

“JORDAN HEALTH CARE ACCREDITATION PROGRAM”

STATEMENT OF WORK

Subject: Prospective Task Order under TASC 3

Reference: “Jordan Health Care Accreditation Program”: This program is a follow on to the soon to be completed PHR*plus* project. However, a new contract will be awarded through a Request for Task Order Proposals (RFTOP) under the Global Health Bureau’s TASC 3 IQC.

Article I. Title

Technical Assistance to the “Jordan Health Care Accreditation Program”

Article II. Objectives

This three year contract (2007 – 2010) is designed to strengthen and expand Health Care Accreditation¹ at two levels of the health system in Jordan. Two major outcomes are expected:

- **Hospital Level Accreditation:** to develop and implement a program that will introduce a new quality management tool, such that safety and quality of medical services delivered at the nation's hospitals (with emphasis on Ministry of Health (MOH) hospitals) is enhanced and sustained. Focus on improving the managerial efficiency of MOH hospitals and developing its human resources capacity is a major objective as well.
- **Primary Health Clinic Level Accreditation:** to collaborate with and assist the MOH and the USAID-funded “Health Systems Strengthening Project” (HSS) in developing a new quality management tool such that safety and quality of medical services delivered at the Primary Health Clinic level will be enhanced and sustained.

¹ For the purposes of this intervention, Health Care Accreditation is defined as: the raising of the quality and safety of health care services, facilities, and programs in Jordan. This will be done by setting standards, optimum levels of performance, for all stages along the continuum of care, from primary to tertiary care, for facilities and programs that are involved in prevention and treatment of illness and injury as well as the promotion of healthy life styles. Standards will be determined by payers, providers, and consumers of healthcare services.

Article III. Background:

Since March 1998, the Partnerships for Health Reform (PHR) and the Partners for Health Reform *Plus* (PHR*plus*) projects have provided technical assistance to the Ministry of Health (MOH) and the Government of Jordan in several areas of health reform. The primary focus of both the PHR and PHR*plus* projects was to assist the Government of Jordan in designing, implementing and evaluating alternative health system strategies aimed at improving the overall health status of the Jordanian population. This was accomplished by assisting the government in designing health care policies and systems focused on ways to improve the relative efficiency, equity and quality of services that are delivered by public and private sector institutions.

The focus of PHR*plus*' health reform efforts during the period 2001-2004 was on the following three major areas of technical assistance:

- **Hospital Decentralization**: the overall objective of the hospital decentralization activity was to improve the operating efficiency of MOH hospitals. The governance of MOH hospitals is highly centralized; hence, all significant managerial, budgetary and procurement matters are ultimately determined by senior-level officials at the MOH headquarters in Amman. This created a system in which the needs of hospitals and their patients frequently conflicted with the policies of the central ministry. Project accomplishments in this area were modest due to the un-readiness of the MOH systems to be truly decentralized.
- **National Health Accounts**: the focus of technical assistance in the area of National Health Accounts was the institutionalization of the effort within the MOH. The project was instrumental in assisting the MOH in its data gathering efforts during the production of its 2000 and 2001 estimates.
- **Health Insurance Reform**: the focus technical assistance in this area was to strengthen the contracting strategies of the Civil Insurance Program (CIP) such that the CIP would become a more effective purchasing agent on behalf of CIP beneficiaries.

In June 2004, at the request of the MOH and USAID/Jordan, PHR*plus* project activities were significantly restructured. New activities were introduced; specific activities were expanded upon, while others were discontinued. The net effect was an expansion and reclassification of the project's Hospital Decentralization efforts (later called Hospital Systems Improvement), the establishment of two new areas of technical assistance (Hospital Accreditation and Rational Drug Use), and the discontinuation of technical assistance in the areas of National Health Accounts and Health Insurance Reform.

Between 2004 and 2006, PHR*plus*'s overall objective was to focus on three specific areas: (1) hospital systems improvements; (2) rational drug use; and (3) hospital accreditation. In the area of hospital systems improvements, special emphasis was placed on improving the managerial efficiency of MOH hospitals, developing their human resources capacity,

and enhancing the quality of services delivered to patients. Over this period, several important tools were developed and implemented:

Hospital Systems Improvements Accomplishments:

- Developed software and procured all essential hardware for the Obstetric Patient Referral System. As designed, this first-ever obstetric referral system was capable of linking the MOH's network of primary health care clinics with hospital obstetric departments. The system has been installed and piloted at three clinics and one hospital, Princess Bade'ah in Irbid. The revision and expansion of this system will be completed by the USAID-funded Health Systems Strengthening Project.
- Conducted detailed assessments of the medical records and pharmaceutical departments at all 26 MOH general hospitals and assisted them in designing and implementing work plans that would enable them to better manage their medical records and pharmaceutical departments. To date, draft medical records and pharmaceutical policies and procedures manuals have been completed and are being tested at all 26 MOH general hospitals.
- Conducted detailed cost analysis of 2 MOH general hospitals. The results of these studies highlighted the need to develop a uniform system of accounting for MOH hospital expenditures; as well as the need to develop a more efficient method of utilizing, storing, and dispensing hospital-based pharmaceuticals.
- Assisted in the development of a Management Accounting System for Hospitals (MASH), and the training of staff from 11 hospitals in its use. However, the system has not yet been institutionalized due to the shortage of trained staff.
- Developed the first-ever set of comprehensive job descriptions for hospital-based MOH personnel. As a result of this work, the MOH established a Hospital Job Description Committee that has been working with PHR*plus* in piloting its job description implementation strategy at two hospitals -- Princess Raya and Al Karak.
- Implemented the first-ever Patient Satisfaction Survey of MOH hospital inpatients. The results of the survey have been utilized by the MOH to identify areas for policy intervention and for enhancing the quality of care delivered to patients.
- Since June 2004, the project trained 318 MOH hospital personnel in accounting, finance, human resource management, computer applications, and patient communication. Moreover, the total number of MOH personnel that received formal training in the areas mentioned, as well as others, over the entire period of the PHR*plus* project, has been slightly more than 700 individuals.

In the area of rational drug use the focus was on updating, promoting, and adopting the use of the Jordan Essential Drug List (JEDL) for the development of a revised Jordan National Drug Formulary (JNDF), and to promote the rational use of pharmaceuticals

within MOH hospital facilities. Over the project period, several important mechanisms were developed and implemented:

Rational Drug Use Accomplishments:

- PHR*plus* took the lead role in facilitating the establishment of a rational drug use unit within the Jordan Food and Drug Agency (JFDA) organizational structure and established the national Rational Drug Use Steering Committee. This Committee, Chaired by the Minister of Health, is responsible for directing the Government of Jordan's RDU strategy.
- Developed the criteria for selecting 75 nationally recognized experts to serve on 17 RDU Technical Committees. These Committees successfully developed the Jordan National Essential Drug List (NEDL) and the Jordan National Drug Formulary that was launched in August 2006. Thus far, the RDU Technical Committees have achieved a 30 percent reduction in the number of drugs listed on the currently available Essential Drug List.

In the area of hospital accreditation the focus is on developing and implementing a comprehensive hospital accreditation program that would introduce a set of new quality management tools, such that both the safety and the quality of medical services delivered at the nation's hospitals (both public and private) would be enhanced and sustained.

Hospital Accreditation Accomplishments:

- Recruited a full-time Resident Advisor tasked with managing the implementation of this nationally recognized activity.
- Developed the first-ever comprehensive national strategy for implementing an internationally recognized program of hospital accreditation in Jordan. This entailed conducting an initial nation-wide consensus building workshop that was attended by over 110 stakeholders. The results of this workshop led to national level support for the implementation strategy, with agreement that the activity would include a first phase of 17 hospitals: 8 public, 5 private, 2 military and 2 university hospitals. (**See: Annex 1** – list of 17 pilot hospitals).
- Drafted Terms of Reference (TOR) developed for the Hospital Accreditation Committee (HAC), Chaired by the Minister of Health. In October 2006, the HAC was dissolved and the Minister of Health appointed a Healthcare Accreditation Subcommittee tasked with planning for the creation of a Jordan Healthcare Accreditation and Certification Commission (JHACC).
- Developed the first-ever draft national Hospital Accreditation Standards for Jordan. The 778 standards are classified into three categories: (1) critical (197); (2) core (447); and (3) stretch (134). The standards are clustered around 15 topical areas: Patient and Family Rights, Access and Continuity of Care, Patient

Assessment, Patient Care, Clinical Safety, Environmental Safety, Support Services, Quality Improvement and Patient Safety, Medical Records, Management of Information, Human Resources, Management and Leadership, Medical Staff, and Nursing Services. The draft standards have been distributed to hospital directors in all 93 public-private-military hospitals throughout Jordan for their review and feedback. In October 2006, the Minister of Health officially approved the standards for use under the national hospital accreditation program. (**See: Annex 2** – Jordanian Hospital Accreditation Standards Separated Into Critical, Core and Stretch Grouping by Cluster)

- Assisted the 17 phase one hospitals in developing criteria by which to assess their compliance with Clinical and Environmental Standards, and assisted them in developing individual work plans that focus on achieving the Standards' objectives. All 17 hospitals completed a self-assessment against the 778 standards and developed a work plan to track partially met and not yet met standards.
- Held over 16 provincial workshops that focused on hospital standard setting, review of hospital standards, standards implementation and quality assurance. The most notable of these workshops focused on providing guidelines for hospitals in the development of Quality Improvement Committees. As a result of this workshop, all pilot hospitals now have active Quality Improvement Committees headed by the hospital director, and with trained Quality Coordinators and Safety Committees.
- Conducted, in 2006, two assessments for phase one hospitals to determine if they were keeping up with the work of hospital accreditation. The assessments were conducted against 19% of the hospital accreditation standards and the results showed that most of the hospitals had met 19% of those standards.
- Developed By-laws for the Jordan Healthcare Accreditation and Certification Commission. The By-laws have been shared and discussed with the Health Accreditation Committee, but have not yet been approved or finalized. (**See: Annex 3** – Jordan Healthcare Accreditation & Certification Commission (JHACC) -- includes By-laws and definitions of terms).
- Advised the Minister of Health and key multi-sectoral stakeholders of the importance of establishing a Hospital Accreditation Subcommittee with representation from all sectors to revise and process approval of the JHACC By-laws. Committee membership has been established. (**See: Annex 4** – Minister of Health letter to the PHR+ Director dated 17-10-2006 which establishes the Sub-committee membership).
- Drafted Primary Health Care (PHC) standards based on the hospital care standards. 335 of the 778 standards apply to the PHC level. The PHC

standards have been shared with the HSS project in order to foster collaboration in developing a unified set of national standards, where applicable. (See: Annex 5 – Primary Health Care Standards Book).

Challenges Experienced by the PHR*plus* Project:

The health care sector in Jordan is highly centralized within the public sector and, as yet, highly fragmented and loosely regulated in the private sector. At times the two sectors have viewed the motives of each other with skepticism and/or suspicion. In the past, this has led to barriers in the diffusion of information between the two sectors, something which ultimately leads to less than optimal services being provided to patients in the country as a whole. Realizing this, USAID has identified several potential challenges facing project implementation and asks the offerors how they would address these challenges.

An illustrative list of the most significant challenges follows:

Counterpart Participation: Another potential challenge is dealing with the MOH bureaucracy. Over the past year and a half, a number of key counterpart personnel at the central level of MOH have not provided an optimal level of enthusiasm and/or commitment to the goals of the project. Counterparts currently assigned to the project need to take more active and positive roles towards project goals and implementation. However, since the program's primary contacts and work are at the hospital level, experience has shown that counterparts at this level have the appropriate authorities, have a high level of enthusiasm and commitment to improve health services.

Communications: As designed, PHR*plus* relied heavily on "pilot hospitals" as institutions for developing and implementing its hospital accreditation interventions. Often, non-pilot institutions also could benefit from the various interventions but were often left out of the discussion. However, due to the projects' focus on pilot institutions the overall benefits of the interventions were not sufficiently communicated to non-pilot institutions interested in the accreditation process.

Normative behavior change: Positive normative and attitudinal behavior change on the part of health care providers and patients will be necessary to fully implement the various activities for health care accreditation outlined in the SOW.

Ministry of Health Bureaucracy: The central MOH bureaucracy continues to represent a challenge to the project. This is particularly the case with respect to the often slow or inefficient processing of timely administrative responsibilities to ensure that activities are well planned and/or implemented. A particular challenge is the conveying of information to MOH hospital personnel in timely fashion. The project continues to experience delays in information being channeled from the central ministry to the hospitals for important project events such as workshops.

Implementation and Enforcement: The effectiveness and sustainability of any new interventions, as a set of policy tools, will ultimately be determined by the Ministry of Health's willingness to enforce and implement them. How would the offeror propose that the MOH implement and enforce new agreed upon policies and procedures being developed by the project?

Stakeholder Participation: Hospital Accreditation includes many high level and mid level stakeholders from the public-private-university-military sectors. These are influential professionals who need to be kept informed and involved in order to ensure its ultimate success and sustainability of health care accreditation.

Sustainability: This three year (2007 -2010) activity, originally planned for under USAID's "Gateway Strategy", is a follow-on and expansion of activities conducted under PHR*plus* between 2001 and 2006 and is the last programmatic phase necessary for Jordan to achieve health care accreditation. How would the offeror propose that this intervention be sustained once the project ends?

Article IV: Statement of Work and Major Deliverables for the Jordan Health Care Accreditation Program:

USAID/Jordan considers Health Care Accreditation as one of its top priorities in achieving USAID's Population and Family Health strategic objective of "Improved Health Status for All Jordanians" and its sub-result of "Improved Health Policies, Strategies, and Systems" which this intervention is designed to address. The GOJ and the MOH have emphasized the importance of Health Care Accreditation to the country as contained in the National Agenda and the MOH's health strategy. Strong support for this initiative is also clear from the public, private, university and military health sectors as collectively they have expressed keen interest in developing a system for accreditation that will improve both the quality and the safety of health care services and facilities in Jordan. Although much has been accomplished in the area of hospital accreditation at the hospital level, and quality improvements at the primary health clinic level, a significant amount of work remains to be done. Therefore, this three-year intervention will focus on "**Health Care Accreditation**" (see: footnote 1) -- a health systems strengthening approach to improve the quality and safety of health care services and facilities through the accreditation of both hospitals from the various sectors and the MOH's primary health care services at the primary health clinic level.

The primary objectives and deliverables of this three year contract at hospital and primary health clinic levels are as follows:

A. Hospital Accreditation Activity: The major objective is to develop and implement a comprehensive program of health care accreditation that will introduce a new quality management tool, such that safety and the quality of medical services delivered to the nation's hospitals is enhanced and sustained.

The project will achieve the following deliverables during the stated period:

Major Deliverables:

- 1) Assist in establishing and institutionalizing the Jordan Healthcare Accreditation and Certification Commission (JHACC), the agency responsible for managing and sustaining the Health Care Accreditation and Certification Process. This deliverable includes the following sub-deliverables:
 - Assist the Jordan Healthcare Accreditation and Certification Subcommittee (JHACS) in the finalization of Terms of Reference (TOR), the placement/hosting, and the initial financing for the Jordan Healthcare Accreditation and Certification Commission (JHACC);
 - Assist the Jordan Healthcare Accreditation and Certification Subcommittee (JHACS) in the finalization of the By-laws of the JHACC and provide guidance in obtaining the requisite approval for the By-laws;
 - Provide technical assistance for establishing the organizational and managerial structure of the JHACC including the development of its mission/vision statements, five year strategy, identifying its budget needs and providing advice on source(s) of funding. JHACC should evolve into a legally established Jordanian institution with accreditation capacity and with initial financial support from, the MOH, private sector, university and Royal Medical Services hospitals until it becomes a self financing entity; The contractor may be required to implement a grant (“grant under contract”) on behalf of USAID to help set up and institutionalize the JHACC.
 - Assist the JHACC in accrediting the first twelve hospitals included in this process by the end of the project;
- 2) Assist JHACC in providing training and consultation to selected hospitals to prepare those hospitals for accreditation. The hospitals include the 17 phase one hospitals initially assisted by PHR*plus* (7 MOH, 2 university, 5 private sector, and 3 RMS hospitals). In addition to these 17 hospitals, 7 more MOH hospitals will be selected based on joint discussions with the MOH and USAID after the award has been made. This makes for a total of 24 hospitals.

This deliverable includes the following sub-deliverables:

- Develop the guidelines to be used by the selected hospitals for achieving the national standards;

- Assist the hospitals in prioritizing the standards they have to meet out of the 778 critical, core and stretch standards;
 - Assist the JHACC in providing consultation and training to the hospitals in the use of the guidelines and in meeting the national accreditation standards in preparation for accreditation. In addition, assist JHACC in evaluating the facility and its readiness for accreditation or certification.
 - Assist the JHACC and the hospitals in strengthening the role of the hospitals' quality improvement committees and the quality improvement coordinators through capacity building and skills development.
- 3) Assist in the hospital accreditation surveying process. This deliverable includes the following sub-deliverables:
- Finalize the JHACC "Surveyors Manual";
 - Assist the JHACC in identifying and training an adequate number (around 25) of hospital accreditation surveyors;
 - Assist the surveyors and JHACC conduct mock surveys and actual surveys in the selected hospitals;
 - Assist the selected hospitals in meeting the requirements of the mock and accreditation surveys.
- 4) Finalize and help utilize the national Hospital Accreditation Standards. This deliverable includes the following sub-deliverables:
- Assist the JHACC with needed revisions for the national standards whether they relate to the content of the standards or the classification of the standards into critical, core and stretch standards. Capacity building within the JHACC for developing new standards, revision of current standards and publishing and distribution of those national accreditation standards to all 93 hospitals in Jordan is essential;
 - Assist the JHACC in providing training to the hospitals in meeting the standards and in their accreditation preparedness.
- 5) Assist in obtaining international recognition for the Jordan Health Care Accreditation initiative. This deliverable includes the following sub-deliverables:
- Obtain the International Society of Health Care (ISQua) accreditation of the Hospital Standards ;

- Obtain ISQua accreditation of the JHACC;
- Obtain ISQua accreditation of the Surveyor Certification Program.

Phased Implementation Plan: A suggested phased implementation and monitoring plan to measure stakeholder and partner commitment as well as monitoring expected outcomes (milestones) is as follows. While these are keyed to the five deliverables outlined under the Program Description and Outcomes section it should be kept in mind that work on most/all of the five areas will be conducted simultaneously. Project progress will be reviewed quarterly to ensure it remains on track. And most importantly, the project will undergo an annual stock-taking/evaluation to determine whether or not to proceed to the next phase.

1. Year 1: (a) Sign a Memorandum of Understanding outlining the roles, responsibilities, and commitments of all parties concerned; (b) Assist in establishing and institutionalizing the Jordan Healthcare Accreditation and Certification Commission (JHACC). This would include a rapid assessment, including recommendations, regarding the utilization of the \$500,000 “Institutional Capacity Building” line-item allocated to set up and institutionalize the JHACC [See: Section VI.b. Cost Proposal]; and (c) JHACC By-laws finalized and approved and the JHACC fully functional. The contractor may be required to implement a grant under contract on behalf of USAID to achieve the above.
2. Year 1: Assess if the four health sectors (MOH, RMS, Universities and Private Sector) have met the financial and human resources needs to institutionalize the JHACC as specified in the MOU. [*Special note: This deliverable must be met by the end of year one in order for the project to proceed for the next phase.*]
3. Year 2: Assist JHACC in providing training and consultation to selected hospitals to prepare those hospitals for accreditation. JHACC able to provide training to hospitals independently.
4. Year 2: Assist in the hospital accreditation surveying process. JHACC should start assisting in the surveying process and be able to conduct this function independently.
5. Year 2: Assist in obtaining international recognition for the Jordan Health Care Accreditation initiative. This deliverable should be met by the end of Year 2.
6. Year 3: Establish Primary Health Care Accreditation: The prime responsibility for this deliverable lies with the MOH and the USAID/Jordan-funded Health Systems Strengthening Project. However, continuous assistance and collaboration by the new contractor will be required and will be monitored by PFH.

B. Primary Health Care Accreditation Activity:

The USAID-funded Health Systems Strengthening Project (HSS) is the project with the primary responsibility for assisting the MOH in developing and implementing a program that will introduce a new quality management tool at the primary health care level, such that both the safety and the quality of health care services, information, and facilities at the MOH's primary health clinics is enhanced and sustained. However, the Jordan Health Care Accreditation Program is expected to collaborate closely with and assist the HSS project in achieving this outcome.

The major deliverable at this level includes proactive and collegial assistance to, and collaboration with, the HSS project to modify the relevant hospital standards into PHC standards. The sub-deliverables include the following:

1. Collaborate with HSS and the JHACC in forming a task force to develop and classify new clusters of standards for the Primary Health Care clinics and facilities in a similar way to that used to finalize the hospital clusters of standards;
2. Collaborate with HSS and JHACC in developing guidelines to achieve the PHC standards;
3. Collaborate with HSS in helping the PHC centers understand the guidelines and work on meeting them;
4. Collaborate with HSS and JHACC as needed in establishing a primary health care accreditation survey system;
5. Assist HSS and JHACC in obtaining ISQua approval of the PHC standards and the PHC certification of the PHC surveyors program;
6. Assist the JHACC in accrediting an initial 25 PHC centers.

Article V. Special Considerations:

1. ***It is critical to the success of this important intervention for Jordan that a seamless transition take place between the PHRplus project, which ends in mid-2007, and this follow-on contract.*** This is critical in order to maintain the current infrastructure (office space, equipment, vehicles, etc.) as well as the pace and momentum already achieved to-date in health care accreditation as well as the GOJ/MOH's enthusiasm and support for this intervention.

This is especially important since PHRplus has been USAID/Jordan's sole implementing partner for hospital/health care accreditation over the past several years and both USAID and the MOH are relying on a follow-on contract to continue to implement activities without program delays or disruptions.

2. In order to maximize the use of scarce funding for in-country programs, special consideration will be given to offerors who clearly describe (e.g., “cash tree analysis”² or similar analysis) a streamlined and efficient staffing pattern and organizational structure, the funding requirements for direct and indirect costs, and the maximal use of Jordanian experts and organizations.

VI. Requirements of Submission for the Request for Task Order Proposals:

Specific deliverables and a timeline (Gantt Chart) for achieving the deliverables should be presented. Related details, including a 3-year strategy and annual workplans, will be worked out with USAID and the MOH once the contract is awarded to ensure the timely achievement of contract deliverables.

The program (technical) proposal shall not exceed 15 pages (excluding budget, CVs, etc.) and the following information is requested:

a) Program proposal:

1. Program approach in the form of an illustrative 3-year strategic workplan to achieve the objectives and deliverables outlined in Article IV of the SOW.
2. Gantt Chart timeline for achieving deliverables outlined in Articles IV and VI and the phased implementation plan.
3. Key personnel and essential staff CVs that show requisite skills and experience to meet the requirements of Article VII.D.

b) Cost Proposal: This is a cost-plus-fixed-fee Contract estimated at \$5 – 6 million dollars over three years.

A budget with a narrative providing a detailed justification of costs anticipated under this proposed contract should be submitted (format will be determined by the RCO).

As part of the overall budget, a line-item of approximately \$500,000 entitled “Institutional Capacity Building” should be included in the Cost Proposal. The contractor shall consider the development and management of a grant utilizing the \$500,000 to specifically set up and institutionalize the JHACC. Specific use of a “grant under contract” mechanism and the use of these funds must be programmatically and technically approved by the CTO and can illustratively be used for operational costs (limited technical assistance, registration of the institution under Jordanian law, office rental, furniture, equipment, utilities, JHACC staff salaries, recurrent costs and related expenses) first year, if needed. Decisions to utilize part of these funds into the second year will be based on a rapid needs assessment conducted by the contractor in the first quarter and the signed MOU. The

² Cash Tree Analysis = a rigorous analysis of how, proportionally, each dollar in the contract will be utilized for both direct and indirect costs. The purpose of this analysis is to indicate to USAID/Jordan the offeror’s intent to maximize the use of funds for in-country programs and activities.

Contractor should also demonstrate an ability to monitor, evaluate and administer a grant under contract..

Article VII. Selection Criteria:

The selection criteria presented below have been tailored to the requirements of this SOW. The relative importance of each criterion is indicated by approximate weight by points, of which 100 points are possible for the technical proposal. The offeror should note that these criteria serve to identify the significant matters, which offerors should address in their proposals, and to set standards against which all proposals will be evaluated. To facilitate the review of proposals, offerors are requested to organize the narrative sections of technical proposals according to the evaluation criteria set forth below.

The criteria are:

A. Program Approach [30 points]

1. Demonstrated understanding of the appropriate, cost-effective Health Care Accreditation program interventions/approaches most likely to have a significant impact on achieving USAID/Jordan's Strategic Objective of "Improved Health Status for All Jordanians," its sub-result " Improved Health Policies, Strategies, and Systems," and the major deliverables to be achieved.
2. Strength of the program approach and timeline (Gantt Chart) to ensure a smooth and effective launch of program implementation.
3. Strength of the analysis of potential obstacles, risks and problems that could be encountered during program implementation and feasibility of the proposed solutions for addressing the identified problems.
4. Merit of the offeror's programmatic approach to ensure that the program results can be sustained after completion of the three -year implementation program and to ensure the sustainability of local organizations at national and sub-national level that will implement this program.

B. Collaboration [10 points]

1. Appropriateness of the offeror's description of the linkage of the Health Care Accreditation Program with the HSS primary health care accreditation program and other potential local and/or international organizations, cooperating agencies/contractors implementing the other components of the USAID-supported Jordan program, and the host government.

2. Merit of proposed relationships between headquarters/support office and the planned Jordan office and adequacy of local delegation of authority and responsibility.

C. Institutional Capabilities of the Offerors [15 points]

1. Demonstrated knowledge, capability and long term experience of the offeror in providing technical assistance in the area of health care accreditation in regions or countries with similar conditions to those of Jordan, or Jordan in particular.
2. Merit of proposed organization of the offeror's Jordan and headquarters/support office and extent to which the offeror's proposed organizational structure is managerially streamlined, practical and efficient.

D. Staffing [45 points]

This section shall contain an introductory summary of the Key Personnel positions that the offeror proposes. This description shall include the responsibilities and authority of each position (and the relation of responsibility and authority among them), and the rationale for these positions, in relation to achieving program results and objectives.

USAID leaves the proposed personnel mix, expertise and skills needed to achieve the required work to be decided by the offeror. However, critical staff should have extensive experience in designing, implementing and evaluating health care accreditation interventions or programs in countries with similar conditions to those of Jordan. In addition, it is USAID's expectation that the Contractor shall have sufficient staff capacity and specific skills/experience in the following areas:

- Hospital/clinic management, administration, and systems development. Extensive skills and experience in implementing hospital/clinic reform policies and the provision of technical assistance in the area of hospital accreditation and certification.
- Provision of technical assistance in strengthening the role of hospital quality improvement committees and the quality improvement coordinators through capacity building and skills development.
- Development of standards and guidelines, the ability to implement them, and the training of hospital and PHC center staff in meeting those standards
- Proven experience in the development of tools for surveying health care accreditation and in training of health accreditation surveyors
- Experience in assisting hospitals and PHC centers in their preparedness for accreditation

- Experience in international health care accreditation bodies and obtaining international approval for the Jordanian health care accreditation interventions

For capacity building and institutionalization of effort in Jordanian individuals and institutions, the contractor is encouraged to utilize expert Jordanian staff to the maximum extent possible. *Expatriate staff should be limited to those positions where Jordanian expertise is not adequate or is unavailable.*

Merit of critical professional staff for program implementation in terms of:

- a. Demonstrated experience and competency in the implementation of health care accreditation, especially hospital/clinic accreditation;
 - b. High level experience in technical fields appropriate to proposed positions and roles;
 - c. Experience in working with or knowledge of USAID-supported cooperating agencies and local and international organizations;
 - d. Relevant experience working in developing countries, particularly Jordan;
 - e. Appropriate number and skills mix of the staff proposed for implementation and on-going program monitoring.
- Offerors should include a staffing matrix that clearly presents the proposed staffing structure, the **critical personnel and skills mix** it will utilize and who will be the offeror's counterpart to USAID/Jordan's PFH CTO(s) for this contract.
 - ***Curricula vitae* for all proposed critical professional staff should be provided, including language skills and Jordan, Middle East, developing country, or other relevant international experience in health care/hospital accreditation. Each C.V. must be limited to no more than three pages.**

Article VIII. Method of Award/Evaluation criteria:

The initial proposal should contain the contractor's best terms from both programmatic (technical) and cost standpoints. USAID may award based on the first round of proposal submission and may not request a best and final offer. USAID may also choose not to award this contract.

Although Program Evaluation factors are significantly more important than cost factors, the cost proposal will be analyzed for cost realism and best overall value to the USG.

Article IX: Monitoring and Evaluation:

Adhering to USAID's Strategic Framework and M&E requirements, offerors should propose a monitoring and evaluation plan for assessing the potential inputs, processes, outputs, outcomes, benchmarks and impact for the most relevant Sub-result or Sub-Results for the health care accreditation program. Once the contract has been awarded and the offeror has established a presence in Jordan, the proposed M&E plan will be modified and more fully developed to directly contribute to PFH's Performance Monitoring Plan (PMP).

Article X. Reporting Requirements:

The contractor will be required to submit quarterly progress reports (format TBD by USAID/J and the contractor after award) to the CTO in compliance with the terms of the contract.

- 1) The quarterly report will include at minimum the following information:
 - Summary of all activities since the last report
 - Update on resolution of issues raised in previous report
 - New issues or challenges arising
 - Recommendations for resolving issues and/or challenges
 - Progress towards results, and
 - Financial expenditure/accrual information
- 2) Semi-Annual Reports (SARs): semi annual reports based on USAID/J format (activities, pipeline and burn rates).
- 3) A final Technical/Financial Report is also required.

Article XI. Branding and Public Outreach

The Contractor shall comply with the requirements of the USAID branding policies available at www.usaid.gov/branding and appropriately mark all deliverables and public communications with the USAID brand.

This program will be named the "Jordan Health Accreditation Program." It is anticipated that this program will be visibly branded as a USAID project. Co-branding with the host country government, Royal Medical Services, hospitals, or other such partners will be allowed.

The Contractor must submit with their proposal a Branding Implementation Plan and Marking Plan. The Branding Implementation Plan should describe how the program will be promoted to beneficiaries and host country citizens. It outlines the events (press conferences, project launch, disseminating reports, site visits, etc.) and materials (success stories, Public Service Announcements, evaluations, web sites, etc.) the contractor will organize and produce to assist USAID in delivering the message that the assistance is from the American people.

The Marking Plan enumerates the public communications, commodities and program materials and other items that visibly bear or will be marked with the USAID identity (e.g. project sites, evaluations and reports, events, and commodities). It should include a table specifying the expected program deliverables to be produced under this contract and the whether they will be marked or not. The Marking Plan is where requests for exceptions to marking requirements can be made.

Article XII. Proposal Due Date:

The proposal must be submitted no later than _____ , 2007 to the USAID/Jordan RCO at the following address:

(To be completed by the RCO)

The contract period is three years starting on/about _____ , 2007

Award Date: The award date is anticipated o/a _____ , 2007

XIII. Annexes:

1. Annex 1 - List of 17 pilot hospitals
2. Annex 2 - Jordanian Hospital Accreditation Standards Separated Into Critical, Core and Stretch Grouping by Cluster
3. Annex 3 - Jordan Healthcare Accreditation & Certification Commission (JHACC) -- includes By-laws and definitions of terms
4. Annex 4 - Minister of Health letter to PHR*plus* Director dated 17-10-2006 which establishes the Sub-committee membership
5. Annex 5: Primary Health Care Standards Book
6. Please visit www.PHRproject.com for additional background and information.

**Drafted: sbitar/dlpiet docid/SSO/IR1/Jordan Healthcare Accreditation Project SOW /
October 29, 2006**

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