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Acronyms

HPC	Higher Population Council
JICA	Japan International Cooperation Agency
JICA/MP	Japan International Cooperation Agency/ Modhya Pradesh
MoH	Ministry of Health
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
RH	Reproductive Health
MDGs	Millennium Development Goals
MCH	Maternal and Child Health
MCH HB	Maternal and Child Health Handbook
IUCD	Intra Uterine Contaceptive Device

Executive Summary

A regional workshop on "Sharing Experiences and Learning from Good/Successful Practices in the Islamic Communities" was organized by JICA /Jordan Reproductive Health Project from 15th June to 19th June, 2008, at Aqaba. The purpose of the workshop was to share good practices and successful models for replication in other countries.

A total of 31 participants from 6 countries, namely Palestine (6), Syria (3), Sudan (4), Afghanistan (5), Jordan (10) and India (3) attended the workshop. The opening ceremony was conducted in Amman under the Patronage of His Excellency Dr. Salah Mawajdeh -Minister of Health. The workshop sessions were conducted in Aqaba. Country specific presentations were made by each team followed by the skill building sessions. The last day of the workshop was two-fold: a wrap-up session and a field trip. The wrap-up session was patronized by Dr. Ra'eda Al-Qutob -Secretary General of HPC- and attended by Dr. Rwaida Rasheed -Director of Woman and Child Health Directorate- MoH/Jordan, and Mr. Takeaki Sato -Resident Representative of JICA Jordan Office. Recommendations were presented, discussed and agreed upon by all and commitments to follow up recommendations and scale-up plans by each country team were announced by the guests as well as the country teams.

After the closing, the participants, the workshop guests and the JICA team took the bus to start their field trip. The field trip included a visit to the Aqaba Comprehensive Health Center, the Twiseh Village Health Center and the Disseh Primary Health Center. The group was also given the opportunity to join the Community Needs Assessment Workshop held by the Jordan Reproductive Health Project in the Disseh area.

1. Introduction

Japan's high economic growth during the 1960s and 1970s prompted the expansion of Japan's aid in quantity, which accompanied various discussions on how Japanese assistance should be provided. Under these circumstances, the idea of establishing an organization to implement Japan's international cooperation programs in a unified form was born. In 1974, a decision was made to establish the Japan International Cooperation Agency (JICA) by taking on the responsibilities earlier held by the Overseas Technical Cooperation Agency, the Japan Emigration Service, and the Overseas Agricultural Development Association, as well as part of the responsibilities held by the Japan Overseas Development Corporation (1).

Japan International Cooperation Agency (JICA) is a governmental institution which provides technical assistance to developing countries within the framework of Official Development Assistance (ODA) of the Japanese Government. JICA provides such assistance to more than 140 countries via its 100 Overseas Offices through the world (2).

The primary target of JICA activities is to actively serve for socio–economic development of the developing countries throughout knowledge and technology transfer. Main schemes of JICA's technical cooperation projects are; acceptance of trainees in Japan, dispatching experts, and provision of equipment.

JICA is advancing its activities around the pillars of a field-oriented approach, human security, and enhanced effectiveness, efficiency, and speed. JICA is working to improve public health and healthcare in developing countries in the four areas of infectious disease, maternal and child health, the development and promotion of public health systems, and human resources development (3).

The core principle in providing assistance by JICA is "Human Security". The concept of "Human Security" consists of freedom from fear and freedom from want. JICA provides assistance that is focused on people living on the edge: that is, people living in poverty or insecurity with no chance to improve their lives. Mothers and children who do not have access to appropriate health services are also targeted.

Another aspect of JICA's work is "Capacity Development," a term created through international forums organized by UNDP. It focuses on ownership by the people and government of partner countries, the development of indigenous knowledge and experience, and building capacity at various tiers of the society, ranging from the bottom, meaning individuals, to the top, meaning the national and regional governments, in order to protect the lives of the people.

JICA's assistance covers many areas. Among these is maternal and child health, which is directly related to the Millennium Development Goals, #4 and #5. Improving the continuum of care through building the capacity of care providers as well as increasing the capacity of health centers in reaching out to people at the community level encourages pregnant women as well as children to visit health centers more often to receive health care (4).

Developing countries tend to be bracketed together, but the problems that individual countries face often vary widely according to the style of the government, culture, and recent history. However, materializing JICA's mission statement for being a bridge between the people of Japan and the developing countries and advancing international cooperation through the sharing of knowledge and experience will lead to more prosperous achievements. Therefore, this workshop was planned, organized and implemented in cooperation and collaboration between the JICA Jordan office, the Jordan Higher Population Council and the Jordan Ministry of Health to provide the opportunity to participating countries to share experiences and build networks among themselves to facilitate achievement of maternal-child health related goals.

2. Organization of the Workshop

- **Implementing Agency:**

The workshop was conducted in cooperation among the JICA Jordan office, the Jordan Higher Population Council (HPC) and the Jordan Ministry of Health.

- **Workshop Duration:** 15-19 June, 2008

- **Invited Countries to the Program (alphabetic order):** Afghanistan, India, Jordan, Palestine, Sudan, and Syria,

- **Number of Participants:** 38 members from the six countries participated in the workshop. Each country team was accompanied by one or two JICA project experts in the respective country except India. Three administrative staff members from the JICA Jordan project and three Jordan Japan Overseas Cooperation Volunteers were available for administrative assistance (Appendix 1).

- **Purpose of the Workshop:** The purpose of the workshop was to provide the opportunity to members from participating countries to share reproductive health (RH) related experiences and best practices and build networks among themselves to facilitate achievements of maternal-child health related MDGs.

The workshop was also intended to help building fruitful relations and friendship among the countries that shared the similar culture.

- **Expectations:** The participants were expected to submit plans that would involve strategies used for integrating the experiences of other countries in relation to reproductive and maternal and child health care. During the practical part of the workshop, the participants were also expected to participate in small group activities directed at building their capacities as managers at various managerial levels. Furthermore, it was expected to promote technical cooperation by establishing good contacts and relationships among the participating countries.

His Excellency Dr. Salah Mawajdeh
Jordan Minister of Health

Group Photo (Opening Ceremony)

3. Workshop Proceedings

The workshop was conducted over 5-day duration (Appendix 2).

DAY ONE:

The day one workshop which included an opening ceremony was conducted in Amman at ***"Amman Le Royal Hotel"*** under the Patronage of His Excellency / Minister of Health, ***Dr. Salah Mawajdeh***.

The opening ceremony started at 11 am and included opening remarks, three keynote addresses and an overview of JICA's role and contributions to reproductive health.

Mr. Takeaki Sato, the Resident Representative of JICA Jordan office, started by welcoming remarks and made an overview of the workshop as well as its purpose and importance.

The first keynote address was made by ***Dr. Janiet Merza***, Secretary General of MoH. Dr. Merza gave an overview of the reproductive health situation in Jordan. She highlighted the main goals of reproductive health, parties involved, target population, main achievements and challenges and current and future plans.

Her Excellency Ms. Asma Khader, Secretary General of the Jordanian National Commission for Women, discussed the women's situation in Jordan and the governmental commitments to improving women's status through defining polices, reviewing existing legislation, developing a national strategy for women, forming a net-work of ministries and public institutions and non-governmental women’s organizations and promoting gender equity in all aspects. Dr. Khader also briefed the strategies undertaken by the Ministry of Labor in improving the work conditions for women and elaborated on the level of women's participation in political life.

Dr. Ra'eda Al-Qutob, Secretary General of the Higher Population Council, started by welcoming remarks and reflected on the workshop objectives. She indicated that exchanging experiences and lessons learned from good practices of the family planning programs in Islamic communities is one of the most useful approaches to developing the good programs and to relating policy making to real life practices. Dr. Al-Qutob also reflected on the efforts of the HPC to control high population growth rates in order to achieve the goal of the National Population Strategy (accomplish sustainable development) through maintaining the balance between the available resources and population growth. Finally, Dr. Al – Qutob appreciated JICA's efforts and success in the implementing community based projects addressing women's health and population issues in Karak and Gour El-Safi and announced the full support of the HPC to JICA's current and future efforts emphasizing that the HPC can not work without the support and collaboration of all partners, both national and international.

Mr. Hidetaka Nishiwaki, Director-General, Human Development Department / JICA Headquarters, sent a message of appreciation to all for their cooperation and the continued support that they have provided to improve reproductive health through JICA's projects. He further announced his commitment, as the Director-General of the Department, to supporting each of the participating countries in improving the health of mothers and children. Mr. Nishiwaki presented JICA's role and strategies in achieving the MDGs number 4 and 5 relating to maternal and child health. He focused on the importance of sharing experiences on international basis and presented Japan's experience in using the Maternal and Child Health Handbook as an example. At the end of his speech, Mr. Nishiwaki talked about the plan JICA will take in October 2008, to strengthen its role as an aid organization that involves the merger with the Japan Bank of International Cooperation which provides yen loans as financial assistance for the partner countries.

At 12:30pm, ***Dr. Tokiko Sato***, master of ceremony -Chief Technical Advisor of the Integrating Health and Empowerment of Women in the South Region Project in Jordan- invited all attendants to lunch. After the lunch Mr. Hidetaka Nishiwaki had a meeting for one and a half hours with the participants from six countries to get the progress and difficulties faced by each project and recommendations to JICA. Then all participants headed to Aqaba at 3.30pm.

Secretary General of HPC, Dr. Ra'eda Al-Qutob

Guest Speakers

Mr. Hidetaka Nishiwaki from JICA Headquarters

DAY TWO:

The sessions were held at the **Aqaba Gulf Hotel**. Sessions for day (2) started at 8.30 am and ended at 4:00 pm.

Session (1): 8.30-10:00am

The plenary session, chaired by ***Dr. Hanan Najmi/Jordan***, started by an introductory period where each participant was asked to introduce him/herself; indicating the name, country, position and place of work. The actual working phase started by presenting selected reproductive health issues in Jordan;

1. ***Dr. Mohammed Tarawneh*** (Director of Non-Communicable Disease Directorate-MoH / Jordan, Director of the National Cancer Registry, and Coordinator of the Jordan Breast Cancer Program) gave snapshots on epidemiology of female breast cancer in Jordan and discussed the actions taken to deal with this health problem through the development of the Jordan Breast Cancer Program (JBCP). Dr. Tarawneh discussed the activities and achievements, and elaborated on the objectives and strategies of the breast cancer program, the process of developing the breast cancer guidelines and the challenges to be overcome to facilitate early detection and treatment of breast cancer in Jordan.

2. ***Dr. Khawla Kawwa*** (Head of Family Planning Division -Woman and Child Health Directorate- MoH / Jordan) presented the Jordanian experience regarding the midwives-inserted IUDs. She indicated that Intra Uterine Contraceptive Device is a well accepted method in Jordan. However, lack of access to this method due to lack of female providers limits this service whereby 87% of women prefer a female provider to offer this service. Dr. Kawwa indicated that the MoH support, availability of qualified national trainers, the willingness of midwives to add this skill to their scope of work, and the USAID and UNFPA continuous support during all phases were considered as strengths facilitating the process. She, however, indicated that the lack of official legislation to reflect the IUD insertion service in the midwives' job description was the main challenge.

3. ***Mr. Abdul Munem Malkawi*** (Population Communication Manager and JICA's Project Manager-HPC) presented Jordan's experiences regarding the involvement of men and religious leaders in family planning activities and campaigns. Mr. Malkawi indicated that the strategic goal for this particular activity was to increase awareness and sensitization of RH/FP issues among decision makers, health providers, religious leaders and men in order to promote behavioral change. He discussed the planning process, the duration, the process of implementation and evaluation as well as the impact of the project emphasizing that, in spite of the difficulties encountered, the campaign succeeded in changing the attitudes of men and religious leaders regarding reproductive health and family planning issues.

Plenary Session: Topics of Jordan's Reproductive Health
From left to right (Dr. Mohammad Tarawneh, Dr. Khawla Kawwa, Mr. Abdul Munem Malkawi, Dr. Hanan Najmi)

The three presentations were followed by a question and answer session. The participants were eager to learn more about the three endeavors. The issue of misconception of the terms "contraceptives" and "family planning" held by religious leaders was raised as the challenge. These terms meant to most religious leaders an indication to prevent pregnancies as compared to birth spacing. It was also mentioned that culturally, it is believed that God brings children with their wealth. Another challenge is political in nature especially because Jordan is surrounded by conflict areas and that people are questioning the intention behind the various family planning initiatives and whether they are imposed on Islamic countries for political reasons.

Session (2): 10:30am-12:00pm

The session started after a 30-minute coffee break and was chaired by ***Dr. Saleh Qatawneh*** **-** Director of Karak Health Directorate / Jordan and ***Dr. Tarik Abdalla Ahmed***, Director of Bilateral Relationships, International Health Division, Federal Ministry of Health/Sudan**.**

The session was a technical session presented by ***Dr. Rasheda Furmoli*** -Gender Reproductive Right (GRR) Officer RH Director- Ministry of Public Health/Afghanistan and ***Dr. Qadria Aezal*** -RH Officer-Herat province/Afghanistan. The presentation was entitled "Capacity building program for service providers and provincial health officers on reproductive health in Afghanistan". The two presenters reflected a very good example of a team work during the presentation. The first part of the presentations included an overview of the geography of Afghanistan and some health indicators. An outline of MOPH/JICA RH project was then presented with special emphasis on the impact of training and supportive supervision on improving the quality of services and the collaborative activities carried out by health care providers. Emphasis was also on the concept of "Continuum of Care (COC)" that considers that the health of women,

newborn babies and children are linked with each other so that it should be managed in a unified way. The most remarkable issue in the fore-mentioned experience is the use of both quantitative and qualitative methods in evaluating the program. Quotes of participants' statements were indicative of the success of the program as well as were the statistical data on selected health indicators.

The discussion that followed was very rich and brought up certain challenges that were not mentioned during the presentation but were shared by all the participating countries. Such challenges included the difficulty of recruiting females to work as health workers especially in remote areas. Strategies to facilitate recruitment were discussed including opening midwifery schools in the remote areas and recruiting girls living in the same area and assign them to work in that same area. Another issue was the high illiteracy rate, especially among females in some of the participating countries and differences in strategies that can be adopted in the different countries. Legal issues regarding health care services provided by nonprofessionals were also discussed.

Session (3): 1:30-3:00pm

The afternoon technical session was chaired by ***Dr. Ahmed Sabayleh*** **-**Director of Tafellah Health Directorate/ Jordan. Over one and a half hours, the team from Palestine presented the Palestinian experience in improving reproductive health. Four presentations were made as follows:

Dr. Ghadiyan Kamal -Director of Community Health Department- MoH/Palestine, gave an overview of the health situation in Palestine, particularly on women’s health, child health and primary health care services. He elaborated on the obstacles encountered in providing health services at the primary, secondary and tertiary levels due to the conflict situation. The challenges included a poverty, unemployment, and high cost of new medical technology accompanied by limited resources.

Dr. Akiko Hagiwara **-**Chief Technical Advisor**-** JICA/Palestine project**,** gave an introduction of the project, emphasizing the use of the MCH handbook and guidelines. She projected the organization chart of the project in Palestine. Dr. Hagiwara indicated that one of the most significant achievements of the project was strengthening of the partnership among different health stakeholders and unification of the MCH/RH services and the platform for the continuum of care of maternal, newborn, and child care that was established as a result of this partnership.

Ms. Taghreed Hijaz **-**MCH Nursing Supervisor- MoH/Palestine, gave an idea about the MCH handbook**,** the process of its development, characteristics, contents and uses. Ms. Hijaz mentioned that there were positive reactions and satisfaction both among mothers and health care provides after introduction of the MCH handbook.

Ms. Kanako Tsuda -Expert of Community Health- JICA/Palestine, discussed the impact of social marketing and other awareness activities. She started by introducing the concept of social marketing and its elements as well as the mixed marketing strategy. Ms. Tsuda then gave an overview of the framework of the MCH handbook promotion campaign held between February to March 2008. She projected examples of ads published in newspapers and written scripts of radio ads as well as other posters and

flyers which were distributed to target groups. Finally Ms. Tsuda quoted some statements made by members of the target groups which represented the success of the campaign.

The discussion that followed the four presentations was very interesting. The group felt that the Palestine experience is unique but can be replicated in most countries.

Technical Session: Palestine

The second day ended by a trip to Wadi Rum for reception hosted by the Aqaba Special Economic Zone Authority (ASEZA).

Reception at Wadi Rum

DAY THREE:

The third day was divided into 5 sessions (four technical sessions and one skill-building session) and lasted from 8:30am to 6:00pm.

Session (1): 8:30-9:30am

The first session was chaired by ***Dr. Adel Khatatneh*****,** Assistant Director of Karak Health Directorate and ***Dr. Ghadiyan Kamal***, Director of Community Health Department-MoH / Palestine.

Dr. Lamia Eltigani Elfadil -National Reproductive Health Director- Federal Ministry of Health Sudan, gave an overview of the project conducted in Sudan entitled "Frontline Maternal and Child Health Empowerment Project in North Sudan" that constitutes a part of the "Mother Nile Project" conducted with an overall goal of harmonizing mothers and children into the strengthened health systems and reducing the mortality and morbidity among mothers and children in a pilot state. Dr. Elfadil emphasized the high levels of maternal mortality rates and the road map that was developed and implemented to overcome this problem. The map reflected the trial to provide MCH coverage through graduating skilled professionals; specifically midwives (one year of study following a 3-year nursing program) and training on supervisory skills to health visitors.

Ms. Chiaki Kido **-**Chief Technical Advisor- JICA/Sudan project, briefed the Japanese project and donation made by the Japanese government to assist in implementing the Sudan project.

A fruitful discussion followed where the participants tried to assess the applicability of the project in their mother countries. The participants also shared their own experiences that could be adopted in the Sudan project to improve its functioning and achieve the desired goal.

Session (2): 9:30-11:00am

The second morning session was chaired by ***Dr. Abdul Rahman Al-Ma'ani*** -Director of Ma'an Health Directorate/Jordan, and ***Dr. Sousan Abdu*** -Acting Director General, Women's Health Directorate- MoH/Palestine. Since the project in India has four components, it was presented by three team members. The team was composed of:

Dr. Aboli Gore **-**Consultant- Human Resource Management.
Dr.Tulsa Thakur -Block Medical Officer- Damoh MoH District.
Dr.Shashi Thakur -Gynecologist- Sagar District.

The presentation was entitled "Lessons from JICA/MP Reproductive Health Project in Madhya Pradesh, India". The first presenter gave an idea about the geographical coverage of the project (5 out of 50 districts) and relevant data in the project area. The four project components- Human Resource Management (HRM), Total Quality Management (TQM), Health Management Information System (HMIS) and Information Education & Communication - Behaviour Change Communication (IEC/BCC) were described with emphasis on the specific activities and output of each.

The team discussed the gaps in the strategy and implementation and devised many tools to support operationalization and the scaling up activities of the project for creating a water tower model for learning from the project.

The discussion following the presentation focused on incorporating the good practices of the NGOs into the health care delivery system while retaining certain general services by the government. The experience was thought to be the one that could be shared by others.

Session (3): 11:30am-1:00pm

The third session, conducted after the coffee break, involved the presentation of the Syrian experience in the field of reproductive health and MCH. The session was chaired by ***Mr. Abdul Munem Malkawi*** -Population communication manager, HPC- and ***Dr Shashi Thakur*** -Gynecologist- Sagar district / India.

Dr. Wadah Hussein **-**Chairperson of JICA-RH project technical committee, Director of Primary Health Care Department- Aleppo, presented the project for "Strengthening Reproductive Health in Syria". He gave an overview of the health status in Syria as reflected by selected health indicators. Dr. Hussein also gave an idea about the health system and the available human resources, provided a comparison between the district of Manbej and the total population of Syria and presented the results KAP Survey conducted in 2006**.**

Ms. Makiko Komasawa *-Chief Technical Advisor***-** explained the design of the Syrian RH project, including its philosophy and approaches to mobilize and utilize all social resources in Syria. The project design consists of two pillars which aim at strengthening The RH service delivery system and accelerating people's behavior change. She also presented the results of the KAP Survey conducted by the project in 2006**.**

Dr. Liqaa' Hallak -Project Manager, Head of RH Section PHC Department- continued by discussing the guidelines for comprehensive health information and monitoring health care.

Technical Session: Syria

During the discussion, an issue raised was that reproductive health care activities were neglecting an important sector of the population: that is the youth, except for some fragmented individual efforts. Another issue that was raised was the supervision and management carried out at the health centers and the importance of using some kind of communication tools between the various health sectors; for example, the "Mother Card" in case of Syria. The comments made by the participants raised an important issue in the utilization of reproductive health care and family planning services. It was pointed out that the reason for the underutilization of these services might be lack of community awareness regarding the availability of such services.

Session (4): 2:30-4:00pm

The afternoon sessions started after the lunch break chaired by ***Dr. Damen Al-Abbadi*/** Director of Aqaba Health Directorate and ***Dr. Wadah Hussein***, Director of the Aleppo Primary Health Care Department, Syria. This technical session reflected the Jordanian experience of integrating health and empowerment of women in the south region of Jordan.

Dr. Tokiko Sato -Chief Technical Advisor- JICA-Jordan Project, started by introducing the background of the project and highlighted some contributing factors to the project's achievements, including the use of a community- based approach and the integration of the behavioral change communication for women and men with the improvement of MCH services within a supportive environment, as well as the integration of empowerment of women and reproductive health. Dr. Sato elaborated on the project purpose and main activities as well as expected outputs.

Mr. Abdul Munem Malkawi -Population Communication Manager-HPC and Project Manager- presented the HPC’s achievements made at the community level and explained the mechanism of the project development. He indicated that the steps followed included preparatory meetings to set the framework of the project, field visits to acquire a general overview of the project area (Poverty Pockets), the project cycle management workshop to design the project objectives, develop the project outputs and to draft the plan of operation of the project, followed by an orientation workshop to review the project activities based on the outputs. Mr. Malkawi emphasized the positive impact of the collaboration between the MoH, the HPC and JICA in the successes achieved.

Dr. Hanan Najmi -Head of Women's Health/ MoH- talked about MoH’s achievements made at the regional level, focusing on the improvement of service delivery at the village level. She gave an overview of four major activities done as part of the overall project, namely; situation analysis of current status of services at (76) VHCs in the south, the reproductive health needs survey, the assignment of (62)young ladies to work as health assistants in the village health centers by MoH**,** drafts of a guideline and a procedure manual for reproductive health services in village health centers.

During the discussion, period the participants from Jordan added more detailed information about Jordan's achievements in relation to reproductive health. The problems of understaffing in the health centers and budget-related and cultural issues

were raised by other participants as restraining factors. An important comment made regarding the empowerment of women was that it is necessary to start empowering school girls who will be the women of the future.

Session (5): 4:30-6:00pm

The final afternoon session included the first skill-building session conducted by the Palestinian team. Chief Technical Advisor**, *Dr. Akiko Hagiwara*,** started by discussing the special considerations before the introduction of the MCH handbook (MCH HB). She affirmed that the production of MCH HB is only the first step toward the sustainable integration of MCH HB into the whole PHC system and that high political commitment is indispensable to make the handbook sustainable. Dr. Hagiwara, after talking about the prerequisites for introducing MCH HB in the health system, highlighted some of the challenges confronting the achievement of this goal such as the cost for sustaining the handbook and for training health care providers on the use of the handbook. Dr. Hagiwara also pointed out that the skills and experiences of JICA Project in Jordan were effectively used by the JICA Project in Palestine and stressed the importance of sharing experiences among JICA Reproductive Health Projects in this region. ***Ms. Taghreed Hijaz*** -MCH Supervisor, West Bank- MoH/Palestine, gave an overview of the process followed in the development, testing, approval, dissemination and implementation of the handbook. She elaborated on the joint efforts of the Palestinian and Japanese parties that led to the development of the first handbook in the Arab world including technical training in Japan and Indonesia, the TOT of MCH HB for the West Bank and Gaza MCH staff and the seminar for national launching of MCH HB in Palestine. ***Dr. Sousan Abdu*** -Acting Director General, Women's Health Directorate- MoH/Palestine, gave an instructional session on how to develop the guidelines of MCH HB after giving a clear definition of the guidelines and the contents to be included. Finally, ***Ms. Ilham Shamasnah*** -Director of Nursing, PHCPHD-MoH/Palestine, discussed strategies for using and monitoring the MCH HB as reflected by the actual experience in Palestine. She emphasized the importance of multidisciplinary and multi-sectoral cooperation and collaboration for the success of the handbook. She emphasized that the MCH HB takes a role of passport for health services for Palestinian women who face difficulties of obtaining the necessary medical care in one health care facility due to closures and checkpoints.

The discussion mainly focused on the difficulties that may be encountered due to the additional effort required by the overloaded health care providers. This suspicion was, however, considered temporary as the ease of using the handbook proved to increase by experience. A note to mention is the role the handbook plays as an effective communication tool between various health care providers and as a document of the health status of the woman and her child.

Technical Session: Sudan

Technical Session: India

DAY FOUR:

The fourth day started at 8:30am and ended at 6pm. The two morning sessions and the two afternoon sessions were conducted by the teams from Afghanistan, Syria, India and Jordan consecutively.

Session (1): 8:30-10:00am

The first morning session included two skill building sessions. The first activity was conducted by the team from Afghanistan under the title: " Best Practice in Training"**.**
The objectives of the session were:

1. To share the present situation of reproductive health services in Afghanistan

2. To introduce medical ethics training as an example of improving the access to RH services

3. To have a feedback from participants to improve the access to RH services

Skill Building Session: Afghanistan

The session started with an overview of the current situation of reproductive health services in Afghanistan. The presentation entailed that the RH services were made available but not yet accessible by the people in need. The reasons for not using RH services at health facilities were identified to include:

- People do not know the availability and importance of RH services of the facility near-by.
- People recognize that service at the hospital is better than at the health center and when they become sick they go to the tertiary hospital.
- The health center does not provide 24-hour services. Especially for delivery, they do not want to go to the health center in the afternoon or at the night time.
- Long waiting hours, waiting space mixed with men, bad attitude of health staff at the health center.
- Shortage of drug has discouraged people to come to the health center and has made people lose the trust in the health center.

The team later mentioned various strategies which were used to improve access at the national and provincial level to include: contracting NGO for service delivery and ensuring supply chains, sub-centers, mobile clinics and maternity waiting homes. The team introduced the "Medical ethics training for improving the quality of RH services" as one example of the strategies used. The team discussed the plan of the workshop and how it was implemented. The result of the situation analysis before and after implementing the program indicated that the participants' knowledge on medical ethics has increased, however they needed supervision and continuous training to sustain behavior change.

After the presentation, participants from the different countries commented on the experience and tried to relate it to their own country situation, emphasizing that staff

Training on ethics is a must to ensure that the type of treatment will not differ for self-paying patients than for insured patients

The second part of the first morning session involved a presentation of the Syrian experience in regard to improving reproductive health services. The presentation was entitled "Creating a Sustainable Model for Rural Syria from the Capacity Development Aspect: Project for Strengthening RH in Syria". The objectives of the session were to introduce the approaches used in Syria which included:

1. Field oriented, flexible approach.
2. Community health volunteer program (CHV program)
3. Sustainable community-based RH education mechanism

The team presented the "See-Plan-Do-See" cycle used by the first program where "see" indicated prompt analysis of the situation through the use of focus group discussions, facility surveys and KAP studies. The discussion about the "Sustainable community-based RH education mechanism" included a discussion of ensuring full mobilization of local resources, coordination, funding, training, certification, technical support and monitoring. The Syrian team discussed the CHV program in a more detail as it represented a solution to an overwhelming problem of the inadequate number of qualified health care providers. The basic principle governing the program was the voluntary work and as such, no salaries for the community health volunteers were to be expected. The purposes are to build linkages between HCs and communities and to promote behavior change in communities. The task of the project included the provision of necessary information and training, organizing the monthly meeting and providing travel expenses for training and meeting, CHV goods and IEC materials. The team finally identified obstacles to sustain the CHV work, but at the same time gave stories of success of some volunteers. A film representing home visiting was also projected to reflect the scope of activities of the CHVs.

The discussion after the presentation of the Syrian experience was directed at methods of motivating the CHVs by securing a salary to cover the expenses of living. Members of the Sudan team provided a similar experience that the Syrian team considered applicable and worth consideration.

Session (2): 10:30am-12:00pm

After the coffee break, the Indian team conducted their skill building session. The theme of the session was "Capacity Development of Health Providers at Various Levels as Managers". The session started with a presentation on administrative hierarchy of the health department in the state. Roles and responsibilities of each management level (and the challenges faced) were explained briefly.

A small group work followed to reflect the concept of skill-building. Three groups were formed with 8-10 participants in each group. Three case studies on the capacity development for District Program Manager, Block Medical Officer and the Auxiliary Nurse Midwife (Appendix 3) were distributed to the groups. Each group was expected to reflect on the case it received, using a special form prepared for this task (figure 1), to

Present the best practices related to the assigned case study, and show how these practices could be integrated. The task was explained to the groups to include:

Task

1. To list up good practices performed by the Health Worker.
2. To identify facilitation done by JICA
3. To suggest mechanisms to sustain the good practices

The groups were given 35 minutes for discussion and for writing the results of the discussion on the form. Members of the Indian team acted as facilitators. One of the members of each group was selected to present the result of their discussion.

Figure (1): Form used for the skill-building session-India

Case Study Title....................................

Description of Good Practice	2. Facilitation done by JICA	3. Mechanism for sustaining good practices
1.		
2.		
3.		
4.		
5.		

The results of the group discussions indicated that best practices should include:

- Field visits that are considered part of the health care delivery system.
- Capacity building
- Governmental support and increased coordination are important if the RH services are to be sustained.

Session (3): 1:30-3:00pm

The Jordanian team conducted their skill-building session. **Mr. Abdul Munem Malkawi** (HPC) conducted a plenary session at the first afternoon session to introduce a creative approach in changing behaviors for Reproductive Health/Family Planning and Women Empowerment.

Session objectives read:

- State how the use of a participatory enter-educate workshop in RH/ FP programs can encourage behavioral change.
- Describe how the participatory enter-educate workshop is constructed.
- Discuss facilitation skills necessary for participatory enter-educate workshop.

Mr. Malkawi presented the idea behind the "enter-educate program" and projected a videotaped drama to reflect on the active/participatory strategies for health education and behavioral change. The theater-based strategy used for peer-group education was highlighted.

The Community Support Team (CST) Home Visit Program was presented as an example of utilizing the non-midwives and non-nursing personnel in conducting home visits and providing some type of care. A role play was also demonstrated to show the method conducting the home visit and empowering women using picture charts developed by the project. The members who participated in the role play were:

Amal Abu Shawish -Woman and Child Health Directorate, MoH
Munira Shaban -An Ex-CST Supervisor, Jordan Forum for Business and Professional Women
Khawla Bustanji -An Ex-CST
Atsuko Imoto **-**JICA Health/Home Visit Expert

Skill Building Session: Jordan

The participants were actively involved in the session and were also emotionally involved; two conditions for learning were available.

Session (4): 3:30-6:00pm

The last session in day (4) was a scale-up session and was chaired by ***Dr. Fathieh Abu-Moghli*** **-**Associate Professor, Head of the Clinical Nursing Department-Faculty of Nursing/University of Jordan, JICA consultant. The purpose of the session was to discuss what was learned and what would be scaled up for successful change. Dr. Abu-Moghli started by presenting what was discussed during the workshop. A brief of the discussions undertaken was also given. The purpose of the presentation was to remind the participant of each country's experience to be used later during the session.

A small group work followed to reflect the concept of skill-building. Each country team constituted a small group and was expected to discuss the previously presented country experiences and skill-building sessions for a period of 60 minutes and submit a tentative plan for integrating and/or adopting (scaling up) selected best practices. Instructions to consider integrating and/or adopting (scaling up) one or more best practices included:

Instructions for Scaling Up

- Only appropriate (field-adapted) technologies deserve scaling up.
- Appropriate technology should be standardized, but adjustment for local and personal variation is also necessary.
- Scale up does not mean automatic expansion; it involves higher tiers of hierarchy.

One of the members of each group was selected as a reporter to present, in 10 minutes, the group's tentative plan (Appendix 4)

DAY FIVE:

The last day of the workshop included a wrap-up session followed by a field trip. The wrap-up session was patronized by ***Dr. Ra'eda Al-Qutob***-Secretary General of HPC- and attended by ***Dr. Rwaida Rasheed*** -Director of Woman and Child Health Directorate- MOH/Jordan and ***Mr. Takeaki Sato*** -*Resident Representative of JICA Jordan Office* and chaired by ***Dr. Fathieh Abdulla Ab- Moghli*** -*JICA consultant*.

At the beginning of the session ***Dr. Abu-Moghli*** welcomed the honorable guests and the participants and gave an overview of the program proceedings and activities as well as the experiences presented and the discussions conducted.

Wrap-up

Recommendations

Dr. Tokiko Sato **-**Chief advisor- JICA /Jordan office, made recommendations based upon the presentation contents and the discussion made at the workshop after briefing the scaling up plans made by each country team. The recommendations were:

1. Prerequisite for Scaling-up a Country's Successful Practices to Others
- Field-tested skills/tools/technologies;
- Skills/tools/technologies adjusted to local situations and cultural contexts;
- Political commitment (Involvement of higher tiers of hierarchy).

2. Supply Creation: Provision of quality RH services
- High political commitment (legal and legislative support);
- Effective national guidelines and procedures for health services inclusive of clear roles of service providers;
- Institutionalization of successful/good practices into the health care system;
- Collaboration among public, private and academic parties.

3. Demand Creation(1):Increase in awareness and change in attitudes/behaviors
- Enter-education as an effective tool for an adult education;
- Home visit as an effective behavioral change communication tool;
- Community-based approach effective for attitudinal and behavioral change;
- Involvement of men, school teachers, religious leaders and opinion leaders to create a supportive environment.

4. Demand Creation(2): Increase in awareness and change in attitudes/behaviors
Promotion of social marketing:
to 'sell' ideas, attitudes and behaviors.
- More male involvement by identifying special elements of 'mix-marketing';
- Telephone Q&A service (hot line) on MCH;
- Health message: simple and easy to be understood by the target women.

5. **Capacity Development of Service Providers at the Primary Level**
Front-line workers as multi-task managers;
- Necessary Skills (management, communication, listening and supervision)

6. Empowerment of Women
Empowerment of women is essential for enhancing family planning/reproductive health.

7. Mothers, Newborn Babies and Children
Health of women, newborns and children should be linked with each other and managed in a unified way.
e.g. MCH Handbook

8. Networking among Participating Countries/Projects
- Personal Acquaintance
- Study Tour
- Technical Transfer
- Regional Conference

9. Follow-up by the JICA Office

Scale-up for successful change by participating countries/projects

A commentary on the recommendations followed. **Dr**. **Al-Qutob** started by a message of appreciation to the participants for the hard and fruitful work and a message of commitment of the HPC to work in collaboration with the MoH and the JICA to follow up on the recommendations made. She clarified that the experiences of the various countries that were discussed can be shared so that the successes achieved by one country can be a success to the region in the area of reproductive health and she mentioned the MCH handbook as an example. ***Dr***. ***Al-Qutob*** also pointed at the achievements gained in Jordan so far and those yet to be achieved to ensure quality reproductive and family planning services. She indicated that the strategic plan set by the HPC is being implemented. Finally she announced her will to join the group to the field trip, re-thanked the organizers of the workshop and again announced her personal as well as the council's commitment to the recommendation.

Dr. Rwaida Rasheed also expressed her appreciation to the participants and indicated that the MoH is committed to implement best practices to improve maternal child health in Jordan. She indicated that the presentations made during the workshop provide a wealth of experiences and form a solid basis for improvement. Dr. Rasheed pointed that the joint efforts of all concerned are a must to achieve success and to overcome all obstacles, if there is any. She affirmed that the MoH is working hard and is willing to make all the required resources available to promote health in general and reproductive health in particular.

Mr. Takeaki Sato expressed his pleasure of being with the group and responded favorably to the request of the participants to repeat such workshops so that experiences can be shared and transferred to other countries aided by JICA.

The participants were also given the opportunity to comment on the recommendations and on the workshop. They all indicated their satisfaction with the experience and wished to develop a network so that they can be on continuous contact with each other and to remain updated with the successes and achievements of each other.

Dr. ***Al-Qutob*** awarded the certificates to the participants. Each participant was also given a CD of the workshop. The group from Afghanistan thanked Dr. Al-Qutob and the other honorable guests for their attendance and awarded each of them a Plaque as a message of appreciation. They also distributed some gifts to the organizers of the workshop. Similarly, Dr. Damen Abbadi- Director of Aqaba Health Directorate who hosted the workshop-distributed a gift to every participant and each of the organizers.

After the closing ceremony, the participants accompanied by the workshop guests and the JICA team took the bus to start their field trip. The field trip included a visit to the Aqaba Comprehensive Health Center, the Twiseh Village Health Center and the Disseh Primary Health Center. The group was also given the opportunity to join the Community Needs Assessment Workshop held in Aqaba by JICA for a short period of time.

Awarding Certificates and Gifts

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Appendix (2) Workshop Program

Sharing Experiences and Learning from Good/Successful Practices in the Islamic Communities Workshop

- JICA's Partnership for Reproductive Health -

June 15th - 19th, 2008 – Jordan

Workshop Program

June 15th, 2008 (Sun) at Le Royal Hotel, Amman
June 16th - 19th, 2008 (Mon -Th) at Aqaba Gulf Hotel, Aqaba

First Day

Sunday, June 15th	
Registration, 10:30 – 11:00	
Morning Session, 11:00 – 12:30	**Opening Ceremony** • Opening remarks by the Resident Representative of JICA Jordan office. ~ (*Mr. Takeaki Sato*) • Keynote Addresses 1. Reproductive Health Situation in Jordan (Secretary General of MOH). ~ (*Dr. Janiet Merza*) . 2. Women's Situation in Jordan (Secretary General of Jordanian National Commission for Women). ~ (*Her Excellency Ms. Asma Khader*) 3. National Population Strategy/Reproductive Health Action Plan in Jordan (Secretary General of HPC). ~ (*Prof. Dr. Ra'eda Al-Qutob*) • JICA's Role and Contributions to Reproductive Health (JICA Headquarters). ~ (*Mr. Hidetaka Nishiwaki*) ***Master of Ceremony :*** ~ (*Dr. Tokiko Sato*)
Lunch, 12:30 – 14:00	
15:30	Leave for Aqaba **(Sleep at Aqaba)**

Second Day

Monday, June 16th	
Morning Session, 8:30 – 10:00	**Session Chair:** ~ (*Dr. Hanan Najmi*). Plenary Session: Topics of Jordan's Reproductive Health 1. Breast Cancer (MOH). ~ (*Dr. Mohammad Tarawneh*) 2. IUD Insertion by Midwives (MOH). ~ (*Dr. Khawla Ka'wa*) 3. Male and Religious Leader Participation (HPC). ~ (*Mr. Abed Almunem Malkawi*)
Tea Break, 10:00 – 10:30	(Chairpersons' Meeting)
10:30 – 12:00	**Session Chair:** ~ (*Dr. Salah Qatawneh / Sudan*). Technical Session: Afghanistan (Project Presentation + Q&A)
Lunch, 12:00 – 13:30	
Afternoon Session 13:30 – 15:00	**Session Chair**: ~ (*Dr. Ahmed Sabayleh / Afghanistan*). Technical Session : Palestine(Project Presentation + Q&A)
16:00	Departure for Wadi Rum for reception hosted by the Aqaba Special Economic Zone Authority (ASEZA).

Third Day

Tuesday, June 17th	
Morning Session, 8:30 – 9:30	**Session Chair**: ~ ***(Dr. Adel Khatatneh / Palestine).*** Technical Session: Sudan (Project Presentation + Q&A)
9:30 – 11:00	**Session Chair**: ~ ***(Dr. AbdulRahman Al- Ma'ani / Palestine)*** Technical Session: India (Project Presentation + Q&A)
Tea Break, 11:00 – 11:30	
11:30 –13:00	**Session Chair**: ~ ***(Dr. Iman Shehadeh / India)*** Technical Session : Syria (Project Presentation + Q&A)
Lunch, 13:00 – 14:30	
Afternoon Session 14:30 – 16:00	**Session Chair**: ~ ***(Dr. Damen Al-Abbadi / Syria)*** Technical Session: Jordan (Project Presentation + Q&A)
Tea Break, 16:00 – 16:30	
16:30 – 18:00	Skill Building Session: Palestine **(Sleep at Aqaba)**

Fourth Day

Wednesday, June 18th	
Morning Session, 8:30 – 10:00	Skill Building Session: Afghanistan and Syria
Tea Break, 10:00 – 10:30	
10:30 –12:00	Skill Building Session: India
Lunch, 12:00 – 13:30	
Afternoon Session 13:30 – 15:00	Skill Building Session: Jordan
Tea Break, 15:00 – 15:30	
Scale-up Session 15:30 – 18:00	**Facilitated:** ~ ***(Dr. Fathieh Abdulla Abu Moghli).*** What was Learned and What would be Scaled up for Successful Change. 1. Country Team Group Work (90 minutes). 2. Country Presentation (10 minutes). **(Sleep at Aqaba)**

Fifth Day

Thursday, June 19th	
8:30	Wrap-up ~ ***(Dr. Fathieh Abdulla Abu Moghli).*** Recommendations ~ ***(Dr. Tokiko Sato).*** Commentary on Recommendations ~ ***(Dr. Ra'eda Al-Qutob).*** ~ ***(Dr. Rwaida Rasheed) .*** ~ ***(Mr. Takeaki Sato).*** ~ ***(a few Participants).***
Awarding Certificates	
9:30	Field Trip to • Aqaba Comprehensive Health Center • Twiseh Village Health Center • Community Needs Assessment Workshop **(Sleep at Aqaba)**

Sixth Day

Friday, June 20th **(Departure)**

المجلس الأعلى للسكان – شارع المدينة المنورة – تلفون: 5543524 – فاكس: 5531965 – ص.ب 5118 عمان 11183 الأردن
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Appendix (3) Case Studies Discussed during the Skill - Building Session Conducted by the Team from India

Case (1)
Reeta - ANM, Vinti, Kanthi Sector, Hatta, Damoh

With the onset of the Janani *Suraksha Yojana*, under the NRHM, the money for the motivator (who takes the women for institutional delivery) is to be given and amounts to rupees 600 per case. The practice till now had been that the *Dais* used to play the main role in delivery and used to take the cases for institutional delivery. However, with the selection of the *ASHA* (Accredited Social Health Activist) in the village, there has been an ongoing fight of who should get the motivator money.

There was a simmering clash between the ASHA and Dai and an unhealthy competition of the number of cases each could take to the CHC. The fight assumed a greater proportion with the Dai boycotting to fulfill the required ritual of *"Saur uthana"* of any such case which goes for institutional delivery with the ASHA. This was posing a problem in any family having a delivery case since till the Dai performs this ritual the newly delivered woman is supposed to be still impure. The *AWWs* were also contesting their claim over the motivator status. This complex situation had left Reeta in a dilemma. She sought help of the JICA team to resolve this community conflict. Although, a neutral party, yet the ANM was the most affected since promoting institutional delivery was mainly her onus.

Reeta welcomed the JICA consultants and got busy in calling people. Reeta's rapport with the community was evident with the number of people she could gather for the meeting.

The JICA Consultants facilitated the process and tried to resolve the community conflict. The ANM was prompted to take the lead and wherever she got stuck up, the JICA team gave her the best possible solutions. The ANM herself came up with the best possible solution of dividing the ANC cases equally amongst the ASHA, Dai and AWW. Reeta herself laid the prerequisite that one could gain benefit from the motivator money only if 9 months of care is ensured and that the assigned motivator takes responsibility to ascertain that the client undergoes the three minimum ANC check ups.

During this process, active *male involvement* in resolving this so called "*women's issue*" could be elicited and there was equal share (between the men and women present in the group) in terms of decision making. This gave a new confidence to Reeta of how she could take the support of the influential men of the village community for improving her own services. The ANM could later also negotiate and finalise a rented room to open her SHC in the village. Although facilitated by the JICA Block Coordinator, yet maximum negotiations were done by Reeta.

The ANM and the other group members agreed to undertake similar monthly planning meetings in Vinti to divide the cases and do a follow up on the previous cases and also for voicing out grievances, if any. The group accepted that such an initiative to sit together and voice out ones problems and grievances helps solving matters and making things easier for the overall working atmosphere.

Having realized the benefit of this process and feeling content with the satisfaction level of each stakeholder, the ANM, LHV and Male Supervisor have now replicated this process in all the 10 villages under Vinti SHC. The LHV and Male Supervisor have also replicated this in the villages of 3 other SHCs under them.

Case (2)
District Project Manager- Mr. Hariharan, *Damoh*, Madhya Pradesh

Mr. Hariharan came across as a passive personality in the first meeting in Nov 2005. He listened to the JICA consultant with a preoccupied mind. His unclear stance on the role of DPM was conspicuous to any onlooker. The JICA consultants kept him abreast of all the initiatives being planned in the pilot blocks of Hatta and Tendukheda. The regular meetings were instrumental in gradually building a rapport with him.

By June 2006, JICA had organized around 5 batches of ANC training for ANMs. The DPM had been witness to the training methodology being adopted by JICA and expressed his appreciation for the quality of training. Simultaneously, the pertinent needs of the two blocks where JICA had initiated intensive intervention were discussed and possible solutions drawn through joint consultations (between JICA and DPM). The DPM's good rapport with the CMHO was an asset for speeding up changes. By the end of June 2006, the DPM was a strong ally of JICA to bring about changes in the health system delivery of **Damoh** district.

By the end of 2006, Mr. Hari started acknowledging the Technical assistance being provided by JICA. During the Annual State Review in August 2006, he specifically lauded the quality and methodology of the JICA conducted ANC trainings. He started gaining confidence in the quality of technical assistance being given by JICA. On the behest of JICA Consultants, he sanctioned the much needed funds amounting to Rupees 2.5 lakhs for the repair and renovation of the Labour Room of the Tendukheda CHC.

Mr. Hari took very active participation and a leading role in conceptualizing the Data Entry Operators & Data managers training organized by JICA in April 2007. He gave very important inputs for identifying the loopholes and main hurdles pertaining to information flow from SHC to District level. Subsequent to the training, he organized three more workshops with the DEOs for improving the quality of data from the blocks. Throughout these proactive steps he himself initiated consultation with JICA Consultants and sought their inputs.

Mr. Hari started accompanying the JICA team for field visits to various CHCs in June 2007. During the joint field visits he started gaining clearer perspective on the quality and logical layout of construction of Maternity wings; the judicious usage of the NRHM untied funds for the same, need of proper reporting and the importance of his own monitoring & need assessment visits to the field.

Taking cue from the newly gained perspective, Mr. Hari started taking very proactive steps in upgrading all CHCs under him starting from June 2007 onwards. He focused especially on construction of Maternity wings and need based utilization of untied funds. Simultaneously, Mr. Hari initiated the process of exploring budgetary provisions from various schemes and Departments (example Rural Development) for the construction of SHC building which had no buildings. He was successful in garnering funds for 11 SHCs in **Damoh** district. The names of all the 11 SHCs had been provided by JICA based on the skill level and sincerity of the ANMs placed there. In Nov 2007, with the repeated advocacy efforts of JICA, Mr. Hari sanctioned Rupees 48 lakhs for the up gradation of the entire Tendukheda CHC.

The DPM continues his monitoring visits to the field with a zealous pace and sanctions equipments and other supplies based on the local needs of the Health facility. The reporting mechanism of the District has been streamlined and timely reports have strated coming from each level.

Case (3)

Dr. Beena Singh, Block Medical Officer, Patera, Damoh

Patera is a small town and a revenue block, about 70 km south from the district capital of **Damoh**. The block has a total population of 1,28,208 with 188 villages. The block has 27 SHCs, 1 PHC and 1 CHC.

Dr. Beena Singh timidly presented herself to the JICA team during the first interaction in June 2006. Being the sole Lady Doctor, maximum load of MCH fell on her. The Paramedical staff till now lacked the skills to assist her. After the ANC training of the nursing staff, the load of routine check up could be reduced and the Lady Doctor could concentrate more on high risk cases and quality of institutional delivery. Meanwhile the then BMO, Dr. Gupta was transferred in August 2007.

Dr. Beena Singh assumed charge as officiating BMO in September 2007. The transformation from a male leadership to a female leadership brought with it the innate problems which come in a traditional societal setup of Bundelkhand. She faced stiff resistance from majority of the workers. Although eager to show her caliber as a BMO, she started being a victim of a mass non-cooperation from the female paramedics and the male administrative staff.

The JICA consultants helped Dr. Beena in establishing her position as a mentor and a leader amongst the CHC staff. In the mean time, the JICA Block Coordinator started acting as a bridge between various groups and over a period of four months, he was successful in initiating the process of building a team consensus and increased acceptance for her.

On the service delivery side, being a Lady Doctor, Dr. Beena Singh started giving more attention to MCH services. The JICA consultants facilitated the process and managerial inputs like Duty Roaster, usage and maintenance of equipments, systematic layout of the Labour room and maternity wing were given and taken up religiously by Dr. Beena. The NRHM untied funds were utilized for the construction of the hitherto incomplete Maternity wing since the past ten years. The JICA Consultants facilitated this process and elicited active participation from Dr. Beena for designing the layout. This has increased the quality of services related to institutional deliveries.

For better efficiency of outreach services, Dr. Beena herself started making monitoring visits to remote villages and holding awareness camps. For places where health service delivery was unsatisfactory, she organized a camp mode immunization and ANC coverage. At the field level, she gave free hand to the JICA Block Coordinator as a result of which, 100% of the SHCs have undergone a facelift with structured and regular ANC clinics being held weekly.

Recently, the District Collector, the CMHO and the DPM had made separate visits to Patera to assess the condition of the CHC. Her work was lauded by all three of them. The final verdict was given by the International Expert of Total Quality Management, Prof. Dr. Handa who was full of appreciation for the way the CHC has been upgraded.

Work Paper for the Case Study

Task:-

1. To list up good practices performed by the Health Worker.
2. To identify facilitation done by JICA
3. To suggest mechanisms to sustain the good practices

Group 1 Case Study Title Auxillary Nurse Midwife

Description of Good Practice	Facilitation done by JICA	Mechanism for sustaining good practices
Calling a community meeting to discuss a sensitive issue	JICA present as a neutral modulator during the discussion	Involving the stakeholders for better result
Opinion leaders to lead the dispute resolution	ANM was confident with right information and back up support	Capacity development of the ANM on administrative issues also.
Equal distribution of responsibility and benefit among the stake holders	Facilitation to discuss the issue in a constructive way	Understanding of the community dynamics and local rituals
Replicating the experience in other villages		Good coordination between ANM and the community

Group no. 02
Work Paper for the Case Study

Task:-

1. To list up good practices performed by the Health Worker.
2. To identify facilitation done by JICA
3. To suggest mechanisms to sustain the good practices

Group 2 Case Study Title Block Medical Officer

Description of Good Practice	Facilitation done by JICA	Mechanism for sustaining good practices
1.Building a Duty Roster	Helping Dr. Beena to establish her leadership	Sending regular reports to the Higher Authorities
2.Maintenance of Equipment	Bridging between various groups increasing acceptance for doctors	Defining the good current situation
3. Systematic Layout of the labour room.	Technical Managerial Support	Inviting the higher authorities to continue supervision of community health centre
4.Personal attention to upgrade the CHC	Helping in realizing fund in national, ruler health mission	Continuous usage of the resource available.
5.Competetion of maternity wing and motivation	Giving chance to Dr. Beena in designing the layout.	Visiting a remote village.

Group no. 03
Work Paper for the Case Study

Task:-

1. To list up good practices performed by the Health Worker.
2. To identify facilitation done by JICA
3. To suggest mechanisms to sustain the good practices

Group 3 Case Study Title District Programme Manager.

Description of Good Practice	Facilitation done by JICA	Mechanism for sustaining good practices
1. Good coordination of JICA between DPM & CMHO.	Makes Mr. Hari more aware of health problems	Allocation for budget for field supervision
2. Feild Visit done by Mr. Hari.	Motivation of DPM for joint field visits	Field visit should be part of health system.
3. Mr. Hari started to bring money from several sources.	Initiated thinking process on availability of allied funds	Creating good relationship with other department.
4. Mr. Hari started to prioritize his work	Continuous interaction with the JICA team on issues related to management	Continuous building capacity

Appendix (4) Country Scaling up Plans

Scale-up for Successful Change: Afghanistan

- Home visit program
- MCH handbook in a simple form: standard registration book for antenatal care, postnatal care, family planning and newborns

Scale-up for Successful Change: India

- Health education and self breast examination to be facilitated by health workers.
- Follow up/monitoring of IUD insertion by the midwife (ANM)
- Involvement of religious leaders and male participation in contraceptive usage.
- Mainstreaming traditional birth attendants for wider midwifery services
- Enter- educate method for promoting attitudinal/behavioral change – focus on one message in a small group

Scale-up for Successful Change: Syria

- Updating mothers' cards
- Awareness-raising on the importance of postnatal care
- Early detection of cancer
- Training on women's empowerment to Community Health Volunteers
- Utilization of educational methodology for local education session

Scale-up for Successful Change: Jordan

MCH handbook

Scale-up for Successful Change: Palestine

Strengthening community awareness on RH:

- Early detection of cervical & breast cancer
  - Jordan (Promotion activities)
- Postnatal
  - Jordan (Home visits)
- FP → Birth spacing, MCH as an entry point
  - Syria (Community Awareness)

Improvement of Quality Care:

- Standardize the procedure
  - Protocol (already existing, USAID & UNFPA)
  - Practical manual (in Arabic)
- Introducing Appointment system
- Simplifying the registration and reporting system
  - Indian experience, guideline for health provider

Scale-up for Successful Change: Sudan

- Strong coordination, integration and collaboration with all stakeholders
- Close monitoring and supportive supervision
- Study of the possibility of piloting MCH handbook
- Use of the academy: training of midwives/medical assistants on contraceptive service provision
- Issuance of policy: provision of pills by midwives
- Development of training curriculum on family planning for religious leaders

Sharing Experiences and Learning from Good/Successful Practices In the Islamic Communities Workshop

First Day – Opening Ceremony at Le Royal Hotel
Sunday, June 15th

The Royal Salutation

Jordan Project Chief Advisor,
Dr. Tokiko Sato

Resident Representative JICA Jordan Office,
Mr. Takeaki Sato

Minister of Health,
His Excellency Dr. Salah Mawajdeh
Japanese Ambassador,
His Excellency Mr. Shigenobu Kato

Appendix (5) Pictures

Secretary General of MOH,
Dr. Janiet Merza

Deputy Secretary General of Jordanian National Commission for Women,
Ms. Aida Abu Ras.

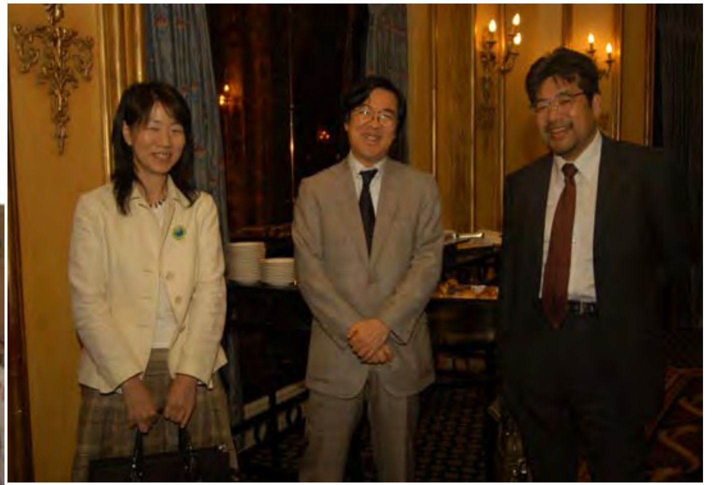
Secretary General of HPC,
Dr. Ra'eda Al-Qutob

JICA Headquarters,
Mr. Hidetaka Nishiwaki.

Appendix (5) Pictures

Appendix (5) Pictures

Appendix (5) Pictures



Second Day – Aqaba Gulf Hotel
Monday, June 16th

Plenary Session: Topics of Jordan's Reproductive Health

Appendix (5) Pictures

Technical Session: Afghanistan

Technical Session: Palestine

Appendix (5) Pictures

Reception at Wadi Rum

Appendix (5) Pictures

Tuesday, June 17th

Technical Session: Sudan

Appendix (5) Pictures

Technical Session: India

Technical Session: Syria

Technical Session: Jordan

Appendix (5) Pictures

Appendix (5) Pictures

Wednesday, June 18th

Skill Building Session: Afghanistan

Skill Building Session: India

Appendix (5) Pictures

Skill Building Session: India

Appendix (5) Pictures

Skill Building Session: India

Appendix (5) Pictures

Skill Building Session: Jordan

Appendix (5) Pictures

Thursday, June 19th

Wrap up

Recommendations and Commentary.

Appendix (5) Pictures

Appendix (5) Pictures

Awarding Certificates.

Appendix (5) Pictures

Field Trip to -Aqaba Comprehensive Health Center
-Twiseh Village Health Center
-Community Needs Assessment Workshop.

Appendix (5) Pictures

Appendix (5) Pictures

Friday, June 20th