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Health Service Delivery Flagship Integrated Service Delivery Package for Reproductive, Maternal, Newborn and Child Health Services

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ACRONYMS

AOR	Agreement Officer's Representative
AMTSL	Active Management of Third Stage of Labor
CHC	Community Health Committee
CPAP	Continuous Positive Airway Pressure
C/S	Cesarean Section
CSS	Client Service Station
CU5	Children under 5 Years of Age
FP	Family Planning
GBV	Gender Based Violence
GFA	Geographic Focus Area
HC&AD	Health Communication and Awareness Directorate
HD	Health Directorate
HSD	Health Service Delivery
ISD	Integrated Service Delivery
IUD	Intrauterine Device
JPFH	Jordan Population and Family Health
MCH	Maternal and Child Health
MOH	Ministry of Health
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
OB/GYN	Obstetrics and Gynecology
PCV	Packed Cell Volume (Hematocrit)
RMNCH+	Reproductive, Maternal, Newborn and Child Health including nutrition, NCDs and Gender Based Violence
RMS	Royal Medical Services
SDP	Service Delivery Point
TFR	Total Fertility Rate
USAID	United States Agency for International Development
WCHD	Woman and Child Health Directorate
WRA	Women of Reproductive Age

I. RATIONALE

Since 1980, Jordan has made great progress in improving health status. Infant mortality decreased by 200%, life expectancy increased to 72 years for men and 76 years for women, and child immunization is nearly universal. The total fertility rate (TFR) was stable at around 3.6 over the past decade, although recent analysis indicates that the TFR is now 3.1. However, Jordan's demographics are changing, reflected by a large and growing youth population and the 1.3 million Syrian refugees currently residing in Jordan. These groups have increased requirements for Jordan's health system to perform effectively, while high population growth places a strain on all aspects of Jordan's development. Jordan's health system must not only maintain the progress achieved to date, but also continue to improve services to meet the expectations of its growing population.

Fragmented delivery of health services within health service delivery points (SDPs), and inadequate mechanisms for clients to move smoothly among the levels of the health service delivery system and among types of health providers, reduce access to comprehensive, integrated care and lower the impact of existing health services. This fragmentation, when coupled with weak accountability for performance and inadequate data analysis, leads to lapses in care. For example, postpartum women do not receive systematic screening, counseling on improved nutrition, or exclusive breastfeeding. In areas impacted by the influx of Syrian refugees and increasing urban density, facilities and providers are increasingly overloaded.

While outreach programs offer a platform to increase information, understanding, and use of services, clients often remain passive recipients of health care and are not active partners in making health care decisions.

2. GOALS

The ISD package will assist MOH, RMS and NGOs to accelerate results in reproductive, maternal, newborn and child health including nutrition (RMNCH+). It supports innovative interventions to tackle service delivery bottlenecks and provide increased access of underserved groups to comprehensive RMNCH+ services.

2.1. EXPECTED OUTCOMES

Use of the ISD package in public and NGO facilities will support the government of Jordan to achieve improvements in key health outcomes, contributing to the following:

1. Increase the acceptance and continued use of modern contraceptives
2. Reduce newborn and maternal deaths
3. Improve anemia outcomes for pregnant women and CU5
4. Increase community access to facilities providing integrated health services
5. Increase early initiation and continuation of breastfeeding

2.2. SPECIFIC OBJECTIVES OF THE ISD PACKAGE

1. Allow clients to access integrated high priority health services in a convenient way
2. Organize care to make more efficient use of provider's time and competencies
3. Improve quality and consistency of critical RMNCH+ services
4. Improve flow of clients and information across levels of care and types of organizations
5. Improve the understanding of clients and communities regarding RMNCH+ services, and engage them as partners in health care
6. Improve documentation of health services and outcomes

2.3. USERS AND BENEFICIARIES OF THE ISD PACKAGE

The principal users of the integrated service delivery package are the maternal and child health (MCH) service providers in the selected service delivery points, managers of the different organizations and leadership of health organizations and community organizations that support health information, communication and services.

Women of reproductive age (WRA) and children under five (CU5) are the primary recipients of these services and also will be engaged as actors in their own care and in providing feedback on the care they receive.

The effect of the ISD package will be perceived by different stakeholders in different ways.

From the client's perspective: integration means health care that is seamless, smooth and easy to navigate.

From the provider's perspective: integration means that separate technical services, and their management support systems, are provided, managed, financed and evaluated either together, or in a closely coordinated way. Evidence-based protocols reinforce compliance with key steps in service delivery; structured interactions with clients are based on an initial assessment of their needs; documentation provides useful information for each client and service.

From a community's perspective: health care responds to priority needs, with good access and quality of care, and more engagement in planning and monitoring health services.

From a health manager's perspective: Information on overall service provision is readily available, aggregated as needed for each level of care. This should lead to prompt identification of gaps or challenges and better use of resources.

1. At the Central MOH or RMS level: The technical directorates, heads of specialty, and all levels of senior management will use the latest evidence to update key aspects of service delivery. They will have regular data regarding key performance indicators for each HD or hospital including services statistics, compliance with protocols, completeness of documentation and as applicable, patient outcomes. This information can be used to allocate staff and other resources across geographic areas and service delivery components, as input for personnel and other management decisions, and as critical inputs for strategic planning and budgeting.

2. At the HD or NGO Organizational level: The HD and NGO supervisors and managers will have data regarding the performance of each SDP in terms of services provided, compliance with protocols, completeness of documentation and as applicable, patient outcomes. This information can be used to re-allocate staff and other resources across SDPs within the HD or NGO, as input for personnel appraisals and for operational planning to address common issues or challenges across SDPs.
3. At the SDP level: The SDP manager will have accurate and complete information on the RMNCH+ care provided within the SDP, including availability and use of RMNCH+ services, compliance with protocols, and as applicable, patient outcomes. This information can be used to re-allocate staff and other resources within the facility, as input for personnel appraisals, and for bringing issues to the attention of HD or central level as needed.
4. At the community level: Community members will be better informed about the rights of both clients and providers in health encounters and about the integrated services available to them in the different participating sites, whether public, NGO or private. They will provide feedback regarding their perceptions of the quality of their experience in these sites.

3. FEATURES OF THE ISD PACKAGE

3.1. OVERVIEW

The integrated service delivery package organizes various tasks that need to be performed in order to provide high quality, comprehensive reproductive, maternal, newborn and child health services. Clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system – the right care, at the right time, in the right way. The package will:

- Include a comprehensive baseline assessment to identify gaps and measure progress in both processes and service outputs over time
- Organize the client flow within each service delivery point and among different service delivery points
- Define critical steps that need particular attention within each service, enforced through evidence-based protocols
- Document each step to provide information for clients, providers and managers, including feedback across levels of care and reporting

The first step in this process is a thorough baseline assessment process conducted with the relevant supervisors from the MOH, RMS or NGO. HSD will help each of these organizations analyze the baseline assessment to determine common gaps and issues at each level of care.

HSD will tailor the package for implementation in each SDP based on the results of the baseline assessment, the type of organization, the level of care, and client flow.

HSD will use a collaborative approach to introduce and implement the integrated service delivery package. The collaborative approach has been shown to be an effective way to build understanding and commitment among participants to change their existing practices, reinforced by periodic exchanges with peer groups working on the same challenges. The HSD team will tailor the specifics of the collaborative approach to the level of care and the aspects to be improved. For instance, the collaborative approach that the HSD team will use to reinforce the use of data in health directorates (HDs) will be quite different from that used with community health committees or service delivery points (SDPs). SDPs will follow the steps in the ISD Improvement Collaborative, including regular review of their own performance gaps and development, monitoring and modification of Change Packages they will use to improve their RMNCH+ performance.

As an essential part of this approach HSD will help the SDPs and HDs collect and analyze data on their processes and services on a monthly basis, and use these data to further improve their performance.

3.2. CONSISTENCY AND QUALITY OF SERVICE PROVISION

The MOH, RMS, NGOs and other Jordanian organizations, with support from USAID and other partners, have invested considerable effort in the creation of standards and guidelines for delivery of different RMNCH+ services. The standards currently set for these services are evidence-based and generally up-to-date. However, compliance with existing standards and guidelines is not widespread, and providers indicate they do not regularly consult the guidelines that they have received. In addition, some gaps in comprehensive care must be addressed to fully integrate key messages and clinical practices across the different services, and some current practices that are not supported by evidence must be corrected.

The ISD package will focus on application of existing protocols and introduction of new protocols to cover critical aspects of each RMNCH+ service delivery component. The HSD team will help the MOH, RMS, and NGOs develop, introduce and track compliance with these protocols to improve the consistency and quality of RMNCH+ services. The new protocols under the ISD Package will:

- Mandate care based on evidence
- Provide a clear outline of the steps to be followed for particular services or components of services
- Reduce variations in practice that can be harmful to quality of care
- Provide a rational basis for referral
- Promote efficient use of resources
- Improve quality control, monitoring and oversight of service delivery

This will also help reduce confusion among clients, many of whom receive RMNCH+ services from several different types of organizations (e.g., sometimes from NGOs and sometimes from public health centers) and may receive quite different advice and services for the same topic or condition.

3.3. INTEGRATION OF SERVICES

3.3.1. Within SDPs

The ISD Package will reinforce key linkages within each service to other preventive health messages and services. These linkages will include:

- Family planning information and referral for further counseling and services will be standard components of premarital, antenatal and postpartum care for WRA and will also be offered to caretakers during vaccination and growth and development services for CU5. Clients in other primary or outpatient services will also be offered family planning counseling and referred if desired.
- Preventive counseling, prompt detection, appropriate management and follow-up of anemia cases will be standard components of premarital, antenatal and postpartum care for WRA and growth and development services for CU5.
- Preventive counseling, prompt detection, appropriate management and follow-up or referral of hypertensive cases (including pregnancy-induced hypertension) and diabetes cases will be standard components of premarital, antenatal and postpartum care for WRA.
- Sensitization on the risks of gender-based and other forms of family violence, identification of cases and referral of victims for further services will be standard components of premarital, antenatal and postpartum care for WRA and growth and development services for CU5.

3.3.2. Across SDPs

The ISD Package will improve the vertical integration of different levels of services; for example, health centers, hospitals, and Health Directorates. From the clients' perspective, key features of this integration are well-functioning procedures for movement up and down the levels of the system, and between public SDPs and NGO facilities and/or private providers. From the providers' perspective, essential information is transmitted with the client and incorporated into medical decision-making at every level of care.

3.4. IMPROVEMENT IN CLIENT FLOW

The flow of clients within SDPs is a major factor in determining access to services, quality of care and completeness of documentation. The ISD Package will assist SDPs to reorganize the flow of clients within and across all levels of care, to improve these critical aspects of service delivery.

HSD will assist the different participating organizations to establish a Client Service Station within each SDP to orient all incoming clients for RMNCH+ services and to identify all services that should be provided within that visit. At the client service station, each client will receive an orientation on the different services available, indicate which services she wants during that visit, and receive a simple form directing her from one service to another to allow her to access the needed services as efficiently as possible.

For couples or men seeking reproductive health information or services, the service station will schedule counseling and services in a way that does not compromise their privacy or the privacy of other clients. The service station will also capture data from clients as they exit, including completeness of the care they received and immediate feedback on client satisfaction.

3.5. RMNCH+ SERVICES TO BE INCLUDED IN THE ISD PACKAGE

The distinct services covered through this package provide a continuum of care for WRA and CU5. These services include:

- Antenatal
- Delivery
- Postnatal
- Family Planning
- Neonatal care
- Child health
- Nutrition for women and children
- Screening and referral for GBV
- Screening and referral for NCDs
- Premarital and preconception care

Identification and referral for specific conditions including hypertension and diabetes, and for gender based violence are embedded within each service. Family planning information and/or referral are included as an integral part of these different services.

For each of these services provided in the SDP the following aspects will be assessed during a comprehensive baseline assessment and adjusted, based on analysis of gaps in each SDP:

- Staff allocated to provide service
- Staff capacities to provide quality services
- Training needs
- Protocols for provision of clinical services
- Availability of needed equipment, FP methods, drugs, etc.
- Documentation processes (medical records, registries, Hakeem, etc.)
- Client feedback on perceived quality of care
- Community engagement
- Supervision
- Regulations and policies.
- Linkages with health facilities in the catchment area and referral processes

3.6. QUALITY AND COMPLETENESS OF DOCUMENTATION

Accurate and complete documentation of services provided to clients is a fundamental requirement for quality of care. The baseline assessment before introducing the ISD package in each service delivery point includes an in-depth review of the documentation processes and forms used by each participating organization to track patients, services and outcomes, and to aggregate data for analysis and decision-making.

The ISD package will identify the data requirements and the optimal way to collect these data for each type of service, level of care and type of organization. The HSD team will work with the MOH, RMS, NGOs and other partners such as Hakeem to determine how best to integrate any new data collection and aggregation steps into current systems, and how the systematic review of these data can best lead to improved health service delivery performance over time.

3.7. ENGAGEMENT OF COMMUNITIES

The ISD package will engage communities as active participants in health services. HSD will work with the MOH and NGOs to assist community groups to take on new roles to improve the health of WRA and CU5 in their respective areas. Under the ISD package, HSD, MOH, NGO and other partners will work with community health committees and other types of community organizations to resolve barriers to access and to provide inputs concerning quality of care. The role of community organizations will be customized based on the level of maturity of the community organization and the priorities of each service delivery point for community engagement.

Communities will provide a wide range of support to service delivery points, including but not limited to:

- Information about the health needs and other important features of the local population in their catchment areas
- Community linkages with resources and means to reach targeted populations
- Definition of local health needs,
- Promotion of RMNCH+ services and related behaviors

Community engagement will include participation in assessing quality of RMNCH+ services provided at the service delivery points, thereby informing the SDP quality improvement plans. This role will be achieved through forming mystery shoppers groups representing WRA, men and youth, and by using community scorecards as a tool to channel client feedback to managers and staff of SDPs.

4. IMPLEMENTATION OF THE ISD PACKAGE

4.1. CENTRAL HEALTH MANAGERS

The senior managers of implementing organizations will be fully engaged in defining, introducing, monitoring and reviewing the results of the ISD package in selected SDPs. For the MOH, the Primary Health Care and Hospital administrations are the technical leads for this package, especially the Woman and Child Health Directorate (WCHD) the Health Communication and Awareness Directorate (HC&AD), the NCD Directorate, and the Quality Directorate, Ob/Gyn and Neonatal Specialty heads.

The RMS Ob/Gyn, pediatric and nursing directors will lead implementation in their hospitals, while NGO directors will lead the implementation of the ISD package in their participating clinics. These central directors and managers will oversee all aspects of the ISD package, including the following steps:

- Review and approval of overall ISD package, review of key findings of gap analysis, and planning for introduction of the ISD package in each group of SDPs through the ISD Improvement Collaborative
- Improvement and standardization of data collection and aggregation for the RMNCH+ services
- Formation and leadership of expert sub-committees as needed for specific protocols

4.2. HEALTH DIRECTORATES

The MOH Health Directorates (HDs) that participate in each phase of implementation of the ISD package will be fully engaged in introducing, monitoring and reviewing the results of the ISD package in the selected geographic areas. Their leadership and oversight will be critical for sustained improvement in the performance of RMNCH+ services in their service delivery points, whether health centers or hospitals, for community engagement and for improving linkages between different levels of care and types of organizations, including NGOs, within their respective areas.

The Health Directors and managers will oversee all aspects of the ISD package, including the following steps:

- Preparation of their staff and the staff of participating SDPs through initial orientation on the ISD package
- Review of the baseline assessments and analysis of service delivery gaps for SDPs
- Assistance in preparation of SDP Change Packages
- Supportive supervision and training of staff to implement the different components of the ISD package
- Oversight of community engagement, including strengthening supervision, identifying and collecting monitoring indicators, analyzing results and providing feedback
- Engagement of other levels of care and other sectors including hospitals and NGO facilities that are participating in the ISD package

4.3. SERVICE DELIVERY POINTS (SDPs)

The ISD package will be implemented in selected SDPs including MOH health centers and hospitals, RMS hospitals, and NGO clinics. HSD will use the ISD Improvement Collaborative approach to enable the selected SDPs to review their current practices, identify gaps and define Change Packages to improve their performance.

The key steps to be followed in each SDP to introduce and implement the ISD package include:

- 4.3.1. Perform baseline assessment to identify current processes and gaps that need to be addressed to improve RMNCH+ care, and review results with clinic staff.**
- 4.3.2. Establish a client service station as an entry point for RMNCH+ services and improve the overall client flow within the SDP.**

- Staff at the station receive and counsel clients -WRA and CU5 – and direct them to all services needed, with appropriate forms and processes, and exit evaluation concerning the services provided
- Help resolve access bottlenecks, such as very restricted lab hours, different days for different services (in improvement plans)
- Monitor completeness of care and patient satisfaction before client departs
- Develop process to collect data on access of Syrians to all MCH services

The design and placement of the CSS in each SDP will be based on:

- The SDP infrastructure
- Services provided by this SDP
- Defined roles for each staff person involved in the CSS
- Current client flow

Within NGO clinics, based on assessment results the HSD team will determine the relevance of client stations. At a minimum, HSD will help the NGOs resolve any access bottlenecks in their improvement plans, monitor completeness of care and patient satisfaction before the client departs, and develop a process to collect data on access of Syrians to all MCH services.

4.3.3. Improve accuracy and consistency of documentation and reporting of care provided for each client

Improving the documentation of services will be one of the first priorities for HSD in introducing the ISD package, since without adequate documentation it will be impossible to track trends in access, quality and use of RMNCH+ services. Improved documentation will be a cornerstone of the client service station and the client flow process. HSD will use the baseline assessment to identify the main gaps in documentation and to verify the degree to which existing forms and systems (e.g., Hakeem) can be used to collect these data. If the existing documentation system is inadequate to allow tracking of key performance indicators, HSD will work with the partner organizations to introduce supplementary forms or data collection methods to track key indicators.

4.3.4. Increase quality and consistency of care of RMNCH+ services

The ISD package will reinforce existing standards of care developed by the MOH and its partners, including documentation for these services, for example by improving compliance in completion and documentation of all steps included in the Maternal Care Record. It will also identify key areas where changes are needed in procedures to conform to the most recent evidence on quality of RMNCH+ care.

To achieve the outcomes listed above, the ISD package will highlight critical steps in service delivery that must be modified or reinforced, with protocols and documentation appropriate for each.

These critical steps include, for example: information and orientation for family planning, to reduce missed opportunities; counseling and steps to increase early initiation and continuation of exclusive breastfeeding; preventive measures, identification and appropriate treatment and follow up of anemia, hypertension and diabetes in pregnancy; anemia in children under 5; and identification and referral of GBV cases.

4.3.5. Increase SDP involvement in communities related to RMNCH+ topics

The ISD package will reinforce SDP linkages with local communities to support improved access to and use of RMNCH+ services. This will include participating in the identification of community resources and linkages, active participation in community health committees, and organizing health events or other outreach activities. The SDPs will also be assisted to solicit client and community feedback and use this feedback in shaping quality improvement plans.

4.4. COMMUNITY ENGAGEMENT IN SUPPORT OF RMNCH+ CARE

The ISD package supports increased community engagement so that communities and clients actively participate in planning, implementing and providing feedback on RMNCH+ services. To achieve this, HSD will support the following steps:

- Revise the scope of community health committees (CHCs) and other volunteer community organizations to include quality improvement, promote ISD package and clients rights in receiving the package and mobilize communities to adopt positive RMNCH+ related behaviors. Assist community health committees to develop their community mobilization plans that increase demand on RMNCH+ services and promote related behaviors
- Develop tools and processes to allow the communities to play their expanded role, including evidence-based tools to generate detailed client feedback and assess facility performance. For example, health managers will receive clients' feedback through various channels including a community scorecard and a form to collect immediate feedback from clients as they leave the SDP. Under the ISD package, HSD will also train secret shoppers with checklists to assess quality of health services provided in the facilities. Results of client feedback and secret shopper reports will inform quality improvement plans at the facilities.
- Develop a specific approach and mechanisms to identify, reach and track Syrian refugees in GFAs. HSD will ensure the reproductive, maternal, neonatal and child health (RMNCH+) needs of the refugees are taken into consideration. On the community level, HSD will:
 - Represent Syrians in local existing community structures such as the community health committees. This step allows reaching Syrians to understand their health needs.
 - Conduct focus groups discussion with Syrians to provide more insights about behaviors and norms contributing to their health status.

- Design and implement community mobilization interventions that inform the Syrians about available services, address Syrian behaviors and are appropriate to their culture and specific needs.

In addition, HSD will recruit and target Syrians in existing outreach programs. This will make the outreach programs more capable of accessing the households and community groups to assess their needs and to develop viable community response plans in relation to health sector.

5. ISD IMPROVEMENTS FOR WRA AND CU5

To achieve clear and rapid results in both outputs and outcomes of RMNCH+ services, the ISD Package will focus on areas within each of these services that are important aspects of quality of care but are not routinely provided or documented currently.

Components within each service that will be the initial focus of the ISD Package include:

5.1. ANTENATAL CARE

The majority of women in Jordan receive antenatal care from a doctor and over 85% of them complete at least six antenatal visits, according to the 2012 JPFH Survey. However, certain steps that are important for the health of both the mother and the baby are not performed and/or not well documented during the course of antenatal care. The ISD Package will focus on improving compliance with key steps within antenatal care including:

- Counseling on anemia and provision of iron and folic acid for all pregnant women
- Hb (not PCV) test for anemia to screen and follow up according to protocol
- Screening for high risk pregnancies and appropriate referral for any condition requiring follow-up by a specialist
- Monitoring of weight gain and counseling according to results
- Documented provision of counseling on the following topics: breastfeeding including immediate initiation after delivery, healthy nutrition/exercise, GBV, child spacing and FP, preparation for delivery in hospital

5.2. LABOR, DELIVERY AND EARLY POSTPARTUM CARE

Virtually all pregnant women in Jordan deliver in hospitals, and maternal and newborn mortality have declined greatly in the previous two decades. However, the interactions between providers and clients can be confrontational, some current practices can be harmful to both the mother and the newborn and some evidence-based best practices are not used. The ISD Package will focus on critical actions to further reduce maternal and newborn mortality, with respectful provider/client interactions reinforced by antenatal counseling and coaching of providers.

5.2.1. Vaginal deliveries

- Avoidance of routine episiotomies
- Immediate assessment of newborn's breathing and if not breathing, resuscitation begun immediately
- Prompt identification, initial actions and referral to NICU for any serious conditions including respiratory distress
- Compliance with AMTSL protocol documented in file
- Immediate skin to skin care of newborn with initiation of breastfeeding within first hour (while still in delivery room, or early while in recovery room)

5.2.2. Cesarean Section deliveries

- Consistent, documented use of prophylactic antibiotic protocol
- Initiate breastfeeding once CS clients have recovered from anesthesia
- Review criteria and processes for elective and emergency C-Section to reduce C-Section rate over time

5.3. POSTPARTUM (BEFORE DISCHARGE FROM MATERNAL WARD)

Previous USAID projects introduced postpartum counseling before discharge in most public hospitals in Jordan. This counseling includes information and advice concerning FP and continued breastfeeding of the newborn. However most counseling provided to a mother is not documented in the client file, and in many cases the mother does not receive a medical report for herself and her infant that are needed by primary health providers for good follow-up.

The ISD Package will focus on:

- Close monitoring for first 2 hours of birth and prompt action for excessive bleeding or abnormal vital signs
- Counseling on breastfeeding – prompt initiation, guidance on attachment, exclusive breastfeeding for 6 months, noted in patient file
- Counseling on family planning - importance of birth spacing, choice of methods, advantages/disadvantages, return of fertility and lactational amenorrhea, documented in patient file
- General counseling on care of self and newborn, including danger signs, nutrition, and need for postpartum follow up, documented in patient file
- Discharge papers include information on delivery and newborn for later follow up

5.4. NEONATAL CARE IN NICU

Neonatal care in Jordan has improved steadily over time, with the support of prior USAID programs. However, there are still gaps in management of neonatal conditions that contribute heavily to neonatal deaths, including respiratory distress and sepsis, and in documentation of all steps taken. The ISD Package will focus on:

- Initial assessment, registration and documentation in file
- Assessment and management of respiratory distress according to CPAP protocol
- Use of infection prevention protocol, with documentation
- Identification and management of neonatal sepsis according to protocol, with documentation
- Discharge documentation complete and up to date

5.5. WELL CHILD CARE

Vaccination coverage in Jordan is excellent, as shown in JPFH surveys over time. The MOH has made significant efforts with support from the donor community to ensure that vaccination reaches all Syrian refugee children in Jordan and thereby also protects the Jordanian population from resurgence of preventable diseases. However, the use of child growth and development services that should be available to all CU5 is less well documented. The ISD Package will focus on improving access to and use of comprehensive well child services for CU5, including the following steps:

- Growth and development services routinely provided with vaccination services
- Schedule and content understood by both MCH staff and clients and documented in child's file
- Anemia testing according to schedule, with nutritional counseling and treatment and follow-up documented for cases of anemia
- Implementation of all steps in well child booklets, with documentation, including counseling provided
- Questions for mother on use of family planning, and referral if desired
- Identification and referral of family violence cases

5.6. FAMILY PLANNING

USAID has supported multiple interventions in both the public and private sector to improve access to and quality of FP services. However, the overall modern contraceptive prevalence rate has remained static over the past decade, discontinuation within the first year is high, and almost one third of couples wishing to space or limit births are using less reliable traditional FP methods.

The ISD Package will focus on improving access among underserved populations, improving client/provider interactions, reducing discontinuation and enabling clients to switch from tradition methods to modern methods if they so desire.

Key aspects of the ISD Package for FP services will include:

- Client welcomed and registered (whether Jordanian or Syrian, or other nationality), client file retrieved or created, referral source noted if applicable
- Use of traditional methods documented on file and on log book
- Couples counseling scheduled, if desired
- Counseling session documented in client file including choice of method and counseling on specific method
- Initial exam including pelvic exam if required for method (IUD insertion) documented
- Provision of method documented in file
- If follow-up appointment needed, it is scheduled and documented in client file
- If currently using a method, client is asked about any concerns and counseling and follow-up are documented
- Re-supply or further follow up documented in file

5.7. PREMARITAL/PRECONCEPTION CARE

Currently most of the MOH comprehensive health centers provide pre-marital screening for couples to prevent Beta Thalassemia, but they do not use this opportunity to screen them for any other medical conditions or to counsel the couples on other important preventive topics including healthy lifestyle, to prepare them for eventual parenthood.

In addition, women who come to clinics for child health services are not offered any counseling or screening that would help them prepare for a desired pregnancy in the future.

The selected SDPs will be coached to introduce either: premarital screening and counseling for couples undergoing Thalassemia screening; preconception screening and counseling for women coming to the clinic for other services who indicate they plan to get pregnant in the coming year; or both services as part of their ISD Change Package.

The ISD Package for premarital and/or preconception care will include:

- Initial screening including anemia, BMI and BP screening
- Life planning
- Healthy lifestyle promotion, focused on prevention of health problems and GBV, family planning
- Documentation in client file and in registry for reporting purposes

5.8. INITIAL SET OF CLINICAL PATHWAYS

5.8.1. At the Primary Health Center Level:

Clinical pathways for maternal and child health services at the primary care level in the following areas:

- 1) Maternal Anemia
- 2) Child Anemia
- 3) Antenatal Care
- 4) Family Planning

5.8.2. At the Hospital Level:

Clinical pathways for maternal and child health services at the hospital level in the following areas:

- 1) Active Management of third Stage of Labor (AMTSL)
- 2) Prophylactic Antibiotic for Cesarean Section
- 3) Pregnancy Induced Hypertension
- 4) Initiate Breastfeeding within the First Hour of Birth
- 5) Family Planning Counseling for Postpartum before Discharge
- 6) Neonatal Sepsis
- 7) Respiratory Distress Care