assist the Technical Working Groups with the development of the first draft of the medical records	Sun 1/16/11	Mon 5/2/11	90%	Delayed to finish	90%
261	3.1.2.4	Assist the technical working groups in developing operational manual for the medical records	Sun 7/17/11	Tue 8/16/11	0%	Postponed for Y3	0%
262	3.1.2.5	Conduct workshops to train service providers from selected hospitals to utilize the developed medical records	Sun 7/3/11	Tue 9/27/11	0%	Postponed for Y3	0%
263	3.1.2.6	Assist MOH/RMS with introducing the developed medical records in the 12 selected hospitals	Mon 7/4/11	Thu 9/29/11	0%	Postponed for Y3	0%
264	3.1.2.7	Final draft of the standardized medical records is developed	Sun 7/31/11	Sun 7/31/11	0%	Delayed	7/31
265	3.1.2.8	Medical record operational manual developed	Tue 8/16/11	Tue 8/16/11	0%	Delayed	8/16
266	3.1.2.9	Standardized medical records for maternal and neonatal departments introduced in 12 hospitals	Thu 9/29/11	Thu 9/29/11	0%	Postponed for Y3	9/29
267	**3.1.3**	**Strengthen the capacity of hospital safe motherhood committees (HSMCs) to monitor and supervise safe motherhood related interventions**	**Sun 10/3/10**	**Fri 9/30/11**	**75%**		75%
268	3.1.3.1	Conduct field visits to assist HSMCs to actively utilize quality improvement plans through monitoring tools for safe motherhood input standards and disease specific indicators	Sun 10/3/10	Mon 9/26/11	100%	Completed	100%
269	3.1.3.2	Conduct field visits to strengthen HSMCs capacity to analyze and utilize the perinatal information system data	Sun 10/3/10	Mon 9/26/11	35%	Complete activation of PIS delayed	35%
270	3.1.3.3	Conduct field work to assist HSMCs with the monitoring of Post-Partum (PP) and Post Abortion Care (PAC)	Sun 7/3/11	Wed 9/28/11	0%	Postponed for Y3	0%
271	3.1.3.4	Develop guidelines for confidential inquiries into maternal mortality and near misses	Sun 10/3/10	Wed 12/29/10	100%	Completed	100%
272	3.1.3.5	Train HSMCs to conduct confidential inquiries into maternal mortality and near misses in selected hospitals	Sun 4/3/11	Mon 9/26/11	100%	Completed	100%
273	3.1.3.6	Follow-up with HSMCs on the development of Operational Planning	Sun 10/3/10	Tue 11/30/10	100%	Completed	100%
274	3.1.3.7	Build the capacity of HSMCs at selected hospitals in Operational Planning (Refer to 2.1.1)	Wed 4/6/11	Thu 9/29/11	100%	Completed	100%
275	3.1.3.8	Confidential inquiries into maternal mortality and near misses' guidelines developed	Thu 12/30/10	Thu 12/30/10	100%	Completed	12/30
276	3.1.3.9	Quarterly SM QI plans developed and monitored in 18 MOH/ 4 RMS hospitals	Thu 9/29/11	Thu 9/29/11	100%	Completed	9/29
277	3.1.3.10	HSMCs in 8 hospitals trained on conducting Confidential inquiries	Fri 9/30/11	Fri 9/30/11	100%	Completed	9/30

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
278	**3.1.4**	**Assist the Health Directorates and central MOH in implementing safe motherhood quality improvement interventions**	**Sun 10/3/10**	**Thu 9/29/11**	**84%**	
279	3.1.4.1	Conduct field visits to assist HD quality councils with the monitoring of safe motherhood QI indicators	Sun 10/3/10	Mon 9/26/11	100%	Completed
280	3.1.4.2	Conduct meetings to advocate central SMC to follow-up on hospital HSMCs quarterly QI plans	Mon 1/31/11	Mon 9/26/11	60%	Delayed to finish
281	3.1.4.3	SM QI indicators monitored in 6 HDs	Thu 9/29/11	Thu 9/29/11	100%	Completed
282	**3.2**	**Improve Quality of ER in selected hospitals (Phase 1)**	**Sun 10/3/10**	**Thu 9/29/11**	**85%**	
283	**3.2.1**	**Upgrade Physical Infrastructure of the main Emergency Rooms (ERs) at Dr. Jamil Tutanji and Prince Faisal Hospitals with associated ER Capacity Building (Phase I)**	**Sun 10/3/10**	**Tue 11/30/10**	**100%**	
284	3.2.1.1	Continue and complete renovation works at 2 ERs	Sun 10/3/10	Tue 11/30/10	100%	Completed
285	3.2.1.2	Renovation works at 2 ER's completed (Phase I)	Tue 11/30/10	Tue 11/30/10	100%	Completed
286	**3.2.2**	**Build the technical capacity of Hospital Emergency Care service providers**	**Sun 10/3/10**	**Thu 6/16/11**	**100%**	
287	3.2.2.1	Conduct classroom training for nurses working at three targeted hospitals on emergency care nursing procedures	Sun 10/3/10	Mon 2/28/11	100%	Completed
288	3.2.2.2	Conduct on job training (follow up monitoring) for physicians on emergency care clinical guidelines at three targeted hospitals	Sun 10/3/10	Mon 2/28/11	100%	Completed
289	3.2.2.3	Conduct on job training (follow up monitoring) for nurses on nursing procedures at three targeted hospitals	Sun 10/3/10	Mon 2/28/11	100%	Completed
290	3.2.2.4	Conduct classroom training for service providers on emergency care clinical guidelines at selected primary health care centers	Sun 10/3/10	Mon 2/28/11	100%	Completed
291	3.2.2.5	Conduct training on cardio-pulmonary resuscitation (CPR) for health providers at targeted health care centers included in the accreditation	Tue 3/1/11	Thu 6/16/11	100%	Completed
292	3.2.2.6	The technical capacity of nurses working at three targeted hospitals on emergency care nursing procedures built	Mon 2/28/11	Mon 2/28/11	100%	Completed
293	3.2.2.7	ER clinical guidelines are monitored at the three targeted hospitals	Mon 2/28/11	Mon 2/28/11	100%	Completed
294	3.2.2.8	The technical capacity of service providers on emergency care clinical guidelines built at selected primary health care centers	Mon 2/28/11	Mon 2/28/11	100%	Completed
295	**3.2.3**	**Upgrade physical infrastructure of the obstetric and neonatal departments, including obstetric emergency and comprehensive post partum (CPP) clinics in Al-Bashir Hospital (Phase I)**	**Sun 10/3/10**	**Tue 5/31/11**	**100%**	
296	3.2.3.1	Continue and complete renovation works for targeted units in Al-Bashir Hospital	Sun 10/3/10	Tue 5/31/11	100%	Completed
297	3.2.3.2	Renovation works at Al-Bashir Hospital completed (Phase I)	Tue 5/31/11	Tue 5/31/11	100%	Completed
298	**3.2.4**	**Procure and install emergency equipment and medical furniture at Al-Bashir, Dr. Jamil Tutanji and Prince Faisal hospitals**	**Sun 10/3/10**	**Thu 5/26/11**	**100%**	
299	3.2.4.1	Consolidate procured equipment shipments in US and transport to Jordan	Sun 10/3/10	Tue 11/30/10	100%	Completed

Gantt chart timeline: -1 Sep; Quarter 1 Oct Nov Dec; Quarter 2 Jan Feb Mar; Quarter 3 Apr May Jun; Quarter 4 Jul Aug Sep; Quarte Oct Nov. Bar labels: 84%, 100%, 60%, 9/29, 85%, 100%, 100%, 11/30, 100%, 100%, 100%, 100%, 100%, 100%, 2/28, 2/28, 2/28, 100%, 100%, 5/31, 100%, 100%

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks	Chart label
300	3.2.4.2	Distribute and install equipment and furniture; operate and provide training on equipment in 3 targeted hospitals	Mon 11/15/10	Thu 3/31/11	100%	Completed	100%
301	3.2.4.3	Collaborate with MOH to ensure official receipt of medical equipment within DBE system and continue maintenance service for the equipment	Mon 11/15/10	Thu 5/26/11	100%	Completed	100%
302	3.2.4.4	Equipment and furniture procured and installed in 3 targeted hospitals	Thu 4/28/11	Thu 4/28/11	100%	Completed	4/28
303	**3.2.5**	**Procure and install equipment and medical furniture in obstetric and neonatal departments, including obstetric emergency and CPP unit in Al-Bashir hospital**	**Sun 10/3/10**	**Wed 8/3/11**	**100%**		100%
304	3.2.5.1	Complete IFB analysis and submit consent to mission	Sun 10/3/10	Thu 11/11/10	100%	Completed	100%
305	3.2.5.2	Procure equipment and ship to Jordan	Sun 11/21/10	Thu 4/14/11	100%	Completed	100%
306	3.2.5.3	Distribute, install, operate and provide training on equipment	Sun 4/17/11	Mon 6/13/11	100%	Completed	100%
307	3.2.5.4	Collaborate with MOH to ensure official receipt of medical equipment within DBE system and continuum maintenance service for the equipment	Sun 5/15/11	Wed 8/3/11	100%	Completed	100%
308	3.2.5.5	Procure furniture for the renovated units in Al- Bashir hospital	Sun 4/3/11	Tue 5/17/11	100%	Completed	100%
309	3.2.5.6	Equipment and furniture procured and installed in EOC & NNC in Al Bashir hospital	Thu 7/21/11	Thu 7/21/11	100%	Completed	7/21
310	**3.2.6**	**Upgrade physical infrastructure of the main Emergency Rooms at selecetd three hospitals**	**Sun 7/10/11**	**Thu 9/29/11**	**46%**	**New Activity**	46%
311	3.2.6.1	Conduct comprehensive assessment for selected Emergency Department	Sun 7/10/11	Wed 7/20/11	100%	Completed	100%
312	3.2.6.2	Prepare schematic designs and cost estimates	Sun 7/24/11	Thu 8/25/11	100%	Completed	100%
313	3.2.6.3	Discuss and finalize the schematic designst for upgrading the emergency department at selected 3 hospitals with USAID, MOH & GBD	Sun 9/4/11	Thu 9/29/11	0%	Postponed for Y3	0%
314	3.2.6.4	Prepare design development for upgrading the emergency department at selected 3 hospitals with USAID, MOH & GBD	Sun 9/4/11	Thu 9/29/11	0%	Postponed for Y3	0%
315	**3.2.7**	**Build the technical capacity of emergency health care providers at selected three MOH Hospitals**	**Sun 5/15/11**	**Thu 9/29/11**	**33%**	**New Activity**	33%
316	3.2.7.1	Conduct training needs assessement for service providers working in the emergency departments at the 3 selected hospitals	Sun 5/15/11	Thu 7/7/11	100%	Completed	100%
317	3.2.7.2	Conduct classroom training for service providers on emergency care clinical guidelines and nursing procedures at the 3 selected hospitals	Sun 6/12/11	Thu 9/29/11	0%	Postponed for Y3	0%
318	3.2.7.3	Training needs assessment report for service providers working at emergency departments at the selected 3 hospitals developed	Thu 7/7/11	Thu 7/7/11	100%	Completed	7/7
319	3.2.7.4	25% of service providers working in the emergency departments at the selected 3 hospitals trained	Thu 9/29/11	Thu 9/29/11	0%	Postponed for Y3	9/29
320	**3.2.8**	**Procure and install emergency equipment and medical furniture for ER at 3 MOH Hospitals**	**Sun 7/10/11**	**Thu 9/29/11**	**0%**		0%
321	3.2.8.1	Conduct a comprehensive needs assessment for medical equipment and furniture in the emergency departments at the selected 3 hospitals	Sun 8/28/11	Thu 9/29/11	0%	Postponed for Y3	0%
322	3.2.8.2	Finalize technical specifications of medical equipment in coordination with counterparts	Sun 9/11/11	Thu 9/29/11	0%	Postponed for Y3	0%
323	3.2.8.3	Issue an International Bid in the US	Sun 7/10/11	Thu 9/29/11	0%	Postponed for Y3	0%

Chart timeline: -1 Sep | Quarter 1: Oct Nov Dec | Quarter 2: Jan Feb Mar | Quarter 3: Apr May Jun | Quarter 4: Jul Aug Sep | Quarte Oct Nov

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
324	**3.3**	**Renovate, expand, and equip MOH & RMS hospitals to enhance quality of safe motherhood services**	**Sun 10/10/10**	**Thu 9/29/11**	**71%**	
325	**3.3.1**	**Upgrade physical infrastructure of obstetric and neonatal departments and outpatient clinics at 4 hospitals (Al-Hussein/Al-Salt & South Shouneh - Lot 1, Al-Mafraq OBGYN - Lot 2) (Phase II)**	**Sun 10/10/10**	**Thu 9/15/11**	**98%**	**Queen Alia/RMS Hospital potponed till completion of structure assessment of the building (Lots changed accordingly)**
326	3.3.1.1	Discuss & finalize design development Lot 1&2 with USAID, MOH, GBD & RMS	Sun 10/10/10	Mon 11/1/10	100%	Completed
327	3.3.1.2	Follow up with MOH to prepare interim places	Sun 10/10/10	Mon 1/3/11	100%	Completed
328	3.3.1.3	Prepare tender documents for lot 1 &2	Tue 11/2/10	Mon 11/15/10	100%	Completed
329	3.3.1.4	Execute bidding	Sun 11/21/10	Mon 12/20/10	100%	Completed
330	3.3.1.5	Evaluate and award the contract to successful bidder's)	Wed 12/22/10	Tue 1/4/11	100%	Completed
331	3.3.1.6	Obtain USAID consent	Wed 1/5/11	Tue 1/11/11	100%	Completed
332	3.3.1.7	Conduct and complete renovation works at 3 hospitals- Lot 1 & 2	Sun 1/16/11	Tue 8/30/11	95%	Will be completed in the second week of October
333	3.3.1.8	Finalize structural Assessment for Queen Alia Hospital	Sun 3/13/11	Thu 4/28/11	100%	Completed
334	3.3.1.9	Renovation works at 4 hospitals- Lot1 completed	Tue 8/30/11	Tue 8/30/11	100%	Completed
335	3.3.1.10	Discuss & finalize design development with USAID & RMS for Queen Alia Hospital	Sun 7/3/11	Thu 7/14/11	100%	Completed
336	3.3.1.11	Prepare tender documents	Mon 7/18/11	Mon 7/25/11	100%	Completed
337	3.3.1.12	Execute Bidding	Sun 7/31/11	Sun 8/21/11	100%	Completed
338	3.3.1.13	Evaluate and award the contract to successful bidder's)	Mon 8/22/11	Thu 9/8/11	100%	Completed
339	3.3.1.14	Obtain USAID consent	Sun 9/11/11	Thu 9/15/11	100%	Completed
340	**3.3.2**	**Upgrade physical infrastructure of obstetrics and neonatal departments at Jordan University Hospital (JUH)**	**Sun 4/17/11**	**Thu 9/29/11**	**100%**	
341	3.3.2.1	Conduct comprehensive assessment for targeted departments at JUH	Sun 4/17/11	Thu 4/21/11	100%	Completed
342	3.3.2.2	Prepare schematic designs and cost estimates	Tue 4/26/11	Sun 5/15/11	100%	Completed
343	3.3.2.3	Discuss & finalize schematic designs for upgrading the obstetrics and neonatal departments at JUH hospital with with USAID & Jordan University	Sun 5/22/11	Sun 7/3/11	100%	Completed
344	3.3.2.4	Prepare design development for upgrading the obstetrics and neonatal departments at JUH hospital	Sun 7/10/11	Thu 9/29/11	100%	Completed
345	3.3.2.5	Discuss & finalize design development with USAID and Jordan University	Mon 8/22/11	Thu 9/29/11	100%	Completed
346	3.3.2.6	Prepare tender documents	Sun 9/4/11	Thu 9/22/11	100%	Completed
347	**3.3.3**	**Upgrade physical infrastructure of obstetric and neonatal departments and outpatient clinics at 4 hospitals (AL-Karak*, Queen Rania, Princess Salma and Prince Zaid RMS) - Lot 4**	**Mon 12/13/10**	**Thu 9/29/11**	**48%**	**Lot # changed from 3 to 4**
348	3.3.3.1	Update the comprehensive assessment for targeted 4 hospitals Lot 4	Mon 12/13/10	Tue 1/4/11	100%	Completed
349	3.3.3.2	Prepare schematic designs and cost estimates for Lot 4	Sun 1/9/11	Thu 2/3/11	100%	Completed

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
350	3.3.3.3	Discuss and finalize the schematic designs with USAID, MOH, GBD & RMS	Sun 2/13/11	Thu 3/31/11	75%	Completed for 3 hospitals - Karak pending
351	3.3.3.4	Develop final designs for targeted hospitals	Sun 4/3/11	Mon 5/30/11	50%	Delayed to finish
352	3.3.3.5	Discuss & finalize design development with USAID, MOH , GBD and RMS for Lot 3	Sun 7/17/11	Thu 8/18/11	0%	Delayed to start - Rescheduled
353	3.3.3.6	Prepare tender documents	Sun 9/4/11	Mon 9/12/11	0%	Rescheduled
354	3.3.3.7	Execute bidding	Thu 8/18/11	Tue 9/20/11	0%	Postponed for Y3
355	3.3.3.8	Evaluate and award the contract to successful bidder's	Wed 9/21/11	Thu 9/29/11	0%	Postponed for Y3
356	**3.3.4**	**Upgrade physical infrastructure of obstetric and neonatal departments and outpatient clinics at 3 hospitals (AL-Yarmouk, Princess Iman Ma'adi & Moa'th bin Jabal)**	**Tue 2/15/11**	**Thu 9/29/11**	**59%**	**Lot number TBD**
357	3.3.4.1	Update the comprehensive assessment for targeted 3 hospitals	Tue 2/15/11	Mon 3/7/11	100%	Completed
358	3.3.4.2	Prepare schematic designs and cost estimates	Sun 3/27/11	Wed 4/27/11	100%	Completed
359	3.3.4.3	Discuss and finalize the schematic designs with USAID, MOH & GBD	Wed 5/11/11	Wed 6/29/11	100%	Completed
360	3.3.4.4	Develop final designs for targeted hospitals	Sun 7/3/11	Tue 8/16/11	30%	Delayed to finish
361	3.3.4.5	Discuss & finalize design development with USAID, MOH & GBD for Lot 4	Mon 8/1/11	Wed 9/21/11	0%	Postponed for Y3
362	3.3.4.6	Final Designs for Lot 4 completed	Thu 9/29/11	Thu 9/29/11	0%	Postponed for Y3
363	**3.3.5**	**Procure and install medical equipment in Obstetric and Neonatal Departments and Outpatient clinics at 29 MOH and RMS Hospitals**	**Mon 11/1/10**	**Thu 9/29/11**	**59%**	
364	3.3.5.1	Issue an International Bid in the US	Mon 11/1/10	Mon 1/24/11	100%	Completed
365	3.3.5.2	Perform technical analysis and evaluation of the Bid	Tue 2/15/11	Thu 4/14/11	100%	Completed
366	3.3.5.3	Obtain USAID consent and award vendors	Sun 7/10/11	Thu 8/4/11	100%	Completed
367	3.3.5.4	Consolidate procured equipment shipments in US and transport to Jordan	Sun 8/14/11	Thu 9/29/11	50%	Delayed to finish
368	3.3.5.5	Distribute, install and operate medical equipment and furniture in 4 renovated hospitals	Sun 9/4/11	Thu 9/29/11	0%	Postponed for Y3
369	3.3.5.6	Collaborate with MOH to ensure official receipt of medical equipment within DBE system and continuum maintenance service for the equipment	Tue 8/2/11	Thu 9/29/11	0%	Postponed for Y3
370	3.3.5.7	Medical Equipment for 29 hospitals procured	Mon 8/15/11	Mon 8/15/11	100%	Completed
371	**3.3.6**	**Procure and install equipment and medical furniture in obstetric and neonatal departments, including obstetric emergency in Jordan University Hospital***	**Sun 7/17/11**	**Thu 9/29/11**	**27%**	**Delayed to Start - contract modification Approved in Q2**
372	3.3.6.1	Conduct a comprehensive assessment for EOC & NNC equipment and Medical furniture	Sun 7/17/11	Thu 8/25/11	80%	Delayed to finish
373	3.3.6.2	Finalize technical specifications of medical equipment in coordination with counterparts	Sun 9/4/11	Thu 9/29/11	80%	Delayed to finish
374	3.3.6.3	Issue an International Bid in the US	Sun 7/17/11	Thu 9/29/11	0%	Postponed for Y3
375	3.3.5.6	Consolidate procured equipment shipments in US	Mon 7/25/11	Thu 9/29/11	0%	Postponed for Y3
376	3.3.6.5	Medical equipment for JUH procured	Thu 9/29/11	Thu 9/29/11	0%	Postponed for Y3
377	**3.4**	**Strengthen MOH hospital staff capacity to deliver quality FP/RH services and information (Refer to Strategy 4)**	**Wed 10/6/10**	**Thu 9/29/11**	**0%**	

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
378	3.5	**Mobilize community to use upgraded safe motherhood hospital services (Refer to Strategy 6)**	**Sun 10/3/10**	**Mon 9/26/11**	**0%**	
379	4	**Strategy: Improve quality of and increase access to FP/RH services and information**	**Sun 10/3/10**	**Thu 9/29/11**	**90%**	
380	4.1	**Expand quality FP services**	**Sun 10/3/10**	**Thu 9/29/11**	**91%**	
381	4.1.1	**Generate demand for modern contraceptive methods**	**Tue 11/2/10**	**Thu 9/29/11**	**97%**	
382	4.1.1.1	Assist CHCs with conducting Health Promotion Events promoting healthy Birth spacing and the use of Modern Contraception (refer to activity 6.2.2)	Tue 11/2/10	Thu 9/29/11	100%	Completed
383	4.1.1.2	Utilize the "Arab Women Speak Out" approach to establish 12 Family Planning advocacy women groups (refer to activity 6.2.4).	Tue 11/2/10	Sun 7/31/11	100%	Completed
384	4.1.1.3	Conduct community mobilization campaigns in four directorates (refer to activity 6.2.4)	Sun 4/3/11	Tue 8/30/11	75%	Delayed - Completed 3 campaigns
385	4.1.1.4	Conduct FP outreach activities targeting men in their workplaces	Sun 4/3/11	Tue 8/30/11	100%	Completed
386	4.1.1.5	Conduct youth awareness events on FP practice as part of life planning through building the capacity of youth peer educators (refer to activity 6.2.5)	Wed 12/1/10	Mon 8/1/11	100%	Completed
387	4.1.1.6	80 Health Promotion Events promoting healthy Birth spacing and the use of Modern Contraception conducted at the community level	Thu 9/29/11	Thu 9/29/11	100%	Completed
388	4.1.1.7	12 FP advocacy women groups established	Sun 7/31/11	Sun 7/31/11	100%	Completed
389	4.1.1.8	120 youth awareness events on FP practice as part of life planning conducted	Mon 8/1/11	Mon 8/1/11	100%	Completed
390	4.1.2	**Strengthen interventions to reduce FP Missed Opportunities (MORE-FP) at ESP HCs**	**Sun 11/7/10**	**Thu 9/29/11**	**38%**	
391	4.1.2.1	Develop FP-Missed Opportunities Client Registration Cards, summary books and reporting documents	Sun 11/7/10	Thu 12/30/10	100%	Completed
392	4.1.2.2	Conduct orientation sessions on MORE-FP to Quality Councils and PHC/MCH supervision teams	Mon 1/3/11	Mon 5/30/11	10%	Cancelled
393	4.1.2.3	Distribute Cards to 85 selected ESP/Accreditation HCs	Mon 1/3/11	Sun 5/29/11	10%	Cancelled
394	4.1.2.4	Orient Service Delivery Staff to program procedures and reporting requirements	Mon 1/3/11	Mon 5/30/11	10%	Cancelled
395	4.1.2.5	Prepare MORE-FP report to document lessons learned and plan for future scaling up of the program	Mon 9/5/11	Thu 9/29/11	100%	Completed
396	4.1.2.6	A report documenting MORE-FP lessons learned developed and disseminated to MOH & USAID	Thu 9/29/11	Thu 9/29/11	100%	Completed
397	4.1.3	**Expand delivery of Modern Contraceptive Methods and Services**	**Sun 10/3/10**	**Thu 9/29/11**	**97%**	
398	4.1.3.1	Ensure that FP QI parameters are included within the RH Package in selected HCs (refer to activity 5.2.2)	Sun 10/3/10	Thu 9/29/11	100%	Completed
399	4.1.3.2	Assist MOH&RMS to introduce FP for PP/Post Abortion clients in 13 hospitals	Sun 10/24/10	Thu 9/29/11	90%	Delayed to finish - pending RMS to receive contraceptives
400	4.1.3.3	Expand Long Acting contraceptives in PHC and hospital levels	Sun 10/10/10	Thu 9/29/11	100%	Completed
401	4.1.3.4	150 HCs are providing FP services to RH clients	Thu 9/29/11	Thu 9/29/11	100%	Completed
402	4.1.3.5	13 MOH/RMS hospitals offers FP counseling and services to post partum/post abortion clients	Thu 9/29/11	Thu 9/29/11	0%	Delayed - 9 hospitals providing the service

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
403	4.1.3.6	40 HCs and hospitals are providing Long Acting Hormonal Contraceptives	Thu 9/29/11	Thu 9/29/11	100%	Completed
404	4.2	**Improve capacity of MOH service providers to deliver quality family planning services**	**Sun 10/3/10**	**Thu 9/29/11**	**97%**	
405	4.2.1	**Improve Providers' behavior and attitude towards the delivery of Evidence-based quality FP services**	**Tue 10/5/10**	**Thu 9/29/11**	**100%**	
406	4.2.1.1	Conduct EBM sessions on Health Benefits of Family Planning and the use of Modern Contraceptive Methods	Sun 11/28/10	Thu 9/29/11	100%	Completed
407	4.2.1.2	Conduct one-day counseling training targeted at fostering positive providers' attitudes towards FP (refer to activity 4.2.2 counseling training)	Tue 10/5/10	Sun 8/28/11	100%	Completed
408	4.2.1.3	Develop "Good Family Planning Practices Module"	Mon 11/1/10	Tue 12/28/10	100%	Completed
409	4.2.1.4	Conduct two-day workshops communicating "Good Family Planning Practice"	Sun 4/3/11	Wed 9/28/11	100%	Completed
410	4.2.1.5	12 workshops communicating "Good Family Planning Practice conducted	Thu 9/29/11	Thu 9/29/11	100%	Completed
411	4.2.2	**Strengthen clinical skills and competencies of MOH/RMS service providers in FP pre-service, in-service, and field based hands-on-training**	**Sun 10/3/10**	**Thu 9/29/11**	**97%**	
412	4.2.2.1	Integrate FP information and service standards in medical curricula of two universities	Sun 10/3/10	Thu 9/29/11	100%	Completed
413	4.2.2.2	Introduce the concept of incorporating FP service standards in Family Medicine residency programs	Sun 1/2/11	Thu 9/29/11	75%	Delayed to finish
414	4.2.2.3	Assist MOH to conduct orientation sessions on FP for non MCH service providers from ESP centers	Sun 10/10/10	Tue 8/30/11	100%	Completed
415	4.2.2.4	Conduct TOT courses on FP/RH service delivery	Sun 7/3/11	Wed 9/28/11	100%	Completed
416	4.2.2.5	Assist MOH & RMS to conduct 13 one-day orientation training sessions on Post-partum / post-abortion FP services	Mon 11/1/10	Sun 7/31/11	100%	Completed
417	4.2.2.6	Assist MOH to expand IUD insertion training program to service providers from PHC and hospital levels on IUD insertion	Sun 10/3/10	Tue 7/12/11	100%	Completed
418	4.2.2.7	Assist MOH/RMS to conduct training courses on LAHCs:CI for PHC and Hospital physicians	Sun 10/10/10	Thu 7/21/11	100%	Completed
419	4.2.2.8	Assist MOH/RMS to conduct training courses on FP counseling for PHC and Hospital service providers	Sun 10/3/10	Sun 8/28/11	100%	Completed
420	4.2.2.9	Support MOH and RMS hospital trainers to conduct clinical on-the-job training on counseling and the delivery of family planning services	Sun 10/10/10	Thu 9/29/11	100%	Completed
421	4.2.2.10	Assist MCH supervisors to plan for and implement OJT visits to selected HCs supporting FP service delivery	Sun 10/10/10	Thu 9/29/11	100%	Completed
422	4.2.2.11	FP information and service standards integrated in medical curricula of two universities	Thu 9/29/11	Thu 9/29/11	100%	Completed
423	4.2.2.12	TOT course on FP/RH service delivery conducted	Thu 9/29/11	Thu 9/29/11	100%	Completed
424	4.2.2.13	13 one-day orientation training sessions on Post-partum/post-abortion FP services conducted	Sun 7/31/11	Sun 7/31/11	100%	Completed
425	4.2.2.14	4 IUD insertion training to PHC and Hospitals physicians conducted	Thu 7/14/11	Thu 7/14/11	100%	Completed
426	4.2.2.15	4 training courses on LAHCs:CI for PHC and Hospital physicians conducted	Wed 6/15/11	Wed 6/15/11	100%	Completed 6 trainings
427	4.2.2.16	20 training courses on FP counseling for PHC and Hospital service providers conducted	Tue 8/30/11	Tue 8/30/11	100%	Completed
428	4.2.3	**Strengthen MCH Supervision System**	**Tue 10/19/10**	**Thu 5/12/11**	**100%**	
429	4.2.3.1	Review and update MCH supervision tools focusing on FP services	Tue 10/19/10	Thu 12/30/10	100%	Completed

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
430	4.2.3.2	Assist WCHD in defining, documenting and disseminating roles and responsibilities in supporting MCH supervision system	Sun 10/24/10	Mon 2/28/11	100%	Completed
431	4.2.3.3	Strengthen MCH supervisors' capacity through refresher supervision and M&E training, coaching and joint field visits	Sun 11/7/10	Thu 5/12/11	100%	Completed
432	4.2.3.4	MCH supervision tools updated to be more focusing on FP services	Thu 12/30/10	Thu 12/30/10	100%	Completed
433	4.2.3.5	WCHD roles and responsibilities in supporting MCH supervision system defined, documented and disseminated	Mon 2/28/11	Mon 2/28/11	100%	Completed
434	4.2.3.6	MCH supervisors' received refresher supervision and M&E training	Thu 5/12/11	Thu 5/12/11	100%	Completed
435	**4.2.4**	**Introduce provider motivation and performance recognition mechanisms**	**Mon 1/3/11**	**Thu 9/29/11**	**91%**	
436	4.2.4.1	Conduct a ceremonial event, under the auspices of H.E. Minister of Health, to reward high performing FP service providers	Mon 9/5/11	Thu 9/29/11	0%	Postponed for Y3
437	4.2.4.2	Conduct regular meetings to advocate for the inclusion of additional credit hours for PHC/Hospital service providers	Mon 1/3/11	Thu 9/29/11	100%	Completed
438	4.2.4.3	FP service provider with high performance are rewarded	Thu 9/29/11	Thu 9/29/11	0%	Postponed for Y3
439	**4.3**	**Improve Quality and enhance utilization of Family Planning Service Delivery Information**	**Sun 11/7/10**	**Thu 9/29/11**	**46%**	
440	**4.3.1**	**Assist the WCHD to update the MCH information system**	**Sun 11/7/10**	**Thu 9/29/11**	**50%**	
441	4.3.1.1	Assist WCHD with reviewing current FP variables and recommend for modification/addition to current information systems (refer to activity 1.2.1, 1.2.2)	Sun 11/7/10	Mon 9/26/11	50%	Delayed to finish
442	4.3.1.2	MCH information system updated	Thu 9/29/11	Thu 9/29/11	0%	Delayed
443	**4.3.2**	**Enhance capacity of MOH to utilize FP information through establishing dash boards**	**Mon 1/3/11**	**Thu 9/29/11**	**43%**	
444	4.3.2.1	Conduct series of meetings and workshops to identify system performance metrics for the development of the MCH System Dashboard (refer to activity 1.2.2)	Mon 1/3/11	Thu 2/10/11	100%	Completed
445	4.3.2.2	Build the capacity of FP decision makers, at the HC, HD and central levels to monitor system's performance through the dash boards	Wed 4/6/11	Thu 9/29/11	30%	Delayed to finish
446	4.3.2.3	Dash boards for FP indicators developed and uploaded on MOH web-site	Thu 9/29/11	Thu 9/29/11	0%	Delayed
447	**4.4**	**Expand Access to a Wider Range of Modern Contraceptive Methods**	**Sun 10/3/10**	**Thu 9/29/11**	**99%**	
448	**4.4.1**	**Expand choice of contraceptive methods at the PHC and Hospital levels**	**Sun 10/3/10**	**Thu 9/29/11**	**99%**	
449	4.4.1.1	Introduce Long Acting Hormonal Contraceptive Methods in 40 service delivery units (HCs and Hospitals)	Sun 10/10/10	Tue 8/30/11	100%	Completed
450	4.4.1.2	Introduce IUD insertion and removal services to additional HCs and hospitals	Sun 10/3/10	Thu 9/29/11	100%	Completed
451	4.4.1.3	Introduce PP/P Abortion FP services in 13 MOH & RMS hospitals	Mon 11/1/10	Thu 9/29/11	100%	Completed
452	4.4.1.4	Long Acting Hormonal Contraceptives are introduced into 40 service delivery units	Thu 9/29/11	Thu 9/29/11	100%	Completed
453	4.4.1.5	IUD insertion and removal services introduced to additional 20 HCs and hospitals	Thu 9/29/11	Thu 9/29/11	100%	Completed

Gantt chart timeline: -1 Sep | Quarter 1: Oct Nov Dec | Quarter 2: Jan Feb Mar | Quarter 3: Apr May Jun | Quarter 4: Jul Aug Sep | Quarte: Oct Nov

Bar labels: 430: 100%; 431: 100%; 432: 12/30; 433: 2/28; 434: 5/12; 435: 91%; 436: 0%; 437: 100%; 438: 9/29; 439: 46%; 440: 50%; 441: 50%; 442: 9/29; 443: 43%; 444: 100%; 445: 30%; 446: 9/29; 447: 99%; 448: 99%; 449: 100%; 450: 100%; 451: 100%; 452: 9/29; 453: 9/29

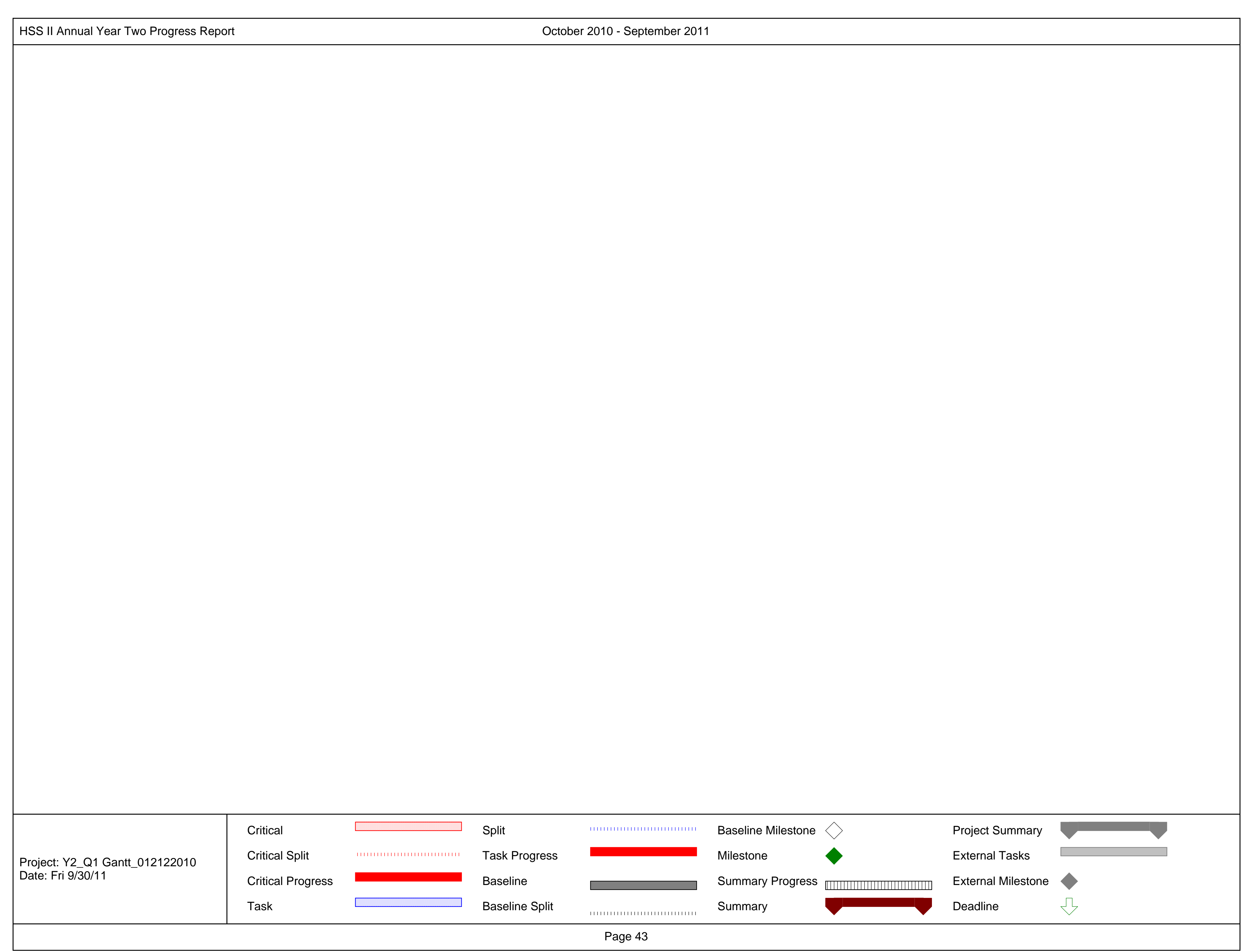
ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
454	4.4.1.6	PP/P Abortion FP services are offered in 13 MOH & RMS hospitals	Thu 9/29/11	Thu 9/29/11	0%	
455	**4.5**	**Ensure equitable access of poor and underserved communities to FP services**	**Mon 11/1/10**	**Thu 9/29/11**	**100%**	
456	**4.5.1**	**Assist selected HDs to ensure availability of FP services for poor and underserved communities**	**Mon 11/1/10**	**Thu 9/29/11**	**100%**	
457	4.5.1.1	Assist Balqa, Mafraq and Karak HDs in identifying poor and underserved areas and identify FP service gaps	Sun 11/7/10	Thu 12/30/10	100%	Completed
458	4.5.1.2	Assist HDs to ensure availability of FP services for the identified poor and underserved communities	Sun 1/9/11	Sun 9/25/11	100%	Completed
459	4.5.1.3	Conduct 20 Health Promotion Events in 20 poor and underserved areas (refer to activity 6.2.2)	Mon 11/1/10	Sun 9/25/11	100%	Completed
460	4.5.1.4	Conduct FP outreach activities in poverty areas targeting men in their workplaces	Sun 4/3/11	Sun 9/25/11	100%	Completed
461	4.5.1.5	Establish 4 Family Planning advocacy women groups in 4 poor and underserved areas (refer to activity 6.2.4)	Thu 9/29/11	Thu 9/29/11	100%	Completed
462	**4.6**	**Strengthen Stewardship Role of MOH in Sustaining Access to Family Planning Services**	**Sun 2/13/11**	**Thu 9/29/11**	**19%**	
463	4.6.1	Strengthen HPC's capacity in Knowledge Management	Wed 4/6/11	Thu 9/29/11	0%	
464	**4.6.2**	**Assist MOH with the development and dissemination of MOH Family Planning Strategy**	**Sun 2/13/11**	**Thu 9/29/11**	**34%**	
465	4.6.2.1	Assist MOH with the development of the MOH FP Strategy document including defined quantifiable goals, directions and expected outcomes	Sun 2/13/11	Thu 9/29/11	35%	Delayed to finish
466	4.6.2.2	Assist the MOH to launch its FP Strategy	Sun 8/21/11	Thu 8/25/11	0%	Postponed for Y3
467	4.6.2.3	MOH Family Planning Strategy developed and disseminated	Thu 9/15/11	Thu 9/15/11	0%	Postponed for Y3
468	**5**	**Strategy: Improve quality of and access to Primary Health Care services**	**Sun 10/3/10**	**Thu 9/29/11**	**87%**	
469	**5.1**	**Prepare eligible Primary Health Care Centers for accreditation to improve quality of PHC services**	**Sun 10/3/10**	**Thu 9/29/11**	**76%**	
470	**5.1.1**	**Develop accreditation collaborative implementation kit**	**Sun 11/7/10**	**Thu 9/29/11**	**24%**	
471	5.1.1.1	Assist the QD staff in preparing the cluster owner accreditation collaborative implementation kit	Sun 11/7/10	Thu 12/30/10	80%	Delayed to finish
472	5.1.1.2	Assist the QD staff in preparing the HC accreditation collaborative implementation kit	Sun 11/7/10	Thu 12/30/10	100%	Completed
473	5.1.1.3	Finalize and disseminate accreditation collaborative implementation kit	Sun 1/2/11	Thu 9/29/11	0%	Postponed to Y3
474	5.1.1.4	Accreditation Collaborative Implementation kits for HC and cluster owners are produced and disseminated	Sun 1/30/11	Sun 1/30/11	0%	Postponed for Y3
475	**5.1.2**	**Assist the MOH to prepare 30 Primary Health Care Centers for HCAC-PHC Accreditation**	**Sun 10/3/10**	**Thu 9/29/11**	**84%**	
476	5.1.2.1	Prepare and conduct monthly learning sessions for 30 HCs in 12 HD	Sun 10/3/10	Mon 9/26/11	100%	Completed
477	5.1.2.2	Prepare and conduct semin-annual regional conference for 30 HCs to share experience and present their compliance with PHC/HCAC Accreditation Standards	Sun 7/17/11	Mon 9/12/11	100%	Completed
478	5.1.2.3	Assist QD staff to conduct a monthly follow up visit for each HC to assess their compliance with standards and provide technical support	Sun 10/3/10	Mon 9/26/11	100%	Completed
479	5.1.2.4	Assist the MOH to complete the accreditation preparedness process for JHAP HCs	Sun 5/15/11	Thu 9/29/11	0%	Cancelled - MOH taking responsibility for JHAP's Center

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
480	5.1.2.5	20 HCs implementing relevant PHC-HCAC Accreditation Standards by cluster	Thu 9/29/11	Thu 9/29/11	100%	Completed
481	**5.1.3**	**Build Accreditation Collaborative's capacity for MOH staff and related HSS II Staff**	**Sun 3/6/11**	**Thu 9/29/11**	**63%**	
482	5.1.3.1	Conduct workshops to assist MOH in building capacity for DHDA, DPA, QUHs, supervisors, and Quality Coordinators in monitoring the implementation of the PHC-HCAC Accreditation Standards	Sun 7/10/11	Thu 9/29/11	50%	Delayed to finish
483	5.1.3.2	Conduct training course to assist HSS II and QD cluster owners in interpretation of PHC-HCAC Accreditation Standards	Sun 3/6/11	Thu 3/17/11	100%	Completed
484	5.1.3.3	5 capacity building workshops conducted	Thu 9/29/11	Thu 9/29/11	0%	Delayed - One workshop completed
485	**5.1.4**	**Monitor and evaluate the progress of the accreditation collaborative health canters against HCAC-PHC Accreditation standards**	**Mon 11/1/10**	**Thu 9/29/11**	**93%**	
486	5.1.4.1	Train cluster owners and QD staff on how to use and implement accreditation standards scoring System	Sun 1/16/11	Mon 9/26/11	100%	Completed
487	5.1.4.2	Assist MOH QD staff to conduct quarterly and semi annual evaluation visits for the 30 HCs	Mon 11/1/10	Mon 9/26/11	100%	Completed
488	5.1.4.3	Assist the MOH QD staff to develop and disseminate the HCs cumulative progress report to the QI/PHC leadership committee	Tue 2/1/11	Wed 9/28/11	75%	Delayed to finish - Draft report prepared
489	5.1.4.4	HCs cumulative quarterly and semi annual progress reports are submitted to the QI/PHC Leadership Committee	Thu 9/29/11	Thu 9/29/11	0%	Delayed
490	**5.2**	**Institutionalize Essential Services Package to increase access to PHC services**	**Sun 10/3/10**	**Thu 9/29/11**	**97%**	
491	**5.2.1**	**Assist MOH in the implementation of ESP in additional HCs**	**Sun 10/3/10**	**Thu 9/29/11**	**97%**	
492	5.2.1.1	Assist Health Directorates to include the ESP expansion activities in their Operational Plans	Sun 10/3/10	Thu 2/10/11	100%	Completed
493	5.2.1.2	Expand the MOH's ESP training capacity by conducting a TOT workshop	Sun 2/13/11	Sun 4/10/11	100%	Completed
494	5.2.1.3	Train health providers to implement the ESP	Sun 10/3/10	Mon 9/26/11	100%	Completed
495	5.2.1.4	Conduct OJT through regular field visits to ensure the proper ESP implementation	Sun 10/3/10	Mon 9/26/11	100%	Completed
496	5.2.1.5	Support PHC/RH Trainers in conducting PHC/RH ongoing Training Program	Sun 10/3/10	Mon 9/26/11	100%	Completed
497	5.2.1.6	Conduct a series of meetings with relevant Stakeholders to advocate MOH's role as an official reference in developing and communicating National Clinical Guidelines	Sun 4/3/11	Thu 9/29/11	80%	Delayed to finish
498	5.2.1.7	Additional 60 HCs implementing ESP	Thu 9/29/11	Thu 9/29/11	100%	Completed
499	**5.2.2**	**Assist MOH in monitoring the ESP implementation in the Health Centers**	**Sun 10/3/10**	**Thu 9/29/11**	**97%**	
500	5.2.2.1	Update the PHC supervision tools	Sun 10/3/10	Thu 2/10/11	100%	Completed
501	5.2.2.2	Refer to activity 2.2.2 for PHC supervision activities	Sun 4/10/11	Wed 5/4/11	0%	Cancelled - not a task
502	5.2.2.3	Conduct regular monthly meetings with PHC and Nursing Supervisors to monitor ESP implementation in HCs	Sun 10/3/10	Mon 9/26/11	100%	Completed
503	5.2.2.4	Conduct regular field visits to monitor the ESP implementation	Sun 10/3/10	Mon 9/26/11	100%	Completed

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks	Chart
504	5.2.2.5	PHC supervisors in 8 HDs generating regular monthly and annual reports on the ESP implementation	Thu 9/29/11	Thu 9/29/11	100%	Completed	9/29
505	**6**	**Strategy: Engage and empower communities to adopt healthier lifestyles**	**Sun 10/3/10**	**Thu 9/29/11**	**99%**		99%
506	**6.1**	**Strengthen MOH capacity to institutionalize Health Promotion program**	**Sun 10/3/10**	**Thu 9/29/11**	**99%**		99%
507	**6.1.1**	**Expand the capacity of the HC&AD to manage the HP program**	**Sun 10/3/10**	**Mon 1/31/11**	**100%**		100%
508	6.1.1.1	Update the HP training curricula	Sun 10/3/10	Thu 10/28/10	100%	Completed	100%
509	6.1.1.2	Update the HP supervision tools and reports	Wed 12/1/10	Sun 1/30/11	100%	Completed	100%
510	6.1.1.3	HP training curricula updated	Sun 10/31/10	Sun 10/31/10	100%	Completed	10/31
511	6.1.1.4	HP supervision tools updated	Mon 1/31/11	Mon 1/31/11	100%	Completed	1/31
512	**6.1.2**	**Expand the capacity of the health directorates to plan, implement and monitor health promotion interventions**	**Sun 10/3/10**	**Thu 9/29/11**	**97%**		97%
513	6.1.2.1	Train HP trainers on Advanced TOT skills	Sun 9/4/11	Thu 9/15/11	100%	Completed	100%
514	6.1.2.2	Train HP staff on advanced behavioral change communication approaches	Thu 5/5/11	Thu 6/30/11	100%	Completed_Replaced with Management and Leadership training	100%
515	6.1.2.3	Train HP supervisors on supportive supervision skills	Tue 3/1/11	Thu 3/31/11	100%	Completed	100%
516	6.1.2.4	Assist the HDs to assume their supervisory role in HP	Sun 10/3/10	Mon 9/26/11	100%	Completed	100%
517	6.1.2.5	Assist the HDs to update their HP operational plans for year 2012	Sun 9/4/11	Wed 9/28/11	50%	Will be finalized by end of October	50%
518	6.1.2.6	Assess the effectiveness of HP program in all HDs	Sun 9/4/11	Wed 9/28/11	100%	Completed	100%
519	6.1.2.7	15 HP trainers certified	Thu 8/25/11	Thu 8/25/11	100%	Completed	8/25
520	6.1.2.8	15 HP staff trained on advanced behavioral changes communication approaches	Thu 6/30/11	Thu 6/30/11	100%	Trained on Management and Leadership	6/30
521	6.1.2.9	12 HDs with updated HP operational plans	Thu 9/29/11	Thu 9/29/11	0%	Postponed for Y3	9/29
522	6.1.2.10	8 HDs with active HP program	Thu 9/29/11	Thu 9/29/11	100%	Completed	9/29
523	**6.1.3**	**Expand the capacity of the health centers to implement and monitor health promotion interventions**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**		100%
524	6.1.3.1	Assist health centers to meet the CH related accreditation standards	Sun 10/3/10	Mon 9/26/11	100%	Completed	100%
525	6.1.3.2	Assist HP trainers to expand the training of HC staff on Role of Health Promotion in Addressing Health Issues	Sun 10/3/10	Wed 9/28/11	100%	Ahead of Schedule	100%
526	6.1.3.3	20 HCs meeting CH related accreditation standards	Thu 9/29/11	Thu 9/29/11	100%	Completed	9/29
527	6.1.3.4	80 HC trained on Role of Health Promotion in Addressing Health Issues (updated curriculum)	Mon 2/28/11	Mon 2/28/11	100%	Completed ahead of schedule	2/28
528	**6.2**	**Mobilize communities to address their determinants of health**	**Sun 10/3/10**	**Thu 9/29/11**	**99%**		99%
529	**6.2.1**	**Assist MOH in establishing additional community health committees (CHCs)**	**Mon 11/1/10**	**Tue 8/30/11**	**100%**		100%
530	6.2.1.1	Establish new CHCs in 6 areas	Mon 11/1/10	Thu 7/28/11	100%	Ahead of Schedule	100%
531	6.2.1.2	Assist the established CHCs to conduct PRA / CAC	Sun 12/5/10	Tue 8/30/11	100%	Completed	100%
532	6.2.1.3	6 new CHCs established	Sun 7/31/11	Sun 7/31/11	100%	Completed	7/31
533	**6.2.2**	**Assist the established CHCs to implement their respective work plans**	**Sun 10/3/10**	**Thu 9/29/11**	**100%**		100%

Chart timeline: -1 (Sep) · Quarter 1 (Oct, Nov, Dec) · Quarter 2 (Jan, Feb, Mar) · Quarter 3 (Apr, May, Jun) · Quarter 4 (Jul, Aug, Sep) · Quarte[r] (Oct, Nov)

ID	#	Objective/Activity Name	Start	Finish	% Complete	Remarks
534	6.2.2.1	Assist CHCs to update their work plans by conducting CAC2	Wed 11/3/10	Mon 8/1/11	100%	Ahead of Schedule
535	6.2.2.2	Assist CHCs to implement their respective work plans	Sun 10/3/10	Mon 9/26/11	100%	Completed
536	6.2.2.3	Assess the effectiveness of eligible CHCs and finalize the report accordingly	Sun 9/4/11	Wed 9/28/11	100%	Completed
537	6.2.2.4	20 CHCs with updated work plans	Mon 8/1/11	Mon 8/1/11	100%	Completed
538	6.2.2.5	40 active CHCS	Thu 9/29/11	Thu 9/29/11	100%	Completed
539	**6.2.3**	**Assist CHCS to be transformed into registered voluntary societies**	**Sun 10/3/10**	**Sun 8/28/11**	**100%**	
540	6.2.3.1	Assist CHCs to fulfill the registration requirements	Sun 10/3/10	Thu 3/3/11	100%	Completed
541	6.2.3.2	Assist the voluntary societies to develop their respective work plans	Sun 4/3/11	Sun 5/29/11	100%	Completed
542	6.2.3.3	Train registered voluntary societies on book keeping and official correspondence	Tue 4/5/11	Thu 8/4/11	100%	Completed
543	6.2.3.4	Assist the voluntary societies in the implementation of their work plans	Sun 10/3/10	Sun 8/28/11	100%	Completed
544	6.2.3.5	2 additional voluntary societies legally registered	Wed 6/1/11	Wed 6/1/11	100%	Completed
545	6.2.3.6	2 voluntary societies conducted fundraising activities	Thu 6/30/11	Thu 6/30/11	100%	Completed
546	**6.2.4**	**Assist MOH to improve access to family planning and safe motherhood and Post Abortion Care services**	**Mon 11/1/10**	**Thu 9/15/11**	**98%**	
547	6.2.4.1	Train women groups in 12 areas on “Arab Women Speaks Out” module	Mon 11/1/10	Tue 7/26/11	100%	Completed
548	**6.2.4.2**	**Conduct Community mobilization campaigns in 4 health directorates to promote FP/SMH related messages**	**Sun 4/3/11**	**Thu 9/15/11**	**75%**	**Completed in 3 HDs**
553	6.2.4.3	Re-print SMH/FP related IEC materials	Mon 11/1/10	Tue 11/30/10	100%	Completed
554	6.2.4.4	12 women groups formed	Sun 7/31/11	Sun 7/31/11	100%	Completed
555	6.2.4.5	4 community mobilization campaigns conducted	Tue 8/30/11	Tue 8/30/11	100%	Completed in 3 HDs
556	6.2.4.6	FP/SMH related IEC materials reprinted	Tue 11/30/10	Tue 11/30/10	100%	Completed
557	**6.2.5**	**Assist MOH to promote healthy lifestyles and family planning among youth**	**Wed 12/1/10**	**Thu 9/29/11**	**100%**	
558	6.2.5.1	Establish youth peer educators groups in 12 areas	Wed 12/1/10	Thu 9/29/11	100%	Completed
559	6.2.5.2	Assist the established youth peer educators to implement their action plans	Sun 1/2/11	Mon 9/26/11	100%	Completed
560	6.2.5.3	12 youth peer educators formed	Mon 8/1/11	Mon 8/1/11	100%	Completed


Project: Y2_Q1 Gantt_012122010
Date: Fri 9/30/11
Critical
Critical Split
Critical Progress
Task
Split
Task Progress
Baseline
Baseline Split
Baseline Milestone
Milestone
Summary Progress
Summary
Project Summary
External Tasks
External Milestone
Deadline

ANNEX 2: HSS II PERFORMANCE MONITORING ANNUAL REPORTING FOR YEAR TWO

Status for indicators was calculated based on the percent deviation from Target

% Deviation = (Target value – Actual value) \ Target value * 100.

Status: Red - % deviation > 30%, Orange – 10% < % deviation ≤ 30%, Green - % deviation ≤ 10%
N/A = Not Available

Strategy 1: Institutionalize Knowledge Management practices to strengthen MOH decision-making organizational performance

O 1.1: Establish and promote knowledge management practices and culture

O 1.2: Strengthen MOH IT infrastructure and staff capacity to enable KM practice

O 1.3: Strengthen Performance Assessment Unit to promote a culture of performance excellence at Central Level

R 1.1a MOH decision makers at central, HD, hospital and HC levels have a proven awareness of the importance of Knowledge Management and knowledge sharing practice *(MOH Strategy Indicator)*

R 1.1.b Health information systems collect reliable and valid data and generate simple and understandable information for providers and decision-makers at all levels (O1, R1)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Results Q1	Q2	Q3	Q4	Total	Status
I 1.1 Score for the level of maturity of knowledge management practice at the MOH measured by the KM assessment tool	A knowledge maturity model defines stages of maturity that an organization can expect to pass through in its road to improve its overall knowledge-centric practices and processes and ultimately business performance. The KM maturity model defines five maturity levels of knowledge management, each one has special characteristic and special emphasizes on the knowledge Management attributes within MOH.	KM Survey assessment to measure the KM maturity at MOH Biannual	1.74	Year 1	BL						
				Year 2	BL	1.74					BL
				Year 3	2.0						
				Year 4	n/a						
				Year 5	2.3						

R 1.2 IT equipment to strengthen/ expand/ develop health information systems is procured installed and utilized (O6, R4)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Q1	Q2	Q3	Q4	Total	Status
I 1.2 IT equipment procured, installed and utilized	This is a binary indicator. The procurement and installation of IT equipment identifies that the indicator has been met. The indicator will be considered to be achieved once the IT procurement plan is developed, approved by USAID, equipment procured and installed at MOH facilities.	Project reports End of Year 2	0	Year 1	0					n/a	
				Year 2	100%					80%	20
				Year 3							
				Year 4							
				Year 5							

R 1.3 Performance assessment system institutionalized at the MOH so that the use of PA will improve the ability of the MOH to use performance data in assessing and improving its progress and advocate policy changes for making progress (O1 R3)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Q1	Q2	Q3	Q4	Total	Status
I 1.3 Number of Performance Assessment Reports developed by PA department	This is a binary indicator whereby the finalization and dissemination of the PAR identifies that the indicator has been met. The PAR is a final report summarizing the results of a MOH-wide Performance Assessment study using pre-selected indicators.	Project reports Biannual	0	Year 1	0					n/a	
				Year 2	1					0	100
				Year 3	0						
				Year 4	1						
				Year 5							

Strategy 2: Expand, Strengthen and improve performance of selected systems that support quality health services

O 2.1.1: Institutionalize planning process at all levels to improve organizational performance (2.1)

O 2.1.2: Scale up supportive supervision to enhance quality of health services (2.2)

O 2.1.3: Strengthen MOH management capacity to improve service performance and efficiency (2.3)

R 2.1 Operational planning, supervision and monitoring systems are functioning in all HDs with documented improvements in health care delivery (O2, R3)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Results					Status
						Q1	Q2	Q3	Q4	Total	
I 2.1a Percent of controlled hypertension patients attending MOH PHC facilities	This indicator is an outcome indicator, intending to measure the % of patients with essential hypertension, who have their blood pressure controlled (less than 140 mm Hg for systolic and/or 90 mm Hg for diastolic measurement, and less than 130 mm Hg for systolic and/or 80 mmHg for diastolic measurement in diabetic patients; according to WHO guidelines), among registered hypertensive patients visiting the health center. <u>Numerator:</u> Number of patients with essential hypertension who have their blood pressure controlled <u>Denominator:</u> Total of hypertension patients who are registered and regularly attending the Health Centers	HDs QI reporting system Semiannual	59.56	Year 1	BL				59.56		
				Year 2	60		62.76		60.9	61.7	**-2.8**
				Year 3	60						
				Year 4	60						
				Year 5	60						
I 2.1b Percent of controlled diabetic patients attending MOH PHC facilities	This is a quantitative indicator that measures the percentage of controlled diabetes patients attending MOH PHC facilities. A patient is considered as a controlled diabetic patient if his/her fasting plasma glucose level is < 130 mg/dL <u>Numerator:</u> Number of diabetic clients with fasting plasma glucose level < 130 mg/dL at HSS II intervention MOH/PHC facilities during 6 months <u>Denominator:</u> Total number of diabetic clients from the same facilities tested for fasting glucose level during the same 6 months	HDs QI reporting system Semiannual	39.87	Year 1	BL				39.87		
				Year 2	40		44.16		45.5	44.9	**-12.3**
				Year 3	42						
				Year 4	42						
				Year 5	42						

Strategy 2: Expand, Strengthen and improve performance of selected systems that support quality health services

O 2.1.1: Institutionalize planning process at all levels to improve organizational performance (2.1)

O 2.1.2: Scale up supportive supervision to enhance quality of health services (2.2)

O 2.1.3: Strengthen MOH management capacity to improve service performance and efficiency (2.3)

R 2.2 A functional FP supervision and monitoring system at central and HD (health centers and hospitals) levels that will help ensure proper counseling, the provision of contraceptive information and methods, and the effective follow up of clients (O4, R6)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Results					Status
						Q1	Q2	Q3	Q4	Total	
I 2.2 Number of Health Directorates with a functioning FP/MCH supervision system	This is a quantitative indicator that identifies the number of health directorates with an active MCH supervision system. The supervision system is considered active if it meets all of the following criteria: 1. Annual supervision schedule is submitted to WCHD 2. At least 75% of scheduled visits are completed 3. The supervision visit is documented using the MCH supervision reports form 4. Monthly supervision reports are submitted to the WCHD by the HD	Project reports Semiannual	0	Year 1	4				4	4	None
				Year 2	8		3		3	3*	62.5
				Year 3	12						
				Year 4	12						
				Year 5	12						

*Result is based on meeting the criteria of completing at least 75% of planned visits for the months of April – September 2011. Completing 60% of the visits results in meeting the target of 8 HDs – no deviation

R 2.3 Strengthened management and planning capacity of HDs, so that operational plans take into account factors related to population growth and family planning issues (O4, R7)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Q1	Q2	Q3	Q4	Total	Status
I 2.3 Number of HDs' operational plans that include interventions addressing Long Acting FP methods	This is a quantitative indicator that is based on a binary measurement of whether or not the operational plans developed by HDs contain interventions that address Long Acting FP methods. The HDs included in this indicator should have developed an annual operational plan which includes at least 2 interventions that address Long Acting methods	HDs' Operational Plans Annual		Year 1	0					n/a	
				Year 2	12					11	8.3
				Year 3	12						
				Year 4	12						
				Year 5	12						

Strategy 2: Expand, Strengthen and improve performance of selected systems that support quality health services

O 2.2.1 Promote culture of quality improvement in MOH through holistic approach and tools (2.4)

O 2.2.2: Institutionalize a selected # of administrative systems supporting quality improvements (2.5)

O 2.2.3: Institutionalize Quality Improvement Reporting system to assess HC's performance (2.6)

R 2.5 A functioning referral and appointment system in all HDs

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Results					Status
						Q1	Q2	Q3	Q4	Total	
I 2.5 Number of HDs with functioning referral and appointment system	This is a quantitative indicator that measures the functionality of the referral and appointment system implemented at MOH A referral and appointment system at a given HD will be considered as functioning if the following criteria are met: 1. The existence of at least one hospital with an appointment unit in a given HD 2. 35% of referral forms are returned from Specialists in the Hospital to GPs at the HCs 3. HD generates monthly reports on HC referrals	HD Records Annual		Year 1	6				2	2	**66**
				Year 2	10				6*	6	**40**
				Year 3	10						
				Year 4	10						
				Year 5	10						

*Based on 6 months data, 6 HDs met the criteria with a variation in the average percent of feedback ranging from 2.8% in Zarqa to 36.2% in Mafraq. 3 HDs managed to obtain 35% feedback for at least one month. Four HDs remain pending for receiving computers.

O 2.3.1: Institutionalize MOH's capacity to plan, manage and carry out effective training (2.7)

O 2.3.2: Renovate, equip and operationalize a selected # of training centers (2.8)

R 2.7 Selected primary health training centers renovated, equipped and furnished (O6, R3)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Q1	Q2	Q3	Q4	Total	Status
I 2.7 Number of training centers renovated, equipped and furnished	This is a quantitative indicator that identifies the number of training centers renovated and equipped. A training center is considered renovated and equipped if it has been renovated/ remodeled, equipped, furnished.	Project Reports End of Year 2		Year 1	0					n/a	
				Year 2	10					7	**30**
				Year 3							
				Year 4							
				Year 5							

O 2.4.1: Establish standardized and efficient Maintenance System at the Central Level (2.9)

O 2.4.2: Establish efficient decentralized Maintenance System for hospital facilities and equipment (2.10)

R 2.9 A standardized and efficient facility and IT maintenance system at central level established, functioning and sustainable (O6, R5)

R 2.10 An efficient decentralized maintenance system for hospital facility and equipment established, functioning and sustainable (O6, R6)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Q1	Q2	Q3	Q4	Total	Status
I 2.9 Facility maintenance guidelines and monitoring tools developed and utilized	This is a binary indicator that measures whether the guidelines and monitoring tools have been finalized and disseminate. The indicator will be considered achieved once the guidelines and tools are developed; providers received classroom and hands on training for implementing guidelines.	Project Reports Annual		Year 1							
				Year 2						n/a	
				Year 3					100%		
				Year 4							
				Year 5							

Strategy 3: Improve quality of maternal/neonatal services in hospitals

O 3.1: Strengthen MOH and RMS staff capacity to manage and deliver quality SM services
O 3.2: Strengthen Improve quality of ER in select hospitals (Phase I)
O 3.3: Renovate, expand, and equip MOH & RMS hospitals to enhance quality of SM services
O 3.4: Strengthen MOH hospital staff capacity to deliver quality FP/RH services and information
O 3.5: Mobilize community to use upgraded SM hospital services

R 3.1 Documented improvements in maternal and neonatal health care services at public sector hospitals (MOH/RMS) (O3, R1)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Results					Status
						Q1	Q2	Q3	Q4	Total	
I 3.1a Percent of women monitored during labor using the partograph	This is a quantitative indicator that measures the percentage of women in active labor who are monitored by partograph. A woman in active labor will be considered as monitored by partograph, if the partograph four components have been filled: I- Assessment of the fetal condition. II- Progress of labor. III- Assessment of the maternal condition. IV- Outcome of labor. ***Numerator:*** Number of women in active labor who are monitored by partograph during three months period ***Denominator:*** Number of women in active labor who are admitted to the hospital during the same period	Hospital Medical Records Partograph Sheet Monthly Partograph Reports Quarterly	80	Year 1	80			74	79	76.5	**1.25**
				Year 2	85	81	80	82	82[$]	81	**4.7**
				Year 3	90						
				Year 4	95						
				Year 5	95						
I 3.1b Percent of inborn neonates admitted to the Neonatal Intensive Care Units at selected MOH/RMS hospitals who are discharged home alive	This is a quantitative indicator that measures the percentage of inborn neonates admitted to the intensive care units at selected MOH/RMS hospitals and discharged alive. A surviving newborn is an inborn neonate admitted to the neonatal intensive care unit for any medical or surgical intervention and discharged home alive after completing the required hospitalization period. Selected hospitals are those with upgraded neonatal intensive care through renovation, equipment and capacity building for the service providers. ***Numerator:*** inborn neonates discharged alive after being admitted to the neonatal intensive care unit ***Denominator:*** total inborn neonates admitted to the neonatal intensive care unit	Neonatal Log Book Quarterly	86.3	Year 1	n/a					n/a	
				Year 2	86.5		BL 86.3		86.5	86.5*	**0**
				Year 3	88						
				Year 4	89						
				Year 5	90						

*Value is derived from data for the months of April – June 2011 and for the upgraded 11 hospitals. Percent for all hospitals included initially in the baseline = 86%.
[$] Two new hospitals added to the pool of data which included16 hospitals prior to this quarter.

R 3.1 Documented improvements in maternal and neonatal health care services at public sector hospitals (MOH/RMS) (O3, R1)											
Performance Indicator	**Definition**	**Data Source, Method & Frequency**	**Base Line**	**Year**	**Target**	**Results**					**Status**
						Q1	**Q2**	**Q3**	**Q4**	**Total**	
I 3.1c Percent of pregnancy induced hypertensive clients managed according to clinical guidelines	This is a quantitative indicator that measures the percentage of pregnancy induced hypertension (PIH) patients managed according to the clinical guidelines. A PIH patient will be considered as managed according to the clinical guidelines if the following management procedures were performed: 1. History: Inquired on headache, epigastric pain, blurring of vision or fits upon admission. 2. Examination: Checked blood pressure, reflexes, FHS according to guidelines. 3. Investigations: Checked for urine albumin upon admission. 4. Active Management: Gave Magnesium Sulfate according to guidelines. ***Numerator:*** Number of women admitted to hospital with pregnancy induced hypertension who are managed according to clinical guidelines in 3 month ***Denominator:*** Number of women admitted to hospital with pregnancy induced hypertension in 3 month	Hospital Obstetric Records PIH Forms LIH Logbook Quarterly	80	Year 1	80			78	79	78.5	**1.25**
				Year 2	85	81	77	73	82*	79	**7.1**
				Year 3	90						
				Year 4	95						
				Year 5	95						

* Two new hospitals added to the pool of data which included16 hospitals prior to this quarter.

R 3.1 Documented improvements in maternal and neonatal health care services at public sector hospitals (MOH/RMS) (O3, R1)											
Performance Indicator	**Definition**	**Data Source, Method & Frequency**	**Base Line**	**Year**	**Target**	**Results**					**Status**
						Q1	**Q2**	**Q3**	**Q4**	**Total**	
I 3.1d Percent of hospitals using confidential inquiries into maternal deaths and near misses to monitor the quality of maternal care	This is a quantitative indicator that measures the percentage of hospitals utilizing confidential inquiries into maternal deaths and near misses according to guidelines. A hospital will be considered as implementing Confidential Inquiry if it fulfills the following criteria: 1. All cases of maternal deaths are audited according to the confidential inquiry surveillance cycle 2. 75% of cases of obstetric: hemorrhage, severe-preeclampsia and eclampsia are audited according to the near misses review cycle 3. Data should be collected and investigation done on monthly. ***Numerator:*** Number of hospitals utilizing Confidential Inquiry into maternal deaths and near misses in 6 month period ***Denominator:*** Total number of hospitals trained on using the Confidential Inquiries into maternal deaths and near misses during the same period of time	Confidential Inquiry forms Delivery Log Book HSMC MOM Semiannual	0	Year 1	n/a					n/a	
				Year 2	25		0		25*	25	**None**
				Year 3	50						
				Year 4	75						
				Year 5	85						

*Data obtained from the 8 hospitals reported upon in Y2Q2. Training and data collection methodology introduced for nine new hospitals during Y2Q4. Status for the nine new hospitals for using C.I. will be reported upon in Y3.

R 3.3a Obstetric and neonatal departments in selected hospitals renovated and upgraded to comply with international standards (O6, R1) **R 3.3b** A standard list of essential medical equipment and furniture is provided to all MOH and RMS hospitals according to priority needs (O6, R2)											
Performance Indicator	**Definition**	**Data Source, Method & Frequency**	**Base Line**	**Year**	**Target**	**Results**					**Status**
						Q1	**Q2**	**Q3**	**Q4**	**Total**	
I 3.3 Number of hospitals with renovated and equipped EOC and NNC departments	This is a quantitative indicator that identifies the number of MOH & RMS hospitals renovated and equipped. A hospital is considered renovated and equipped if any or all of the departments below have been renovated/remodeled, equipped and furnished according to the hospitals assessment done at the beginning of the project. The departments are: 1) obstetric wards, 2) delivery rooms, 3) operating theaters for C/S, 5) Neonatal Intensive Care Units (NICU), 6) Ob/Gyn and neonatal outpatient clinics	Project Reports		Year 1	n/a					n/a	
				Year 2	4					1	**75**
				Year 3	14						
				Year 4							
				Year 5							

Strategy 4: Improve quality of and increase access to FP/RH services

O 4.1: Increase access to a wider range of FP methods at PHC and Hospital levels
O 4.2: Decrease missed opportunities for FP/RH services and information at the PHC level
O 4.3: Improve the quality of counseling to decrease discontinuation rates and reduce provider bias
O 4.4: Mobilize community to adopt and use FP services
O 4.5: Foster supportive MOH environment to deliver FP services

R 4.1 Increased use of modern family planning methods

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Results					Status
						Q1	Q2	Q3	Q4	Total	
I 4.1 Number of MOH/RMS facilities providing Implants	This is a quantitative indicator that measures the percentage of MCH centers and hospitals providing Implant services. MCH center / MOH & RMS hospitals selected for inclusion under this indicator are those facilities providing Implant services. This means that the facility is already equipped to provide Implant insertion and removal services, Staff (physician/s and midwife/s) are trained on counseling for family planning, the physician is trained on Implant insertion and removal, Implants are available, and related services are provided to clients continuously throughout the month. A list of eligible facilities will be defined in cooperation with MOH and RMS.	MCH Logistics System Semiannual	18	Year 1	18				0	0	**100**
				Year 2	40		22		29*	26**	**35**
				Year 3	75						
				Year 4	100						
				Year 5	125						

* Selected Facilities represent health centers that provided Implanon for at least 2 out of the 3 months during April - June 2011

** Selected health centers for end of Year Two are those which provided Implanon for at least 4 months out of the 8 months of the monitoring period (Nov-2010 - Jun-11), i.e. at least 50% of the time

R 4.2 Postpartum/post-miscarriage care including counseling and provision of family planning methods is institutionalized in MOH hospitals (O3, R2)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Results					Status
						Q1	Q2	Q3	Q4	Total	
I 4.2a Percent of post-miscarriage clients receiving modern FP methods before discharge at selected public hospitals	This is a quantitative indicator that measures the percentage of post-miscarriage clients receiving modern FP methods before discharge from selected public hospitals. MOH hospitals selected for this indicator include those which mount to a total of 80-85% of annual deliveries according to 2009 MOH statistical report. ***Numerator:*** Number of post-miscarriage clients receiving modern FP methods before discharge at selected public hospitals during 6 months ***Denominator:*** Total number of post-miscarriage clients at selected public hospitals during 6 months	Perinatal Information System Semiannual	0	Year 1	0					n/a	
				Year 2	10		n/a		25.3	25.3*	**-153**
				Year 3	20						
				Year 4	30						
				Year 5	40						

*Data obtained from 8 MOH hospitals for the months of June – September 2011. Total percentages ranged from 3% at Jerash hospital to 44.4% at King Hussein Salt Hospital

R 4.2 Postpartum/post-miscarriage care including counseling and provision of family planning methods is institutionalized in MOH hospitals (O3, R2)											
Performance Indicator	**Definition**	**Data Source, Method & Frequency**	**Base Line**	**Year**	**Target**	**Results**					**Status**
						Q1	**Q2**	**Q3**	**Q4**	**Total**	
I 4.2b Percent of post-partum clients receiving FP counseling before discharge at selected public hospitals	This is a quantitative indicator that measures the percentage of post-partum clients receiving counseling for FP before discharge from selected public hospitals. MOH hospitals selected for this indicator include those which mount to a total of 80-85% of annual deliveries according to 2009 MOH statistical report. ***Numerator:*** Number of post-partum clients receiving FP counseling before discharge at selected public hospitals during 6 months ***Denominator:*** Total number of post-partum clients at selected public hospitals during 6 months	Perinatal Information System Semiannual	0	Year 1	0					n/a	
				Year 2	10		n/a		34.9	34.9*	**-249**
				Year 3	20						
				Year 4	30						
				Year 5	40						

*Data obtained from 8 MOH hospitals for the months of June – September 2011. Total percentages ranged from 5.9% at King Hussein Salt Hospital to 65.4% at Ramtha Hospital
Women receiving either one-on-one counseling or group health education were included in the count

R 4.3 Number of PHC and MCH centers providing a FP service is increased with emphasis on poor and underserved areas (O4, R5)											
Performance Indicator	**Definition**	**Data Source, Method & Frequency**	**Base Line**	**Year**	**Target**	**Results**					**Status**
						Q1	**Q2**	**Q3**	**Q4**	**Total**	
I 4.3 Percent of MOH health centers providing at least 4 modern FP methods	This is a quantitative indicator that measures the percentage of health centers providing a range of modern FP methods, with a minimum of 4 modern methods. This indicator assures that clients have a wider choice of method selection that meets their needs and desires. It is expected to contribute to increasing the access to FP services. A health center will be considered if at least four modern FP methods are provided to FP clients; modern methods are IUD, OCs, Condom, injectables and implants. ***Numerator:*** Number of health centers providing at least 4 modern FP methods during 3 months ***Denominator:*** Total number of MOH health centers providing FP services during the same 3 months	Logistics Information System Quarterly	29.7	Year 1	BL				BL 29.7	n/a	
				Year 2	35	24.8	24.6	24.5	21.3	23.8	**32***
				Year 3	40						
				Year 4	45						
				Year 5	50						

*Data is for months of July 2010 through June 2011

R 4.4 A more comprehensive client-centered ESP that enables services providers to expand their services and provides clients and communities with better quality family planning information and services (O4, R2)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Results					Status
						Q1	Q2	Q3	Q4	Total	
I 4.4 Percent of missed opportunities for FP counseling at MOH PHC centers.	This is a quantitative indicator that measures the percentage of missed opportunities for FP services at MOH PHC centers. A client is considered to be a missed opportunity for FP if she is a married woman in reproductive age currently not using a FP method and do not receive FP counseling when attending a MOH PHC facility. This indicator will be measured through a client exit study at a sample of PHC centers. ***Numerator:*** Number of non FP users married women in reproductive age (MWRA) attending MOH PHC centers participating in the study who are not counseled on FP services ***Denominator:*** Total number of non FP users MWRA who are eligible for FP counseling at same MOH facilities	Client Exit Interview Study Annual	82.5	Year 1	n/a					n/a	
				Year 2	75		75.9			75.9	**1.2**
				Year 3	70						
				Year 4	60						
				Year 5	50						

R 4.5 Health care providers are counseling and motivating women to use long-term contraceptive methods and to minimize discontinuation (O4, R3)

Performance Indicator	Definition	Data Source, Method & Frequency	Base Line	Year	Target	Results					Status
						Q1	Q2	Q3	Q4	Total	
I 4.5 Percent of IUD and OCs discontinuers during the first year of use at MOH PHC centers	This is a quantitative indicator that measures the percentage of IUD and combined oral contraceptives discontinuers during the first year of use. A client is considered a discontinuer if she started the use of IUD or COCs from an MCH center and discontinued the method use during the first year of use. A sentinel Surveillance Study is conducted to follow up use of IUD and COCs. Discontinuation is measured using survival analysis for the collected data.	Sentinel Surveillance Study Biennial	28 14 IUD 42 COC	Year 1	BL						
				Year 2	n/a		28				**BL**
				Year 3	13 IUD 40 COC						
				Year 4							
				Year 5	12 IUD 38 COC						

Strategy 5: Improve quality of and access to Primary Health Care services

O 5.1: Prepare eligible primary health care centers for accreditation to improve quality of services

O 5.2: Institutionalize Essential Services Package to increase access to PHC services

R 5.1 Eligible health centers receiving five stars through the current Reward and Recognition system and fully prepared for accreditation (O2, R1)											
Performance Indicator	**Definition**	**Data Source, Method & Frequency**	**Base Line**	**Year**	**Target**	**Results**					**Status**
						Q1	**Q2**	**Q3**	**Q4**	**Total**	
I 5.1 Number of Health Centers accredited by HCAC	This indicator measures the number of health centers that fulfill the requirements for HCAC Accreditation and get awarded the HCAC Accreditation Status in recognition for their Achievement. The HC that receives accreditation from the HCAC upon fulfilling the requirements for compliance with HCAC PHC accreditation standards.	MOH Quality Directorate Annual	0	Year 1	n/a					n/a	
				Year 2	n/a					n/a	
				Year 3	20						
				Year 4	n/a						
				Year 5	50						

R 5.2 MOH HCs implementing ESP											
Performance Indicator	**Definition**	**Data Source, Method & Frequency**	**Base Line**	**Year**	**Target**	**Results**					**Status**
						Q1	**Q2**	**Q3**	**Q4**	**Total**	
I 5.2 Number of HCs implementing ESP	This indicator measures the percent of health centers working on Essential Service Package among all MOH health centers in the kingdom. The health centers which will be included in this indicator are those who will meet the following criteria: • HCs implementing at least three of the ESP packages • HCs documenting the implementation of the ESP packages • HCs submitting ESP monthly reports to the Health Directorate	Health Directorate & Health Center Reports Project Reports Annual	85	Year 1	85				85	85	**None**
				Year 2	150				150	150	**None**
				Year 3	200						
				Year 4	300						
				Year 5	400						

Strategy 6: Engage and empower communities to adopt healthier lifestyles

O 6.1: Strengthen MOH's capacity to institutionalize Health Promotion program

O 6.2: Engage communities to address their determinants of health through community mobilization and networking

R 6.1 12 HDs with Active health promotion program											
Performance Indicator	**Definition**	**Data Source, Method & Frequency**	**Base Line**	**Year**	**Target**	**Results**					**Status**
						Q1	**Q2**	**Q3**	**Q4**	**Total**	
I 6.1 Number of HDs with active HP program	This is a quantitative indicator that measures the number of health directorates with an active health promotion program. A health directorate with an active health promotion program should fulfill the following criteria: 1. Has a Certified HP trainer 2. At least 60% of health centers trained on HP concept and practices 3. At least 60% of planned HP activities are implemented at the health centers 4. At least 60% of HCs receiving training are reporting on monthly basis 5. HD supervising the HC / HP activities	HD's Documents HP&P Directorate Documents Project Reports Annual	0	Year 1	2				6	6	**-200**
				Year 2	6				10	10	**-67.8**
				Year 3	10						
				Year 4	12						
				Year 5	12						

R 6.2 Community health committees are established and functioning in all HDs with special emphasis on poor and underserved populations both in rural and urban areas (O5, R1)											
Performance Indicator	**Definition**	**Data Source, Method & Frequency**	**Base Line**	**Year**	**Target**	**Results**					**Status**
						Q1	**Q2**	**Q3**	**Q4**	**Total**	
I 6.2 Number of active Community Health Committees in HDs	This is a quantitative indicator that measures the number of active community health committees in Health Directorates. An active community health committee should fulfill the following criteria: 1. A demonstrated SOW, roles and responsibilities and operational instructions 2. Updated annual work plans addressing health issues 3. 60% of the activities in the annual work plan implemented within the allocated timeframe 4. 60% of Funding of CHC activities come from local resources	CHC's and HD's Documents Annual	0	Year 1	30				28	28	**6.7**
				Year 2	40				29	29	**27.5**
				Year 3	45						
				Year 4	50						
				Year 5	61						

ANNEX 3: TEMPORARY DUTY YONDER (TDY) FOR YEAR 2 - ENDING SEPTEMBER 30TH, 2011

Name of the Consultant	Managing Team	Proposed Dates	Purpose of the Visit (SOW)	Progress
Margarita Fernandez	DCOP	Jan 7th - 15th, 2011	• Provide technical and management support to HSS II management team. • Monitor the progress of Y2 implementation. • Facilitate the transition of the HSS II PM from Margarita Fernandez to Kathleen Novak. • Assist in evaluation and selection of renovation contractor.	Completed
Kathleen Novak	DCOP	Jan 7th - 15th, 2011	• As the new Portfolio Manager for the HSS II project, Ms. Novak to get introduced to the project team and activities, including field visits. Hold a meeting with the client/ USAID	Completed
Bruce Rassmussen	DCOP	Jan 8th - 11th, 2011	• Introduce him to USAID principals, project counterparts and the HSS II team. Participate in meetings and discussions pertaining to HSS II MCH activities, renovation contract evaluations and other management activities	Completed
Aminata Mbaye	Finance and Administrative	April 3- April 7, 2011	• Train new DCOP on Abt Policies and Financial procedures. Work with Finance and Administrative team on the revised HSS II Financial Manual procedures	Completed
Michael Rodriguez	KM	May 15-20, 2011	• Assist Knowledge Management Team to review current activities, identify data needs for health managers and service providers, and plan for better implementation of knowledge management.	Completed

Name of the Consultant	Managing Team	Proposed Dates	Purpose of the Visit (SOW)	Progress
Michael Rodriguez	KM	August, 2011	• Assist in developing Knowledge Management Work Plan for Y3	Completed
Ms. Ahlam Ottom	Knowledge Management	March 1st - September 30th, 2011	• Work with the Information Technology Directorate (ITD) staff on the development and building technical documentation of the LMIS and QIS	Completed
Mr. Imad Saleh	Knowledge Management	March 1st - September 30th, 2011	• Work with ITD staff on the development and building technical documentation of the LMIS and QIS	Completed
Lyons Joyce	Quality Improvement	February 21st – March 4th, 2011	• Orientation for the employees. • Review: staff assignments and work plan progress. • Analyze and review the accreditation collaborative results for 6 months • Discuss and design documentation strategy	Completed
Mary Schwartz	Quality Improvement Team	July 10-July 22, 2011	• Prepare syllabus and materials for HD training. • Facilitate training	Completed
Joyce Lyons	Quality Improvement Team	July 24-August 4, 2011	• Provide technical and management support to the QI Team. • Progress review for Year Two implementation	Completed
Dr. Luay Fraiwan	Procurement	September, 2010 – July 2011	• Assist with the development of technical specifications for equipment and medical furniture to be procured for MOH and RMS hospitals • Assist in technical analysis of the bids submitted by manufactures and vendors • Assist in preparing the tender documents for procurement	Completed
Dr. Hashem Fadel	Renovation	January 2nd – February 17th, 2011	• Assisted in updating the current Maintenance System at MOH • Prepared and completed the maintenance improvement	Completed

Name of the Consultant	Managing Team	Proposed Dates	Purpose of the Visit (SOW)	Progress
			action plans • Conducted workshop for MTF presenting the maintenance improvement action plans	
Dr. Lamia' Mohsen	Safe Motherhood Team	January 1st - 6th, 2011	• Training the NNC trainers to implement the developed "Best Practice in Mother-Newborn Package of Services at the Hospital Level • Assist HSS II SM Team to structure the neonatal medical records	Completed
Dr. Amr Fathy	Safe Motherhood Team	January 1st 6th , 2011	• Training the EOC trainers to implement the developed "Best Practice in Mother-Newborn Package of Services at the Hospital Level • Assist HSS II SM Team to structure the maternal medical records	Completed
Dr. Ala'a El-Fekhy	HWD	May 29-June 2, 2011	• Assist the HWD/STM in developing the Evidence-Based Medicine manual. • Conduct one workshop on EBM and prepare trainers.	Completed
Dr. Alaa El-Feky	HWD	July 9-July 14, 2011	• Conduct one workshop on EBM to build the capacity of health providers on EBM. • Conduct orientation sessions on EBM for managers	Completed
Safaa Halasah, Initiative Inc.	Community Health	October 1st - December 31st, 2010	• Assist in the update of the HP training curriculum • Assist in training 2 women groups on AWSO • Assist in establishing 1 youth peer educators group	Completed
Safaa Halasah, Initiative Inc.	Community Health	January 2nd -March 31st, 2011	• Assist HD to assume its supervisory role in HP • Assist in training 6 women groups on AWSO • Assist in establishing 7 youth peer educators group	Completed
Safaa Halasah, Initiative Inc.	Community Health	April 3rd - June 30st, 2011	• Assist in forming 4 additional women FP advocacy group • Assist in establishing 5 additional youth peer educators group	Completed

Name of the Consultant	Managing Team	Proposed Dates	Purpose of the Visit (SOW)	Progress
			• Assist the existing women and youth groups in implementing their activities	
Safaa Halasah, Initiative Inc.	Community Health	July 1 – September 30, 2011	• Assist in forming 5 additional women FP advocacy group • Assist in establishing 6 additional youth peer educators group • Assist the existing women and youth groups in implementing their activities	Completed