

Case Study Report on Capacity Development

Comprehensive Study on Family Planning and Women in Development Projects in Jordan

Analysis from
a Capacity Development
Perspective

November 2006

Institute for International Cooperation
Japan International Cooperation Agency

IIC
JR
06-16



ISBN4-902715-97-X

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— Analysis from a Capacity Development Perspective —

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November 2006

This report is based on the research findings by the Japan International Cooperation Agency (JICA) 2004 Visiting Fellow. The Japanese version of this report was published in 2005. The views expressed in the report do not necessarily reflect those of JICA. Full text of this report is available in PDF format from JICA web site;

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Published by: Research Group, Institute for International Cooperation (IFIC),
Japan International Cooperation Agency (JICA)
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Executive Summary

■ Background and Purpose of this Study

The United Nations Development Programme (UNDP) put forward the concept of Capacity Development (CD) in 1997 in the discussions on the effectiveness and efficiency of aid to developing countries. Since then, donor organizations have been positively incorporating this concept in their principles and strategies for aid. The Japan International Cooperation Agency (JICA) is also considering the introduction of this concept in the management of technical cooperation.

This study takes up a series of JICA projects in the fields of population and family planning in Jordan (“the Case”), consisting of Phase I, Phase II and Community Empowerment Programme (CEP). The Case is a spearheading project series to materialize the concept of Reproductive Health (RH) that was set forth in the International Conference on Population and Development (ICPD) in Cairo in 1994. The Case began with community empowerment with a focus on women in the pilot project site and was developed into CD of community organizations and communities as a whole. To look through the development process will also provide useful information to consider ways of CD assistance. Therefore, analyzing the Case was demanded.

In this study, the Case will be overviewed and its results and problems will be analyzed from a CD perspective. The study aims for drawing out lessons to improve JICA technical cooperation projects.

■ What is CD?

Donor agencies share the basic concept of CD, but differ in ways they incorporate in their strategies or approach to projects. Currently, the concept announced by UNDP in its report in 2002 is in the mainstream. It emphasizes to recognize that every developing country has home-grown “capacity” and to consider that both donor and beneficiary countries are partners of equal standing. “Capacity” in this context is defined as capacity to solve problems, capacity to set and achieve goals, and capacity to perform due roles properly. Most technical cooperation projects so far have helped enhance individual techniques and strengthen organizations, but unfortunately no consideration has been made to enhance the capacity of a society as a whole. Reflecting this point, UNDP advocates that capacity should be developed on 3 levels, namely individual, institutional and social levels. JICA holds almost the same view as UNDP, and is studying how to introduce the CD concept into its project management.

■ Present Situation of Jordan

Jordan is a constitutional monarchy that obtained independence from Britain in 1946, and the king holds the supreme power. Because of the cultural and religious backgrounds, women tend to marry young and have many children. In 1992, it was estimated that the population would be doubled in

2013, and population control was considered as an urgent issue. The health and medical standards are relatively favorable. Although the modern Contraceptives Prevalence Rates (CPR) are low, Total Fertility Rates (TFRs) have been steadily falling thanks to changes in population policies and socio-economic development. Triggered by the ICPD in 1994, the government put forth the “national population strategy” in 1996, and formulated the “national population strategy 2000–2003: RH Action Programme” in 2000. Then, the population strategy has been pushed forward since around 2000.

■ Overview of the Case

This study considers three deferent JICA cooperation projects as one case. The Case consisted of three projects, namely a technical cooperation Phase I and Phase II with close relationship with Japanese experts, and CEP which is basically a local initiative project with financial support by JICA. The outline of each project is as shown below:

	Project phase I: Preparatory stage	Project phase II: Model formation stage	CEP: Stability and extension stage
Direct counterpart agencies	JOHUD	MOH, HPC, JOHUD	JOHUD
Pilot area	Southern Ghor county, Karak governorate	Most of Karak governorate with focus on urban districts and their peripheries	One city and one de-populated area in Karak governorate
Features of the area	The poorest area	Educational level is relatively high. Birthrate is average.	City is rich in social resources. De-populated area is inaccessible from the city.
Major activities	Grasping population statistics. Developing basic health and medical services. IEC activities to men and women. Income generating program for people.	Improving the service quality at the MCH Center. IEC activities by women volunteers. Income generating activities for women.	Compiling all methods developed through phase I & II. Spreading them to other areas.
Local resources employed	MOH, Governorate Health Office, Religious leaders	MOH, Governorate Health Office, UNFPA experts and NGOs	Community organizations, local governments, and volunteer workers (CSTs and facilitators) trained in phase I & II.

■ Notable Approaches from the CD Perspective

In this case, various ingenious approaches were taken to enhance individual and institutional capacity and to create the supportive environment. Noted approaches and their significance from the CD perspective are listed below:

	Approach	Significance in CD
Phase I	(i) Baseline survey	· Developed the sense of ownership among community leaders.
	(ii) Improvement of FP/RH infrastructure	· Enhanced incentives of health and medical staff toward their work. · Provided people with an entry point to the project.
	(iii) Training of volunteers (CDP)	· Women CDPs were empowered. · FP/RH educational activities and income generating programs were integrated.
	(iv) Income generating activities (micro credit program)	· Served as an entry point to obtaining men's understanding. · Helped women gain confidence and men change their consciousness toward women.
Phase II	(i) Team building	· Enhanced the sense of ownership and commitment among the stakeholders in Jordan.
	(ii) Establishment of Local Advisory Committee	· Reduced the obstacles in tribal society. · Multi-sector approaches were fused.
	(iii) Training of volunteers (facilitators, community support teams)	· Careful support resulted in sustaining activities and enhancing their desire for improving themselves.
	(iv) Development of participatory enter-educate workshop method	· Extension work became easier by packaging human resources and educational materials.
	(v) Three-layer approach	· Helped create an environment for individuals to change their behavior.
	(vi) Establishing a monitoring system	· Will provide monitoring and evaluating methods for projects aiming for capacity development of people.
CEP	(i) Inclusive network of local resources	· Helped realize the basic concept of CD "processes of developing people's own local knowledge and capacities utilizing available resources in developing countries."
	(ii) Supplementary support	· Served as preparation for sustainable development of community organizations.

These approaches contain a variety of essence that can be applicable to other areas in Jordan and other Arab states.

■ Results and Problems from the CD perspective

The results and problems were analyzed in the light of the CD concept definition as "capacity at the individual, institutional and social levels, and note dynamic interaction among these levels."

On the individual level, the primary step of CD that women in the pilot area would be empowered was achieved, and women who served as volunteers had proceeded to the stage of self-realization. On the local organizational level, the quality of activities of organizations was enhanced as a result of nurturing the sense of ownership among leaders who were involved in this Case. On the central organizational level, the capacity of counter partners at the Ministry of Health (MOH), Higher Population Council (HPC) and Jordanian Hashemite Fund for Human Development (JOHUD) was improved, which resulted in the general improvement of these organizations. On the social level, or on the level of the surrounding environments of these three strata, the impact was limited partially because the Case intentionally controlled to interfere directly the government policies and systems. Rather, positive influence was given from outside elements such as relatively higher basic abilities of Jordanians, the stable social system, economic growth, and strengthened population policies. Furthermore, experiences obtained through the Case have exerted positive influence on other neighboring countries through participating in third-country training courses and through a technical

transfer activity to Syria by an NGO sponsored by the royal family.

It was found that interaction occurred on among individuals, local and central organizations and further among other countries. An understanding that the “Karak Model” composed of essences of the Case would be applicable to other regions is now spreading among the concerned people in Jordan, and they show strong desire to spread the Karak Model to south Jordan.

However, there are some challenges from the viewpoint of ability of setting objectives. On the individual level, women have been empowered, raised their awareness, and acquired knowledge and skills. However, they have not reached the stage of “finding and achieving objectives” to utilize what they have learned. On the level of local organizations, there is a little anxiety over their basic capacity to implement health administration.

■ Consideration and Recommendations on the Application of CD to JICA Projects/Programs

Consideration and recommendations to apply CD to JICA projects/programs are as follows:

Planning Stage

- CD means endogenous processes of developing capacities in developing countries. Based on this basic principle, the donor side must value developmental challenges, priority, and needs of developing countries.
- Outside donors must act as “supplementary support players.” For this purpose, interventions should be implemented just as a programmatic approach based on a long-term vision.
- Donor partnership is indispensable to support long-term and wide-range CD driven by developing countries themselves.
- Team building through participatory workshops is effective to develop the sense of ownership on the side of developing countries.
- As a baseline survey brings various benefits, it should be incorporated as part of project activities, and positively used.

Implementing Stage

- The sense of ownership should be developed on the base of the relations of trust.
- A flexible changing of a plan is desired so as to adjust to the development process of a beneficiary country.
- Support to facilities and equipment is important even for CD support.
- The principle of using the existing social resources and professionals in a beneficiary country as much as possible should be followed.
- Networking social resources and professional personnel will help change activities to be

dynamic and organic.

- As “supplementary support players,” donors should devise incentives for continuous development of individuals.
- Leadership training is the first-step for institutional CD.
- CD will change in quality in association with individuals, institutions and society. For facilitate changes at respective levels, it is important to build enabling environments around them.

Extension and Sustainable Development Stage

- In order to spread a project outcome, the project model to be developed in a pilot area should be highly universal. In order to economize the extension work, it is desirable that the project model is packaged.
- A good model is easily transferred to other areas. For nationwide extension, however, it is desired that the implementation of the model should be institutionalized.
- The donor should draw a vision of the final state of sustainable development in beneficiary countries from the perspective of CD and envisage the way to reach the final goal.

Acknowledgement

First of all, I would like to extend my gratitude to the Research Group of JICA Institute for International Cooperation (IFIC), for providing me with the opportunity of conducting this study.

I owe a great number of people for their support and cooperation in carrying out the study. Above all, members of the Reproductive Health Team of Human Resource Development Department of JICA which was responsible for the Family Planning and Women in Development (WID) Project in Jordan, and the Aid Strategy Team, Research Group of the JICA Institute for International Cooperation extended their full support, advice and consideration at the planning stage of this study by offering information and materials, and making arrangements for the study tour in Jordan. Further, JICA expert Dr. Tokiko Sato who served as chief advisor to the project, and who is now serving as a Regional Project Formulation Advisor for JICA kindly spared hours out of her busy days to give me precious information on the project and the country, to arrange meetings there and to give comments on the result of analysis.

In Jordan, many people extended their help to me. The staff members of the JICA Jordan Office supported me, in spite of the busy days at the end of fiscal year, to arrange the field study tour. Ms. Nuha Muhriez, a project supervisor of the JOHUD made detailed arrangements and rendered full cooperation for interviews. People at the local branches of JOHUD, MOH, HPC and the Karak governorate extended their full support. I was received warmly at every place I visited. I came to love Jordan thanks to their kindness.

Without the cooperation of people mentioned above, this study was not able. I would like to take this opportunity to express my hearty thanks to them.

In addition, the Aid Strategy Team of the JICA Institute for International Cooperation kindly gave me technical comments and advice on writing the report, to whom I am obliged.

Finally, I would also like to thank my husband Yutaka Komasaawa who gave me encouragement and support throughout the entire process of this study including the field study, which has certainly led to the completion of this report.

I would like to continue to study the challenges identified in this study, and would thank all interested parties in advance for their guidance and encouragement.

November 2005
Makiko Komasaawa

Chapter 1 Introduction

1-1 Background and Purpose of This Study

In reviewing the effectiveness and efficiency of aid to developing countries, the concept of Capacity Development (CD) has been noted since the late 1990s. In particular, since the United Nations Development Programme (UNDP) put forward the concept of CD in 1997, donor agencies have been positively incorporating this concept in their principles and strategies for foreign aid. The UNDP's CD concept basically aims to promote endogenous and continuous CD in developing countries, in place of traditional "technical transfer" led by donors at their convenience.

Whereas the concept of "capacity building" that had been applied to aid projects meant to build a certain type of capacity which was lacking in a recipient community, the application of CD intends to exploit potential capacity that a developing society innately has, and develop its "problem solving ability" to attain sustainable development at its own initiative. Further, while capacity building placed the main focus on the capacity enhancement of individuals and organizations, CD aims at plural levels of individuals, organizations, and systems/society and also at the interaction among these entities.

In recent years, various donor agencies began to incorporate the concept of CD in their foreign aid principles and management frameworks. The Japan International Cooperation Agency (JICA) is also considering the introduction of this concept in the management of technical cooperation. In March 2004, *the Capacity Development Handbook for JICA Staff – For Improving the Effectiveness and Sustainability of JICA Assistance* was published, and the concept is gaining importance in JICA project management. Various case studies are being made to make concrete use of CD in JICA projects. This study is one of such case studies.

This study takes up three JICA technical cooperation projects in the fields of population and family planning in Jordan, namely Technical cooperation Phase I, its Phase II and the Community Empowerment Programme (CEP). The study called these three projects as "the Case". The case aimed to improve women's Reproductive Health (RH) standards through the empowerment of women in the pilot sites and to finally control population growth in Jordan.

The world has been going through a paradigm shift in the field of population since the International Conference on Population and Development (ICPD) in Cairo in 1994. The traditional policy-led macroscopic approach to population control proved to have a limit, and instead, a microscopic approach was taken to enhance individual women's health through the empowerment of individual women.

The projects taken up in this study consist of a series of spearheading activities giving shape to the concept presented at ICPD. These projects achieved great results in poor regions in Jordan, despite various difficulties, which was highly evaluated in JICA and received the JICA Award in 2004.¹ The author participated in the final evaluation study at the end of Phase II of the project. In the evaluation report, it was recommended that the outcome of the project should be examined in the several years later for future reference because they were pioneering projects. There was also a demand to use and analyze this case in studying ways to introduce the idea of human security in JICA projects and various application of it. Hence, the preparation of a full document to overview these projects was desired.

Three projects used the empowerment of people with a focus on women as its entry point in the pilot areas, and then led to the CD of community organizations and communities as a whole. This developmental process may provide useful information for considering the ways to support CD in JICA projects.

From the background mentioned above, the study is intended to look at the case in a comprehensive way, examine the achievements and remaining tasks from a CD perspective so as to draw out lessons to improve JICA technical cooperation projects, especially projects aiming for local society empowerment.

1-2 Composition of This Report

This report consists of seven chapters. In Chapter 2, the basic understanding of CD and clarification of the concept of CD in JICA will be described. In Chapter 3, the general situation of Jordan will be briefed. Chapter 4 will outline the project components. Chapter 5 will introduce approaches to incorporate CD in project activities, and Chapter 6 will examine the results and problems from the CD perspective. In the final chapter, comprehensive consideration will be given based on the findings in previous chapters, and recommendations will be extracted for JICA technical cooperation projects focusing on local society empowerment-type projects.

1-3 Methodology Taken for This Study

The methodology used for this study included documentary analyses and interviews with interested people in both Jordan and Japan. The 15-day field study took place from January 24 to February 7, 2005. During the field survey interviews with “direct beneficiaries”, and a survey among “end beneficiaries” using a simple questionnaire were conducted. The main information sources and informants were as follows:

¹ The JICA Award was instituted in October 2004 to mark the first anniversary of becoming an independent administration corporation to commend projects and programs with excellent achievements. In 2004, 21 projects/programs received the award including the case. The Award will be given every 5 years in the future.

(i) Documents

- Existing JICA documents and documents on relevant websites
- Various reports related to the projects (Evaluation Study and Reports by Experts, etc.)

(ii) Interviews in Japan

- Officers and staff members in charge of the management of the projects (RH Team, JICA Human Development Department)
- Former long-term and short-term experts involved in the projects

(iii) Field Study

In Jordan, a field study was conducted in the project areas of Phase I, Phase II and CEP in 3 aspects, namely, project sustainability, the appearances of impact, and effects from the capacity development viewpoint. Target people were “direct beneficiaries” who were directly involved in Phase I, II and CEP, such as counter partners of the projects at the central and local level organizations, volunteers and the beneficiaries of loan programs and “end beneficiaries” or married women in reproductive age (15–49) in the target areas. In addition, interviews were held with related donor agencies and NGOs in order to understand the views of other organizations.

Table 1-1 shows the targets and methods of the field study.

Table 1-1 The Targets and Methods of the Field Study

Target		Method	
Direct beneficiaries	Central organizations	Ministry of Health	interview
		JOHUD	interview
		Higher Population Council	interview
	Local organizations	Karak Health Directorate	interview, statistics, observation
		Southern Ghor Health Directorate	interview, observation
		Southern Ghor Hospital	interview, observation
		Maternal and Child Health Center	interview, observation
		Community Development Center	interview, observation
	Volunteers	LAC/LCC members	interview, focus group interview
		Facilitators	focus group interview
		Community Support Team	interview
		Community Development Promoters	interview
	Loan program beneficiaries		interview, observation
End beneficiaries	Women in reproductive age	simple questionnaire survey	
Other donor	UNFPA	interview	
NGO	Performing Art Center	interview	

Source: prepared by the author

Chapter 2 Basic Understanding of CD

This chapter will trace how the concept of Capacity Development (CD) emerged and how it has been considered by various donor agencies. Then, how CD is considered in JICA will be discussed.

2-1 The Progress of the Concept of CD in the Donor Community

2-1-1 The Emergence of the Concept of CD

CD emerged as a new concept in the 1980s, and came to draw attention in the 1990s.² The United Nations Development Program (UNDP) in its *Capacity Development*, published in 1997, presents the lessons from four decades of technical cooperation saying, “The past four decades practices of delivering foreign aid are being called into question for poor achievement in sustainable impact, national ownership and appropriate technologies,”³ and announced that it would place the concept of CD as the central concept of technical cooperation in the field of human development. The paper further says, “Traditional donor-driven, input-oriented, cost-benefit and expert-led practices are giving way to approaches promoting indigenous control, local knowledge and participation.”⁴ In the above paper, UNDP defined CD as shown in Box 2-1.

UNDP also defines CD having three cornerstones. (i) It is a continuous learning and changing process. (ii) It emphasizes better use and empowerment of individuals and organizations. And (iii) it requires that systematic approaches be considered in devising CD strategies and programs.⁶

Box 2-1 UNDP Definition of CD

“Capacity development is the process by which individuals, organizations, institutions and societies develop abilities (individually and collectively) to perform functions, solve problems and set and achieve objectives”.

Source: UNDP (1997) p. iii

Based on this definition, UNDP explains the roles and relations of individuals, institutions and societies, and devises a CD framework to use the capacities of respective strata, and to understand interrelationships among them to promote sustainable development. The framework proposes 4 interrelated dimensions for sustainable CD: (i) Individual, (ii) Entity, (iii) Interrelationships between

² Lavergne R. et al. (2001)

³ UNDP (1997) p. iii

⁴ *Ibid.*

⁶ *Ibid.* p. 3

entities, and (iv) Enabling environment⁷ that enables the other dimensions to act.⁸ Since the publication of the report, these four dimensions have changed, but the way to perceive CD in multiple dimensions has taken root.

2-1-2 Exploration of the Concept of CD

Since UNDP proposed the concept and the CD framework, the United Nations Children's Fund (UNICEF), World Bank (WB), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ, German Agency for Technical Cooperation), Canadian International Development Agency (CIDA), Swedish International Development Cooperation Agency (Sida) and many other international agencies and bilateral aid agencies have evolved their own principles and approaches taking CD into account, and introduced them in their aid strategies.

CIDA considered CD as a pillar of the ODA strategy in 1987, and since then, CD has become an indispensable term for daily discussions on approaches to sustainable development aid.⁹ Even at CIDA, people have different understandings on the concept of CD, and they are still in a trial-and-error stage as to its practical application in projects.¹⁰ It is because CD is an umbrella concept that embraces traditional concepts widely used in development aid (for example, capacity building, institutional building, institutional development, human resource development, development management and administration, institutional strengthening), and relations between these concepts are not clarified.¹¹ Because of the nature of the concept, there have developed two groups: the positive group of people who consider that CD serves an important part to solve problems in the field of development, and the negative group of people who are worried about incorporating too many meanings into the term with the result that it might end up being only a slogan.¹² In the latter group, a notion that CD should be more specified has gained strength as to, for example, who should be targeted, or which direction we aim at.

In response to these discussions, UNDP published *Capacity for Development: New solutions to old problems* in 2002.¹³ This book overviews opinions on CD and presents a clearer view. For example, it emphasizes that every country has indigenous "capacities" and that donor countries and recipient countries should be partners on an equal standing. The "capacity" here is defined as the

⁷ A positive enabling environment for addressing cross-sectoral issues relevant to all parts of society – the state, civil society and the private sector. In devising such an enabling environment, four inter-related issues need to be taken: (i) institutional (development policies and plans, ability and willingness to reform, distribution of institutional responsibilities, public sector and human resource policies, incentives, etc.), (ii) sociopolitical, (iii) economic, and (iv) natural resource management.

⁸ UNDP (1997) pp. 3–6

⁹ Lverage, R. et al. (2001)

¹⁰ CIDA (2004b)

¹¹ Morgan P. (1998)

¹² Lusthasu, C. et al. (1999)

¹³ UNDP (2002a) pp. 1–20

ability to perform functions, solve problems, and set and achieved objectives, Further, the paper emphasizes the need for enhancing individuals’ capacities, and making full use of them to develop the state or societies. Most of the past technical cooperation projects helped to enhance individuals’ techniques and strengthened organizations but consideration to societal level capacity was missing. Upon such a review, UNDP sends a strong message to place importance on the individual, institutional and societal levels. “Societal level” here means the “capacity of a society as a whole,” or “changes for development.” For example, it means opportunities (mechanisms) to make full use of and expand individuals’ capacities in the private and public sectors.

Based on the above consideration, UNDP compared CD with traditional technical cooperation to highlight the features of CD as defined in Table 2-1. The nature of development shifts from “improvements in economic and social conditions” to “societal transformation.” As conditions for effective development cooperation, “good policies that have to be home-grown” are suggested instead of “good policies that can be externally prescribed.” As to the acquisition of knowledge, “it has to be acquired by people of recipient countries” rather than “it can be transferred,” and the most important forms of knowledge are “local knowledge combined with knowledge acquired from other countries – in the South or the North” instead of “knowledge developed in the North for export to the South.” CD has promoted a paradigm shift in technical cooperation.

Table 2-1 New Paradigm for CD Technical Cooperation

	Current paradigm	New paradigm
Nature of development	Improvements in economic and social conditions	Societal transformation, including building of “right capacities”
Conditions for effective development cooperation	Good policies that can be externally prescribed	Good policies that have to be home-grown
Acquisition of knowledge	Knowledge can be transferred	Knowledge has to be acquired
Most important forms of knowledge	Knowledge developed in the “North” for export to the “South”	Local knowledge combined with knowledge acquired from other countries - in the “South” or the “North”
Capacity development	Human resource development, combined with stronger institutions	Three cross-linked layers of capacity: individual, institutional and societal

Source: UNDP (2002a) Table 0-1, p. 20, re-arranged by the author

2-1-3 From Conceptual Work to Operational Issues – Problem Consciousness

Along with the defining the CD concept at UNDP, the interest of the donor community has moved from the concept clarification to the discussions on practical application through the two international symposiums on CD in technical cooperation organized by JICA and UNDP with other donor agencies¹⁴ (see 2-2-2). Currently, examination of more practical approaches for project management is on progress.

¹⁴ International Symposium on “Capacity Development and Aid Effectiveness” (Jan. 2003, Manila), and Tokyo International Symposium on “Capacity Development — exploring productive partnership” (Feb. 2004, Tokyo)

While the focus of discussions has shifted from concept forming to operational issues for its application, there has been a growing tendency to highlight the donors' standpoint. As Morgan points out, "We should bear in mind the differences between CD as an indigenous process of change and evolution and CD as a donor-supported intervention in that process."¹⁵ This has an implication common to the warning of Lavergne, R. et al. that "outside interveners provide resources and facilitate the changing process, but cannot build or develop capacity in others."¹⁶

However, when considering the definition of CD to be a "process of endogenous changes and development in developing countries," a question may arise that "over emphasis on a CD approach may miss development goals themselves."¹⁷ However, Lavergne, R. et al., upon observing CIDA cooperation projects based on the viewpoint of CD, presented an interpretation that CD could become not only an approach but also the goal or outcomes (of a project or initiative). To achieve the goals or outcomes of the projects, the outside donors should keep a position as support players, and play at the following six:¹⁸

- helping development actors at different levels to settle on clear strategic directions;
- helping to improve organizational capabilities and incentive systems;
- the provision of opportunities for experimentation and learning through pilot projects, and attention to systemic constraints in innovation and learning;
- the promotion of innovative approaches for the sharing of experiences within and across national boundaries;
- the promotion of new techniques to extend the reach of information and dialogues; and
- helping to shape "an enabling institutional environment."

Performing a role of a support player in the "process of endogenous changes and development in developing countries" demands great patience of donors. Lusthaus et al.¹⁹ see that CD requires waiting until the occurrences of unpredictable changes among individuals, organizations and systems, and "time" plays a crucial role in the complicated process of evolution.

In considering CD, attention is given to "society"²⁰ which is elusive and which affects all components and which is affected by all components. Outside support players should pay careful consideration in this nature. Regarding this point, Lavergne, R. et al. insisted that outside supporters

¹⁵ Morgan, P. (1998)

¹⁶ Lavergne, R. et al. (2001) p. 3

¹⁷ *Ibid.* p. 5

¹⁸ *Ibid.* pp. 5–7

¹⁹ Lusthaus, C. et al. (1999) p. 9

²⁰ Lavergne, R. et al. use the term a "higher level" to refer to the level corresponding to society and express "chaotic but powerful elements such as norm, personal habits and so on that make the cultural, economic, socio-political environments of a society."

should also recognize their own values. As they say, it is because, “Applying some of these principles requires that donors and donor representatives be aware of their own social values. If CD is about core capacities, which include social values of various sorts, then the promotion of CD is inevitably about the promotion of certain values – for example about learning and change, about the proper distribution of power in society, about gender equality or environmental sustainability. Donors come to the table with social values and legitimately want to promote those values. There is a certain paradox in wanting to do this while also promoting local ownership and control, but working in close partnership with counterparts in developing countries does not mean leaving one’s values at home. It does imply the need for mutual respect and tolerance, and careful choice of one’s interventions and partners in the first place.”²¹

Looking through recent discussions on the CD approaches, the following perspectives and points should be kept in mind:

- Perspective of endogenous development processes in developing countries
- Can CD become a development objective?
- Have donors kept the position of supporters?
- Can donor accept that it takes a long time until changes occur and spread widely?
- Have donors given consideration to the interference of values?

2-2 Clarification of CD in JICA

2-2-1 Basic Conceptual Framework

Upon studying discussions in an international arena, JICA considers “the CD concept” to be a useful framework to enhance the effectiveness as well as the sustainability of the effects of JICA’s cooperation. JICA published *Capacity Development Handbook²² for JICA Staff – For Improving the Effectiveness and Sustainability of JICA Assistance* in 2004. Since this publication, relevant departments and sections have been studying the concept and approaches to apply CD to JICA’s project management. To examine the understanding of CD by JICA in this study, the handbook is used as the basic reference and additional references will be made to papers published by concerned people in JICA.

In *Capacity Development Handbook*, the UNDP definition (Box 2-1) is introduced as its basic definition. The targets whose capacities should be enhanced are defined as three levels of “individuals,” “organizations,” and “institution/society,” which is also close to the layers described in the document of UNDP in 1997.

²¹ Lavergne, R. et al. (2001) p. 7

²² JICA Task Force on Aid Approaches/Strategic (2004)

The Handbook also states, “In considering CD at any level, it is necessary to always have a comprehensive perspective covering the three levels of individuals, organizations and institution/society and relations between CD at respective levels.”

Further in the handbook, the following eight points are suggested as basic perspectives and points of consideration in introducing the CD concept into the JICA cooperation strategy. These are basic principles of the concept of CD and will present points of reference in developing practical methods to materialize CD.

- (i) Principally, outside partners cannot directly develop the capacity of developing countries.
- (ii) Importance of the ownership by developing countries
- (iii) Importance of collaboration with relevant people in developing countries through their participation
- (iv) Need for long-term commitment
- (v) Building a mechanism to sustain the effects of cooperation projects after project termination
- (vi) Comprehensive thinking and program approaches
- (vii) Diverse approaches to adapt to various development conditions of each country (each sector and local community)
- (vii) Efforts to grasp hardly indexed changes in CD processes

2-2-2 Shift of Focus

Around the same time, upon studying UNDP *Capacity for Development: New solutions to old problems*, in 2002, the Research Group of the JICA Institute for International Cooperation clearly expressed that the enhancement of individual and organizational capacity alone would have limits and that strengthening the CD of institutions and social systems would be more important.²³ Further, upon looking through the discussion on practical approaches to CD at the International Symposium on “Capacity Development – From Concept to Practice: Exploring Productive Partnership” which JICA organized in February 2004 in Tokyo jointly with UNDP, the World Bank Institute (WBI), CIDA and others, Mabuchi and Kuwajima summarized the conceptual framework of CD into the following two points:²⁴

- (i) By focusing on the problem solving capacity of developing countries, it is considered that developing countries will develop their capacity through making efforts at their own

²³ Mabuchi and Kuwajima (2004) p. 65

²⁴ *Ibid.* pp. 66–67

initiative.

- (ii) Capacities of multiple layers of individuals, organizations, institutions and society are taken into account, and dynamic interaction among these layers is emphasized in the concept of CD.

Regarding the second point, in particular, the two researchers reflect on “The traditional JICA technical cooperation has placed a focus on the capacity enhancement of counterpart government agencies and staff members there. However, it often was the case that cooperation on the organization and individual levels had exerted influence in a limited range, and the effect had not continued due to staff transfer and replacement. There have been many cases that projects did not have consistency with the upper-level policies, or that the effect of cooperation could not expand outside the projects due to the absence of adequate systems.”²⁵ It, therefore, emphasizes the importance of approaching upper level entities such as the systems and society, and suggests, “It is not possible for one donor agency to support all aspects of capacity at once, but in order to raise the effectiveness of aid, it should aim to enhance capacities at different levels simultaneously.”²⁶

In addition, Mabuchi and Kuwajima²⁷ have extracted the following items to be considered as the “roles of donors” based on the discussion of the case studies presented at the aforementioned symposium in Tokyo.

- Material resource provider (funds, equipment, etc.)
- Information resource provider (practical skills, knowledge, management know-how, etc.)
- Introducer of international standards (accounting management, the concept of child human rights, etc.)
- Supporter and/or support player (advice in policies and management)
- Intermediator in networking (supporting vertical networking between communities and government offices, etc)
- Supporter in building incentive systems (introduction of the principle of competition, discovery of “Champions,”²⁸ and the provision of conditions for accountability, etc.)
- Intermediator between stakeholders (communication between antagonists, etc.)

Analysis by the researchers brought out that ‘the principle underlying the roles of donors is that they should function flexibly as “facilitators to provide indirect support.”’

²⁵ Mabuchi and Kuwajima (2004) pp. 66–67

²⁶ *Ibid.* p. 69

²⁷ *Ibid.* p. 70

²⁸ “Champion” is used to mean “a key person for reform.” The term is mainly used in the business community, and is also applied in the development cooperation community in such context as “look for a key person for change in a developing country.” (Mabuchi and Kuwajima, 2004, p. 72)

2-2-3 Three Types of Technical Cooperation

The JICA Task Force on Aid Approaches/Strategy studied approaches to CD support for technical cooperation in FY2004. It presented, as a tentative assumption, three types of technical cooperation from the features of approaches at entry points. They are (i) local society empowerment, (ii) core function development, and (iii) policy and institutional development.²⁹ Characteristics of each type are explained as follows:

- (i) Local society empowerment: A specific community or a local society is designated to support the enhancement of ability to solve problems. By assisting the community with activities, help local people and the local government to build and establish a system or mechanism through which they can address and solve problems. Then know-how they gained will be applied to other areas widely.
- (ii) Core function development: At the public service provision centers in the government, human resource development, technical extension and/or research and development will be conducted. Appropriate knowledge and techniques to meet the needs of the local community will be developed, and a sustainable mechanism will be built in order to extend such knowledge and techniques to actual service scenes.
- (iii) Policy and institutional development: Give direct support to formulate specific policies and form legal systems to be applied on the national level and other upper-level institutes, form implementing systems and strengthen the management of these policies and systems.

The Task Force perceives that “these three types are not mutually exclusive, but are combined both horizontally and vertically in an actual cooperation project.”

The Case, “Family Planning and Women in Development in Jordan Project,” aimed to “help people and local organizations in a specific community in Karak governorate improve their abilities to solve problems, thus to promote the building of a comprehensive mechanism for problem solution.” According to the above classification, this case can be categorized into type (i), “local society empowerment.” In the following, this study will examine the series of type (i) projects from the viewpoint of CD.

²⁹ JICA Institute for International Cooperation (2005)

Box 2-2 Differences between Capacity Building (CB) and CD

The terms “Capacity Building (CB)” and “CD” are often used in confusion. Their differences are summarized in the following three aspects (excerpt).

- (i) While CB implies the capacity enhancement of organizations and individuals, CD additionally covers the development of institutions and policies, and the improvement of the existing social systems.
- (ii) While CB looks only at the stage of building capacity, CD emphasizes the entire process of building, strengthening and sustaining capacity.
- (iii) While CB is a term used to indicate an intervention from outside to build capacity of people and organizations in a recipient country, CD implies a process of endogenous movements by concerned parties within the country.

It does not mean that CB is wrong and CD is right. As a matter of course, CB at the individual and organization levels is still very important. In order to avoid confusion, however, the two terms should be used rightly according to different contexts.

Source: Mabuchi (2005)

Box 2-3 On-going Study on Concrete Approaches to Adopt the CD Perspective in JICA Projects/Programs

The study on CD continues at JICA from the concept definition to its actual applications to JICA projects/programs. The following is an excerpt from the March issue of JICA magazine *Frontier*. It will help people involved in the management of JICA projects/programs to have a clearer view on how to use the concept of CD in their works.

<In order to make use of the concept of CD in projects /programs>

Masayoshi Takehara

Program Planning Team, Planning Group, Planning and Coordination Department, JICA

1. Direction of improvements for JICA projects/programs

To further improve JICA projects/programs by incorporating the concept of CD, the following three directions are considered:

(1) Understand the capacity of the targets and surrounding environments

The current capacity of the targets of cooperation (individuals, organizations, and society) and the environments in which they are placed should be understood. Then, flexible and diverse approaches should be taken according to the situations.

(2) Aim for more sustainable development

While keeping balance with the achievement of short-term outcome indicators, support should be given to the of partner's CD over the long term. As the period of a JICA cooperation project is limited, a mechanism to help the effects of the project take root and spread should be incorporated in advance in a cooperation project/program.

(3) Aim for exerting impact on a wider range

Consideration should be given not only to behavior changes in individuals and organizations in the public sector but also to system reforms including the private sector and civil society, and changes in the society as a whole.

Program Based Approaches (PBAs) whereby JICA helps achieve the goals set forth by the sector or community development strategy by the partner government in cooperation with other donors and NGOs will provide effective cooperation methods

2. Concrete suggestions for the improvement of JICA projects/ programs

The following improvements can be made for the planning and implementation stages.

(1) Improvements in the planning stage of a project/program

The following improvements can be made in the planning stage including the preparation of JICA country program, a plan for country-specific implementation of programs, a study on newly requested projects, and an ante-project formulation study.

- Grasp the status of capacities and problems on the individual, organizational and societal levels of a partner country (capacity assessment). As part of this process, a sufficient analysis of stakeholders should be made (adding, for example, a standard stakeholder analysis chart in the guidelines for each problem).
- Set (qualitative and quantitative) indicators to measure changes in CD.
- Plan to evolve a project on a step-by-step basis according to the level of forging the sense of ownership on the side of the partner (setting, for example, a "preparation period").

(2) Improvements in the implementation of a project/program

The following suggestions can be made as to the improvements after a project is launched.

- Monitor the environment in which the targets for cooperation are placed and changes occurring in capacity on the side of the partner, and alter the plan accordingly.
- Emphasize activities meant to promote CD of counterpart entities (nurturing ownership and leadership) and avoid activities that may prevent CD (excessive monetary incentives, the establishment of a new implementation department for a project with feeble sustainability.)

Source: Takehara (2005)

Chapter 3 Present Situation of Jordan

3-1 Geography, Politics and Society

Jordan is a constitutional monarchy which became independent from Britain in 1946. The King possesses the supreme power. In February 1999, King Hussein, who exerted strong influence on Middle East politics, passed away, and his eldest son, prince Abdullah became the new King. King Abdullah II is making efforts to strengthen the country's economic bases.³⁰ The power of the royal family is based on regional tribes, who also support the military.³¹ Jordan's land area is 89,342 sq. km, and it is a little larger (1.14 times) than Hokkaido Island in Japan. There are 12 governorates in the country (Figure 3-1) which are divided into three Regions – North Region, Central Region, and South Region. The population is intensively concentrated in the Central Region, including the capital city Amman.

The total population is 5,290,000 (provisional data of 2004 census). A large number of Palestinians flowed in due to wars in the Middle East and the territorial dispute with Israel. About a half of the current population are Palestinians. From cultural and religious backgrounds, women traditionally have tended to marry early and have a large number of children. At the time of the formation of the Project Phase I of this case in 1994, the annual population growth rate was as high as 3.4%, and Total Fertility Rate (TFR) was 5.4. Therefore, the population with 4,300,000 in 1992 was

Figure 3-1 Map of Jordan

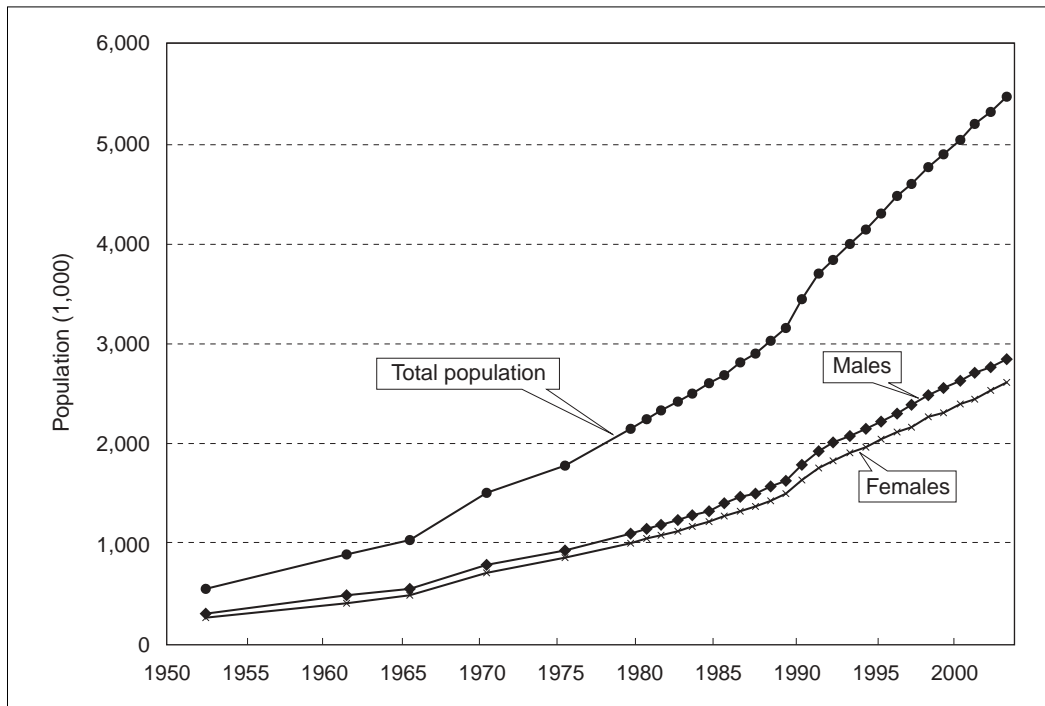


Source: Department of Statistics of Jordan (2003a) - rearranged by the author

³⁰ USAID (2005a)

³¹ Randy (2003)

Figure 3-2 Transition of the Population of Jordan



Source: Department of Statistics of Jordan (2003b) - prepared by the author

estimated to double by 2013 (Figure 3-2). Population control was considered to be an urgent issue.

Politics and government administration are relatively stable. The administrative power is strongly centralized, and the transfer of power to localities has been the issue in recent years.³² In January 2005, to respond to this, King Abdallah II announced that he would grant three regions of North, Central and South with sufficient administrative power to carry out local government functions.³³

The economy has been flourishing, in spite of the country's lack in natural resources, Jordan has been maintaining the most stable macro-economy among the neighboring countries for the past several decades. Especially in the early half of the 1990s, Jordan achieved as high as 7.6 % annual economic growth rate on average, and witnessed favorable economic conditions such as the curtailment of financial deficit, a low inflation rate at 3 % and effective economic management. Later from 1996 to 1998, its economic growth turned sour, but from 1999 to 2003, growth rates of 3 to 5 % were recovered.³⁴ However, what support such a strong and stable economy are the remittance from overseas workers that occupies nearly 25 %³⁵ of GDP and foreign assistances. The growth of agriculture³⁶ and manufacturing

³² Department of Statistics of Jordan (2003a)

³³ The Jordan Times, Karak Health Directorate, UNFPA, JICA Office

³⁴ World Bank (2005)

³⁵ Average amounts of remittance between 1990 and 2003 occupy 19.9 % of GDP, which ranks 5 th in the world (IMF 2005).

³⁶ Because 3 quarters of the land are occupied by desert and barren land, which is unsuitable for farming.

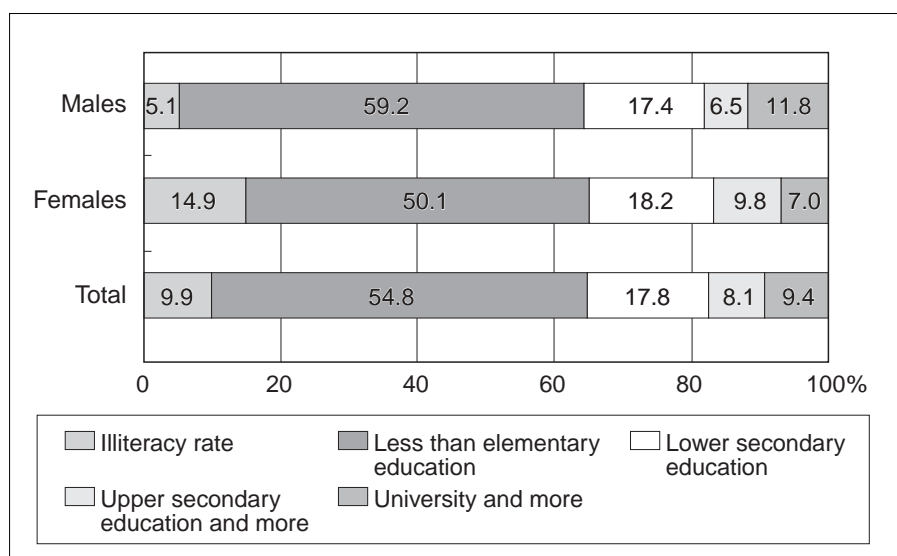
is slow.³⁷ As a result, the country's employment creation capacity is weak, and the unemployment rate, especially that among younger generations is high.³⁸ Unemployment is a major issue in Jordan today as a social as well as economic problem.³⁹

3-2 Educational Level and Employment

Jordan's educational system has been greatly improved in the past several decades, and the nation's educational level is high among Arab states. For example, the completion rate for primary education⁴⁰ is 103 % on average among both boys and girls, and 105 % among girls (1999).⁴¹ More females than males receive secondary and higher education. And a comparatively high ratio, or 7 %, of females advance to university (Figure 3-3). On the other hand, its illiteracy rate above 15 years old is 4 % among men, but that of women is high with 14 %. These figures indicate that the ratio of students going on to higher educational institutions has abruptly increased among younger generation in recent years.

In spite of their high educational level, women's social participation is still limited. Comparing the labor participation rate of women in Jordan at 11.6 % (2000) with neighboring Islamic countries, it is found to be conspicuously lower than that of other countries, such as Egypt 20.2 % (2001), Syria 23.5 % (2002), Tunisia 23.7 % (1997) and Kuwait 19.9 % (1998).^{42, 43}

Figure 3-3 Educational Level by Gender



Source: Department of Statistics of Jordan (2004) - prepared by the author

³⁷ World Bank (2004)

³⁸ According to the World Bank (2004), about 50,000 (or 4 %) young people enter the labor market every year to add on the current unemployment rate at 15 %.

³⁹ USAID (2005c)

⁴⁰ Ratio of those who have completed among children at school-going age.

⁴¹ World Bank (2005)

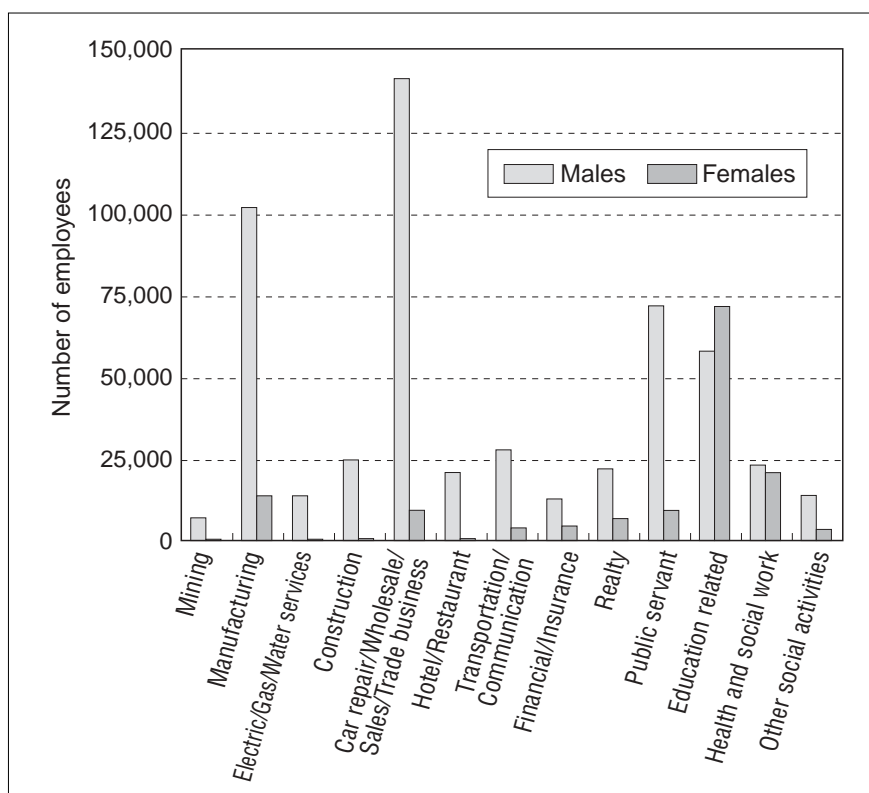
⁴² Ratio of working women aged 15 and over

⁴³ UN (2005), JICA Medical Cooperation Department (1997)

The unemployment rate is 11.8 % among men, and is higher among women with 20.7 %, 60 % of whom are those with high educational backgrounds of junior college and above. In the background are; (i) White color occupations (secretary, typist) and professional occupations (medical care-related work) which Jordanian women prefer offer limited employment opportunities, while domestic services (domestic labor, cleaning job) and farm labor in Jordan valley in which demand is growing, are considered “dirty work” and are not popular⁴⁵; (ii) Although it is not so strictly practiced as in other Islamic countries, “pardah” (the code of conduct for women) still restricts women from taking part in social activities outside their houses, and (iii) Total Fertility Rate (TFR) is high (many children), and in addition to that, there are few nurseries where mothers can place their children under safe care with a little expense, which limit opportunities for women to have time out to think about themselves.⁴⁶

Figure 3-4 compares the numbers of male and female employees according to industries. Types of industry which ensure the same level of employment opportunities to women as men are the “education related” and “health and social work related” sectors. This shows the actual condition of how employment opportunities are limited to women.

Figure 3-4 Numbers of Employees According to Industries (Public, Private Sector)



Source: Department of Statistics of Jordan (2003b) - prepared by the author

⁴⁴ UN (2005)

⁴⁵ Actually, migrant workers from the Philippines, Sri Lanka, and other Asian countries, and Egypt and other neighboring countries stand out in service industries such as maids, hotels, cleaners, sales clerks, etc.

⁴⁶ JICA Medical Cooperation Department (1997)

3-3 Present Conditions of Reproductive Health (RH)

United Nations Development Programme (UNDP) *Arab Human Development Report 2002* classifies Arab countries into three categories according to fertility rates, namely, “one at an advanced stage of demographic transition with low fertility rates,” “a second in the middle of the transition process” and “a third group still at early stages of transition with very high fertility rates.” Jordan is classified into the “second category with intermediate fertility rate.”

Arab countries can be categorized into three groups according to population growth rates (Table 3-1). Jordan is classified in the mean group with a “growth rate at 2–3 %.”

Table 3-2 compares main health and medical indices of two selected countries in each category of Table 3-1. As to health and medical services, as shown in the figures of infant mortality at 24 per 1,000

Table 3-1 Population Growth Rate in Arab Countries

Less than 2 %	2–3 %	3 % or more
Algeria Egypt Lebanon Morocco Qatar Tunisia	Bahrain Comoros Djibouti Iraq Jordan Kuwait Libyan Arab Sudan Syria Arab Republic United Arab Emirates	Mauritania Occupied Palestine territory Oman Saudi Arabia Somalia Yemen

Source: UNDP (2002c) p. 37 - rearranged by the author

Table 3-2 Comparison with Selected Middle East Islamic Countries

	Population growth rate Less than 2 %		Population growth rate 2 – 3 %		Population growth rate 3 % or more	
	Egypt	Tunisia	Jordan	Syria	Oman	Yemen
Population (1,000,000) (2004)	73.4	9.9	5.6	18.2	2.9	20.7
Average annual population growth rate (%) (2000–2005)	2.0	1.1	2.7	2.4	2.9	3.5
Infant mortality rate (per 1,000 live births) (2000–2005)	41	23	24	22	20	71
Total fertility rate (2000–2005)	3.29	2.01	3.75	3.32	4.96	7.01
Maternal mortality rate (per 100,000 live births) (2000)	84	120	41	160	87	570
Contraceptive prevalence rate (%) (all methods)*1	56	60	56	36	24	21
Contraceptive prevalence rate (%) (modern methods)*1	54	51	39	28	18	10
Births attended by skilled personnel (%)*2	61	90	100	–	95	22

*1: Latest data obtainable between 1980 and 2002

*2: Latest data obtainable since 1994

Source: UNFPA (2004) - prepared by the author

live births (an estimated average figure for 2000–2005) and maternal mortality at 41 per 100,000 live births (2000), the health and medical service level of Jordan is positioned in the middle among Arabic countries. It should be noted that its maternal mortality is low and its birth rate attended by skilled personnel is high, which suggests the availability of a well-developed system for safe child delivery.

Even though access to health and medical services and health conditions shown by indices are favorable, there remain tasks for the health sector of Jordan to address in the future. They include the enhancement of efficiency of the health and medical systems, suppressing growing medical expenditure, the improvement of geographical unbalance of services, the stabilization of long-term finance, and building the system to provide the whole nation with equal services.⁴⁷

3-4 Transition of Population Policies

In Jordan, the history of population policy is new, and it is only at the beginning of the 2000s that active population programs came to be incorporated in the national policies.

In fact, the National Population Commission (NPC) was established in 1973 as an advisory organ on population problems, there has been no notable move on population policies.⁴⁸ In 1991 NPC formulated the “National Birth Spacing Program.”⁴⁹ Upon thorough consideration of religious, social and national aspects, and the possibility of freedom of choice, the government adopted it as the first formal population program in 1993. Later in 1996, NPC formulated the “National Population Strategy,” and for the first time, a comprehensive concept of population policy covering RH, gender equality and impartiality, empowerment of women, sustainable population growth and development was incorporated.⁵⁰

In 2000 with the assistance of the United States Agency for International Development (USAID), NPC put forth the “National Population Strategy 2000–2003: RH Action Plan” as the main body in cooperation with relevant parties. This strategy set a clear goal that TFR of 3.6 in 2002 should decline to 2.2 by 2020.⁵¹

Reflecting the national population action and the need for raising national awareness to population problems, the status of NPC was upgraded to the Higher Population Council (HPC) in December 2002 as a body under the direct supervision of the Prime Minister. With this, HPC was

⁴⁷ World Bank (2004)

⁴⁸ Department of Statistics of Jordan (2003a)

⁴⁹ Birth control by spacing birth intervals. It is a traditional birth control method approved by the doctrine of Islam.

⁵⁰ Department of Statistics of Jordan (2003a)

⁵¹ Imoto (2003)

positioned as the central instrument to coordinate eight related ministries and to carry out advocacy activities to the public.⁵²

The International Conference on Population and Development (ICPD) in Cairo in 1994 gave momentum to the advancement of population policies of Jordan in the latter half of the 1990s. In ICPD, the new idea of RH and Reproductive Rights (RR) was mutually agreed upon among the nations. The approach to the population problem saw a paradigm shift from macroscopic (nationwide viewpoint) population control approaches taken by the government until then to microscopic approaches to respect women's individual human rights. Since ICPD, family planning, which hitherto had been considered as a means of population growth control, has come to be used as a means for people (especially women) to make decisions on conception and childbirth themselves, or as a part of RH/RR. The keyword of ICPD was the empowerment of women. It was stressed that empowering women, and providing them with choices in life other than marriage, childbirth and child rearing would become the key to solving population problems. The concept and methodology of ICPD have become the mainstream of world population policies as well as development assistance.⁵³

Under such circumstances, main donors in Jordan such as United Nations Foundation Population Agency (UNFPA) and USAID started supporting programs for advocacy activities and improving services in RH.⁵⁴

In Jordan, women in general have wide knowledge of contraception. In 1990, 99 % of married women had knowledge of all modern contraceptive methods, 94 % of whom knew where they could get these services. However, the modern contraceptive prevalence rate was low at 64 %.⁵⁵

Later, due to changes in population policies and socio-economic development, and even though the practicing rate of modern contraceptives remained as low as 41 %⁵⁶ at the beginning of the 2000s, TFR have steadily fallen from 7.4 in 1976 to 5.6 in 1990, 4.4 in 1997 and 3.7 in 2002 (Figure 3-5).

⁵² HPC (unknown), interview with Malkawi (ex-counter partner at HPC)

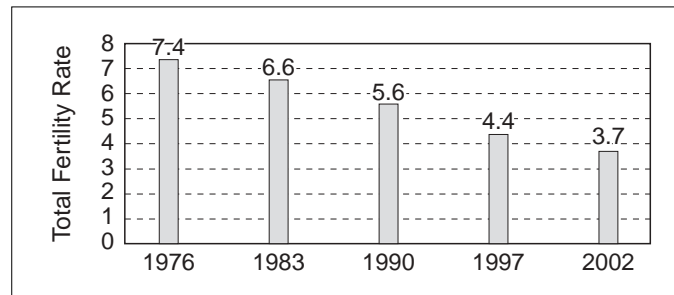
⁵³ Atoh (2000)

⁵⁴ Department of Statistics of Jordan (2003a)

⁵⁵ Department of Statistics of Jordan (2002a)

⁵⁶ Department of Statistics of Jordan (2003b) Rate among women aged between 15–49.

Figure 3-5 Total Fertility Rates



Source: Department of Statistics of Jordan (2003b) - prepared by the author

Box 3-1 Lecture by an Eminent Religious Leader

In the past, opinions on family planning among Muslims in Jordan were divided into two major groups: promotion group and opposition group. For the Case, the project team asked the promotion group for its cooperation to help family planning and RH spread among conservative communities. We invited nationally famous religious leaders whenever possible to give lectures. As it is helpful to understand how family planning is perceived in the Islamic teachings in Jordan, the contents of a one-hour lecture by the most famous religious leader in Jordan will be outlined below:

- (i) Marriage has to be decided upon by the will of a man and a woman based on their mutual consultancy. Muhammad (the Prophet, the founder of Islamic religion) married a 40-year-old woman when he was 25. Marriage is possible regardless of age as long as a woman has the will to do so.
- (ii) Before getting married, be sure to take examination of Thalassemia (of the Mediterranean)⁵⁷ which has a high risk of births of handicapped children (caused by consanguineous marriage).
- (iii) After marriage, both husband and wife must discuss about the meaning of a “happy marriage” thoroughly.
- (iv) You should not force your children to receive education. You should appreciate children’s will. Treat your male child and female child equally.
- (v) Birth control has been practiced since Muhammad's era. You should take at least a 30-month interval between two pregnancies (spacing). The method recommended is breast-feeding.
- (vi) Financially dependent men could not marry in the past, but now it is possible for wives to work to support their livelihood. God is always leading women to handle any situation well. Men and women should go together to enhance themselves. From the era of Adam and Eve, men and women were given equal value.
- (vii) Conversation of a couple should take place at proper time and place.

Source: JICA Medical Cooperation Department (2003) excerpt from p. 23

⁵⁷ Thalassemia is a general term of a disease in which the formation of globin in the blood decreases or is insufficient. It is often called Mediterranean anemia because it is most frequently observed in the Mediterranean region, although it is observed also in South East Asia and West Coast of Africa (Wada et al. 2002, p. 1,093). During the field trip for this study, it was learned that the law prohibiting marriage when both partners are carriers of hereditary Thalassemia was enacted (as their children will suffer the disease with 25 % probability). Interview with Maddha, the director of South Ghor Hospital and director of Southern Thalassemia Center) in 2005

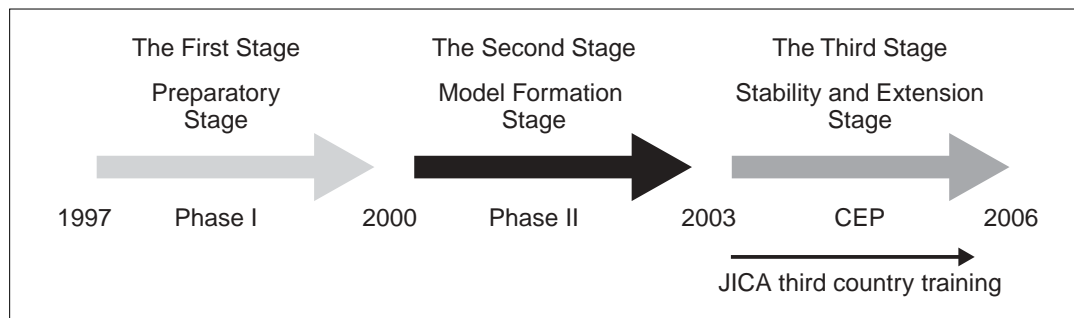
Chapter 4 Overview of the Case

This chapter describes the Case First, an overview of the Case as a whole will be given. Then, the outlines of each stage (Phase I, Phase II and Community Empowerment Programme: CEP) will be illustrated in order to deepen the understanding toward the Case.

4-1 Structure of the Case

The Case consists of three stages. The first stage is JICA technical cooperation project Phase I, the second stage is its Phase II, and the third stage is CEP⁵⁸ (see Figure 4-1). These three stages can be characterized as follows; the first stage (Phase I) as a “Preparatory Stage,” the second stage (Phase II), the operation of which is based on the experience of Phase I, as a “Model Formation Stage,” and the third stage (CEP) as a “Stability and Extension Stage” of the model which Phase II has established. In addition, for the sake of clarity when referring to the above three stages collectively, they are called “the Case,” and each stage separately is called “Phase I,” “Phase II” or “CEP” in this report.

Figure 4-1 Three Stages of the Case



Source: prepared by the author

4-2 Background

Jordan is now on the road to “demographic transition” from high fertility to low fertility, however, prolificacy is still prevalent in rural communities because of conservative customs and poverty. The national average of Total Fertility Rate (TFR) is 3.7, but the figure is 4.2 on average in rural areas and 4.0 in Southern Jordan including Karak governorate where this Case was conducted.

At the start of Phase I in 1997, it was estimated that the population of Jordan which was 4.09 million in 1994 would double by 2011 if the current fertility trends were to continue. Besides, the growth of economy had been on the decline due to the return of migrant workers from other countries

⁵⁸ The project name is “Enhancing Self-Empowerment of Rural Women in Karak with Reproductive Health Focus.”

and the decrease in aid from oil producing countries in the Middle East since the Gulf crisis. The country considered that the prevention of an explosive population increase could become a factor to promote its economic recovery.⁵⁹ In order to promote its family planning policy, the Jordanian government requested the Japanese government to give a project-type technical cooperation in the field of family planning and social participation of women to the Queen Alia Fund (this title was changed later into Jordan Hashemite Fund for Human Development, thus it is referred to as JOHUD hereafter in this report)⁶⁰ which had been recommended as the main implementing agency of family planning services in Jordan.⁶¹ Thus, the comprehensive project related to Reproductive Health (RH) was carried out in Karak governorate in southern Jordan as its pilot area, where social infrastructure development had fallen behind other areas.⁶²

4-3 Implementing Period and Agencies, and Pilot Areas

The implementing period of Phase I was 3 years from July 1997 to June 2000, and that of Phase II was 3 years from the beginning of July 2000 to June 2003. CEP is in progress from September 2003 for 3 years until August 2006. In addition, a JICA third country training with a series of 5 courses is scheduled from 2003 for the purpose of transferring the knowledge and techniques learned through the projects into neighboring Islamic countries.

The implementing agency in Jordan was the National Population Commission (this title was later changed into Higher Population Council, hence it is referred the Higher Population Council (HPC) hereafter in this report) in the Record of Discussions (R/D) for Phase I, and the Ministry of Health (MOH) and JOHUD were defined as “witnesses,” meaning the cooperative agencies. For Phase II, the trio of HPC, MOH and JOHUD participated as the implementing agencies with the aim of improving partnership between them. For CEP, JOHUD was the only implementing agency because it was considered to be the most appropriate agency to holistically utilize the experience of Phase I and II.

The pilot area of this Case was Karak governorate (population of 220,000 in 2003), which was considered a conservative and poor area in Jordan. The main areas of the activity in Phase I were Ghor Hadithe, Ghor Mazra, Ghor Safi, Fifa and Mamura in the southern Ghor district (population of 35,000) because they were the most deprived areas in the governorate (see Figure 4-2). The pilot area for Phase

⁵⁹ JICA Medical Cooperation Department (1995)

⁶⁰ Queen Alia Fund (QAF) changed the title to JOHUD in 1998. JOHUD is an NGO established by the Princess Basma Bint Talal, an aunt to the king today. There are many NGOs which have some connection with the royal family of Jordan and they carry out official functions as service-providing facilities in social development and public welfare. JOHUD has 49 Community Development Centers (CDCs) throughout the country and is one of the largest NGO in community development in the country.

⁶¹ JICA Medical Cooperation Department (1995)

⁶² JICA Medical Cooperation Department (1996)

Figure 4-2 Karak Governorate and Major Activity Areas



Source: Sato (2003)

II was expanded to cover the entire Karak governorate, focusing especially on core cities with a population of over 5,000. The main activity areas were Karak city, Muta/Mazar, Faqua, Qatraneh, Rabbeh and Ayy. For CEP, Mazar (population of 8,900) and Taybeh (population of 5,000) were targeted as pilot areas which had not been included as main activity areas in the previous phase. Additionally, monitoring was carried out during CEP in the communities where the loan program had been executed in Phase I and II. Further, activities by Community Support Teams (CSTs) (see 5-2-3 for details) were also incorporated in CEP to the areas within the governorate (population of 128,000) where CSTs had not visited at all.

The characteristics of the three stages are compared in the following table.

Table 4-1 Comparison of the Three Stages of the Projects

	Project phase I	Project phase II	CEP
Direct counterpart agencies	JOHUD	MOH, HPC, JOHUD	JOHUD
Pilot area	Southern Ghor county, Karak governorate	Most of Karak governorate with focus on urban districts and their peripheries	One city and one de-populated area in Karak governorate
Features of the area	The poorest area	Educational level is relatively high. Birth rate is average.	City is rich in social resources. De-populated area is inaccessible from the city.
Major activities	Grasping population statistics. Developing basic health and medical services. IEC activities to men and women. Income generating program for people.	Improving the service quality at the MCH Center. IEC activities by women volunteers. Income generating activities for women.	Compiling all methods developed through phase I & II. Spreading them to other areas.
Notable approaches	Baseline survey. Hard-type support for improving FP/RH services. Training of CDP. Income generating activities (micro-credit programs).	Team building. Creation of LAC. Training volunteers (facilitators & community support teams). Development of a PEE workshop method. Three-layer IEC approach. Establishment of monitoring system.	Inclusive network of local resources. Supplementary support.
Local resources employed	MOH, Governorate Health Office, Religious leaders	MOH, Governorate Health Office, UNFPA experts and NGOs	Community organizations, local governments, and volunteer workers (CSTs and facilitators) trained in phase I & II .

Source: prepared by the author

4-4 Outline of Each Stage

Phase I, Phase II and CEP will be described respectively in the following.

4-4-1 Phase I⁶³

(1) Project Implementing Mechanism

In formulating the project, views wavered many times as to which agency should be the appropriate implementing agency. Finally, HPC was selected as the official C/P agency in the capacity of the signatory of R/D. As both JOHUD and MOH remained witness agencies (meaning cooperative agencies), their organizational participation in the project was tenuous at the beginning. In addition, there was little cooperation among these three agencies to start with, but the Japanese experts of the project managed to hold them together somehow by spending much time and energy as coordinators. As the main C/P personnel, one staff member each from HPC and JOHUD was assigned on a full-time basis, and the Director of the Maternal and Child Health (MCH) Department joined representing MOH.

⁶³ This chapter was compiled based on the JICA Medical Cooperation Department (1998) (1999) unless otherwise noted.

Although concerns over its organizational capacity were expressed during the project formulating stage, JOHUD was practically the operational C/P organization because it had an activity base called the Community Development Centers (CDCs), JOHUD's local chapter, in the pilot area.

The C/P organization was not formally designated in the pilot area, but in practice, the Karak Health Directorate and Ghor Safi CDC functioned as the main counterpart organizations. In Jordan, MOH is responsible for policy formulation and its supervision, and the Health Directorate at each governorate executes the health administration. This project, therefore, was carried out in close relation with the Karak Health Directorate. Although the CDC did not get enough budgetary allocation and activity plans from JOHUD and its authority was not very strong, it functioned effectively as the C/P organization to coordinate project activities in the community because a community leader was acting as the Director of the CDC, which was one of the major decision-making organizations in the area.

Figure 4-3 illustrates the above relation between the implementing agency and beneficiaries in Phase I. In general, the donor coordination was inactive in Jordan, and the donor meeting did not exist in the field of population and health.⁶⁴ During the period of Phase I⁶⁵, a breakfast meeting among the donors had been planned and executed once. However, it was found meaningless and ceased to be held as the main donor, USAID, did not attend the second and latter meetings disappeared.

(2) Project Logic

Phase I aimed at controlling population growth rates through improving RH standard of women under the circumstances that the national population program was not clearly mapped out.

The original project logic (according to the Project Design Matrix: PDM) was designed to build up an environment to promote comprehensive Family Planning (FP) services and to heighten the FP practice rate in the pilot area, with an eventual decrease in national fertility rate (as an overall goal) in several years' time after the termination of the project. But, the final evaluation team criticized "it is necessary for a certain agency to prepare a concrete plan to spread the outcome of the project nationwide in order for the project targeting at a specific district to bring about some effect to the whole country."⁶⁶ Then, the overall goal was revised to "decrease the population growth rate in the pilot area."

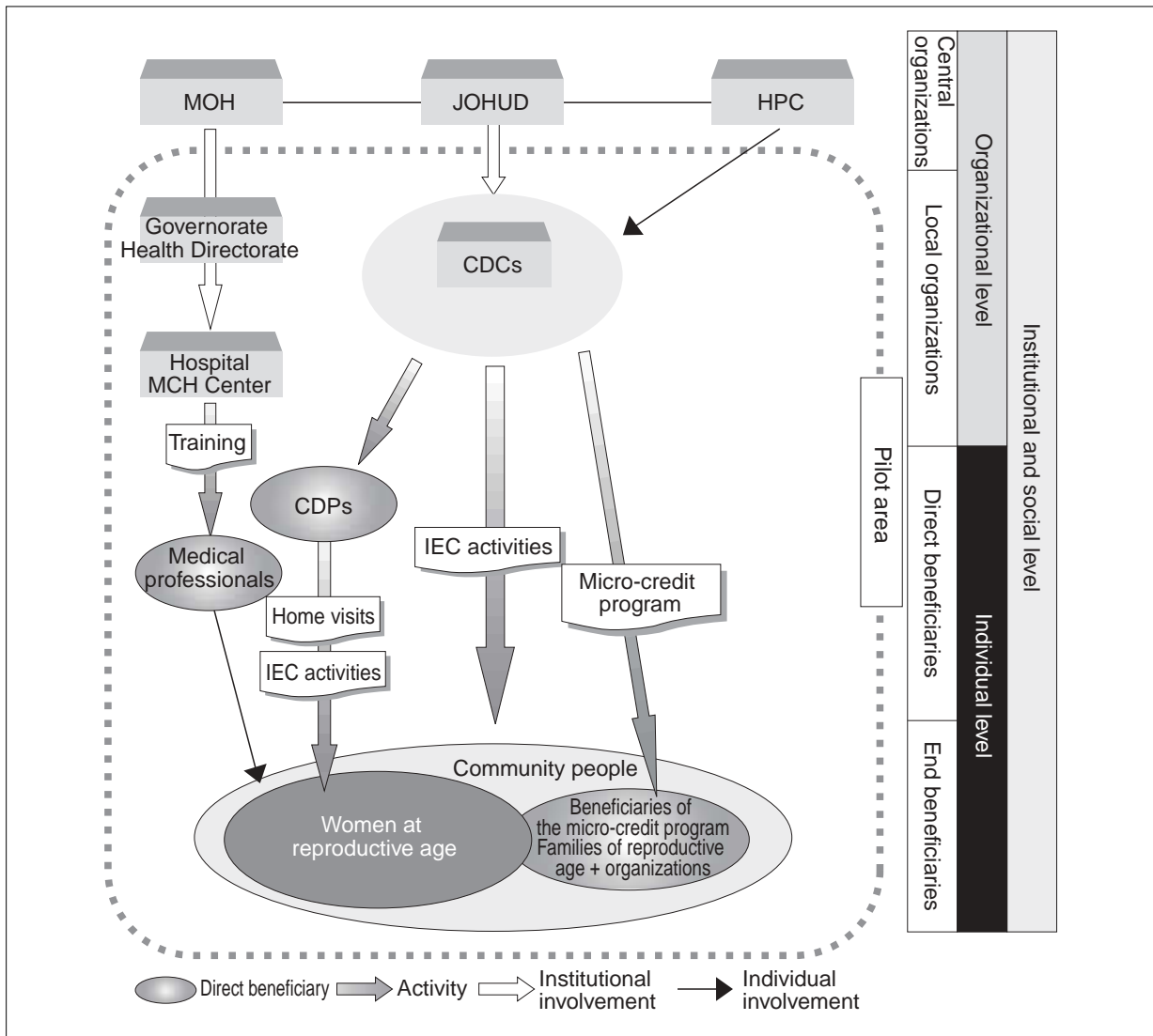
A great feature of Phase I activities is an approach taken to embody the logic of "to empower women to enhance their RH, and to increase FP prevalence rates" presented by the International Conference on Population and Development (ICPD). It was epoch-making to have introduced, along

⁶⁴ Sato, interview (2004).

⁶⁵ This means during Phase I but its specific date is unknown.

⁶⁶ JICA Medical Cooperation Department (1999) p. 6

Figure 4-3 Implementing Mechanism and Beneficiaries

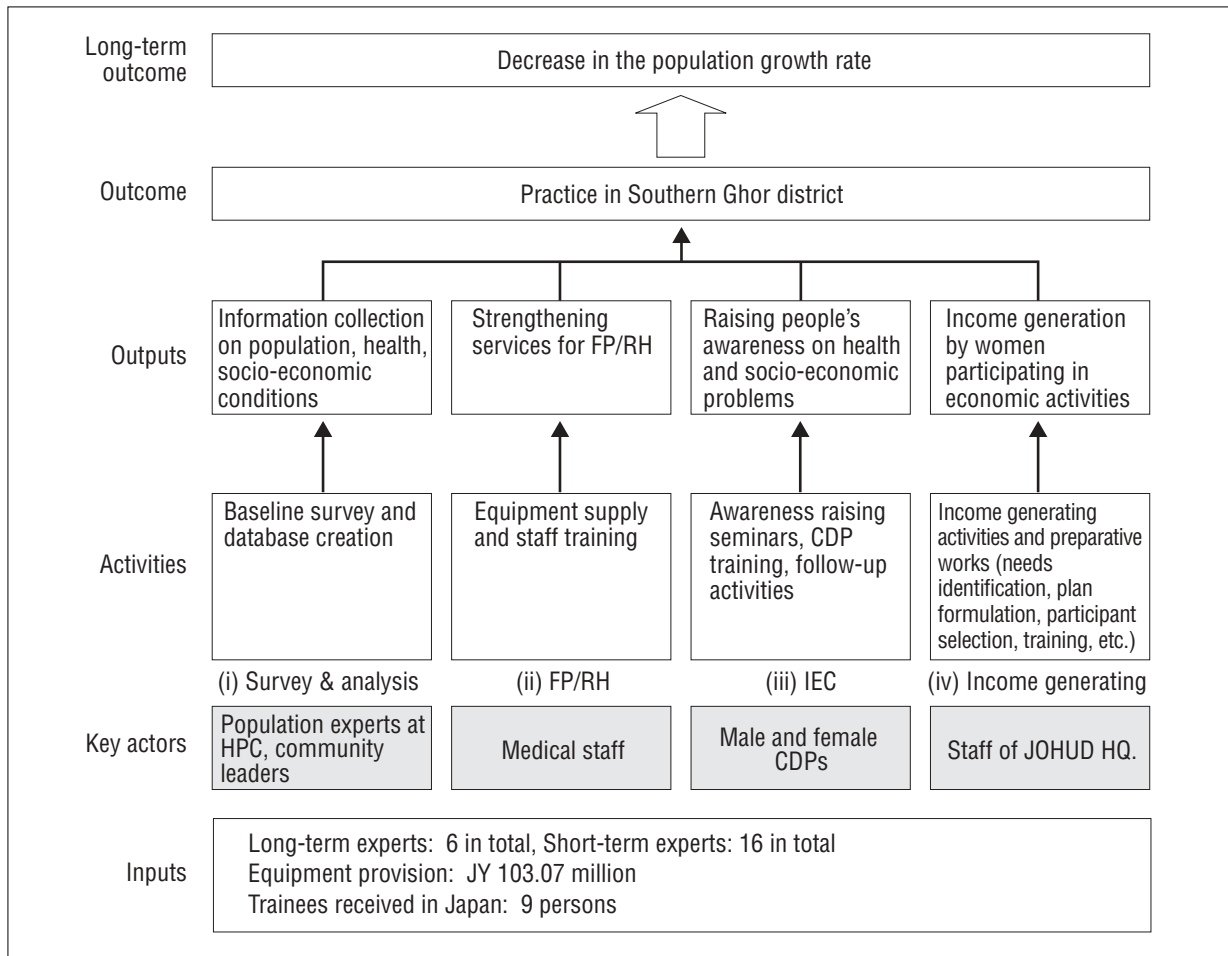


Source: prepared by the author

with Information, Education & Communication (IEC) activities, income-generating activities for community people focusing on women as a means to empower women, especially in the deprived area.

This project set four pillars of activity as Figure 4-4 shows, i.e. (i) Survey and Analysis (on population), (ii) FP/RH, (iii) IEC, and (iv) Income Generating Activity. The key actors for each pillar were population experts at HPC, community leaders (such as the Director of CDC), medical staff at the Southern Ghor Hospital and the Maternal and Child Health Center (MCH Center), male and female Community Development Promoters (CDPs, see 5-1-3 for details), and the staff of the JOHUD head office. The logic was that the outputs of the four activities would be integrated to bring about interaction among them, and that the proposed outcome of “the promotion of family planning practice in Southern Ghor district” would be achieved as well as the long-term outcome of “decrease in the

Figure 4-4 Logic of Phase I



Source: prepared by the author

population growth rate in Southern Ghor district.”

(3) Performance

1) Inputs

The inputs from the Japanese side were 6 long-term experts, 16 short-term experts in total, JY 103.07 million in total for equipment provision (the main equipment consists of ultrasonic diagnostic equipment, delivery table, infant incubator, laboratory testing equipment, 4 vehicles, air conditioner, personal computer, IEC equipment and materials, materials for a micro-credit scheme and so on) and the total of 9 trainees were received in Japan. The local operating cost is unknown.

The inputs from the Jordanian side were a total of 6 counter partners (including 1 full-time staff member each from JOHUD and HPC) and the provision of relevant facilities for use. The amount of operation cost is unknown.

2) Outputs

Phase I required about 2 and a half years for the project formulation since the cooperation request was made by the Jordanian government in 1994, for a basic study, a pre-project study, a long-term study and a implementation consultation study. Nevertheless, it was impossible to obtain enough understanding on the socio-cultural situation and health statistics. Therefore, a baseline survey was carried out for 11 months in the first year of the project Phase I, and the actual period for activities was shortened to a little more than 2 years.

At the time of project formulation, information was given that the average health and medical standard of Jordanians was relatively high, and it was not considered necessary to give much support in the medical field. However, it was found that the actual medical service level in deprived Southern Ghor was low and the support of medical equipment and medical staff had to be added immediately after the launch of the project.⁶⁷

In the IEC field, the main target groups were married women under 35 years old and their husbands. To promote IEC activities, 15 women and 60 men⁶⁹ were trained as volunteer⁶⁸ community development promoters (CDPs). With their assistance, 56 seminars in total on Gender Issues, Health and Family Planning were organized (40 for women and 16 for men) and the total number of participants amounted to 2,083 women and 751 men, which covered 22 % of the target population of both genders.⁷⁰

Regarding income generating activities, it turned up at the beginning of the project that there had been no standardized micro-credit scheme under JOHUD. Upon a strong request by JOHUD, JICA created a new micro-credit program, and supplied a capital (goats, bees, etc.) in the name of equipment assistance. Thus, the program started. Businesses supported by the scheme included four programs for individuals, i.e., goat raising, bee keeping, plastic greenhouse farming, and sewing, and two programs for groups, i.e., a bakery and the collection and recycling of plastics. Beneficiaries were 13 in bee keeping, 56 in goat keeping, 6 in greenhouse farming and 17 in sewing. Until 2002, all the members engaged in bee keeping and sewing paid back all their loans smoothly, but it was only 7 goat owners⁷¹ who wrote off their loans, and all the plastic greenhouse owners were still paying back their debts sparsely. Regarding the beneficiaries of the group programs, two groups managed bakeries, and the plastics collection & recycle project was let out four free to an NGO in the name of community

⁶⁷ JICA Medical Cooperation Department (1999)

⁶⁸ However, JD20 per month was paid as transportation expense.

⁶⁹ Although there was no plan to educate male CDPs at the beginning, it was added because it seemed important to educate men as well. There were many applicants and participants. (JICA Medical Cooperation Department (1998))

⁷⁰ JICA Medical Cooperation Department (1999)

⁷¹ The reason for this failure was that 11 participants were nomads and went missing, and 12 sold off the goats. These issues arose due to inadequacies in the process of selecting applicants.

participatory type environment project. Even though four bakery sets were prepared, there were only two applications, therefore, one set was supplied for free to the shop owner who had installed the set at his shop in lieu of the rent, and the other was finally sold off.

4-4-2 Phase II⁷²

(1) Implementing Mechanism

JOHUD had played the main role to implement project activities in Phase I. MOH began to show greater interest in the project in the later stage of Phase I. Therefore, for Phase II, all three, MOH, HPC and JOHUD were appointed as the C/P organizations. With CDCs under its control in activity areas in the pilot area, JOHUD continued to be the main force. As the main C/P, 1 full-time staff member each from HPC and JOHUD continued to work from Phase I as well as the Director of the Maternal and Child Health Department of MOH.

In the pilot area, the Karak Health Directorate continued to serve as the C/P agency and developed a stronger relationship with the project.⁷³ The “Karak CDC,” which is the main CDC in Karak governorate also became C/P. The implementing system was reinforced by assigning one female secretary who was hired by the project and one male IEC extension worker hired by JOHUD.

Phase II also set up a Local Advisor Committee (LAC) in each main activity area as the focal point between the community and the project (5-2-2 for details). During the project period, there were 39 LAC members at the peak, but it was 28 members among them who were actively involved in LAC activities.

(2) Project Logic

A major feature of Phase II was designating “human resources development” as the foundation of the project in order to make good use of community people, reflecting on the experience of Phase I. The key actors for each activity were developed under this concept (see Figure 4-5).

The three main pillars of the activity were, as shown by Figure 4-5, (i) FP/RH, (ii) IEC and (iii) Income generation. Key actors were health and medical personnel and volunteer⁷⁴ CSTs (see 5-2-3 for details) for (i), volunteer⁷⁵ facilitators (5-2-3 for details) for (ii), and CDC and the Local Credit Committee (LCC) which was set up for (iii) for the sound operation of the micro credit program.

Another feature of Phase II was a stronger emphasis on the empowerment of women as a main

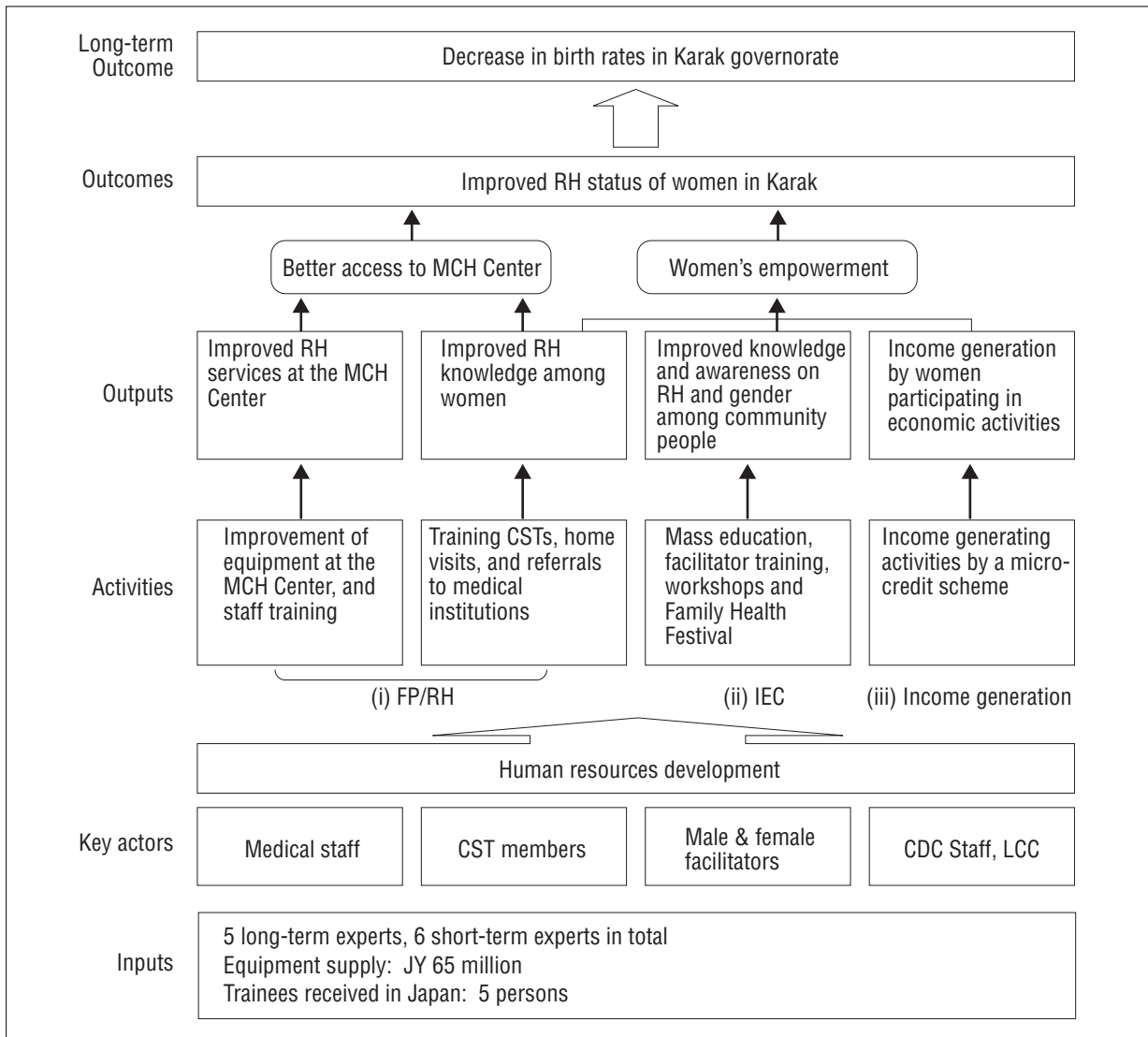
⁷² This chapter was compiled, unless otherwise noted, based on JICA Medical Cooperation Department (2002) (2003).

⁷³ Sato, interview (2005).

⁷⁴ However, JD 40 per month was paid as a transportation fee.

⁷⁵ However, JD 60 per workshop was paid in consideration of transportation fee and time spent for the activity.

Figure 4-5 Logic of Phase II



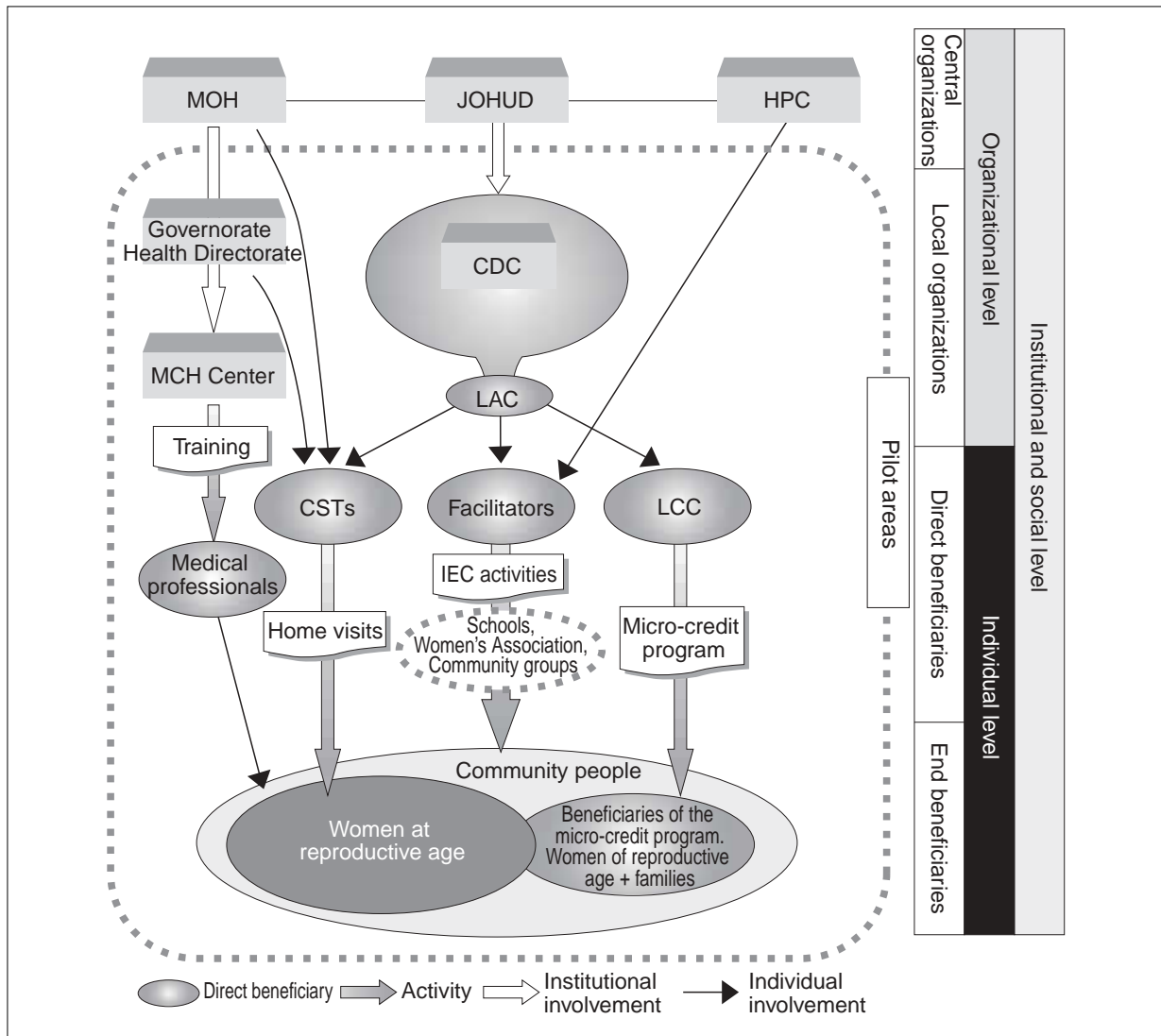
Source: prepared by the author

axis of the project. The empowerment of women through activities by CSTs, IEC activities by facilitators and income generating activities was considered to be a short-term outcome. In the field of FP/MCH, the aim was, as in Phase I, to increase access to the MCH Center, as a result of improving the quality of services and raising users' consciousness. The logic was that women's empowerment integrated with better access to the MCH Center would improve their RH status in Karak governorate.

On PDM, the outcome (project purpose on PDM) was to "increase FP prevalence rate," but the discussions after the final evaluation study revealed that the project actually aimed for a greater concept of "enhancing the RH status."⁷⁶

⁷⁶ Sato (2003), Sato interview (2005).

Figure 4-6 Implementing Mechanism and Beneficiaries



Source: prepared by the author

In this Case, the empowerment of women was an approach as well as an outcome because the concept of RH was included in women’s empowerment. It is similar to the characteristic of CD as it can be an approach as well as an objective.

To summarize the relationship between the implementation mechanism and beneficiaries, the structure of Phase II can be described as in Figure 4-6.

(3) Performance

1) Inputs

The inputs from the Japanese side included 8 long-term experts, 4 short-term experts in total, JY 65.36 million for equipment (ultrasonic diagnostic equipment, IEC equipment, personal computers,

tools and supplies for training, materials for micro-credit program and so on), training 5 trainees in Japan, and JY 56.60 million for local administration expenses.

The inputs from the Jordanian side were 15 C/P (1 full-time staff member each from JOHUD and HPC, and 1 full-time staff member at the Karak CDC) and the provision of facilities for use. The operation cost is unknown.

2) Outputs

Phase II was supposed to begin in July 2000 according to R/D, but it was January 2001 when it began full scale when most of the long-term Japanese experts were dispatched. The actual activity period, therefore, was 2 years and a half.

The main components in the field of FP/RH were the improvement of MCH and RH services at the 37 MCH Centers⁷⁷ in Karak governorate and the dissemination of information on healthcare and RH by CST members. The inventory of the equipment at the MCH Centers was prepared in January 2001, and based on the result, the basic instruments (such as ultrasonic diagnostic devices, beds for application of IUDs, etc.) were provided in FY2001. Compared to “the Primary Health Care Initiative: PHCI” (2000–2004, budget of USD 40 million)⁷⁸ by United States Agency for International Development (USAID) which was going on in the same period as the JICA project by granting equipment especially for primary health care, JICA focused on equipment for MCH. The demarcation between two agencies brought favorable outcomes for both fields of assistance effectively. Moreover, training was given to a total of 30 doctors on the use of ultrasonic diagnostic equipment and IUD application techniques, and to a total of 89 midwives and nurses on RH.

The selection of candidates for CST members began in the following month after the arrival of Japanese long-term experts in January 2001, and finally 26 people among 43 candidates were chosen in view of the results of the candidate training and their aptitudes. CST members visited housewives and delivered general information on health and medical care at the beginning, then on gender issues in the RH field from the middle of the project and on gender issues and women’s self-empowerment toward the end. The contents of the information were developed taking into account the progress of CST activities and the needs of married women. The number of home visits by CST members totaled 8,440 in about 2 years until the end of the project.

Because the arrival of the Japanese long-term expert in IEC was delayed until April 2001, the full-scale IEC activity began a little late. However, once it began it was conducted energetically to almost

⁷⁷ This includes Primary Health Care Center (PHCC). The same shall apply hereafter.

⁷⁸ PHCI conducted the improvements of 380 PHC clinics across the country and basic training to the staff. It also gave staff training in order to make CDCs into the RH service outlets.

achieve the original plan by the time of the final evaluation study. Facilitators, the driving force of IEC activities, were chosen in September 2001 among the men and women who had been recommended from their communities. Training of various types was given four times after October 2001 and 22 women and 7 men were trained as facilitators. A total of 96 “participatory entertaining-educational workshops,” so-called “participatory entertaining-educational workshop” for women were held (5-2-4 for details) by the facilitators and the total number of participants amounted to 2,077. The participatory workshops for men were also given 59 times and the participants totaled 800. In addition, workshops for married couples, which had not been originally planned, were carried out, with 111 participants. Further, considering the difficulty of involving men, and people’s resistance to attending mixed meetings, and in order to have more people interested, the “Family Health Festival” was designed with entertaining elements. The festival was held at 13 places in 7 districts with 2,313 participants in total.⁷⁹ In this way, a myriad of activities were developed according to the preferences and needs of each target area as well as the degrees of capacity betterment of service providers (such as facilitators and CDCs).

In the income-generating activities, the micro-credit program of Phase I was examined thoroughly and “the operation guidelines for the micro-credit program” was created in March 2003 in order to upgrade the program. Then, LCC was set up under a CDC for the sound management of the credit program. For Phase II, the target beneficiaries were only women, and a bee keeping project and a goat raising project were chosen to be benefited because they were the businesses that a woman could handle on her own. An actual loan to bee keeping started in the second year of the project, and that to goat business began in the middle of the project. By the end of the Phase II, the loans were provided twice for each business, and the numbers of beneficiaries were 30 for bee keeping and 136 for goat business, and the amount of loan totaled JD 102,120 (approx. JY 15.31 million). The settlement of balance is under calculation as part of the process to integrate all the micro-credit schemes under JOHUD now underway, and the result is not known yet⁸⁰ (see 4-4-3-(3) for details).

Considering the importance of monitoring the process of capacity building of people and manpower in communities to achieve the aim of human resource development, “Output 5: Monitoring is conducted” was added to PDM for Phase II, and in order to materialize this, the establishment of a monitoring/feedback system as well as the development of monitoring indicators (see Box 5-1) became objectives.

Publicity work was also emphasized and upon request by LAC, *The Newsletter* was published as a medium to link the community people and the project. The active approach was also taken to the nationwide media. As a result, the national Jordan TV broadcasted three feature programs to introduce

⁷⁹ Fujiwara (2003)

⁸⁰ Muhriez (ex-counterpart at JOHUD) interview (2005)

the project activities in 2002. *The Jordan Times*, an English newspaper, also introduced the project. Thanks to the media coverage, this project gained a growing reputation, leading to the uplift of morale among the project stakeholders including the women as end beneficiaries.

4-4-3 Community Empowerment Programme (CEP)

(1) Implementing Mechanism

JOHUD was designated as the solo implementing system for CEP, as it was found from the experience in Phase I & II that the potential of the human resources in Jordan was high and that JOHUD management capacity had reached a certain level. As the program supervisor, the former full-time counterpart at JOHUD since Phase I was assigned with entire responsibility for project management. The female Director of CDC in Mazar (who had served concurrently as a member of LAC and LCC in Phase II) was promoted as the full-time field supervisor responsible for the pilot areas. In each pilot area of Mazar and Muta, all the social resources of the local community were utilized and an inclusive network was set up as will be explained in the following chapter.

As stated above, while CEP enhanced the vertical line of the organization of JOHUD, it set up an inclusive network mobilizing all the social resources including core organizations like the local governments and the farmers' union in the pilot areas. Then the models which were built up in the previous phases were consolidated and spread to bring together the experiences gained through Phase I & II (see Figure 5-2).

(2) Project Logic

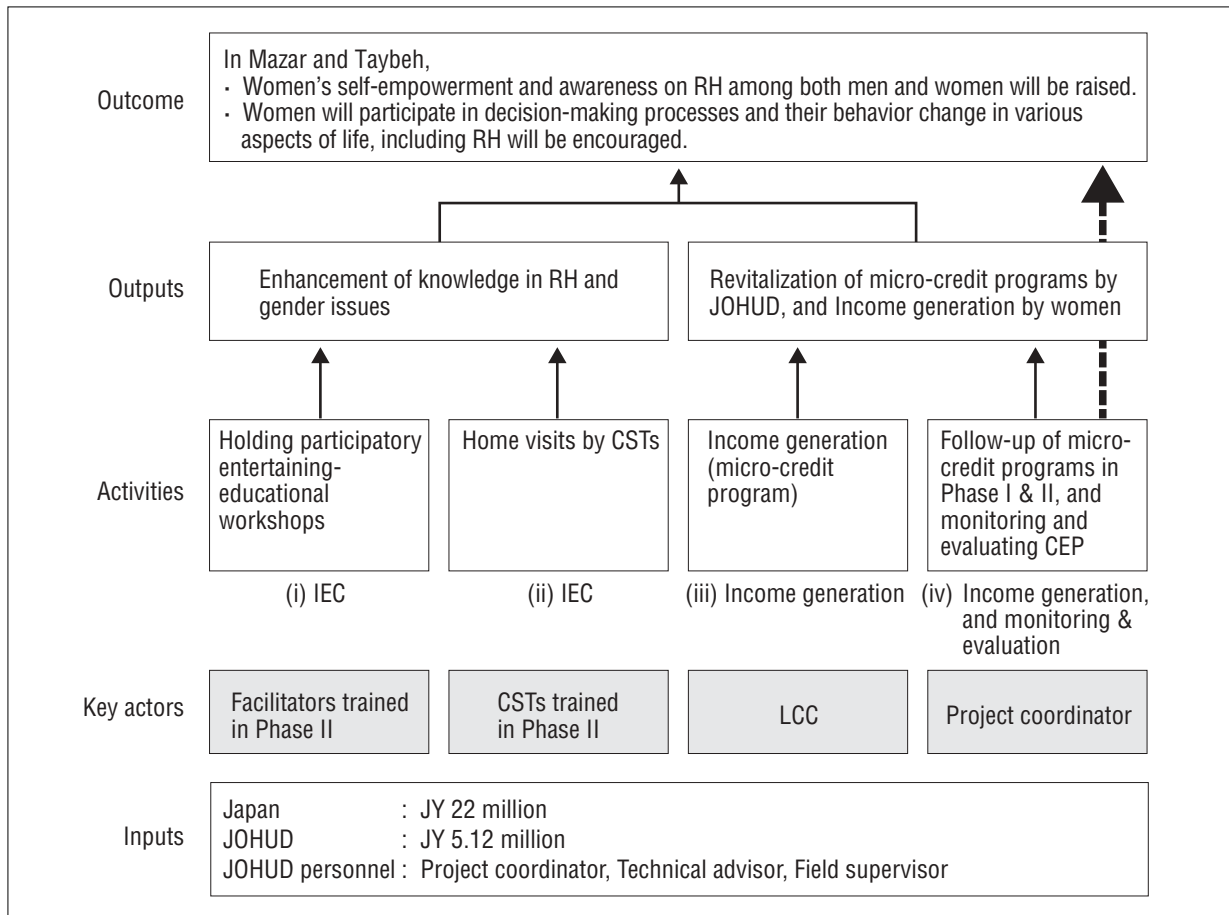
CEP is following the basic logic of Phase II because it is the stage to consolidate and extend the model which was devised in Phase II (Figure 4-7).

CEP sets forth the ultimate goal of attaining gender equality and equity. The proposed outcomes are women's self-empowerment and raised awareness among both men and women regarding RH, as well as the promotion of women's participation in decision-making processes to lead them to change their behavior in life including RH. To achieve the goal, two activity pillars, IEC activity and Income generating activity, are going on. The activities for IEC are (i) participatory workshops in the target areas, and (ii) home visits by CST members to the main activity areas and the areas which were not covered before in Karak governorate. The facilitators and CSTs who were trained during Phase I and II are employed in order to achieve the objective efficiently in the short project period of 3 years.⁸¹

The income generating activities are (iii) micro-credit program in the main activity areas and (iv) monitoring and follow-up activities to the micro credit program carried out during Phase I and II.

⁸¹ Sato, interview (2005).

Figure 4-7 Logic of CEP



Source: prepared by the author

In addition, (v) monitoring and evaluating the project as a whole is also incorporated.

(3) Performance

1) Inputs

The project budget is about JY 27.12 million for 3 years. In this figure, the input by JICA amounts to about JY 22.00 million and that by JOHUD JY 5.12 million. It is worth mentioning that the amount to be shared by JOHUD was clearly indicated in R/D at the time of signing.

2) Outputs

The various approaches developed in Phase II were simplified to the capacity level of JOHUD, and CEP is being carried out with increased efficiency. As to volunteers, no person was trained in the new activity areas but excellent persons (7 facilitators and 19 CST members) from among those who were trained during the previous phases are selected and assigned to work for CEP. At present, 19 CST members are visiting households in Mazar, Taybeh and areas in Karak governorate which were not covered before. One person visits 48 houses per month on average. A CST member receives JD 75

(about JY 11,250) per month to cover transportation and other expenses.⁸² This amount of pay means a good monthly income for these women and thus they have a consciousness that this is more than volunteer work but rather it is their “job.” As in Phase II, careful follow-up activities are underway such as monthly meetings, refresher training courses, home visit monitoring and so on. By employing well-trained manpower, CEP has attained some progress in the first 6 months. For example, the number of home visits has already reached 1,994 during 6 months from April 2004, and a total of 10 participatory workshops have been carried out with 266 participants in 5 months from May 2004.⁸³

For the income generating activities, in the same way as Phase II, LCC had been organized before this fieldwork, the training for LCC members had already been conducted, and an orientation on the micro-credit program for community people had been carried out. However, the JOHUD headquarters decided that micro-credit scheme under this project should be integrated into JOHUD’s own micro-credit program. Although this is a desired situation, the integration work is taking long time and the income-generating program in CEP will not start until the process is completed. Therefore, new loans were not yet implemented as of February 2005, and the follow-up to the loan beneficiaries of Phase I and II has not started yet.⁸⁴

⁸² Reward to facilitators is unknown.

⁸³ Sato (2004a) (2005)

⁸⁴ Muhriez (ex-counterpart at JOHUD) interview (2005)

Chapter 5 Notable Approaches Incorporating the CD Perspective

The Case achieved great effects beginning with human resource development in the project areas, promoting the empowerment of women as an intermediate outcome and evolving many other approaches. It is significant to consider these approaches from the Capacity Development (CD) perspective in terms of enhancement of individual capacities, organizational capacities and building environments to achieve the goal of enhancing these capacities. In this chapter, approaches taken at each stage will be reviewed.

5-1 Phase I

Notable approaches in the components of Phase I are:

- (i) conducting a baseline survey,
- (ii) improving Family Planning and Reproductive Health (FP/RH) services,
- (iii) training of Community Development Promoters (CDPs), and
- (iv) introducing income generating activities.

The outline of these approaches will be briefed and their significance from the CD perspective will be considered.

5-1-1 Baseline Survey

The baseline survey was conducted for 11 months from July 1997 to May 1998.⁸⁵ The first 5 months were spent collecting secondary information materials, making questionnaire, training field workers, and conducting a pre-test. The following 2 months were devoted to conducting a field survey, and the last 5 months for analyzing the data and writing the report. The survey method used was a questionnaire-based interview of the respondents selected through random sampling (N = 750).⁸⁶

The findings included; (i) the Total Fertility Rate (TFR) in the project area was 7.1, which was much higher than the national average of 4.1; (ii) women with many children tended to practice contraception yet with little effectiveness, as they practiced only for short periods of time; (iii) traditional customs (age at first marriage and family pattern) affected the number of births; and (iv) there was a great gap between men and women regarding the desirable number of children, 7.7 on average among men, 4.4 among women.⁸⁷ The need for providing information and education on

⁸⁵ The period is reported to be 9 months according to the JICA Medical Cooperation Department (1999), however, the description of other reports which is closer to the actual survey period is taken here.

⁸⁶ JICA Medical Cooperation Department (1998)

⁸⁷ *Ibid.* (1999)

contraception to men was recognized, and this was added in the project activities.⁸⁸

During the survey, a counterpart(C/P) in the Higher Population Council (HPC) accompanied the Japanese team making field surveys. He was gradually inspired by the working attitudes of the Japanese (making no complaints over long working hours and carrying out jobs one after another according to the plan), he became determined to overcome difficulties with community people⁸⁹ (see Box 6-3). With his raised commitment, he became a stronger promoter of the project.⁹⁰

Community leaders including the director of the Community Development Center (CDC) were mobilized as researchers and took part in a pre-test, interviews and a public meeting to report the result of analysis.⁹¹ The involvement of community leaders helped them forge the sense of ownership of the project. By participating in the statistical analysis, they had an opportunity to grasp the reality of their community scientifically, and to compare it statistically with other regions of the country. They came to view the problems in their community objectively.⁹² It appears that their ability to analyze the situation acted as a strong driving force to change their ways in order to tackle community problems with their own initiative.⁹³ The baseline survey itself involved many community people as respondents, and served as a good entry point to make the project known and to nurture a sense of unity with the project.⁹⁴

5-1-2 Improving FP/RH Services

Upon the commencement of the project, it was found that FP/RH services by health and medical institutions in Southern Ghor county as the pilot area were not well developed due to the poor financial status. Therefore, the project gave both in hard and soft-type supports.

As hard-type support, basic instruments for maternal and child health such as ultra sonographs, gynecological tables, weight scales for neonates, infants and adults, delivery tables, infant incubators, computers, audio visual appliances for Information, Education & Communication (IEC) and so on were supplied to the Southern Ghor Hospital and all Maternal and Child Health (MCH) Centers in the Southern Ghor County. Clinical test equipment was given to the Clinical Laboratory of the Southern Ghor Hospital enabling fundamental clinical tests. These instruments are well maintained, managed and used at the time of the filed study in 2005. Especially, examination devices in the laboratory are regularly inspected by engineers of the Ministry of Health (MOH), and are maintained in good

⁸⁸ JICA Medical Cooperation Department (1999)

⁸⁹ Interview with Malkawi (former HPC C/P) (2005)

⁹⁰ JICA Medical Cooperation Department (1999)

⁹¹ Interview with the CDC Director (2005)

⁹² Interview with Malkawi (former HPC C/P) (2005)

⁹³ Interview with the CDC Director and staff members (2005) and field visit (2005)

⁹⁴ Interview with the CDC Director (2005)

condition. The maintenance system is highly evaluated.⁹⁵ Since availability of contraceptives at the MCH centers was insufficient at the time of the commencement of Phase I, the project cooperated to ensure the availability of a sufficient number of them in cooperation with the new logistic system⁹⁶ which had been introduced by MOH with assistance from United States Agency for International Development (USAID).⁹⁷

In terms of soft-type support, FP/RH training was given to general doctors, gynecologists and obstetricians, and maternity nurses. JICA's short-term and long-term experts provided in-service training at respective facilities. For developing FP/RH training programs, the MOH manual prepared with the guidance of United Nations Population Foundation (UNFPA) and USAID was used.⁹⁸ In addition to Japanese experts, local professionals including doctors at the Jordan Family Planning Association, the director and vice director of the Karak Health Directorate, and maternity nurse supervisors at MOH were positively mobilized as lecturers. Lecturing fees were paid at the rate of JD 15 (JY 2,250) per hour.⁹⁹

JICA supports in both hard and soft types helped enhance the capacities of respective institutions, and greatly promoted access to health and medical institutions for women in need of FP/RH care.¹⁰⁰ The improvement of equipment also helped provide health and medical personnel with an incentive to carry out their work.¹⁰¹ The upgraded equipment at health and medical facilities presented visible changes to community people helping them to recognize that Japan was going to start a cooperation project in their community. Thus, it served as an entry point to the project activities.

5-1-3 Training of CDPs

In Phase I, CDPs were trained as volunteers to promote education and extension activities.¹⁰² As it was intended to train future women community leaders, women in their 20s were selected to be trained as CDPs. During conducting the baseline survey, it was found that educational activities should be given to men, then men were additionally trained as CDPs. The main functions of CDPs were to visit

⁹⁵ Observation during the field visit. (2005)

⁹⁶ According to the former director of the MCH Department of MOH, "the Comprehensive Logistic System for Contraceptives was built 8 years ago with the support of USAID. The supply system became fully established within 3 years. All the necessary systems are streamlined, including purchase planning based on a demand prediction, management, distribution, reporting and feeding back, and there has been no "out of stock" situation. This is the best system in the world." (interview, 2005) However, the conditions of management and storage varied from one place to another. As USAID is putting its 5 year "Jordan Contraceptive Security Strategic Plan" into force by which it will gradually reduce its aid to none in 5 years, the greatest problem in the future is whether Jordan is able to raise funds for contraceptives.

⁹⁷ JICA Medical Cooperation Department (1999)

⁹⁸ *Ibid.* (1988)

⁹⁹ *Ibid.*

¹⁰⁰ Imoto (2003)

¹⁰¹ Interviews with staff members during field work (2005)

¹⁰² JICA Medical Cooperation Department (1998) p. 17

households to encourage eligible women and men to participate in educational seminars, to prepare for such events, to confirm participants, to provide childcare when participants brought their small children to events, and to take notes of lectures.

To narrow the consciousness gap between men and women found through conducting the baseline survey (such as the desirable numbers of children in a family), a “seminar on gender equality” was held as an additional activity toward the end of Phase I.¹⁰³

Young women were an important workforce for every farming household during farming seasons and they could earn some money if they helped other farms. Therefore, the families of CDPs would prefer that they would work on the farm rather than acting volunteers. Because of this, some CDPs had to quit working as CDPs. As explaining the importance of the roles of CDPs and persuading them to continue their activities did not cope with this situations, the project finally decided to pay them JD 20 (approximately JY 3,000) per month for transportation expenses as a means to help CDPs continue their service while maintaining their livelihood.¹⁰⁴

Being CDPs gave women in Southern Ghor epoch-making opportunities to go out and to participate in activities for the good of society as they had not previously been allowed to go out except for going to schools and hospitals. In a year or so, they became “well-known in their village, and displayed leadership.”¹⁰⁵ It was highly evaluated that women CDPs were empowered through their services.¹⁰⁶ Some CDPs were also taking part in income generating activities. It should not be overlooked that they were performing the role of having community people recognize that FP/RH education/information activities should be integrated with income generating activities.¹⁰⁷

5-1-4 Introducing Income Generating Activities

The Case is a spearheading project that has embodied the new concept of reproductive health established at International Conference on Population and Development (ICPD) – meaning to maintain lifelong reproductive health of women while promoting women’s empowerment in parallel. As an important pillar, income-generating activities were also incorporated.¹⁰⁸ During Phase I, there was a great gap in view of the micro-credit program between Jordanian Hashemite Fund for Human Development (JOHUD) and JICA (see 4-4-1), and it took a long time until the program came to progress smoothly. Even so, the outcome was remarkable.

¹⁰³ JICA Medical Cooperation Department (1999)

¹⁰⁴ JICA Medical Cooperation Department (1998)

¹⁰⁵ JICA Medical Cooperation Department (1999) p. 19

¹⁰⁶ *Ibid.*

¹⁰⁷ *Ibid.*

¹⁰⁸ JICA Medical Cooperation Department (1998) (1999) (2002a) (2003)

In the preliminary survey, income-generating activities were considered as instruments to forge “community trust toward the project before promoting FP.”¹⁰⁹ For this purpose, income-generating activities in Phase I were conducted for both women and men. The activities deserve special mention as being a favorable introductory approach to the project in order to obtain understanding among men in Southern Ghor county, which was the poorest and the most conservative area in Jordan, and hence no foreign donor was willing to extend cooperation. “The acceptance of the project” by men led to the forging of mutual trust between the JICA project personnel and community people. In 2005, 5 years after the JICA team left the community, appreciative and favorable feelings toward JICA were felt among people there. It may prove that a strong relationship of mutual trust was established during Phase I.¹¹⁰

Having accepted the project, the men came to gradually accept the new concept of women’s empowerment in this most conservative community where it was a taboo for a woman to go out alone.¹¹¹ Expected outcomes appeared actually by women gaining profits and developing confidence in themselves, and by men changing their attitudes toward women.¹¹² During the field study in 2005, the author interviewed several women who had continued dressmaking and greenhouse projects. A dressmaking woman and her younger sister had bought a second sewing machine, and sold their products regularly to a buyer. She became the main breadwinner of a family of 8. The family owned a motorcar,¹¹³ and looked economically well off. A former CDC continued a greenhouse project with her husband and chartered a truck to sell their products in Amman. And she became a leader of women in the community and had a positive desire to organize something like an agricultural cooperative.¹¹⁴ It was obvious that women’s status at home and in the community had risen driven by stable income generating activities. The author had an impression that discrimination against women had been reduced in the community as a whole, and that there were increasing opportunities for women’s participation. For example, the MCH Center was crowded with mothers at the time of a vaccination service and an increasing number of daughters in the remote community are receiving university education.

A distinctive feature of the JICA micro-credit program that differs from programs by other donors is that it provides beneficiaries with technical support. In this Case, the project invited Jordanian

¹⁰⁹ JICA Medical Cooperation Department (1996)

¹¹⁰ Field survey (2005)

¹¹¹ JICA Medical Cooperation Department (1999)

¹¹² *Ibid.*

¹¹³ According to the interpreter, an inexpensive popular motorcar costs between JY 600,000 and JY 800,000. It is surprising that an individual family has a car in the community where the average household income per month is about JY 20,000.

¹¹⁴ Through growing vegetables in greenhouses, the quality of products was improved. Vegetables used to be consumed only in the community but now they are transported and sold in Amman. On the extension line of the greenhouse project is the organization of an agricultural cooperative.

experts in livestock farming and bee culture to provide initial and continuous follow-up training. When training was held, a technical leader was appointed from among beneficiaries to become a multiplier to ensure the knowledge would spread in the group. Because of such an elaborate follow-up service, the JICA micro-credit program was highly appreciated by women beneficiaries.¹¹⁵ This suggests that technical support and follow-up guidance are required on top of initial financial support in the process of continuous capacity development of individuals, and that such support provides beneficiaries with the sense of security and incentives for continuing activities.

5-2 Phase II

Notable elements among the new components introduced into Phase II of the project are as follows:

- (i) team building,
- (ii) creation of the LAC (Local Advisory Committee)
- (iii) training of volunteers (facilitators and Community Support Teams (CSTs)),
- (iv) developing a method of Participatory Enter-Educa (PEE) workshops,
- (v) developing a three-layer approach, and
- (vi) establishing a monitoring system.

These activities will be outlined and their significance from the CD perspective will be considered.

5-2-1 Team Building

To formulate the plan for Phase II, the project invited a short-term Project Cycle Management (PCM) expert from Japan and held a PCM workshop toward the end of Phase I. All Jordanian stakeholders of the project on the national and local organizational levels attended the PCM Workshop and worked out a draft Project Design Matrix (PDM) for Phase II together with the Japanese staff. The process of discussions at this workshop helped enhance the sense of ownership, nurtured team spirit (team building), and heightened commitment in the project among the Jordanian stakeholders.¹¹⁶

Although holding a PCM workshop is required in the formulation process of all JICA projects, it is questionable if it can identify the real desires of a recipient society. There were several reasons for the PCM workshop in this Case to be successful. First of all, the workshop was planned by the strong initiative of the project organizers and not upon suggestion by the JICA head office in Tokyo. Second,

¹¹⁵ Local Credit Committee Focus Group Interview (2005)

¹¹⁶ Minamoto (2000)

all key persons at the decision-making level and at the practical implementation level in organizations which are assumed to be implementing agencies of the project took part in the workshop. This appropriate participation can be realized by the relationship of trust nurtured between Japanese experts and Jordanian counterparts C/Ps, in the 3 years of Phase I.¹¹⁷ In addition, a short-term expert who had already established a relationship of trust between the Japanese project staff joined as a facilitator and helped the workshop to be more effective. The favorable relationship between the project staff and the expert facilitated the forging of a relationship of trust with the Jordanian team. The good relations allowed for candid discussions among the participants in the PCM workshop.

With these preconditions having been satisfied, all the concerned parties shared in the decision-making process and the understanding of the project contents and built team spirit at the beginning of Phase II. This led to the greater sense of ownership on the Jordanian side, and the higher effectiveness of Phase II.

5-2-2 Creation of LAC

One of the outstanding features of Phase II was the creation of LAC. A LAC was a voluntary body consisting of the CDC director, religious leaders, MCH Center director, government officers, schoolmasters, the chairperson of a women's organization and other local leaders. A LAC was established in each of major activity areas. LACs served as a focal point to link the project with community people. They collected and conveyed the opinions, ideas and needs of local people to the project side on one hand, and encouraged community people to understand and cooperate with the project on the other hand.¹¹⁸

One of the purposes of establishing LACs was to alleviate difficulties caused by Jordan being a tribal society. In this country, human networks are constructed based on tribal backgrounds. This tendency is stronger in rural regions, and there was a shortcoming in the project as it was implemented using the CDC as its base, and program participants there tended to be limited to the tribal community that the director belonged to. In order to avoid this, LACs were established to build a more open human network to allow the benefit of the project to reach fairly to all local people.¹¹⁹

Many LAC members were also involved in the project as volunteers, acting as Local Credit Committee (LCC) members and volunteer facilitators (see 5-2-3 session). In addition to performing the role of advisors, they actually participated in various project activities such as income-generation and community support teams. As a result, human relations were interinvolved. Unlike the vertically

¹¹⁷ Minamoto (2000)

¹¹⁸ JICA Medical Cooperation Department (2003)

¹¹⁹ Sato (2003), Sato, interview (2005)

divided administration on the central level (whereby MOH was responsible for health affairs, JOHUD and HPC were responsible for IEC activities, and JOHUD for income generating activities), the project in the pilot area was implemented by a mixed body of community people.¹²⁰ Hence, a multi-sector approach was developed in the project site.

5-2-3 Training Volunteers (Facilitators and Community Support Teams)

Human resource development was a central objective of Phase II, and the focus was placed on the training of facilitators and CSTs.

Facilitators were volunteers who performed core roles in “PEE workshop”, which was a form of IEC activities for community people (detailed explanation under 5-2-4). Facilitators were selected from among people who were respected by community people (LAC members, school teachers, agricultural extension workers, religious leaders, etc.). The criteria for selection included having affirmative attitudes toward family planning and gender equality. Upon the strong request from the Jordanian side, as was the case with CDPs in Phase I, and after long-term consultation, a sum of JD 60 (approximately JY 9,000) was paid to facilitator to organize a workshop taking into account the transportation expenses and hours they spent for preparation and implementation of a workshop.¹²¹ These trained total of 29 male and female facilitators organized participatory entertaining educational workshops, family health festivals and many other IEC activities.

CST members were volunteers who were assigned to visit households with women at reproductive age to deliver information and give counseling on health and reproductive health. CST members were paid JD 40 (approximately JY 6,000) a month for making 20–40 visits on average in a month with the same reason as was considered with the case of facilitators. MOH of Jordan had organized activities similar to CSTs before, and based on the experience, the director of the MCH division of the Ministry led the development of syllabi and texts to train CSTs, and the contents of educational materials for CSTs to use for home visits (flip charts).¹²²

These volunteers who indispensable persons in the FP/RH field and the IEC activities in Phase II. They helped enhance reproductive health knowledge and awareness among community people, and played a role to promote their behavior change. Currently, 7 facilitators and 19 CST members selected from among them are working for the Community Empowerment Programme (CEP). During the study visit in 2005, it was confirmed that many volunteers had higher degrees of ability and motivation than they had at the time of the evaluation study at the end of Phase II. They claimed “having rich

¹²⁰ JICA Medical Cooperation Department (2003)

¹²¹ Two facilitators, main and sub-facilitators, took part in a workshop. A sum between JD 5–10 was paid to a sub-facilitator. JICA Medical Cooperation Department (2003)

¹²² *Ibid.*

knowledge in health, gender issues and reproductive health, and quite high communication skills, we can even work as professionals instead of volunteers.”¹²³ Their greatest concern is that there is no employment opportunity that deserves their knowledge and abilities. The question of this situation will be discussed in 6-2 of the next chapter, from the viewpoint of problem-solving capacity, which is the basic concept of CD.

From the early stage of the project, various elaborate trainings were provided from time to time for the training of volunteers. Further, follow-up support was given to them while they carried out activities. For example, all CST members gathered for a monthly meeting and had what is called a “case conference” to discuss problems they faced in their daily activities. When they made home visits, a Jordanian midwife consultant and a Japanese expert accompanied them and monitored their work and gave guidance. In response to the desire voiced by some facilitator, opportunities to observe other facilitators’ work were provided as a means to help develop their aspiration. It was difficult to predict how their aptitude and skills would develop at the beginning, therefore, the project staff kept an eye on their activities to give support when necessary. It is considered that this flexible follow-up supports provided volunteers with additional incentives on top of the payment to help them continue their services with enhanced motivation.

5-2-4 Development of PEE Workshop Method

An epoch-making output in Phase II was the development and packaging of a “PEE Workshop Method” to as “Behavior Change Communication (BCC)” tool.

The PEE Workshop Method¹²⁴ is based on the idea that unilaterally given knowledge can hardly stimulate behavior change but that people tend to initiate behavior change only through a process of realizing the need for change in themselves.¹²⁵ In practice, highly entertaining video programs are shown at an educational workshop, after which participants are led to discuss the story and behaviors of people in the video programs with the help of a facilitator. The facilitator acts only as a catalyst to activate discussion among participants instead of giving answers so that participants can discover subconscious thoughts, and become aware of the effects of their subconscious thoughts on their daily behavior. The contents of the video programs are dramas depicting topics and episodes selected to the levels of knowledge and awareness of learners and to meet the goal of the workshop. In order to keep the audience interested, they are prepared to be entertaining.¹²⁶ In Phase II, the manual, a guidebook for

¹²³ Interviews with CST members (2005)

¹²⁴ It was devised inspired by the “Interactive Theater” developed in Britain. A troupe of 4 or 5 members visits villages to show them skits intended for educating villagers. After their performance, performing members exchange conversations with villagers to help them realize their subconscious thoughts, and lead them to change their consciousness and behavior. For details, see JICA Medical Cooperation Department (2002), pp. 180–221

¹²⁵ Sato, interview (2005)

¹²⁶ JICA Medical Cooperation Department (2003), Sato, interview (2005)

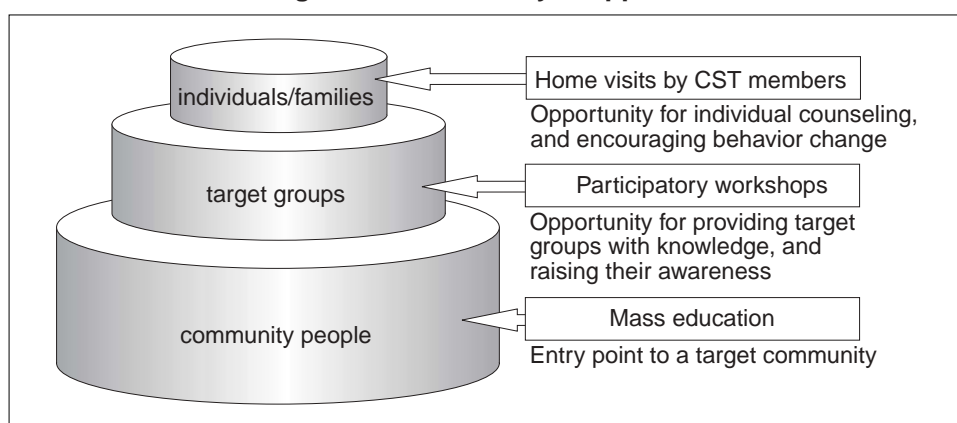
facilitators,¹²⁷ and six video programs were produced. These were packaged as an educational material kit to facilitate IEC activities.¹²⁸ The kit can help easily many trainings of facilitators at once, and trainees would become able to extend BCC activities with video materials in other areas. With the universality in content, the kit also had the advantage of being cost-effective. As a matter of fact, in the on-going CEP, many workshops have been held in a short period of time using the kit.

In developing the method, Dr. Ziad Rifai, a Jordanian expert in BCC at UNFPA Country Support Team for Arab States in Amman made a great contribution. He gave generous and sincere technical assistance voluntarily in establishing the concept of the method, and editing of drama scenarios for the videos. Through his introduction, “the Performing Art Center,” an NGO sponsored by the Jordanian royal family, collaborated with the project, which was indispensable to the production of videos. This collaboration by the Jordanian expert and a professional performers’ group enabled the production of the IEC package that could be used across Jordan.¹²⁹ This package can also be applicable in neighboring Islam countries.¹³⁰

5-2-5 Three-Layer IEC Approach

In order to promote behavior change in reproductive health among community people, a three-layer IEC approach was taken (Figure 5-1). In the first layer, “mass education” was provided by showing videos at the MCH Center and other places where people of reproductive age gathered. In the second layer, participatory workshops were held to approach target groups. In the third layer, information and counseling were given to individuals by CST members on a person-to-person basis. It was expected that the atmosphere of the entire community would be heightened (creating an environment of acceptance for a new concept) in the first layer, that those who became a little interested

Figure 5-1 Three-Layer Approach



Source: prepared by the author

¹²⁷ Guidebook: Communication for Change in Family Planning and Reproduction Health Behavior (March 2002)

¹²⁸ Rifai (UNFPA expert), interview (2005)

¹²⁹ *Ibid.*

¹³⁰ *Ibid.*

would be more strongly attracted to the new concept in the second layer, and that a push for the solution of individual anxieties over sensitive problems and for behavior change would be given through person-to-person guidance in the third layer.

This three-layer approach was taken to expand the practice of family planning practice in Japan after World War II.¹³¹ In order to spread family planning to rural villages, a Family Planning Extension Model was created, and three model villages were designated, i.e., a rice growing village, a vegetable growing village, and a fishing village. In these model villages, educational activities were conducted for the community at large in an effort to help husbands and parents-in-law, the major source of opposition, to understand the need for family planning. Then, group study meetings were held for women who became interested in learning practical family planning methods. Further, private midwives and public health nurses visited women at home to give individual counseling on personal problems and their physical problems. This multiple-layer network of education resulted in removing obstacles in the environment where women were placed, and creating a favorable climate for women to take action at their own discretion.¹³²

The three-layer approach of the project was taken based on the same idea.¹³³ The multi-layer networking of educational opportunities is effective to push individuals who have been reluctant because of their restrictive environment to take steps to change their behavior. From the CD perspective, this approach will present a relevant idea in creating an environment for individuals to transform themselves.

5-2-6 Monitoring System

The final evaluation at the end of Phase I indicated the necessity of monitoring to confirm if the diverse activities were to be organically connected and how they were to contribute to the achievement of the final goal.¹³⁴ To realize this, the establishment of the monitoring system was included in the outcomes of PDM of Phase II, and the monitoring style was formulated in the planning stage.

First, a reporting form was prepared. Filling out this form by a C/P or his/her assistant after each activity was made a habitual practice, and a Japanese expert added supplementary and evaluating comments. With this all the activities would be documented for future reference. Based on the reports, a Jordanian program manager compiled a quarterly progress report. The monitoring report was reviewed and discussed at monthly Project management meetings and the results were fed back to relevant people and offices.

¹³¹ JICA Institute for International Cooperation (2003a) p. 79

¹³² *Ibid.*

¹³³ Sato (2003)

¹³⁴ JICA Medical Cooperation Department (1999)

As the project aimed at encouraging changes in awareness, attitudes and behaviors among community people, observation at fixed points were also stressed. Therefore, pre/post tests were given to participants before and after each PEE workshop, and their responses were analyzed and compiled in a detailed report. Further, in each activity, interviews with beneficiaries, surveys with a questionnaire to be filled out by them, and observation surveys by project staff were conducted in order to observe the process of changes ¹³⁵ (see Box 5-1).

Box 5-1 Consideration on the Application of the PCM Method

The short-term expert who took part in the PCM Workshop to start on Phase II as a facilitator noticed that it was difficult to grasp the causal relationship between input and outcome as this project is meant for community development involving people and not a social infrastructure development project or a Center-type project. She considered points to be considered in formulating a PDM and on monitoring. The following is an excerpt from her report:

It is difficult to plan PDM for this project that aims to encourage community people to change their awareness and attitudes by involving them in project activities. PDM was originally developed and has been used as a tool to manage the progress and to measure the degrees of goal achievement of social infrastructure development projects or construction projects in which inputs and outcomes are clearly measurable at the planning stage. In this project, involving community people in project activities in the process from inputting to obtaining outcomes was considered as a focus. Therefore, an important point in project management was how to grasp the process between inputs and outcomes. Taking this into account, the following points were noted in preparing the PDM for this project.

- (i) Because of the importance of measuring changes in the process, process indicators were devised, in addition to indicators to directly measure outcomes. In order to supplement quantitative indicators, efforts were made to obtain qualitative indicators through participatory rural appraisals (PRA), interviews and focus group interviews.
- (ii) It was confirmed that the condition that “community people accept the project” could not be considered as an external condition or precondition, because activities to obtain their acceptance were major focuses of the project. It was also important to consider that a preparatory rural appraisal as a part of the baseline survey was not only meant for a survey but also for a means of gaining people’s acceptance of the project.
- (iii) It was clearly considered as a part of the outcome of the project to establish monitoring and evaluating systems within the project implementing body in order to monitor process indicators properly, and to re-examine project activities when necessary.

Source: Minamoto (2000) p. 17

¹³⁵ JICA Medical Cooperation Department (2003)

Through monitoring mainly by C/Ps, the progress of the project was grasped and opportunities to feed back the outcomes of monitoring were incorporated in the project management. The process of changes occurring among community people was observed at a fixed point. These attempts provided precious suggestions to develop monitoring and evaluating methods for projects aiming for CD among community people. However, as suggested by the evaluation study team of Phase II,¹³⁶ it requires enormous amounts of energy and time and skills to measure changes in people's awareness and behavior. Because of this, the Japanese experts took a major role in this activity, and this work imposed a heavy burden on the implementation of the project. Taking a lesson from this point, a simpler monitoring method should be devised that can be administered by anyone and that imposes little burden on project implementation efforts.

5-3 Community Empowerment Programme (CEP)

Notable approaches taken for the CEP were:

- (i) establishing and using inclusive networks of local resources, and
- (ii) obtaining supplementary supports.

The following is the outline of these approaches and the significance from the CD perspective.

5-3-1 Inclusive Network of Local Resources

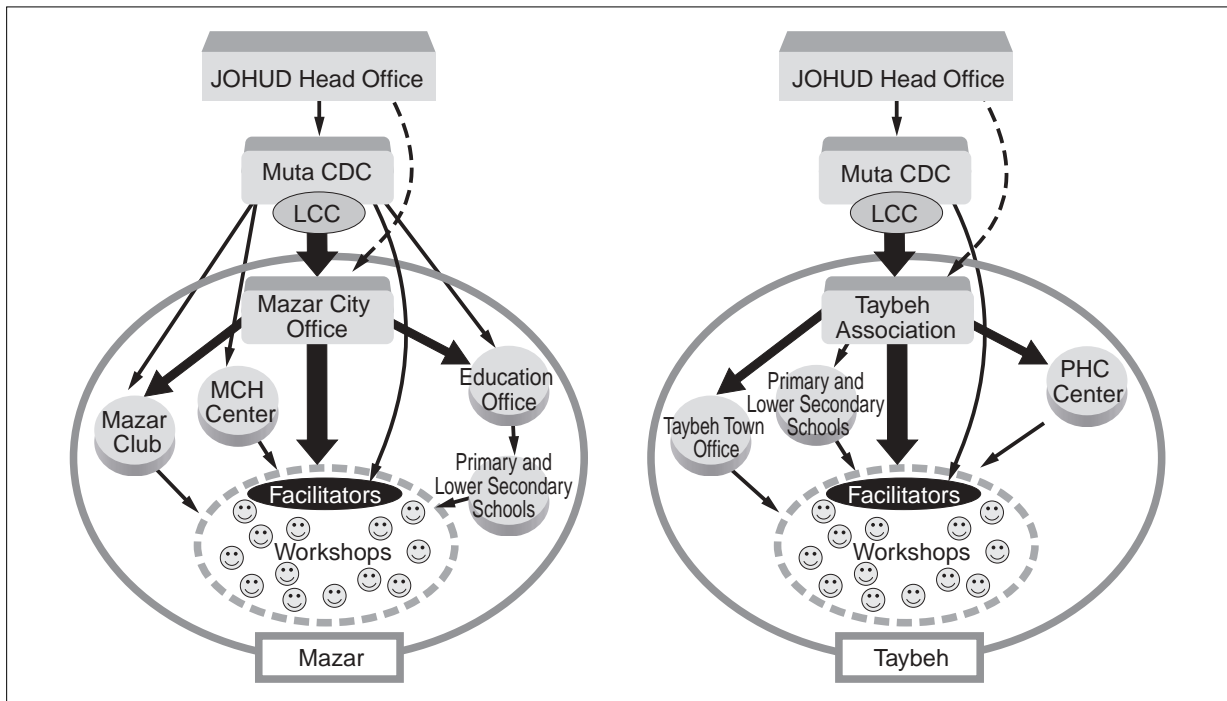
A feature of CEP is creating inclusive networks of local organizations and institutions in target areas. Based on the experiences of Phase I and II, the network integrated all local resources together which the JOHUD head office had its own information sources, into one mechanism. (Figure 5-2).

The pilot areas of both Muta and Taybeh are under the jurisdiction of the Muta CDC of the Karak governorate, and their activities are controlled by the Muta CDC. The Muta CDC used to be a sub-CDC under the Karak CDC until several years ago. Under the Muta CDC, the Mazar City Office and the "Taybeh Association" of farmers, the core local agencies in respective target areas are placed as operation bases. Under these community bases, various organizations and people are involved to form networks including all relevant parties. In Mazar, the "Mazar Club," a sport club under the responsibility of the Ministry of Leisure, the MCH center and primary and lower secondary schools are linked. In Taybeh, the Taybeh town office, the Primary Health Care (PHC)/MCH center, and primary and lower secondary schools are connected under the Taybeh Association.

A notable feature in CEP is that the local government and primary and lower secondary schools

¹³⁶ JICA Medical Cooperation Department (2003)

Figure 5-2 Inclusive Networks of Local Resources



Source: prepared by the author

that have rarely been apparent in Phase I and II are acting as main players or collaborators in its implementation. Their involvement was suggested and realized by the JOHUD head office.¹³⁷ It can be attributed to a Jordanian specific viewpoint in which the information and human network that only Jordanians can offer, to which the expertise that JOHUD has developed through its mission of human development programs¹³⁸ is combined. In other words, the JOHUD head office fused the intellectual properties of Jordan with the experience it gained through working together with JICA for the previous projects. It is worthy to be mentioned that the project realized the basic concept of capacity development, which is “an endogenous development process making use of resources readily available in developing countries.”

5-3-2 Supplementary Support

The JOHUD head office offers supplementary support in various forms to organizations in project sites in addition to project activities. For example, it provides information on assistance given by various donors, and technical supports for the preparation of project proposals to donor organizations (inspecting application documents). As a result, currently several local organizations are conducting their activities with assistance from various support agencies as shown in Box 5-2.

¹³⁷ Muhriez (former C/P at JOHUD), interview (2005)

¹³⁸ JOHUD (1999)

Box 5-2 Various Activities Carried Out with Supplementary Assistance from JOHUD

- (i) The Ayy Women's Association is implementing the project "RACD" (direct translation from Arabic is "Rehabilitation and Disability of a Community") which gives support to NGOs which address community advancement and environmental issues. The project commenced in January 2005 with support by GTZ amounting to USD 48,000 for 2 years. A semi-governmental institution in Jordan, the Royal Marine Conservation Society of Jordan (JREDS) also supports it financially. Furthermore, the Ayy Women's Association is participating in the activities of the worldwide NGO "World Women's Association."
- (ii) The Taybeh Association was commissioned to implement an "irrigation project" from the British Embassy. Also, the Ministry of Planning¹³⁹ provided the Association with office facilities in 2004 as part of a community development project.
- (iii) Some CST members participated in seminars which were commissioned to "CARE," an NGO, funded by USAID. (During this study tour period, a 5-day seminar was just being held in Amman.)
- (iv) In Faqua, a former member of LAC participated in the establishment of a new NGO named "Bani-Hamidad Organization for Social and Voluntary Work" and is serving as its secretary-general currently. To this NGO, Muta University gives support in personnel and equipment.

Source: Ayy Women's Association, Taybeh Association, CST members, former LAC members, former C/P in JOHUD: interviews (2005)

Since information from outside the locality is inaccessible for local organizations, the JOHUD head office is an important information provider for them. The activities by local organizations making use of information provided by JOHUD will become a step to attain sustainable development at their own initiative.

Supplementary support such as the above can expand the "enabling environment" for CD.

¹³⁹ Ministry to contact about aid.

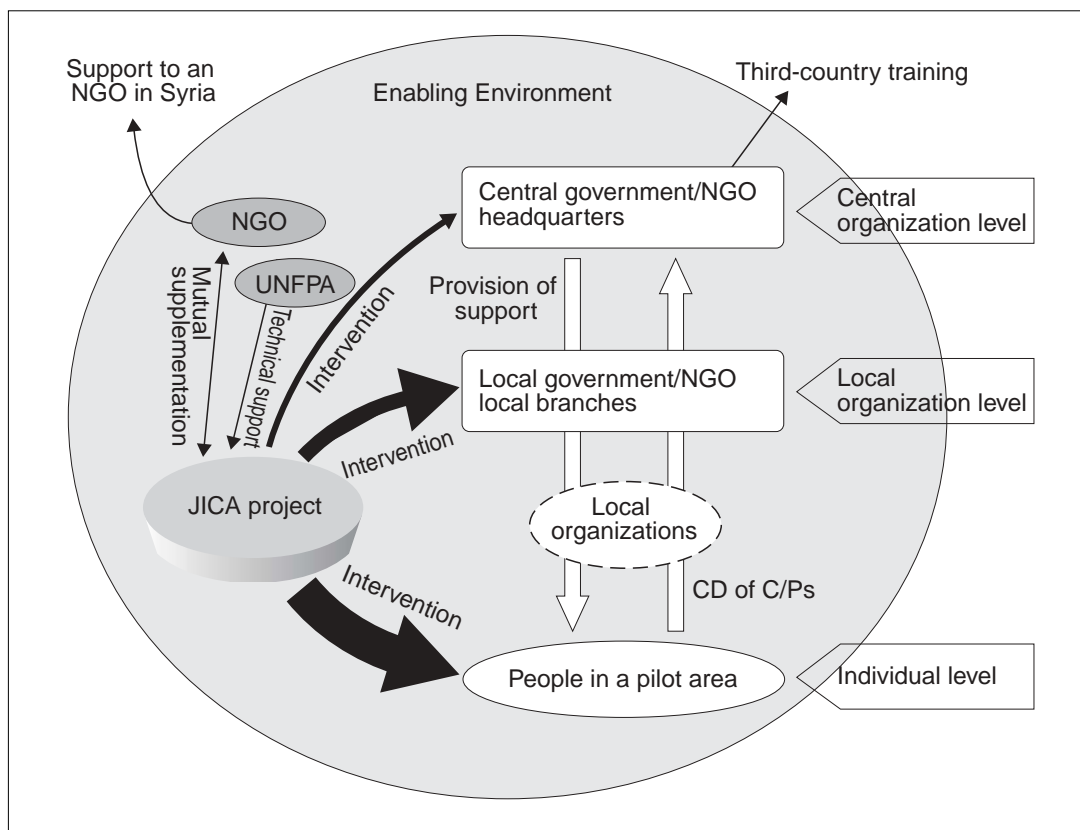
Chapter 6 Results and Problems from the CD perspective

In this chapter, the Case will be examined from the second point of JICA's basic concept of Capacity Development (CD), "Capacities of multiple layers of individuals, organizations, institutions/society are taken into account, and dynamic interaction among these layers is emphasized." (see 2-2) And the CD characteristics observed in the Case will be considered.

6-1 Cooperation Mechanism

In order to examine the outcome gained by each layer, the cooperation mechanism from Phase I through Community Empowerment Programme (CEP) should be clarified. The cooperation mechanism applied for this case is as shown in Figure 6-1. The layers are "the individual level" and "the local organization level" including the local governments and NGO local branches in the pilot areas, and "the national organization level" including the central government and NGO headquarters. The JICA project supported respective levels directly. As shown by the width of arrow lines in the chart, intervention into "the individual level" is the greatest, followed by that into "the local organization level", and "the national organization level." Besides these basic lines of cooperation, the project has established cooperative relations with United Nations Population Foundation (UNFPA) and

Figure 6-1 Cooperation Mechanism



Source: prepared by the author

NGOs. The environment surrounding these entities in the Jordanian society serves as so-called “an enabling environment.” Beyond this frame, two cases of international influence (the third country training and support to an NGO in Syria) have occurred.

In the following, consideration will be made on respective levels as to what kinds of capacity enhancement were observed, and what types of interaction occurred between different levels through the Case, and further, on how the Case related to the entire society embracing all the levels.

6-2 Individual Level

Under the purpose of the enhancement of reproductive health status in the pilot area, the Case was carried out with “human resource development” as a keyword. There are countless evidence of improvement from the CD viewpoint on the individual level such as capacity enhancement of volunteers including Community Development Promoters (CDPs), facilitators, Community Support Teams (CSTs) and the Local Credit Committee (LCC), the empowerment of women as end beneficiaries, and awareness as well as behavior changes that occurred in their families and men in their communities. Here, the outcomes in CD that occurred among women in general as end beneficiaries and women volunteers will be focused on.

In order to encourage women’s empowerment, the Case has taken a three-layer approach in Information, Education & Communication (IEC) activities and conducted income-generating activities (see 5-2-5). As a result, women have been enabled to go out of their homes more frequently, and have increased their knowledge on primary health care, gender issues and Reproductive Health (RH), and their RH awareness has been raised. Through participating in income-generating activities, they have come to have more conversations with their husbands, and as a result of their gaining income, their presence and say within a family have become stronger. It is confirmed that women have become more confident and empowered from various aspects.¹⁴⁰

Here, the outcome will be examined as to how much women as end beneficiaries were empowered. Some indicators to measure the degrees of women’s empowerment were devised. In this study, some modifications were made to the indicators prepared by the project Phase II¹⁴¹ and 10 indicators were set. During the field study in 2005, a quick survey using 10 indicators was conducted among married women in their reproductive age (N = 43).¹⁴² The result is shown in Table 6-1.

¹⁴⁰ JICA Medical Cooperation Department (1999) (2003), Matsuya (2003), field survey (2005)

¹⁴¹ Sato (2003)

¹⁴² The numbers of samples and places for collecting questionnaires replied were selected by direct beneficiaries, end beneficiaries, and by areas for Phase I, II, and CEP taking into account their representatively. Random sampling was not possible due to time and budgetary restrictions. Therefore, the statistic accuracy of this survey is not sufficiently proven. Even so, it may help to examine the impact of the project quickly,

Table 6-1 Self-Assessment on Empowerment

(%)

	Yes	No
Q1. Do you have confidence in yourself? Or, do you think that you have value?	100	0
Q2. Do you finally decide on your things, such as entering a school, taking a job, seeing a doctor, etc. by yourself?	53	47
Q3. Do you have a future target/dream in your life?	91	9
Q4. Do you often discuss various things, such as family matters, with your husband?	95	5
Q5. Do you think that you have received various supports from your family and your community?	67	33
Q6. Do you consider an ideal number of children and having timing by yourself?	95	5
Q7. Do you discuss practicing family planning or contraception with your husband?	88	12
Q8. Do you exchange opinions about family planning or contraception with other people?	70	30
Q9. Have you considered your own life-long health, in the unmarried age, wife and mother days, and older the age?	93	7
Q10. Supposing you have a future dreams, please let me know.	93	7

Source: prepared by the author, based on the quick survey (2005)

The result shows that women are highly concerned about their reproductive health in general with high marks given to the questions on self-confidence, goals in life, dialogue with their husbands, decision-making on the number of children, consideration on their own health throughout their lifetime.

They have certainly been empowered in these aspects. However, there still are problems as seen in low percentages at 47 % for Q2 of those who do not determine their courses of life such as school going and taking a job, and at 33 % for Q5 of those who do not find that they have received sufficient support from their family and community. From this quick survey, it is understood that one of the initial goals for CD that women in pilot areas are empowered has been achieved, although there remain some problems to be addressed.

What about the effect of the Case on women as direct beneficiaries who have been engaged with it as volunteers from the CD perspective? Young CST members, who previously had only a feeble presence in a family, and had never had opportunities to be in contact with society before, have developed to the point of being able to express themselves clearly in simple words in interviews and group discussions by the end of Phase II. A few of them gave a stately speech in front of Princess Basma and other distinguished guests at the seminar at the end of Phase II. They have come to be strongly conscious that “they are working for the good of society,” and many of them express the desire to continue their services as their lifework.

During the study visit in 2005, they showed stronger confidence in themselves considering that the level of their knowledge, skills and awareness was so high that they might deserve to work as professionals not as volunteers. One of the 9 CST members interviewed in the field study in 2005 went to university with support by the project during Phase II, and 4 others desired to go to university. Including these members, 7 CST members in total showed strong desires to get jobs making use of

their present abilities.¹⁴³ Two of them displayed a strong determination for self-realization saying that they did not mind living away from their husbands and children if it meant the chance of getting good jobs. The process of self-development can be observed in the consciousness change of these women volunteers from the stage of self-affirmation to that of feeling that they are experiencing contributing to society, and further to self-realization by finding employment.

It appears that the role model shown by eminent women has affected other women causing them to try to develop themselves (see Box 6-1). For example, the chairwoman of the Women's Association in the Ayy district is now well known in the whole Karak governorate, and is so influential that people concerned in the governorate have requested her to run for the election of the national parliament. Before having been involved in the project, she was a housewife with no confidence in herself. As she recalls, after she began to participate in the activity of the Association, people around her found her potential abilities. Once people saw her talent and ability, they began to entrust her with various tasks, and through being engaged in activities for more opportunities, her capacity has been developed and enhanced. As she became widely known as a strong role model, women around her have been stimulated, and learned that "women could change" and become aware of their own potentials.

As seen above, the process of woman empowerment leading to their initiative for self-development is remarkable. However, there is a question in terms of the ultimate goal of CD being to attain "problem-solving capacity." It is because many women who have acquired knowledge, skills and abilities seek to get employments to make the most of their talents. In Jordan, blue color jobs are not favored either by men or women,¹⁴⁴ and women's favorite jobs center on government workers or white color jobs such as a secretary or typist. In reality, as the greatest industry in Jordan is tourism, the service industry is the largest employer and opportunities for white color jobs are extremely limited. Under such circumstances, women who have been empowered through the Case are seeking to realize desires that are too idealistic to get only white color jobs as the next step in their careers. This suggests that their empowerment has not led to developing problem-solving capacity in its true sense to analyze the current situation and be able to find solutions to identified problems.¹⁴⁵ Looking at the Japanese experiences in post-World War II days, there were many notable examples of the movements for better living in which women in rural villages made use of available resources to prepare special domestic products and led to community development. Through activating economic activities of their villages, they built their own capacities (see Box 6-2). Yet, there is no sign of such initiative emerging in the

¹⁴³ One of the two who do not want to be employed is elderly, and the other one desires to continue working as a volunteer.

¹⁴⁴ A woman beneficiary interviewed keeps goats as her income-generating activity. She entrusts her son and his friends with the work of letting her goats graze and returning them to the stable. There are few women working in the service industry such as cafes and restaurants.

¹⁴⁵ When asked about going to higher educational institutions, work, micro-credit program in detail, they often reply "Inshallah ("If it is God's (Allah) will" in English)." (This is true to men.) This may be their religious view, but it contradicts to the basic CD viewpoint that one should have a goal to achieve.

Box 6-1 Role Models of Eminent Women

The first model is Ms. Nadira Rawashdeh (40 years old, married, high school graduate), the chairwoman of the Ayy Women's Association, who was involved in Phase II as a member of LAC, LCC and CST. It was in 2000, just before the commencement of the project Phase II when she first got involved with the Ayy Women' Association. She had not conducted any social activities until then, her presence was faint in her family, and her husband treated her like a child. However, she now evaluates herself, "My life has changed dramatically. I have become aware of my ability by interacting with others. My husband is depending on me completely and he consults with me on every decision he has to make. Now I am more knowledgeable, and he is quite proud of me."

She further says, "At present, I communicate my knowledge to many women in this region, talk about the changes that occurred in my life and advise many women so that they can attain their own rights," and analyzes that through her activities, "I am famous now in Karak governorate. I have become a woman's model." This outcome is shown straightly in the fact, as she says, "Many people recommend that I run for a seat in the Parliament (parliament: House of Commons, 80 seats) in the general election next year." She can be said to be truly the representative model of women who realized empowerment and social participation. According to Sato,¹⁴⁶ she innately possessed the qualities of a leader. At the CST meetings at the beginning, she knew how to coordinate both parties to compromise at scenes when their opinions were in conflict. Her potential ability developed by taking advantage of various opportunities given by the project, and her talent has bloomed more extensive arenas have been opened to her.

The second model is Ms. Naela Amareen (35 years old, married, junior college graduate then, and university graduate at present.) She was active as a member of LAC, LCC in the conservative Faquo district. Through relating with the project Phase II, she also analyzes herself, "My life has changed fundamentally. It is an important change." Thanks to the project manager of JOHUD and the supervisor of midwives who persuaded her husband to allow her to go to university during project Phase II, she could major in sociology and graduated from it. She participated in the establishment of a local NGO named Bani-Hamidah Organization for Social and Voluntary Work and holds the position of the Secretary General. The NGO has a woman doctor from a local clinic as its Chairwoman and 25 members, and is actively engaged in activities for women in the district. The NGO receives assistance from Muta University which sends teachers as lecturers for seminars and offers equipment (computers, furniture etc.). Like Ms. Nadira, she also communicates her experiences with the NGO to local women and is a role model as a leading woman. She has been successful to give knowledge to almost all women in her village and change their consciousness. Only one person, that is her mother in law, is not agreeable with her activities still, which suggests the difficulty of consciousness reform. Finally, she expressed her strong hope, "In the future, I will continue with further studies, and I don't mind living separately from my family in order to get a better job."

Source: prepared by the author based on the field survey interviews (2005)

¹⁴⁶ Sato, interview (2005)

pilot project areas in Jordan. Despite differences in religious and cultural backgrounds in the two countries, Jordanian beneficial women are expected to realize the current situation of their village, to consider how to solve the problem creatively and, to take action for it at their own initiative as the next step of the CD process.

Box 6-2 Community Development and Women's CD in Japan

The following two examples show Japanese women getting together to solve the problems of their own villages, succeeding in the community development, and furthermore, contributing to their own capacity building.

Since the latter half of the 1970s, the Kita-Mimaki village, which is situated to the west of Komoro city, had implemented the "Health Management Project for All Villagers" under the assistance of Komoro City Kosei Hospital. As the result of a 10-year accumulation of records, it became clear that anemia was the chronic disease of the villagers. Further, a "Diet Survey" which was conducted among all adults indicated the necessity of improving dietary habits to change their health conditions for the better.

While listening to a lecture, a public health nurse from the village office and mothers learned the effect of "millet" which contained large quantities of vitamins, calcium and iron. They thought that they could use millet for anemia prevention, and immediately started planting millet with the cooperation of farming houses, the Agricultural Cooperatives and the village office. At the same time, they carried out various dietary improvement campaigns. As a result, they not only succeeded in bringing down anemic rates among the villagers, but also the cultivation of millet received public attention as a specialty of the village across the country. Thus, millet plantation became a means of "community development."

Source: Sakamoto (1990)

The Kuma district in Tenryu city, Shizuoka prefecture had flourished as a town of forestry since olden times. But it declined due to the depression in the forest industry, aging workers and depopulation of the district. The one that took the initiative to break the current situation somehow was the "Life Improvement Group" of women who had been actively involved in life improvement activities since the 1950s. Obtaining subsidies in cooperation with the city office and men, they started processing and selling *miso* (soybean paste), buckwheat and devil's-tongue in traditional ways in the district. This enterprise became a success. The group has currently developed into an NPO Corporation extended its services in the tourist industry and welfare work for the elderly.

Source: JICA Institute for International Cooperation (2003b) p. 24

Source: The episodes are compiled from respective sources by the author.

6-3 Organizational Level

6-3-1 Local Organization Level

The local organizations that served as main counterpart (C/P) organizations in the pilot areas are the Karak Health Directorate, health and medical facilities and the Community Development Centers (CDCs). They all were essential partners throughout the designing and implementing process of the Case. The status of capacity enhancement on each level will be examined in the following.

(1) Karak Health Directorate

The Case does not directly intervene with the health administration of the Karak Health Directorate,¹⁴⁷ however, it is involved in the work of health and medical institutions such as Southern Ghor Hospital and the Maternal and Child Health (MCH) Centers under its responsibility through the provision of both equipment and personnel assistance. In the field study in 2005, some apprehension was felt as to the quality of health administration by the Directorate. Except for the Director, executive officers did not appear to be highly motivated or conscious of their responsibility to serve the public. They did not seem to make efforts to grasp how services were actually provided in order to improve the quality of services, or to promptly respond to a problem when it was found. In other words, their readiness to respond to problems was low.¹⁴⁸ Problems were found as to the accuracy of health statistics provided and the management system of statistics.¹⁴⁹ Comparison of these situations before and after the intervention was not possible, but it can be said that there is much to be improved in the capacity of the Karak Directorate considering that other social systems in Jordan are quite mature in general (see 6-4-2 for details).

There are, however, some C/Ps who have developed leadership and executive faculty. The current Director of the Karak Health Directorate was involved in the implementation of Phase I.¹⁵⁰ He commented, “Comparing with other donors, the way JICA takes is the best. JICA listens to our needs at the very beginning, and formulates plans with reference to the data we have prepared. Since the planning process is a key in any project, this JICA approach is the most desirable. Judging from this, this project is the most successful foreign aid project in Jordan.”¹⁵¹ His comment illustrates his high evaluation of JICA’s stance to value nurturing a sense of ownership from the planning stage of the

¹⁴⁷ Governorate Health Directorates are under MOH. MOH formulates policies, and supervises the work of governorates, and the Governorate Health Directorates have the authority to implement the actual health administration and its budget.

¹⁴⁸ It is reflected in the indifferent and negligible attitudes of the Governorate Health Directorate in the renovation of the PHC Center as a part of the Primary Health Care Initiative to be described later.

¹⁴⁹ During the study trip, statistics on births and crude fertility were provided by the Health Directorate, with many miscalculations or rapidly fluctuating data on births. Reliability in data is very low. Some data on the transfers of buildings were also lost.

¹⁵⁰ He was the Director of the Maan Health Directorate during Phase II who returned to Karak after Phase II.

¹⁵¹ Shawawreh (Director of the Karak Health Directorate), interview (2005)

project. According to Sato,¹⁵² this person appeared unfriendly and indifferent in the project at the beginning, but through her repeated visits to him, a sympathetic feeling developed between them. In the latter half of Phase I, when he said, “Yes” to her proposals, everything went smoothly and surely. This endorses the importance of involvement by stakeholders from the planning stage in order to develop their sense of ownership, and of continuous dialogues between the project staff and the counterpart staff to enhance and widen the sense of ownership. It also suggests that once the sense of ownership emerges in a top manager, the implementation of a project is driven by his leadership, which may contribute to the improvement of the quality not only of the project but also of the target area as a whole.

There is another person whose leadership was developed by being involved in the project. It is the former deputy director of the Karak Health Directorate who was appointed to be the Director of Southern Ghor Health Directorate¹⁵³ which became independent from the Karak Health Directorate in 2004. In Phase I, he was in charge of Southern Ghor in his capacity of deputy director, and visited there a number of times and enthusiastically cooperated with the project as a lecturer at workshops and so on. He also visited JICA project in Egypt as an out-country training course together with the chief advisor of the project. In Southern Ghor which is geographically handicapped,¹⁵⁴ he keeps his positive attitudes under the motto “We begin with what we can do right now,” and has initiated his plan aggressively to establish a new service system by training young medical personnel, initiating a home-visit service by public health nurses, and preparing for the establishment of a new Comprehensive Health Center. A midwife who visited Egypt together with the Director has been promoted to an MCH supervisor to supervise midwives of the Southern Ghor Health Directorate. Both are thankful to have worked for the project, and their experiences appear to be acting as the driving force to establish the new Health Directorate. The project has not supported the health administration directly, but helped develop leadership among people involved through their working together on the project. It is understood that enhanced leadership may upgrade the quality of health administration.

(2) Health and Medical Institutions

The status of health and medical institutions to which the project provided direct support will be examined. Basic MCH instruments (ultrasonographs, etc.) were supplied to Southern Ghor Hospital and the MCH Center in Southern Ghor in Phase I, and to the MCH Centers in Karak governorate in Phase II. In addition, training was given to medical personnel to master how to use these devices. The

¹⁵² Sato, interview (2005)

¹⁵³ It is the first health administrative district that became independent in Karak Governorate in November 2004 in the process of decentralization. The Southern Ghor Health Directorate covers a population of 50,000.

¹⁵⁴ Southern Ghor is not easily accessible from large cities, and from Amman in particular, and not favored by medical doctors as a place to work, especially middle-aged, medium standing doctors. The vice-director under the new director is a doctor who works in Southern Ghor alone, leaving his family in Amman. The Directorate finds it hard to obtain medical personnel. Medical service delivery in Southern Ghor is inefficient because of its sparse population.

basic devices are meeting the needs of respective institutions, their performance is good¹⁵⁵ and they are well maintained and used effectively.¹⁵⁶ Major health and medical personnel who received training through this project¹⁵⁷ including training in Japan remain working in Karak governorate, engaged in the field of Family Planning (FP)/RH as responsible personnel. It can be said that the support given by the Case both in equipment and human resource training is making some contribution to capacity enhancement in health and medical facilities in Karak governorate.

However, the capacity enhancement of health and medical institutions in general is not attributed only to Japan's cooperation. Rather, in terms of buildings and equipment, Primary Health Care Initiative (PHCI) by United States Agency for International Development (USAID) has made greater contributions (see 4-4-2-(3)-2)). Compared to the terminal evaluation of Phase II, the author found that buildings and equipment at MCH Centers and Primary Health Care (PHC) Centers had been improved and contraceptives were abundantly supplied in 2005. All these were provided through PHCI.¹⁵⁸ An additional factor that should not be overlooked is the economic growth of Jordan as to be mentioned later.

However, some apprehension was felt about the way USAID gives assistance through PHCI. For example, a PHC Center was under renovation with PHCI financial aid. All the medical instruments and supplies were disposed of for the reasons that they were not in order or old, but no support was going to be given to replace them under PHCI. As such, even after the completion of renovation of the building, there is no prospect as to when they can resume their services. There are still many problems on the side of donors that give assistance without grasping the reality of beneficiaries. On the side of the recipient, the low problem-solving capacities of the health administration authorities were observed. Ministry of Health (MOH) and the Karak Health Directorate do not coordinate or give their knowledge about the reality of beneficiaries to donors (USAID), and health facilities receive financial assistance from the donor without thorough planning.

The Director of the Karak Health Directorate evaluated, "we cannot show quantitative data, but, all in all, the health culture of Karak¹⁵⁹ is clearly improving." It is recognized that the health standard of

¹⁵⁵ There were some institutions with ultrasonographs provided by USAID and JICA. The one made in Japan was favored for its performance and ease of use.

¹⁵⁶ Observation during the field study.

¹⁵⁷ Medical staff training was carried out in Phase I and II. USAID also organized training for the staff at the PHC Center and MCH Center under PHCI. It was found that many received training by both donors. USAID training was a once-only learning occasion focused on basic PHC, while JICA training was richer in content and was given as a continuous process of training including OJT, hence, more effective. This comment was shared by many people who had taken part in training by both agencies.

¹⁵⁸ Interviews with the heads of respective institutions (2005)

¹⁵⁹ The quality of services at the MCH Centers, PHC Centers, frequencies of people visiting hospitals, people's recognition about paying for medical fees, etc.

people in Karak governorate has been generally improved, but there remains some concern on the whole about establishing the sustainable health administration and developing the health service network. These points will be discussed further in 6-3-2 (Central Organization Level) and 6-4 (Institutional and Social Levels).

(3) CDCs

Different CDCs were involved as core facilitators in Phase I, II and CEP, therefore, respective CDCs will be examined separately. In Phase I, the Ghor Safi CDC acted as the core organization. As referred to in “5-1-1 Baseline Survey,” the director and his staff members took part in the survey, and became capable of identifying problems objectively. They show positive attitudes to address and solve the problems that they are faced with (waste collection and environmental issues) on their own initiative. It was the first time for the Southern Ghor municipality to receive a foreign aid, both donor and recipient sides worked together through exchanging views. This was a great feature of this phase.¹⁶⁰ After the termination of the project Phase II, the Southern Ghor continues on its own to provide incentives to its people by organizing events including health seminars in which medical doctors and Muta University professors take part as volunteers. Remarkable capacity development can be observed in community people and organizations, which was hardly expected from the impoverished and hopeless condition of the region at the time of planning the project Phase II.

In Phase II, the Karak CDC was assigned as the core C/P organization. This CDC was most intensively committed with the project implementation. However, at the time of this study in 2005, the CDC did not look as vigorous as it was at the time of the Phase II final evaluation. The Director remained the same person, but she no longer had accurate memory on the project activities and the RH concept. The staff members involved in the Phase II project all left the CDC, and new employees knew nothing about the project. The knowledge and experience gained through the project were not successfully accumulated and retained. Hence, CD through project activities could not be observed in 2005 study.

In contrast, the Mazar CDC, which is designated as the main activity base for the ongoing CEP, is a young CDC which was promoted to a full CDC several years ago. The young director who had been trained as a member of the Local Advisory Committee (LAC) and LCC in Phase II was assigned as the field supervisor for CEP on a full-time basis. She was engaged in the project with enthusiasm and the Center was filled with vigor. This CDC has strong relationships with the municipal offices, farmers' union, and other major community-based organizations that constitute the CEP network. Stability and sustainability of this CDC as an organization can be expected.

¹⁶⁰ Sato, interview (2005)

As mentioned above, differences are observed as to the levels of capacity building among the CDCs involved. And the greatest element of the gaps may be found in the leadership and motivation of the top manager. In order to draw out leadership and motivation from top leaders, it is essential to involve them in the entry point activity of a project so that they forge the sense of ownership toward it. According to Sato,¹⁶¹ both C/Ps and Japanese experts were groping in the dark regarding what and how to proceed with Phase I, and while having meetings, a kind of comradeship to tackle difficulty together was developed among them, which made the difference from Phase II. This equal partnership and the difficulty of conditions for both to overcome eventually have brought a greater sense of achievement, and may have contributed to enhancing the capacities of C/Ps.

The enhancement of capacities on the local organization level varies from one place to another. Even if the capacity of organizations has been improved, it depends on the capacity enhancement of individual C/Ps through their involvement in the project. It does not mean that the standard of organizational or structural capacity has been enhanced. It should also be noted that assistance by USAID and other donors effected synergism.

6-3-2 Central Organization Level

The Case concentrated on the formation of models in the pilot areas, which were deviations from the original plan for Phase I.¹⁶² Because of this, it did not intervene directly in the central-level organizations. However, C/Ps at concerned organizations, namely the MCH Director at MOH, a population expert at HPC assigned as a full-time C/P, and a program manager at Jordanian Hashemite Fund for Human Development (JOHUD) assigned as a full-time counter partner, played an important role to connect the project with their organizations. The MCH Department of MOH performed an important function to spread the project model throughout the country.

The project encouraged the three C/Ps to be at project sites as often as possible, and provided them with many opportunities to work with Japanese experts. The full-time C/P from HPC who directly witnessed the attitudes of Japanese to their jobs through working with Japanese experts, and who had an opportunity of training in Japan, evaluated that his values changed greatly and that his attitudes toward his work afterward went through overall changes. Having been promoted, he is now the publicity manager at HPC in charge of implementing the information campaign of the government's population policy. As he says, he is trying to share the value system he has attained from the project with his colleagues in Higher Population Council (HPC) (see Box 6-3).

The full-time C/P from JOHUD has been deeply involved in the Case from the beginning. She

¹⁶¹ Sato, interview (2005)

¹⁶² A top-down approach for technical transfer by a national-level C/P.

Box 6-3 “It Changed My Life” by a C/P

The following is the present state of mind of a staff member of HPC who was involved in the project activities for 6 years as a full-time counter partner.

“I was promoted to the position of communication manager¹⁶³ last year. I think my promotion surely owes to the JICA project. I participated in this project as a full-time C/P from the beginning of Phase I. Before becoming the C/P, I was such a staff member who was ready to go home at about 1 p.m., before the closing time at two. However, the Japanese experts worked until late every day. When we went together to Southern Ghor, we came home at midnight with no complaint. Looking at their working attitudes, my attitude toward work began to change little by little. And the decisive moment came during my training in Japan when I saw a scene in an elementary school. The school principal was mopping the floor together with the school children. In Jordan, even children don't mop the floor. I was shocked at the scene. My life changed from that point. Even now I sometimes recall the scene. Furthermore, in Japan, many people are crammed into a small office space and everyone works hard in spite of this. Comparing with that, we have such a large office room but no one works hard.

As I also participated in many workshops, I could acquire professional knowledge and skills of Behavior Change Communication (BCC) through these activities. I could be promoted to the position of communication manager thanks to the improvement of such abilities. I can definitely say that the days of my working with the Japanese experts have brought about my current post.

As the manager, I would like to communicate what I have learned and felt about the Japanese work ethic as much as possible to my staff. I always welcome the person who wants to come to hear about our project. Please come again.”

Source: prepared by author based on Malkawi (HPC ex-C/P) interview (2005)

came to consider the project something like her own child.¹⁶⁴ At the time when Phase I began, she was a mere secretary with no knowledge either on FP or RH, but while working for the project, she has gained knowledge in these fields, enough to deserve being considered an expert.¹⁶⁵ Currently, she is managing CEP as a program advisor and running it from both the technical and administrative aspects. In JOHUD, she has been promoted as a manager, and given an educational opportunity outside the country for further capacity building.

These 2 former C/Ps believe that their promotions were made possible because their organizations

¹⁶³ An increasingly important position according to King's recent speeches (national policies).

¹⁶⁴ Muhriez (former C/P at JOHUD), interview (2005)

¹⁶⁵ Sato, interview (2005)

highly evaluated their capacity enhancement as a result of participating in the JICA project implementation. The progress of C/Ps shows an aspect of a development process in which their values change, and the change affects other individuals and the organizations to which they belong.

The MCH director at MOH, another important C/Ps, visited pilot areas and was directly involved in activities, and as a result, he learned of changes occurring among community people, and of the positive aspects of CSTs. It deserves a special mention that he later initiated a project modeling after CSTs with USAID assistance (6-6-2 for details).

As no central-level organization took part in the project, no explicit capacity enhancement could be observed overall in that system. Even so, there are a few signs of elevated capacity as an organization affected by the individual capacity enhancement of the C/Ps. This presents an example of CD giving mutual influence among people in different strata.

Finally, the current situations of central-level organizations and their problems will be overviewed. Only limited information could be obtained as to MOH during the project implementation and again during this study period, USAID has been providing assistance on quite a large scale, but as far as the study team could observe its PHCI activities in Karak, the impression cannot be wiped out that MOH is much too occupied with the cooperation project, while neglecting to build steadily the framework of its health administration. The MCH director who had played an important role for the JICA project retired in the autumn of 2004. With the absence of the person who contributed to the formation and extension of the cooperation package (provisionally termed “Karak Model”), it should be watched carefully how the Karak Model will be treated within MOH in years to come.

JOHUD appears to place increasingly a heavier weight on international cooperation programs. At present, the authority of Princess Basma looks to be maintained, but it is not predictable how long her authority and the present system will be maintained. Sato¹⁶⁶ reflects that an NGO like JOHUD was overburdened by acting as a C/P for the JICA technical cooperation project, which is generally government-to-government cooperation. However, the importance of the participation of civil society including NGOs is stressed in international discussions on CD. Therefore, Sato’s observation poses a question as to how NGOs can be incorporated in JICA cooperation.

Stronger power was granted to HPC in 2002 as a Council under the direct control of the President as explained in 3-4. As King Abdullah II mentioned his positive support to the government’s population policy recently, it is expected that measures to promote RH will increase. The former C/P is

¹⁶⁶ Sato (2003)

now a manager in charge of information and education at HPC that puts forth the future population policies of the country. With his appointment to the post, it is predicted that the “motivation, patience, leadership, and technical skills that he has learned from the Japanese experts” will affect the operation of HPC in one way or another. It is expected also, that his influence will contribute to the enhancement of organizational and administrative capacities at upper levels of the Jordanian government which is on the way to implementing its population policies on a full scale.

6-4 Institutional and Social Levels

6-4-1 Institutional and Policy Levels

Much time and energy was devoted to forming models for the improvement of RH focusing on human resource development in the pilot areas. In the background was the low policy priority given to the field of population in Jordan until 2000 when the clear national strategy was put forth. Further, JICA paid consideration to the situation in which official discussions on population control had been avoided in Jordan because of the sensitive political equilibrium in countries in the Middle East until some years ago.¹⁶⁷ As such, the project intentionally refrained from intervening directly into policies and systems, and no notable influence was exerted on the system and policies, except for the modeling after CSTs which is carried over as part of the USAID project. This will be touched upon later.

The Jordanian government has been accelerating the implementation of its population policies since 2000, including the formulation of the “national population strategy 2000–2003: Action plan in RH.” To push forward the move, King Abdullah II announced in a message addressed to the Prime Minister in July 2004 that “population increase should be controlled for the sake of economic development, and that FP and RH should be promoted.” With this, FP and RH became prioritized in the national policy. The 1st week of December in 2004 was designated as the “Population Week” and various events were held. Further, the year of 2005 was designated as the “Population Year,” and a series of events were planned in order to raise the awareness of the nation. In January 2005, the “National Population Forum” was organized to mobilize the intention of relevant organizations in the country. The evolution of population policies on the governmental level might have contributed to pushing forward the positive achievements of Phase II and CEP.

As seen above, it is obvious that the project was influenced by the policy of the beneficiary country rather than exerting influence on the system and policies of the country.

¹⁶⁷ Atoh (2002)

6-4-2 Social Level (Project Environment)

As CD means a endogenous development process in developing countries. Even a cooperation project in a specific field may be influenced from or exert influence on all levels of society. In this part, how the Case was influenced by the social environment other than government policies will be examined, as well as how it influenced society.

(1) Social Systems and Individual Capacities

The six factors for a sustainable growth mechanism are (i) a system to support technological innovation, (ii) a system to develop human capital, (iii) a system to develop physical infrastructure, (iv) a legal system to protect private ownership, (v) a system to strengthen social unity, and (vi) a system to enhance governance. Among these, Jordan excels in systems for (iii) the development of physical infrastructure, (iv) the protection of private ownership, and (vi) the enhancement of governance.¹⁶⁸ As such, Jordan is classified as a country which has systems for sustainable growth. As it has stable social systems, obstacles for technical cooperation that many developing countries have, such as insufficient and low retention rates of government workers, and unfavorable working conditions are not observed in Jordan. Many Jordanians who work in the field of international cooperation are highly capable of absorbing knowledge and skills certainly if advice and training are given.¹⁶⁹ Moreover, “there is a rich pool of people equipped with knowledge and skills” in the RH field in Jordan.¹⁷⁰

The stable social systems, the high basic capacity of Jordanians, and the presence of RH experts had positive impact on the project achievement.

(2) Socio-economic Development

In addition to the mature social systems and highly capable people, it should not be forgotten that the economic growth that occurred from Phase I, II through the ongoing CEP effected as a push factor. The Jordanian economy has been steadily developing since 1999. Above all, the large-scale aid from USAID for PHCI and others (see 4-2-2-(3))¹⁷¹ is a contributing factor. According to the JICA Jordan Office, there seems to be quite some money flows not appearing in statistics, what is commonly called underground money, for example, foreign currencies brought in by emigrant workers. As a matter of nature, the rise of economic strength of the nation exerts great impact on the enhancement of the

¹⁶⁸ Ishii (2003)

¹⁶⁹ Sato (2003), JICA Medical Cooperation Department (2003)

¹⁷⁰ Sato (2003), p. 63

¹⁷¹ USAID has been providing large amounts of aid to Jordan since 1952 considering the country as an important key for the stabilization of the Middle East. Even after 1996, when the total amount of foreign aid decreased, the amount of aid to Jordan increased, from USD 7.2 million in 1996 to an average of USD 250 million in following years. The health and population sector is considered as one of the 3 pillars of USAID aid strategy to Jordan, and in 4 years from 2000 to 2003, a total of USD 88 million was spent. USAID (2005a) (2005b) (2005c)

capacities of the central government and local administrative organizations and NGOs.

Comparing the impressions the author obtained in Karak in 2003 and 2005, economic activities have become much more vigorous in the last 2 years. In Southern Ghor which was called “the poorest region” in Phase I, two modern salt factories by the Dead Sea were in full operation in 2005, and some poultry farms run by major corporations were located in the wasteland which had only availed Bedouins places for grazing. To endorse that these new industries were expanding employment opportunities,¹⁷² houses were renovated or added in residential districts in Ghor Safi where people with a monthly income over JD 120 lived. Daughters of many beneficiaries of income generating programs in Southern Ghor were receiving university education at Muta University, Jordan University, etc.¹⁷³ One woman participant in the income generating program runs dressmaking business and earn a livelihood for her family of 8 and owns a motorcar. These examples suggest that people are living a decent life. In addition, there is now a textile factory under ownership of a Chinese company that made inroads in Karak city in which 2,000 Chinese are working.¹⁷⁴ The scale of their contribution to the local economy should not be ignored. From these observations, it can be said that the economic level of individuals has risen even in Karak governorate which had been the poor region in the past decade. It is generally known that economic growth acts as a significant driving force to push forward reproductive health.¹⁷⁵ During the 9 years of the JICA project, it has been observed that the raised economic standard of the country as a whole clearly effected the capacity enhancement of individuals and organizations.

6-5 Interaction among Different Levels

As seen above, the Case in the original official document was designed to transfer techniques through a top-down approach from the 3 C/Ps agencies on the central level to relevant local communities. In fact, concentrated efforts were made to establish program models in the pilot areas. Even so, as principal C/Ps from the central-level organizations were deeply involved in the model formation in the pilot areas, the Case eventually contributed to institutional capacity enhancement on the central level (MOH, JOHUD, and HPC) (Figure 6-2). As a result of “human development” at various levels, various examples of positive impact will be seen in Karak governorate and Jordan as a whole.

The capacity building in individuals and institutions cannot occur without influence from the

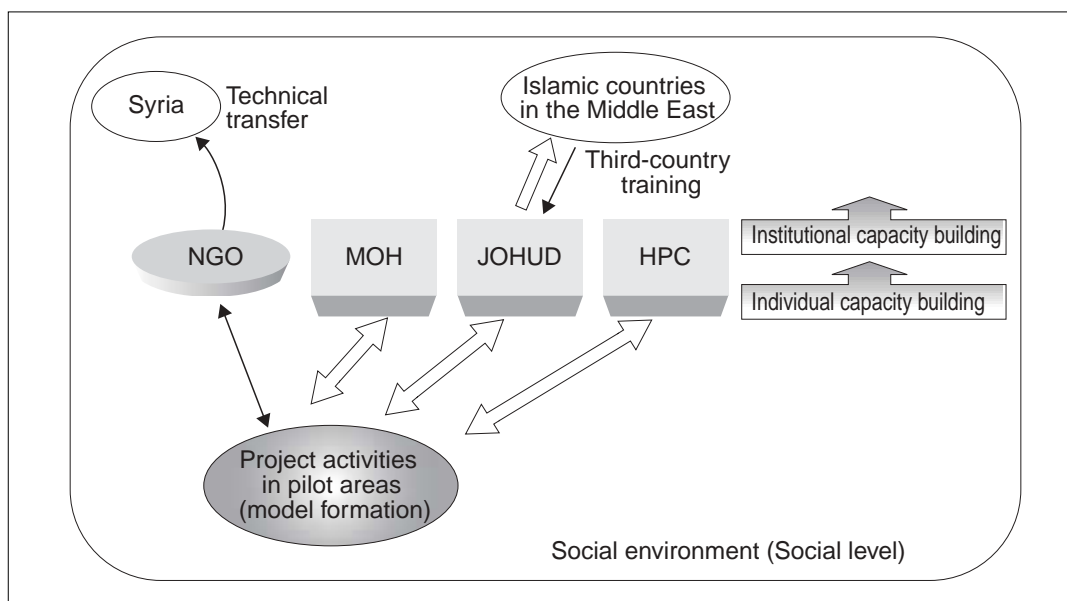
¹⁷² Muhriez (former JOHUD C/P), interview (2005)

¹⁷³ To study at Jordan University, the fee of a dormitory in Amman is JD70 a month. A retired teacher is sending this large amount of fee to his child. To study at Muta University, a similar amount of dormitory fee may be required as it is too far to commute. As the monthly income of about JY 20,000 for many households, it is wonderful how they can manage to pay for higher education.

¹⁷⁴ According to the shop owner dealing with Chinese food materials.

¹⁷⁵ Rifai (UNFPA expert), interview (2005)

Figure 6-2 Interaction among Different Entities



Source: prepared by the author

social environment. As a matter of fact, it was affirmed that social factors such as the basic abilities of Jordanians, socio-economic standards and governmental population policies had promoted the enhancement of individual and institutional capacities.

The achievements from the CD perspective are not limited in Jordan. The JOHUD head office is now transferring the experience of this Case to neighboring Islamic states through the third-country training courses. In the third-country training courses, JOHUD representatives not only teach what they have learned to participants from other countries, but also learn from participants from Tunisia which is more advanced in RH services and from international NGOs with rich experience in the population and RH fields. Therefore, it provides JOHUD with an opportunity to learn new knowledge and skills to upgrade its capacity.¹⁷⁶ “The Performing Arts Center (PAC),” an NGO under the royal patronage that jointly developed the participatory workshop method aiming for BCC has accumulated experiences through the project activities in developing methods for behavior change in sensitive issues such as RH. It is now transferring its achievements to an NGO in Syria.¹⁷⁷

6-6 Karak Model and its Extension

6-6-1 What is the Karak Model?

At the dissemination seminar held toward the end of Phase II, Princess Basma as the president of

¹⁷⁶ Sato (2004b)

¹⁷⁷ Rifai (UNFPA expert), interview (2005)

JOHUD praised the achievements of the project saying that the “Karak Model” was established.¹⁷⁸ However, there is no description as to what the Karak Model is. Different people from different fields have different images of the Karak Model. The author attempts to integrate these images and lists the elements of “the Karak Model” as follows, while considering its effectiveness in terms of CD.

- (i) Mobilize all social resources in a community.
- (ii) Integrate two sectors, i.e., the RH sector and the income generating sector (community development).
- (iii) Conduct Information, Education & Communication (IEC) activities (participatory workshops) as main channels to convey essential messages and to connect the above two sectors.
- (iv) Women volunteers (facilitators and CST members) in a community play a central role in IEC activities.
- (v) CST members deliver information on health, RH and gender issues to women of reproductive age through home visits, and help trigger women’s participation on the entire community level.

The above activities from (i) to (v) are implemented by the three-layer approach of individuals/families, groups and communities, through which women are empowered resulting in the improvement in RH.

The above are essential elements of the Karak Model. Although it is desirable that the Karak Model as a package is utilized in other areas, it is also useful to pick up some of the elements individually for other areas.

6-6-2 Extension of the Karak Model

(1) Modeling after CST

Unfortunately, the Karak Model in its entirety has not been extended to any part of the country as yet. Yet, partial introduction of some components has been observed. A notable one is a project that models after CST activities.¹⁷⁹ It was introduced as a part of “the Commercial Marketing Strategic (CMS) Project” under USAID through an MOH C/P. The activity style in which women selected by their communities visit homes to deliver health information is the same with the CST of the Karak Model. The CMS project has trained 500 CST members so far, and made 300,000 home visits last year alone. It has achieved a great quantitative result.

¹⁷⁸ Sato (2003) (2004c)

¹⁷⁹ Batayneh (former MOH C/P), interview (2005)

During Phase II, JICA, MOH and USAID discussed in the planning stage of the CMS project the collaboration of the two projects. However, JICA could not agree with the project concept of USAID, and the partnership of the two agencies was not established. In order to avoid duplication, USAID decided to conduct its project in the 15 health jurisdictions in the northern part of Jordan. Sato¹⁸⁰ considers that CSTs in the Karak Model and the CMS project are different. The greatest difference is whether or not CSTs are trained with the purpose of serving as volunteers to support community life. In the CMS project, CST members are considered as employed staff members and JD 110 (appx. JY 16,500) is paid as a “reward” monthly.¹⁸¹ The Karak Model is characterized with elaborate follow-up training with occasional training courses and personal advice, whereas in the CMS project, only the initial training course is given and no progressive training is given to the developmental level of CST members.¹⁸² With this approach, the CMS project succeeded in expanding the number of CST members centering on densely populated areas. In the future, CSTs will be expanded to de-populated districts in the northeastern region and then to entire northern Jordan. USAID has achieved a great outcome in expanding the CMS project into a wide area. However, as a UNFPA expert apprehends, the way USAID expands its project with monetary incentives based on its affluent financial backup may not lead to sustainability after the aid terminates.¹⁸³

Even though concrete approaches are different, it should be noted that MOH and USAID are interested in the Karak Model, and thus recognized, introduced their version in a USAID project and expanded CSTs as a system to train women volunteers, to deliver information on health, and gender issues, and to enlighten women in a community. However, CSTs are trained and working only for the USAID project and are not incorporated in the national health system of Jordan. Because of this, there is an apprehension as to their post-project sustainability. In addition, establishing donor partnership between JICA and USAID failed in spite of its chance to do so. These observations will give an important lesson from the CD perspective.

(2) Possibility of spreading the Karak Model

The interested people in Jordan¹⁸⁴ consider that it is possible as well as effective to transfer the essence of “the Karak Model” to other regions. To respond to their intention, JICA is studying the feasibility of supporting “Phase III” as a technical cooperation project in order to extend the Karak Model to Southern Jordan (Figure 6-3).

The directors of the Health Directorates of Karak and Southern Ghor show enthusiasm that the

¹⁸⁰ Sato, interview (2005)

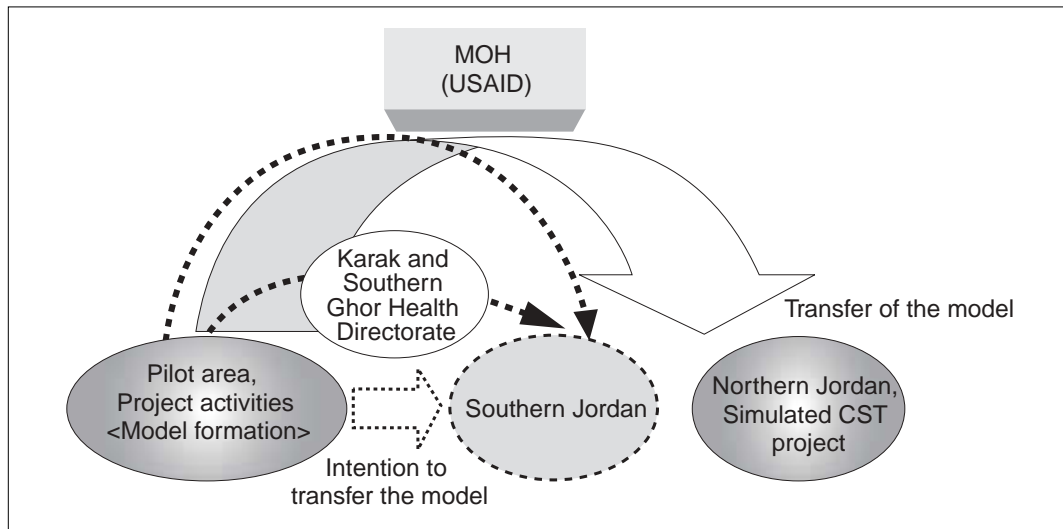
¹⁸¹ Ratayneh (former MOH C/P), interview (2005)

¹⁸² Rifai (UNFPA expert), interview (2005)

¹⁸³ *Ibid.*

¹⁸⁴ Batayneh, Shawawreh, Aldmar, Rifai, interview (2005)

Figure 6-3 Mechanism to Spread the Karak Model



Source: prepared by the author

Karak Health Directorate will participate and cooperate with the proposed Phase III project, although they understand that MOH will be the main organizer. Governorates in Southern Jordan such as Tafila, Maan and Aqaba are conservative in gender equality and family planning just like Karak, and socio-economic situations in these regions are also similar to that of Karak governorate. They insist, therefore, that their experience will be useful. The speech by the King stressing the process of decentralization (it is said that Karak will be the capital of the Southern state when the state system will be introduced) is blowing favorable winds to people interested in Karak governorate to build their confidence and motivation to play the central roles in Southern Jordan, which pushes forward their desire to spread “the Karak Model” to other governorates.¹⁸⁵ The Tafila governorate showed its interest in the JICA project while it was underway, and keeps an eye on the developments of the proposed project.¹⁸⁶

Further, the UNFPA expert for Arab States says that the Karak Model can be transferred to other Arab states. In particular, he suggests the applicability of the participatory workshop, as it has universality to be used as an effective and efficient means for extension, provided the video programs are to be modified to meet the realities of the target regions and countries.

¹⁸⁵ Shawawreh (Director, Karak Health Directorate), Director of the Comprehensive Health Center, interviews (2005)

¹⁸⁶ Shawawreh (Director, Karak Health Directorate), interview (2005)

Chapter 7 Consideration and Recommendations on the Application of CD to JICA Projects/Programs

7-1 Planning Stage

7-1-1 Meeting the Developmental Challenges and Needs of a Recipient Country

Capacity development (CD) means endogenous processes of developing capacities in developing countries. Based on this basic principle, the donor side must value developmental challenges, priority, and needs of developing countries.

At the time the Jordanian government requested the assistance of JICA for Phase I, it considered the population problem as a national issue, however, the formulation of a population policy was yet a taboo politically. Therefore, the government did not place a high priority on the population policy in its developmental objectives. Because of this, the interest and commitment in the project shown by the counterpart (C/P) agencies was limited. This was the main factor for the project getting little commitment from the institutional and policy levels. As CD aims for endogenous development within developing countries, and donors are supposed to “support” the process, a project by a donor must, as the first principle, meet the needs of a recipient country to achieve its developmental objectives. It is also necessary that the project be clearly incorporated as an integral part of the policies of the relevant field.

The real intention of Jordanian Hashemite Fund for Human Development (JOHUD) for Phase I, as the implementing agency, was to launch a new micro-credit program, and not to promote family planning or gender equality. JICA failed to grasp its real need at the planning stage. A recipient country may tend to “receive essentially unnecessary aid whatever financial assistance is to be given,”¹⁸⁷ and to take part in planning a project while keeping its real desire hidden and to propose change once the project is in progress. In order to avoid this, JICA should endeavor to have the recipient country expressed its real needs clearly during the planning period. It is also necessary for JICA to clearly express what can be done and what cannot be done so that the recipient country will not have unrealistic expectations of JICA.

¹⁸⁷ Sato, interview (2004)

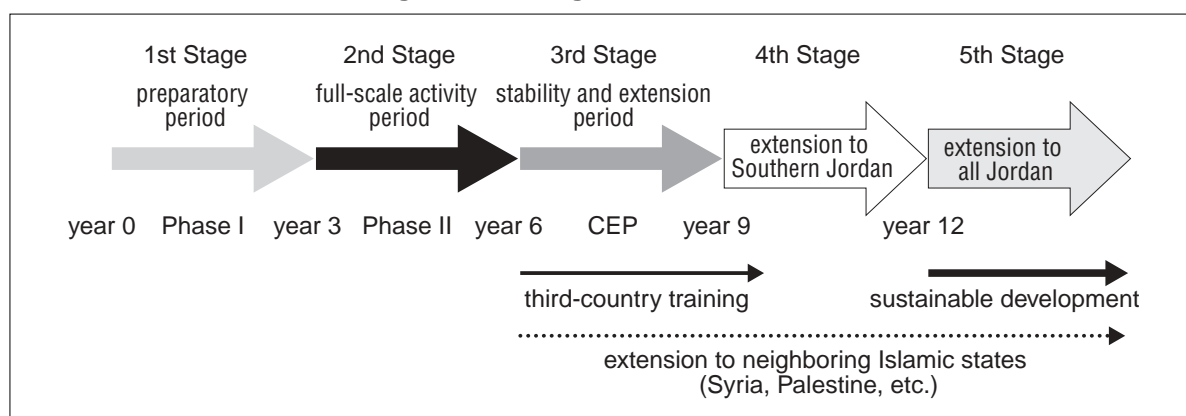
7-1-2 Long-term Visions and Programmatic Evolution

Outside donors must act as “support players.” For this purpose, interventions should be implemented just as a programmatic approach based on a long-term vision.

To support CD, “time plays a decisive role.”¹⁸⁸ It took 9 years in total for this Case; 3 years for the Phase I preparatory period, 3 years for the Phase II model formation period, and another 3 years for the stability and extension period under Community Empowerment Programme (CEP) (Figure 7-1). It means that as many as 9 years were needed to make a model and establish and extend it in a pilot area covering 200,000 people. If the proposed “Phase III” technical cooperation project were implemented successfully, an area with a population of 520,000 would be covered. It is a long way to reach all corners of Jordan with a population of 5.3 million. It requires 10 years, in general, for a project aiming for the empowerment of a community with a focus on individual capacity enhancement to create, establish and extend a model in a pilot area, if a donor patiently keeps its status as a supplementary support player. Considering the unfavorable conditions of the target area for Phase I in which people were conservative and suffering from poverty, the 9-year period is not too long. It is the long-sustained approach of this Case that has succeeded in the challenging work of upgrading the capacity of the people in the weakest stratum of the least developed region in Jordan. Raising the standard of the bottom level will lead to raising the standards of multiple sectors in Jordan. From a long-term perspective, it is significant also as being contributive to CD on the national level.

It is essential, therefore, that at the planning stage of a technical cooperation project, JICA should envisage a programmatic evolution with a long-term vision of about 10 years when the project aims for

Figure 7-1 Programmatic Evolution



Source: prepared by the author

¹⁸⁸ Lusthaus, C. et al. (1999) p. 9

CD of a recipient country in this particular field. The evolution as shown in Figure 7-1 should be conceptualized at the very beginning, and shared with C/Ps in the recipient country. At the same time, it is necessary for JICA to express its long-term commitment. It is desirable to flexibly revise the contents of program upon consultation with the C/Ps. It is because the conditions in the recipient country may undergo changes in the period of 10 years, or JICA schemes may change, or foreign assistance methods may change globally.

In order to successfully provide a project to encourage local society empowerment as “a support player,” a programmatic approach with a long-term vision is required. For concrete components of such a program, flexible and progressive attitudes are desired to adjust the original plan to meet changing conditions.

7-1-3 Indispensable Donor Partnership

Donor partnership is indispensable to support long-term and wide-range CD driven by developing countries themselves.

To support CD that requires programmatic activity evolution, one donor cannot give all-round support to embrace all program components including geographic expansion, system organization, the enhancement of potentiality of surrounding environments, and multi-sector evolution. Hence, it is indispensable for donors to work in partnership in conducting a project with programmatic evolution upon considering the needs of recipient developing countries.

In Jordan, donor coordination is generally inactive. Under such circumstances, United States Agency for International Development (USAID) attempted to coordinate with JICA for collaboration as it discovered the success of Community Support Team (CST) activities in the pilot area and intended enthusiastically to extend the activities to its project areas. The collaboration did not occur because of gaps in philosophies between JICA and USAID in many aspects including that between qualitative and quantitative goals, paying and not paying remunerations, the syllabi and frequency of training, and follow-up support system. While USAID seeks quantitative outputs in a short period of time, JICA values the process of training people slowly and carefully. This difference in strategy reflects the difference in aid philosophy between the two donors. It is difficult for project staff to reconcile differences in basic philosophy. Therefore, JICA should study the basic cooperation philosophies of other donor agencies and analyze them from the viewpoint of supporting CD. JICA should then compile “the guidelines for donor partnership” to be commonly applied by project personnel of all sectors in JICA. The project personnel at actual project sites should try their best to explore feasible ways of collaboration with other donors in accordance with “the guidelines.”

However, if the recipient government made decisions and donors give support to materialize the

decisions, disharmony between donors would not occur. To avoid disharmony among donors, the recipient side should take the lead in formulating policies, and a donor should formulate its cooperation plan within the policy framework. In developing countries where a sector-wide approach and other frameworks are in place, donor coordination and harmonization are underway. Examples of CD support in these countries should be examined.

It has already been mentioned that donors should be prepared to wait for a long time to see the results of CD support. Most donors, including JICA, take Results-Based Approaches (RBA) to plan a project. Donors so far have used a linear logic for RBA, and prepared a plan with foreseeable goals, and tried to achieve the goals within a designated time period. The results of CD support, however, cannot easily be seen in a short period of time. In addition, it is difficult to gauge its outcomes. The RBA and CD support will cause a paradox.¹⁸⁹ It is difficult to make a RBA policy and a CD-oriented policy compatible. If JICA intends to incorporate the CD concept in its principles for cooperation, it should organize its idea theoretically and obtain public approval. Then, JICA should make efforts to help the donor community in a recipient country to share the common understanding on CD, to form a joint monitoring system to monitor the process in cooperation, while respecting the initiative of the recipient country as the primary principle.

7-1-4 Team Building and Ownership

Team building through participatory workshops is effective to develop the sense of ownership on the side of developing countries.

Prior to the commencement of Phase II, a participatory workshop (management workshop) was held for all stakeholders. The organizers of this workshop were C/Ps on the central and local levels and the project team (Japanese experts). At the workshop, a Project Design Matrix (PDM) was made, and the consciousness that they would all work together to achieve the goal (team building) and that the sense of ownership that the project would be carried out by them and for them were nurtured. This type of participatory workshop with appropriate participants at the initial period of a project is effective for team building and ownership development among the concerned parties in a developing country.

JICA conducts a participatory workshop (Project Cycle Management (PCM) workshop) at the beginning of most projects. In order to make the workshop successful, several requirements must be satisfied. As a precondition, the workshop should be initiated by the recipient organization, not led by the JICA head office. Second, participants should be appropriate people. It is essential that the main C/Ps and officers in decision-making posts in counterpart organizations that are deeply committed in

¹⁸⁹ Lusthaus, C. et al. (1999) p. 13

project implementation will participate in the workshop. Third, facilitators who are trusted by participants should be involved. Without a relationship of trust, the effect of the workshop will be halved. It may be effective to appoint qualified persons within the recipient country as facilitators.

7-1-5 Positive Use of a Baseline Survey

As a baseline survey brings various benefits, it should be incorporated as part of project activities, and positively used.

At the planning stage of Phase I, the needs and capacity levels of C/Ps, social resources in the pilot area and social dynamics in local communities were not sufficiently understood, and baseline statistics could not be obtained. Therefore, the baseline survey had to be carried out together with concerned people of the Jordan side at the beginning of Phase II. This resulted not only in the collection of data and information on needs, but also brought about other positive outcomes. They included, among others, the emergence of the sense of ownership among key C/Ps, the recognition of the project among community people, and raising the motivation of people involved in the project in pilot areas. Further, as community leaders were positively involved in the scientific survey, they acquired an ability to analyze the problems in their community from an objective perspective. This is the basic and the most important ability of CD. Considering the restrictions on time and manpower at the time of planning a JICA project, and the advantages as mentioned above from the CD perspective, it is meaningful to incorporate a baseline survey in a project as an effective tool for CD.

7-2 Implementing Stage

7-2-1 Relations of Trust and Ownership

The sense of ownership should be developed on the base of the relations of trust.

The projects in this Case were intended to address sensitive reproductive health issues in an Islamic country in the Middle East which is not familiar with the Japanese. Therefore, it was predicted from the beginning that the project team would have to go through difficulties.¹⁹⁰ In fact, the projects could achieve outcomes such as mentioned before because a relationship of trust was built between the people on the Jordanian and Japanese sides, and the sense of ownership emerged among the Jordanian parties.¹⁹¹ The key factor for establishing the relation of trust was that the same person served as the chief advisor for 6 years through Phase I and II, and that she displayed strong leadership

¹⁹⁰ Sato, interview (2004)

¹⁹¹ Sato (2003)

in building the favorable relationship with the Jordanian parties. Further, the Japanese experts valued and followed the culture and etiquette of the community with the spirit of “When in Rome, do as the Romans do.” They tried to establish trust with the local people concerned through their routine activities, and to help develop their project ownership. In practice, the project team conducted the baseline survey involving people concerned on the Jordan side, and decided upon the activities through discussions with C/Ps on the basis of statistical data, information and needs provided by the Karak Health Directorate. Jordanian and Japanese experts visited the actual activity sites to carry out activities together with community people. While working with them, the project team kept saying, “This is your project,” “Basically, you are supposed to carry it out yourselves.” When a problem occurred, the team waited patiently saying, “This is a problem that you have to solve” and kept that “wait and see” stance.

The precious lesson from this Case can be found in the attitudes of Japanese experts who sincerely observed the cultural background of the partner country, and who kept a caring watch on the processes of activities. Their way of working resulted in establishing the relation of trust, and led to nurturing the sense of ownership among the Jordanian parties.

7-2-2 Flexible Change of a Plan

A flexible changing of a plan is desired so as to adjust to the development process of a beneficiary country.

The ultimate goal and basic approaches taken for the Case remained as those set forth in PDM. However, there were some alterations made after actual activities began. In Phase I, the time allocated for the baseline survey was prolonged, the provision of Family Planning/Reproductive Health (FP/RH) instruments was added, the training of male Community Development Promoters (CDPs) was additionally provided, the roles of JICA and JOHUD in income-generating activities were altered, and Information, Education & Communication (IEC) activities for married couples and families were added. Some alterations had to be made because of insufficient planning, but some were added because the capacity of people in the partner community had been enhanced while being involved in activities. Hence, these additional activities should be positively evaluated from the CD perspective.

Some problems caused by insufficient planning may be solved, as mentioned in “7-1-5 Positive Use of a Baseline Survey,” by incorporating a baseline survey as a project activity. It may happen that the situation of a target community can be found more in detail while conducting project activities. It may take some years to build the relationship of trust between a JICA project team and counter partners, to create the sense of ownership among partner communities, and to begin to implement a project together. With changes in the relationship, it may be found that approaches and activities

should be revised. In Phase I, it took 3 years for “the preparatory period.” The achievements in Phase II and CEP can be attributed, however, to “this preparatory period” when the project team established the relationship of trust, and obtained an understanding about the social and human dynamics in the pilot area. Therefore, the project management offices (JICA country office and head office) are requested to have tolerant attitudes to flexibly revise the original plan during the consolidation period.

A new culture should be created in support of CD to “allow changes” in response to the enhancement of the capacity of the people involved in a recipient country. A project is an “infant” at the beginning and it is hard to predict what characteristics it may grow to have, and how fast and in what way it may grow. The more diverse and richer in content of the changes, the higher the evaluation should be. A completely new project management system is required to give higher evaluation to a management system that allows for flexible changes in the plan in accordance to the process of growth. The monitoring system should also be reviewed to add the viewpoints of changes and diversification in project activity as positive elements, instead of linear monitoring to inspect if progress is being made as set in the original plan and the expected achievement level has been reached. In order to “raise a child in an unrestrained manner” from a CD standpoint, there should be a fundamental change in project cooperation strategy.

In order for such flexible project management to be encouraged, the current PCM method, and the project management system linking the project team, JICA country office and JICA head office should be reviewed and structural reforms may be required.

7-2-3 Importance to Provide Facilities and Equipment

Support to facilities and equipment is important even for CD support.

In Phase I and II, basic equipment for FP/RH was supplied in order to improve the service infrastructure of medical and health institutions. This was essential to enhance their institutional capacity. To lead clients to change their behavior after obtaining knowledge and changing their awareness, a better environment (service quality) is required. As a matter of fact, the quality of services improved after equipment was provided to medical and health institutions, and the number of clients has increased. In addition, the visible improvement in facilities drew greater interest in the project among community people.

Lavergne, R. et al. state, “CD projects and initiatives usually include training, education or organization development. CD initiatives could also include funding for infrastructure and other tangible forms of investment, such as funding for infrastructure development in the education or research sectors. There is no presumption that all support for CD must be intangible in nature just

because the ultimate outcome being pursued is intangible.”¹⁹²

Support to CD should not exclude the provision of hardware. In accordance with this, grant aid cooperation in equipment could be included as a component of the aforementioned programmatic evolution.

7-2-4 Use of the Existing Social Resources and Professionals in a Beneficiary Country

The principle of using the existing social resources and professionals in a beneficiary country as much as possible should be followed.

In the Case, the project team positively tried to find and employ the existing social resources in the pilot areas, professionals and intelligent resources including NGOs on the Jordanian side. In CEP, Jordanian C/Ps continued to make efforts to employ them and established an inclusive community network as a resultant product. Jordan has comparatively capable experts and organizations in the field of RH, and the project tried to employ experts and organizations there. Most notable were the expert from the Country Technical Services Team for Arab States of United Nations Population Foundation (UNFPA) and the Performing Arts Center, an NGO.

It is difficult to grasp what social resources are available in a project area at the planning stage. It is also possible that the expertise required for project activities may change in the course of implementation. A mechanism should be made to flexibly employ experts while the project is underway, without being bound to the original plan.

Networking social resources and professional personnel will help to change activities to be dynamic and organic.

In Phase II, the Local Advisory Committee (LAC), consisting of community leaders, was established as a communication channel between the project staff and community people. The organization of LAC brought about advantages in many aspects in that it enabled the formation of an open network across tribal societies and the adoption of a multi-sectoral approach in the actual activity area across the departmental division on the central government level. The attempt to mobilize leaders from different sectors to connect their organizations to make activities organic and dynamic is similar in many aspects to “the Health Committee”¹⁹³ which was active to improve community health in Japan after World War II. However, a great difference between the two is the involvement of the government. In Japan, it is said that the responsible section or sub-section of a municipal government was

¹⁹² Lavergne, R. et al. (2001) p. 6

¹⁹³ Komasaawa (2004) p. 19

performing as the secretariat for “the Health Committee.”¹⁹⁴ The involvement of local governments was indispensable to ensure the connection with the central government. In Jordan, many LAC members are still serving in their individual capacities for their communities after the termination of the project. However, the functions of the local government and other organizations have soon become non-existent because their involvement in the project was not institutionalized. In CEP, permanent organizations are playing core roles, i.e., the local government in one area and the Farmers’ Union in the other. Thus, there seems to be no problem as to the sustainability of the project. A great advantage can be expected by identifying permanent entities which play important functions in a community, and by applying them as cores for forming a network of social resources and experts. It will be necessary for CEP to consider the organization of local resources and the most effective way to structure the network of local resources.

7-2-5 A Base for CD is Human Development

As “support players,” donors should devise incentives for continuous development of individuals.

As a form of technical cooperation for community empowerment, a fundamental aim of the Case is “human development”. In the course of implementation, the following findings and applications were made as to the incentives to encourage individuals to be continuously involved in the development process;

- (i) Some monetary reward is necessary as a pump-priming means to mobilize people in poverty to participate in the project.
- (ii) Providing selected main C/Ps with opportunities for training in Japan or in a neighboring country is effective to deepen their commitment in the project.
- (iii) The greatest incentive for volunteers and community people is to provide continuous follow-up activities such as the monthly meetings of CST members, and technical guidance to income-generating activity participants.
- (iv) Provision of various opportunities and information gives encouragement to enhance people’s motivation. They include training courses, observation of similar activities by others, publicizing prominent role models, information on programs by other donor agencies, and supporting people who desire to advance their knowledge and skills, including receiving higher education.
- (v) Provision of opportunities for people involved to express their views gives them a chance to review their own activities and to find self-satisfaction in realizing their objectives. They include the submission of the monthly report by CST members, and regular meetings for

¹⁹⁴ Hashimoto (1968)

volunteers to present their experiences.

Donors as support players should first prepare an environment to allow individuals who are even slightly interested in the project to participate in it easily. Then, they should provide them with various opportunities suited to the developmental processes of individuals, and keep watching over them. These steps will enhance individual participants' motivation and help them to sustain their activities.

Leadership training is the first step for institutional CD.

Some examples could be witnessed in the Case where C/Ps built up their leadership qualities through participating in the project, and as a consequence, the capacities of the organizations they belonged to were enhanced. It was also learned that the capacity level of an organization greatly depended on the capacity of its leaders. From this fact, the capacity enhancement of leaders as individuals may be an effective means leading to the enhancement of the capacity of an organization. If an organization is considered as an entity, it may not be considered as institutional capacity enhancement, however, the enhancement of a leader's capacity is certainly the first step for institutional CD. Like a JICA project team, support players should attentively and patiently help develop the sense of ownership among its partners treating them as equals, encourage them to visit the actual fields of activities, and consider that C/Ps may be prompted by working with Japanese experts to change their attitudes toward their work as C/Ps.

7-2-6 Suggestions for Building an “Enabling Environment”

CD will change in quality in association with individuals, institutions and society. To facilitate changes at respective levels, it is important to build enabling environments around them.

In the Case, some hints to build an enabling environment in the pilot area for “human development” were obtained. In order to encourage women to take part in activities, changes in men's mindset and social practice had to be promoted. For this, income-generating activities were introduced. Other inducements were adopted such as involving C/Ps in the baseline survey, supporting facilities with basic equipment, and paying a minimum remuneration to volunteers. Through these, the project drew interest among men, prompted changes in the mindset of community leaders, and gradually helped create a favorable environment to allow women to participate in project activities. The IEC activities in Phase II approached three levels of mass (mass education), groups (participatory workshops) and individuals (home-visits by CST members) in parallel. As a result, social environmental factors including conservative attitudes of husbands and relatives, customs and religious practices that had restricted women from improving their RH were loosened.

It has been pointed out that there is a second wall for women after obtaining knowledge and raising their awareness through IEC activities to proceed to behavior change in the RH field. There are environmental restrictions surrounding women such as families, relatives, local communities, workplaces, cultural backgrounds and religions.¹⁹⁵ In the Case, means were devised to ease these social restrictions to create an “enabling environment” to help women enjoy better reproductive health.

Even though the Case created “the enable environment” only in the pilot areas, the same concept can be applied to the whole country. A comprehensive approach can be taken assuming three levels such as individuals, groups (both central and local government, NGOs, community organizations, schools, hospitals, enterprises, etc.) and mass (economy, laws, policies, religions, school education, information, mass media, etc.). One project or one donor agency can hardly manage such programmatic evolution alone, therefore, donor coordination and collaboration will become necessary.

7-3 Extension and Sustainable Development Stages

7-3-1 Packaging a model

In order to spread a project outcome, the project model to be developed in a pilot area should be highly universal. In order to economize the extension work, it is desirable that the project model is packaged.

The components of the Karak Model created through this Case are:

- (i) Mobilization of all available social resources in a local community
- (ii) Integration of RH and income-generating activities (community development activities)
- (iii) Organization of IEC activities (participatory workshops)
- (iv) Employment of community women (as facilitators and CST members), and
- (v) Implementation of home-visit activities by CST members

These components may be transferable to other regions of Jordan and neighboring Islamic countries.¹⁹⁶

In order to spread the Karak Model accurately to other places, detailed contents of each component should be documented and educational tools and manuals should be devised. At present, educational materials and manuals are packaged for the participatory workshop for (iii). In the future, educational materials and manuals should be developed for the rest of the components.

¹⁹⁵ JICA Medical Cooperation Department (2003)

¹⁹⁶ Rifai (UNFPA expert), interview (2005)

7-3-2 Institutionalization

A good model is easily transferred to other areas. For nationwide extension, however, it is desired that the implementation of the model should be institutionalized.

The success of the project in Karak governorate has been highly reputed in other regions, and concerned parties in other governorates in Southern Jordan are interested in the project.¹⁹⁷ In order to have their interest materialized into concrete activities, the implementation of the model should be institutionalized.

However, for a local society empowerment-type of technical cooperation project such as this Case, it is difficult to approach the government for institutionalization unless it is incorporated in the plan from the beginning. Judging from the experience in the Case, collaboration in extending the activities will be feasible by making use of the horizontal relationship among Governorate Health Directorates. In Jordan, it is the Governorate Health Directorates and not Ministry of Health (MOH) that have power and budget for health administration. Therefore, it is possible for the project personnel to approach the Health Directorates in Tafila and Maan governorates directly to introduce the Karak Model on the project level. If JOHUD had a budget, and its Community Development Center (CDCs) across the country had the capacity, at least, IEC activities could be extended by organizing participatory workshops under its directorship. The adoption of CST model by USAID could have been institutionalized had MOH been involved in the project from the initial stage. Or, if both donor agencies had forged a consensus on the CD concept and coordinated both projects successfully, then the CST system might have been institutionalized without affecting the principles of the respective projects, and it might have been expanded nationwide.

In any case, institutionalization will hardly be possible for the project unless the goal of extending the model on the national scale is set forth, and the strategy to spread is formulated in the planning stage.

7-3-3 Sustainable Development

The donor should draw a vision of the final state of sustainable development in beneficiary countries from the perspective of CD and envisage the way to reach the final goal.

The Case achieved women's empowerment in the pilot areas, and took the first step for CD on the individual level. And the Case presents many lessons and hints for women's empowerment. It is also

¹⁹⁷ Shawawreh (Director, Karak Health Directorate), interview (2005)

an important initial step to enhance the capacity of the whole nation.

However, challenges remain when considering the sustainable capacity enhancement of the whole nation. They are sorted out into two challenges. One is the problem of the social situation faced by CST members and other women volunteers who are “not satisfied with being volunteers and seek employments fitting their qualifications and abilities.” This desire is a natural consequence that emerges as their knowledge, ability and motivation are heightened. In order to realize their desire, the social environment including economic strength, industrial structure, employment practices, and people’s views on occupation must be changed for the better. Another point is that the success of the Case was achieved only in the incubatory stage in the pilot area, and women have not reached the stage to “leave the nest and to find the means of living by themselves.” If they had obtained the ability to “cope with problems and to set a new goal themselves and achieve it,” which is a necessary ability in CD, they would not have complained of the situation that there were no suitable jobs for them, but also would have taken one step further. In other words, in the process of developing they have not reached a level sufficient ability to be able to meet challenges, thus, they can hardly be expected to attempt to create jobs on their own initiative.

It can be surmised that the above situations have occurred because of a lack of concrete visions as to what kind of problem-solving capacity is aimed for by the nation as a whole, and by the target women. Without a yardstick, they can hardly understand at what stage they are placed on the road to achieve the desired aim. In supporting CD of a developing country, donors as support players should draw a vision as to what state the target people should be in at the time of departure from the nest after the incubatory period, in other words, being self-reliant and independently able to continue their development, and should schedule their programs to reach that state.

7-4 Conclusion: What JICA Local Society Empowerment-type Technical Cooperation can Do

Finally, on the basis of “What is CD?” as discussed in Chapter 2, the author’s definition on CD concluded upon case-studying the JICA local society empowerment-type project in Jordan, and recommendations on what such projects or JICA as a donor organization can do will be summed up.

CD can be defined this way:

“Among other resources in a country, individuals enhance their abilities to identify problems, find solutions and take action to implement them, which will effect the raising of the capacity of an organization as the aggregation of individuals whose capacities have been enhanced. With heightened organizational capacity, the systems and policies will be improved. Positive changes occurring in all levels of population will synergize to lead the whole society onto a path for sustainable development.

CD means the whole process of such changes.”

It is a magnificent theme to encourage the CD of a whole nation. There is a limit for a JICA project/program aiming at local society empowerment or to what JICA itself can do for such an undertaking. What is feasible is that JICA commits itself in CD of a recipient country by offering a cooperation project that continues for a sufficient time period for social transformation to occur. The project/program should focus on the empowerment of individuals in a pilot area with an aim of the capacity enhancement of the organization that individuals belong to. In parallel, the project should create an environment that allows individuals to go through behavior changes (by removing obstacles), while watching over changes in the three levels of individuals, organizations and society (environment). The term “Model” indicates this whole mechanism. The “Model” formed in the pilot area will be proposed in a bottom-up manner to the policy-making and institutionalizing systems on the central level, from which it will be extended throughout the nation. It will take almost a decade until the extension of model can begin. In the process of extension, modifications will be made to meet the conditions of different regions. Later, the model will be adopted as a national system. Even after the termination of the project/program, JICA should, jointly with other donors, maintain a follow-up watch over the further development of the project/program.

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Acronyms

BCC	Behavior Change Communication
CB	Capacity Building
CD	Capacity Development
CDC	Community Development Center
CDP	Community Development Promotor
CEP	Community Empowerment Programme
CIDA	Canadian International Development Agency
CPPC	Comprehensive Postpartum Project Center
C/P	Counterpart
CST	Community Support Team
FP	Family Planning
GDP	Gross Domestic Product
GID	Gender in Development
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HPC	Higher Population Council
ICPD	International Conference on Population and Development
IEC	Information, Education & Communication
IG	Income Generation
JICA	Japan International Cooperation Agency
JOHUD	Jordanian Hashemite Fund for Human Development
LAC	Local Advisory Committee
LCC	Local Credit Committee
MCH	Maternal and Child Health
MOH	Ministry of Health
NPC	National Population Commission
PAC	Performing Arts Center
PCM	Project Cycle Management
PDM	Project Design Matrix
PHC	Primary Health Care
PHCC	Primary Health Care Center
PHCI	Primary Health Care Initiative
RBA	Results Based Approaches
R/D	Record of Discussions
RH	Reproductive Health
Sida	Swedish International Development Cooperation Agency
TFR	Total Fertility Rate
UNDP	United Nations Development Programme
UNFPA	United Nations Population Foundation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WBI	World Bank Institute
WID	Women in Development

Biography

Makiko KOMASAWA (Ms.)

Education: In 1992 graduated from Department of Planning, Public Policy and Management, University of Oregon, USA (Obtained the Master Degree of Urban Planning)

Present Status:

Chief Researcher, Earth & Human Corporation Inc.

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Background:

After working for the advertising industry and a social research institute named “Japan Aging Research Center”, she joined Earth and Human Corporation Inc. as a researcher in 2001. Her research interests are evaluation methods on the ODA implementation, applications of Japanese health development history to the present developing countries, and a behavior change mechanism in community health.