

Summary of Achievement from July 2000 to January 2003

Project title: Family Planning and Gender in Development (Phase II) Project duration: July 1, 2000 to June 30, 2003

Target areas: Karak(City), Rabbeh, Faqou, Ayy, Mutah & Mazar, Qatraneh (6 main target areas), Safi, Mazra'a and Haditheh (3 " follow-up" areas of the Phase I)

Target group: Married women of the reproductive age and their husbands

Reviewed by the Project at the In- House Meeting on the 29th of January, 2003

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Achievements	Reasons /difficulties for achieving the target
<p>Outputs:</p> <p>1. Capacity of CST, Facilitators, LCC and LAC is strengthened.</p>	<p>1.1 20 out of 26 CSTs meet the project standard on RH/FP and Gender in the 9 areas by June 2003.</p>	<p>1.1 Supervisory sheet</p>	<p>20 out of 26 CST (76.9 %) met the project standard on RH/FP by the result of supervisory sheets.</p> <p>CST is fully aware that they gained sufficient skills and knowledge on FP/RH and communication with self- confidence to make home visits. They are proud that they contribute to the community through the activities.</p> <p>The indicator to measure their performances on self-empowerment will be collected by the end of the project.</p>	<p>Continuous and close supervisions and supports such as trainings, regular meetings, supervisory visits and spot checks by the project led to the achievement.</p>
	<p>1.2.1 26 out of 29 Facilitators (or 90% of male and female Facilitators) gain knowledge and skills necessary to conduct awareness w/ss on FP/RH at the end of the facilitation skill training on FP/RH.</p>	<p>1.2.1 Training evaluation</p>	<p>29 out of 29 (100%) Facilitators gained knowledge and skills to conduct FP/RH awareness workshops.</p> <p>Facilitators felt they were empowered by attending trainings and conducting awareness workshops. The results of FGD among Facilitators indicate that they have improved their communication skills, workshop management skills as well as their self-confidence and they were respected more in their family and community. Some Facilitators said their roles in their family and in their community changed. They also felt that they created better communications with MCH centers in their community as a result of awareness workshops.</p>	<p>4 volumes of IEC Guidebooks, training curriculum and training methods were suitable for Facilitators.</p>



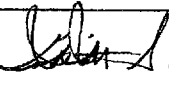
2. Summary of Achievement (2000.7 ~ 2003.1)

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Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Achievements	Reasons /difficulties for achieving the target
	1.2.2 26 out of 29 Facilitators (or 90% of male and female Facilitators) gain knowledge and skills necessary to conduct awareness w/ss on Gender at the end of the facilitation skill training on Gender.	1.2.2 Training evaluation	Facilitation Skill Training on Gender (2 days skill training, 2 days conceptual training) was conducted and 16 female and 5 male Facilitators completed the training. Among 21 Facilitators, 95% of male and female Facilitators gained knowledge and skills necessary to conduct gender workshops. (95% of Facilitators self- rated that they understood and were confident to conduct gender workshops at the end of the training.)	Gender training and gender guidebook were prepared in cooperation with a gender and population specialist in UNFPA. Facilitators' personal feelings and emotions on Gender were explored during the training and tools and strategies were provided to Facilitators to handle difficulties during the awareness workshops on Gender/RH. Facilitation skills were further trained at trial workshops.
	1.3.1 23 out of 29 Facilitators (or 80% of male and female Facilitators) perform successfully during the awareness w/ss on FP/RH in the 6 target areas by July 2002.	1.3.1 Supervisory sheet (Male Facilitators and Female Facilitators were monitored and measured separately.)	(Female Facilitators) 100% of female Facilitators (13 out of 13 Facilitators and 5 out of 5 attending midwives) performed successfully (above 4 out of 5 in evaluation scale) during the awareness w/ss on FP/RH in the 6 target areas by July 2002, while 62% was above 4 average before April 2002, by the results of Supervisory Sheet.	Self- evaluation meeting was conducted at the end of each workshop by Facilitators and project staffs. Facilitators gained skills to evaluate their performance not only positively but also critically. It strengthened their facilitation skills and the quality of workshops further.
			(Male Facilitators) According to the observations through the workshop program and practical trainings conducted 9 times from May to August 2002, 6 male facilitators out of 9 performed successfully in awareness workshops on FP/RH in the 6 target areas by October 2002.	Due to the frequent turn- over of male Facilitators, it was not possible to maintain the same number and new Facilitators were often appointed and trained individually.
	1.3.2 23 out of 29 Facilitators (or 80% of male and female Facilitators) perform successfully during the awareness w/ss on Gender in the 9 target areas by March 2003.	1.3.2 Supervisory sheet (Male Facilitators and Female Facilitators were monitored and measured separately.)	12 out of 15 female Facilitators (80% of female Facilitators) performed successfully during the awareness w/ss on Gender in the 6 main target areas. (80% scored higher than 4.0 average in supervisory sheet.)	Gender workshop was particularly difficult for Facilitators who were not sure how to practice gender in their personal life. Some of not-married Facilitators faced difficulties to facilitate workshops on spousal communications. Most of Facilitators successfully conducted workshops by relating the discussion to how to change our life to be more ideal (creating the "ideal world").
	1.4 Level of performance and knowledge in each of 9 LCCs is improved by June 2003.	1.4 Scored based on the Project's observation	4 out of 6 LCCs that were already observed achieved the Project standard (standard score is over 70 %) regarding knowledge and performance necessary to manage loan programs.	

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Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Achievements	Reasons /difficulties for achieving the target
	1.5 Institutional standard related to the revolving fund is established, revised according to the necessity by June 2003.	1.5 Record of revision of "the Guideline".	Institutional standard related to the revolving fund was established according to "The Loan Program Operational Guideline - March 2002". The guideline will be continuously revised to reflect lessons and experiences learned from the actual implementation of the Project.	
	1.6 LACs create more positive social atmosphere for project activities in the 6 areas by June 2003.	1.6 Model Case Study	<p>The project conducted the total of 20 meetings in the project areas and distributed 12 newsletters to join all the committees with the project activities.</p> <p>28 LAC out of 39 continued their support to the project by attending the meetings, expressing their community needs and opinions. They also supported the project activities by encouraging people to attend the awareness workshops, announcing the project activities and supporting to conduct the awareness sessions at their work locations.</p> <p>18 members attended the advocacy workshops that was held on January 2003 to enhance the LAC capability and to serve to continue their mission.</p>	<p>11 LAC members did not continue. Some of them moved to other areas. Others could not attend the meetings that were held in the morning and some became not to be interested in the project activities.</p> <p>25 members were selected to attend the advocacy training out of the 28 members who have good educational background.</p> <p>18 members attended out of the 25 because some of them were booked with their institutions.</p>
	1.7 LACs act as project's advocates	1.7 Model Case Study	<p>LACs act as project's advocates by confirming the project objectives and the benefits of family planning and empowerment of women to the other people in their community in several occasions.</p> <p>LAC members joined other project's committee and groups and increased their knowledge by receiving different training that encouraged them to pay more efforts to support the project activities. All of them encouraged the CST. Most of them facilitate the project activities at their work locations.</p>	Case studies will be finalized in May 2003.

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Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Achievements	Reasons /difficulties for achieving the target
2. Positive social attitudes towards women and FP are increased.	2.1 Number of the target participants in awareness w/ss on FP/RH and Gender achieves to 3500 in the 9 target areas by March 2003.	2.1 Participant registration book	(Female Participants in FP/RH Workshops) 60 Workshops on FP/RH were conducted for female. Among 1233 female participants (including not married, age beyond 50), the total number of target female participants (married, age 15- 49) was 1099 in 5 topics of 60 awareness workshops on FP/RH.	It was difficult to invite different groups of people for each workshops. People who were not interested in FP/RH or Gender issues usually did not come to workshops. We took enough time to assess problems and difficulties in each area before implementing workshops. After solving the technical difficulties, Workshops were always prepared and implemented by the initiatives of Facilitators, not the project. One of the Facilitators in each target area was assigned as a Field Coordinator. The cancellation of the workshop became minimum by the improved communication between the Field Coordinator and the project staff.
			(Female Participants in Gender Workshops) 36 Workshops on Gender were conducted for female in 6 main target areas. Among 844 female participants (including not married, age beyond 50), the total number of target female participants (married, age 15- 49) was 688 in 3 topics of 36 awareness workshops on Gender.	People started coming to workshops without invitation because the workshops were interesting and Facilitators were well- trusted by local people before we started the gender workshops.
			(Married couples in Wrap- up workshops) 3 wrap- up workshops for married couples were conducted in 3 main target areas in JAN.2003. 16 couples and 5 male and 10 female married participants who came alone (total 47 participants) in Rabbeh , 5 couples and 20 married female participants who came alone (total 30 participants) in Mutah, and 6 couples and 4 married male and 18 married female participants who came alone (total 34 participants) in Qatraneh.	As incentives for male participants, the lecture by a nationally well- known religious leader was provided at the end of workshops. Male are particularly interested in asking the questions on religious meanings of FP/RH and Gender.
			(Male Participants in FP/RH Workshops) 59 workshops have been conducted by October 2002 and 800 male participated in the workshops.	

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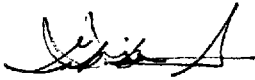
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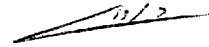
Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Achievements	Reasons /difficulties for achieving the target
			(Family Health Festival) The Event which is aiming at raising the awareness of health in the family is planned in 6 target areas and Ghor safi. The target are the family members participation. 4 festivals have been conducted by the 17th January 2003, and the number of target participants was 416.	
	2.2 Number of CST's home visit completed achieves to 5000 per year in the 9 areas by June 2003.	2.2 Home visit's record	CST completed 4375 visits including repeated visits in the first year from June,2001 to May,2002. In the second year, for 7 months from June,2002 to December, 2002, they completed 2059 visits. The average of number per month in the first year and the second year are 364 and 294 respectively.	Possible reasons for decrease of the number of visits are : 1) CST spends more time to visit expanded area, 2) Suspension of activities by some members due to her childbirth and vacant posts at some areas for replacement. 3) Decrease of the CST number from 28 to 26 4) Shift from quantity to quality
	2.3 Number of the target participants in awareness w/ss who accept FP scored by KAP increases by 10% in the 6 main target areas by October 2002.	2.3 Comparison of pre-, post- and later KAP survey (Male participants and female participants were monitored separately.)	(female participants) FP/RH approval increased by 10.55% in 6 main target areas among female participants during FP/RH awareness workshops (60 workshops all together). FP/RH approval was measured by pretest/posttest KAP among all female participants and the number of participants who accepted FP/RH increased from 512 to 566 (10.55% increase) as FP approval score 35 (full score=39) as cut off point. Approval rate was also significantly improved (T value= 3.491, significance level p<.001 two tailed, N=797) by the paired sample T- test.	Participatory enter- educate workshop was proved to be an effective method to change people knowledge and attitude on FP/RH in the 6 main target areas. People do not accept new ideas and behaviors easily, especially FP/RH behaviors if they were forced from outside.
			(male participants) FP/RH approval increased by 28% in 6 main target areas among small group of male participants (n=153) during FP/RH awareness workshops. FP/RH approval was measured by pretest/posttest KAP survey among male participants and the number of participants who accepted FP/RH increased from 65 to 83 (28 % increase) as FP approval score 35 (full score was 39) as cut off point. Approval rate did not however significantly improve by the paired sample T- test.	KAP survey was administered only male participants at the FP/RH workshops of Topic 1 and Topic 2. KAP survey was not administered at the workshops topic 3,4 and 5 due to the following reasons: 1) The condition of workshops for male was not so stable as to conduct reliable KAP survey. 2) It was necessary to focus on the facilitation skills for male Facilitators to improve the quality of workshops.

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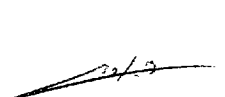

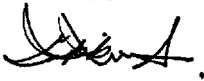
Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Achievements	Reasons /difficulties for achieving the target
	2.4 Level of spousal communication scored by KAP increases by 10% among w/s participants in the 6 main target areas by April 2003.	2.4 Comparison of pre-, post- and later KAP survey (Male participants and female participants were monitored separately.)	Spousal communication practice was measured in KAP- FP/RH pretest and KAP- Gender pretest (baseline survey). Those results will be compared with KAP- Impact survey among the selected female workshop participants.	
	2.5 Positive social attitudes toward women and FP increase among w/s participants by April 2003.	2.5 FGD by small groups from the w/s participants (Male participants and female participants were monitored separately.)	<p>The summaries of FGDs indicated that female participants felt their self- confidence and their spousal- communication skills improved after attending the workshops. They also found that it became more acceptable to talk about FP in their community after the workshops. They said that FP/RH became an issue to be freely discussed in their community.</p> <p>Summaries of FGD among Facilitators indicated that FP/RH and Gender became more common issues in their community. More people talk about FP/RH and Gender. They have commented that awareness workshops provided community with concrete ideas on how to start practicing gender and RH without creating much frictions in the community.</p>	<p>Main message was simple and clear in awareness workshops. People started to talk about FP/RH and Gender.</p> <p>Main messages and each workshop were planned not to cause conflict with participants' socio- cultural values and religious belief. Conflict in the community was thus minimum.</p>







Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Achievements	Reasons /difficulties for achieving the target
<p>3 MOH's services in maternal and child health, reproductive health, and family planning are strengthened.</p>	<p>3.1 Number of client visits in FP and MCH increases by 5% in the 9 areas by June 2003.</p>	<p>3.1 MCH record</p>	<p>Total number of client visits including new and recurrent visits in MCH at MCH Centers except CPP Center¹⁾, and FP visits²⁾ including new and recurrent visits at MCH Centers and CPP Center in the target areas in 2002 decreased by 7.1% in comparison to 2000.</p>	<p>Possible reasons for decrease of the number of client visits are :</p> <p>1) Changes of protocols and standards of MCH centers (new protocols and standards direct to decrease the number of visits of regular check- ups to children). 2) Introduction of new data collection system affects on accuracy of the data.</p> <p>Although the total number of client visits decreased, it is expected that the number of new client visits increased. Change in protocols and standards of MCH centers mainly affect a decrease of number of recurrent client visits. Further analysis will be made in the next report based on the detailed data which will be submitted by MOH.</p>
	<p>3.2 70% of midwives conduct FP counseling in accordance with MOH's standards on a regular basis at MCH centers in the 9 areas by June 2003.</p>	<p>3.2 Supervisory sheet</p>	<p>11 out of 16 midwives (68.7%) provide FP counseling in accordance with MOH's standards.</p>	<p>Among 18 midwives in the target areas, 2 midwives have not received supervisory visits yet.</p>
	<p>3.3 Among the trainees on IUD, 15 doctors provide IUD services meeting MOH's standard at their MCH centers by December 2002.</p>	<p>3.3 Check list</p>	<p>Among 20 trainees on IUD insertion, 17 meet the MOH standards, however, only 3 of them are providing the service due to certain difficulties.</p>	<p>Among 20 trainees, 3 trainees cannot provide the service due to their unavoidable circumstances: Two were transferred to other sections and one had a physical problem.</p> <p>The difficulties for achieving the output are that:</p> <p>1) Delay of implementation of activity due to insufficient number of human resources at administrative level to support and arrange for start of IUD service at MCH Centers. 2) No space to provide IUD service at some MCH centers. 3) Inadequate skills and knowledge of midwives and nurses to start the services. In addition insufficient number of human resources to train them. 4) There is a tendency that women refuse IUD insertion by male doctors.</p>

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Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Achievements	Reasons /difficulties for achieving the target
	3.4 Among the trainees on ultrasound, 7 doctors provide ultrasound services meeting MOH's standard at their MCH centers by January 2003.	3.4 Check list	7 out of 10 trainees provide ultrasound services.	Although the trainees start the service, their skills of ultrasound reading have not been evaluated. The evaluation will be completed by the end of the project.
	3.5 70 % of midwives provide services in MCH meeting MOH's standard at their MCH centers in the 9 areas by June 2003.	3.5 Supervisory sheet		The activity to measure the achievement has not been completed yet.
	3.6 x% of clients are satisfied with MCH services in the 9 areas by June 2003.	3.6 Exit survey among MCH centers users	The baseline survey has been conducted.	
4. Women's self-empowerment and their status within families are enhanced through their economic participation.	4.1 70% of the women loan beneficiaries own and manage the loan project actually as main implementers in the 9 areas by June 2003.	4.1 Project's monitoring sheet	90 % of the women loan beneficiaries (selected beneficiaries during the Project phase II) own and manage the project as main implementers in the 6 areas.	
	4.2 Self- esteem and self- confidence of the loan beneficiaries increase in the 9 areas by June 2003.	4.2 Questionnaire survey, Focus group discussion, and Case study	<p>According to the monitoring activities (focus group discussion, questionnaire, and case studies), over 90 % of the loan beneficiaries have attained an increased self- esteem, self- confidence, and self- satisfaction.</p> <p>The result (output 4.2, 4.3, and 4.4) was summarized in the report <i>"Income- generating projects and the empowerment of women: Experience of Family Planning and Gender in Development Project in Jordan"</i> January 2003 .</p>	

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Achievements	Reasons /difficulties for achieving the target
	4.3 Loan beneficiaries play a bigger role in decision making on family level by June 2003.	4.3 Questionnaire survey, Focus group discussion, and Case study	According to the monitoring activities (focus group discussion, questionnaire, and case studies), 90 % of the loan beneficiaries have attained an increased role in decision making, sharing of responsibility within families.	
	4.4 Attitude toward women improves within their families by June 2003.	4.4 Questionnaire survey, Focus group discussion, and Case study	According to the monitoring activities (focus group discussion, questionnaire, and case study), 90 % of the beneficiaries have attained an increased appreciation and respect from the other family members, as well as an improved attitude toward women at the household level.	
5. Monitoring Activities are conducted.	5.1 Progress reports are compiled, authorized by the Management Committee and distributed to the project members in every 3 months.	5.1 Filing of Progress Reports	7 Progress reports have been compiled, among which 1 awaits authorization: 6 have been distributed so far.	Managers (HPC and JOHUD) were absent.
	5.2 Decision is made based on activity reports and field visits by the Management Committee and informed to the project members monthly.	5.2 Minutes of the Management Committee meeting,	Decision has been made according to the need.	

Notes:

- 1) CPP Center : It was established under the five year project funded by USAID, which terminated in 2000. Karak CPP center is one out of 21 centers in Jordan. They provide antenatal care, postnatal care, family planning and well baby care and other reproductive health care. They are under the MOH but not belong to MCH directorate. They have their own client chart and recording system. The project got the data from them to calculate the total number of visit, however, it needs more time to pick out the data which meets to our indicator because the method of data collection at CPP Center differs from MCHC's.
- 2) FP visits : Total number of new clients who received modern contraceptive methods (pill,IUD, condom,norplan,injectable) and recurrent clients for resupply of modern contraceptive methods.

Attached:

- 1) Material from Expert, Atsuko Imoto
- 2) Material from Expert, Akiko Hagiwara




Indicator 1.1: 20 out of 26 CSTs meet the project standard on RH/FP and Gender in the 9 areas by June 2003.

Achievement of output : 20 out of 26 CST (76.9 %) achieved project standard on RH/FP.

Result of performance evaluation on RH/FP

1: achieved 0: Not achieved

Skills and knowledge on RH and FP		Member of CST																									Total no of CST achieved	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25		26
1	Explain the services MCH centers provide	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	26
2	Explains the meaning and benefits of FP	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	1	0	0	1	20
3	Explains advantages and disadvantages of each contraceptive methods	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	23
4	Demonstrate how to use each method or where it is locate the body	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	0	0	1	1	1	0	21
5	Clarifies and deals with rumors related to family planning	1	0	0	0	1	0	1	1	1	1	0	1	1	1	0	1	0	0	0	1	0	1	1	0	0	0	13
6	Provides health education on antenatal care to client	1	1	1	1	1	1	1	0	0	1	0	1	0	0	1	1	0	1	1	1	0	0	1	0	0	1	16
7	Provides health education on postnatal care to client	1	1	1	0	0	0	1	1	1	1	0	1	1	1	1	1	1	1	1	0	0	0	1	0	1	0	17
8	Provides health education on child care to client	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	22
9	Explains the importance of self-examination for breast cancer and its way to client	1	1	0	0	1	1	0	0	0	1	0	1	1	1	1	1	0	1	1	0	0	0	0	1	0	0	13
10	Explains the importance of regular check ups for cervical cancer and where to visit	1	1	0	0	1	1	0	0	0	1	0	1	1	1	1	1	0	1	1	0	0	0	0	1	0	0	13
11	Use family planning flip chart effectively	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	1	23
12	Provide brochures according to her needs	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	26
13	Refer client to MCH center according to her needs	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	26
14	Fill out referral card and client record properly	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	26
15	Plan next visit according to her needs	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	26
Communication skills																												
16	Identifies herself and her qualifications	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	26
17	Shows willingness to listen to the client and help	1	1	1	1	1	1	0	1	1	1	0	1	1	1	0	0	0	1	1	0	0	0	1	1	1	0	17
18	Asks open questions	0	1	0	0	1	1	1	1	1	1	0	1	1	0	1	0	0	1	0	0	0	1	0	1	0	0	14
19	Repeats important messages and information	1	0	0	0	0	1	0	0	0	0	1	1	1	1	1	0	1	1	0	0	0	0	0	1	1	0	12
20	Shows appreciation of clients' cooperation	1	0	0	0	0	1	0	1	1	0	0	1	1	1	1	0	1	1	0	0	1	1	1	1	1	0	15
Total score (standard of score: >12)		19	16	13	13	15	18	14	16	16	18	11	19	19	19	17	18	11	18	19	11	8	10	17	14	15	11	

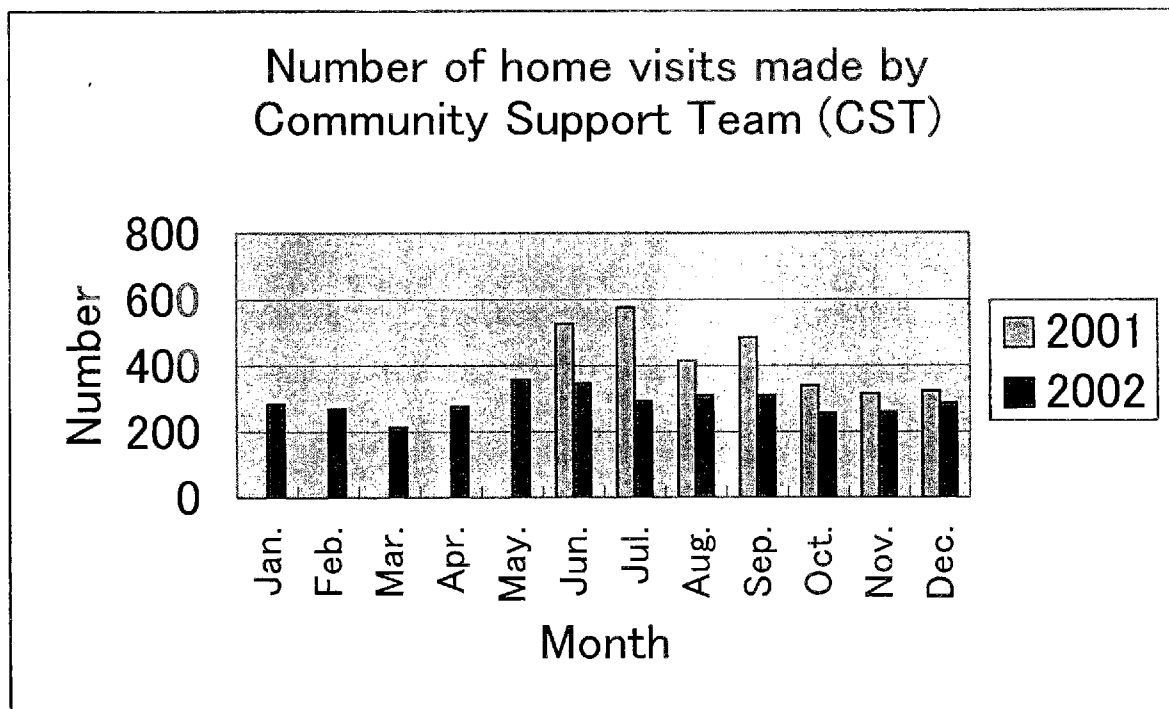
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1	Ms. Maysoon Fayez Madanat
2	Ms. Khawla Al Bustanji
3	Ms. Rasmyeh Jamil Al E'heisat
4	Ms. Yosra Ahmad Al E'beisat
5	Ms. Zeinab Ahmad Al Ja'afreh
6	Ms. Majudoleen Hijazeen
7	Ms. Ilham Shebli Zrqaat
8	Ms. Khitam Thalji Al Laymoun
9	Ms. Naela Dahlalah Al Amareen
10	Ms. Faize Adel Abu Esayed
11	Ms. Nadimh Ahmad Soleiman El Saiedh
12	Ms. Nadira Mahmoud Al Rawashdeh
13	Ms. Fatina Mohmmoud Afnan Matarneh
14	Ms. Manal Abdel Hayy Al Kasasbeh
15	Ms. Hiba Aweimor
16	Ms. Ameerah Tahaseen El Sarayreh
17	Ms. Ohood Omar Sarayreh
18	Ms. Bayan Abdullah Nawaseh
19	Ms. Garam Hamid Nawaseh
20	Ms. Smeera Mahmoud Mahafdheh
21	Ms. Kafa Saleem Osheibat
22	Ms. Suad Ramadan Kheifat
23	Ms. Asrya Ahmed Nawasreh
24	Ms. Ghada Mohammed Bawat
25	Ms. Muna Hassan Ojaleen
26	Ms. Roqayah Ahmad Al Hweimel

Indicator 2.2 : Number of CST's home visit completed achieves to 5000 per year (417 per month) in the 9 areas by June 2003.

Achievement of output : CST made 6434 home visits in 19 months (average of visits per month 338).

	Jan.	Feb.	Mar.	Apr.	May.	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total	Average per month
2001	N/A	N/A	N/A	N/A	N/A	525	575	415	484	339	314	322		
2002	284	269	213	276	359	347	293	309	309	256	259	286	6434	338



Indicator 3.1: Number of client visits in FP and MCH increases by 5 % in the 9 areas by June 2003.

Achievement of output : Total number of client visits in MCH at MCH Centers except CPP Center, and FP visits at MCH Centers and CPP Center in the target areas in 2002 decreased by 7.1% in comparison to 2000.

	1999	2000	% increase and decrease on the year preceding	2001	2002	% increase and decrease in 2002 in comparison to 2000
Client visits at MCHCs except FP visits (a)	33453	35617	+ 6.4 %	35882	31835	- 10.7 %
New users at MCHCs (b)	2073	2132	+ 2.8 %	2220	2358	+ 10.6 %
Continuing users at MCHCs (c)	5310	5175	- 2.6 %	5810	5824	+ 12.5 %
Total No of client visits and FP visits at MCHCs (a+b+c)	40836	42924	+ 5.1 %	43912	40017	- 6.8 %
Client visits at CPP including FP visits (d)	?	8644	?	8272	?	?
New users at CPP (e)	853	821	- 3.8 %	779	634	- 22.8 %
Continuing users at CPP (f)	632	854	+ 35.1 %	834	787	- 7.9 %
Total No of client visits and FP visits at MCHCs and CPP in target areas (a+b+c+d+e+f)	42321 + α	53243	N/A	53797	41438 + α	N/A
Total No of client visits at MCHCs except CPP and FP visits at MCHCs and CPP in target areas (a+b+c+e+f)	42321	44599	+ 5.3 %	45525	41438	- 7.1 %

Indicator 3.2 : 70% of midwives provide FP counseling in accordance with MOH's standards in the 9 areas by June 2003.

Achievement of output : Not achieved. 11 out of 18 midwives (61%) provide FP counseling in accordance with MOH's standards.

Result of performance evaluation on counseling

		1: achieved 0: Not achieved															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	See client in private	1	1	1	1	1	0	1	1	1	1	1	N/A	1	1	1	N/A
2	Informs of all methods available in MOH	0	0	1	0	1	1	1	1	1	1	1	N/A	1	1	1	N/A
3	Asks client about reproductive intentions	1	0	1	1	1	1	0	0	1	1	1	N/A	1	0	1	N/A
4	Asks client about her past history on FP	1	0	0	1	1	1	1	1	1	1	1	N/A	1	1	0	N/A
5	Asks client about medical problems or history	0	0	0	1	1	1	0	1	1	0	0	N/A	0	0	0	N/A
6	Explores with client her/his risk of STI	1	0	0	1	1	1	1	0	0	0	0	N/A	1	0	0	N/A
7	Explains advantages and disadvantages of methods	1	1	0	1	1	1	0	0	0	1	1	N/A	1	1	1	N/A
8	Explains side effects of methods	1	1	0	1	1	1	0	0	0	1	1	N/A	1	1	1	N/A
9	Explains risks of methods	1	1	0	1	1	1	0	0	0	1	1	N/A	1	1	1	N/A
10	Demonstrates how to use each method	1	1	0	1	1	1	0	0	0	1	0	N/A	1	1	1	N/A
11	Clarifies rumors or misinformation	1	0	1	0	1	1	0	0	0	1	1	N/A	1	0	1	N/A
12	Uses visual aids	1	1	1	0	1	1	0	1	1	1	1	N/A	1	1	1	N/A
13	Confirm that client understands information	1	1	1	0	1	1	0	1	0	1	0	N/A	1	1	1	N/A
14	Asks open ended questions	1	0	1	0	0	0	0	0	0	0	0	N/A	1	0	1	N/A
15	Inform client of timing and sources for resupply/revisit	1	1	1	1	1	1	1	1	1	1	1	N/A	1	1	1	N/A
Total score		13	8	8	10	14	13	5	7	7	12	10	N/A	14	10	12	N/A

Note: The standard of total score for achievement is over 9.

Code	
1 Ms. Salwa / Riyade MCHC	10 Ms. Amerah / Wadi al Karak MCHC
2 Ms. Mai / Training center	11 Ms. Nemaat / Mazar MCHC
3 Ms. Abra / Training center	12 Ms. Aida / Mazar MCHC
4 Ms. Wejedan / Mota MCHC	13 Ms. Teleeth / Mazar MCHC
5 Ms. Roqaya / Riyade MCHC	14 Ms. Khawla / Ayy MCHC
6 Ms. Khitam / CPP	15 Ms. Izdiyar / Rabbeh MCHC
7 Ms. Morife / CPP	16 Ms. Noha / Faqua MCHC
8 Ms. Dema / Manshieh abu Hamor MCHC	17 Ms. Sultan / Safi MCHC
9 Ms. Alia / Manshieh abu Hamor MCHC	18 Ms. Fatafieh / Safi MCHC

Indicator 3.3 : Among the trainees on IUD, 15 doctors provide IUD services meeting MOH's standard

Achievement of output : 3 out of 20 doctors provide IUD service meeting MOH's standard.

Result of performance evaluation on IUD insertion

1: achieved 0 : Not achieved

	Item	Doctors																			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	Confirms eligibility of criteria	1	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
2	Tells possible side effects	0	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
3	Explains insertion procedure	1	1	1	0	0	0	N/A	N/A	1	N/A	1	1	1	1	1	1	1	0	1	1
4	Asks to empty her bladder	0	1	1	0	0	0	N/A	N/A	0	N/A	1	1	1	1	1	1	1	0	0	1
5	performs pelvic and bimanual examination	1	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	0	1
6	Washes hands before taking off gloves	1	1	1	0	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
7	Uses non-touch technique	1	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
8	Uses vaginal speculum	1	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
9	Uses tenaculum	1	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
10	Sounds uterus	1	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
11	Inserts IUD	1	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
12	Cuts strings	1	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
13	Teaches how to check for IUD strings	1	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
14	Instructs on cases needed to return	1	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
15	Instructs on follow up visits	1	1	1	1	1	1	N/A	N/A	1	N/A	1	1	1	1	1	1	1	1	1	1
Total score		13	15	15	12	13	13	N/A	N/A	14	N/A	15	15	15	15	15	15	15	13	13	15

Number of doctors achieved MOH standard (total score is over 11) ⇒ 17 out of 17 doctors (100 %)

Number of doctors who are under the preparation for IUD service at MCH center ⇒ 5 out of 14 doctors

Notes: 2 out of 20 doctors were transferred to other sections and one cannot perform IUD insertion due to physical problem.

Code		
1	Dr. Naief	8 Dr. Manuhar Sarfa
2	Dr. Tatiana	9 Dr. Abdullah Garai
3	Dr. Ameen	10 Dr. Abdullah Shawawre
4	Dr. Azmi	11 Dr. Nabeer
5	Dr. Ahmad Mahadeen	12 Dr. Tawfeeq
6	Dr. Adnan	13 Dr. Gazie Shargas
7	Dr. Amal	14 Dr. Omur
		15 Dr. Nawaf
		16 Dr. Hisham
		17 Dr. Khalil Mansuura
		18 Dr. Awad
		19 Dr. Mohammad Shamaly
		20 Dr. Nashat

3. Plan of Operation
Awareness Seminar (Plan of Operation 2-1)

Major Findings of KAP-Gender among Female Participants

- The total numbers of 36 Gender Awareness workshops were conducted in 6 main target areas in Karak.
- Pretest/Posttest KAP-Gender survey were conducted in all workshops and collected to the Project Office for data entry and data analysis.
- 705 female participants completed KAP survey at the workshops.
- Among 705, 514 was target participants (married women age between 15 and 49) Single women and women younger than 15 or older than 49 were excluded from the analysis.
- Data were analyzed by SPSS 10.0 and compiled in this report.

- Women's Empowerment Approval Scale Score increased by 18.78% in 6 main target areas among female participants during Gender awareness workshops. Women's Empowerment approval was measured by pretest/posttest KAP-Gender among all female participants and the number of participants who strongly approve women's empowerment increased from 229 to 272 (18.78% increase) as Women's Empowerment approval score 11(total score 12) as cut off point. Approval rate was also significantly improved (T value= 3.53, significance level $p < .001$ two tailed, $N=446$) by the paired sample T-test.
- Knowledge on Women's Empowerment Resources was also significantly increased (T-value= 7.63, significance level $p < .001$ two tailed, $N=392$) by the paired sample T-test.
- FP approval score significantly increased (T-value= 2.82, significance level $p < .01$ two tailed, $N=455$) by the paired sample T-test.
- Attitude towards spousal communication **did not increase** significantly (T-Value=0.47, significance level $p > .05$, two tailed, $N=457$) by the paired sample T-test. 93.2% of female participants were willing to discuss FP with their husband in the pretest. Among them, 52.3 preferred to discuss FP only with their husbands and 31.3% were willing to discuss it with others such as their mother, siblings, mother-in-law, doctors, midwife, nurse or CSTs. Since their willingness to talk about FP was high in pretest already, there was no significant increase in Posttest. This could be the impact of the first series of awareness workshops, which encouraged the spousal communication, on FP/RH in our target areas.
- 68.7% of participants said they had actually discussed FP with their husbands and

Awareness Seminar (Plan of Operation 2-1)

79.2% said that they have encouraged others to use FP.F

■ Major results of the Data analysis are as in followings.

1. Participants characteristics: average age 33.44 (between 18 to 49) and average age of their spouses are 40.31.
2. Participants' average number of children were 2.64 (son) and 2.70 (daughter)..
3. 8.0 % of women said that there was another wife to her husband.
4. 16.7 % of women were currently engaged in a paid job.
5. 50.8 % of women had secondary or more education and only 12% of female participants were illiterate.
6. Average amount of income for the family was between 101JD and 300JD for 46 % of women, and less than 100JD for 33 % of women.
7. 100% of women were married and age between 18 and 49. (Nobody in are 15 or 16 among workshop participants.)
8. Current use of the contraception among the female participants was 58.4% while the national average was 55.58% (JAFS 2000).
9. About 80% of respondent said they have discussed with their husbands on the matter related to both of them such as the number of children, how to spend money for the family.
10. Approximately 50% of respondent said they were encouraged by their husband to take part in voluntary works, and 40% were encouraged to participate into paid works.
11. 43% of participants said their husbands usually help them in house-keeping works and 54% said they help them in child-raising.

Major Findings of KAP-RH/FP among Male Participants

- Pretest/Posttest KAP survey were conducted in **selected** workshops and collected to the Project Office for data entry and data analysis.
- 165 male participants completed KAP survey at the workshops.
- Among 165 respondents, 153 were target participants (married men, their wife's age between 15 and 49). Single men and their wife's age older than 50 were excluded from the analysis.
- Data were analyzed by SPSS 10.0 and compiled in this report.

- FP/RH approval increased by 28% in 6 main target areas **among samples of male participants (n=153)** during FP/RH awareness workshops. FP/RH approval was measured by pretest/posttest KAP survey among male participants and the number of participants who accepted FP/RH increased from 65 to 83 (28 % increase) as FP approval score 35 (full score was 39) as cut off point. Approval rate did however not significantly improve by the paired sample T-test.
- FP/RH knowledge was significantly increased (T-value= 3.618, significance level $p < .001$ two tailed, N=88) by the paired sample T-test among samples of male participants.
- Ideal number of children did not show any change between pretest (4.80) and posttest (4.80). Ideal number of children among the participants (4.80) was slightly higher than national average (4.2, DHS 1997*). * DHS 1997 (Demographic and Health Surveys), Population and Family Health Survey 1997, Department of Statistics, Jordan
- Communication attitude toward FP did not increase significantly by the paired sample T-test among samples of male participants.
- Attitude towards spousal communication did not increase significantly by the paired sample T-test among samples of male participants.
- Other Major results of the Descriptive Data analysis are as in followings.
 1. Participants characteristics: average age 36.69 (between 20 to 85) and average age of their spouses are 30.18.
 2. Participants' average number of children were 2.17 (son) and 1.91 (daughter).
 3. 24.8 % of participant's wives were currently engaged in a paid job.
 4. About 46% of men had secondary or more education and 12% of male participants were illiterate.

Awareness Seminar (Plan of Operation 2-1)

5. Average amount of income for the family was between 101JD and 300JD for 50% of men, and less than 100JD for 30% of men.
6. In comparison to the national data (Jordan 1996), FP methods spontaneously known in pretest was 4.20 among male participants while the national female data was 4.6 (N=967, Jordan 1996), modern methods known was 3.6 while the national female data was 3.3 (N=967, Jordan 1996). Our male participants answered modern FP methods more than the national female data in both pretest and posttest.
7. Both user (3.6 in pretest) and nonuser (3.3 in pretest) of FP methods, they know modern FP methods more than national samples.
8. FP knowledge is higher among women who have higher educational background.

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Knowledge post	7.1682	88	2.4597	.2622
	Knowledge pre	6.0591	88	2.5304	.2697
Pair 2	FP approval in posttest	31.7042	142	8.0766	.6778
	FP approval in pretest	30.8732	142	8.0220	.6732
Pair 3	ideal number of child (post)	4.8880	125	2.9354	.2625
	PRECHILD	4.7120	125	1.7772	.1590
Pair 4	Com attitude in posttest	4.4043	94	1.8099	.1867
	Com attitude in pretest	4.2979	94	1.6838	.1737
Pair 5	Spousal Com attitude in posttest	3.8308	130	.7059	6.191E-02
	Spousal Com attitude in pretest	3.8462	130	.5350	4.692E-02

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Knowledge post & Knowledge pre	88	.336	.001
Pair 2	FP approval in posttest & FP approval in pretest	142	.307	.000
Pair 3	ideal number of child (post) & PRECHILD	125	.388	.000
Pair 4	Com attitude in posttest & Com attitude in pretest	94	.419	.000
Pair 5	Spousal Com attitude in posttest & Spousal Com attitude in pretest	130	.177	.044

Paired Samples Test

		Paired Differences				
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference	
					Lower	Upper
Pair 1	Knowledge post - Knowledge pre	1.1091	2.8758	.3066	.4998	1.7184
Pair 2	FP approval in posttest - FP approval in pretest	.8310	9.4741	.7950	-.7408	2.4027
Pair 3	ideal number of child (post) - PRECHILD	.1760	2.7797	.2486	-.3161	.6681
Pair 4	Com attitude in posttest - Com attitude in pretest	.1064	1.8864	.1946	-.2800	.4928
Pair 5	Spousal Com attitude in posttest - Spousal Com attitude in pretest	-1.538E-02	.8068	7.076E-02	-.1554	.1246

Paired Samples Test

		t	df	Sig. (2-tailed)
Pair 1	Knowledge post – Knowledge pre	3.618	87	.000
Pair 2	FP approval in posttest – FP approval in pretest	1.045	141	.298
Pair 3	ideal number of child (post) – PRECHILD	.708	124	.480
Pair 4	Com attitude in posttest – Com attitude in pretest	.547	93	.586
Pair 5	Spousal Com attitude in posttest – Spousal Com attitude in pretest	-.217	129	.828

Descriptives

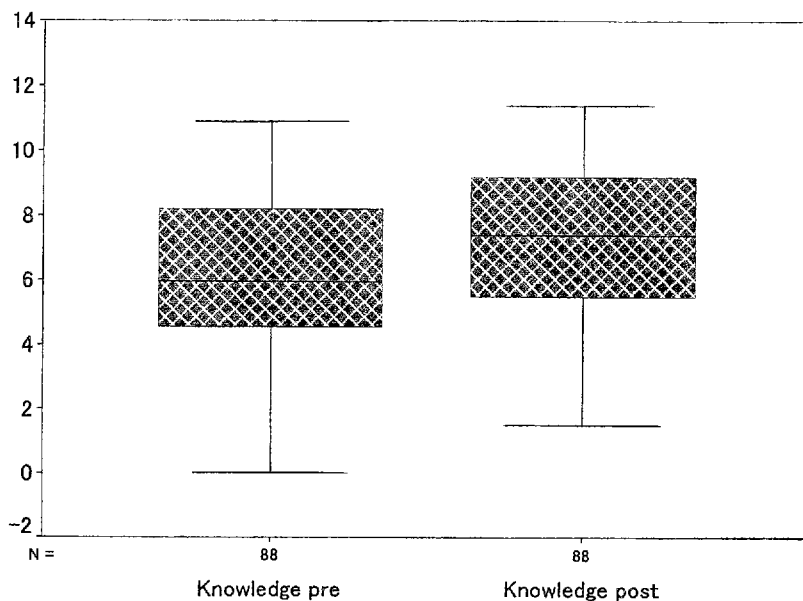
Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Knowledge pre	107	.00	10.90	6.1879	2.6568
Knowledge post	112	1.50	11.40	6.9634	2.5075
FP approval in pretest	148	.00	39.00	30.9527	7.9730
FP approval in posttest	147	.00	39.00	31.5850	8.0842
PRECHILD	135	.00	15.00	4.8444	2.0474
ideal number of child (post)	140	.00	30.00	4.8357	2.8172
Com attitude in pretest	103	1.00	11.00	4.2330	1.6757
Com attitude in posttest	142	1.00	11.00	4.4437	1.9260
Spousal Com attitude in pretest	143	.00	4.00	3.8322	.6050
Spousal Com attitude in posttest	139	.00	4.00	3.8129	.7180
Valid N (listwise)	49				

Comparison of FP/RH Knowledge in Pretest and Posttest KAF among Male Participants (N=88) score range 0–11.40

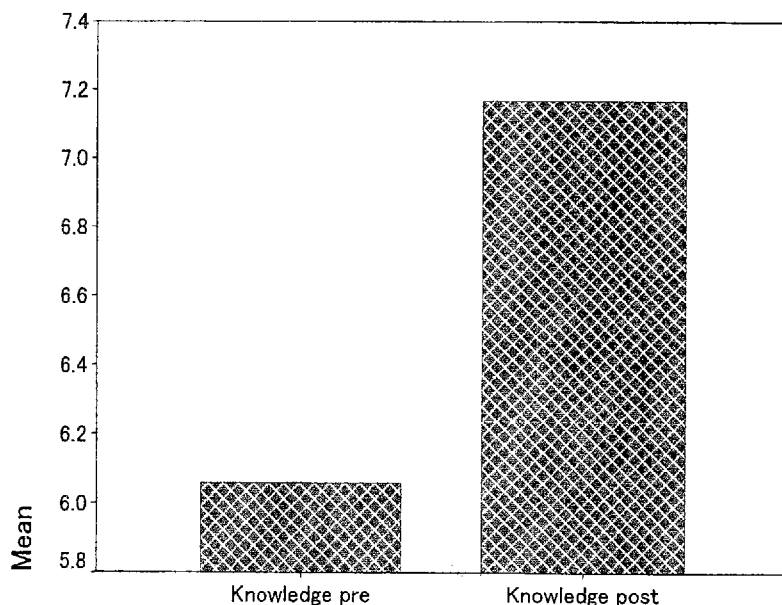
Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Knowledge pre	88	57.5%	65	42.5%	153	100.0%
Knowledge post	88	57.5%	65	42.5%	153	100.0%

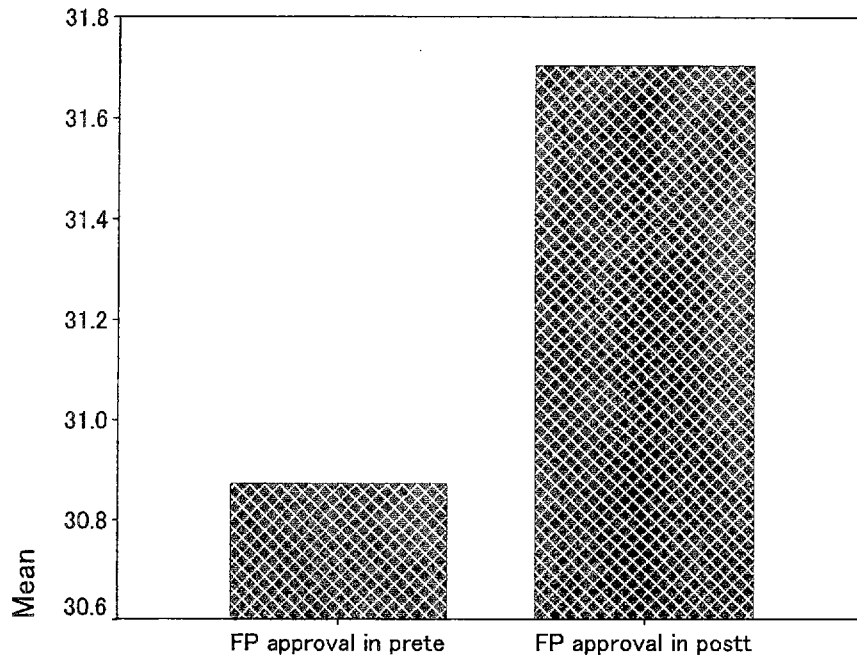


FP/GID Hagiwara & Malkawi 2002

Comparison of FP/RH Knowledge in Pretest and Posttest KAF among Male Participants (N=88) score range 0–11.40

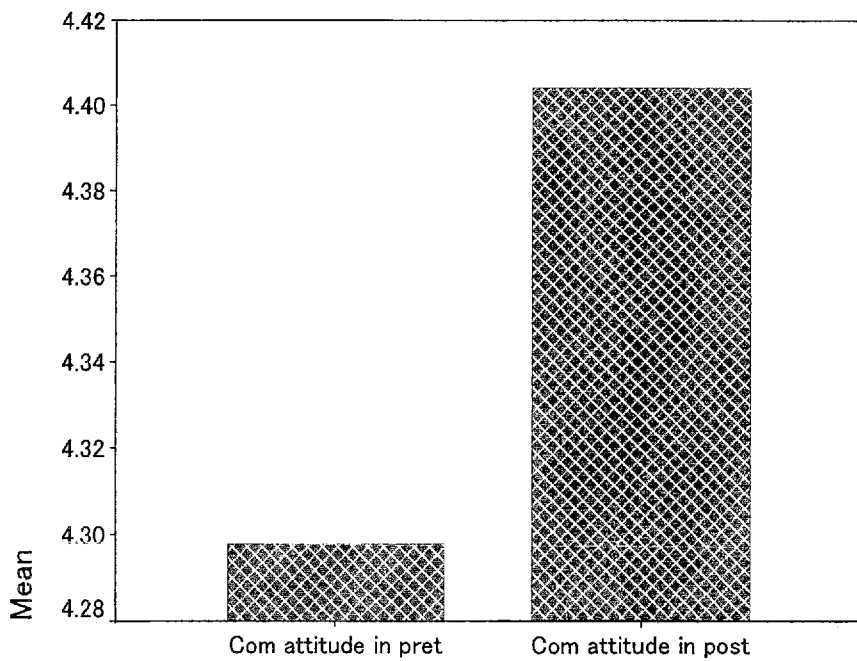


**Comparison of FP Approval in Pretest and Posttest KAF
among Male Participants (N=142)
score range 0-39**

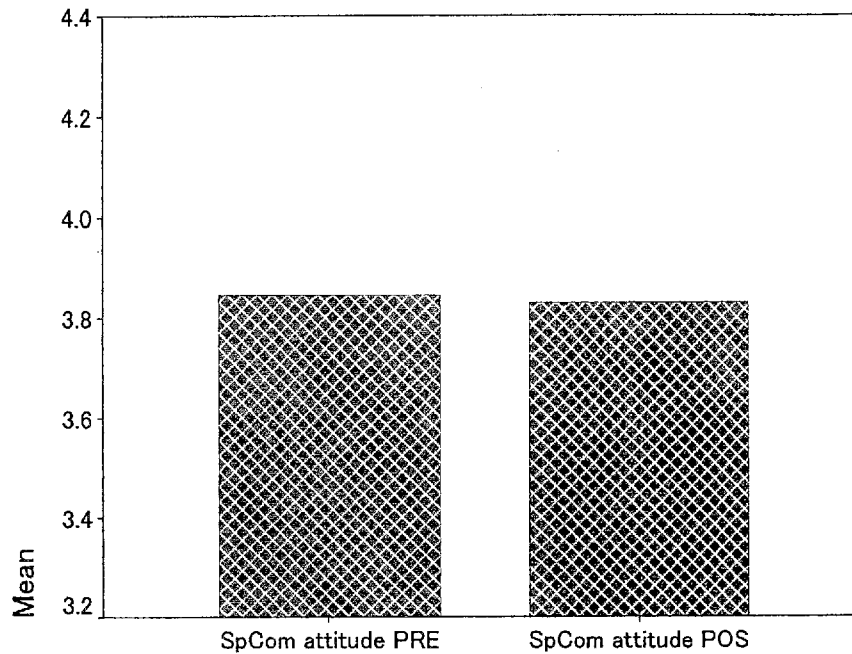


FP/GID Hagiwara&Malkawi 2002

**Comparison of FP Commuication Attitude
in Pretest and Posttest KAP
among Male Participants (N=94)
Score range 1-11**



**Comparison of Spousal Communication Attitude
in Pretest and Posttest KAP
among Male Participants (N=139)
Score range 0-4**



FP/GID Hagiwara & Malkawi 2002

Frequencies

Statistics

		FP approval in pretest	FP approval in posttest
N	Valid	148	147
	Missing	5	6
Mean		30.9527	31.5850
Median		33.0000	35.0000
Mode		39.00	39.00
Skewness		-1.195	-1.561
Std. Error of Skewness		.199	.200
Kurtosis		1.465	2.584
Std. Error of Kurtosis		.396	.397


Frequency Table

Participatory Enter-Educate Workshops
(IEC Program)

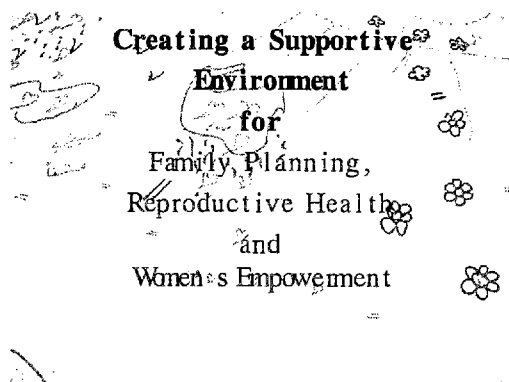
**Changing Awareness and Behavior of
Family Planning and Reproductive Health**

Abdulmonem Malkawi, M.A.
(Population Specialist: HPC) Higher Population Council
Akiko Hagiwara, Ph.D.
(IEC Expert: JICA)
Japan International Cooperation Agency

Family Planning and Gender in Development Project
In Jordan



**Creating a Supportive
Environment
for
Family Planning,
Reproductive Health
and
Women's Empowerment**



GENDER WORKSHOPS

- 36 workshops for females were conducted
- (additional 18 workshops planned to be conducted in Southern Ghor)
- **Topics are:**
Spousal Communication
Decision Making
Enhancing women's role in society

FP/GID Project 3



Workshop for Married Couples



7



8



FP/GID Project

9

Workshop for Married Couples



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Main Messages of the Wrap-Up Workshops:

- Both wives and husbands should take active parts in promoting wives' health, their husbands' health and their families' health by improved communication.
- Happy You, Happy Family and Happy Community

FP/GID Project

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Workshop for Married Couples



FP/GID Project

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- "A woman takes the most important position in our families. When she is healthy and happy, all family members are benefited from her."

(A married couple in Ayy)

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- "A husband and a wife should discuss everything related to their family, share the tasks, understand each other and respect each other."
- "It is also important for a couple to know each other before marriage". (Married Couple at Mutah)

FP/GID Project

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Voices of participants

- "Many women talk about the topics of the workshops with each others. Birth spacing becomes women's rights after attending the awareness workshops."
- "TV and Video program helps in educating people more easily and effectively."

-(Ayy)

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Voices of participants

- "I noticed after the workshops that all members of the community were talking about family planning and about the ones who benefited from the income generating projects." (Ayy)



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Voices of participants

- "I noticed after the workshops that the members of our community changed attitude toward FP. Now we know the difference between birth spacing and limiting the birth."
- "I told my sister-in-law about birth spacing. I told her it is not necessary to be pregnant every year. There should be at least two years between each child."

(Female, Mutah)

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Voices of participants

- "My self-confidence was increased."
- "I gained new freedom to go out from my house and participate into workshops. Going out of the house was very important to me. Now I can feel as an important member of the community."

(Female, Faquo)

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Voices of participants

- "I have gained knowledge and skills of how to start good communication with my husband for the first time in this awareness workshop."
- "I have gained self-confidence and self-esteem by knowing that my work at home is as valuable as my husband's work outside of house." (Female, Faquo)

FP/GID Project

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Voices of participants

- "I observe women are taken care of much better than before in MCH centers. We can go to the MCH center easily."
- "We talked about the workshops and encouraged other women to come. This is one way of raising awareness of reproductive health among women."

(Female, Mutah)

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Facilitator



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Voices of Facilitators

- "Gender awareness workshops provided women with concrete ideas on how to start practicing gender without causing much friction in their life."
- "FP/RH and Gender issues were regarded as women's issues only before. Now our participants recognize them as Family's issues and couple's issue."

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Voices of Facilitators

- "I live with my brother-in-laws and they used to treated my son and daughter unequally, asking the daughter to serve her brother, but now I ask them not do that any more because they should be raised equally. My children do things by themselves and help each other more than before." (Female Facilitator)

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Voices of Facilitators

- "I was very happy when I saw participants actively participate in discussion, sharing their experiences and leaning each other.
- And what made me happier was that the Ministry of Awqaf and Religious Affairs had asked us to talk about premarital medical examination in our preaches."
- (Male Facilitator, Religious Leader in Rabbeh)

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Voices of Facilitators

- "Before working as a Facilitator I didn't care much about my wife even when she was pregnant. But now I feel more responsible, and I feel with her and closer to her." (Male Facilitator)

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Voices of Facilitators

- "My husband started helping me in house-keeping works and taking care of children when I was busy with workshops. He respects my responsibilities in awareness workshops and he started treating me as a socially responsible person."
- (Female Facilitator in Faqou)

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KAP Survey Results



FP/GID Project

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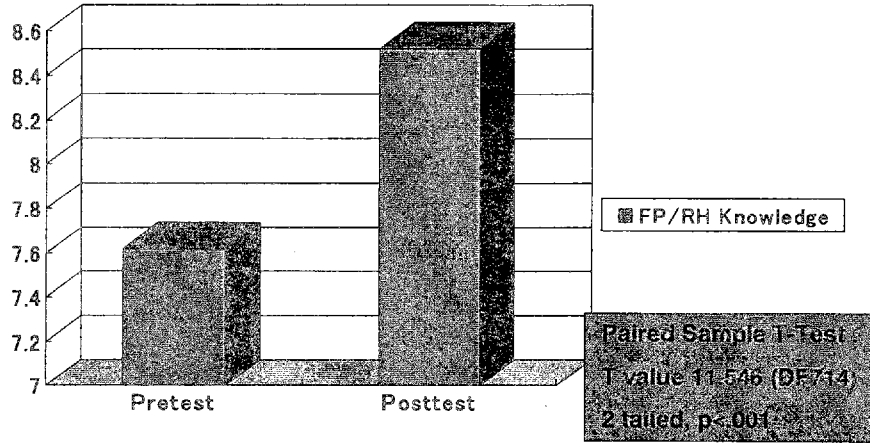
Summary of Participants' Demographic Data

FP/RH Workshop		Gender Workshop
1099 (951)	No. of Target Participants (KAP respondents)	688 (514)
33.5 (40.3)	Mean age (Husband's age)	33.4 (40.3)
2.30 / 2.10	Number of son / daughter alive	2.64 / 2.70
9.7%	% of women whose husband has multiple wives	8.0%
12.1%	Engagement in paid-job	16.7%
39.7%	Women with secondary education or more	50.8%
12.2%	% of illiterate women	12%
62.2%	Contraceptive Uses	58.4%
101-300JD	family income/month (Mode)	101-300JD

FP/GID Project

Hagiwara & Malkawi 2002

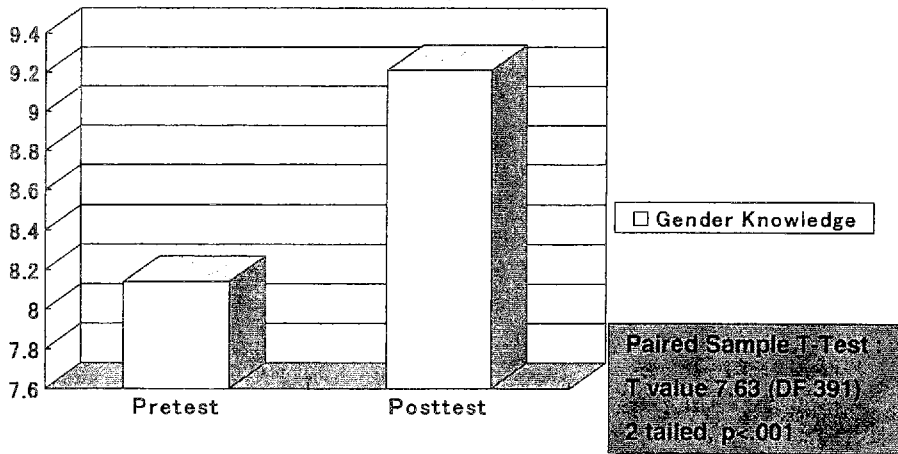
**FP/RH Knowledge Score in Pretest and Posttest
KAP among Female Participants (n=715)**
(Score range 0-10)



FP/GID Project

Hagiwara & Malkawi 2002

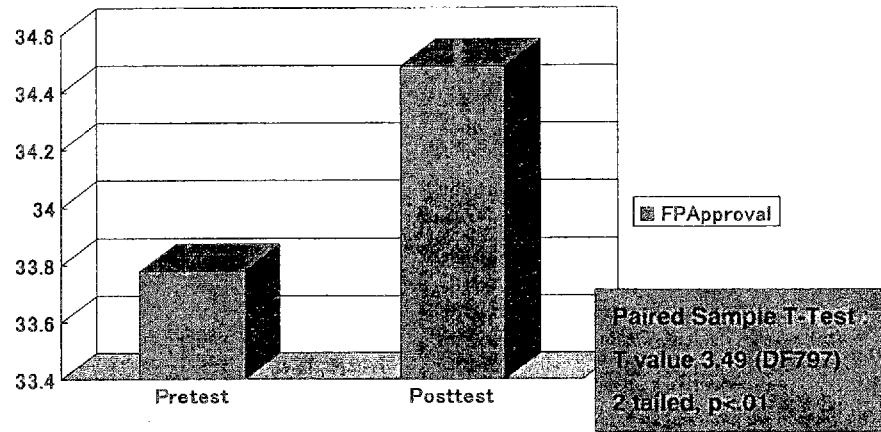
**Gender Knowledge Score in Pretest and Posttest
KAP among Gender W.S. Female Participants
(n=392)**
(Score range 0-12)



FP/GID Project

Hagiwara & Malkawi 2002

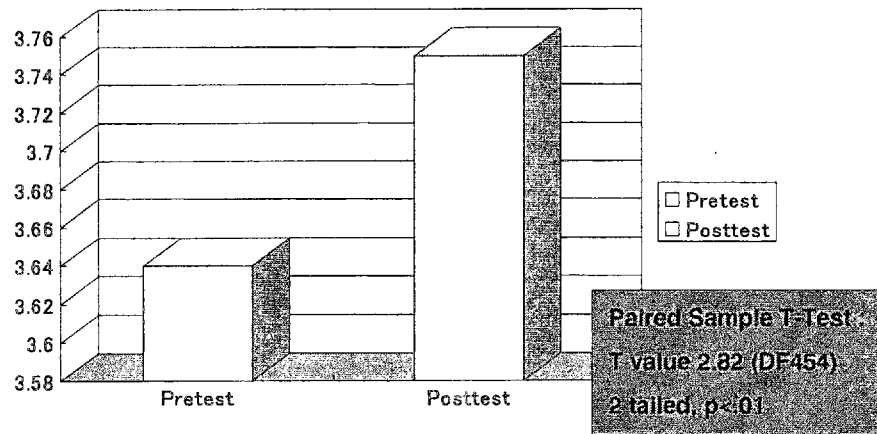
FP Approval Score in Pretest and Posttest KAP
among RH/FP W.S. Female Participants (n=798)
(Score range 5-39)



FP/GID Project

Hagiwara & Malkawi 2002

FP Approval Score in Pretest and Posttest KAP
among Gender W.S. Female Participants (n=455)
(Score range 0-4)

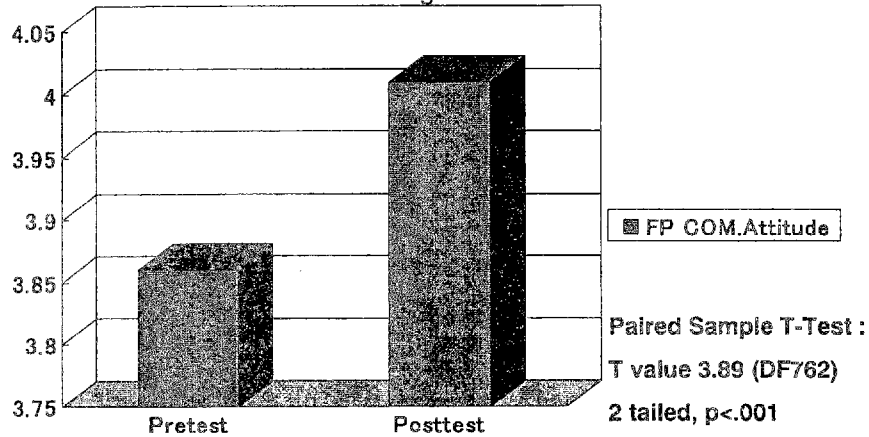


FP/GID Project

Hagiwara & Malkawi 2002

FP Communication Attitude Score in Pretest and Posttest KAP among RH/FP W.S. Female Participants (N=763)

score range 0-10

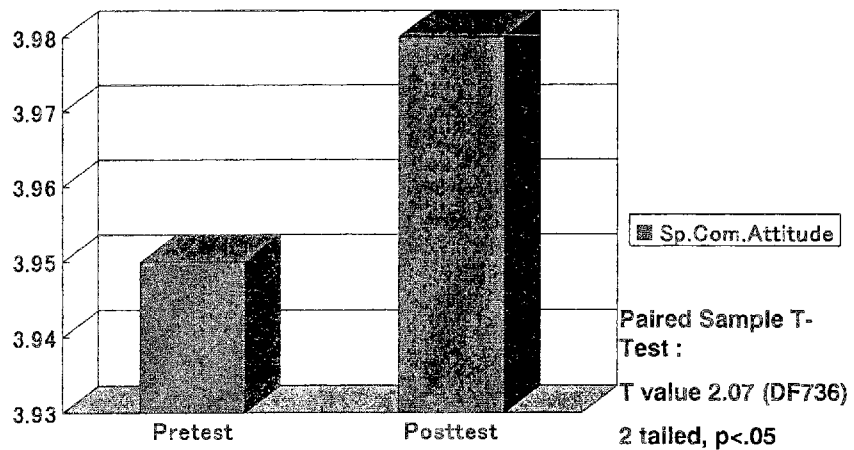


FP/GID Project

Hagiwara & Malkawi 2002

Spousal Communication Attitude Score in Pretest and Posttest KAP among RH/FP W.S. Female Participants (N=737)

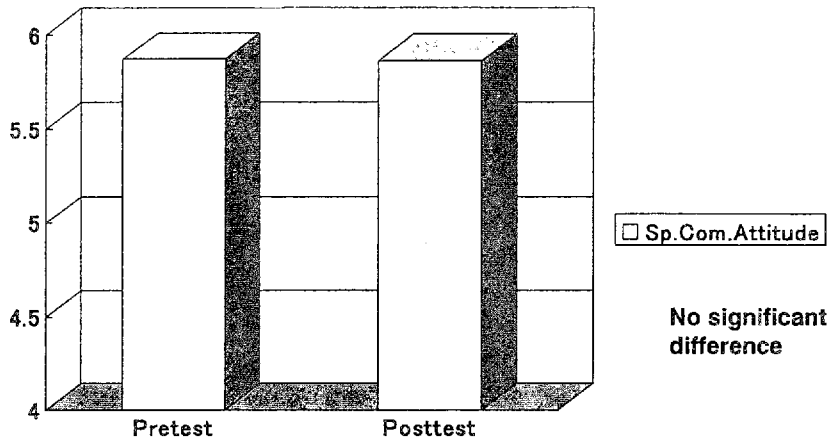
score range 0-4



FP/GID Project

Hagiwara & Malkawi 2002

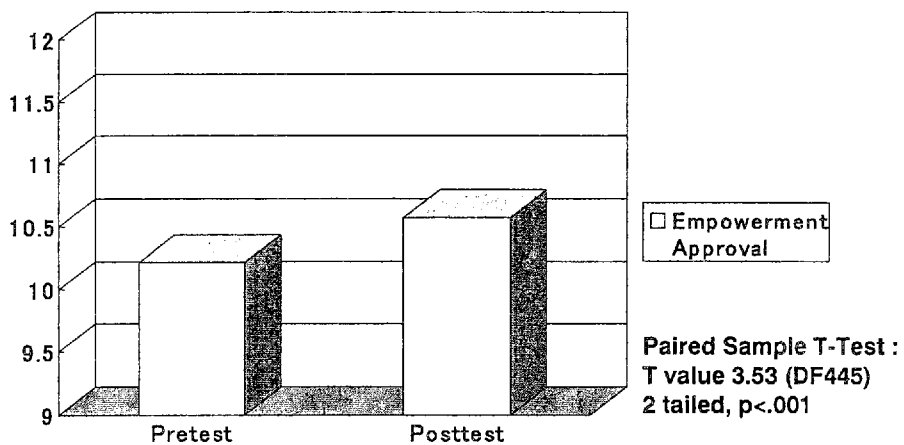
Spousal Communication Attitude Score in Pretest and Posttest KAP among Gender W.S. Female Participants (N=457)
score range 0-6



FP/GID Project

Hagiwara & Malkawi 2002

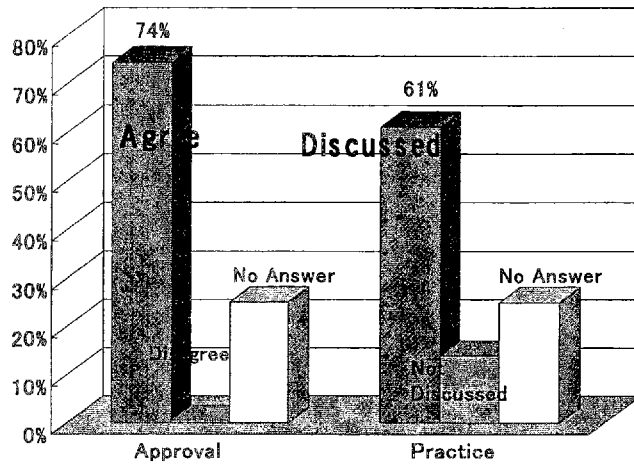
Empowerment Approval Score in Pretest and Posttest KAP among Gender W.S. Female Participants (N=456)
score range 0-12



FP/GID Project

Hagiwara & Malkawi 2002

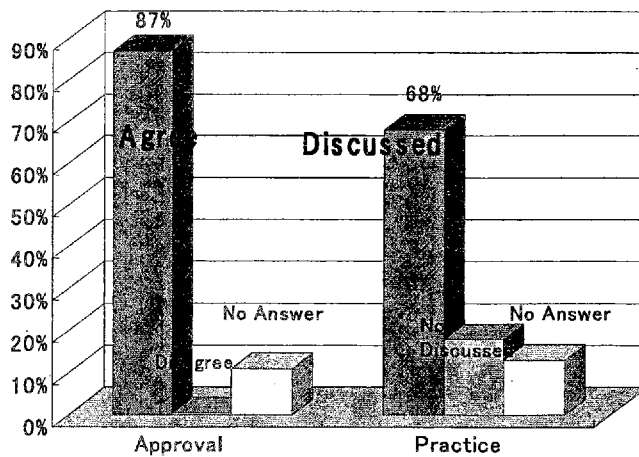
FP Communication with Husband among Female Participants at FP/RH Workshops (N=820)



FP/GID Project

Hagiwara & Malkawi 2002

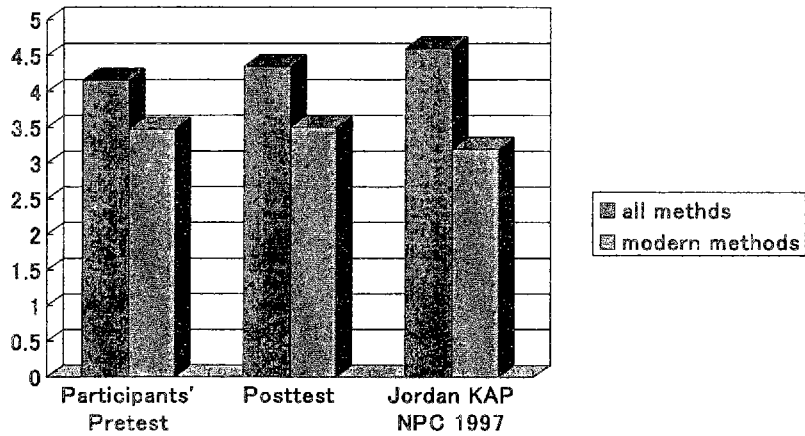
FP Communication with Husband among Female Participants at Gender Workshops (N=447)



FP/GID Project

Hagiwara & Malkawi 2002

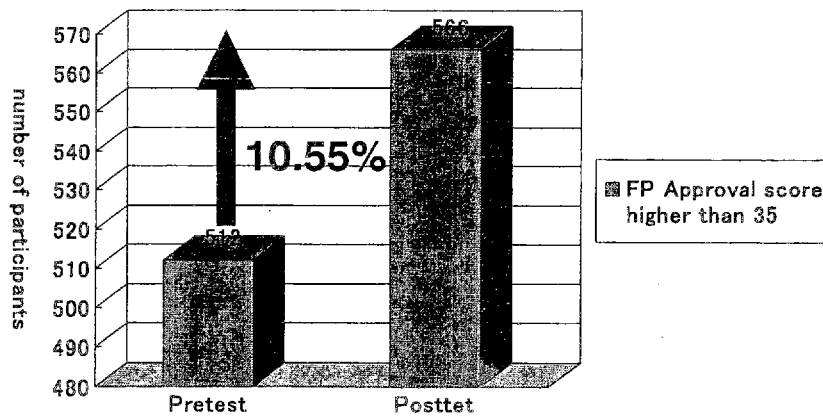
Number of FP methods known by female participants (N=817) in comparison to Jordan National KAP



FP/GID Project

Hagiwara & Malkawi 2002

Female participants who accept FP/RH increased 10.55% at FP/RH workshops

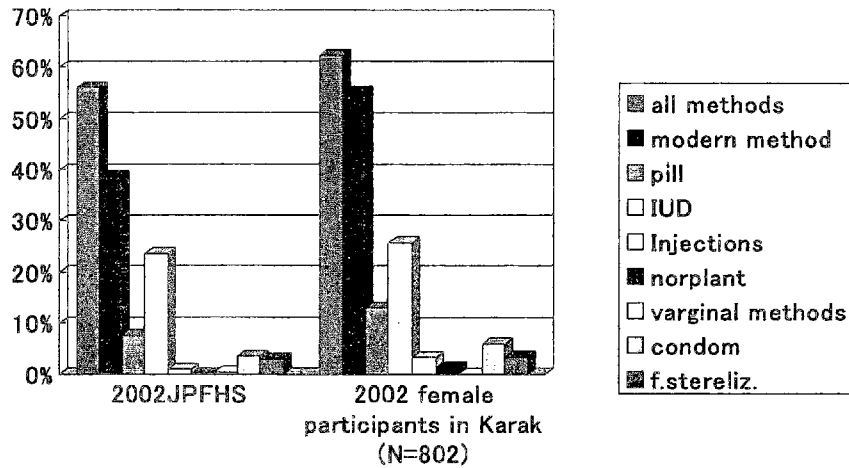


FP/GID Project

Hagiwara & Malkawi 2002

Current use of Contraception

currently married women 15-49



JPFHS: Jordan Population & Family Health Survey
FP/GID Project

Hagiwara & Malkawi 2002

Percent of currently married women (age 15-49) using contraception

- 2002 Jordan Population and Family Health Survey

55.8% (All Methods)
38.6% (Modern Method)

- Female Participants in Karak 2002

62.2% (All Methods)
55.2% (Modern Method)

FP/GID Project

Hagiwara & Malkawi 2002

Table 1.2 Current Use of Contraception in Comparison with National Survey
Percent of currently married women (age 15-49) using contraception, by type of method
in national surveys and among Female Participants in Karak (N=802)

	2002JPFHS	Female Participants in Karak 2002
All Methods:	55.8%	62.2%
Modern Methods	38.6%	55.2%
Pill	7.5%	12.9%
IUD	23.6%	25.7%
Injections	0.9%	3.2%
Norplant	0.0%	1.2%
Vaginal methods	0.3%	0.0%
Condom	3.4%	5.8%
Female Sterilization	2.9%	3.3%

FP/GID Project Hagiwara & Malkawi 2002

JPFHS: Jordan Population and Family Health Survey

* If more than one method is used, only the most effective method is considered in this tabulation.

**Progress report V (Feb - April 2002)
Submitted to Technical Management Committee
-based on a monitoring system revised in November, 2001-**

Composition of the Project Team during This Period:

Japanese:

Tokiko Sato
Shuji Noda
Atsuko Imoto
Yoko Matsuya
Akiko Hagiwara
Akihiro Fujiwara

Jordanians:

Mohammed N. Sarayrah (NPC)
Abdul Rahim Al Ma'aytah (NPC)
Abdul Munem Malkawi (NPC)
Abdullah Al Qudsi (NPC)
Muneif Abu Al Rish (JOHUD)
Nuha Muhreiz (JOHUD)
Thaer Eibeisat (JOHUD)
Fatmeh Abu Kaf (JOHUD)
Mohammed Batayneh (MOH)
Akef Al Azab (MOH)
Abdullah Shawawreh (MOH)
Nassar Amareen (MOH)

Summary of Activities during This Period:

Output 1:

Capacity of a Community Support Team (CST), facilitators, a Local Credit Committee (LCC), and a Local Advisory Committee (LAC) is strengthened.

Activities:

- 1.1 Formulate Local Advisory Committee (LAC)
Completed as mentioned in the progress report II.
- 1.2 Form the Community Support Team
Completed as mentioned in the progress report II
- 1.3 Conduct training on PRA
Completed as mentioned in the progress report II.

- 1.4 Conduct a baseline survey including PRA
Completed as mentioned in the progress report II.
- 1.5 Provide all necessary technical training to the CST
April 21,23, 24 and 25/2002
The new CST candidates and the weak members of the CST received a training on reproductive health/ family planning and skills of home visit. This training was designed by Ms. Imoto in cooperation with Ms. Muneira. The new CST, once appointed, will be closely followed up by Ms. Imoto and Ms Muneira.
- 1.6 Provide all necessary technical training to facilitators
Completed as mentioned in the progress report IV.
- 1.7 Provide all necessary technical training to LCC
LCC received training on basics of business management as mentioned in 4-2.1
- 1.8 Provide all necessary technical training to LAC
The project invited LAC to study the income generation activities for the fiscal year 2002 together with the LCC members. Some members of LAC also joined the facilitation team. Others joined the LCC team. It was mentioned in the progress report IV item 4-3.2. Dr. Sato and Nuha will meet them in June/July to receive their recommendations and support for the awareness sessions.

Output 2:
Positive Social Attitudes towards women and family planning are increased.

Activities:

- 2.1.1 Identify awareness program strategies, prepare training materials and conduct evaluation.
Completed as mentioned in the progress report III.
- 2.2 Conduct awareness training to CST (Gender)
March 18-21/2002
A training workshop was conducted for the CST members, newly recruited members, CST candidates and rural leaders on gender issues in particular those related to RH and FP in order to give them the chance to produce -through their participation in the workshop based on their experience in home visits and knowledge with their communities- a handbook for the use in their home visits. The workshop was organized by Dr. Sato and Ms. Imoto in cooperation with the Queen Zein Al

Sharaf Institute for Development. This handbook will be pre-tested before use whether the contents will be suitable and easy to understand for women in the community.

2.3 Mobilize community leaders as advocacy
As mentioned in the progress report IV.

2.4.1 Produce IEC materials, enter-educate, media etc.

Issue No 6 was distributed in Feb, 2002 covering the activities of January 2002. (Training facilitators for awareness workshops, a journalist from Japan visited CST members and JOHUD staff informed LCC members of all the necessary loan procedure for goat project and other activities).

Issue No 7 was distributed in March 2002 covering the activities of February 2002 (Participatory enter-education workshops, the mission from Japan visited the project site and exchanged opinions with the management of NPC,JOHUDD and MOH and handover of the equipment list for the Japanese fiscal year 2000).

Issue No 8 was distributed in May 19th, 2002 covering the activities of March 2002 (Goat procurement, a gender/self-empowerment and reproductive health workshop for CST and rural leaders, JICA provided Karak Health Directorate with two new land cruisers and other activities).

Guidebook on " Communication for Change in Family Planning and Reproductive Health Behavior" was produced by mutual efforts of Dr. Sato, Dr. Hagiwara, Dr. Ziad Rifai from UNFPA, Ms. Lina Attel from Noor Al Husein Foundation and Dr. Batayneh from MCH Directorate/ Ministry of Health.

A video program on spousal communication, decision-making and enhancing women's role in the society is in process. Mr. Najeh Al Zein, Noor Al Husein Foundation, is preparing the text and it will be ready for shooting in coming May 2002.

2-4.2 Distribution of existing & newly produced video and other IEC materials and monitoring their usage.

On April 4, 8 episodes related to gender, which were produced by the project in cooperation with NPC and broadcasted on Jordan TV, were handed over to Dr. Shawawreh by Dr. Sato at the In-House Meeting.

- 2.5.1 Select and conduct training to awareness seminar facilitators (Males & Females)

Completed as mentioned in the progress report IV.

- 2.5.2 Conduct awareness seminar (Males & Females)

Feb 16th to April 7th 2002

An enter-educate awareness workshop was conducted on premarital medical examination and antenatal care. These workshops were repeated in the 6 target areas in Karak. 394 females and 196 males attended these workshops. Dr. Hagiwara, Mr. Fujiwara, Mr. Abed and Thaer planned, implemented and evaluated the workshops together with the 28 facilitators who received basic knowledge and skills on facilitation from the project.

Beneficiaries of the Project's income generation activities need to be encouraged to participate in these workshops.

April 9th and 10th 2002

A trial enter-educate awareness workshop was conducted for facilitators at Karak CDC by Hagiwara, Fujiwara, Abed and Thaer. Mr. Najeh Al Zein was invited as a trainer. This workshop was arranged to plan and prepare workshops and practice facilitation skills on the postnatal and breastfeeding. 18 female facilitators and 7 male facilitators attended. During this trial workshop, the team found different difficulties that the male and female facilitators face, which will be taken into consideration in the next skill training.

- 2.6. Conduct home visit

On-going activities with close supervision by Ms. Imoto. Monthly meetings with CST were held to receive their monthly report related to their home visits and client records, as well as providing them with new materials, discussing difficulties they face and paying them the incentives. During this period, three meetings were conducted as follows:

1. March 5th, 2002

A monthly meeting was conducted at Karak training hall. CST discussed recent progress with Ms. Imoto and Ms. Muneira. CST received lectures from Muneira on LAM and other advice, which should be used in counseling during their home visits.

It was reported by CST that some midwives didn't understand correctly the standard of MCH center services; e.g. time of newborn baby follow-up. Some mothers were refused to receive the service. The midwife supervisor needs to instruct these midwives.

Women in Ayy complain that there is no gynecologist coming to Ayy MCH any more.

A new midwife in Haditheh MCH refuses to see babies below one month.

2. April 8, 2002

A monthly meeting was conducted at Karak CDC. CST discussed recent progress with Ms. Imoto and Ms. Muneira. CST received lesson from Muneira on contraceptive pills. Two CST members (Ilham Majali from Rabbeh and Ms. Harbyeh Al Hajaya from Qatraneh) were discharged according to the result of the evaluation that was made by the project.

3. April 30, 2002

Dr. Mohammed Batayneh, Dr. Sato attended the meeting to monitor the progress of CST and to encourage 6 new members. The total number of CST after discharging 2 members and inviting 6 new members reaches 28.

CST will support the project in collecting data on the contraception dropout.

- 2.7. Conduct refresher training for CST (Southern Ghor)
Completed as mentioned in the progress reports II and III. CST of Southern Ghor received gender training as mentioned in 2.2 above.
-
- 2.8 Conduct awareness seminars (Males & Females) (Southern Ghor)
Not conducted yet.
- 2.9 Conduct home visit (Southern Ghor)
On-going activities with close supervision by Ms. Imoto. As mentioned in 2.6 above.

Output 3:

MOH's Services in MCH, RH& FP are strengthened.

Activity:

- 3-1 Identify an inventory of MCH centers
Completed as mentioned in the progress report I.
- 3-2 Conduct training related to the project objectives:
- Task Force
Completed as mentioned in the progress report II.
 - CST
Completed as mentioned in the progress report III.
 - RH for midwives
Completed as mentioned in the progress report III.

- FP Logistics for midwives.
As mentioned in the progress report III. A plan was set for another training course in the near future.

- Counseling skills for Midwives
Not conducted yet.

- Practical training related to project activities for midwives.

March 30, April 3 and 6/ 2002

Practical training was conducted for 22 midwives and nurses at Karak training hall, Karak hospital and Riyadh MCH. Ms. Imoto, Ms. Muneira and Ms. Nemat designed and implemented the activity. The participants received knowledge and practical training on home visits, home delivery and infectious prevention for IUD services.

- IUD for physicians

February to April

8 doctors completed training on IUD insertion. In total, 16 doctors were trained.

- Ultrasound training for physicians

Completed as mentioned in the progress report III.

- RH/gender orientation program (physicians)

Not conducted yet.

3-6. Conduct PRA

Completed as mentioned in the progress report II.

3-7. CST's home visit

As mentioned in 2.6 above.

3-8 Deleted.

3-9. Provide a monthly statistical report

As mentioned in progress report IV. The project still needs statistics related to number of counseling and contraception dropout.

Output 4

Women's social status is enhanced through their economic participation.

Activities:

4-1.1 Formulate LCC at six areas in Karak & reorganize LCC at three areas in Southern Ghor.

Completed as mentioned in Progress report II. But the agreement which should be made by JOHUD related to Ayy and Rabbeh LCCs is not completed yet.

4-1.2 Conduct training related to small business and loan scheme for LCC

April 14-18/2002

A training on basics of business management was conducted at Karak CDC to the LCC members and rural leaders in cooperation with the Small Business Development Center in JOHUD. This training was conducted to provide the LCC members with proper knowledge on small business management that will give them better understanding on the selection of beneficiaries, beneficiaries' needs and successful projects. Full report on the training was submitted by SBDC.

4-1.3 Train LCC members on-the-job training basis.

On-going activity through routine meetings. (As mentioned in the progress report IV).

4-2 Establish revolving fund system

April 2001 - March 2002

As mentioned in the progress report IV, the loan program operational guideline was prepared. The aim of establishing this guideline is to specify the duties, roles and responsibilities of the parties concerned in the income generation projects, to establish operational procedure to allow all the project staff to follow for better implementation of the income generation activities. The guideline is prepared by Ms. Matsuya and Mr. Muneif. In March it was finally approved and signed by Dr. Sato and Mr. Muneif.

4-3.1 Conduct a needs survey of the local people through PRA.

Completed as mentioned in progress report II.

4-3.2 Identify and select the new income generation projects.

Completed as mentioned in the progress report IV.

4-3.3 Conduct basic small business training for candidates beneficiaries and actual beneficiaries.

Not conducted yet.

4-3.4 Select beneficiaries.

February - April 2002

During this period Ms. Matsuya, LCC members, staff of Social Development Department including Ms. Fatmeh Abu Kaf were involved in selection of the beneficiaries of the bee-keeping project, preparing loan agreements. 18 beneficiaries from Karak and 2 beneficiaries from Ayy signed the agreements to receive their beehives and be ready to have the training. Loan amount is 660J.D.

4-3.5 Conduct technical training for beneficiaries.

A theoretical and practical training is under preparation for the new beneficiaries of a bee-keeping project.

4-3.6 Provide materials related to the income generation project.

January - March 2002

All the arrangements related to goat procurement was made during this period. Ms. Matsuya, Mr. Noda, Ms. Fatmeh Abu Kaf, LCC members and rural leaders were working together for the goat project. 70 beneficiaries who were already selected last summer signed the agreements and received their goats (hybrid shami and / or baladi).

4-3.7 Follow up and monitoring on materials and beneficiaries.

April 8-May 1,2002

Ms. Matsuya and Ms. Nuha conducted a monitoring activity on the income-generation projects at Southern Ghor. The purpose of this monitoring is to study project progress at Southern Ghor, to suggest some recommendations in order to improve the beneficiaries' condition or to re-issue new loans. CDC at Safi supported the activity. Selected beneficiaries from the existing income generation projects were interviewed and equipment were checked. A cash loan will start in this area after the analysis of the study is completed.

Output 5

Monitoring Activities are conducted and all evaluations are completed.

Activities:

5-1 Establish monitoring system.

April 4, 2002

The experts and the counterparts of the project reviewed the PDM that partially revised by the Japanese Management Consultation during their visit in February, but the project team didn't have time to sit and review together sufficiently. The team completed some parts of the PDM that needed discussion and completion and approved it finally. Dr. Hagiwara moderated the workshop and finalized the PDM amendments.

5-2 Monitor project activities on a regular basis

Activity reports were submitted although the Management needs to request their timely submission for feedback purpose. Data related to "Objectively Verifiable Indicators" were being collected. Mid-term results should be presented around in October 2003.

5-3 Conduct outcome evaluation at the end of the project
Not conducted yet.

- 5-4 Share projects outputs on the national level
Not conducted yet.

Output 6:

Capacity of Counterparts is strengthened.

Activity:

- 6.1 Conduct on-the-job training by Japanese experts
The counterparts share responsibility with the experts for the concerned activities. Their efforts are documented in the activity reports, which are filled by counterparts as well as experts.
- 6.2 Conduct seminars to the counterparts
Not conducted during this period.
- 6.3 Dispatch counterparts to Japan

Mr. Abdullah Qudsi attended a training course in Japan on computerized video production at Avaco Creative Studio from March 18-April 6, 2002.
- 6.4 Conduct technical exchange visit
The JICA Headquarters needs to inform the Project of the possibility of the visit to Tunisia.

Progress report VI (May - July 2002)
Submitted to Technical Management Committee
-based on a monitoring system revised in November, 2001-

Composition of the Project Team during This Period:

Japanese:

Tokiko Sato
Reiko Otaguro
Atsuko Imoto
Yoko Matsuya
Akiko Hagiwara
Akihiro Fujiwara

Jordanians:

Abdul Rahim Al Ma'aytah (NPC)
Abdul Munem Malkawi (NPC)
Nuha Muhreiz (JOHUD)
Thaer Eibeisat (JOHUD)
Fatmeh Abu Kaf (JOHUD)
Mohammed Batayneh (MOH)
Akef Al Azab (MOH)
Ghazi Al Mrayat (MOH)
Nassar Amareen (MOH)

Summary of Activities during This Period:

Output 1:

Capacity of a Community Support Team (CST), facilitators, a Local Credit Committee (LCC), and a Local Advisory Committee (LAC) is strengthened.

Activities:

- 1.1 Formulate Local Advisory Committee (LAC)
Completed as mentioned in the progress report II.
- 1.2 Form the Community Support Team
Completed as mentioned in the progress report II
- 1.3 Conduct training on PRA
Completed as mentioned in the progress report II.
- 1.4 Conduct a baseline survey including PRA
Completed as mentioned in the progress report II.

- 1.5 Provide all necessary technical training to the CST
CST received training as mentioned in the progress report II, III, IV and V.
- 1.6 Provide all necessary technical training to facilitators
Training on facilitation skills on FP/RH awareness workshops as well as trial workshops were completed as mentioned in the progress report IV. Training on Gender awareness workshops and trial workshops on Gender are to be conducted in August and September 2002.
- 1.7 Provide all necessary technical training to LCC
Completed as mentioned in the progress report V.
- 1.8 Provide all necessary technical training to LAC

July 8 and 17/2002

Dr. Tokiko Sato and Nuha Muhreiz arranged LAC meetings at two places: Mutah CDC and Faqou' CDC. Nuha divided the LAC into two groups so as to share information and to make the relationship close among the LAC members.

The purpose of the meeting was to brief the LAC members on the activities from August 2001 till June 2002, to discuss the strategy of increasing the number of participants at the participatory enter-educate workshops, to announce the next activities and to share case studies prepared by Nuha from Japan on the voluntary spirit of the small local communities in Japan. Thirty persons participated, including some new members. Qatraneh and Mutah LAC members are serious and committed from the beginning. Most of the LAC members who were present strongly supported the project and appreciated its efforts. In addition, they offered their assistance to help the invitations for the enter-educate workshops if they are informed of the workshop schedule.

Output 2:

Positive Social Attitudes towards women and family planning are increased.

Activities:

- 2.1.1 Identify awareness program strategies, prepare training materials and conduct evaluation.
Completed as mentioned in the progress report III.

May 8, 2002

Awareness program strategies for FP/RH were revised and presented by Dr. Hagiwara & Mr. Malkawi (for female workshops) and Mr. Fujiwara & Mr. Thaer (for male workshops) to Ms. Rihab Majali, Dr. Sato and Ms. Nuha and approved. The revision was made to cope with current difficulties and problems associated with the awareness program.

Awareness program strategies for Gender Workshops

Awareness program strategies for Gender Workshops are prepared by Dr. Hagiwara and Mr. Malkawi in the “Facilitator’s Guidebook on Participatory Enter-Educate Program on Women’s Empowerment, FP and RH” (Facilitator’s Guidebook Volume 4) and approved by the review committee held **July 24, 2002** as in the 2.4.1 of this progress report.

Facilitator’s Guidebook on Gender

“Facilitator’s Guidebook on Participatory Enter-Educate Program on Women’s Empowerment, FP and RH” (Facilitator’s Guidebook Volume 4) were prepared by Mr. Malkawi, Dr. Hagiwara, Dr. Sato and Ms. Nina Jada’ (Noor Al Hussein Foundation) and reviewed by the committee held **July 24, 2002** as in the 2.4.1 of this progress report. The draft of the Topic Messages according to each discussion topic (Spousal Communication), (Decision Making) and (Enhancing Women’s Role in Society) prepared by Dr. Hagiwara were approved by the review committee. On the other hand, Main Messages and some questions related to main messages, prepared by Dr. Hagiwara and Ms. Jada’, were advised to be revised so that each topic messages becomes clearer and simpler. This guidebook will be finalized by September 2002 and to be used for Facilitation skill training on Gender topic workshops.

Other training materials (IEC Guidebooks Volume 1, 2 and 3) were published already as in below.

- Volume 1: Communication for Change in Family Planning and Reproductive Health Behavior (Ziad, Batayneh, Hagiwara & Sato, 2002)*
- Volume 2: Awareness Workshop Guidebook for Facilitators (Hagiwara & Malkawi, 2002)*
- Volume 3: Using the Interactive Theatre in RH Education – A Facilitator’s Guidebook (Jada’ & Hagiwara 2001)*

- 2.2 Conduct awareness training to CST (Gender)
Completed as mentioned in the progress report V. The handbook will be finalized by Ms. Atsuko Imoto in cooperation with Dr. Tokiko Sato and Nuha Muhreiz.
- 2.3 Mobilize community leaders as advocacy
Completed as mentioned in the progress report IV.

2.4.1 Produce IEC materials, enter-educate, media etc.

May, 2002

Video programs on Gender were produced in cooperation with Noor Al Hussein Foundation. It consists of three topics, which are

1. Spousal Communication
2. Decision Making
3. Enhancing Women's role in society

July 24/2002

A meeting was held by the video committee Dr. Ziad Rifai/ UNFPA, Ms. Nina Jada'/ Noor Al Hussein Foundation, Mr. Abedelmunem Malkawi/ NPC, Mr. Akihiro Fujiwara/ JICA and Tokiko Sato/JICA to review the video and the facilitator guidebook produced by Malkawi, Hagiwara, Sato and Jada' on the topics of Gender (spousal communication, decision-making and enhancing women's role in society). (In addition to the comments made at the committee meeting, Dr. Faiza Benhadid/ UNFPA gave advice on the script. Dr. Shirin Shukri/UNIFEM reviewed the video and the guidebook and made her comments on them). The video was approved but the guidebook needs some amendment according to the notes that were given by the committee during the meeting.

A monthly newsletter (Issue No. 9) was distributed in July 2002 covering the activities of April 2002 (Contents: Training session on the basics of small business management, in-house meeting to finalize the monitoring indicators, 14 copies of the video program produced by the Johns Hopkins University handed over to MOH/Karak Health Directorate and other activities).

A monthly newsletter (Issue No 10) was distributed in August 6,2002 covering the activities of May 2002 (Contents: Twenty beneficiaries started the bee-keeping project for the Japanese fiscal year 2002, participatory enter-educate workshops have begun in the six target areas with new topics, IUD training has been conducted and 21 physicians acquired the skills and other activities).

2-4.2 Distribution of existing & newly produced video and other IEC materials and monitoring their usage.

The last video program (Gender) was produced in cooperation with the Performing Art Center and approved by the video committee. Copies will be distributed to the project's locations at the six focal areas so as to start gender workshops as a next stage of the enter-educate program.

- 2.5.1 Select and conduct training to awareness seminar facilitators (Males & Females)
Completed as mentioned in the progress report IV.
- 2.5.2 Conduct awareness seminar (Males & Females)
Awareness workshops on FP/RH. Topic 3, 4, 5 (Postnatal care, breast feeding, family planning). Workshops were conducted during this period. Activity reports are awaited for submission.

July 14,21,22 and 23

Health education sessions were conducted at Qatraneh CDC to improve and change the attitudes of Qatraneh's women towards cleanliness and health matters. Dr. Tokiko Sato supported Ms. Muneira Sha'ban to prepare for this activity after the finding that the area badly needs such kind of awareness raising. A big number of women attended and received information (from Ms. Muneira Sha'ban) that was suitable for their level of understanding. Many questions were raised by the women and answered by Ms. Muneira. Cooperative atmosphere was appeared between the CST, Ms. Muneira and a rural leader: They worked together to collect the women. Women were very happy to participate and appreciated Dr. Sato and Ms. Muneira.

- 2.6. Conduct home visit
As mentioned in the progress report V, it is on-going activities. During this period, two meetings were conducted as follows:

June 3rd, 2002

A monthly meeting was conducted at Karak MCH training hall. CST discussed recent progress, received materials and advice. Ms. Imoto and Ms. Muneira explained them on the supervisory visits. Ms. Muneira gave them a lecture on postnatal care including exercise that is required for woman after delivery.

July 2nd, 2002

A monthly meeting was conducted at Karak MCH training hall. CST discussed recent progress, received advice and a lecture on injectables by Ms. Muneira. Dr. Sato attended this meeting since Ms. Atsuko Imoto was on leave. Dr. Sato explained the purpose of a spot check for the CST so as to encourage them. The monthly award was given to two CST from Mazra'a. CST raised some notes such as " a new doctor of Mutah MCH doesn't know how to use the ultrasound. He was expected to be included in the Project's training program if more ultrasound training is planned. Other notes were solved in the meeting. During this meeting Ms. Kafa from Qatraneh announced her resignation.

2.7. Conduct refresher training for CST (Southern Ghor)
Completed as mentioned in the progress reports II and III. CST of Southern Ghor received gender training as mentioned in 2.2 above.

2.8 Conduct awareness seminars (Males & Females) (Southern Ghor)
Not conducted yet. Planned to be conducted in Feb 2003.

2.9 Conduct home visit (Southern Ghor)
On-going activities with close supervision by Ms. Atsuko Imoto. As mentioned in 2.6 above.

Output 3:

MOH's Services in MCH, RH& FP are strengthened.

Activity:

3-1 Identify an inventory of MCH centers

Completed as mentioned in the progress report I.

3-2 Conduct training related to the project objectives:

- Task Force

Completed as mentioned in the progress report II.

- CST

Completed as mentioned in the progress report III.

- RH for midwives

Completed as mentioned in the progress report III.

- FP Logistics for midwives.

As mentioned in the progress report III. A plan was set for another training course in the near future.

It will be finalized whether the training will be conducted or cancelled based on Ms. Nematt's opinion when she completes her monitoring of their performance.

- Counseling skills for Midwives

Not conducted yet. It will be finalized whether the (family planning and counseling) training will be conducted or cancelled based on Ms. Nematt's opinion when she completes her monitoring of their performance.

- Practical training related to project activities for midwives.

Completed as mentioned in the progress report V.

- IUD for physicians

In total 20 doctors were trained.

- Ultrasound training for physicians

It was planned that another 4 physicians will start ultrasound training in October 2002.

- RH/gender orientation program (physicians)

Not conducted yet.

- 3-6. Conduct PRA
Completed as mentioned in the progress report II.
- 3-7. CST's home visit
On going as mentioned in 2.6 above.
- 3-8 Cancelled avoiding to the duplication of the USAID Project.
- 3-9. Provide a monthly statistical report
The project received a statistical report from the Midwives Supervisor except the number of visitors at CPP center. The project will try to receive it from PHCI project.

Output 4

Women's social status is enhanced through their economic participation.

Activities:

- 4-1.1 Formulate LCC at six areas in Karak & reorganize LCC at three areas in Southern Ghor.
As mentioned in the progress report V the project is still waiting for the agreement which should be made by JOHUD related to Ayy and Rabbeh LCCs.
- 4-1.2 Conduct training related to small business and loan scheme for LCC
Completed as mentioned in the progress report V.
- 4-1.3 Train LCC members on-the-job training basis.
On-going activity through routine meetings. (As mentioned in the progress report V). In addition, the LCC were given a new tasks by keeping them involved in doing follow up and monitoring to the beneficiaries as mentioned in item 4-3.7
- 4-2 Establish revolving fund system
Completed as mentioned in the progress report V.
- 4-3.1 Conduct a needs survey of the local people through PRA.
Completed as mentioned in the progress report II.
- 4-3.2 Identify and select the new income generation projects.
Completed as mentioned in the progress report IV.
- 4-3.3 Conduct basic small business training for candidates beneficiaries and actual beneficiaries.
Not conducted yet.

4-3.4 Select beneficiaries.

Completed as mentioned in the progress report V.

4-3.5 Conduct technical training for beneficiaries.

May 5-9/2002

A 5-day bee-keeping training for beneficiaries was conducted in Karak CDC by the technician Mr. Ahmad Malkawi in cooperation with Ms. Yoko Matsuya. Twenty new beneficiaries participated (18 beneficiaries from Karak and 2 beneficiaries from Ayy). The purpose of the training was to provide the new beneficiaries with the knowledge and skills of bee-keeping that would help them in managing their project. The beneficiaries had the chance to observe the cultivation of honey during this course.

May-July, 2002

A follow up training for the beneficiaries of the bee-keeping project was started. This training is made at their homes by the technician Mr. Ahmad Malkawi on a 2-day-a-week till July 2002 then the visits will be for 2 days every other week. The beneficiaries learn more and work better for their projects while Mr. Malkawi visit them on a regular basis and give them advice and solves the problems that happen in their projects. During May-July,2002, the beneficiaries could cultivate twice: one from May 10th to May 14th, and the second from June 24th to July 4th. The beneficiaries received labels for their honey production. The labels were designed and prepared by Mr. Akihiro Fujiwara, Ms. Nuha Muhreiz and Ms. Yoko Matsuya.

4-3.6 Provide materials related to the income generation project.

May 14-17, 2002

The project provided the beneficiaries with three bee-hives kits, respectively, in addition to masques, gloves, pumps, crowbars and brushes. One separator, one barrel (Mondej), and one basin with four forks were provided to Ayy LCC that was kept at Ayy society.

4-3.7 Follow up and monitoring on materials and beneficiaries.

May 2002

Ms. Yoko Matsuya and Ms. Fatima Abu Kaff conducted a monitoring program for the JFY 2002. Twenty beneficiaries of the bee keeping project were interviewed to measure their situation at the starting point of the project. The purpose of this monitoring is to measure the improvement of beneficiaries' skills and how the project could empower these women.

June-July 2002

Ms. Yoko Matsuya and Ms. Fatima Abu Kaff prepared the monitoring sheet to enable each CDC/LCC to conduct monitoring activities through the home visits to the beneficiaries of goat for JFY 2002. Trial interviews were conducted at Mu'tah CDC to train the LCC and to pre-test the questionnaire. Seventy beneficiaries of the goat project were supposed to be interviewed to measure their situation at the starting point of the project exactly the same as the bee keeping project. Mutah, Qatraneh, Ayy, and Rabbeh completed their monitoring activities but Karak and Faqou' CDC has not completed yet.

Output 5

Monitoring Activities are conducted and all evaluations are completed.

Activities:

- 5-1 Establish monitoring system.
Completed as mentioned in the progress report V.

- 5-2 Monitor project activities on a regular basis
On going as mentioned in the progress report V.

June 17, 2002

Dr. Tokiko Sato, Ms. Nuha Muhreiz conducted a spot check on Naela Amareen, CST members, from Faqou'. The purpose of this activity isto monitor and supervise CST, to assist in the evaluation of CST performance and to encourage the CST members to continue their efforts. Arrangement was made by Ms. Atsuko Imoto and Ms. Muneira. Naela is performing well but it seems she is confused. She needs to carry her materials and to feel comfortable during the spot check. It is noticed that in general the CST members feel scared from the spot check. Thus Dr. Sato will clarify the purpose of the spot check and encourage them in the next CST meeting.

Ms. Muneira Sha'ban continued supervising the CST's home visit and helped CST to give advice to women who were visited

It was planned to make a spot check to Ms. Kafa at Qatraneh but she did not come to the CDC to meet us.

June 24,2002

Dr. Tokiko Sato and Ms. Nuha Muhreiz conducted a spot check to monitor and supervise the home visits of Sameera, Kafa and Suad from Ghor Al Safi. Sameera did her best during the home visit but she was not lively. She looks that she is not interested in the home visit. Kafa was good during her visit. She needs more concentration and not to jump from one subject to other before confirming the woman understood. Suad did very well. Her counseling was so interesting. She

raised important issues related to the MCH services in Ghor Al Safi. Staff of MCH at Ghor Al Safi refused to receive the women for the first visit to check ups of newly-born babies. They instruct the women that they should come at one time to do two things together (first vaccination and check-up of the baby).

5-3 Conduct outcome evaluation at the end of the project
Not conducted yet.

5-4 Share projects outputs on the national level
Not conducted yet.

Output 6:

Capacity of Counterparts is strengthened.

Activity:

6.1 Conduct on-the-job training by Japanese experts
On going as mentioned in the progress report V.

6.2 Conduct seminars to the counterparts
Not conducted during this period.

6.3 Dispatch counterparts to Japan
It was scheduled but unfortunately the training was cancelled since the counterparts who haven't gone for training in Japan are not available.

6.4 Conduct technical exchange visit
As mentioned in the progress report V.

