

The Hashemite Kingdom of Jordan

Ministry of Health

The Hashemite Kingdom of Jordan
Project for Improvement of Services at
Village Health Centers in Rural Host
Communities of Syrian Refugees

Project Completion Report

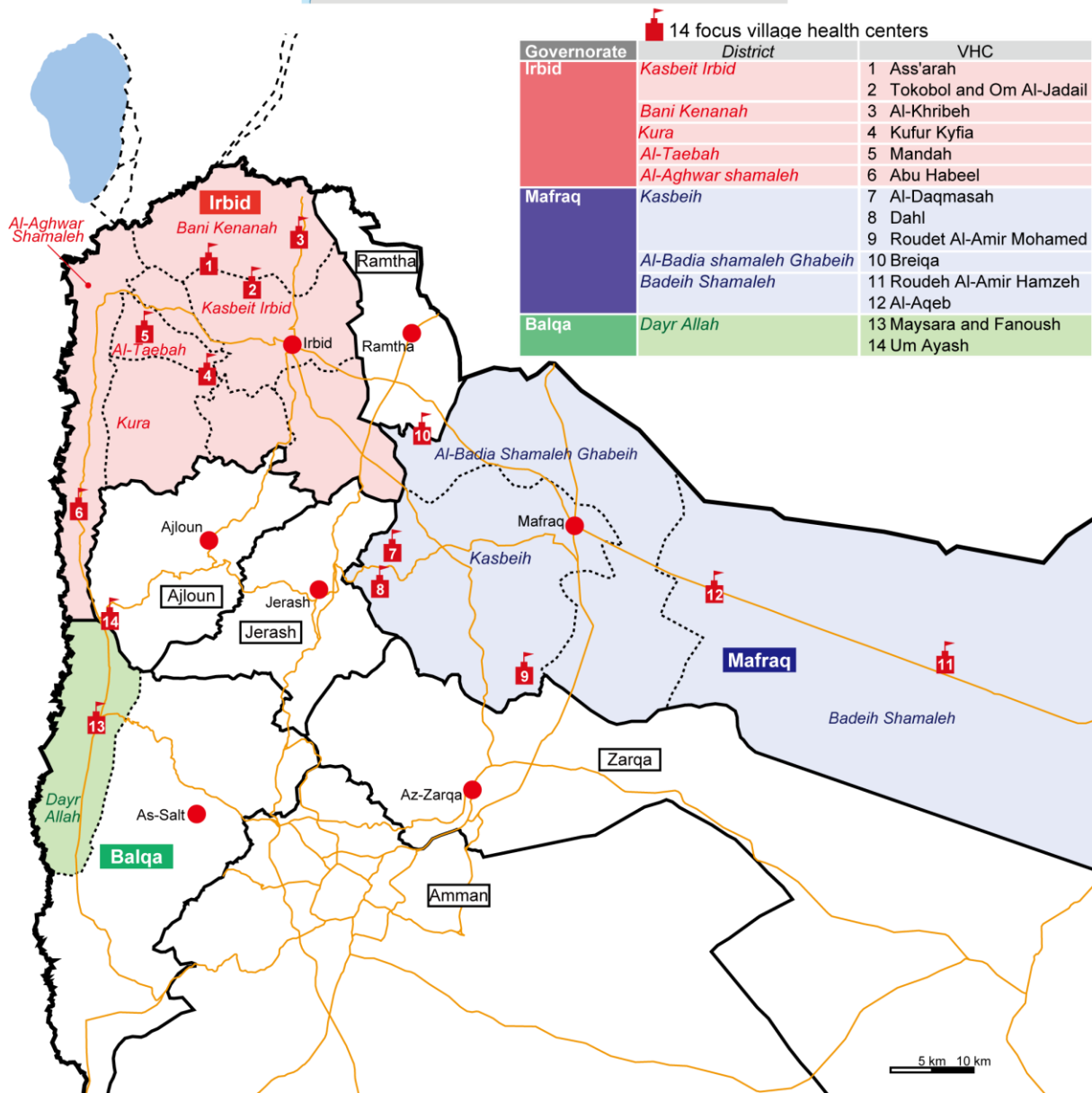
May 2018

Japan International Cooperation Agency (JICA)

Earth and Human Corporation
Nagasaki University

HM
JR
18-029

Map of Jordan



Photos of the Project Activities



(April, 2016)

Ministry of Health (MOH) Headquarters



(April, 2016)

Reporting at the Health Coordination Meeting
(WHO Amman Office)



(July, 2016)

VHC Survey
(Al-Aqeb VHC, Mafraq)



(August, 2016)

Opening Ceremony
(Opening Speech)



(August, 2016)

The First Joint Coordination Meeting (JCC)
(The Project Manager)



(September, 2016)

The Baseline Survey (Household Survey)
(A female researcher who conducted interviews)



(October, 2016)

A Technical Committee Meeting (MOH)



(October, 2016)

Training for Nursing Staff on Family Planning and Counseling (Mafraq)



(October, 2016)

Training for Nursing Staff on Family Planning and Counseling (Balqa)



(November, 2016)

Training for Nursing Staff on Reproductive Health (at Mafraq Comprehensive Health Center, Mafraq)



(October, 2017)

Mobile Health Clinic's Operation (Saiiediyah Village, Mafraq)



(October, 2017)

Maternal care by a Doctor (Saiiediyah Village, Mafraq)



(October, 2017)

Health Education Session at Mobile Health Clinic
(Saiiediyyah Village, Mafraq)



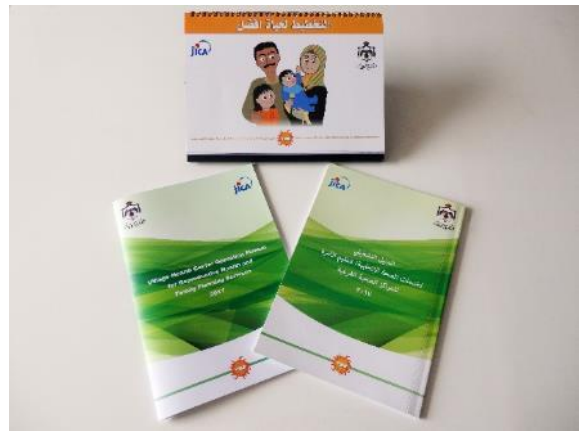
(November, 2017)

Opening Ceremony for Mobile Health Clinic
(Courtyard at MOH)



(October, 2017)

On-the-Job Training by Child Health Supervisor
(Maysara and Fanoush VHC, Dayr Allah)



(September, 2017)

Village Health Center Operation Manual and
Family Planning Flipchart



(November, 2017)

The Second Workshop on Health Promotion
(Irbid)



(December, 2017)

Nutrition Session at Health Day
(Al Aqeb Village, Mafraq)



(January, 2018)
Meeting for Doctors, Midwives, and Nurses
(Irbid)



(January, 2018)
The Endline Survey
(Irbid)



(January, 2018)
Education Session at the Study Tour
(Dayr Allah, Balqa)



(February, 2018)
Session for exchanging experiences at the Study Tour
(Tokobol and Om Al-Jadail VHC, Irbid)



(March, 2018)
Speech by the Secretary General at the Final
Ceremony (Amman)



(March, 2018)
The Cooperation Memorial Plate for the VHCs
(at the Focus Village Health Center)

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List of Acronyms and Abbreviations

Abbreviation	English Name
ACHD	Awareness and Communication Health Directorate
ANC	Antenatal Care
CBO	Community-based Organization
C/P	Counterpart
CHC	Comprehensive Health Center
CHCom	Community Health Committee
FP	Family Planning
HD	Health Directorate
HP	Health Promotion
HPC	Higher Population Council
HSS	Health Systems Strengthening Project
IFRC	International Federation of Red Cross and Red Crescent Societies
IRC	International Rescue Committee
ITS	Informal Tent Settlement
JCAP	Jordan Communication, Advocacy and Policy Project
JCC	Joint Coordination Committee
JICA	Japan International Cooperation Agency
MCH	Maternal and Child Health
MOH	Ministry of Health
OJT	On-the-Job Training
PDM	Project Design Matrix
PHC	Primary Health Centers
PHCAD	Primary Health Care Administration Directorate
PNC	Postnatal Care
PO	Plan of Operation
R/D	Record of Discussions
RH	Reproductive Health
TOT	Training of Trainers
UNFPA	United Nation Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHC	Village Health Center
WCH	Woman and Child Health
WCHD	Woman and Child Health Directorate
WHO	World Health Organization

Reference:

1 USD=106.8 JPY, 1 JD=150.9 JPY (according to JICA rate as of March, 2018)

I. Basic Information of the Project

1. Country

The Hashemite Kingdom of Jordan

2. Title of the Project

Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees

3. Duration of the Project (Planned and Actual)

April 2016 to April 2018

4. Background

Over the last few years, a massive inflow of Syrian refugees into Jordan has put the country's health service provision under serious stress. There are more than 659,000 refugees in Jordan and 79% of them live outside of refugee camps (as of March 2018, Office of the United Nations High Commissioner for Refugees (UNHCR) Inter-agency Information Sharing Portal). Out of the total number of Syrian refugees, 27% of them are living in Mafraq and 24% are living in Irbid. According to information collected by Japan International Cooperation Agency (JICA) during a field visit in 2014, bed occupancy rates of some hospitals in the northern region exceeded 100%, and more than half of the women who gave birth in the Mafraq Obstetric Hospital were Syrian refugees. Accordingly, there have been critical needs in order to maintain the quality and the quantity of health services for Jordanians living in host communities as well as for Syrian refugees.

The Jordan Ministry of Health (MOH) together with the Higher Population Council (HPC) had a successful experience in implementing a community-based health project in collaboration with JICA from 2006 to 2011. The project was entitled, "Integrating Health and Empowerment of Women in the South Region Project in 2006-2011" with its follow-up activities in 2012-2014, whose aim was to strengthen the reproductive health/family planning and primary health care services at Village Health Centers, such as through family planning, first aid and health promotion, in the entire Southern rural communities and selected rural communities of the Mafraq Governorate.

Under such circumstances, the Government of Jordan requested the Government of Japan for JICA's technical cooperation in order to provide both Jordanians and Syrian refugees living in the rural communities of Mafraq and Irbid Governorates and Balqa Governorate/Dayr Allah District, with both quality and quantity reproductive health/family planning and primary health care services at the Village Health Centers. In response to this request, both countries formerly agreed to implement this technical cooperation in the Record of Discussions (R/D, see ANNEX 4) and signed it on January 25, 2016. According to this R/D, this Project commenced in April 2016.

5. Overall Goal and Project Purpose

1) Overall Goal

The Overall Goal of the Project is "More Jordanians and Syrian refugees who live in rural areas in the Project sites can access quality and quantity reproductive health and family planning and primary health services."

2) Project Purpose

The Project Purpose is "Service delivery function of the Focus Village Health Centers (VHCs) is improved."

6. Implementing Agency

a) Ministry of Health (MOH)

Project Director: Director, Primary Health Care Administration, MOH.

Project Manager: Director, Woman and Child Health Directorate, MOH.
 b) Health Directorates of Irbid, Mafrqa and Balqa/Dayr Allah.

7. Project Sites and Beneficiaries

a) Project Site

Irbid Health Directorate, Mafrqa Health Directorate, and Balqa Health Directorate/Dayr Allah Health District.

b) Beneficiaries

Direct beneficiaries: 14 Focus VHCs (see Table 1, BOX 1) in the Project site.

Indirect beneficiaries: Both Jordanians and Syrian Refugee users of the VHCs in the Project sites.

Table 1 List of the Focus VHCs

Irbid	Mafrqa	Dayr Allah/Balqa
1. Asaa'rah	1. Dahl	1. Maysara and Fanoush
2. Takobol and Om Al- Jadail	2. Al-Daqmasah	2. Um Ayash
3. Mandah	3. Breiqa	
4. Abu Habil	4. Al Aqeb	
5. Al Khribeel	5. Roudeh Al-Amir Mohamed	
6. Kufur Kyfia	6. Roudeh Al-Amir Hamzeh	

BOX 1 Selection of the Focus VHC

Based on the proposed list of the Focus VHCs from the MOH and considering the results of the baseline surveys and the request from the three Health Directorates, the final focus VHCs were selected in the middle of August 2016. The criteria decided were three: 1) VHCs where staff were available and willing to deliver reproductive health, family planning, immunization services, and primary health care services, and to conduct health promotion activities, 2) VHCs which served both Jordanians and Syrian refugees, and 3) VHCs which had potential need.

II. Results of the Project

1. Results of the Project

1-1 Input by the Japanese Side (Planned and Actual)

1-1-1 Japanese experts

Details are available in ANNEX 1.

Plan (as of April 2016)	Actual (as of March 2018)
<u>Team of experts (Total man/months: MM)</u>	<u>Team of experts (Total man/months)</u>
<ul style="list-style-type: none"> Chief advisor: 16.80MM Training management: 12.0MM Project coordinator/Health promotion: 14.84MM 	<ul style="list-style-type: none"> Chief advisor: 16.80MM Training management: 12.0MM Project coordinator/Health promotion: 14.84MM

1-1-2 Provision of equipment and materials

Details are available in ANNEX 1.

Plan (as per R/D)	Actual (as of March 2018)
<u>Equipment and materials</u>	<u>Equipment and materials</u>
<ul style="list-style-type: none"> Vehicle (one) Basic equipment for VHCs Office equipment IT equipment for internet 	<ul style="list-style-type: none"> Vehicle (one) Basic equipment for VHCs (Total: 9,248 JD, approximately 13,067 USD)(see detail in BOX 3 and ANNEX 1). Office equipment and stationery (PCs, furniture, photocopy machine, printers, ink cartridges, and so on) IT equipment for the internet

<ul style="list-style-type: none"> • Mobile health clinic(s) 	<ul style="list-style-type: none"> • One Mobile health clinic (89,000 USD)(see detail in BOX 4) • Cost of operation (Fuel, consultant's fee, maintenance, develop an application for monitoring, etc.)
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1-1-4 Training in Japan

Several training sessions in Japan have been provided to main counterparts, including the director of the Woman and Child Health Directorate (WCHD), 2 staff who are in charge of FP from the WCHD and 3 from the Health Directorates, 6 in total. Details are described in ANNEX 1.

1-2 Input by the Jordanian Side (Planned and Actual)

1-2-1 Counterparts

Counterparts (C/Ps) are as shown below.

Plan (as of April 2016)	Actual (as of March 2018)
Director, Primary Health Administrative Director Director, Woman and Child Health Directorate (WCHD) Head of Family planning department, MCH supervisors of Family planning department, WCHD	Director, Primary Health Administrative Director Director, Woman and Child Health Directorate (WCHD) Head, Supervision and Monitoring Department, (WCHD) MCH supervisor of Family planning Department, WCHD Director, Awareness and Communication Health Directorate and its staff, MOH
Director, Irbid Health Directorate Head of WCH Department and MCH supervisors, Irbid Health Directorate	Director, Irbid Health Directorate Head of Woman and Child Health Department and Maternal and Child Health (MCH) supervisors, Irbid Health Directorate
Director, Mafraq Health Directorate Head of WCH Department and MCH supervisors, Mafraq Health Directorate	Director, Mafraq Health Directorate Head of WCH Department and MCH supervisors, Mafraq Health Directorate
Director, Balqa Health Directorate Head of WCH department and MCH supervisors, Balqa Health Directorate	Director, Balqa Health Directorate Head of WCH Department and MCH supervisors, Balqa Health Directorate Director, Dayr Allah Health District (Deputy Director, Balqa Health Directorate) MCH supervisor, Dayr Allah Health District
Other personnel necessary for the Project's implementation.	Health promoters at the Health Directorate level and the district level of three governorates

1-2-2 Offices and Other Running Costs

One office room with furniture, electricity, an internet network and other necessary running costs at the MOH, meeting rooms and training rooms at the MOH and at the Health Directorate as needed.

1-2-3 Other Costs

The running expenses necessary for the mobile health clinic's registration were provided by the MOH.

1-3 Major Activities

1-3-1 Project Management

(1) Activities Related to Monitoring ('SV' stands for Separate Volume in this report)

Activity	Contents
Joint Coordination Committee (JCC)	The First Joint Coordination Committee (JCC) meeting was held in August 2016 and then three meetings were held (see ANNEX 1 and 4).
Technical Committee	After the preparatory meeting in July 2016, eight technical committee meetings were

	held during the project period (see ANNEX 1).
Monitoring Sheets (MSs)	The first monitoring sheet (MS) version 1 was submitted to JICA in June 2016, the MS version 2 in October 2016, and the MS version 3 in October 2017 were submitted (see ANNEX 5).
Advisory mission	JICA headquarters sent the advisory mission in August 2017. As a result, it was observed that the Project has been in good progress and some indicators have been achieved. What was recommended by the mission was to accelerate preparation of the mobile health clinic's operation since its commencement had been significantly delayed.
Baseline and Endline Surveys	The baseline survey was conducted in terms of a facility survey for the Focus VHCs (July-August 2016) and the household survey (1,000 samples) in Irbid (September-October 2016) as part of an impact survey. The additional survey was implemented in collaboration with Jordan Department of Statistics (see detail in BOX 2 and SV3). The endline survey was conducted in Irbid in the same manner as the baseline survey was conducted (1,000 samples) (January-February 2018) (see SV4). In addition, the impact survey on the mobile health clinic (400 samples) was conducted in collaboration with Jordan University (October 2017 and February 2018) (see SV5).
Joint evaluation	During the process of the preparation of this report, joint evaluation was conducted (January 2018).

BOX 2 Summary of the Household Survey Results

Target: Currently Married women aged 15-49.

Sampling: Intervention group of 500 and comparison group of 500 from 5 villages respectively according to the number of household as matched village in each district. Systematic sampling was employed.

Survey method: Interview by women researchers using a structured questionnaire.

Valid number of the respondents: 1,019 women for Baseline and 1,042 for Endline surveys.

	Baseline (n=1,019)	Endline (n=1,042)
a) Basic Characteristics of Respondents		
Mean of Age (years old)	34.4	34.4
Mean of Schooling years (years old)	11.6	11.6
Mean age at first marriage (years old)	21.3	21.1
Number of living children (persons)	3.46	3.39
Number of children desired (persons)	4.25	4.09
b) Practices in Family Planning	(n=870)	(n=861)
Woman who are currently using modern contraceptive method (%)	47.9	50.6
Woman who are currently using traditional contraceptive method (%)	23.0	24.9
Woman who are not using any contraceptives (%)	29.1	24.5
c) Recognition of VHCs	(n=1,019)	(n=1,042)
Women who know a VHC in their community (%)	95.3	97.7
d) Use of VHCs	(n=757)	(n=747)
Women who have received FP method at the VHC (%)	1.2	7.5
Attended Group education sessions in communities (%)	2.6	12.8
e) Source of RH information	(n=1,019)	(n=1,042)
Counseling at VHCs (%)	4.3	10.1

(2) Reports and Documents

Activity	Contents
Work Plan	The Work plan has been discussed between the counterpart (C/Ps) and the Project team from the beginning of the Project. The final draft was agreed at the first JCC. Although the Project team expected to finalize it within one month after the Project commencement, it took three months.
Annual report	The comprehensive achievement report on the first year was compiled as "the Annual report" and submitted (February, 2017).

Project Completion Report	The Project Completion Report which includes the joint evaluation results was submitted to JICA (May 2018).
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(3) Public Relations (See details in ANNEX 1)

Items	Contents
Newsletter	Newsletters published as Vol.1 (Mar. 2017), Vol.2 (Oct. 2017), Vol.3 (Nov. 2017), Vol.4 (Mar. 2018) and distributed (see SV8).
Project Overview (Leaflet)	Leaflet published in October 2017 to share the Project outline and achievements (see detail SV7).
JICA website	Articles has been released on the JICA website in both Japanese and English since September 28, 2016.
MOH website	Press releases have been published on the MOH website regarding the Project's activities.
News papers	Articles on the Mobile Health Clinic Opening Ceremony (Petra, November 2017) and on the Final ceremony (Petra, March 2018) were published.
Japan Epidemiological Association	The results of the endline survey were presented at the 28th Annual Scientific Meeting of the Japan Epidemiological Association in January, 2017.
VHC mission poster	The plastic-foam board for presenting missions for VHCs was produced and distributed (14 VHCs, July 2017) (SV9).
Banner	Banners were produced (One type for the Project's advertising and two types for the mobile health clinic).
Other advertisement tools	Various advertisement tools were produced, such as Notepads (2,000), pens (1,000) and bags (70).
Cooperation memorial Plate for the VHCs	Cooperation memorial plates were made and installed on the walls of the waiting rooms at the 14 Focus VHCs (SV9).

(4) Products

List of Products is shown in ANNEX 2.

1-3-2 Output 1: An enabling environment for VHCs in the Project sites is secured

【Activity 1-1】A workshop is organized to seek collaboration and supports from relevant stakeholders

1) Conducting the Opening Ceremony

An Opening Ceremony was held on August 3, 2016, the Project outline was shared and the planned activities were discussed with Project stakeholders. The number of participants was 45 in total; twenty three (23) from MOH's central and health directorate staff, three (3) from the Higher Population Council (HPC), ten (10) from other development partners and three (3) representatives from JICA's Jordan office, and six (6) Project team members (see the report in SV10).

2) Conducting the Opening Ceremony for the Mobile Health Clinic

The Opening ceremony for the Mobile Health Clinic (MC) was held at the MOH on November 9, 2017 in order to hand it over to them and to widely announce the Project to the relevant stakeholders. The participants included the Secretary General of the MOH, the Minister-Counselor of the Embassy of Japan, the Chief representative and the senior representative of JICA's Jordan Office, representatives from the central MOH, C/Ps from three target governorates, representatives from the MCH departments from 12 governorates and development partners - all of which amounted to nearly 80 persons. This was a good opportunity to widely share the Project's activities and achievements (see the report in SV11).

3) Conducting the Final Ceremony

The final ceremony was held on March 19, 2018. The participants included the Secretary General of the MOH, a representative from the HPC, representatives from the central MOH, C/Ps from the three target Health Directorates, representatives from the MCH departments of 10 other Health Directorates, development partners, representatives from JICA's Jordan office. The number of participants was 73

people in total. The Project’s achievements and its prospects were presented (see the report in SV12).

【Activities 1-2】 “Operational Manual for Village Health Centers in the South Region” (VHCs Manual) is reviewed, modified for the Project sites, and approved by the MOH

【Activities 1-3】 Supervision Manual for VHCs in the Project sites is developed based on the VHCs Manual in the South region to apply to the Project sites for operational use

【Activities 1-4】 Standard Operating Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied to VHCs for operational use

1) Review and updating the VHC operation manual

The above-mentioned activities 1-2 to 1-4 were integrated into one activity. The Technical committee took responsibility for reviewing and updating the existing VHC Operation Manual which was developed by the JICA’s previous project in the South. This updated manual contains the functions of VHCs, supervision mechanisms, and SOPs (see SV1).

2) Family Planning Flipchart

In response to the MOH’s needs, the Project updated the existing Family Planning Flipchart (IEC material for FP counseling) in the second year, printed (600 copies) and distributed it to all public health centers nationwide, where FP services were provided in September 2017. These centers then started to use it (see SV2).

【Activity 1-5】 Necessary basic equipment is provided and delivered

1) Procurement and delivery of basic equipment to the Focus VHCs

Based on the results of the baseline survey (VHC survey) and supervisions by the WCHD, the Project identified the necessary basic equipment for RH/FP service provision, which they then procured and delivered by May 2017 (see BOX 3 and ANNEX 1). Some equipment was provided by the MOH budget and delivered by October, 2017.

<p>BOX 3 Basic Equipment Procured</p> <p><u>By the Project</u></p> <ul style="list-style-type: none"> • Basic medical equipment (Linen, Dressing kit, Side lamp, Height measuring scales for babies under 2 years, Weight and height measuring scales for adult, Ice box, Fetal heart detector). • Furniture (Chairs, Standing mirror, Filing cabinet, Shelf for medicine, Cabinet for contraceptives) • Refrigerator for vaccine. <p><u>By the MOH</u></p> <ul style="list-style-type: none"> • Step for bed, Instrument trolley, Screen, Weight and height measuring scales for adult, Weight measuring scales for babies under 2 years.

2) Procurement of the Mobile Health Clinic

One mobile health clinic (MC) was procured to deliver essential services to both local people living in the rural areas and to Syrian refugees, who faced difficulties in accessing health services (see BOX 4). The trial operation began in Mafraq in October 2017.

<p>BOX 4 Procurement and Major Specifications of the Mobile Health Clinic</p> <p><u>Suppliers:</u> Jordan Light Vehicle Manufacturing (JLVM)</p> <p><u>Vehicle body:</u> NISSAN Diesel truck 2015. FE6B, Engine: 6 Cylinders, 4-cycle, diesel engine, <Size> Overall Length: Approx. 6,660mm, Overall Width: Approx. 2,200mm, Overall Height: Approx. 2,445mm, Ground Clearance: 210 mm.</p> <p><u>Medical box:</u> One entrance, Two windows, Doctor’s Desk with seat, Bathroom, Overhead storage shelves fitted for optimal use of free space, Lower storage cabinet, wash basin and Water tanks, AC, External shaded tent, step with</p>
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holding bar.
Furniture:
 Examination Bed, Doctor’s desk and chair, curtain surrounding the bed, Bench seat for the waiting area
Medical equipment:
 Sphygmomanometer (Aneroid), Stethoscope, Weighing scales (adult), Weighing scales (pediatric), Height scale tape – on wall, Thermometer, Examination torch, Two waste bins.

1-3-3 Output 2: Capacity of health staff at VHCs in the Project sites is strengthened

【Activity 2-1】 Training plan is developed by MOH Headquarters and Health Directorates

1) Developing training plan for the health staff

Following the series of discussions by the technical committee, training sessions for nursing staff at the Focus VHCs were developed. In addition, “Training for Other Related Health Staff” was designed for doctors and midwives who were supporting the Focus VHCs.

【Activity 2-2】 Trainings for nurse assistants at VHCs are provided

1) Implementing training sessions for nursing staff

The training sessions of “Nursing staff training” were implemented based on the plan (Table 2) (see detailed reports in SV13, 14, 15, and 17).

Table 2 Summary of Training for Nursing Staff at VHCs

Timing (Place)	Name of training course	Participants	Period	Topics
Oct 9 & 12, 2016 (Amman)	Preparatory meeting	Trainers (MOH, Heads of MCH department and MCH supervisors from each Health Directorate)	2 days	<ul style="list-style-type: none"> Review of all necessary topics related to the VHCs operation and RH services The roles for the family planning training
Oct. 16-20, 2016 (Irbid)	Family Planning and Counseling Training	10 nurses from 6 Focus VHCs + 4 non-Focus VHCs (10 staff)	5 days	<ul style="list-style-type: none"> Introduction of Basic VHCs Overview of FP Communication and Counseling skills
Oct 16-20, 2016 (Balqa)		3 nurses from 3 VHCs + 5 nurses from CHC/PHCs and 2 MWs from CHC/PHCs (10 staff)		
Oct. 23-27, 2016 (Mafraq)		6 nurses from Focus VHCs + 2 nurses from non-Focus and 2 nurses from CHC/PHCs (10 staff)		
Oct. 24-26, 2016 (Irbid)	Family Planning Logistics Training	10 nurses from VHCs in Irbid, 3 nurses from VHCs, + 2 MWs from PHCs in Dayr Allah (15 staff)	3 days	<ul style="list-style-type: none"> Procurement system for contraceptives Registration and reports on contraceptives Management of storage conditions
Nov. 8-10, 2016 (Mafraq)		8 nurses from VHCs + 2 nurses from CHC/PHCs + 6 MWs from CHC/PHCs in Mafraq (16 staff)		
Nov. 14-17, 2016 (Irbid)	Reproductive Health Training	10 nurses from VHCs in Irbid, 3 nurses from VHCs, + 2 MWs from PHCs in Dayr Allah (15 staff)	4 days	<ul style="list-style-type: none"> Antenatal care (ANC), Postnatal care (PNC), Breastfeeding Child health care Breast cancer Infection control Recording and registration
Nov. 21-24, 2016 (Mafraq)		8 nurses from VHCs + 2 nurses from CHC/PHCs + 6 MWs from CHC/PHCs in Mafraq (16 staff)		

Sep. 12-13, 2017 (Irbid)	Refresher workshop	In Irbid (16 staff)	2 days	<ul style="list-style-type: none"> • Review of the role of VHCs based on the updated VHC Operation Manual • Improvement of FP counseling skills by using the updated FP flipchart • Communication skills for Health promotion activities • Acceleration of health promotion activities
Sep. 17-18, 2017 (Mafraq)		In Mafraq (13 staff)		
Sep. 27-28, 2017 (Dayr Allah)		In Dayr Allah (7 staff)		

2) Development and utilization of the Performance Self-assessment Sheet

To monitor the utilization of knowledge and skills that the VHC nursing staff obtained in three areas, including service provision, health promotion activities and VHC logistics/Human resource, a “Performance Self-assessment Sheet for Nursing Staff at VHCs” was developed in collaboration with all staff of the WCHD (see SV16). This sheet was intended not only to assess the nursing staffs’ performance but also to provide nursing staff with a self-check guide for their daily duties and their related procedures. During the Project period, these assessments were implemented four times (see results in Indicator in section 2-1-2, Output 2).

3) Follow-up and monitoring the training’s effectiveness

After a series of training sessions for nursing staff, the main C/Ps conducted practical training (On-the-Job training, OJT) (December 2016 to January 2017). Since it was found that classroom-based training was not sufficient for some nursing staff to provide services with confidence, OJT was initiated by the C/Ps to further strengthen the capacity of nursing staff. Working with the health directorates, OJTs were carried out by midwives at Comprehensive Health Centers/Primary Health Centers (CHCs/PHCs) which received referral cases from VHCs. After three months of this OJT, supervisory visits were made in March 2017 and subsequently a refresher workshop (training) was conducted in July 2017 for confirming a series of field supports.

As described above, the Project had a cycle of human resource development as follows: classroom training=>OJT=>supervision (Table 3). This was in line with the development management cycle, the so-called “Plan-Do-Check-Action cycle” (PDCA cycle) and resulted in efficient and effective human resource development outcomes.

Table 3 Cycle of Human Resource Development

	July-Aug. 2016	Oct. - Dec. 2016	Dec. 2016 – Jan. 2017	Sep. 2017	Sep. 2017	Oct. - Dec. 2017	Feb. 2018
Training		●			●		
OJT			●			●	
Supervision	●			●			●

【Activity 2-3】 Training for other related health staff will be implemented according to the plan

1) Implementing training for other related health staff

Training sessions for doctors and midwives who support the Focus VHCs at CHCs/PHCs were implemented as shown in Table 4 (see the report in SV18).

Table 4 Summary of Training (Meetings) for Other Related Health Staff

Timing (Place)	Name of Training	Participants	Period	Main Topics
Nov. 29 - Dec. 1, 2016 (Irbid, Mafraq and Dayr Allah)	<No. 1> Meeting on Roles of VHCs Providing RH/FP Services	<ul style="list-style-type: none"> • Doctors providing services at the Focus VHCs • Midwives who receive referral clients from 	1 day	<ul style="list-style-type: none"> • The outline of the project • Current situation and issues of VHCs from results of the Baseline Survey • Contents of the revised VHCs

		the Focus VHCs • Nurses from VHCs • Supervisors from WCHD (Irbid:24, Mafrq:17, Dayr Allah:14)		Operation Manual • Overview of the supervision systems
July 2017 (Irbid, Mafrq and Dayr Allah)	<No.2> Meeting for Doctors, Midwives, and Nurses to share the Project's progress	Ditto (Irbid:29, Mafrq:33, Dayr Allah:15)	1 day	• Sharing the Project's achievements based on the PDM indicators • Discussing current issues and how to tackle them
Jan. 29 – Feb. 1, 2018 (Irbid, Mafrq and Dayr Allah)	<No.3> Meeting for Doctors, Midwives, and Nurses on Wrap-up of the VHC Project	In addition to the above, the MCH supervisor from the health districts, the health promoters from directorates and districts (Irbid:43, Mafrq:41, Dayr Allah:20)	1 day	• Sharing the Project's achievements • Discussing the remaining issues and the way forward after the Project's termination

2) Training for the Mobile Health Clinic

The training for the MC operation and service provision was provided for staff who were assigned to the MC (in two teams) and those who were supervising the MC operation from the Mafrq Health Directorate (Table 5, and see the report in SV19).

Table 5 Training for the Mobile Health Clinic's Operation

Name of Training	Duration, Timing Venue	Main Topics	Participants
Training on Mobile Health Clinic	2 days, Sep. 19 and 20, 2017, training room at the JLVM factory (Mafrq)	<ul style="list-style-type: none"> • Instruction on MC • Establishing an operation plan • Protocol of service provision by the MC • Basic information about health promotion 	Participants: Heads of the WCH department, MCH supervisors from the Mafrq Health Directorate, and MC related staff (two team composed of doctors, midwives, nurses and drivers)

3) Supporting the Mobile Health Clinic's operation

The operation of the MC was started on 15th of October 2017 after relevant training was carried out. The MC aims to provide services in RH/FP (FP, ANC, PNC, Childcare, vaccinations, general consultations) in North Badia district in Mafrq for both Jordanians and Syrian refugees in communities. There were three phases in the trial operation of the MC based on discussions with the C/Ps at the mid-term review meeting on November 29, 2017 and at the final evaluation meeting on February 28, 2018, as shown in Table 6.

Table 6 Three Phases of the MC's Trial Operation

	Period	Target site	Remarks
Phase I	Oct. 15- Nov. 30, 2017	Covering 8 villages in collaboration with CBOs	<ul style="list-style-type: none"> • Until the end of Nov. medical doctors were assigned. In this period, provision of vaccinations and supplements were started • From Nov. reporting contents were changed, including more detailed consultation information.
Phase II	Dec. 2017- Feb 2018	Covering 3 CBOs, 3 VHCs (twice/month) and 8 ITSs (once/month)	• North Badia health district became the daily operation site
Phase III	March, 2018	Covering 1 CBO, 5 VHCs (twice/month), and 4 ITSs (once/month)	• Number of VHCs was increased while number of ITS sites reduced

Note: ITSs stands for Informal Tent Settlements, which are tent sites for Syrian refugees in host communities.

In order to ensure a smooth trial operation, the Project hired a former staff member from the International Rescue Committee (IRC) who had been working as a mobile clinic field coordinator, and assigned him to act as the daily operation’s advisor. In addition, the Project developed and then used a mobile phone application for monitoring daily operations (see detail in “the MC operation manual” SV6, mentioned later). Based on a 3.5 month trial, a manual entitled, “Mobile Health Clinic Manual: Mafraq Trial Operation” was compiled and delivered to the MC stakeholders and the development partners in March, 2018 (see SV6).

1-3-4 Output 3: Health promotion activities are activated at the Focus VHCs

【Activity 3-1】 The Focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations

1) Understanding needs and resources for health promotion

The Project tried to understand the current status of health promotion (HP) activities in the Focus VHCs based on the baseline survey and gathered information on community health activities from other development partners (see SV21).

At the planning phase of this activity, the WCHD and the Project team decided that this activity would be implemented in collaboration with the Awareness and Communication Health Directorate (ACHD) who were implementing a healthy village program at the MOH. In the latter part of the first year, it was decided to establish a Community Health Committee (CHCom) in each Focus village (November 2017). In the middle of the second year, the Terms of Reference (TOR) of the CHCom was defined based on the TOR which were prepared by the Health Service Delivery Project (HSD) funded by USAID (see the attached booklet, “Good Practice in Health Promotion Approaches”).

2) Making action plans and implementing workshops

After the preparatory period in the first year a “Workshop on health promotion for Focus VHC staff and Community Health committee (CHCom) members” was carried out in each Health Directorate in April 2017 (Table 7). In the workshop, each CHCom identified their own health issues and made an action plan on HP activities based on their experiences, capability and community resources (see report in SV22). From the Project team’s observations at the workshops, there were huge gaps in experience and capability between different CHComs. To fill the gaps, study tours across three governorates mentioned later was planned in order to provide the opportunity for peer-education between CHComs’ members.

After the workshops, the Health Promotion Opening Ceremonies as a kick-off activity in 14 focus villages were implemented as part of the CHComs’ own initiative (see the report in SV23).

Table 7 The First Workshop (Training) on Health Promotion

Governorate • District	Date	Number of participants
Irbid	April 5-6, 2017	35 in total
Mafraq	April 12-13	22 in total
Dayr Allah	April 3-4	18 in total

In the middle of the second year, the simplified TOR of the CHCom was defined based on the Terms of Reference (TOR) which were drafted by the Health Service Delivery (HSD) Project funded by USAID (see the booklet “Good Practice in Health Promotion Approaches”).

The second workshop was conducted in order to enhance the organizational capacity of CHComs and to strengthen communication skills for group sessions in communities (Table 8). At this workshop the TOR of the CHCom was shared and the roles of each level including the central-governorate-district were clarified with the ACHD and the health promoters from the Health Directorates and the districts. It was decided that the health promoters should submit monthly reports. Furthermore, the detailed criteria of evaluation of good performance of health promotion activities were introduced (Table 9).

Table 8 The Second Workshop on Health Promotion

Governorate • District	Date	Number of participants	Target
Irbid	Nov. 26, 2017	Group 1: 16 in total	Health staff (6), CHCom members (6). Health promoter (2), MCH supervisor (2)
	Nov. 27	Group 2: 17 in total	Health staff (6), CHCom members (6). Health promoter (2), MCH supervisor (3)
Mafraq	Nov. 21, 2017	Group 1: 17 in total	Health staff (6), CHCom members (6). Health promoter (2), head of MCH department + MCH supervisor (2)
	Nov. 22	Group 2: 20 in total	Health staff (6), CHCom members (6). Health promoter (6), MCH supervisor (2)
Dayr Allah	Nov. 20, 2017	13 in total	Health staff (4), CHCom members (4). Health promoter (1), head of MCH department + MCH supervisor (4)

【Activity 3-2】 The Focus VHCs implement health promotion activities

1) Sharing good experiences

The Project tried to share good practices of the health promotion activities on various occasions, such as at the meeting for Doctors, midwives and nurses in July 2017 and at the Workshop in November 2017. New approaches introduced were: home-visit activities by the Al-Khribeh CHCom, the creation of nutrition packages for education sessions at the school by Mandah CHCom, and the delivery of hygiene kits for houses by Maysara and Fanoush CHComs. These activities were applied by other CHComs right after the sessions, indicating an obvious ripple effect.

2) Developing criteria for good practices

The Project developed the evaluation criteria to encourage the CHComs towards HP activities (Table 9). Since April 2017, the criteria have been modified and the final criteria were shared with CHComs at the second workshop.

Table 9 Evaluation Criteria for Good Practice

Aspects	Sub-items	Point
1. Submission of a Monthly activity plan	Timing and quality	10
2. Submission of Activity reports	Timing and quality	10
3. Variety of activities	At VHCs	5
	In communities	5
	Home visits	5
4. Male involvement	Male involvement	5
5. Variety of topics	Numbers of different topics	10
6. Number. of activities	Number of total activities	20
7. Unique efforts for sustainability	Commitment of CHComs	15
	Collaboration with health promoters/coordinators and MCH Supervisors	10
	Outside resources (collaboration with other programs, companies and universities, volunteers and so on.)	5
Total		100

3) Evaluation of good practices

Based on the monthly plans, monthly activity reports, and the results of interviews with members from 11 CHComs, the good practices according to the criteria were scored and the final results were extracted (Table 10).

Table 10 Results of Good Practice Scoring by Aspect

	VHC	1. Submission of monthly activity plan	2. Submission of monthly reports	3. Variety of activities			4. Male involvement	5. Topic	6. # of activities per month	7. Uniqueness for sustainability			Total (100p)	Top 5
		10pt	10pt	At VHC (5pt)	In communities (5pt)	Home visits (5pt)	5pt	10pt	20pt	7.1 Commitment of CHC (15p)	7.2 Collaborating (10p)	7.3 Outside resources (5p)		
Irbid	Ass'arah	10.0	9.0	5	0	0	5	10.0	8.75	15	10	5	77.75	5
	Tokbol and Om Al-Jadail	10.0	10.0	5	5	5	5	10.0	6.25	15	5	5	81.25	3
	Al-Khriebh	10.0	10.0	5	5	5	0	10.0	20	15	10	5	95.00	1
	Kufur Kefiya	10.0	9.0	5	5	5	5	10.0	16.25	15	5	5	90.25	2
	Mandah	12.0	10.5	5	5	0	0	10.0	8.75	0	5	5	61.25	
	Abu Habeel	10.0	9.5	5	0	0	0	5.0	10	15	10	5	69.50	
Mafraq	Al-Dagamseh	9.5	11.0	5	0	5	5	5.0	6.25	15	0	5	66.75	
	Dahal	7.5	7.5	5	5	5	0	10.0	12.5	15	0	5	72.50	
	Rodet Al-Amir Mohmad	10.0	10.0	5	0	0	5	10.0	5	15	0	5	65.00	
	Brieqa	7.5	9.5	5	0	5	5	10.0	6.25	15	0	0	63.25	
	Roudet Al-Amir Hamzeh	12.0	10.0	5	0	0	0	10.0	7.5	0	0	5	49.50	
	Al-Aqeb	12.0	9.5	5	0	0	0	10.0	3.75	0	10	0	50.25	
Balqa/Dayr Allah	Maysara and Fanoush	10.0	8.5	5	0	5	0	10.0	12.5	15	10	5	81.00	4
	Um Ayyash	10.0	7.0	5	0	0	5	10.0	10	15	10	5	77.00	

4) Conducting study tours for good practices

In January and February in 2018, study tours were conducted at four villages that showed good performance (Table 11 and SV24). This activity aimed to observe the good performance in the top 4 villages and to share all experiences among all CHComs. These experiences motivated the participants to plan further activities.

Table 11 Study Tours for Sharing Health Promotion

Date	VHC	Participating CHComs and health promoters	Topics of education sessions
1/31	Maysara and Fanoush, Dayr Allah (Top 4)	Assa'ra, Tokobol and Um Al-Jadail, Mandah, Irbid health promoters	Hypertension, diabetes
2/7	Tokobol and Om Al-Jadail, Irbid (Top 3)	Dogmash, Dahal, Mafraq health promoters	Maternal health
2/12	Al Khriebh, Irbid (Top 1)	Roudeh Al-Amir Hamzeh, Al-Aqeb, Maysara and Fanoush, Kufur Keyfia, Mafraq health promoters, Dayr Allah health promoter	Childcare
2/18	Kufur Kefiya, Irbid (Top 2)	Roudeh Al-Amir Hamzeh, Um Ayash, Al Khriebh, Abu Habeel, Breiqa, Mafraq health promoters	Free medical day

5) Producing a booklet of good practices in health promotion

Based on the monthly plans, monthly reports and the results of interviews with 11 CHComs, a booklet entitled "Good Practice in Health Promotion Approaches" was compiled. It contains the sample activities, the characteristics of good practices, and tips for success. It was published in April 2018 and distributed to the CHComs' stakeholders and development partners.

2. Achievements of the Project based on the PDM Indicators

2-1 Outputs and Indicators

2-1-1 Output 1: An enabling environment for VHCs in the Project sites is secured

It can be concluded that Output 1 has been achieved by the end of the Project.

Indicator 1: Revised the Operational manual and approved

The VHC Operation Manual was updated by the technical committee and approved by the MOH in July 2017 and distributed to the relevant VHC staff and supervisors in September 2017. Since the distribution was earlier than expected, the Focus VHCs were able to use it earlier and become familiar with its daily guide.

Indicator 2: Number of supervisions of VHCs conducted to WCHD, MOH

The WCHD supervisors made supervisory visits to all Focus VHCs three times during the Project period (Table 12). According to the updated manual, it is necessary to conduct supervisory visits to target VHCs annually, and this was accomplished.

Table 12 Number of Supervisory Visits of VHCs Conducted by the WCHD

2016	2017	2018
July-August	March	February
14 VHCs (100%)	14 VHCs (100%)	14 VHCs (100%)

2-1-2 Output 2: Capacity of health staff at VHCs in the Project sites is strengthened

It can be concluded that Output 2 has been achieved by the end of the Project.

Indicator 1: Pre/Post tests of the training

At two training sessions, pre/post tests were conducted in order to assess the effectiveness of the training (Tables 13 and 14). At both training sessions the results of the post-test showed an increase from the pre-test. In addition, the average scores of the post-test in three governorates were between 74-93%, which reached an almost satisfactory level.

Table 13 Pre/Post Test for FP and FP Counselling Training

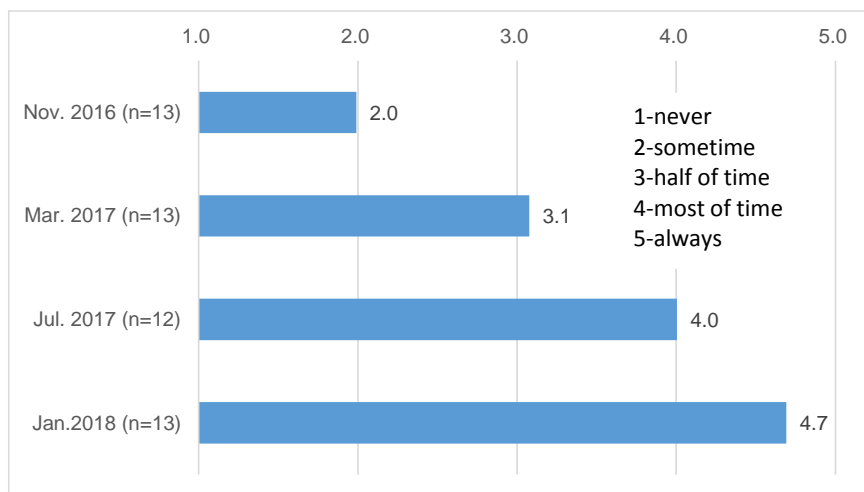
	Pre-test	Post-test	Increased points	No. of trainees
All	55%	84%	29 points	30
Irbid	48%	85%	38 points	10
Mafrq	59%	93%	34 points	10
Balqa	59%	74%	15 points	10

Table 14 Pre/Post Test for Reproductive Health Training

	Pre-test	Post-test	Increased points	No. of trainees
All	57%	86%	28 points	31
Irbid	55%	87%	32 points	10
Mafrq	61%	88%	27 points	16
Balqa	56%	82%	26 points	5

Reference Indicator: Average points of practices achieved by nursing staff through self-assessment

Figure 1 shows the average points for practices achieved by nursing staff by using a self-assessment sheet (5 represents a full-score, in three categories of questions). During the Project's period, the assessments were conducted four times. From the first training in November 2016 to the end of the Project in January 2018, the average points of nurses' self-assessment scores steadily increased.



Note: By answering real practices in 3 categories, full score is 5 in each question.

Figure 1 Self-Performance Assessment by Nursing Staff

2-1-3 Output 3: Health promotion activities are activated at the Focus VHCs

It can be concluded that Output 3 has been achieved by the end of the Project. Follow-up and encouragement by the health promoters at the Health Directorate level needs to be continued.

Indicator 1: Number of health promotion activities implemented by both VHCs and CHComs and number of participants

Table 15 shows the number of events which were held in villages since April 2017. In general, one or more event was carried out each month in each village. The activities have been implemented by the CHCom/VHC staff's own efforts with the support of the local communities.

Table 15 Number of Events of Health Promotion Activities

	Name of VHC	Apr	May	Jul	Aug	Sep	Oct	Nov	Dec	Total
Irbid	Ass'arah	1	1	2	2	2	1	1	2	12
	Tokobol and om Al-Jadail	1	1	1	2	1	1	1	2	10
	Al-Khribeh	0	7	3	2	4	1	5	3	25
	Kufur Kyfia	0	1	4	3	4	4	2	2	20
	Mandah	0	1	1	3	2	1	0	0	8
	Abu Habeel	0	3	2	3	0	2	1	1	12
	Total	2	14	13	15	13	10	10	10	87
Mafraq	Al-Doqmasah	0	1	3	1	0	1	2	0	8
	Dahl	0	1	3	3	3	3	3	3	19
	Roudet Al-Amir Mohamed	1	1	1	1	1	1	1	2	9
	Breiga	0	1	2	0	2	1	1	1	8
	Roudet Al-Amir Hamzeh	0	1	1	1	3	1	1	2	10
	Al-Aqeb	0	0	1	1	1	0	1	1	5
	Total	1	5	11	7	10	7	9	9	59
Balqa/ Dayr Allah	Maysara and Fanoush	0	3	2	3	2	3	2	0	15
	Um Ayash	0	4	2	2	0	0	1	1	10
	Total	0	7	4	5	2	3	3	1	25
Total	3	26	28	27	25	20	22	20	171	

Table 16 shows the number of participants of health promotion (HP) activities in each village since April 2017. Although the number of participants varied according to types of activities, the number was generally sustained to a certain level.

Table 16 Number of Participants at Health Promotion Activities

	Name of VHC	Apr	May	Jul	Aug	Sep	Oct	Nov	Dec	Total
Irbid	Ass'arah	15	13	26	24	43	29	36	29	215
	Tokobol and om Al-Jadail	8	28	20	29	52	0	9	10	156
	Al-Khribeh	0	40	18	45	35	27	28	22	215
	Kufur Kyfia	0	32	51	37	67	113	78	86	464
	Mandah	0	50	35	55	105	120	0	0	365
	Abu Habeel	0	59	34	41	0	17	14	16	181
	Total	23	222	184	231	302	306	165	163	1,596
Mafraq	Al-Doqmasah	0	15	19	4	10	10	16	0	74
	Dahl	0	17	47	40	39	30	27	26	226
	Roudet Al-Amir Mohamed	60	25	35	20	25	53	21	71	310
	Breiqa	0	16	22	0	38	63	25	25	189
	Roudet Al-Amir Hamzeh	0	27	20	17	63	25	10	60	222
	Al-Aqeb	0	0	25	24	27	0	27	100	203
	Total	60	100	168	105	202	181	126	282	1,224
Balqa/ Dayr Allah	Maysara and Fanoush	0	87	70	50	69	103	52	0	431
	Um Ayash	0	200	92	90	0	0	36	40	458
	Total	0	287	162	140	69	103	88	40	889
Total		83	609	514	476	573	590	379	495	3,709

Indicator 2: Number of VHCs which submit the monthly reports of health promotion activities

Table 17 shows the number of VHCs which submitted a monthly report on HP activities since April 2017. The average of the VHCs which submitted is 11.5 VHCs per month (excluding April and June). Due to the fact that some VHC staff had difficulties filling in a report format at the beginning, the Project explained how to fill in and shared the good examples at the Doctors, Midwives and Nurses meeting and during the second workshop. Considering the issue of sustainability after the Project is over, the Project instructed that all VHCs should submit reports to health promoters at either the Health Directorate or the Health District level at the second workshop.

Table 17 Number of VHCs which Submit Monthly Reports on Health Promotion Activities

	Apr 2017	May	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb. 2018	Total
Number of VHCs submitted	3	13	14	14	12	12	13	11	12	11	Average/month 11.5

Note: For April 2016, 11 VHCs are not included due to not completing their opening ceremonies. In June all activities were suspended.

2-1-4 Project Purpose and indicators

【Project Purpose】 Service delivery function of the Focus Village Health Centers (VHCs) is improved

At the time of the project's termination, it can be evaluated that the Project Purpose has been achieved. Among four indicators of the Project Purpose, it can be said that all indicators except for Indicator 2 have been achieved. Regarding Indicator 2, the WCHD recognized that this Indicator became less effective as the capacity of VHCs improved (in term of service delivery of MCH, childcare, immunization, etc.) and the need to refer from VHCs to upper level health facilities became less. On the other hand, the improvements of services at the Focus VHCs have been recognized by the local women according to the endline survey. From such various aspects, it can be concluded that the Project purpose has been achieved.

Indicator 1: Results of supervision received from WCHD and the Ministry of Health (MOH) are improved

1) Availability of MWs at the Focus VHCs

Table 18-20 show the results of supervisions by the WCHD supervisors. Table 18 shows availability of MWs at Focus VHCs. While at the baseline survey only 2 MWs were available, 12 (86%) of the VHCs were available at the time of the endline supervision in February 2018.

Table 18 Availability of MWs at the Focus VHCs

	Baseline (Jul. & Aug. 2016)		Supervision (Mar. 2017)		Supervision (Feb. 2018)	
	No.	%	No.	%	No.	%
Availability (Full time or Part time - 2-3 days per week)	2	14%	9	64%	12	86%

2) Availability of RH registration records at the Focus VHCs

Table 19 shows the availability of RH registration records at the Focus VHCs. At the time of the endline supervision in February 2018, all RH registration records were in place at all Focus VHCs.

Table 19 Availability of RH Registration Records

VHC	Baseline (July ~Aug. 2016)						Supervision (Mar. 2017)						Supervision (Feb. 2018)					
	ANC	PNC	Vaccinations	Childcare	FP	Monthly reports	ANC	PNC	Vaccinations	Childcare	FP	Monthly reports	ANC	PNC	Vaccinations	Childcare	FP	Monthly reports
Total	0	0	8	0	2	0	8	8	9	9	13	13	14	14	14	14	14	14
%	0%	0%	57%	0%	14%	0%	57%	57%	64%	64%	93%	93%	100%	100%	100%	100%	100%	100%

3) Availability of necessary equipment and furniture

Table 20 shows the availability of the major necessary equipment and furniture at the Focus VHCs. At the time of the endline supervision in February 2018, all the necessary equipment and furniture were in place at all Focus VHCs.

Table 20 Availability of Major Necessary Equipment and Furniture

	Waiting seats	Filing cabinet	Height scales for baby under 2	Weighing scales for adult	Refrigerator	Side lamp	Fetal heart Detector
As of Dec. 2016	11 (79%)	9 (64%)	3 (21%)	1 (7%)	10 (71%)	4 (29%)	0 (0%)
As of Feb. 2018	14 (100%)	14 (100%)	14 (100%)	14 (100%)	14 (100%)	14 (100%)	14 (100%)

Indicator 2: The number of referral cases to other MOH health facilities is increased

The referral cases to upper-level health facilities is one of the important duties and responsibilities of VHCs when the nursing staff recognize that the implications of a lab test or that a further examination by a doctor is necessary. Figure 2 shows the number of referral cases of ANC clients from VHCs. Overall, the number of referral cases is gradually increasing. Dayr Allah especially shows a great increase due to them having a very large number of clients in general.

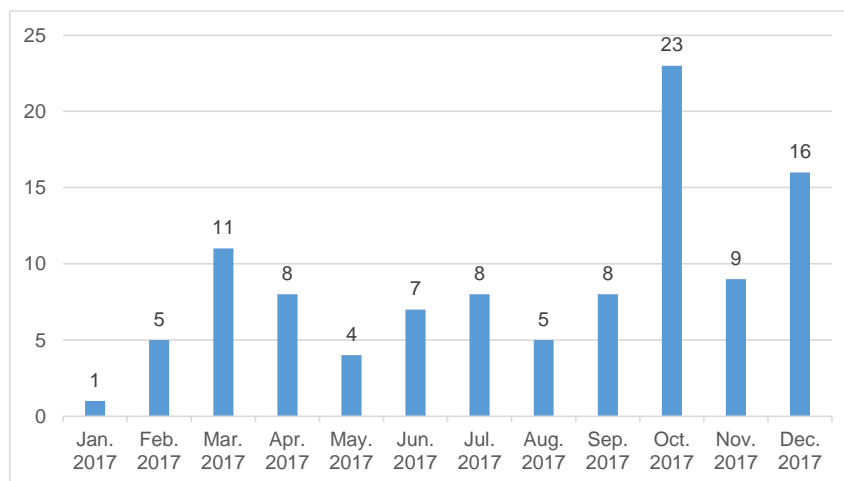


Figure 2 Number of ANC Referral Cases from VHCs to PHC/CHCs

Indicator 3: Total number of MCH/FP services provided at the Focus VHCs is increased

As shown in Table 21, the number of services provided has been increased. At the time of the baseline survey, no Focus VHCs provided MCH services while after the training with the WCHD and the Health Directorate's efforts, the number of VHCs where midwives were assigned increased and these VHCs have now started to provide MCH services (see Table 21).

Table 21 Variety of Services Provided at the Focus VHCs

	Baseline (Jul. & Aug. 2016)		Supervision (May. 2017)		Endline supervision (Feb. 2018)	
	No.	%	No.	%	No.	%
ANC	0	0%	9	57%	11	79%
PNC	0	0%	9	57%	11	79%
Vaccination	9	64%	12	71%	12	86%
Childcare	0	0%	9	50%	11	79%
FP	2	14%	14		14	100%

Indicator 4: Number of clients who received RH (ANC, PNC, FP, Childcare) services from Focus VHCs

Figure 3 shows the trend in the number of RH service clients at 14 Focus VHCs. It is clear that by December 2017, which was one year after the training, the number of clients in Childcare and FP had increased drastically. This is especially true in Dayr Allah where there is a huge demand for RH services and a severe shortage of health facilities, despite only two VHCs operating (see SV18 No.3).

On the contrary, although it is observed that ANC and PNC have tended to increase, they reached a plateau. This suggests that it is necessary to promote more awareness towards the importance of regular check-ups for mother's health and to promote the use of local VHCs.

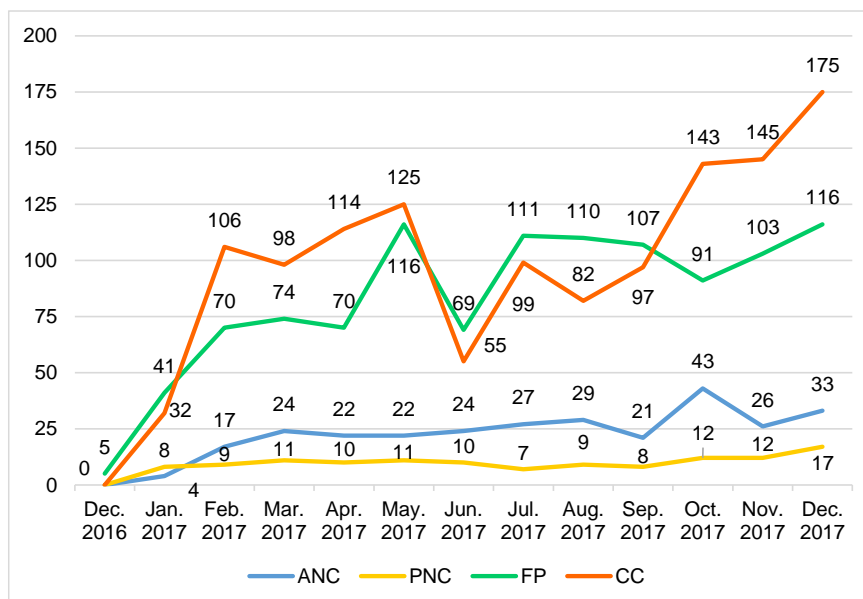


Figure 3 Overall Trends in Clients Numbers for RH Services (at 14 VHCs)

Reference Indicator: Recognition of services improvement at VHCs

Table 22 demonstrates the perceived improvement of services offered at VHCs among participants in intervention group and comparison group. According to the endline survey (1,042 sampled from 10 villages in Irbid), there were questions of participants’ recognition of service improvement at VHCs during the last 12 months preceding the endline survey (between December 2016 and December 2017). Among all respondents to the survey, 36.4% (or 47.9% of the respondents who have used the VHC during the last 12 months) answered that the services at VHCs have improved. In particular, there were a statistically significant difference, between the intervention group and the comparison group regarding the number of service available, the improvement of IEC tools as well as of the attitude of VHC staff.

Table 22 Recognition of Service Improvement at VHCs

Aspects improved	Intervention Group n=508	Comparison Group n=534	P-value ¹⁾
Numbers of services available	30.1%	8.6%	0.000***
Improvement of IEC tools	12.6%	2.4%	0.000***
Improvement of Health staff’s attitude	18.7%	5.4%	0.000***

Note: 1) Chi-square test 2)*** P<0.0001.

2-1-5 Overall goal and indicators

Overall Goal More Jordanians and Syrian refugees who live in rural areas in the Project sites can access quality and quantity RH/FP and primary health services

It can be said that at the time of termination, the Project’s overall goal has been partially achieved. Among two indicators for the overall goal, two of them have been almost achieved in terms of the Jordanian population. Regarding Syrian clients, although no notable increase has been seen in general, the MC has been gathering Syrian users (see the results of reference Indicator later).

Indicator 1: Number of FP clients at all VHCs in the Project sites is increased (both for Jordanians and for Syrian refugees)

Figure 4 shows the number of VHCs providing FP services for 23 VHCs in the target Governorates (7 in Irbid, 14 in Mafrqa and 2 in Dayr Allah/Balqa). After the training in the first year, the number of FP clients obviously increased but after reaching 192 in May the number plateaued. This is because no additional VHCs have started FP services in their areas. At the final JCC, all directors from three governorates declared they would make efforts to expand the number of VHCs which have the function of providing FP services.

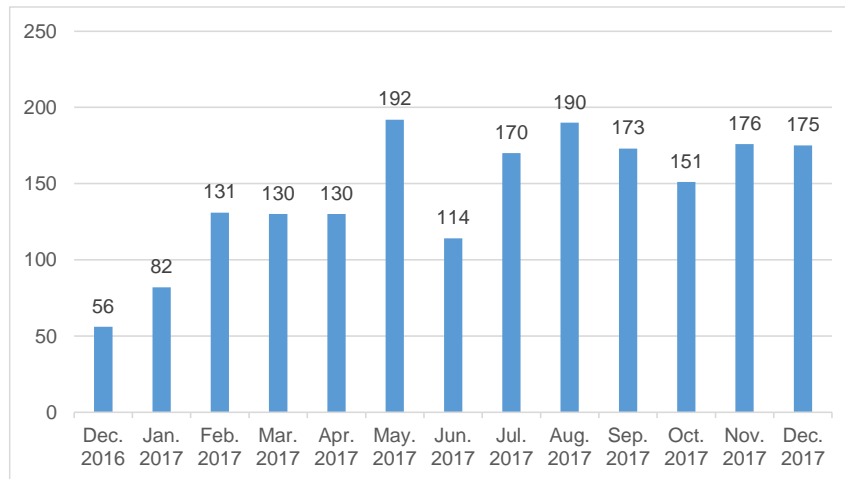


Figure 4 Number of FP Clients at All VHCs in Target Governorates

Indicator 2: Number of vaccination clients at all VHCs is increased (both for Jordanians and for Syrian refugees)

Through the Project’s support, five VHCs have newly started vaccination services for children under 5 years old. As a result, the total number of VHC clients using vaccinations has tended to increase (Figure 5).

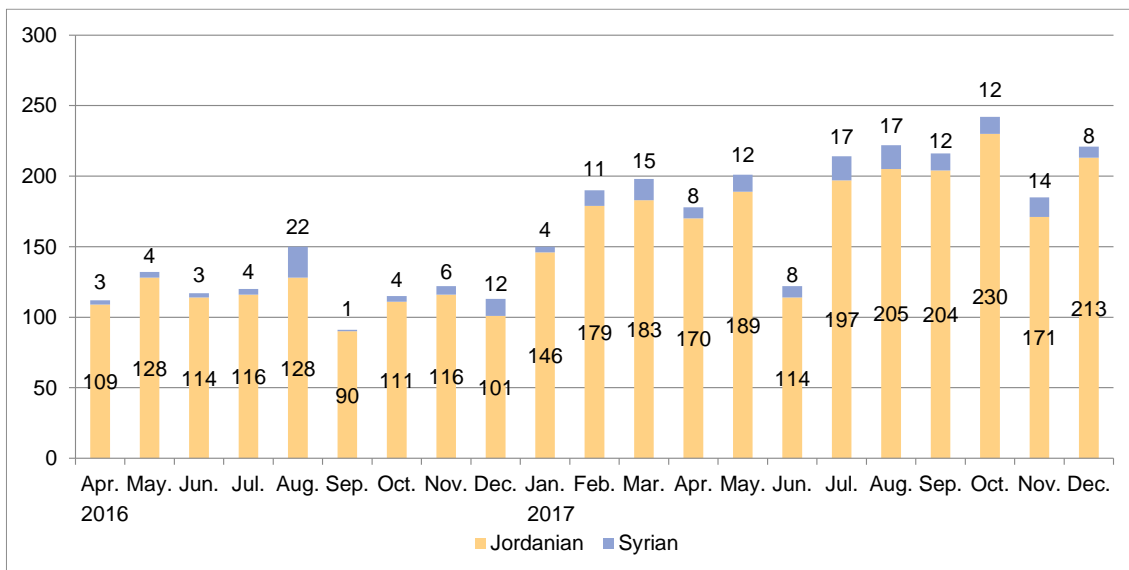


Figure 5 Number of Clients for Vaccinations at 14 VHCs by Jordanians/Syrians

Reference Indicator: Syrian Clients

The Project could access data for the number of Syrian clients through the ANC/PNC/Childcare data-report-mechanism since April 2017 and summarize it (Table 23). The reasons for only a few Syrian clients being found in the data is because there was only a small Syrian population in the target areas. Syrian households constitute less than 5% in Irbid according to the baseline survey and 11% in Badia Shamleh district in Mafraq according to the MC survey.

Table 23 Number of Syrian Clients in 23 VHCs Providing RH Services

	Apr. 2017	May.	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan. 2018	Feb.	Total
ANC	0	0	1	1	0	3	2	0	0	1	-	8
PNC	0	0	0	0	2	0	0	0	0	0	-	2
CC	0	3	1	0	0	0	0	1	1	7	-	13
FP *	0	1	1	0	2	0	0	1	1	0	-	6
Total	0	4	3	1	4	3	2	2	2	8	-	29
Mobile Clinic							22	54	55	84	44	259

Note: Other than FP, services were available at only 14 VHCs.

Reference Indicator: Number of clients of MC services

The number of services provided by the MC is summarized in Table 24. The number of Syrian refugees depends on how many Informal Test Settlement (ITS) sites were covered by the MC. In January 2018, the Ministry of Interior announced it would remove all ITS in Mafraq, and this has been executed in April 2018. Follow-up is required to monitor the situation of Syrian refugees in communities.

Table 24 Number of Clients of the MC's Services (Oct. 2017~Mar. 2018)

	FP	ANC	PNC	Child care	Vaccination	Medication	Consultation	Total	Syrian
Oct.	9	16	3	12	6	62	NA	108	22
Nov.	5	17	3	13	15	58	NA	111	54
Dec.	14	11	3	32	31	16	18	125	55
Jan.	19	6	0	29	55	6	10	125	84
Feb.	17	4	0	31	34	9	3	98	44
Mar.	29	5	1	36	38	4	6	119	42
Total	93	59	10	153	179	155	37	686	301

Reference Indicator: Positive impacts demonstrated from the results of the surveys

The Project measured the impact of the 15 months-long intervention by comparing the differences between the baseline and the endline surveys (Table 25). As a result, there were statistically significant differences in the use of services offered at VHCs and the number of people participating in HP activities. Regarding where the participants receive information concerning RH, the number of participants who received such information through counseling sessions provided at VHCs increased remarkably in the intervention group. Likewise, spousal agreement on the use of modern contraceptive methods showed a significant difference in the intervention group. Therefore, the surveys show that the expansion of the accessibility of RH services and the increase in participation in HP activities among married women of RH age and their husbands changed their attitudes toward FP.

Table 25 Positive Impact in the Surveys

Variables	Intervention Group			Comparison Group		
	Baseline (n=510)	Endline (n=508)	P-value ¹⁾	Baseline (n=509)	Endline (n=534)	P-value ¹⁾
Spousal agreement on the use of modern contraceptives	86.5%	92..5%	0.000**	88.6%	89.5%	0.063
VHC Use : Contraceptive	1.3%	11.7%	0.000**	1.1%	3.0%	0.910
Participant to HP activities : at VHC	0.8%	8.7%	0.000**	0.4%	0.2%	0.535
Participant to HP activities : in communities	2.9%	18.9%	0.000**	2.4%	6.9%	0.000**
Source of RH information : by VHC counseling	5.5%	14.2%	0.000**	3.1%	6.2%	0.021*

Note : 1) Chi-square test 2) ** P<0.001 3) * P<0.05.

3. History of PDM Modification

The Project revised the PDM four times after the Project's launch. The timing and points of revision are described in Table 26 below.

Table 26 History of PDM Modification

	PDM 0	PDM 1	PDM 2	PDM 3	PDM 4
Date of Revision	At the timing of R/D signing. Jan. 25, 2016.	The First JCC meeting, June 7, 2016.	The Second JCC meeting, Dec. 8, 2016.	The Third JCC meeting, August 9, 2017.	Signed by Minutes of Meeting on Feb. 15, 2018
Major points of revision		Addition: Date of discussion.	Addition: Names of 14 Focus VHCs	Modification of indicators and means of verification.	Finalization of indicators.
		Correction of the name of the Project: Putting 's' as plural at the end of refugee.	Addition: Putting a note regarding the integration of Activities 1 and 2 in Output 1.		
		Addition: The project sites.			

III. Results of Joint Review

1. Results of Review based on DAC Evaluation Criteria

The joint review has been made based on the DAC's five evaluation criteria which are described in the table below. The results of the joint evaluation are described in this section.

Items	Definitions
Relevance	The relevance of the Project is reviewed by the validity of the Project's Purpose and Overall Goal in connection with the Government's development policy and the needs of the target groups and/or ultimate beneficiaries in Jordan.
Effectiveness	The effectiveness of the Project is assessed as to what extent the Project has achieved its purpose, clarifying the relationship between the Project's Purpose and its Outputs.
Efficiency	The efficiency of the Project's implementation is analyzed with an emphasis on the relationship between Outputs and Inputs in terms of timing, quality and quantity.
Impacts	The impact of the Project is assessed in terms of positives/negatives, and intended/unintended influences caused by the Project.
Sustainability	The sustainability of the Project is to predict the achievements of the Project will be sustained after the Project is completed.

(Source: JICA Project Evaluation Guideline, May 2014, JICA Evaluation Department)

1-1 Relevance

The project's relevance is high based on the following points:

1) Consistency with the Jordanian Government's national policies

The Ministry of Health's Strategic Plan (2013-2017) states that one of the major health issues in Jordan is high total fertility rate with the high rate of forced migration from neighboring countries, which increases pressure on the government health spending. To tackle this issue, an improvement in access and quality of RH and FP services is required.

The National Reproductive Health/Family Planning Strategy (2013-2017) also mentioned that due to the country's limited resources and low economic growth rate, the country's high population growth rate presents a challenge for social and economic progress in the country. Despite the political will and the continuous efforts made by the various stakeholders, there is still a gap in the availability and the quality, as well as the necessary systems for RH/FP services; and there are still cultural and social barriers affecting the use of RH/FP services.

"The Jordanian Response Plan to the Syrian Crisis 2016-2018," which was formulated to respond to a massive inflow of Syrian refugees into Jordan, suggested that the country would have to deal with the containment of a huge number of newcomers into their own social system.

Considering the above-mentioned observations, it is appropriate for the Project to target VHCs in rural areas and to enhance their capacity for service provision in the areas of RH and FP.

2) The appropriateness of the target group and its consistency with the needs of the Jordanian side

Taking into consideration the national policy mentioned above, it is appropriate for the Project to target both Jordanians who live in rural host communities of Syrian refugees and Syrian refugees who live in northern Jordan.

3) Consistency with Japan's policy for assistance

The Government of Japan committed support to strengthen the policy making and the implementation of such policy especially for the vulnerable groups (such as women and refugees) in Jordanian society in order to eliminate factors of social instability. This Project aimed to support vulnerable women in rural communities and refugees by increase access and quality of RH services. Therefore, the Project is consistent with the Japanese policy for assistance in Jordan.

1-2 Effectiveness

The effectiveness of the Project is considered high. The results of PDM indicators and the endline survey proved the effectiveness of the Project.

1) Achievement level of the Project Purpose

The Project Purpose has mostly been achieved at the end of the Project, based on the PDM indicators as shown in the section on the achievement of the Project's Purpose (2-1-4). In addition to the PDM indicators, the endline survey showed the local women's recognition of the improvement of the VHC functions in various aspects. As a result of the areas that the Project supported directly being seen to be improve, this shows that the Project contributed to achieve its purpose (see details in section 2-1-4).

2) Contribution of Outputs for achieving the Project Purposes

Strengthening the enabling environment for VHCs through Output 1, and enhancing the capabilities of VHC staff through Output 2 contributed to the improvement of the service delivery function of 14 Focus VHCs. In addition, HP activities by Output 3 contributed to building the linkage between VHCs and their local communities and to promoting the utilization of RH services at VHCs by their respective communities. Thus, each output contributed to achieving the Project Purpose.

In addition, the main strategy of the Project, the synergy effect of the two approaches, namely improving quantity and quality of RH/FP services at VHCs (Output 1+2), and changing the mind-set toward RH/FP practices in communities, showed an impact according to the impact survey (e.g. husbands' agreement on use of modern contraceptives, promotion of VHC's use and changes in health behaviors) (Figure 6). This finding also proved the outputs contributed not only to achieving the Project Purpose but also to the overall goal of the Project.

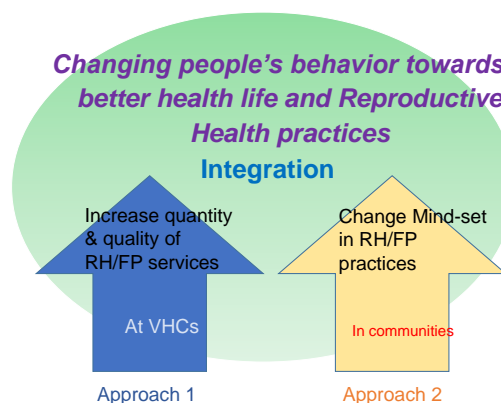


Figure 6 Synergy Effects of Two Approaches

3) Factors inhibiting or promoting the progress of the Project

An inhibiting factor was the delay in establishing health promotion activities and this resulted in a shortened period of support for HP activities. In Output 3, there still remains room to encourage local people's awareness via RH education and to move towards RH behavior change (e.g. by increasing the rate of modern contraceptive methods and male involvement).

1-3 Efficiency

The efficiency of this Project was assessed as high due to the following reasons:

1) Inputs of timing, quantity and quality

The input of Japanese experts was adequate. Although the time spent in the field by each Japanese expert was comparatively short, and it took time to understand the MOH decision making process and the protocol within the MOH at the beginning of the Project phase, the Project caught up with the planned schedule in the later part of the first year; consequently all Outputs were achieved in the end. Moreover, additional staff in social research for the baseline and endline surveys and an HP assistant who could manage Arabic in the last part of the Project's period made it possible to conduct many activities (e.g. the mobile clinic impact survey, HP activities in collaboration with the Jordan Red Crescent, and so on) than had been planned.

2) Utilization of existing resources

Maximum utilization of materials which were produced from the previous JICA Project in the South, such as the VHC manual, FP flipchart, training module, and IEC materials, as well as utilization of the experienced C/Ps in the previous project, contributed to promoting the Project's progress in an efficient way.

1-4 Impact

The Impact of the Project is expected to be high. It was observed that some positive impacts have already emerged, and no negative impacts have been observed as a result of the Project.

1) Prospects for achieving the Overall Goal of the Project

Among the indicators with reference to the Project's overall goal, those related to Jordanians have already been achieved at the time of Project's termination. It is highly expected that all indicators will be achieved within three to five years after the completion of the Project. Regarding Syrian refugees however, it is hard to predict whether the outcomes of the Project can contribute to Syrians, as it highly depends on the Jordanian government's policy toward the support for Syrian refugees as mentioned in the section on Sustainability.

2) Positive and/or negative impacts

There are no negative impacts observed from the Project. As a positive impact, the Project enabled VHCs to be integrated into the MOH and the health directorate system in a comprehensive manner, which contributed to maximizing the channel of health service delivery and providing better quantity and quality RH/FP and primary health care services in the rural areas of Jordan.

In addition, the Project built a strong relationship between VHCs and CHCs/PHCs which had been split before the Project. This was made by capacitating VHCs and strengthening the support system of CHCs/PHCs. This comprehensive system was consolidated into the overall service delivery system in the health directorate and explicitly visualized (see Figure 7), which made the health service delivery system in the health directorate efficient. This is also a positive impact of the Project.

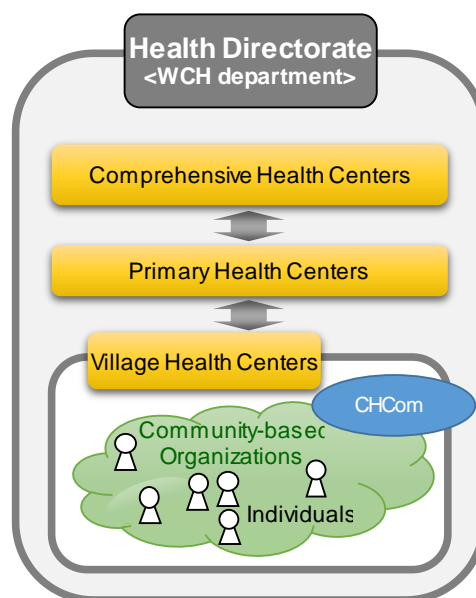


Figure 7 Health Directorate Service Delivery System

3) Correctness of the key Important Assumption at the level of the Project Purpose

A key important assumption at the level of the Project's Purpose is that, "Experiences at the Focus VHCs are spread out to other VHCs by the Health Directorate." At the meeting for the Doctors, midwives and nurses in January 2018 as well as at the final JCC in March 2018, the directors of three Health Directorates promised to make efforts to apply approaches and experiences from what they obtained from the Project to other VHCs. Therefore, it is expected that the key assumption will be further implemented by the C/Ps' own self-help efforts.

1-5 Sustainability

In general, the sustainability of the Project is considered good, except for some financial aspects.

1) Political and institutional aspects

As a result of the expectation that the health and population policies in Jordan keep their current directions, the political sustainability of the Project is high. However, it needs to be taken into

consideration that the Jordanian government's policy toward Syrian refugees has been converted from humanitarian aid to enhancing the country's resilience in sustaining the quantity and quality of health services. On 22nd of January 2018, the Ministry of Interior announced the removal of Syrian refugees from ITS sites, followed by the statement from the Prime Minister that Syrian refugees would be charged for using health services. As for charging Syrians for health services, however, an additional statement dated 21st March 2018, issued from the Minister of Health reverted to free of charge for health services. In light of these changes in refugee policy, continuous attention needs to be paid to Jordanian policies. Regarding ITS sites, since the removal actions by the Jordanian authorities were observed in early April 2018, it is necessary to urgently review the mobile health clinic's target sites between WCHD and the Mafraq Health Directorate.

Regarding the institutional aspect, the Project has consolidated a system for the provision of RH/FP and primary healthcare services under the Health Directorate including the lowest health facilities, namely VHCs. It is worth mentioning that having ID numbers for VHCs and the mobile health clinic made them officially identified as public health facilities and targets for monitoring and evaluation, which will contribute to their institutional sustainability.

In terms of HP activities, the Project created an internal mechanism between WCHD and the ACHD at the central level as well as a horizontal mechanism between the MOH and Health Directorate level in order to accelerate, report, monitor and evaluate the HP activities. It is expected that this will be a sustainable mechanism and will maintain its function for future HP activities.

On the other hand, the supervision mechanism at the level of the Health Directorate needs to be strengthened. In the Project's period, there were many difficulties in conducting a routine supervision by the MCH supervisors from the Health Directorate level, such as heavy workload of the MCH supervisors and a lack of transportation to reach the VHCs. To tackle this situation, the director of the WCHD appointed the head of the department of Supervision and Monitoring as a responsible person who could give continuous support to strengthen the MCH supervision system at the health directorate level.

2) Financial aspects

In view of the Jordanian government's tightened budgets, the financial sustainability of the Project is not clear yet after the Project terminates. This is particularly true with regard to meeting the fuel for the MC since this will be allocated by the Health Directorate after provision from the MOH centrally. It depends whether the Mafraq Health Directorate will be able to secure the fuel budget for the MC. In addition, there are VHCs and health centers at upper levels that have not secured adequate staff allocations, such as nurses at VHCs, and midwives or doctors at CHC/PHCs in Mafraq. It is therefore particularly necessary for the C/P organizations to continuously secure health staff supporting the Focus VHCs.

3) Technical aspects

The Project was designed to be in line with the basic technical level of RH/FP in Jordan. Thus, the technical package which the Project strengthened is highly sustainable and is able to expand to other areas outside the Project sites.

1-6 Conclusion

It can be concluded that the Project has achieved its expected goals in view of the DAC's five evaluation criteria. However, there remains a concern how to expand the service delivery to reach more Syrian refugees. To address this particular challenge, the use of the MC could be a key component in achieving this. Therefore, it is suggested that Project's period is extended to sustain the effective operation of the MC.

2. Key Factors Affecting Implementation and Outcomes

As mentioned in Section 1-3 on Efficiency, a lack of understanding of the MOH's decision-making

process and procedures by the Japanese side caused a delay to the planned schedule. However, these incidents did not have any negative effects on the Output achievements.

For future technical cooperation with the Jordanian MOH, it is essential to set an adequate timeline for each activity with close communication with the MOH.

3. Lessons Learnt

1) Understanding mechanisms and processes at C/P organizations

As mentioned above, at the beginning of the Project, it took considerable time to understand and to respond to non-standardized decision-making processes and daily procedures within the MOH. Thus, it is recommended that an adequate timeline for the planning of each activity based on a clear understanding of the MOH's mechanisms and their decision-making processes is essential.

2) Synergy effects between two approaches

The two approaches, namely the capacity building at VHCs and health promotion activities in communities, resulted in synergy effects, as mentioned in the Effectiveness section. This methodology can be applied to remote areas with similar natures to the Project's target areas in other Middle East or Arab countries.

3) Adapting the PDCA cycle for human resource development

The Project adapted the PDCA cycle, in order to capacitate the health staff. The WCHD recognized the effectiveness of this cycle and integrated part of it into the activity plan for the "Supervision and monitoring department" of the WCHD.

4) Utilizing the existing networks and the active collaboration with other organizations

The Project actively participated in various donor meetings coordinated by the UNHCR, United Nations Population Fund (UNFPA) and others. Through such networks, active collaboration and the exchange of information were generated. Examples include, jointly conducting surveys with the Jordan Department of Statistics and Jordan University, collaborating with the Jordan Red Crescent in HP activities, and exchanging detailed experiences with IRC and the Save the Children with reference to the operation of MCs.

5) Clear agreement on cost sharing

As mentioned above, due to the fact that the MOH was also not familiar with JICA's technical cooperation scheme at the beginning of the Project, especially with the concept of cost sharing, it was hard for the MOH to accept cost sharing for the training because other donors had paid all their costs. Regarding the MC's operation costs, the former minister orally agreed that the MOH would pay all costs without any written documents. In general, the Jordanian MOH tends to strictly rely on written documents for decision-making. Therefore, a clear written description in documents about important agreements is recommended in order to ensure the smooth and efficient operation of the Project in future cooperation with the MOH.

IV. For the Achievement of Overall Goals after the Project Completion

1. Prospects to Achieve Overall Goal

The overall goal of the Project is “More Jordanians and Syrian refugees who live in rural areas in the project sites can access quality and quantity Reproductive Health (RH)/Family Planning (FP) and primary health services.”

The overall goal has been partially achieved at the end of the Project. If the number of VHCs which function similarly to the Focus VHCs through the efforts of the health directorate are increased, the overall goal will be achieved. Moreover, it may be possible that the activities of the Focus VHCs will expand in other health directorates. This is as a result of the updated VHC operation manuals having been distributed to all VHCs in the country.

On the other hand, a critical issue is how to expand the service delivery to reach more Syrian refugees. It is necessary to encourage both the WCHD and the Mafraq health directorate to urgently explore how to address this issue.

2. Plan of Operation and Implementation Structure of the Jordan Side to Achieve Overall Goal

To achieve the overall goal, monthly monitoring of service delivery needs to be conducted by WCHD through use of the MCH database. In addition, it is very important to sustain the supervision mechanism by the MCH supervisors from WCHD. Other key factors in achieving the overall goal are as follows: at the Health Directorate level, the supervision mechanism by the directorate and district levels must be maintained; there must be a continuous training system, (so-called in-service training) and finally, doctors' commitment to VHCs must be strengthened. These continuous approaches can contribute to helping to achieve the overall goal.

3. Recommendations for the Jordanian Side

It is necessary to strengthen the supervision mechanism and establish an in-service training system at health directorate and district levels in order to continuously provide quality RH/FP and primary health services. In addition, it needs to be considered to develop a mechanism to monitor doctors' performance for supportive-monitoring toward VHCs. Regarding HP activities, the tight collaboration between the WCHD and the ACHD at the central level will enhance the follow-up system of HP activities in the field, which will eventually promote prevention-based healthy lifestyles.

4. Monitoring Plan from the End of the Project to Ex-post Evaluation

The MOH regularly finalizes the budget for the next fiscal year around July each year. Therefore, it is necessary to establish a routine process to secure the budget for the MC's operation for the following years, starting from 2018.

In addition, as a result of the Project having activated the monitoring system based on the MCH database and mobile daily check system, the head of the Supervision and Monitoring Department is expected to make use of these systems, specifically for decision making after the Project's termination.

ANNEX

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Achievements of Activities

1. Ceremony

	Date	Venue, Participants	Major Agenda
Opening Ceremony (Kick-off workshop)	August 3, 2016	Century Park Hotel, Amman. Participants: 46.	. The contents of the ceremony were the introduction of the project outline, and discussion of the planned activities with respective stakeholders. The participants were the MOH central and governorate staff (23), the Higher Population Council (3), the development partners (10) and JICA Jordan office representatives (3), the project team members (6), 46 in total.
Mobile Health Clinic Opening Ceremony	November 9, 2017	Auditorium and courtyard, MOH. Participants: about 80.	Handover of the mobile health clinic and sharing the project outline and its achievements.
Final Ceremony	March 19, 2018	Kempinski Hotel, Amman. Participants: 73.	Sharing project achievements. Awarding ceremony for C/Ps' section, persons who contributed

2. Meetings of Joint Coordination Committee

	Date	Venue, Participants	Major Agenda
1	August 10, 2016	Century Part Hotel, Amman. Participants:16.	Introducing the principals for project and draft of the work plan and discussion.
2	December 8, 2016	Meeting room, MOH. JCC member.	Reviewing the progress of planned activities and confirming PDM and discussion.
3	August 9, 2017	Meeting room, MOH. JCC member and members from the Advisory mission team.	Sharing the results of the monitoring the progress of the project by the advisory mission team.
4	March 8, 2018	Meeting room, MOH. JCC member.	Sharing and evaluating the project's achievements towards the end of the project.

3. Meetings of Technical Committee

	Date	Major Agenda
Preparatory meeting	July 18, 2016	Preparation for the establishment of the Technical committee, Introducing the Project's outline.
1	September, 19, 2016	Principals of revision for the VHC Operation Manual and its procedures and the training plan which the Project will support.
2	September, 29, 2016	Revision of the VHC Operation Manual.
3	October 9, 2016	Revision of the VHC Operation Manual and how to conduct the following training.
4	October 12, 2016	Contents of training and education materials for Family Planning and counselling training.
5	November 7, 2016	Contents of training and education materials for Reproductive Health training.
6	March 16, 2017	The second year's activity plan and finalization of the VHC Operation Manual, and draft of PDM indicators.
7	May 14, 2017	Approval of the VHC Operation Manual and discussing the health promotion concept and its schedule.
8	January 25, 2018	Sharing the Project's achievements and the way forward towards ending the project.

4. Summary of Training for Nursing Staff

Timing (Place)	Name of training course	Participants	Period	Topics
Oct 9 & 12,	Preparatory	Trainers (MOH, Heads of	2 days	• Review all necessary

2016 (Amman)	meeting	MCH department and MCH supervisors from each health directorate)		topics related to the VHCs operation and RH services • Dividing the roles for the family planning training
Oct. 16-20, 2016 (In Irbid)	Family Planning and Counselling Training	10 nurses from 6 Focus VHCs + 4 non-Focus VHCs (10 staff)	5 days	• Introduction of Basic VHCs • FP General • Communication and Counseling skills
Oct 16-20, 2016 (Balqa)	ditto	3 nurses from 3 VHCs + 5 nurses from CHC/PHCs and 2 MWs from CHC/PHCs (10 staff)	5 days	ditto
Oct. 23-27, 2016 (Mafraq)	ditto	6 nurses from Focus VHCs + 2 nurses from non-Focus and 2 nurses from CHC/PHCs (10 staff)	5 days	ditto
Oct. 24-26, 2016 (Irbid)	Family Planning Logistics Training	10 nurses from VHCs in Irbid, 3 nurses from VHCs, + 2 MWs from PHCs in Dayr Allah (15 staff)	3 days	• Contraceptives procurement system • Contraceptives registration and preparation of monthly reports • Management of storage conditions
Nov. 8-10, 2016 (Mafraq)	ditto	8 nurses from VHCs + 2 nurses from CHC/PHCs + 6 MWs from CHC/PHCs in Mafraq (16 staff)	3 days	ditto
Nov. 14-17, 2016 (Irbid)	Reproductive Health Training	10 nurses from VHCs in Irbid, 3 nurses from VHCs, + 2 MWs from PHCs in Dayr Allah (15 staff)	4 days	• Antenatal care (ANC), Postnatal care (PNC), Breastfeeding • Child health care
Nov. 21-24, 2016 (Mafraq)	ditto	8 nurses from VHCs + 2 nurses from CHC/PHCs + 6 MWs from CHC/PHCs in Mafraq (16 staff)	4 days	• Breast cancer • Infection control • Recording and registration
Sep. 12-13, 2017 (Irbid)	Refresher workshop	In Irbid (16 staff)	2 days	• Review of the role of VHCs based on the new VHC Operation Manual
Sep. 17-18, 2017 (Mafraq)	ditto	In Mafraq (13 staff)	2 days	• Improvement of FP counselling skills by using the new FP flipchart
Sep. 27-28, 2017 (Dayr Allah)	ditto	In Dayr Allah (7 staff)	2 days	• Communication skills for Health promotion activities • Accelerating health promotion activities

5. Summary of Training (Meetings) for Other Related Health Staff

Timing (Place)	Name of Training	Participants	Period	Main Topics
Nov. 29 - Dec. 1, 2016 (Irbid, Mafraq and Dayr Allah)	<No. 1> Meeting on Roles of VHCs Providing RH/FP Services	<ul style="list-style-type: none"> • Doctors providing services at the Focus VHCs • Midwives who receive referral clients from the Focus VHCs • Nurses from VHCs 	1 day	<ul style="list-style-type: none"> • The outline of the project • Current situation and issues of VHCs from results of the Baseline Survey • Contents of the revised VHCs Operation Manual • Overview of the supervision

		<ul style="list-style-type: none"> Supervisors from WCHD (Irbid:24, Mafraq:17, Dayr Allah:14) 		systems
July 2017 (Irbid, Mafraq and Dayr Allah)	<No.2> Meeting for Doctors, Midwives, and Nurses to share the Project's progress	Ditto (Irbid:29, Mafraq:33, Dayr Allah:15)	1 day	<ul style="list-style-type: none"> To share the Project's achievements based on the PDM indicators To discuss current issues and how to tackle them
Jan. 29 – Feb. 1, 2018 (Irbid, Mafraq and Dayr Allah)	<No.3> Meeting for Doctors, Midwives, and Nurses on Wrap-up of the VHC Project	In addition to the above, the MCH supervisor from the health districts, the health promoters from directorates and districts (Irbid:43, Mafraq:41, Dayr Allah:20)	1 day	<ul style="list-style-type: none"> To share the Project's achievements Discuss the remaining issues and the way forward after the Project's termination

6. Training on Mobile Health Clinic

Date	Venue	Participants	Main Topics
Sep. 19 and 20, 2017 (2 days)	Training room at the JLVM (Mafraq)	Heads of the WCH department, MCH supervisors from the Mafraq Health Directorate, and MC related staff (two team composed of doctors, midwives, nurses and drivers)	<ul style="list-style-type: none"> Instruction on MC Establishing an operation plan Protocol of service provision by the MC Role plays Basic information about health promotion

7. Activities Related to Health Promotion

1) The First Health Promotion Workshop

Governorate	Date	Number of participants	Venue	Topics
Irbid	April 5-6, 2017	35 in total	Irbid Chamber of Commerce	<ul style="list-style-type: none"> Introduction of the Project Health issue analysis by the Fishbone diagram method in each village Making action plan for each village
Mafraq	April 12-13	22 in total	Mafraq Comprehensive Center	
Dayr Allah	April 3-4	18 in total	Health District Training Room	

2) The Second Health Promotion Workshop

Governorate • District	Date	Number of participants	Target	Contents
Irbid	Nov. 26, 2017	Group 1: 16 in total	Health staff (6), CHom members (6). Health promotor (2), MCH supervisor (2)	<ul style="list-style-type: none"> To enhance the function of community health committees (CHCom) and strengthen communication skills for conducting group education sessions To share the TOR of CHCom To solve issues which the CHCom are facing Training on communication skills Role play Mechanism for planning, reporting and follow-up Sharing good practices
	Nov. 27	Group 2: 17 in total	Health staff (6), CHom members (6). Health promotor (2), MCH supervisor (3)	
Mafraq	Nov. 21, 2017	Group 1: 17 in total	Health staff (6), CHom members (6). Health promotor (2), head of MCH department + MCH supervisor (2)	
	Nov. 22	Group 2: 20 in total	Health staff (6), CHom members (6). Health promotor (6), MCH supervisor (2)	
Dayr Allah	Nov. 20, 2017	13 in total	Health staff (4), CHom members (4). Health promotor (1), head of MCH department + MCH	

		supervisor (4)	• Explaining criteria to select good practices
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3) Study Tours for Health Promotion

Date	VHC	Participating CHComs and health promoters	Topics of education sessions	Contents
1/31, 2018	Maysara and Fanoush, Dayr Allah (Top 4)	Assa'ra, Tokobol and Um Al-Jadail, Mandah, Irbid health promoters	Hypertension, diabetes	To learn good practice from other CHCom by visit
2/7	Tokobol and Om Al-Jadail, Irbid (Top 3)	Dogmash, Dahal, Mafraq health promoters	Maternal health	To share any kinds of good practices among all CHCom
2/12	Al Khribeh, Irbid (Top 1)	Roudeh Al-Amir Hamzeh, Al-Aqeb, Maysara and Fanoush, Kufur Keyfia, Mafraq health promoters, Dayr Allah health promoter	Childcare	To encourage the CHCom to sustain health promotion activities
2/18	Kufur Kefiya, Irbid (Top 2)	Roudeh Al-Amir Hamzeh, Um Ayash, Al Khribeh, Abu Habel, Breiqa, Mafraq health promoters	Free medical day	

8. Surveys

1) Project Baseline Survey

Date, Places	Items	Personnel
2016/9/22 (All activities related to the survey in Irbid governorate)	Training	Leaders: 2, female researchers: 12, lecturer: 1.
2016/9/24	Training	Leaders: 2, female researchers: 12. Rent-a- car: 1.
2016/9/25,27,28,29, 10/1,3,4,8	Field survey 1	Leaders: 2, female researchers: 12. Rent-a- cars: 2
2016/9/26	Meeting	Leader: 2.
2016/10/2	Meeting	Leader: 1.
2016/9/26, 28, 29, 10/1, 3, 4, 5, 9	Data entry 1	Researchers (data entry) : 2.
Leaders 2, female researchers 12. Rent-a- cars 2	Leaders 2, female researchers 12. Rent-a- cars 2	Leaders: 1, female researchers: 6. Rent-a- cars: 1.
1	Data entry 2	Researcher (data entry) : 1.
2016/11/16, 17	Field survey 3	Leaders: 1, female researchers: 9, Rent-a- cars: 1.
2016/11/20, 21, 22, 23	Data entry 3	Researcher (data entry) 1. 1,019 samples in total.

2) Project Endline Survey

Date, Places	Items	Personnel
2017/11/4 (Language school in Irbid)	Training for new researcher candidates	Leaser: 1, female researcher: 9.
2018/1/22-23 (Hall at Chamber of Commerce, Irbid)	Training	Leaders: 2, female researchers: 12. Rent-a- car: 1 (1 day).
2018/1/24, 1/27-31, 2/3,4,6,7,10 (one team for 10days in total, the team for 11 days) (In Irbid governorate)	Field survey	Leaders 2, female researchers 12. Two rent-a- cars for within Irbid, for 10 days, the other one for one team (Amman – Irbid), for 11 days
2018/1/25-2/11 (9 days in total) MOH	Data entry	Researcher (data entry) :2 persons × 9 days. 1,042 samples in total.

3) Mobile Health Clinic Impact Survey

	Date, Places	Items	Personnel
Baseline	10/3-4, 2017 (2 days) , Jordan University	Programing	Programmer: 1.
	10/9 (1day), Jordan University	Training	Leaders: 3, Researches: 12.
	9/10-14 (5 days), North Badia district, Mafraq.	Field survey	Leaders: 3, Researchers: 12. Field coordinator: 1.
	10/9 (2 days), Jordan University	Data cleaning	Researchers: 2.
Endline	2/4-16, 2018 (2days) , 2018, Jordan University	Programing	Programmer: 1.
	2/17, 2018 (1 day), Jordan University	Training	Leaders: 3, Researches: 12.
	2/19-24 (5 days), North Badia district, Mafraq.	Field survey	Leaders: 3, Researchers: 12. Field coordinator: 1.
	2/25-3/6 (2 days), Jordan University.	Data cleaning	Researcher: 2.
	3/18-3/22 (5 days) Jordan University	Data analysis	One person (Professor Walid).

9. Training in Japan

Fiscal Year	Period	Number of Trainees	Name of Training
FY 2016	February to March, 2017	Two C/Ps	Strengthening Human Resource Improvement of Community-Health
FY 2017	September to October, 2017	One counterpart	Improvement of Maternal Health
	February to March, 2018	Two C/Ps	Strengthening Human Resource Improvement of Community-Health
	February 2018	One counterpart (Project manager)	Health Policy Development

10. Public Relations

Item	Timing of Submission
Newsletter	Vol.1 (Mar. 2017), Vol.2 (Oct. 2017), Vol.3 (Nov. 2017), Vol.4 (Mar. 2018),
Leaflet (Outline of project)	Project outlines and achievement in October, 2017 (English 200, Arabic 1,000)
JICA Project web site	Opened since September 28, 2016 (Japanese and English)
Jordan MOH web site	News release on project activities (Newsletter Vol.1 and 2, the Mobile Clinic Opening Ceremony, the Final Ceremony)
Newspaper	Article on Mobile Clinic Opening Ceremony (Petra, Nov. 2017), the Final Ceremony (Petra, March 2018).
Japan Epidemiological Association	Oral Presentation at the 27th Annual Scientific Meeting of the Japan Epidemiological Association on the result baseline survey (Jan. 2017)
Plate for VHC mission and vision	Plate for VHC mission and vision for the 14 focus VHC (July, 2017)
Banners	For the Project's advertisement (1), for the mobile health clinic's advertisement (2)
Other advertisement tools	Note pad (2000), pen (1,000), bags (70), CHC badges. For use at training, ceremony, etc. (April 2017)
Cooperation memorial plate for the VHCs	Installation to the 14 focus VHCs (March 2018)

Procurement of Equipment

1. Procurement of Basic Equipment for VHC

1) Basic Medical Equipment

Items	Specification	Quantity
Linen blanket	100% cotton. 160 x 240cm	28
Dressing Kit	Dissecting scissors, Dressing Forceps, Kidney Dish etc.	8
Side lamp	Compact design, mobile on castors	10
Height measure scale/baby under 2 years	Range of 40-100cm. Retractable height rod	11
Weight and height measure/adult (in line with MOH specification)	Manual, Enameled steel bod, Up to 220kg, Retractable height rod, Range of 60-200cm.	1
Ice Box	Material: polyethylene or better, cold life without opening (Home use)	6
Fatal Heart Detector	US Frequency 2MHz, FHR Range 50-240, Display Mono, Battery Time 6 hours, Power 1.5 V AA Battery	14

2) Furniture and others

Items	Specification	Quantity
Chair for clients (for waiting rooms)	3 seats, Iron with coated	3
Standing Mirror (for self-check for breast cancer)	Approximately H 170 x W 50cm (Mirror: H85 x 50cm), mobile on castors	14
Filing Cabinet	Approximately H210, W80, D40cm, Wood, 5 shelves (1 with doors)	5
Shelf for medicine	Approximately H180, W80, D40cm, Wood, 5 shelves	5
Drawer cabinet (for contraceptives)	Wood, Approximately H65, W40, D40cm, 3 drawers with key	9

3) Refrigerator for vaccines

Items	Specification	Quantity
Refrigerator	Approximately H150 X W60 X D50 cm, 2 doors, (Home use)	3

List of delivery : Basic Medical Equipment for VHC

No.	Governorate	District	Item No.	1	2	3	4	5	6	7
			Delivery Items	Linen blanket	Dressing Kit	Side lamp	Height measure scale / baby under 2 years	Ice Box	Weight and Height Measure / Adult	Fetal Heart detector
			Delivery VHC							
1	Irbid	Kasbeit Irbid	Esarra	2	-	1	1	-	-	1
2	Irbid	Kasbeit Irbid	Tokobol and Om Al-Jadail	2	-	-	1	-	-	1
3	Irbid	Bani Kenanah	Alkhariabeh	2	-	-	1	1	-	1
4	Irbid	Kura	Kufor Kkeifa	2	-	1	-	-	-	1
5	Irbid	Ai-Taebah	Mandah	2	1	1	1	-	-	1
6	Irbid	Al-Aghwar Shamaleh	Abu-Habil	2	1	1	1	1	-	1
7	Mafraq	Kasbeih	Al-doqmousa	2	1	-	-	-	-	1
8	Mafraq	Kasbeih	Dahal	2	-	1	1	1	-	1
9	Mafraq	Kasbeih	Rawdet AlAmier Mohammad	2	1	-	-	-	-	-
10	Mafraq	Al-Badia Shamaleh Ghabeih	Breiqa	2	-	1	1	-	1*	1
11	Mafraq	Badeih Shamaleh	Rawdet AlAmir Hamza	2	1	1	1	1	-	1
12	Mafraq	Badeih Shamaleh	Al Aqeb	2	1	1	1	1	-	1
13	Balqa	Dayr Allah	Maesarah and Fanoosh	2	1	1	1		-	1
14	Balqa	Dayr Allah	Um Ayash	2	1	1	1	1	-*	1
15	Project Office			-	-	-	-	-	-	1
			Total	28	8	10	11	6	1	14

Note: as of May 23, 2017. *According to the original plan, it should be delivered to Um Ayash VHC, it was changed to because the VHC has already procured by the NOH.

List of delivery : Furniture and others

No.	Governorate	District	Item No.	1	2	3	4	5	6
			Delivery Items	Chair of clients	Standing mirror	Filing cabinet	Shelf for medicine	Cabinet with drawers	Advertisement board*
			Delivery VHC						
1	Irbid	Kasbeit Irbid	Esarra	-	1	-	-	1	1
2	Irbid	Kasbeit Irbid	Tokobol and um al Jadayel	-	1	-	-	1	1
3	Irbid	Bani Kenanah	Alkhariabeh	-	1	-	1	1	1
4	Irbid	Kura	Kufor Kkeifa	1	1	-	-	1	1
5	Irbid	Ai-Taebah	Mandah	-	1	1	-		1
6	Irbid	Al-Aghwar Shamaleh	Abu-Habil	-	1	-	1	1	1
7	Mafraq	Kasbeih	Al-doqmousa	-	1	1	1	1	1
8	Mafraq	Kasbeih	Dahal	-	1	-	-	-	1
9	Mafraq	Kasbeih	Rawdet AlAmier Mohammad	-	1	1	1	-	1
10	Mafraq	Al-Badia Shamaleh Ghabeih	Breiqa	1	1	1	-	-	1
11	Mafraq	Badeih Shamaleh	Rawdet AlAmir Hamza	-	1	1	1	-	1
12	Mafraq	Badeih Shamaleh	Al Aqeb	1	1	-	-	1	0
13	Balqa	Dayr Allah	Maesarah and Fanoosh	-	1	-	-	1	1
14	Balqa	Dayr Allah	Um Ayash	-	1	-	-	1	1
Total				3	14	5	5	9	13

Note: As of May 23, 2017. *Purchased by the advertisement budget.

List of delivery : Refrigerators for vaccines

Health Directorate	District	VHC	Quantity
Mafraq	Kasbeih	Dahal	1
Mafraq	Al-Badia Shamaleh Ghabeih	Breiqa	1
Balqa	Dayr Allah	Um Ayash	1
Total			3

Note: as of May 23, 2017.

Reference : Equipment Procured by the MOH

No.	Governorate	District	Item No.	1	2	3	4	5	6
			Delivery Items	Step for a bed	Instrument Trolley	Screen	Weight measure scale/baby under 2	Weight measure Scale / Adult	Height measure Scale / Adult
			Delivery VHC						
1	Irbid	Kasbeit Irbid	Esarra	1	-	-	1	1	1
2	Irbid	Kasbeit Irbid	Tokobol and um al Jadayel	-	-	-	1	1	1
3	Irbid	Bani Kenanah	Alkhariabeh	1	-	1	1	-	-
4	Irbid	Kura	Kufor Kkeifa	-	1	-	-	-	-
5	Irbid	Ai-Taebah	Mandah	1	1	1	1	1	1
6	Irbid	Al-Aghwar Shamaleh	Abu-Habil	1	-	1	1	1	1
7	Mafraq	Kasbeih	Al-doqmousa	-	1	-	-	1	1
8	Mafraq	Kasbeih	Dahal	1	-	1	1	1	1
9	Mafraq	Kasbeih	Rawdet AlAmier Mohammad	-	-	1	1	1	1
10	Mafraq	Al-Badia Shamaleh Ghabeih	Breiqa	1	-	1	1	1	1
11	Mafraq	Badeih Shamaleh	Rawdet AlAmir Hamza	1	1	-	1	1	1
12	Mafraq	Badeih Shamaleh	Al Aqeb	1	-	-	1	1	1
13	Balqa	Dayr Allah	Maesarah and Fanoosh	-	-	-	1	1	1
14	Balqa	Dayr Allah	Um Ayash	-	-	-	1	1	1
			Total	8	4	6	12	12	12

Note: As of May 23, 2017.

2. Equipment for Supporting Mobile Health Clinic Operation

1) Medical Equipment and Furniture and others

	Specification	Quantity	Remarks
Instrument Trolley (at Mobile Clinic)	Stainless/coating metal, caster, two drawers, size approximately : H850mm x W400 mmx D280 mm.	1	
Filling Cabinet (Shelf) (at North Badia Health District Office)	Wood, open shelf cabinet, 5 shelves, with two doors in the last shelf. Size approximately : H2,000mm x W800mm x D400 mm.	1	At least one year warranty
Holding Table (at Mobile Clinic)	H2,100 mmx W800mm x D45 mm At least one year warranty	2	
Holding Chair (at Mobile Clinic)	Plastic, light material, easy to carry	2	At least one year warranty
File boxes (at North Badia Health District Office)	File box suitable for A4 files, plastics. Size: 28mm x D400mm x 30mm	16	

Note : () indicates the delivery sites.

2) Refrigerator for Vaccines

	Specification	Quantity
Refrigerator (North Badia Health District office)	80-120 liter, one door, with freezer inside. Home use. More than 2 years warranty	1

Note : () indicates the delivery sites.

11-3. Additional procurement

Refrigerator for Vaccines (at Al-Khribeh VHC)

	Specification	Quantity
Refrigerator	80-120 liter, one door, with freezer inside. Home use. More than 2 years warranty	1

**The JICA for Improvement of Services at Village Health Centers in Rural Host
Communities of Syrian Refugees**

Counterpart List

1) Ministry of Health

Director of Primary Healthcare Directorate	Dr. Ayyoub Sayaydeh
Director of Woman and Child Health Directorate (WHCD)	Dr. Malak Al-Ouri
Head of Supervision and Monitoring Department/ WCHD	Ms. Fadia Al-Jaber
MCH supervisor/ WCHD	Ms. Amal Abu Shawesh

2) Health Directorates (HDs)

Irbid HD

Director of Irbid HD	Dr. Qasem Mayyas
Director Assistant for Administration affairs	Dr. Jehad Rababa'
Director Assistant for Primary Healthcare	Dr. Amal Al-Zoubi
MCH supervisor	Ms. Mariam Omari
MCH supervisor	Ms. Hyaim Obidat
MCH supervisor for Kura District	Ms. Fatimah Bani Irshid
MCH supervisor Bani-Kenanh district	Ms. Intesar Malaabah
MCH supervisor for Northern Al-Aghwar district	Ms. Eman Abdullah Khaled
Head of School health department	Dr. Belal Mahafza
Health Promotion Supervisor	Mr. Qasem Al-Hajji
Health Promotion Coordinator	Mr. Nazer Rasheed
Health Promotion Coordinator	Mr. Ali Dalou'
Health Promotion Coordinator	Mr. Osama Meqbel
Health Promotion Coordinator	Dr. Enas Barakat

Mafrag HD

Director of Mafrag HD	Dr. Hani Olimat
Director Assistant for Administration Affairs	Dr. Mohammed Al-Khaldi
Director Assistant for Primary Healthcare	Dr. Mounther Al-Naser
Director Assistant for Services Affairs	Dr. Ashraf Mana'
Director Assistant for Nursing	Ms. Sharefa Al-Hejel
Director Assistant for Northern Badia Affairs	Dr. Salameh Sarhan
Head of MCH Department	Dr. Mohannad Abu Al-Hijaa
MCH supervisor	Dr. Amal Abdel-Karim
MCH supervisor	Ms. Souad Shdeifat
MCH supervisor	Ms. Hanadi Shdeifat

MCH supervisor for Badia Shamaleh district
MW, member in MCH department
Head of School Health department
Health Promotion Coordinator
Health Promotion Coordinator
Health Promotion Coordinator

Ms. Sawsan Tamimi
Ms. Majeda Al-Takrori
Dr. Ali Mashaqbeh
Mr. Jamal Ar-Rawajfeh
Eng. Rima Al-Jeham
Ms. Maram Walied

Balqa HD

Director of Balqa HD
Director assistant for Dayr-Allah affairs
Head of MCH Department
Head of Nursing Department
MCH supervisor
Midwives supervisor
MCH supervisor for Dayr Allah district
Health Promotion Supervisor
Health Promotion Coordinator

Dr. Khaled Arabiat
Dr. Mnawer Al-Ghosha
Dr. Amal Khadir
Ms. Khetam Rahahleh
Ms. Helwa Al-Issa
Ms. Noha Hatamleh
Ms. Bothina Zaqzouq
Ms. Maram Daradkeh
Eng. Fayz Kabha

ANNEX 2

List of Deliverables

Type of Product	Timing of Submission	Remarks
Project Plan	(In Japanese only), within 10 working days after the contract's completion	3 copies in Japanese
Work Plan (including Monitoring sheet Ver. 1)	June, 2016	Soft copy only, English and Arabic summary
Monitoring sheet Ver. 2	Submission in September 2016 (Final approval in October, 2016)	ditto
Monitoring sheet Ver. 3	Submission in September 2017 (Final approval in October, 2017)	ditto
Annual Report	February, 2017	5 copies in Japanese 15 copies in English 5 copies in Arabic (summary), CD: 2 copies
VHC Operation Manual for RH and FP Services	September, 2017	200 in Arabic 50 in English
Mobil Health Clinic Operation Manual	March, 2018	50 in Arabic 10 in English
Project Brief (Leaflet)	October, 2017	1,000 in Arabic 200 in English
Family Planning Flipchart	September, 2017	600 in Arabic 20 in English
Booklet "Good Practice in Health Promotion Approaches"	April, 2018	200 in Arabic 50 in English
Newsletter No. 1	March, 2017	300 in Arabic 200 in English
Newsletter No. 2	October, 2017	1,000 in Arabic 100 in English
Newsletter No. 3	November, 2017	1,000 in Arabic 100 in English
Newsletter No. 4	March, 2018	150 in Arabic 50 in English

Project Design Matrix (PDM) (Version 0)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee
 Implementing Agency: Ministry of Health
 Period of Project: April 2016 - April 2018 (2 years)
 Project Site: Mafraq and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district
 Focus Village Health Centers: to be nominated

Dated on April, 2016

ANNEX 3

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<p>Overall Goal More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.</p>	<ol style="list-style-type: none"> Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee) Number of served referral cases at the higher level facilities is increased. Awareness of community people toward VHC services is increased. 	<ul style="list-style-type: none"> Directorate Monthly report Directorate Monthly report Monthly report of comprehensive health centers and PHC centers VHC reports 	
<p>Project Purpose Service delivery function of the focus Village Health Centers (VHCs) is improved.</p>	<ol style="list-style-type: none"> Results of supervision received from the health directorates are improved (FP client registration log books, logistic log book, etc.) Number of referral cases to other MOH health facilities is increased. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.) 	<ul style="list-style-type: none"> Directorate supervision report VHC monthly report and log book VHC reports 	<ul style="list-style-type: none"> Experiences at the focus VHCs are spread out to other VHCs by the health directorate.
<p>Outputs Output 1 An enabling environment for VHCs in the project sites is</p>	<ul style="list-style-type: none"> Revised the Operational manual and 		<ul style="list-style-type: none"> Turnover of trained

secured.	approved -Developed Supervision Manual for VHCs in the project sites -Number of supervisions to VHCs conducted by the health directorates. -Revised SOP for referral system for VHCs	personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported.
Output 2 Capacity of health staff at VHCs in the project sites is strengthened.	Pre/Post tests of the trainings	-Supervision report -Project documents
Output 3 Health promotion activities are activated at the focus VHCs.	-Number of health education sessions at focus VHCs and number of participants. -Number of health promotion activities organized by focus VHCs and number of people participated.	-VHC reports
Activities	Inputs	Pre-Conditions
Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-5 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-6 Necessary basic equipment is provided and delivered.	Japanese side Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings. Local Costs 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers	Jordan side Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project Local Costs Operational costs for implementing supervision and other necessary activities
Output2: 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be		-Security guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.

<p>implemented according to the plan.</p> <p>Output3:</p> <p>3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.).</p> <p>3-2 The focus VHCs implement health promotion activities.</p>			
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(PDM) (Version 1)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees
 Implementing Agency: Ministry of Health
 Period of Project: April 2016 - April 2018 (2 years)
 Project Site: Mafraq and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district
 Focus Village Health Centers: to be nominated

Dated on 7 June, 2016

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<p>Overall Goal</p> <p>More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.</p>	<ol style="list-style-type: none"> 1. Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) 2. Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee) 3. Number of served referral cases at the higher level facilities is increased. 4. Awareness of community people toward VHC services is increased. 	<ul style="list-style-type: none"> -Directorate Monthly report -Directorate Monthly report -Monthly report of comprehensive health centers and PHC centers -VHC reports 	
<p>Project Purpose</p> <p>Service delivery function of the focus Village Health Centers (VHCs) is improved.</p>	<ol style="list-style-type: none"> 1. Results of supervision received from the health directorates are improved (FP client registration log books, logistic log book, etc.) 2. Number of referral cases to other MOH health facilities is increased. 3. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.) 	<ul style="list-style-type: none"> -Directorate supervision report -VHC monthly report and log book -VHC reports 	<ul style="list-style-type: none"> -Experiences at the focus VHCs are spread out to other VHCs by the health directorate.
<p>Outputs</p> <p>Output 1</p> <p>An enabling environment for VHCs in the project sites is</p>	<ul style="list-style-type: none"> -Revised the Operational manual and 		<ul style="list-style-type: none"> -Turnover of trained

secured.	approved -Developed Supervision Manual for VHCs in the project sites -Number of supervisions to VHCs conducted by the health directorates. -Revised SOP for referral system for VHCs	personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported.
Output 2 Capacity of health staff at VHCs in the project sites is strengthened.	Pre/Post tests of the trainings	-Supervision report -Project documents
Output 3 Health promotion activities are activated at the focus VHCs.	-Number of health education sessions at focus VHCs and number of participants. -Number of health promotion activities organized by focus VHCs and number of people participated.	-VHC reports
Activities	Inputs	Pre-Conditions
Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-5 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-6 Necessary basic equipment is provided and delivered.	Japanese side Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings. Local Costs 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers	Jordan side Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project Local Costs Operational costs for implementing supervision and other necessary activities
Output2: 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be		-Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.

<p>implemented according to the plan.</p> <p>Output3:</p> <p>3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.).</p> <p>3-2 The focus VHCs implement health promotion activities.</p>			
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Project Design Matrix (PDM) (Version 2)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee Implementing Agency: Ministry of Health
 Period of Project: April 2016 - April 2018 (2 years)
 Project Site: Mafrag and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district
 Focus Village Health Centers (14): <Irbid> 1)Ass'arah 2) Tokobol and Om Al-Jadail, 3) Al-Khribeh, 4) Kufur Kyfia, 5) Mandah, 6) Abu Habel, <Mafrag>7) Al-Daqmasah, 8) Dahl, 9) Roudet Al-Amir Mohamed, 10) Breiqa, 11) Roudet Al-Amir Hamzeh, 12) Al-Aqeb, <Dayr Alla>13) Maysara and Fanoush 14) Um Ayash.

Dated on December 8, 2016

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<p>Overall Goal More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.</p>	<ol style="list-style-type: none"> 1. Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) 2. Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee) 3. Number of served referral cases at the higher level facilities is increased. 4. Awareness of community people toward VHC services is increased. 	<ul style="list-style-type: none"> -Directorate Monthly report -Directorate Monthly report -Monthly report of comprehensive health centers and PHC centers -VHC reports 	
<p>Project Purpose Service delivery function of the focus Village Health Centers (VHCs) is improved.</p>	<ol style="list-style-type: none"> 1. Results of supervision received from the health directorates are improved (FP client registration log books, logistic log book, etc.) 2. Number of referral cases to other MOH health facilities is increased. 3. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.) 	<ul style="list-style-type: none"> -Directorate supervision report -VHC monthly report and VHC log book -VHC reports 	<ul style="list-style-type: none"> -Experiences at the focus VHCs are spread out to other VHCs by the health directorate.

Outputs				
Output 1	An enabling environment for VHCs in the project sites is secured.	-1. Revised the Operational manual and approved -2. Developed Supervision Manual for VHCs in the project sites -3. Number of supervisions to VHCs conducted by the health directorates. -4. Revised SOP for referral system for VHCs {Note: 2 and 4 are integrated into 1. the operation manual}	-Supervision report	-Turnover of trained personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported.
Output 2	Capacity of health staff at VHCs in the project sites is strengthened.	Pre/Post tests of the trainings	-Project documents	
Output 3	Health promotion activities are activated at the focus VHCs.	-Number of health education sessions at focus VHCs and number of participants. -Number of health promotion activities organized by focus VHCs and number of people participated.	-VHC reports	
Activities	Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-4 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-5 Necessary basic equipment is provided and delivered. {Note: 1-3 and 1-4 are integrated into 1. the operation	Inputs Japanese side Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings.	Jordan side Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project	Pre-Conditions -Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.

<p>manual}</p> <p><u>Output2:</u> 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be implemented according to the plan.</p> <p><u>Output3:</u> 3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.). 3-2 The focus VHCs implement health promotion activities.</p>	<p>Local Costs</p> <p>1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers</p>	<p>Local Costs</p> <p>Operational costs for implementing supervision and other necessary activities</p>	
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Project Design Matrix (PDM) (Version 3)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee Implementing Agency: Ministry of Health
 Period of Project: April 2016 - April 2018 (2 years)
 Project Site: Mafrq and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district
 Focus Village Health Centers (14): <Irbid> 1)Ass'arah 2) Tokobol and Om Al-Jadail, 3) Al-Khribeh, 4) Kufur Kyfia, 5) Mandah, 6) Abu Habel, <Mafrq>7) Al-Daqmasah, 8) Dahl, 9) Roudet Al-Amir Mohamed, 10) Breiqa, 11) Roudet Al-Amir Hamzeh, 12) Al-Aqeb, <Dayr Alla>13) Maysara and Fanoush 14) Um Ayash.

Dated on July 16, 2017

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<p>Overall Goal</p> <p>More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.</p>	<ol style="list-style-type: none"> Number of FP clients at VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) Number of clients who received childcare services at VHCs is increased (both for Jordanians and Syrian refugee) No. of clients who received all MCH/FP services at VHCs in the project sites is increased 	<ul style="list-style-type: none"> -MOH Logistic report for FP methods -MCH report form for Syrian -MOH database on MCH monthly report -MCH report form for Syrian -MOH database on MCH monthly report -MOH Logistic report for FP methods 	
<p>Project Purpose</p> <p>Service delivery function of the focus Village Health Centers (VHCs) is improved.</p>	<ol style="list-style-type: none"> Results of supervision received from MOH are improved Number of referral cases (FP, ANC, Child care) to other MOH health facilities is increased. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.) 	<ul style="list-style-type: none"> -Project documents -MCH report of MOH database -MOH database on MCH monthly report 	<ul style="list-style-type: none"> -Experiences at the focus VHCs are spread out to other VHCs by the health directorate.

	4. Total No. of MCH/FP services which are provided at the focus VHCs are increased.	-MOH database on MCH monthly report	
Outputs			
Output 1 An enabling environment for VHCs in the project sites is secured.	-1. Revised the Operational manual and approved -2. Developed Supervision Manual for VHCs in the project sites -3. Number of supervisions to VHCs conducted by the MOH. -4. Revised SOP for referral system for VHCs {Note: 2 and 4 are integrated into 1. the operational manual}	-For1: Project documents -For 3: Project documents	-Turnover of trained personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported.
Output 2 Capacity of health staff at VHCs in the project sites is strengthened.	Pre/Post tests of the trainings	-Project documents	
Output 3 Health promotion activities are activated at the focus VHCs.	-Number of VHCs which submitted the monthly activity reports -Number of health promotion activities implemented by both VHCs and CHCs number of participants.	-VHC reports Report of HP activities	
Activities			Pre-Conditions
Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-4 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied	<p style="text-align: center;">Inputs</p> <p>Japanese side</p> Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities <p>Jordan side</p> Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project		-Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.

<p>for operational use. 1-5 Necessary basic equipment is provided and delivered. {Note: 1-3 and 1-4 are integrated into 1. the operation manual}</p>	<p>Trainings 1. Necessary trainings.</p>	
<p><u>Output2:</u> 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be implemented according to the plan.</p>	<p>Local Costs 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers</p>	<p>Local Costs Operational costs for implementing supervision and other necessary activities</p>
<p><u>Output3:</u> 3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.). 3-2 The focus VHCs implement health promotion activities.</p>		

Project Design Matrix (PDM) (Version 4)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee
 Implementing Agency: Ministry of Health
 Period of Project: April 2016 - April 2018 (2 years)
 Project Site: Mafrq and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district
 Focus Village Health Centers (14): <Irbid> 1)Ass'arah 2) Tokobol and Om Al-Jadail, 3) Al-Khribeh, 4) Kufur Kyfia, 5) Mandah, 6) Abu Habel, <Mafrq>7) Al-Daqmasah, 8) Dahl, 9) Roudet Al-Amir Mohamed, 10) Breiqa, 11) Roudet Al-Amir Hamzeh, 12) Al-Aqeb, <Dayr Alla>13) Maysara and Fanoush 14) Um Ayash.

Dated on Dec 22, 2017

Overall Goal	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity Reproductive Health (RH)/Family Planning (FP) and primary health services.		1. Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) 2. Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee)	1. Woman and Child Health Directorate (WCHD) monthly reports 2. Communicable Disease Directorate reports	
Project Purpose Service delivery function of the focus Village Health Centers (VHCs) is improved.		1. Results of supervision received from WCHD, Ministry of Health (MOH) are improved 2. Number of referral cases to other MOH health facilities is increased. 3. Total number of MCH/FP services provided at the focus VHCs are increased 4. Number of clients who received RH (ANC, PNC, FP, Childcare) services in focus VHCs	1. Project document and MOH supervision reports 2. WCHD monthly reports 3. WCHD monthly reports 4. WCHD monthly reports	-Experiences at the focus VHCs are spread out to other VHCs by the health directorate.
Outputs Output 1 An enabling environment for VHCs in the project sites is secured.		1. Revised the Operational manual and approved 2. Number of supervisions to VHCs	1. Project documents 2. Supervision reports	-Turnover of trained personnel does not take place in the project sites.

	conducted by WCHD, MOH		-Assigned nurse assistants at VHCs in the project sites are reported.
Output 2	Capacity of health staff at VHCs in the project sites is strengthened.	Pre/Post tests of the trainings	-Project documents
Output 3	Health promotion activities are activated at the focus VHCs.	1. Number of health promotion activities implemented by both VHCs and CHCs, and number of participants. 2. Number of VHCs which submit the monthly reports of health promotion activities.	1. Reports of health promotion activities 2. Reports of health promotion activities
Activities		Inputs	Pre-Conditions
Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-4 Standard Operating Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-5 Necessary basic equipment is provided and delivered. {Note: 1-3 and 1-4 are integrated into 1. the operation manual}	Japanese side Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings. Local Costs 1. Trainings, workshops, seminars	Jordan side Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 4. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project	-Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.
Output2: 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be implemented according to the plan.			Local Costs Operational costs for implementing supervision and other necessary activities

<p><u>Output3:</u> 3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.). 3-2 The focus VHCs implement health promotion activities.</p>				
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MINUTES OF MEETING OF JOINT COORDINATING COMMITTEE (JCC)
MEETING FOR THE PROJECT FOR IMPROVEMENT OF SERVICES AT VILLAGE
HEALTH CENTERS IN RURAL HOST COMMUNITIES OF SYRIAN REFUGEES
IN THE HASHEMITE KINGDOM OF JORDAN
AGREED UPON BETWEEN
MINISTRY OF HEALTH
AND
JAPAN INTERNATIONAL COOPERATION AGENCY

In accordance with the Record of Discussions, signed on 25 January, 2016, the Japan International Cooperation Agency (hereinafter referred to as "JICA") has started the Project for Improvement of Services at Village Health Centres (VHCs) in Rural Host Communities of Syrian Refugees (hereinafter referred to as the "Project") in 30 April, 2016.

The First Project Joint Coordinating Committee (hereinafter referred to as "JCC") was held on the 10th of August, 2016, with the presence of Ministry of Health (hereinafter referred to as "MOH") as the chair of this committee, JICA and other members of JCC.

Here attached is the Minutes of Meeting agreed in the JCC above mentioned.

Amman, August 24, 2016



Mr. Shokichi Sakata

Chief Representative,
Jordan Office,
Japan International Cooperation,
Agency



Dr. Bashir Al Qasir

Project Director,
Primary Health Care Administration
Directorate,
Ministry of Health,
Hashemite Kingdome of Jordan



Ms. Makiko Komasaawa

Chief Advisor,
JICA Expert Team,

The Attached Document

Participants of JCC as attached as ANNEX-I discussed and agreed upon as follows.

1. Sharing outline of the project

The project managers and the JICA expert team presented the project outline and Project Design Matrix version 1 (PDM 1) based on the draft Work Plan. The Jordan and Japanese sides (hereinafter referred to as “the both sides”) shared the contents of the presentation.

2. Comments on the project outline and PDM 1

The following are major comments from the members: (1) MOH has been working on expanding the services provision, including RH/FP and primary health care at VHCs and developing medical staff capacities, (2) the project has to make efforts to improve quality of services in all aspects, including staff attitude towards Syrian refugees, and measure its improvement and client satisfaction, (3) frequency of JCC needs to be increased, preferably quarterly basis, (4) monitoring and evaluation mechanism needs to be strengthened, including review of indicators of PDM 1.

3. Responding from the project team

The project team responded some of the comments mentioned in section 2. Regarding comment (2), the project will include indicators of quality of services, (3) the project will consult with JICA Jordan office if the number of JCC can be increased, (4) since this project duration is short there is no mid-term and termination evaluation, however, there is mutual monitoring mechanism, which employs the authorized “Monitoring Sheet” in order to monitor the project progress and issued occurred quarterly basis based on the R/D.

4. Requests on further comments

In the end of the discussion, the project team requested the members to send further comments on the Work Plan and PDM if there are by 18th of August, 2016. Otherwise the draft of the work plan and PDM 1 will be considered to be approved.

ANNEX-1 List of Participants in the First Joint Coordinating Committee
ANNEX-2 PDM1

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ANNEXE- 1

List of Participants in the First Joint Coordinating Committee

1) Ministry of Health

Director of Primary Health Care Directorate	Dr. Bashir Al Qasir
Director of Woman and Child Health Directorate	Dr. Malak Al Orui
Director of Legal Affairs Directorate	Dr. Radwan Abu-Dames
MCH supervisor, WCH	Ms. Fadia Al Jaber
MCH supervisor, WCH	Ms. Amal Abu Shaweesh

2) Higher Population Council

Secretary General	Dr. Sawsan Majali
Coordinator/ RH/ FP	Ms. Manal Al-Gazawi

3) Health Directorates

Director of Irbid Health Directorate /on his behalf	Ms. Nemat Al-Emrasi
Director of Mafraq Health Directorate /on his behalf	Dr. Houzzoum Al-Bqoum
Director of Balqa Health Directorate	Dr. Khaled Suleiman Hiyari

4) JICA Jordan Office

Chief Representative	Mr. Shokichi Sakata
Project Formulation Advisor	Ms. Ritsuko Arisawa
Program Officer	Ms. Shereen Abu Hweij

5) Japanese Expert Team

Chief Advisor/Reproductive Health & Family Planning	Ms. Makiko Komasaawa
Project Coordinator/Health Promotion	Ms. Kaina Homma
Visiting Researcher	Mr. Yutaka Komasaawa

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ANNEXE- 2

Project Design Matrix (PDM) (Version 1)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees
 Implementing Agency: Ministry of Health
 Period of Project: April 2016 - April 2018 (2 years)
 Project Site: Mafraq and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district
 Focus Village Health Centers: to be nominated

Dated on 7 June, 2016

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<p>Overall Goal More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.</p>	<ol style="list-style-type: none"> Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee) Number of served referral cases at the higher level facilities is increased. Awareness of community people toward VHC services is increased. 	<ul style="list-style-type: none"> -Directorate Monthly report -Directorate Monthly report -Monthly report of comprehensive health centers and PHC centers -VHC reports 	
<p>Project Purpose Service delivery function of the focus Village Health Centers (VHCs) is improved.</p>	<ol style="list-style-type: none"> Results of supervision received from the health directorates are improved (FP client registration log books, logistic log book, etc.) Number of referral cases to other MOH health facilities is increased. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.) 	<ul style="list-style-type: none"> -Directorate supervision report -VHC monthly report and log book -VHC reports 	<ul style="list-style-type: none"> -Experiences at the focus VHCs are spread out to other VHCs by the health directorate.

Outputs		Inputs		Pre-Conditions
Output 1 An enabling environment for VHCs in the project sites is secured.	-Revised the Operational manual and approved -Developed Supervision Manual for VHCs in the project sites -Number of supervisions to VHCs conducted by the health directorates. -Revised SOP for referral system for VHCs	Jordan side Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project	Local Costs	-Turnover of trained personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported.
Output 2 Capacity of health staff at VHCs in the project sites is strengthened.	Pre/Post tests of the trainings	Local Costs	-Project documents	
Output 3 Health promotion activities are activated at the focus VHCs.	-Number of health education sessions at focus VHCs and number of participants. -Number of health promotion activities organized by focus VHCs and number of people participated.	Local Costs	-VHC reports	
Activities		Inputs		Pre-Conditions
Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-5 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-6 Necessary basic equipment is provided and delivered.	Japanese side Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings.	Local Costs	Local Costs	-Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.
Output2:				

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<p>2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be implemented according to the plan.</p>	<p>1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers</p>	<p>Operational costs for implementing supervision and other necessary activities</p>	
<p>Output3: 3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.). 3-2 The focus VHCs implement health promotion activities.</p>			

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MINUTES OF MEETING OF JOINT COORDINATING COMMITTEE (JCC)
MEETING FOR THE PROJECT FOR IMPROVEMENT OF SERVICES AT VILLAGE
HEALTH CENTERS IN RURAL HOST COMMUNITIES OF SYRIAN REFUGEES
IN THE HASHEMITE KINGDOM OF JORDAN
AGREED UPON BETWEEN
MINISTRY OF HEALTH
AND
JAPAN INTERNATIONAL COOPERATION AGENCY

In accordance with the Record of Discussions, signed on 25 January, 2016, the Japan International Cooperation Agency (hereinafter referred to as "JICA") has started the Project for Improvement of Services at Village Health Centres (VHCs) in Rural Host Communities of Syrian Refugees (hereinafter referred to as the "Project") on the 30th of April, 2016.

The Second Project Joint Coordinating Committee (hereinafter referred to as "JCC") was held on the 8th of December, 2016, with the presence of Ministry of Health (hereinafter referred to as "MOH") as the chair of this committee, JICA and other members of JCC.

Here attached is the Minutes of Meeting agreed in the JCC above mentioned.

Amman, February 27, 2017

Mr. Tsutomu Kobayashi
Chief Representative,
Jordan Office,
Japan International Cooperation,
Agency

Dr. Mohamed Al Tarawneh
Project Director,
Primary Health Care Administration
Directorate,
Ministry of Health,
Hashemite Kingdome of Jordan

Ms. Makiko Komasa
Chief Advisor,
JICA Expert Team,

The Attached Document

The 2nd Joint Coordinating Committee (JCC) was conducted according to the agenda as attached in ANNEX-1 with participants as shown in ANNEX-2 and agreed upon as follows.

1. Opening

The meeting was opened by Dr. Malak Al-Ouri, Director of Women and Child Health Directorate (WCHD), by welcoming the attendance and thanking the JICA team for the continuous support and cooperation to achieve the project goal.

She presented the summary of the project achievements in the first year including: 1) The meetings with the directors of health directorates, heads of Women and Child Health departments and the supervisors in the target directorates for the project (Irbid, Mafraq and Balqa/Dayr Allah), and 2) Trainings for the Village Health Centers (VHCs) staff regarding Family Planning as well as full package of Reproductive Health services.

Dr. Mohammed Al-Tarawneh, a project director and a Director of Primary Health Administrative Directorate (PHAD), He appreciated efforts made by Ministry of Health (MOH) and JICA/Project Team and then he welcomed all attendance.

Mr. Tsutomu Kobaiashi, Chief Representative of JICA Jordan Office, started the speech by welcoming the attendance and thanking the MOH represented by Dr. Tarawneh, Dr. Al-ouri and Ms.Fadia Al-jaber and Ms.Amal Abushawiesh from Family planning section, for their cooperation with the project team to completion the project activities, and he mentioned some of the project activities like the trainings and the surveys.

2. Project Achievements:

Ms. Makiko Komazawa, Chief advisor of the project, gave the presentation on the Project achievements, next steps of the project and the results of household survey.

- 1) Conducted the Reproductive Health Training – Theoretical part (Family planning, Antenatal and Postnatal Care, Child Care) and Logistic System for FP methods.
- 2) Reviewed and modified the previous operation manual for the VHCs through a technical committee has been developed for this purpose The operation manual integrated with the supervisory and referral manuals according to the recommendation of the WCHD.
- 3) Conducted three meetings with the directors of health directorates, and the staff which working for the VHCs (doctors, midwives and nurses) to introduce the objectives of the project and the important achievements and to discuss the operational and follow-up mechanism for the VHCs and the possibility of covering the midwives at the VHCs.
- 4) Major next steps are: a) Providing a practical on-the-job training at the higher level health facilities after the class-room-type training in this month, b) The mobile clinic to be ready in February, 2017, c) providing the essential medical equipment for the VHCs, d) Advisory mission by the JICA headquarter.

3. Main Topics Discussed by Participants

- 1) Operating mechanism of the mobile clinic

Dr. Malak responded that we will discuss this issue with the directors of health

directorates and considering people in the MOH.

2) Service provision for other nationalities rather than Syrian at VHCs

To respond question to the representative of Irbid, Dr. Malak explained the MOH provide the services for all without exception equally.

End

ANNEX-1

Agenda

ANNEX-2

List of Participants in the Second Joint Coordinating Committee

ANNEX-3

PDM2

ANNEXE- 1 Agenda

The Second Joint Coordination Committee (JCC) Meeting for Project for Improvement of Services at Village Health Centres in Rural Host Communities of Syrian Refugees

Date: 8 December, 2016

Time: 10:00 -11:50

Venue: Meeting Room in 6th floor, MOH

Agenda

1.	Registration	9:45	The Project Team
2.	-Opening Remarks from Head of Committee -Opening Remarks from JICA	10:00	Chairperson of the Committee / General Secretary Chief Representative, JICA
3.	The Project Achievements	10:20	-WCHD -JICA Project
4.	-Discussion -Next Step	10:50	-WCHD -JICA Project
5.	Refreshment	11:45	

ANNEXE- 2

List of Participants in the Second Joint Coordinating Committee

1) Ministry of Health

Director of Primary Health Administrative Directorate	Dr. Mohamed Al Tarawneh
Director of Woman and Child Health Directorate	Dr. Malak Al Orui
MCH supervisor, WCH	Ms. Fadia Al Jaber
MCH supervisor, WCH	Ms. Amal Abu Shaweesh

2) Higher Population Council

Coordinator/ RH/ FP	Ms. Manal Al-Gazawi
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3) Health Directorates

Director of Irbid Health Directorate /on his behalf	Ms. Nemat Al-Emrisi
Director of Mafraq Health Directorate /on his behalf	Dr. Mohamad Abu Khadier
Director of Balqa Health Directorate	Dr. Khaled Suleiman Hiyari

4) JICA Jordan Office

Chief Representative	Mr. Tsutomu Kobayashi
Project Formulation Advisor	Ms. Ritsuko Arisawa
Program Officer	Ms. Shereen Abu Hweij

5) Japanese Project Team

Chief Advisor/Reproductive Health & Family Planning	Ms. Makiko Komasaawa
Training Management 2	Ms. Atsuko Imoto
Administrative Assistant	Ms. Ola Hattab
Office Assistant	Ms. Lina Al Salhi

ANNEXE- 3

Project Design Matrix (PDM) (Version 2)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee Implementing Agency: Ministry of Health
Period of Project: April 2016 - April 2018 (2 years)

Project Site: Mafrag and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district
Focus Village Health Centers (14): <Irbid> 1)Ass'arah 2) Tokobol and Om Al-Jadail, 3) Al-Khribeh, 4) Kufur Kyfia, 5) Mandah, 6) Abu Habel, <Mafrag>7) Al-Daqqasah, 8) Dahl, 9) Roudet Al-Amir Mohamed, 10) Breiqqa, 11) Roudet Al-Amir Hamzeh, 12) Al-Aqeb, <Dayr Alla>13) Maysara and Fanoush 14) Um Ayash.
 Dated on December 8, 2016

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<p>Overall Goal</p> <p>More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.</p>	<ol style="list-style-type: none"> Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee) Number of served referral cases at the higher level facilities is increased. Awareness of community people toward VHC services is increased. 	<ul style="list-style-type: none"> -Directorate Monthly report -Directorate Monthly report -Monthly report of comprehensive health centers and PHC centers -VHC reports 	
<p>Project Purpose</p> <p>Service delivery function of the focus Village Health Centers (VHCs) is improved.</p>	<ol style="list-style-type: none"> Results of supervision received from the health directorates are improved (FP client registration log books, logistic log book, etc.) Number of referral cases to other MOH health facilities is increased. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.) 	<ul style="list-style-type: none"> -Directorate supervision report -VHC monthly report and VHC log book -VHC reports 	<ul style="list-style-type: none"> -Experiences at the focus VHCs are spread out to other VHCs by the health directorate.

Outputs				
Output 1	An enabling environment for VHCs in the project sites is secured.	-1. Revised the Operational manual and approved -2. Developed Supervision Manual for VHCs in the project sites -3. Number of supervisions to VHCs conducted by the health directorates. -4. Revised SOP for referral system for VHCs {Note: 2 and 4 are integrated into 1. the operation manual}	-Supervision report	-Turnover of trained personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported.
Output 2	Capacity of health staff at VHCs in the project sites is strengthened.	Pre/Post tests of the trainings	-Project documents	
Output 3	Health promotion activities are activated at the focus VHCs.	-Number of health education sessions at focus VHCs and number of participants. -Number of health promotion activities organized by focus VHCs and number of people participated.	-VHC reports	
Activities		Inputs		
		Japanese side	Jordan side	Pre-Conditions
Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-4 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-5 Necessary basic equipment is provided and delivered.		Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings.	Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project	-Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.

<p>{Note: 1-3 and 1-4 are integrated into 1. the operation manual}</p>	<p>Local Costs 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers</p>	<p>Local Costs Operational costs for implementing supervision and other necessary activities</p>	
<p>Output2: 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be implemented according to the plan. Output3: 3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.). 3-2 The focus VHCs implement health promotion activities.</p>			

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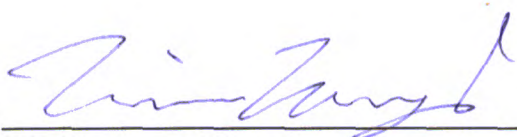
MINUTES OF MEETING OF JOINT COORDINATING COMMITTEE (JCC)
FOR THE PROJECT FOR IMPROVEMENT OF SERVICES AT VILLAGE HEALTH
CENTERS IN RURAL HOST COMMUNITIES OF SYRIAN REFUGEES
IN THE HASHEMITE KINGDOM OF JORDAN
AGREED UPON BETWEEN
MINISTRY OF HEALTH
AND
JAPAN INTERNATIONAL COOPERATION AGENCY

In accordance with the Record of Discussions, signed on 25th January, 2016, the Japan International Cooperation Agency (hereinafter referred to as “JICA”) started the “Project for Improvement of Services at Village Health Centres (VHCs) in Rural Host Communities of Syrian Refugees” (hereinafter referred to as the “Project”) on 30th April, 2016.

The Third Joint Coordinating Committee (hereinafter referred to as “JCC”) was held on 9th August, 2017, with the presence of the Ministry of Health (hereinafter referred to as “MOH”) as the chair of this committee, JICA and other members of JCC. In the course of the discussions, both MOH and JICA have confirmed mutual understanding regarding the achievement of the Project, the modification of the Project Design Matrix (hereinafter referred to as “PDM”) and the Record of Discussions.

Here attached is the Minutes of Meeting agreed in the JCC mentioned above.

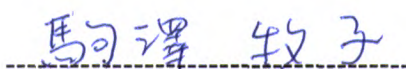
Amman, August 17, 2017



Mr. Noriharu Masugi
Senior Representative,
Jordan Office,
Japan International Cooperation Agency
(JICA)



Dr. Mohammad Al-Tarawneh
Project Director,
Primary Health Care Administration
Directorate,
Ministry of Health,
Hashemite Kingdom of Jordan



Ms. Makiko Komasa
Chief Advisor,
JICA Expert Team

The Attached Document

Participants of JCC (the list of participants is attached as ANNEX 1) discussed and agreed upon as follows.

1. Sharing achievement of the Project

The Project Manager and the JICA expert team presented the achievement of the Project. Major activities carried out were; updating the village health center (VHC) operation manual, conducting training, providing medical equipment by both the Project and MOH, introducing health promotion activities starting from conducting workshops in Irbid, Mafraq and Dayr Allah/Balqa governorates and health promotion ceremonies in each village. Major achievements based on PDM indicators were; the increased number of clients for family planning in 14 focus VHCs, maternal and child health care in 9 VHCs where midwives were newly assigned through additional efforts of the Woman and Child Health Directorate and the Health Directorates. The increased number of health promotion activities and its participants made a linkage between VHCs and communities. In addition, the Project Manager stressed the preparation of mobile clinic operation, which MOH decided that the Mafraq directorate was a pilot area due to high needy areas, the limited number of health facilities and availability of health staff.

2. The next planned activities

The Project team and MOH presented the next planned activities toward the end of the Project as follows; mobile clinic trial operation, refresher workshop for VHC staff, encouragement of continued implementation of health promotion activities in each governorate and sharing good practices, and conducting the endline household survey. Regarding mobile clinic, the project will conduct training for health staff and drivers and will provide fuel during the project period.

3. Revision of PDM Indicator

The modified PDM indicators (ANNEX 2) were shared and confirmed at the meeting.

4. Amendment of the Record of Discussions

Both sides agreed to amend the membership of 'Technical Committee' written in "7. Implementation Structure" of the Record of Discussions as follows; (1) the phrase of "nominated by the Minister of Health" shall be deleted and "nominated by the Project Manager" shall be substituted in lieu thereof, and (2) "Senior Representative, JICA Jordan Office" shall be deleted. The amendment will be made final after the approval from JICA Headquarters.



5. Plan of Operation for the Mobile Clinic

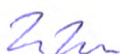
The advisory mission from the JICA Headquarters (hereinafter referred to as the “Mission Team”) suggested that MOH make a plan for trial operation for mobile clinic and its timeline in order to ensure the sustainable operation even after the termination of the Project. The mission remarked that (1) the pilot areas of the mobile clinic need to be determined based upon the evidence such as the size of population and the distance from health facilities in order to maximize the number of beneficiaries and cost-efficiency, (2) the operation of the mobile clinic needs to be reviewed after one month and its results need to be shared with JICA, (3) based upon the results of the review, the Project Team and MOH need to consider modifications of pilot areas and the revision of the operational plan in order to efficiently and effectively reach out to the beneficiaries, and (4) with the support of the Project Team, MOH should make a future plan of the use of mobile clinic after the Project termination and submit it to JICA headquarters and JICA Jordan office in February 2018.

6. Recommendations from the Mission Team

The Mission Team recommended that (1) the Japanese experts need to conduct more frequent field visits to monitor VHC staff and community health committee (CHC) members and to assess the Project achievement toward the end of the Project, and (2) since the Project is scheduled to be terminated in March 2018, MOH needs to prepare a plan to sustain and develop what they gained through the Project implementation, including plans to increase the number of VHCs beyond 14, where they will provide quality reproductive health/family planning services.

In response to the recommendations from the Mission Team, MOH agreed with the recommendation (1) and to support the Japanese experts in close coordination with health directorates in three target governorates. With respect to the recommendation (2), MOH agreed with it and remarked that the continued implementation of the activities will be ensured in accordance with the existing policies/strategies and indicators at MOH.

ANNEX-1 List of Participants in the Third Joint Coordinating Committee
ANNEX-2 PDM (version 3)



ANNEX- 1

List of Participants in the Third Joint Coordinating Committee

- 1) **Ministry of Health**
 - Director of Primary Health Care Administration Directorate Dr. Mohammad Al-Tarawnh
 - Director of Woman and Child Health Directorate Dr. Malak Al Orui
 - Head of Monitoring and Supervision Department, WCHD Ms. Fadia Al Jaber
 - MCH supervisor, WCHD Ms. Amal Abu Shaweesh
- 2) **Higher Population Council**
 - Secretary General Dr. Mayson Zoubi
- 3) **Health Directorate**
 - Assistant Director for Primary Health Care of Irbid Health Directorate Dr. Amal Al-Zoubi
 - Director of Mafraq Health Directorate Dr. Hani Olimat
 - Director of Balqa Health Directorate Dr. Khaled Arabiat
- 4) **JICA Jordan Office**
 - Senior Representative Mr. Noriharu Masugi
 - Project Formulation Advisor Ms. Megumi Shuto
 - Program Officer Ms. Shereen Abu- Hweij
 - Advisory Mission Team:
 - Head of Mission Team Prof. Tokiko Sato
 - Member of Mission Team Ms. Yumiko Yoshii
- 5) **JICA Experts**
 - Chief Advisor/Reproductive Health & Family Planning Ms. Makiko Komasaawa
 - Training Management Ms. Atsuko Imoto
 - Researcher Mr. Yutaka Komasaawa
 - Project Officer Ms. Ola Hattab
 - Project Assistant /Public Health Ms. Asal Nakhleh

ANNEX- 2

Project Design Matrix (PDM) (Version 3)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee

Implementing Agency: Ministry of Health

Period of Project: April 2016 - April 2018 (2 years)

Project Site: Mafrq and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district

Focus Village Health Centers (14): <Irbid> 1)Ass'arah 2) Tokobol and Om Al-Jadail, 3) Al-Khribeh, 4) Kufur Kyfia, 5) Mandah, 6) Abu Habel, <Mafrq>7) Al-Daqmasah, 8) Dahl, 9) Roudet Al-Amir Mohamed, 10) Breiqa, 11) Roudeh Al-Amir Hamzeh, 12) Al-Aqeb, <Dayr Alla>13) Maysara and Fanoush 14) Um Ayash.

Dated on August 9, 2017

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<p>Overall Goal More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.</p>	<ol style="list-style-type: none"> Number of FP clients at VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) Number of vaccination clients who received childcare services at VHCs is increased (both for Jordanians and Syrian refugee) Number of served referral cases at the higher level facilities is increased. Awareness of community people toward VHC services is increased. No. of clients who received all MCH/FP services at VHCs in the project sites is increased 	<ul style="list-style-type: none"> Directorate Monthly report MOH Logistic report for FP methods MCH report form for Syrian Directorate Monthly report MOH database on MCH monthly report MCH report form for Syrian Monthly report of comprehensive health centers and PHC centers VHC reports MOH database on MCH monthly report MOH Logistic report for FP methods 	
<p>Project Purpose Service delivery function of the focus Village Health Centers (VHCs) is improved.</p>	<ol style="list-style-type: none"> Results of supervision received from the health directorates are improved (FP client registration log books, logistic log book, etc.) the MOH/ are improved 	<ul style="list-style-type: none"> Directorate supervision report Project documents 	

	<p>2. Number of referral cases (FP, ANC, Child care) to other MOH health facilities is increased.</p> <p>3. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.)</p> <p>4. Total No. of MCH/FP services which are provided at the focus VHCs are increased.</p>	<p>-VHC monthly report and VHC log-book</p> <p>MCH report of MOH database</p>	<p>-Experiences at the focus VHCs are spread out to other VHCs by the health directorate.</p>
<p>Outputs</p>	<p>Output 1</p> <p>An enabling environment for VHCs in the project sites is secured.</p>	<p>-VHC reports</p> <p>-MOH database on MCH monthly report</p> <p>-MOH database on MCH monthly report</p>	
<p>Output 2</p> <p>Capacity of health staff at VHCs in the project sites is strengthened.</p>	<p>-1. Revised the Operational manual and approved</p> <p>-2. Developed Supervision Manual for VHCs in the project sites</p> <p>-3. Number of supervisions to VHCs conducted by the MOH.</p> <p>-4. Revised SOP for referral system for VHCs</p> <p>{Note: 2 and 4 are integrated into 1. the operational manual}</p>	<p>-Project documents</p> <p>-Project documents</p> <p>-Supervision report</p>	<p>-Turnover of trained personnel does not take place in the project sites.</p> <p>-Assigned nurse assistants at VHCs in the project sites are reported.</p>
<p>Output 3</p> <p>Health promotion activities are activated at the focus VHCs.</p>	<p>Pre/Post tests of the trainings</p>	<p>-Project documents</p>	
<p>Activities</p>	<p>Inputs</p>	<p>-VHC reports</p> <p>Report of HP activities</p>	<p>Pre-Conditions</p>

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<p><u>Output1:</u> 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-4 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-5 Necessary basic equipment is provided and delivered. {Note: 1-3 and 1-4 are integrated into 1. the operation manual}</p>	<p><u>Dispatch of Experts</u> 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion <u>Equipment and Material</u> 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities <u>Trainings</u> 1. Necessary trainings. <u>Local Costs</u> 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers</p>	<p><u>Counterparts</u> 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. <u>Facilities, equipment and materials</u> 1. Office space for the Project</p>	<p>is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.</p>
<p><u>Output2:</u> 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be implemented according to the plan.</p>	<p><u>Local Costs</u> 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers</p>	<p><u>Local Costs</u> Operational costs for implementing supervision and other necessary activities</p>	
<p><u>Output3:</u> 3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.). 3-2 The focus VHCs implement health promotion activities.</p>			

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MINUTES OF MEETING OF JOINT COORDINATING COMMITTEE (JCC)
FOR THE PROJECT FOR IMPROVEMENT OF SERVICES AT VILLAGE HEALTH
CENTERS IN RURAL HOST COMMUNITIES OF SYRIAN REFUGEES
IN THE HASHEMITE KINGDOM OF JORDAN
MINISTRY OF HEALTH
AND
JAPAN INTERNATIONAL COOPERATION AGENCY

In accordance with the Record of Discussions, signed on 25th January, 2016, the Japan International Cooperation Agency (hereinafter referred to as "JICA") started the "Project for Improvement of Services at Village Health Centres (VHCs) in Rural Host Communities of Syrian Refugees" (hereinafter referred to as the "Project") on 30th April, 2016.

The Forth Joint Coordinating Committee (hereinafter referred to as "JCC") was held on 8th March, 2018, with the presence of the Ministry of Health (hereinafter referred to as "MOH") as the chair of this committee, JICA and other members of JCC. In the course of the discussions, both MOH and JICA have confirmed mutual understanding regarding the achievement of the Project and way forward after the project termination.

Here attached is the Minutes of Meeting as discussed in the JCC mentioned above.

Amman, March 25, 2018



Mr. Noriharu Masugi
Senior Representative,
Jordan Office,
Japan International Cooperation Agency
(JICA)

Dr. Ayyoub Sayaydeh
Project Director and,
Director, Primary Health Care
Administration Directorate,
Ministry of Health,
Hashemite Kingdom of Jordan



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Ms. Makiko Komasa
Chief Advisor,
JICA Expert Team

The Attached Document

Participants of JCC (the list of participants is attached as ANNEX 1) discussed and agreed upon as follows.

1. Sharing the Project achievements

The Project achievements were presented by the Project Manager, two major counterparts, and the JICA expert team. The major outputs were; updating the village health center (VHC) operation manual, producing a family planning flipchart, conducting trainings, providing medical equipment by both the Ministry of Health (MOH) and the Project, supporting health promotion activities in 14 villages starting from April 2017. Major achievements based on the Project Design Matrix (PDM) indicators were; the expansion in number of VHCs where began to provide Family Planning (FP), maternal and child health care services, and immunization for children through the Woman and Child Health Directorate (WCHD)'s intensive instruction, and the increased number of clients for all Reproductive Health (RH) services in 14 focus VHCs. The increment in number of health promotion activities and its participants made a linkage between VHCs and communities. In addition, the Project procured the mobile health clinic and assisted its initiative operation in providing RH services to people who are living in remote area including Syrian refugees at Mafraq Governorate. In the end, the project team introduced the tentative results of impact survey which verified statistically significance on the increase in accessibility to FP services at VHCs and people's behaviour change toward FP practices.

2. Discussions and way forward

Directors of each Health Directorate expressed their recognition of the project achievement and way forwards. Director of Balqa Health Directorate praised the project's effectiveness and wished to disseminate same approaches to other VHCs which have high population, huge needs of RH services and considerable numbers of Syrian refugees. The Director of Mafraq Health Directorate appreciated the project's contribution to enhance the function of VHC in providing comprehensive package of RH services which he could not imagine before the start of the Project. He also emphasised that since Mafraq Health Directorate covers vast area, the VHCs role became important by providing essential services. He also mentioned that the mobile health clinic evolved into an effective health facility serving the Badia Shamaleh District/Northern Badia District. The Assistant Director of Irbid Health Directorate pointed out that the capacity of nursing staff at VHCs were strengthened and quality of RH services were improved in comparison to the previous situation because no one paid attention on VHCs conditions before this project. She indicated that she intends to apply the project approach to other VHCs within the governorate.

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Dr. Ayyoub, Project Director, congratulated the project's success and encouraged counterparts of MOH and health directorates to continue their efforts to sustain the level of achievement, through the project approaches in both strengthening VHC capacity and accelerating the health promotion activities. He also mentioned that UNICEF in collaboration with MOH and Ministry of Planning designed a project targeting 10 villages in Mafrq and other 10 villages in Irbid, the structure of this project is focusing on formulating community committees from doctors, nurses, community leaders and so on, looking for people who have any health problems, doing health check-up and refer them to health facilities, as well as UNICEF will also cover the costs of treatment for those who cannot pay or don't have medical insurance.

Eng. Maysoon Zoubi, Secretary General of Higher Population Council (HPC), addressed that RH is still high priority field to be tackled within Jordan population issues. She presented that it was projected 1.5 million Syrian refugees stay in Jordan even after Crises ends and 78% of Syrian refugees now living outside camps, in all the governorates. Therefore Jordan Government needs to build a resilient society to adapt to this situation. One of the strategies is awareness of FP toward Syrian refugees, especially focusing on adolescents programs. For dealing with this, she emphasized more rigid coordination mechanism is necessary among HPC, MOH and other partners.

Dr. Malak, the Project manager, emphasized that it is proved that all components supported by the Project were completed, including securing ID number of all VHCs and the mobile clinic, data monitoring system for RH services, integrating VHC supervision and follow-up system by the Health Directorate, and establishing community health committees (CHCs) at village level, in collaboration with the Directorate of Awareness and Communication Health at MOH, health promotion offices at the Health Directorate level and health promoters at the District level for accelerating health promotion activities. She concluded that all components become institutionalized and sustained through all these achievements.

Finally, Mr. Masugi, a senior representative of JICA Jordan office, informed that whether the project duration could be extended or not is still under discussion at the JICA headquarters due to JICA's severe budget constraints. He requested MOH to keep the office space and equipment at MOH for the time being until the final decision will be made by JICA headquarters. He also added his high hopes that MOH will make their efforts to make project activities sustainable. Responding to the request, the MOH side accepted it.

ANNEX-1 List of Participants in the Fourth Joint Coordinating Committee



ANNEX- 1

List of Participants in the Fourth Joint Coordinating Committee

- 1) **Ministry of Health**
 - Director of Primary Health Care Administration Directorate Dr. Ayyoub Sayaydeh
 - Director of Woman and Child Health Directorate Dr. Malak Al Orui
 - Head of Monitoring and Supervision Department, WCHD Ms. Fadia Al Jaber
 - MCH supervisor, WCHD Ms. Amal Abu Shaweesh
 - Legal Advisor, Legal Affairs Directorate Ms. Maha Jahawsheh
- 2) **Higher Population Council**
 - Secretary General Dr. Maysoun Zoubi
- 3) **Health Directorate**
 - Assistant Director for Primary Health Care of Irbid Health Directorate Dr. Amal Al-Zoubi
 - Director of Mafraq Health Directorate Dr. Hani Olimat
 - Director of Balqa Health Directorate Dr. Khaled Arabiat
- 4) **JICA Jordan Office**
 - Senior Representative Mr. Noriharu Masugi
 - Project Formulation Advisor Ms. Megumi Shuto
 - Program Officer Ms. Shereen Abu- Hweij
- 5) **JICA Experts**
 - Chief Advisor/Reproductive Health & Family Planning Ms. Makiko Komasaawa
 - Project Coordinator/Health Promotion Ms. Kaina Honma
 - Researcher Mr. Yutaka Komasaawa
 - Project Assistant Ms. Rumi Iwata
 - Admin Coordinator Ms. Ola Hattab
 - Junior Program Officer Ms. Asal Nakhleh

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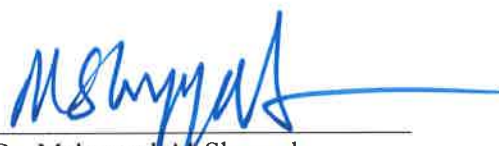
**MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
MINISTRY OF HEALTH OF THE HASHEMITE KINGDOM OF JORDAN
FOR AMENDMENT OF THE RECORD OF DISCUSSIONS
ON
THE PROJECT FOR IMPROVEMENT OF SERVICES AT VILLAGE HEALTH
CENTERS IN RURAL HOST COMMUNITIES OF SYRIAN REFUGEE**

The Japan International Cooperation Agency (hereinafter referred to as “JICA”) and the Ministry of Health (hereinafter referred to as “MOH”) hereby agree that the Record of Discussions on the Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugee signed on January 25th, 2016 (hereinafter referred to as “R/D”) will be amended as attached.

Amman, 15 Feb , 2018



Mr. Tsutomu Kobayashi
Chief Representative
Jordan Office
Japan International Cooperation Agency



Prof. Dr. Mahmoud Al-Sheyyab
Minister of Health,
Hashemite Kingdom of Jordan



Attached Document

1. "7. Implementation Structure" mentioned in "Project Description" of Appendix 1 of the R/D.
 ※The amended parts are shown in italic.

Before	Amended Version
<p>Technical Committee</p> <p>The Technical Committee <i>is</i> established <i>in order</i> to discuss technical and managerial issues of the Project is chaired by the Project Manager and membership of:</p> <p>MOH Head, Family Planning Division and two concerned staff from the division Three specialized staff from Mafraq, Irbid and Balqa Governorates nominated <i>by the Minister of Health</i></p> <p>JICA <i>Senior Representative, JICA Jordan Office</i> JICA's Experts</p>	<p>Technical Committee</p> <p>The Technical Committee <i>will be</i> established to discuss technical and managerial issues of the Project, <i>and</i> chaired by the Project Manager and membership of:</p> <p>MOH Head, Family Planning Division and two concerned staff from the division Three specialized staff from Mafraq, Irbid and Balqa Governorates nominated <i>by the Project Manager</i></p> <p>JICA <i>(deleted)</i> JICA's Experts</p>
<p>Reason:</p> <p>(1) The wordings were modified to more appropriate ones. (2) To facilitate the procedures at the level of forming the technical committee of the health directorates' staff, the committee will be nominated by the project manager.</p>	

2. "Annex 1 Logical Framework (Project Design Matrix: PDM)" in Appendix 1 of the R/D.

Indicators of Overall Goal

Before	Amended Version
<p>1. <Means of Verification> <i>-Directorate Monthly report</i></p>	<p>1. <Means of Verification> <i>-Woman and Child Health Directorate monthly reports</i></p>
<p>2. <Means of Verification> <i>-Directorate Monthly report</i></p>	<p>2. <Means of Verification> <i>-Communicable disease directorate report</i></p>
<p>3. <i>Number of served referral cases at the higher level facilities is increased.</i> <Means of Verification> <i>Monthly report of comprehensive</i></p>	<p>3. <i>(Deleted)</i></p>

<p><u>health centers and PHC centers</u></p> <p>4. <u>Awareness of community people toward VHC services</u> is increased.</p> <p><Means of Verification> <u>VHC reports</u></p>	<p>4. <i>(Deleted)</i></p>
<p>Reason:</p> <ol style="list-style-type: none"> 1) The means of verification for Indicator 1 was modified to obtain more accurate data. 2) The means of verification for Indicator 2 was modified, the source of this data is obtained from Communicable Disease Directorate. 3) Indicator 3 was deleted, as it is difficult to collect the information on referral cases from higher-level health facilities where the activities of the project are not implemented. 4) Indicator 4 was deleted, as it is difficult to collect the verifiable information after the project termination. 	

Project Purpose

Before	Amended Version
<p>1. Results of supervision received from <u>the health directorates</u> are improved (FP client registration log books, logistic log book, etc.)</p> <p><Means of Verification> <u>- Directorate supervision report</u></p>	<p>1. Results of supervision received from <u>Woman and Child Health Directorate (WCHD)</u> are improved</p> <p><Means of Verification> <u>- Project documents and MOH supervision reports</u></p>
<p>2. <Means of Verification> <u>- VHC monthly report and VHC log book</u></p>	<p>2. <Means of Verification> <u>- WCHD monthly reports</u></p>
<p>3. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc)</p> <p><Means of Verification> <u>- VHC reports</u></p>	<p>3. <u>Total number of MCH/FP services provided at the focus VHCs are increased</u></p> <p><Means of Verification> <u>- WCHD monthly reports</u></p>
	<p><Newly Added></p> <p>4. <u>Number of clients who received RH (ANC, PNC, FP, Childcare) services in focus VHCs</u></p> <p><Means of Verification> <u>- WCHD monthly reports</u></p>

Reason:

- 1) For Indicator 1, since the project directly supports the supervision conducted by MOH, it was modified to reflect the actual status.
- 2) Means of verification for indicator 2 to utilize the existing data source.
- 3) Indicator 3 was modified to utilize the existing data source.
- 4) Indicator 4 was added to assess the increased services by numerical indicators.

Outputs

Before	Amended Version
<p>Output 1 Indicator 2 <u>Developed Supervision Manual for VHCs in the project sites</u></p> <p>Indicator 3 Number of supervisions to VHCs conducted by the <u>health directorates</u>.</p> <p>Indicator 4 <u>Revised SOP for referral system for VHCs</u></p>	<p>Output 1 Indicator 2 <i>(integrated within indicator 1)</i></p> <p>Indicator 3 Number of supervisions to VHCs conducted by <u>WCHD, MOH</u>.</p> <p>Indicator 4. <i>(integrated with indicator 1)</i></p>
<p>Output 3 Indicator 1 <u>-Number of health education sessions at focus VHCs and number of participants.</u></p> <p>Indicator 2 Number of health promotion activities organized by focus VHCs and number of people participated. <Means of Verification> <u>VHC reports</u></p>	<p>Output 3 Indicator 1 <u>-Number of health promotion activities implemented by both VHCs and CHCs, and number of participants.</u></p> <p>Indicator 2 <u>-Number of VHCs which submit monthly reports of health promotion activities</u></p> <p><Means of Verification> <u>Reports of health promotion activities</u></p>
<p>Reason: <Output 1></p> <ol style="list-style-type: none"> 1) Indicator 2 and 4 were integrated into the VHC Operational Manuals described in Indicator 1. 2) For Indicator 3, since the project directly supports the supervision conducted by WCHD, it was modified to reflect the actual status. <p><Output 3></p> <ol style="list-style-type: none"> 3) Indicator 1, “health education sessions” was modified to “health promotion activities” as Community Health Committees implement various sorts of health promotion activities, not limit to hold health education sessions solely. 4) Indicator 2 “Number of VHCs which submitted the monthly activity reports” was added to obtain numerical data to assess the improvement of the managerial capacity of 	

VHCs.

- 5) The means of verification for both Indicators 1 and 2 was set to “Report of health promotion activities”, as the mentioned reporting format was newly developed by the project to assess the results of the activities.

This amendment will become effective, as of ().

Annex 1 : PDM ver. 4

Annex 2 : Record of Discussions (signed on 25th January, 2016)

Handwritten blue ink signatures and initials. There are three distinct marks: a circular signature at the top, a small mark below it, and a larger, more complex signature at the bottom right.Handwritten blue ink signature consisting of several overlapping strokes.

Project Design Matrix (PDM) (Version 4)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee
 Implementing Agency: Ministry of Health
 Period of Project: April 2016 - April 2018 (2 years)
 Project Site: Mafrag and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district
 Focus Village Health Centers (14): <Irbid> 1)Ass'arah 2) Tokobol and Om Al-Jadail, 3) Al-Khribeh, 4) Kufur Kyfia, 5) Mandah, 6) Abu Habeel, <Mafrag>7) Al-Daqmasah, 8) Dahl, 9) Roudet Al-Amir Mohamed, 10) Breiqa, 11) Roudet Al-Amir Hamzeh, 12) Al-Aqeb, <Dayr Alla>13) Maysara and Fanoush 14) Um Ayash.

Dated on Dec 22, 2017

Overall Goal	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity Reproductive Health (RH)/Family Planning (FP) and primary health services.		1. Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) 2. Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee)	1. Woman and Child Health Directorate (WCHD) monthly reports 2. Communicable Disease Directorate reports	
Project Purpose Service delivery function of the focus Village Health Centers (VHCs) is improved.		1. Results of supervision received from WCHD, Ministry of Health (MOH) are improved 2. Number of referral cases to other MOH health facilities is increased. 3. Total number of MCH/FP services provided at the focus VHCs are increased 4. Number of clients who received RH (ANC, PNC, FP, Childcare) services in focus VHCs	1. Project document and MOH supervision reports 2. WCHD monthly reports 3. WCHD monthly reports 4. WCHD monthly reports	-Experiences at the focus VHCs are spread out to other VHCs by the health directorate.
Outputs Output 1 An enabling environment for VHCs in the project sites is secured.		1. Revised the Operational manual and approved 2. Number of supervisions to VHCs	1. Project documents 2. Supervision reports	-Turnover of trained personnel does not take place in the project sites.



	conducted by WCHD, MOH	-Assigned nurse assistants at VHCs in the project sites are reported.
Output 2	Capacity of health staff at VHCs in the project sites is strengthened.	
Output 3	Health promotion activities are activated at the focus VHCs.	
	Pre/Post tests of the trainings	-Project documents
	1. Number of health promotion activities implemented by both VHCs and CHCs, and number of participants.	1. Reports of health promotion activities
	2. Number of VHCs which submit the monthly reports of health promotion activities.	2. Reports of health promotion activities
Activities	Inputs	Pre-Conditions
	Japanese side	Jordan side
Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-4 Standard Operating Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-5 Necessary basic equipment is provided and delivered. {Note: 1-3 and 1-4 are integrated into 1. the operation manual}	Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project	-Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.
Output2: 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be implemented according to the plan.	Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings. Local Costs 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers	Local Costs Operational costs for implementing supervision and other necessary activities

	<p>Output3: 3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.). 3-2 The focus VHCs implement health promotion activities.</p>
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2-1






RECORD OF DISCUSSIONS
ON
PROJECT FOR IMPROVEMENT OF SERVICES AT VILLAGE
HEALTH CENTERS IN RURAL HOST COMMUNITIES OF SYRIAN
REFUGEE

IN
THE HASHEMITE KINGDOM OF JORDAN
AGREED UPON BETWEEN

MINISTRY OF HEALTH
AND

JAPAN INTERNATIONAL COOPERATION AGENCY

Amman, 25, Jan, 2016


Mr. Shokichi Sakata
Chief Representative
Jordan Office
Japan International Cooperation
Agency


Dr. Ali Hiyasat
Minister of Health
Hashemite Kingdom of Jordan

Based on the minutes of meetings on the Detailed Planning Survey on the Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee (hereinafter referred to as "the Project") signed on 12th August, 2015 between Ministry of Health (hereinafter referred to as "MOH") and the Japan International Cooperation Agency (hereinafter referred to as "JICA"), JICA held a series of discussions with MOH and relevant organizations to develop a detailed plan of the Project.

Both parties agreed the details of the Project and the main points discussed as described in the Appendix 1 and the Appendix 2 respectively.

Both parties also agreed that MOH, the counterpart to JICA, will be responsible for the implementation of the Project in cooperation with JICA, coordinate with other relevant organizations and ensure that the self-reliant operation of the Project is sustained during and after the implementation period in order to contribute toward social and economic development of the Hashemite Kingdom of Jordan (hereinafter referred to as "Jordan").

The Project will be implemented within the framework of the Agreement on Technical Cooperation signed on 16th July, 1985 and the Note Verbales exchanged on 10th August, 2015 between the Government of Japan and the Government of Jordan.

Appendix 1: Project Description
Appendix 2: Main Points Discussed



Appendix 1

PROJECT DESCRIPTION

Both parties confirmed that there is no change in the Project Description in the minutes of meetings for Detailed Planning Survey on the Project signed on 12th, August, 2015 (Appendix 3).

I. BACKGROUND

Over the last several years, massive inflow of Syrian refugees into Jordan has stressed the country's health service provision. According to UNHCR, there are more than 600,000 refugees in Jordan and 83% of them inhabit outside refugee camps (2015 UNCHR Operational Update). According to information collected by JICA during the field visit in 2014, bed occupancy rates of some hospitals in the northern region exceed 100%, and more than half of the women who made delivery in the Mafraq Obstetric Hospital are the Syrian refugees. Accordingly, there are critical needs to maintain quality and quantity of health service for Jordanians living in host communities as well as Syrian refugees.

The Jordan Ministry of Health has successful experiences in implementing the community-based health project in collaboration with JICA from 2006 to 2011. The project was entitled as Integrating Health and Empowerment of Women in the South Region Project in 2006-2011 with its follow-up activities in 2012-2014, whose aim was to strengthen reproductive health/family planning and primary health care services at village health centers, such as family planning, first aids and health promotion, in the entire southern rural communities and selected rural communities of Mafraq Governorate.

Under such circumstances, the Government of Jordan has requested the Government of Japan for JICA's technical cooperation in order to provide both Jordanians and Syrian refugee living in the rural communities of Mafraq and Irbid Governorates and Balqa Governorate/ Dayr Alla District with quality and quantity reproductive health/family planning and primary health care services at the Village Health Centers.

II. OUTLINE OF THE PROJECT

Details of the Project are described in the Logical Framework (Project Design Matrix: PDM) (Annex 1) and the Plan of Operation (Annex 2).

1. Title of the Project
Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee
2. Overall Goal

More Jordanians and Syrian refugees who live in rural areas in the project sites can access quality and quantity reproductive health and family planning and primary health services.

3. Project Purpose
Service delivery function of the focus Village Health Centers (VHCs) is improved.
4. Outputs
Output 1: An enabling environment for VHCs in the project sites is secured.
Output 2: Capacity of health staff at VHCs in the project sites is strengthened.
Output 3: Health promotion activities are activated at the focus VHCs.
5. Activities
Details of the activities are described in the PDM (Annex 1).
6. Input
(1) Input by JICA
(a) Dispatch of Experts
- Chief Advisor / Reproductive Health and Family Planning
- Training Management
- Project Coordinator / Health Promotion
(b) Training in Japan (and / or in the third country)
Necessary trainings
(c) Equipment
1- A vehicle and necessary basic equipment for focus VHCs, mobile clinic (s) and other materials for the Project activities.
- 2- Input other than those indicated above will be determined through mutual consultations between JICA and MOH during the implementation of the Project, as necessary.
- 3- Installation, operation training at the time of installation of the equipment and repair of equipment within the warranty of the equipment provided during the project period.
- (2) Input by MOH
MOH will take necessary measures to provide at its own expense:
(a) Services of MOH's counterpart personnel and administrative personnel as referred to in II-6;
(b) Suitable office space with necessary equipment;
(c) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA;
(d) Information as well as support in obtaining medical service;
(e) Credentials or identification cards;
(f) Available data (including maps and photographs) and information related to the Project according to the valid legislations.

- (g) Running expenses necessary for the implementation of the Project; and
- (h) Expense necessary for transportation within Jordan of the equipment referred to in II-6 (1) as well as for the installation, operation and maintenance thereof.

7. Implementation Structure

The roles and assignments of relevant organizations are as follows:

- (1) Ministry of Health (MOH)
 - (a) Project Director
Director, Primary Health Care Administration, MOH will be responsible for overall administration and implementation.
 - (b) Project Manager
Director, Woman and Child Health Directorate, MOH shall be in charge of implementing technical and administrative matters related to the project and for that purpose the Manager shall be authorized to implement the project activity.
 - (c) Deputy Project Manager
Head of the concerned section of Family Planning at Woman and Child Health Directorate shall follow up the implementation of the decisions issued by the Project Manager. The Project Manager shall designate Deputy Project Manager at the governorate level.
 - (d) Other personnel necessary for the Project implementation working in the field of woman and child health and any other concerned staff designated by the Project Manager.
Family Planning Division, Primary Health Care at the concerned Directorate and health directorates at the below relevant governorates.
- (2) Health Directorate of Mafraq
 - Director of Health Directorate
 - Primary Health Care Assistant
 - Chief, Woman and Child Health Division
 - MCH supervisors, Woman and Child Health Division
- (3) Health Directorate of Irbid
 - Director of Health Directorate
 - Primary Health Care Assistant
 - Chief, Woman and Child Health Division
 - MCH supervisors, Woman and Child Health Division
- (4) Health Directorate of Balqa
 - Director of Health Directorate
 - Primary Health Care Assistant
 - Head of Woman and Child Health Division
 - Assistant Director, Dayr Alla District
 - MCH supervisor, Dayr Alla District
- (5) JICA experts

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The JICA experts will give necessary technical guidance, advice and recommendations to MOH on any matters pertaining to the implementation of the Project.

- (6) Joint Coordinating Committee (JCC) and Technical Committee
JCC will be established in order to facilitate inter-organizational coordination and chaired by the Secretary General of MOH and the membership of:-

- Ministry of Health
- Director of Primary Health Care Directorate
- Director of Woman and Child Health Directorate – Head of Family Planning Division
- Director of Mafraq Health Directorate
- Director of Irbid Health Directorate
- Director of Balqa Health Directorate
- Director of Legal Affairs Directorate

Higher Population Council
Secretary General

JICA
Chief Representative, JICA Jordan office
JICA Experts

ROLE:

- Approving an annual work plan
- Reviewing overall progress of the Project
- Exchanging opinions on major issues that arise during the implementation of the Project.
- Review of the Record of Discussion items from legal aspect, when needed

FREQUENCY OF MEETINGS:

Three times (launching, middle and the end of the Project) during the Project and whenever the necessity arises or based on the request of JICA's Chief Representative, Project Manager or the recommendation of the technical committee.

Technical Committee

The Technical Committee is established in order to discuss technical and managerial issues of the Project is chaired by the Project Manager and membership of:

- MOH
- Head, Family Planning Division and two concerned staff from the division
- Three specialized staff from Mafraq, Irbid and Balqa Governorates nominated by the Minister of Health
- JICA
- Senior Representative, JICA Jordan Office
- JICA's Experts

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ROLE

- Develop and annual work plan
- Review progress and project indicators
- Finalize the monitoring Sheet
- Discuss technical and managerial issues during the implementation of the Project

Frequency of the Meeting

The Technical Committee meeting will be held quarterly and upon the request of the head technical committee or as needed.

7. Project Sites and Beneficiaries

Project Sites: Mafrag Health Directorate, Irbid Health Directorate and Balqa Health Directorate/ Dayr Alla Health District.

Direct beneficiaries: VHCs in the Project site

Indirect beneficiaries: Both Jordanian and Syrian Refugee users of the VHCs in the Project site

8. Duration

The duration of the Project will be two years from the correspondence date sent to the Ministry by JICA, which is planned to be around February 2016.

9. Reports

MOH and JICA experts through the technical committee will jointly prepare the following reports in English and Arabic.

- (1) Monitoring Sheets on semiannual basis until the project completion
- (2) An Annual Report at the end of the first year of the Project
- (3) A Project Completion Report at the time of project completion

10. Environmental and Social Considerations

MOH will abide by 'JICA Guidelines for Environmental and Social Considerations' in order to ensure that appropriate considerations will be made for the environmental and social impacts of the Project.

1. III. UNDERTAKINGS OF MOH AND THE GOVERNMENT OF JORDAN MOH
and the Government of Jordan will take necessary measures to:

- (1) ensure that the technologies and knowledge acquired by the Jordan nationals as a result of Japanese technical cooperation contributes to the economic and social development of Jordan, and that the knowledge and experience acquired by the personnel of Jordan from technical training as well as the equipment provided by JICA will be utilized effectively in the implementation of the Project; and
- (2) grant privileges, exemptions and benefits to the JICA experts referred to in

11-6 above and their families, which are no less favorable than those granted to experts and members of the missions and their families of third countries or international organizations performing similar missions in Jordan mentioned in the Prime Ministry decision No.535 dated 30/6/1985.

2. Other privileges, exemptions and benefits provided in accordance with the Technical Cooperation Agreement exchanged between the Government of Japan and the Government of Jordan

IV. MONITORING AND EVALUATION

JICA and MOH will jointly and regularly monitor the progress of the Project through the Monitoring Sheets based on the Project Design Matrix (PDM) and Plan of Operations (PO). The Monitoring Sheets will be reviewed every six (6) months.

In addition, an annual report will be developed at the end of the first year and a Project Completion Report will be drawn up one (1) month before the termination of the Project.

V. PROMOTION OF PUBLIC SUPPORT

For the purpose of promoting support for the Project, MOH will take appropriate measures to make the Project widely known to the people of Jordan.

VI. MISCONDUCT

If JICA receives information related to suspected corrupt or fraudulent practices in the implementation of the Project, MOH and relevant organizations will provide JICA with such information as JICA may reasonably request, including information related to any concerned official of the government and/or public organizations of Jordan.

MOH and relevant organizations will not, unfairly or unfavorably treat the person and/or company which provided the information related to suspected corrupt or fraudulent practices in the implementation of the Project.

VII. MUTUAL CONSULTATION

JICA and MOH will consult each other whenever any major issues arise in the course of Project implementation.

VIII. AMENDMENTS

The record of discussions may be amended by the minutes of meetings between JICA and MOH. However, PO may be amended in the Monitoring Sheets. The minutes of meetings will be signed by authorized persons of each side who may be different from the signers of the record of discussions.

MAIN POINTS DISCUSSED

Both sides agreed on the specific points of the Project as follows.

1. Title of the Project

The title of the project will be "*Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee*" so that agreed contents and target area of the Project are accurately reflected in the Project title. Both sides will confirm the title to the authorities concerned of each government.

2. Purpose of the Project

This project is expected to expand the successful experiences acquired by the Project for Integrating Health and Empowerment of Women in the South Region (2006-2011) and its follow-up activities (2012-2014) into the northern and middle area of Jordan. In order to provide better access to the reproductive health/family planning and primary health care services for both Jordanians and Syrian Refugee, the Project aims to strengthen VHC's service delivery function in rural host communities of Syrian Refugee.

3. Target of the services of Village Health Centers (hereinafter referred to as VHCs)

Both side agreed that the services of the VHCs to be strengthened by the Project will be woman and child health services and health promotion.

4. Project Site

The Project sites are the Mafraq Health Directorate, the Irbid Health Directorate and the Balqa Health Directorate / Dayr Alla Health District.

5. Implementation Target

(1) Strengthening supervision and referral system

- Mafraq Health Directorate

- Irbid Health Directorate

- Balqa Health Directorate / Dayr Alla Health District

(2) Focus VHCs

Focus VHCs will receive (a) intensive supervision and monitoring and (b) support for health promotion activities.

Both side agreed to choose six VHCs from the Mafraq other than VHCs supported by JICA follow-up activities, and Irbid Health Directorates respectively, and two from Balqa Health Directorate/Dayr Alla Health District before the start of the Project and selection criteria are as follows;

- VHCs where staffs are willing to deliver reproductive health, family planning, immunization services, and primary health care services, and to conduct health promotion activities.
- VHCs which serve both Jordanians and Syrian refugee.
- VHCs which have potential needs for services in the community.

(3) VHCs supported by JICA Follow-up Schemes

VHCs supported by follow-up activities of "Integrating Health and Empowerment of Women in the South Region Project" in Mafraq Health Directorate will receive continuous support.

(4) Staff Training

Training activities will be conducted for stationed nurse assistants at all VHCs in the Mafraq and Irbid Health Directorates and the Balqa Health Directorate/Dayr Alla health district. Trainings topics include RH/FP and others as needed. In addition, training for other related health staff will be determined as needed.

6. Renovation of the VHCs and Equipment

The team observed that facilities of the VHCs are well maintained and both sides agreed that further renovation is not needed by the Project. A vehicle for the Project and basic equipment for focus VHCs will be provided upon necessity.

7. Health Promotion Activities

Supported by the Health Directorates and the Project, Health Promotion activities will be designed by each VHC based on needs of the community, capacity of VHCs and available resources/network in communities. Health promotion activities will include various approaches such as health education sessions at VHCs, schools and mosques, community awareness workshops, and home visits and others.

8. Revision and Approval of the Documents

Both agreed that the Project will utilize the materials developed by the Project for Integrating Health and Empowerment of Women in the South Region. Those materials

will be reviewed and modified in order to apply it for the activities at the Project sites. Particularly, "Operational Manual for Village Health Centers in the South Region", published in October 2010, will be reviewed and modified for the Project site.

9. Office Space for the JICA Expert

The project office should be housed in the Ministry of Health premises, with adequate space for at least 5 persons, in consideration of the project activities which require close coordination and frequent consultation. Both parties agreed that the Ministry of Health designate adequate office space within its premise by the commencement of the Project.

10. Indicators for Project Monitoring

Both sides confirmed that indicators prescribed in PDM are tentative and needs to be elaborated further after the commencement of the Project, which will be approved by the Technical Committee.

11. Monitoring of the Project Activities

Progress of the Project activities will be jointly monitored by using monitoring sheets and discussed at the Technical Committee meeting based on the PDM. In addition, an annual report will be developed at the end of the first year and a completion report will be developed before the end of the Project period.

Project Design Matrix (PDM) (Version 0)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee
 Implementing Agency: Ministry of Health
 Period of Project: February 2016- February 2018 (2 years)
 Project Site: Mafraq and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district
 Focus Village Health Centers: to be nominated

Dated on 25, Jan, 2016

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal			
More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.	1. Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) 2. Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee) 3. Number of served referral cases at the higher level facilities is increased. 4. Awareness of community people toward VHC services is increased.	-Directorate Monthly report -Directorate Monthly report -Monthly report of comprehensive health centers and PHC centers -VHC reports	
Project Purpose			
Service delivery function of the focus Village Health Centers (VHCs) is improved.	1. Results of supervision received from the health directorates are improved (FP client registration log books, logistic log book, etc.) 2. Number of referral cases to other MOH health facilities is increased. 3. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.)	-Directorate supervision report -VHC monthly report and log book -VHC reports	-Experiences at the focus VHCs are spread out to other VHCs by the health directorate.
Outputs			
Output 1			
An enabling environment for VHCs in the project sites is	-Revised the Operational manual and		-Turnover of trained

secured.	approved -Developed Supervision Manual for VHCs in the project sites -Number of supervisions to VHCs conducted by the health directorates. -Revised SOP for referral system for VHCs	-Supervision report	personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported.
Output 2			
Capacity of health staff at VHCs in the project sites is strengthened.	Pre/Post tests of the trainings	-Project documents	
Output 3			
Health promotion activities are activated at the focus VHCs.	-Number of health education sessions at focus VHCs and number of participants. -Number of health promotion activities organized by focus VHCs and number of people participated.	-VHC reports	
Activities	Inputs		Pre-Conditions
	Japanese side	Jordan side	
Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-5 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-6 Necessary basic equipment is provided and delivered.	Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings.	Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project Local Costs Operational costs for implementing supervision and other necessary activities	-Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.
Output2: 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be	1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers		

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Annex 1 Tentative Project Design Matrix (PDM)

implemented according to the plan.
Output3:
 3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc).
 3-2 The focus VHCs implement health promotion activities.

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Project Title:		2017												2018											
Inputs		Plan		Actual		Plan		Actual		Plan		Actual		Plan		Actual									
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4								
Chief Advisor / PMO																									
Training Management																									
Project Coordinator / Health Promoter																									
Equipment																									
Activities																									
Training in Japan																									
In-country/Third country Training																									
Sub-Activities																									
Output 1: An enabling environment for VHCs in the project sites is secured																									
1.1 Workshop is organized for VHCs and health promoters from relevant stakeholders																									
1.1.1 Workshop of business is conducted																									
1.2: Operational Manual for Village Health Promoters is developed and approved by MHCI. It is reviewed, modified for the project site and approved by MHCI.																									
1.2.1: Manual of business is developed and approved by MHCI.																									
1.2.2: Apply the tentative version of VHC Manual of business to the project site.																									
1.2.3: Feedback to VHC Manual																									
1.2.4: Approved the VHC manual by MHCI																									
1.3: Supervision Manual for VHCs in the project sites is developed and approved by MHCI. It is reviewed, modified for the project site and approved by MHCI.																									
1.3.1: Review and tentatively revised the Supervision Manual for VHCs in the project sites.																									
1.3.2: Approve the tentative version of the manual																									
1.3.3: Provided the manual																									
1.4: Standardized Operational Procedures (SOPs) for Village Health Promoters (VHCs) is reviewed, modified and tentatively approved by MHCI.																									
1.4.1: Review and tentatively modified the SOPs																									
1.4.2: Provided the SOP for VHCs																									
1.5: Necessary basic equipment are provided and delivered.																									
1.5.1: Basic survey kit, sanitizer, and etc.																									
1.5.2: Provision of equipment																									
Output 2: Capacity of health staff at VHCs in the project sites is strengthened.																									
2.1: Capacity of health staff at VHCs is strengthened through by MHCI center and health promoters.																									
2.1.1: Make the plan for training																									
2.1.2: Conduct training																									
2.1.3: Provide training																									
2.1.4: Reporting and follow-up																									
2.2: Trainings for other related health staff will be implemented according to the plan.																									
2.2.1: Provide training																									
2.2.2: Reporting and follow-up																									

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Output 3: Health Promotion is activated by VPCs in collaboration with various organizations.

3.1 The focus VPCs plan health promotion activities based on needs of communities, capacity of VPCs and available resources in collaboration with other organizations (e.g. health education centers of VPCs, health awareness Workshops, home visits, and etc.).

3.1.1 Identify need of health education and health promotion and give supports in respective fields.

3.1.2 Provide training related to health promotion for VPCs.

3.2 The focus VPCs implement health promotion activities for the implementation of health promotion.

3.2.1 Promote health promotion for VPCs.

Duration / Phasing	2016		2017	
	Plan	Actual	Plan	Actual
Monitoring Plan				
Monitoring	1		1	
Joint Coordination Committee	2		2	
Technical Committee	3		3	
Submission of Monitoring Sheet	4		4	
Monitoring Mission from Japan	5		5	
Start Monitoring	6		6	
First Monitoring	7		7	
Report/ Documents	8		8	
Annual report	9		9	
Project Completion Report	10		10	
Public Relations				
Project launch	11		11	
News letter	12		12	
Health promotion kit	13		13	

B.A

Memorandum of Understanding on Project Management and Cost Sharing

The Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees (hereinafter referred to as “the Project”) has started on 30 April, 2016 in accordance with the Record of Discussions (R/D) signed on 25 January, 2016. To clarify project operation mechanism, cost sharing, and other matters, the Primary Health Care Administration Directorate (PHCD)/ the Women and Child Health Directorate (WCHD), Ministry of Health (MOH) and Japan International Cooperation Agency (JICA) Jordan office had a meeting and agreed upon the items as described in this memorandum.

The JICA Jordan Office emphasized the importance for the Government of Jordan (hereinafter referred to as “GOJ”) to cover the necessary expenses for the Project as much as possible in order to enhance the GOJ’s ownership and the sustainability of the Project.

Following points were agreed upon by the both parties.

1. Sharing the activity plan for the project

- The Project team will prepare the project activity plan which shows activity timeline and responsibilities of both the PHCD/WCHD and the Project team and share it with the PHCD/WCHD.

2. Monthly Report and Meeting with the PHCD/WCHD

- The Project team will prepare the monthly report about achievement and progress of the project activities and share it with PHCD/WCHD at the monthly meeting at the end of month.

3. Cost sharing for project activities.

- The JICA Jordan Office will negotiate with JICA headquarters to obtain approval for payment for trainers of training activities among MOH staff in Jordan fiscal year of 2016.
- The PHCD/WCHD will make efforts to allocate some budget for training which will be conducted during Jordan fiscal year of 2017.

4. Procurement of mobile clinic and medical equipment

- The project team and PHCD/WCHD agreed that provision of medical equipment mainly focus on basic reproductive health (RH) /Family planning (FP) (pill and condom) and Primary health care services.
- Based on the JICA Jordan Office’s proposal, PHCD/WCHD agreed on prioritization of the medical equipment which were on the list so that the project team can utilize limited budget (approximately 6,500 JD)¹ effectively. In addition, the JICA Jordan Office suggested that there will be spare budget for other necessary equipment if the cost for mobile clinic will be less than expected (approximately 68,000 JD).
- The PHCD/WCHD will provide the MOH specification for basic medical equipment for RH/FP services and refrigerator as soon as possible.

¹ Exchange rate between Jordan Dinar and Japanese yen is as of August 2016.

MS



- The PHCD/WCHD will provide the MOH specification and clear procurement mechanism for mobile clinic as soon as possible.

Signed by the representatives of the both parties with witness in Amman on 23 August, 2016.



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Project Director
Primary Health Care
Administration Directorate,
Ministry of Health,
Jordan

Dr. Malak Al Orui
Project Manager,
Women and Child Health
Directorate,
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駒澤 牧子

Ms. Makiko Komasa
Chief Advisor,
JICA Expert Team

小林 節

Mr. Tsutomu Kobayashi,
Senior representative,
JICA Jordan office,



مذكرة تفاهم حول إدارة المشروع ومشاركة التكاليف

مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق المستضيفة للاجئين السوريين (يشار إليه فيما يلي باسم "المشروع") الذي بدأ في 30 نيسان 2016 وفقا للاتفاقية الموقعة في 25 كانون الثاني 2016. تم الاجتماع لتوضيح آلية عمل المشروع، ومشاركة التكاليف، وغيرها من المسائل والاتفاق على البنود كما هو موضح في هذه المذكرة. بين مديرية الرعاية الصحية الأولية /مديرية صحة المرأة والطفل، ووزارة الصحة والوكالة اليابانية للتعاون الدولي (جايجا) مكتب جايجا الأردن .

أكد مكتب جايجا الأردن على أهمية قيام الحكومة الأردنية (المشار إليها فيما يلي باسم "الأردنية") لتغطية النفقات اللازمة للمشروع قدر الإمكان من أجل تعزيز الملكية الأردنية واستدامة المشروع.

تم الاتفاق على النقاط التالية عليها من قبل الطرفين

1. مشاركة خطة أنشطة المشروع
 - سيقوم فريق مشروع بإعداد خطة أنشطة المشروع تحتوي على الجدول الزمني ومسؤوليات كل مديرية الرعاية الصحية الأولية/ مديرية صحة المرأة والطفل وفريق مشروع ومشاركتها مع مديرية صحة المرأة والطفل.
2. التقرير الشهري والاجتماع مع مديرية الرعاية الصحية الأولية/ مديرية صحة المرأة والطفل
 - سيقوم فريق المشروع بإعداد التقرير الشهري حول الإنجازات وتقدم المشروع ومشاركتها مع مديرية الرعاية الصحية الأولية /مديرية صحة المرأة و الطفل في الاجتماع الشهري في نهاية كل الشهر.
3. مشاركة التكاليف لأنشطة المشروع
 - سيقوم مكتب جايجا الأردن بالتفاوض مع المكتب الرئيسي لجايجا للحصول على موافقة دفع للمدربين في الأنشطة التدريبية لموظفي وزارة الصحة في الاردن لسنة المالية 2016.
- ستبذل مديرية الرعاية الصحية الأولية /مديرية صحة المرأة والطفل جهودا لتخصيص جزء لميزانية التدريب الذي سيجرى خلال عام 2017.
4. آلية شراء العيادة المتنقلة والمعدات الطبية
 - وافق فريق المشروع ومديرية الرعاية الصحية الأولية/مديرية صحة المرأة والطفل أن توفير المعدات الطبية تركز أساسا على خدمات الصحة الإنجابية الأساسية (الصحة الإنجابية) / تنظيم الأسرة (حبوب منع الحمل والوقاي الذكري) وخدمات الرعاية الصحية الأولية .
 - بناء على اقتراح مكتب جايجا في الأردن، وافقت مديرية الرعاية الصحية الأولية / مديرية صحة المرأة والطفل على تحديد الأولويات من المعدات الطبية حتى يتسنى لفريق المشروع الاستفادة من الميزانية المحدودة المقدرة ب (حوالي 6500 دينار) على نحو فعال. وبالإضافة إلى ذلك، اقترح مكتب جايجا الأردن أنه سيكون هناك ميزانية للمعدات الطبية الضرورية الأخرى (ذات الاولوية الثانية) إذا كانت تكلفة للعيادة المتنقلة أقل مما هو متوقع (حوالي 68٠000 دينار).

• مديرية الرعاية الصحية الأولية/ مديرية صحة المرأة والطفل سوف توفر مواصفات وزارة الصحة للمعدات

الطبية الأساسية لخدمات الصحة الإنجابية / تنظيم الأسرة والثلاجة في أقرب وقت ممكن.

- مديرية الرعاية الصحية الأولية/ مديره صحة المرأة والطفل سوف توفر مواصفات وزارة الصحة وآلية الشراء للعيادة المتنقلة في أقرب وقت ممكن.

وقعت من ممثلي كلا الطرفين مع الشاهد في عمان بتاريخ 23 أغسطس 2016.

السيدة ماكيكو كوماساوا
المدير التنفيذي للمشروع
مستشار ياباني/جايبكا

駒澤 知子

الدكتورة ملاك العوري

مدير المشروع

مديرية صحة المرأة والطفل

مديرية الرعاية الصحية الأولية

وزارة الصحة

الأردن

الدكتور بشير القصير

مدير إدارة المشروع

مديرية الرعاية الصحية الأولية

وزارة الصحة

الأردن

小林 菊

السيد تسوتومو كوباياشي
الممثل الاعلى
الوكالة اليابانية للتعاون الدولي
مكتب جايبكا الأردن

TO Chief Representative of JICA Jordan OFFICE

PROJECT MONITORING SHEET

Project Title: Project for Improvement of Services at Village Health Centers (VHCs) in Rural/Host Communities of Syrian Refugees
Version of the Sheet: Ver. 2 (Term: June, 2016 - September, 2016)

Name: Dr. Malak M. Al-Ouri
 Title: Project Manager, MOH
 Name: Makiko KOMASAWA
 Title: Chief Advisor
 Submission Date: October 13, 2016

I. Summary

1 Progress

1-1 Progress of Inputs

This project monitoring sheet covers the progress achieved since the last monitoring undertaken in May 2016. Thus all the activities performed in the period from June 2016 to September 2016 is described, discussed and evaluated.

1-1-1 Inputs by the Japanese Side

- 1) Japanese experts
 - Chief advisor: 4.43 MM
 - Training management 1 (Impact evaluation): 1.10 MM
 - Training management 3 (Community health): 0.87 MM
 - Project coordinator/Health promotion 1: 3.07 MM
 - Project coordinator/Health promotion 2: 1.50 MM
- 2) Procurement for the project office
 - Laptop PC (1), Desktop PC (1), Laser printer (1), Color printer (1), Digital camera (1)
 - Office Furniture (4 desks, 8 chairs and 4 shelves)
 - Office computer networking (1), Fan (1)
 - Photo copy machine (1)

1-1-2 Inputs by the Jordanian Side

- 1) Counterparts
 - Director, Women and Child Health Directorate

- 2 counterparts from Family Planning division (Head of the Division has been vacant since July 2016)
- MCH supervisors from 3 health directorates.

2) Other

- One office with necessary running cost and necessary equipment
- Meeting room as needed

1-2 Progress of Activities

After Ramadan the Japanese expert team returned back and resumed the project activity from 12th of July. The following activities related to project management have been completed from the July to September 2016.

1) Joint Coordinating Committee (JCC)

-JCC has been held on the 10th of August, 2016. Major comments collected were related to PDM indicators and frequency of JCC meetings. Minutes of meeting was signed on 23rd August (See attached Minutes of Meeting). The project team will review and modify indicators after the household survey completion in October.

2) Finalizing 14 focus Village Health Centers (VHCs)

3) Baseline survey

- The VHC survey was completed for 14 focus VHCs. The report was prepared in English.
- The Household Survey was begun in Irbid on the 25th of September in collaboration with the Department of Statistics (DOS).

4) Mobile clinic

- Through coordination among relevant stakeholders within MOH, MOH authorized specifications of the mobile clinic were provided to the JICA Project for choosing a mobile clinic within JICA limited budget. MOH and JICA is under negotiation to be finalized.

5) Supervisor meetings

- The first Supervisor meeting has held on the 18th of July, 2016 in order to discuss the project goals and roles of the supervisors from three health directorates.
- The second and third supervisor meeting has held on the 19th and the 26th of September and discussed the updating the VHC operation manual and training plan in 2016.

1-3 Achievement of Outputs

There are three Outputs for this project as follows.

- Output 1: An enabling environment for VHCs in the project sites is secured.
- Output 2: Capacity of health staff at VHCs in the project sites is strengthened.
- Output 3: Health promotion activities are activated at the focus VHCs (14 VHCs).

<p>Output 1</p> <ol style="list-style-type: none"> 1) Opening Ceremony <ul style="list-style-type: none"> -The opening (Launching) ceremony was conducted on the 3rd of August, 2016, having 45 participants, from MOH, the health directorates, Higher Population Council, other partners. The Ceremony report was prepared in English. 2) Updating VHC operation manual <ul style="list-style-type: none"> -The Jordanian supervisor team and the Japanese expert team reviewed the "Operation manual for Village Health Centers in the South region" and discussed the necessary parts to be updated. 3) Medical equipment <ul style="list-style-type: none"> -Jordanian counterpart requested the medical equipment department for MOH standardized specification for basic medical equipment for VHCs. Meanwhile, based on the results of the Village Health Center Survey, the draft procurement list for basic medical equipment was made. <p>Output 2</p> <ol style="list-style-type: none"> 1) Preparing training sessions in October and December 2016 <p>At the second supervisor meeting held on 19th September, the framework of the training sessions for the first year was decided as follows.</p> <ul style="list-style-type: none"> - Training on family planning for 14 nursing staff - Training on antenatal, postnatal and child care for 14 nursing staff - Training for doctors and midwives who are supporting 14 focus VHCs. <p>The first training on family planning will be conducted in October 2016.</p> <p>Output 3</p> <ol style="list-style-type: none"> 1) Planning for health promotion activity <ul style="list-style-type: none"> - The first meeting with for the Directorate of Awareness and Education Health was held on 18th of September in order to share the current situations of health promotion activities by the focus VHCs and achievement of the healthy village program by the MOH. The outline of the health promotion activities were agreed by the MOH stakeholders and the Japanese team. <p>1-4 Achievement of the Project Purpose</p> <p>To be discussed after the household survey completion in terms of PDM indicators.</p>

<p>1-5 Changes of Risks and Actions for Mitigation</p> <p>To discuss on the payment for training and supervision for counterparts, the meeting between MOH, JICA Jordan office and the Japanese expert team was held on 21st of August. At the meeting, the followings were agreed (See attached Memorandum of Understanding in detail).</p> <ul style="list-style-type: none"> - Preparing the activity plan in line with the framework suggested by MOH - Holding a Monthly meeting between MOH counterparts and the Japanese team and preparing monthly report - Agreement of sharing cost of training and supervisor fee between MOH and JICA Jordan office - Understanding of procurement procedures for mobile clinic and medical equipment for the VHCs <p>At the first JCC, increasing frequency of JCC meetings were raised as request from the MOH side. The JICA Jordan office agreed to hold ad hoc meetings when necessary.</p> <p>1-6 Progress of Actions undertaken by JICA</p> <p>The meeting mentioned above was facilitated by the JICA Jordan office. The senior representative of the office authorized the agreement. The cost sharing for training had been discussed with the JICA headquarters and it had been approved by the JICA headquarters on 26 of September.</p> <p>1-7 Progress of Actions undertaken by Gov. of Jordan</p> <p>As a mentioned in 1-5, the project director, a director of Primary Health Care Directorate (PHCD) and a project manager, a director of Women and Child Health Directorate (WCHD), agreed as follows:</p> <p>As declared in the Memorandum of Understanding, the MOH implemented as follows:</p> <ul style="list-style-type: none"> - Taking actions as the activity plan described - Sharing the monthly report which the Japanese expert team prepared <p>1-8 Progress of Environmental and Social Considerations (if applicable)</p> <p>Not applicable for this project as Category C.</p> <p>1-9 Progress of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)</p> <p>The project aims to develop enables environment for women's empowerment through health promotion activities in communities. This activities will accelerate involvement of men/boys and religious leaders and will contribute promotion of gender equity.</p>
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1-10 Other remarkable/considerable issues related to/affecting the project (such as other JICA projects, activities of counterparts, other donors, private sectors, NGOs etc.)

- 1) Participating meetings of various organizations who are supporting Syrian refugees, such as RH sub-working group and male involvement taskforce both headed by UNFPA, and the community health taskforce headed by two international NGOs (IRC and Medair).
- 2) Gathered information from the USAID-founded project (JCAP) regarding the baseline survey preparation since JCAP conducted the same type of survey in 2015.

2 Delay of Work Schedule and/or Problems (if any)

2-1 Detail

- 1) Delay of the household survey: The household survey as part of baseline survey has fallen behind schedule. It was planned to start in August and postponed until after the general election in late September.
- 2) Delay of the procurement of mobile clinic and basic medical equipment for VHCs. It has been delayed since taking time to gather the MOH specifications and follow the MOH official procedures.

2-2 Cause

- 1) The major reason of delay of implementing the survey was to take time to get approval from the Ministry of Interior through the Department of Statistics.
- 2) The project team is not familiar of MOH procurement procedures and the MOH official procedures tend to take time.

2-3 Action to be taken

The following actions to be taken by the project in the next period.

- 1) Negotiation of the mobile clinic specification between MOH and the project
- 2) Follow-up the medical equipment specification of MOH
- 3) Reviewing the indicators of PDM after the household survey completion
- 4) Nominating counterparts who will attend a training in Japan for the next year

2-4 Roles of Responsible Persons/Organizations (JICA, Gov. of Jordan, etc.)

- 1) Accelerating the finalization of payment rule for the training between MOH and JICA
- 2) Supporting the project to review and modify the indicators of PDM
- 3) R/D modifications: a) the project name, adding "s" at the end of "refugee," b) the current supervisor meeting should be upgraded to "technical committee"

4) Setting the timing of sending a mid-term advisory mission from JICA Headquarters in the next year as soon as possible

3 Modification of the Project Implementation Plan

3-1 Plan of Operation (PO)

There is no major modifications occurred in this period after the modification of the Monitoring Sheet Ver.1.

3-2 Other modifications on detailed implementation plan
(Remarks: The amendments of Record of Discussion (R/D) and PDM (title of the project, duration, project site(s), target group(s), implementation structure, overall goal, project purpose, outputs, activities, and input) should be authorized by JICA HDQs. If the project team deems it necessary to modify any part of R/D and PDM, the team may propose the draft.)

The two parties agreed the following R/D amendments at the next timing, probably in the early next year.

- 1) Regarding title of the project in R/D, the both parties recognize that the last word, "refugee" should be plural
- 2) Technical committee's membership and person who will nominate its member.
- 3) Reviewing the indicators of PDM

4 Preparation of Gov. of Jordan toward after completion of the Project

At the mid-term advisory mission in the next year, necessity of further cooperation after the project termination will be discussed.

II. Project Monitoring Sheet I & II as Attached

- 2- مشتريات المشروع المكتبية
- كمبيوتر محمول (1) ، كمبيوتر ثابت (1) ، طباعة ليزر (1)
- طباعة ملونة (1)
- كاميرا ديجيتال (1) .
- اثاث مكتبي (4 طاولات ، 8 كرسي ، 4 رفوف)
- شبكات كمبيوتر مكتبية (1) ، مروحة (1)
- آلة تصوير (1)

2-1-1 المداخلات من قبل الجانب الاردني

- 1- ضباط الارتباط
 - المدير : مدير صحة المرأة والطفل
 - 2 ضباط ارتباط من قسم تنظيم الاسرة (رئيس القسم تقاعدت من شهر حزيران 2016
 - رؤساء اقسام صحة المرأة والطفل في الثلاث مديريات ومشرفي الامومة والطفولة

2- اخرى

- مكتب (1) والمعدات الضرورية
- قاعة اجتماعات عند الحاجة

2-1 التقدم في الانشطة

بعد انتهاء شهر رمضان عاد الفريق الياباني واستأنف تنفيذ أنشطة المشروع من تاريخ 12 تموز. وقد تم الانتهاء من تنفيذ الأنشطة التالية من تاريخ 12 تموز 2016 ولغاية نهاية شهر ايلول 2016 .

1- اللجنة التنسيقية المشتركة (JCC):

تم عقد الاجتماع الأول للجنة التنسيقية في 10 آب ، وكانت معظم الملاحظات على مؤشرات مصفوفة المشروع و عدد اجتماعات اللجنة ، وتم توقيع تقرير اجتماع اللجنة بتاريخ 23 آب 2016 و فريق المشروع سيقوم بمراجعة المؤشرات بعد الانتهاء مسح السكان والمساكن في شهر تشرين اول .

الى الممثل الاقليمي لمكتب جابكا الاردن

ورقة تقييم المشروع

اسم المشروع : مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستضيفة للاجئين السوريين

اصدار ورقة التقييم : رقم 2 (فترة : تموز 2016-ايول 2016)

الاسم : د. ملاك العوري

المنصب : مديرة المشروع وزارة الصحة

الاسم : مكiko كوموساوا

المنصب : رئيس المستشارون

التاريخ : 30 ايلول 2016

ملخص

(1) التقدم

1-1 التقدم في المداخلات

ورقة تقييم المشروع تغطي التقدم في الانجازات من التقييم السابق الذي تم في شهر ايار 2016 . وبذلك جميع الانشطة التي تم تنفيذها في الفترة من 20 حزيران ولغاية نهاية شهر ايلول 2016 وتم وصفها ومناقشتها وتقييمها

1-1-1 التقدم في المداخلات من الجانب الياباني

1- الخبراء اليابانيين.

- رئيس الخبراء MM 4.43
- ادارة التدريب 1 (تقييم الاثر) MM 1.10
- ادارة التدريب 3 (صحة المجتمع) MM 0.87
- منسق مشروع /تعزيز صحة 1 : MM 3.07
- منسق مشروع /تعزيز صحة 2 : MM 1.50

المخرج (2) : رفع كفاءة مقدمي الخدمات في المراكز الصحية الفرعية في مواقع المشروع

المخرج (3) : تنشيط أنشطة تعزيز الصحة في قرى المراكز الصحية المختارة (14 مركز صحي فرعي)

المخرج (1)

1- حفل الافتتاح :

تم عقد حفل الافتتاح في 3 آب 2016 ، وكان عدد الحضور 45 مشارك من وزارة الصحة ، ومديريات الصحة الثلاثة المستهدفة من قبل المشروع ، المجلس الأعلى للسكان ، والشركاء . وتم اعداد التقرير باللغة الانجليزية .

2- تحديث الدليل التشغيلي للمراكز الصحية الفرعية :

لجنة (تعديل الدليل ووضع خطة التدريب) والفريق الياباني قاموا بمراجعة دليل المراكز الصحية الفرعية في منطقة الجنوب وتمت مناقشة الاجزاء الرئيسية التي سيتم تعديلها وتحديثها **عقد الاجتماع الاول والثاني في 19 ايلول و 26 ايلول .**

3- الاجهزة الطبية :

تم التنسيق مع المعنيين في وزارة الصحة من اجل الحصول على مواصفات الاجهزة والمعدات الطبية لتتلائم مع احتياجات وزارة الصحة.

المخرج (2)

التحضير لمواضيع التدريب الذي سيتم اجراءه بشهر تشرين الاول وشهر كانون اول لعام 2016.

تم عقد الاجتماع الاول للجنة (تعديل الدليل ووضع خطة التدريب) في التاسع عشر من شهر ايلول لعام 2016 و الاطار العام لمواضيع التدريب للسنة الاولى تم الاتفاق عليه كالتالي :

2- الانتهاء من اختبار ال 14 مركز صحي فرعي

3- المسح الاولي :

- تم الانتهاء من مسح المراكز الصحية الفرعية ال 14 المستهدفة وتم اعداد التقرير باللغة الانجليزية .
- تم البدء بمسح السكان والمساكن في 25 ايلول 2016 في محافظة اربد بالتعاون مع مديرية الاحصاءات العامة (DOS).

4- العيادة المتنقلة

تم التنسيق مع المعنيين في وزارة الصحة فيما يخص المواصفات المعتمدة للعيادة المتنقلة وتم تزويد جايبا بها ليتم اخذها بعين الاعتبار عند اختيار العيادة المتنقلة حسب مخصصاتهم المحدودة والمناقشات حول اختيار العيادة المتنقلة في طور الانتهاء ما بين المعنيين في وزارة الصحة وجايبا.

5-اجتماع رؤساء اقسام صحة المرأة والطفل والمشرفات

الاجتماع الاول لرؤساء اقسام صحة المرأة والطفل ومشرفات الامومة والطفولة ، تم عقده بتاريخ 18 تموز 2016 من اجل مناقشة اهداف المشروع و دور رؤساء اقسام صحة المرأة والطفل ومشرفات الامومة والطفولة من مديريات الصحة الثلاثة .

تم عقد الاجتماع الثاني والثالث في 19 و26 من شهر ايلول لتحديث الدليل (دليل العاملين في المراكز الصحية الفرعية في اقليم الجنوب) ومناقشة خطة التدريب لعام 2016.

3-1 تحقيق المخرجات :

هناك 3 مخرجات للمشروع وهي كالتالي:

المخرج (1) : تمكين البينة المحيطة في المراكز الصحية الفرعية في مواقع المشروع

تمت الموافقة من قبل مكتب جايبكا الاردن على زيادة عدد الاجتماعات بحيث يتم عقد اجتماع كلما دعت الحاجة

(6-1) التقدم في الاجراءات المتخذة من قبل جايبكا

تم تسهيل الاجتماع المذكور اعلاه من قبل مكتب جايبكا الاردن، الممثل الاقليمي لمكتب جايبكا الاردن له صلاحية بالموافقة على بعض التعديلات . ولكن بند المشاركة في تكاليف التدريب تم مناقشته مع جايبكا المكتب الرئيسي طوكيو وتمت الموافقة النهائية من جايبكا المكتب الرئيسي في 26 ايلول .

(7-1) التقدم في الاجراءات المتخذة من قبل وزارة الصحة .

كما تم مناقشته في (5-1) المدير العام للمشروع وهو مدير ادارة الرعاية الصحية الاولية ومدير المشروع هو مدير مديرية صحة المرأة وتمت مناقشة مواضيع التدريب وآلية التنفيذ .

كما ذكر في مذكرة التفاهم وزارة الصحة ستقوم بتنفيذ ما يلي :

- تنفيذ اجراءات كما ذكر في الخطة التنفيذية
- مشاركة التقرير الشهري الذي يقوم الفريق الياباني باعداده

(8-1) التقدم في الاعتبارات البيئية والاجتماعية (ان امكن)

غير منطبق لهذا المشروع فئة (c)

(9-1) تقدم في الاعتبارات الخاصة في النوع الاجتماعي (الجنس) المساواة بين الجنسين ، وبناء السلام ، وتقليل الفقر (ان امكن)

يهدف المشروع الى تطوير بيئة داعمة لتمكين النساء من خلال أنشطة تعزيز الصحة في المجتمعات . وهذه الأنشطة ستسرع من مشاركة الرجال والشباب ورجال الدين و سيساهم في تعزيز المساواة ما بين الجنسين .

(10-1) ملحوظات اخرى / قضايا كبيرة تتعلق ب / تؤثر على المشروع

- تدريب على مواضيع تنظيم الاسرة ونظام تزويد الوسائل ل (14) ممرضة
- تدريب على مواضيع رعاية الحامل والنفاس والطفل ل (14) ممرضة
- تدريب الاطباء والقابلات من المراكز الصحية الاولية والشاملة المسؤولة عن المراكز الصحية الفرعية ال (14) المستهدفة .

التدريب الاول على مواضيع تنظيم الاسرة سيتم تنفيذه في تشرين اول 2016.

(3) المخرج

1- التخطيط لانشطة تعزيز الصحة

تم عقد الاجتماع الاول مع مديرية التوعية الاعلام الصحي في الثامن عشر من ايلول عام 2016 من اجل مناقشة الوضع الحالي لانشطة تعزيز الصحة في المراكز الصحية الفرعية المستهدفة وانجازات برنامج القرى الصحية في وزارة الصحة في بعض القرى المستهدفة . الخطوط العريضة لانشطة تعزيز الصحة تم الموافقة عليها من قبل وزارة الصحة واصحاب القرار والفريق الياباني

(4-1) انجاز هدف المشروع

سيتم مناقشته بعد الانتهاء من مسح السكان والمساكن فيما يخص مؤشرات مصفوفة المشروع

(5-1) التغييرات في المخاطر والاجراءات من اجل تخفيفها

من اجل مناقشة طريقة الدفع للتدريب والاشراف من قبل ضباط الارتباط تم عقد اجتماع ما بين وزارة الصحة و مكتب جايبكا الاردن وفريق الخبراء اليابانيين في 21 آب 2016 . وخلال الاجتماع تم الاتفاق على ما يلي (مرفق مذكرة التفاهم بالتفصيل)

- تحضير خطة تدريب محددة بالتواريخ باقتراح من وزارة الصحة
- عقد اجتماع شهري ما بين وزارة الصحة والفريق الياباني واعداد تقرير
- الموافقة على تشارك تكاليف التدريب والاشراف ما بين وزارة الصحة ومكتب جايبكا الاردن .
- فهم آلية شراء العيادة المتنقلة والاجهزة الطبية اللازمة للمراكز الصحية الفرعية
- في الاجتماع التنسيق الاول تم طلب زيادة عدد الاجتماعات للجنة التنسيق المشتركة حسب توصيات وزارة الصحة والمجلس الاعلى للسكان ، وقد

(مثل المشاريع الاخرى الممولة من قبل جايبكا ، أنشطة ضبط الارتباط ، الجهات المانحة الاخرى ، القطاع الخاص ، المنظمات الغير حكومية)

1- المشاركة في اجتماعات المنظمات المتعددة التي تدعم الاجئين السوريين مثل لجنة عمل الصحة الانجابية وفرقة عمل مشاركة الرجل كلا برئاسة صندوق الامم المتحدة للسكان UNFPA وفرقة عمل المجتمع والتي برئاسة منظمين دوليين غير حكوميين

2- جمع معلومات من المشاريع الممولة من قبل USAID مثل مشروع تواصل لصحة الأسرة JCAP حول التحضيرات للمسح الاولى حيث ان مشروع تواصل نفذ نفس النوع من المسح عام 2015 .

(2) التأخير في برنامج العمل و / او المشاكل

(1-2) التفاصيل :

1- التأخير في مسح السكان والمساكن ، مسح السكان والمساكن هو جزء من المسح الاولي الذي تاخر عن البرنامج ، حيث كان مخطط البدء به في شهر آب وتم تأجيله لغاية الانتهاء من الانتخابات العامة لنهاية شهر ايلول .

2- التأخير في شراء العيادة المتنقلة والاجهزة والمعدات الطبية الاساسية للمراكز الصحية الفرعية ، حيث تم تأخيرها لغاية الحصول على مواصفات الاجهزة الطبية من وزارة الصحة واتباع الاجراءات الرسمية في الوزارة .

(2-2) الاسباب

1- السبب الرئيسي في تأخير البدء في مسح السكان والمساكن هو اخذ الموافقة من وزارة الداخلية من خلال مديرية الاحصاءات العامة بعد شهر رمضان

2- فريق المشروع ليسوا على دراية باجراءات الشراء المتبعة في وزارة الصحة وهذه الاجراءات الرسمية تحتاج الى وقت .

(3-2) الاجراءات الواجب اتخاذها :

هذه الاجراءات على فريق المشروع العمل بها خلال الفترة القادمة :

- التفاوض من اجل مواصفات العيادة المتنقلة ما بين وزارة الصحة والمشروع
- متابعة مواصفات الاجهزة والمعدات الطبية من وزارة الصحة
- مراجعة مؤشرات مصفوفة المشروع بعد الانتهاء من مسح السكان والمساكن
- تسمية ضباط الارتباط اللذين سيحضروا التدريب في اليابان

(4-2) الانوار و مسؤولية الاشخاص والمنظمات (جايبكا ، الحكومة الاردنية)

- 1- التسريع من انتهاء قوانين الدفع للتدريب ما بين وزارة الصحة ومكتب جايبكا
- 2- دعم المشروع من اجل مراجعة وتعديل مؤشرات مصفوفة المشروع
- 3- تعديل الخطة التنفيذية للمشروع :
 - اسم المشروع زيادة حرف (S) في نهاية كلمة (Refugee)
 - اللجنة الحالية (لجنة تعديل الدليل ووضع خطة التدريب) يجب ان تصبح اللجنة الفنية للمشروع
- 4- تحديد الوقت من اجل ارسال الفريق الاستشاري في نصف الفترة من قبل المكتب الرئيسي طوكيو في السنة القادمة في السرعة الممكنة

3- التعديلات على تنفيذ خطة عمل المشروع

(1-3) الخطة العملية

لا يوجد تعديلات رئيسية حدثت في هذه الفترة بعد التعديلات التي حدثت على ورقة تقييم المشروع الاولى .

(2-3) تعديلات اخرى مفصلة على تطبيق الخطة

(التعديلات على الخطة التنفيذية (RD) ومصفوفة المشروع (PDM)

اسم المشروع ، مدة المشروع ، موقع المشروع ، الجهات المستهدفة ، والهيكل التنظيمي ، الهدف العام و الاهداف الفرعية ، والمخرجات ، والانشطة و المخرجات يجب ان تكون بموافقة مكتب جايبكا الرئيسي طوكيو

وفي حال اعتقد فريق المشروع انه من الضروري تعديل اي جزء من الخطة التنفيذية ومصفوفة المشروع يمكن للفريق تقديم مسودة في هذه التعديلات .

الطرفين يجب ان يوافقوا على تعديلات الخطة التنفيذية في الموعد المقبل المحتمل في بداية العام القادم :

- بالنسبة لعنوان المشروع في خطة التنفيذ وضح الطرفين ان كلمة (Refugee) يجب ان تكون بصيغة الجمع
- عضوية اللجنة الفنية والشخص المسؤول عن تسمية الاعضاء
- مراجعة مؤشرات مصفوفة المشروع

(4) التحضيرات من الحكومة الاردنية بعد الانتهاء من المشروع

عند حضور فريق التقييم الاستشاري في السنة القادمة ، سيتم مناقشة اهمية زيادة التعاون والاستمرارية بشكل كبير بعد انتهاء المشروع .

Project Monitoring Sheet I (Revision of Project Design Matrix)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees

Version 0

Implementing Agency: Ministry of Health

Dated on April, 2016

Target Group: [Direct beneficiaries is nurse assistants at VHCs in the project sites and indirect beneficiaries is Syrian refugees and Jordanian residents in the project sites.](#)

Period of Project: April 2016 - April 2018 (2 years)

Project Site: Mafrag and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district Focus Site: 14 Village Health Centers: to be finalized

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
<p>Overall Goal</p> <p>More Jordanians and Syrian refugees who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.</p>	<ol style="list-style-type: none"> Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee) Number of served referral cases at the higher level facilities is increased. Awareness of community people toward VHC services is increased. 	<ul style="list-style-type: none"> -Directorate Monthly report -Directorate Monthly report -Monthly report of comprehensive health centers and PHC centers -VHC reports 	<ul style="list-style-type: none"> -Directorate Monthly report 	<p>Not achieved yet.</p>	<p>None</p>
<p>Project Purpose</p> <p>Service delivery function of the focus Village Health Centers (VHCs) is improved.</p>	<ol style="list-style-type: none"> Results of supervision received from the health directorates are improved (FP client registration log books, logistic log book, etc.) Number of referral cases to other MOH health facilities is increased. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.) 	<ul style="list-style-type: none"> -Directorate supervision report -VHC monthly report and log book -VHC reports 	<ul style="list-style-type: none"> -Experiences at the focus VHCs are spread out to other VHCs by the health directorate. 	<p>Not achieved yet.</p>	<p>None</p>
<p>Outputs</p> <p>Output 1</p> <p>An enabling environment for VHCs in the project sites is secured.</p>	<ul style="list-style-type: none"> -Revised the Operational manual and approved -Developed Supervision Manual for VHCs in the project sites 		<ul style="list-style-type: none"> -Turnover of trained personnel does not take place in the project sites. -Assigned nurse assistants at 	<p>1) to understand VHC situations in the project sites (visited 6</p>	<ul style="list-style-type: none"> -The most key counterpart (FP division head) has been retired.

	-Number of supervisions to VHCs conducted by the health directorates. -Revised SOP for referral system for VHCs	-Supervision report	VHCs in the project sites are reported.	VHCs and 2 primary /comprehensive Centers) 2) to review the VHC manual developed by the previous project 3) to gather existing manuals which the other donors developed or information on the referral system	-The ministry of MOH has been changed. It may affect project supportive environment.
Output 2 Capacity of health staff at VHCs in the project sites is strengthened.	Pre/Post tests of the trainings	-Project documents		Not achieved. An outline of the training plan for the first year was discussed and agreed upon by the counterparts and the Japanese team, which shows in the Work Plan	
Output 3 Health promotion activities are activated at the focus VHCs.	-Number of health education sessions at focus VHCs and number of participants. -Number of health promotion activities organized by focus VHCs and number of people participated.	-VHC reports		Not achieved. The project started to collect information on health promotion	
Activities	Inputs		Important Assumption		
Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant	Japanese side Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health	Jordan side Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager			

<p>stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-5 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-6 Necessary basic equipment is provided and delivered.</p>	<p>Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings.</p>	<p>3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project</p>	
<p><u>Output2:</u> 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be implemented according to the plan.</p> <p><u>Output3:</u></p>	<p>Local Costs 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers</p>	<p>Local Costs Operational costs for implementing supervision and other necessary activities</p>	<p>Pre-Conditions -Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.</p> <p><Issues and countermeasures></p>

<p>3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.).</p> <p>3-2 The focus VHCs implement health promotion activities.</p>			<p>The MOH regulation of payment for various activities is under modification process. The project has to negotiate the payment and regulation for training and supervision activities with MOH based on the MOH document and according to current real situations.</p>
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Plan of Operation (updated)

PM Form 2 PO
Dated 31 October 2016
Monitoring

Project Title: Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees	2016												2017				2018				Remarks	Issue	Solution								
	II			III			IV			I	II	III	IV	I	II	III	IV														
	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11				12	1	2	3	4			
Inputs	Plan																														
	Actual																														
	Plan 1																														
	Actual																														
Expert	Chief Advisor / RH&FP																														
	Training Management 1																														
	Training Management 2																														
	Training Management 3																														
	Project Coordinator / Health promotion 1																														
	Project Coordinator / Health promotion 2																														
	Equipment	Vehicle																													
		Mobile clinic																													
		Basic equipment for focus VHCs																													
		Training in Japan																													
	In-country/Third country Training	Plan																													
		Actual																													
Activities	Plan																														
	Actual																														
	Plan 1																														
	Actual																														
Output 1: An enabling environment for VHCs in the project sites is secured																															
[1-1] A workshop is organized to seek collaboration and supports from relevant stakeholders.																															
Plan 1																															
Plan 2																															
Actual																															
[1-2] Operational Manual for Village Health centers in the South Region* (VHCs Manual) is reviewed, modified to apply to Ma'raq, Irbid, Dayr Alla /Balqa, and approved by MOH.																															
Plan 1																															
Plan 2																															
Actual																															
Plan 1																															
Plan 2																															
Actual																															
[1-3] Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use																															
Plan 1																															
Plan 2																															
Actual																															

Activity	Plan 1			Plan 2			Actual			From end of Dec. 2016.
	Plan 1	Plan 2	Actual	Plan 1	Plan 2	Actual	Plan 1	Plan 2	Actual	
1.3.2 Apply the tentative version of the manual										
【1-4】The focus VHCs receive supervision according to the manual.										
1.4.1 Review and tentatively modified the SOPs										
1.4.2 Finalised the SOP for VHCs										
【1-5】Necessary basic equipment is provided and delivered										
1.5.1 Procurement of basic equipment for the focus VHCs										
Output 2: Capacity of health staff at VHCs in the project sites is strengthened										
【2-1】Training plan is developed by MOH central and health directorates										
2.1.1 Make the plan for trainings										
【2-2】Trainings for nurse assistants at VHCs are provided.										
2.2.1 Providing trainings										
2.2.2 Reporting and follow-ups										
【2-3】Trainings for other related health staff will be implemented according to the plan										
2.3.1 Providing trainings										
2.3.2 Reporting and follow-ups										
Output 3: Health Promotion activities are activated at the focus VHCs										
【3-1】The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations										
3.1.1 Identify needs of health education and organizations which are supporting in relevant fields										
3.1.2 Providing training related to health promotion										
3.2 The focus VHCs implement health promotion activities.										
3.2.1 Supporting the implementation of health promotion activities										
3.2.2 Producing a booklet on good practices in health promotion for VHCs										

TO Chief Representative of JICA Jordan OFFICE

PROJECT MONITORING SHEET

Project Title: Project for Improvement of Services at Village Health Centers (VHCs) in Rural/Host Communities of Syrian Refugees
Version of the Sheet: Ver. 2 (Term: June, 2016 - September, 2016)

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 Title: Project Manager, MOH
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 Title: Chief Advisor
 Submission Date: October 13, 2016

I. Summary

1 Progress

1-1 Progress of Inputs

This project monitoring sheet covers the progress achieved since the last monitoring undertaken in May 2016. Thus all the activities performed in the period from June 2016 to September 2016 is described, discussed and evaluated.

1-1-1 Inputs by the Japanese Side

- 1) Japanese experts
 - Chief advisor: 4.43 MM
 - Training management 1 (Impact evaluation): 1.10 MM
 - Training management 3 (Community health): 0.87 MM
 - Project coordinator/Health promotion 1: 3.07 MM
 - Project coordinator/Health promotion 2: 1.50 MM
- 2) Procurement for the project office
 - Laptop PC (1), Desktop PC (1), Laser printer (1), Color printer (1), Digital camera (1)
 - Office Furniture (4 desks, 8 chairs and 4 shelves)
 - Office computer networking (1), Fan (1)
 - Photo copy machine (1)

1-1-2 Inputs by the Jordanian Side

- 1) Counterparts
 - Director, Women and Child Health Directorate

- 2 counterparts from Family Planning division (Head of the Division has been vacant since July 2016)
- MCH supervisors from 3 health directorates.

2) Other

- One office with necessary running cost and necessary equipment
- Meeting room as needed

1-2 Progress of Activities

After Ramadan the Japanese expert team returned back and resumed the project activity from 12th of July. The following activities related to project management have been completed from the July to September 2016.

1) Joint Coordinating Committee (JCC)

-JCC has been held on the 10th of August, 2016. Major comments collected were related to PDM indicators and frequency of JCC meetings. Minutes of meeting was signed on 23rd August (See attached Minutes of Meeting). The project team will review and modify indicators after the household survey completion in October.

2) Finalizing 14 focus Village Health Centers (VHCs)

3) Baseline survey

- The VHC survey was completed for 14 focus VHCs. The report was prepared in English.
- The Household Survey was begun in Irbid on the 25th of September in collaboration with the Department of Statistics (DOS).

4) Mobile clinic

- Through coordination among relevant stakeholders within MOH, MOH authorized specifications of the mobile clinic were provided to the JICA Project for choosing a mobile clinic within JICA limited budget. MOH and JICA is under negotiation to be finalized.

5) Supervisor meetings

- The first Supervisor meeting has held on the 18th of July, 2016 in order to discuss the project goals and roles of the supervisors from three health directorates.
- The second and third supervisor meeting has held on the 19th and the 26th of September and discussed the updating the VHC operation manual and training plan in 2016.

1-3 Achievement of Outputs

There are three Outputs for this project as follows.

- Output 1: An enabling environment for VHCs in the project sites is secured.
- Output 2: Capacity of health staff at VHCs in the project sites is strengthened.
- Output 3: Health promotion activities are activated at the focus VHCs (14 VHCs).

<p>Output 1</p> <p>1) Opening Ceremony</p> <ul style="list-style-type: none"> -The opening (Launching) ceremony was conducted on the 3rd of August, 2016, having 45 participants, from MOH, the health directorates, Higher Population Council, other partners. The Ceremony report was prepared in English. <p>2) Updating VHC operation manual</p> <ul style="list-style-type: none"> -The Jordanian supervisor team and the Japanese expert team reviewed the "Operation manual for Village Health Centers in the South region" and discussed the necessary parts to be updated. <p>3) Medical equipment</p> <ul style="list-style-type: none"> -Jordanian counterpart requested the medical equipment department for MOH standardized specification for basic medical equipment for VHCs. Meanwhile, based on the results of the Village Health Center Survey, the draft procurement list for basic medical equipment was made. <p>Output 2</p> <p>1) Preparing training sessions in October and December 2016</p> <p>At the second supervisor meeting held on 19th September, the framework of the training sessions for the first year was decided as follows.</p> <ul style="list-style-type: none"> - Training on family planning for 14 nursing staff - Training on antenatal, postnatal and child care for 14 nursing staff - Training for doctors and midwives who are supporting 14 focus VHCs. <p>The first training on family planning will be conducted in October 2016.</p> <p>Output 3</p> <p>1) Planning for health promotion activity</p> <ul style="list-style-type: none"> - The first meeting with for the Directorate of Awareness and Education Health was held on 18th of September in order to share the current situations of health promotion activities by the focus VHCs and achievement of the healthy village program by the MOH. The outline of the health promotion activities were agreed by the MOH stakeholders and the Japanese team. <p>1-4 Achievement of the Project Purpose</p> <p>To be discussed after the household survey completion in terms of PDM indicators.</p>

<p>1-5 Changes of Risks and Actions for Mitigation</p> <p>To discuss on the payment for training and supervision for counterparts, the meeting between MOH, JICA Jordan office and the Japanese expert team was held on 21st of August. At the meeting, the followings were agreed (See attached Memorandum of Understanding in detail).</p> <ul style="list-style-type: none"> - Preparing the activity plan in line with the framework suggested by MOH - Holding a Monthly meeting between MOH counterparts and the Japanese team and preparing monthly report - Agreement of sharing cost of training and supervisor fee between MOH and JICA Jordan office - Understanding of procurement procedures for mobile clinic and medical equipment for the VHCs <p>At the first JCC, increasing frequency of JCC meetings were raised as request from the MOH side. The JICA Jordan office agreed to hold ad hoc meetings when necessary.</p> <p>1-6 Progress of Actions undertaken by JICA</p> <p>The meeting mentioned above was facilitated by the JICA Jordan office. The senior representative of the office authorized the agreement. The cost sharing for training had been discussed with the JICA headquarters and it had been approved by the JICA headquarters on 26 of September.</p> <p>1-7 Progress of Actions undertaken by Gov. of Jordan</p> <p>As a mentioned in 1-5, the project director, a director of Primary Health Care Directorate (PHCD) and a project manager, a director of Women and Child Health Directorate (WCHD), agreed as follows:</p> <p>As declared in the Memorandum of Understanding, the MOH implemented as follows:</p> <ul style="list-style-type: none"> - Taking actions as the activity plan described - Sharing the monthly report which the Japanese expert team prepared <p>1-8 Progress of Environmental and Social Considerations (if applicable)</p> <p>Not applicable for this project as Category C.</p> <p>1-9 Progress of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)</p> <p>The project aims to develop enables environment for women's empowerment through health promotion activities in communities. This activities will accelerate involvement of men/boys and religious leaders and will contribute promotion of gender equity.</p>
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<p>1-10 Other remarkable/considerable issues related to/affecting the project (such as other JICA projects, activities of counterparts, other donors, private sectors, NGOs etc.)</p> <p>1) Participating meetings of various organizations who are supporting Syrian refugees, such as RH sub-working group and male involvement taskforce both headed by UNFPA, and the community health taskforce headed by two international NGOs (IRC and Medair).</p> <p>2) Gathered information from the USAID-founded project (JCAP) regarding the baseline survey preparation since JCAP conducted the same type of survey in 2015.</p> <p>2 Delay of Work Schedule and/or Problems (if any)</p> <p>2-1 Detail</p> <p>1) Delay of the household survey: The household survey as part of baseline survey has fallen behind schedule. It was planned to start in August and postponed until after the general election in late September.</p> <p>2) Delay of the procurement of mobile clinic and basic medical equipment for VHCs. It has been delayed since taking time to gather the MOH specifications and follow the MOH official procedures.</p> <p>2-2 Cause</p> <p>1) The major reason of delay of implementing the survey was to take time to get approval from the Ministry of Interior through the Department of Statistics.</p> <p>2) The project team is not familiar of MOH procurement procedures and the MOH official procedures tend to take time.</p> <p>2-3 Action to be taken</p> <p>The following actions to be taken by the project in the next period.</p> <ol style="list-style-type: none"> 1) Negotiation of the mobile clinic specification between MOH and the project 2) Follow-up the medical equipment specification of MOH 3) Reviewing the indicators of PDM after the household survey completion 4) Nominating counterparts who will attend a training in Japan for the next year <p>2-4 Roles of Responsible Persons/Organizations (JICA, Gov. of Jordan, etc.)</p> <ol style="list-style-type: none"> 1) Accelerating the finalization of payment rule for the training between MOH and JICA 2) Supporting the project to review and modify the indicators of PDM 3) R/D modifications: a) the project name, adding "s" at the end of "refugee," b) the current supervisor meeting should be upgraded to "technical committee"

<p>4) Setting the timing of sending a mid-term advisory mission from JICA Headquarters in the next year as soon as possible</p> <p>3 Modification of the Project Implementation Plan</p> <p>3-1 Plan of Operation (PO)</p> <p>There is no major modifications occurred in this period after the modification of the Monitoring Sheet Ver.1.</p> <p>3-2 Other modifications on detailed implementation plan</p> <p><i>(Remarks: The amendments of Record of Discussion (R/D) and PDM (title of the project, duration, project site(s), target group(s), implementation structure, overall goal, project purpose, outputs, activities, and input) should be authorized by JICA HDQs. If the project team deems it necessary to modify any part of R/D and PDM, the team may propose the draft.)</i></p> <p>The two parties agreed the following R/D amendments at the next timing, probably in the early next year.</p> <ol style="list-style-type: none"> 1) Regarding title of the project in R/D, the both parties recognize that the last word, "refugee" should be plural 2) Technical committee's membership and person who will nominate its member. 3) Reviewing the indicators of PDM <p>4 Preparation of Gov. of Jordan toward after completion of the Project</p> <p>At the mid-term advisory mission in the next year, necessity of further cooperation after the project termination will be discussed.</p>

II. Project Monitoring Sheet I & II as Attached

- 2- مشتريات المشروع المكتبية
- كمبيوتر محمول (1) ، كمبيوتر ثابت (1) ، طباعة ليزر (1)
- طباعة ملونة (1)
- كاميرا ديجيتال (1) .
- اثاث مكتبي (4 طاولات ، 8 كراسي ، 4 رفوف)
- شبكات كمبيوتر مكتبية (1) ، مروحة (1)
- آلة تصوير (1)

2-1-1 المداخلات من قبل الجانب الاردني

- 1- ضباط الارتباط
 - المدير : مدير صحة المرأة والطفل
 - 2 ضباط ارتباط من قسم تنظيم الاسرة (رئيس القسم تقاعدت من شهر حزيران 2016
 - رؤساء اقسام صحة المرأة والطفل في الثلاث مديريات ومشرفي الامومة والطفولة

2- اخرى

- مكتب (1) والمعدات الضرورية
- قاعة اجتماعات عند الحاجة

2-1 التقدم في الانشطة

بعد انتهاء شهر رمضان عاد الفريق الياباني واستأنف تنفيذ أنشطة المشروع من تاريخ 12 تموز. وقد تم الانتهاء من تنفيذ الأنشطة التالية من تاريخ 12 تموز 2016 ولغاية نهاية شهر ايلول 2016 .

1- اللجنة التنسيقية المشتركة (JCC):

تم عقد الاجتماع الأول للجنة التنسيقية في 10 آب ، وكانت معظم الملاحظات على مؤشرات مصفوفة المشروع و عدد اجتماعات اللجنة ، وتم توقيع تقرير اجتماع اللجنة بتاريخ 23 آب 2016 و فريق المشروع سيقوم بمراجعة المؤشرات بعد الانتهاء مسح السكان والمساكن في شهر تشرين اول .

الى الممثل الاقليمي لمكتب جابكا الاردن

ورقة تقييم المشروع

اسم المشروع : مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق الريفية المستضيفة للاجئين السوريين

اصدار ورقة التقييم : رقم 2 (فترة : تموز 2016-ايول 2016)

الاسم : د. ملاك العوري

المنصب : مديرة المشروع وزارة الصحة

الاسم : مكiko كوموساوا

المنصب : رئيس المستشارون

التاريخ : 30 ايلول 2016

ملخص

(1) التقدم

1-1 التقدم في المداخلات

ورقة تقييم المشروع تغطي التقدم في الانجازات من التقييم السابق الذي تم في شهر ايار 2016 . وبذلك جميع الانشطة التي تم تنفيذها في الفترة من 20 حزيران ولغاية نهاية شهر ايلول 2016 وتم وصفها ومناقشتها وتقييمها

1-1-1 التقدم في المداخلات من الجانب الياباني

1- الخبراء اليابانيين.

- رئيس الخبراء MM 4.43
- ادارة التدريب 1 (تقييم الاثر) MM 1.10
- ادارة التدريب 3 (صحة المجتمع) MM 0.87
- منسق مشروع /تعزيز صحة 1 : MM 3.07
- منسق مشروع /تعزيز صحة 2 : MM 1.50

المخرج (2) : رفع كفاءة مقدمي الخدمات في المراكز الصحية الفرعية في مواقع المشروع

المخرج (3) : تنشيط أنشطة تعزيز الصحة في قرى المراكز الصحية المختارة (14 مركز صحي فرعي)

المخرج (1)

1- حفل الافتتاح :

تم عقد حفل الافتتاح في 3 آب 2016 ، وكان عدد الحضور 45 مشارك من وزارة الصحة ، ومديريات الصحة الثلاثة المستهدفة من قبل المشروع ، المجلس الأعلى للسكان ، والشركاء . وتم اعداد التقرير باللغة الانجليزية .

2- تحديث الدليل التشغيلي للمراكز الصحية الفرعية :

لجنة (تعديل الدليل ووضع خطة التدريب) والفريق الياباني قاموا بمراجعة دليل المراكز الصحية الفرعية في منطقة الجنوب وتمت مناقشة الاجزاء الرئيسية التي سيتم تعديلها **وتحديثها فتم عقد الاجتماع الاول والثاني في 19 ايلول و 26 ايلول .**

3- الاجهزة الطبية :

تم التنسيق مع المعنيين في وزارة الصحة من اجل الحصول على مواصفات الاجهزة والمعدات الطبية لتلائم مع احتياجات وزارة الصحة.

المخرج (2)

التحضير لمواضيع التدريب الذي سيتم اجراءه بشهر تشرين الاول وشهر كانون اول لعام 2016.

تم عقد الاجتماع الاول للجنة (تعديل الدليل ووضع خطة التدريب) في التاسع عشر من شهر ايلول لعام 2016 و الاطار العام لمواضيع التدريب للسنة الاولى تم الاتفاق عليه كالتالي :

2- الانتهاء من اختبار ال 14 مركز صحي فرعي

3- المسح الاولي :

- تم الانتهاء من مسح المراكز الصحية الفرعية ال 14 المستهدفة وتم اعداد التقرير باللغة الانجليزية .
- تم البدء بمسح السكان والمساكن في 25 ايلول 2016 في محافظة اربد بالتعاون مع مديرية الاحصاءات العامة (DOS).

4- العيادة المتنقلة

تم التنسيق مع المعنيين في وزارة الصحة فيما يخص المواصفات المعتمدة للعيادة المتنقلة وتم تزويد جايبا بها ليتم اخذها بعين الاعتبار عند اختيار العيادة المتنقلة حسب مخصصاتهم المحدودة والمناقشات حول اختيار العيادة المتنقلة في طور الانتهاء ما بين المعنيين في وزارة الصحة وجايبا.

5-اجتماع رؤساء اقسام صحة المرأة والطفل والمشرفات

الاجتماع الاول لرؤساء اقسام صحة المرأة والطفل ومشرفات الامومة والطفولة ، تم عقده بتاريخ 18 تموز 2016 من اجل مناقشة اهداف المشروع و دور رؤساء اقسام صحة المرأة والطفل ومشرفات الامومة والطفولة من مديريات الصحة الثلاثة .

تم عقد الاجتماع الثاني والثالث في 19 و26 من شهر ايلول لتحديث الدليل (دليل العاملين في المراكز الصحية الفرعية في اقليم الجنوب) ومناقشة خطة التدريب لعام 2016.

3-1 تحقيق المخرجات :

هناك 3 مخرجات للمشروع وهي كالتالي:

المخرج (1) : تمكين البنية المحيطة في المراكز الصحية الفرعية في مواقع المشروع

تمت الموافقة من قبل مكتب جايبكا الاردن على زيادة عدد الاجتماعات بحيث يتم عقد اجتماع كلما دعت الحاجة

(6-1) التقدم في الاجراءات المتخذة من قبل جايبكا

تم تسهيل الاجتماع المذكور اعلاه من قبل مكتب جايبكا الاردن، الممثل الاقليمي لمكتب جايبكا الاردن له صلاحية بالموافقة على بعض التعديلات . ولكن بند المشاركة في تكاليف التدريب تم مناقشته مع جايبكا المكتب الرئيسي طوكيو وتمت الموافقة النهائية من جايبكا المكتب الرئيسي في 26 ايلول .

(7-1) التقدم في الاجراءات المتخذة من قبل وزارة الصحة .

كما تم مناقشته في (5-1) المدير العام للمشروع وهو مدير ادارة الرعاية الصحية الاولية ومدير المشروع هو مدير مديرية صحة المرأة وتمت مناقشة مواضيع التدريب وآلية التنفيذ .

كما ذكر في مذكرة التفاهم وزارة الصحة ستقوم بتنفيذ ما يلي :

- تنفيذ اجراءات كما ذكر في الخطة التنفيذية
- مشاركة التقرير الشهري الذي يقوم الفريق الياباني باعداده

(8-1) التقدم في الاعتبارات البيئية والاجتماعية (ان امكن)

غير منطبق لهذا المشروع فئة (c)

(9-1) تقدم في الاعتبارات الخاصة في النوع الاجتماعي (الجنس) المساواة بين الجنسين ، وبناء السلام ، وتقليل الفقر (ان امكن)

يهدف المشروع الى تطوير بيئة داعمة لتمكين النساء من خلال أنشطة تعزيز الصحة في المجتمعات . وهذه الأنشطة ستسرع من مشاركة الرجال والشباب ورجال الدين و سيساهم في تعزيز المساواة ما بين الجنسين .

(10-1) ملحوظات اخرى / قضايا كبيرة تتعلق ب / تؤثر على المشروع

- تدريب على مواضيع تنظيم الاسرة ونظام تزويد الوسائل ل (14) ممرضة
- تدريب على مواضيع رعاية الحامل والنفاس والطفل ل (14) ممرضة
- تدريب الاطباء والقابلات من المراكز الصحية الاولية والشاملة المسؤولة عن المراكز الصحية الفرعية ال (14) المستهدفة .

التدريب الاول على مواضيع تنظيم الاسرة سيتم تنفيذه في تشرين اول 2016.

(3) المخرج

1- التخطيط لانشطة تعزيز الصحة

تم عقد الاجتماع الاول مع مديرية التوعية الاعلام الصحي في الثامن عشر من ايلول عام 2016 من اجل مناقشة الوضع الحالي لانشطة تعزيز الصحة في المراكز الصحية الفرعية المستهدفة وانجازات برنامج القرى الصحية في وزارة الصحة في بعض القرى المستهدفة . الخطوط العريضة لانشطة تعزيز الصحة تم الموافقة عليها من قبل وزارة الصحة واصحاب القرار والفريق الياباني

(4-1) انجاز هدف المشروع

سيتم مناقشته بعد الانتهاء من مسح السكان والمساكن فيما يخص مؤشرات مصفوفة المشروع

(5-1) التغييرات في المخاطر والاجراءات من اجل تخفيفها

من اجل مناقشة طريقة الدفع للتدريب والاشراف من قبل ضباط الارتباط تم عقد اجتماع ما بين وزارة الصحة و مكتب جايبكا الاردن وفريق الخبراء اليابانيين في 21 آب 2016 . وخلال الاجتماع تم الاتفاق على ما يلي (مرفق مذكرة التفاهم بالتفصيل)

- تحضير خطة تدريب محددة بالتواريخ باقتراح من وزارة الصحة
- عقد اجتماع شهري ما بين وزارة الصحة والفريق الياباني واعداد تقرير
- الموافقة على تشارك تكاليف التدريب والاشراف ما بين وزارة الصحة ومكتب جايبكا الاردن .
- فهم آلية شراء العيادة المتنقلة والاجهزة الطبية اللازمة للمراكز الصحية الفرعية
- في الاجتماع التنسيق الاول تم طلب زيادة عدد الاجتماعات للجنة التنسيق المشتركة حسب توصيات وزارة الصحة والمجلس الاعلى للسكان ، وقد

(مثل المشاريع الاخرى الممولة من قبل جايبكا ، أنشطة ضبط الارتباط ، الجهات المانحة الاخرى ، القطاع الخاص ، المنظمات الغير حكومية)

1- المشاركة في اجتماعات المنظمات المتعددة التي تدعم الاجئين السوريين مثل لجنة عمل الصحة الانجابية وفرقة عمل مشاركة الرجل كلا برئاسة صندوق الامم المتحدة للسكان UNFPA وفرقة عمل المجتمع والتي برئاسة منظمين دوليين غير حكوميين

2- جمع معلومات من المشاريع الممولة من قبل USAID مثل مشروع تواصل لصحة الأسرة JCAP حول التحضيرات للمسح الاولى حيث ان مشروع تواصل نفذ نفس النوع من المسح عام 2015 .

(2) التأخير في برنامج العمل و / او المشاكل

(1-2) التفاصيل :

1- التأخير في مسح السكان والمساكن ، مسح السكان والمساكن هو جزء من المسح الاولي الذي تاخر عن البرنامج ، حيث كان مخطط البدء به في شهر آب وتم تأجيله لغاية الانتهاء من الانتخابات العامة لنهاية شهر ايلول .

2- التأخير في شراء العيادة المتنقلة والاجهزة والمعدات الطبية الاساسية للمراكز الصحية الفرعية ، حيث تم تأخيرها لغاية الحصول على مواصفات الاجهزة الطبية من وزارة الصحة واتباع الاجراءات الرسمية في الوزارة .

(2-2) الاسباب

1- السبب الرئيسي في تأخير البدء في مسح السكان والمساكن هو اخذ الموافقة من وزارة الداخلية من خلال مديرية الاحصاءات العامة بعد شهر رمضان

2- فريق المشروع ليسوا على دراية باجراءات الشراء المتبعة في وزارة الصحة وهذه الاجراءات الرسمية تحتاج الى وقت .

(3-2) الاجراءات الواجب اتخاذها :

هذه الاجراءات على فريق المشروع العمل بها خلال الفترة القادمة :

- التفاوض من اجل مواصفات العيادة المتنقلة ما بين وزارة الصحة والمشروع
- متابعة مواصفات الاجهزة والمعدات الطبية من وزارة الصحة
- مراجعة مؤشرات مصفوفة المشروع بعد الانتهاء من مسح السكان والمساكن
- تسمية ضباط الارتباط اللذين سيحضروا التدريب في اليابان

(4-2) الانوار و مسؤولية الاشخاص والمنظمات (جايبكا ، الحكومة الاردنية)

- 1- التسريع من انتهاء قوانين الدفع للتدريب ما بين وزارة الصحة ومكتب جايبكا
- 2- دعم المشروع من اجل مراجعة وتعديل مؤشرات مصفوفة المشروع
- 3- تعديل الخطة التنفيذية للمشروع :
 - اسم المشروع زيادة حرف (S) في نهاية كلمة (Refugee)
 - اللجنة الحالية (لجنة تعديل الدليل ووضع خطة التدريب) يجب ان تصبح اللجنة الفنية للمشروع
- 4- تحديد الوقت من اجل ارسال الفريق الاستشاري في نصف الفترة من قبل المكتب الرئيسي طوكيو في السنة القادمة في السرعة الممكنة

3- التعديلات على تنفيذ خطة عمل المشروع

(1-3) الخطة العملية

لا يوجد تعديلات رئيسية حدثت في هذه الفترة بعد التعديلات التي حدثت على ورقة تقييم المشروع الاولى .

(2-3) تعديلات اخرى مفصلة على تطبيق الخطة

(التعديلات على الخطة التنفيذية (RD) ومصفوفة المشروع (PDM)

اسم المشروع ، مدة المشروع ، موقع المشروع ، الجهات المستهدفة ، والهيكل التنظيمي ، الهدف العام و الاهداف الفرعية ، والمخرجات ، والانشطة و المخرجات يجب ان تكون بموافقة مكتب جايبكا الرئيسي طوكيو

وفي حال اعتقد فريق المشروع انه من الضروري تعديل اي جزء من الخطة التنفيذية ومصفوفة المشروع يمكن للفريق تقديم مسودة في هذه التعديلات .

الطرفين يجب ان يوافقوا على تعديلات الخطة التنفيذية في الموعد المقبل المحتمل في بداية العام القادم :

- بالنسبة لعنوان المشروع في خطة التنفيذ وضح الطرفين ان كلمة (Refugee) يجب ان تكون بصيغة الجمع
- عضوية اللجنة الفنية والشخص المسؤول عن تسمية الاعضاء
- مراجعة مؤشرات مصفوفة المشروع

(4) التحضيرات من الحكومة الاردنية بعد الانتهاء من المشروع

عند حضور فريق التقييم الاستشاري في السنة القادمة ، سيتم مناقشة اهمية زيادة التعاون والاستمرارية بشكل كبير بعد انتهاء المشروع .

Project Monitoring Sheet I (Revision of Project Design Matrix)

Version 0

Dated on April, 2016

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugees

Implementing Agency: Ministry of Health

Target Group: Direct beneficiaries is nurse assistants at VHCs in the project sites and indirect beneficiaries is Syrian refugees and Jordanian residents in the project sites.

Period of Project: April 2016 - April 2018 (2 years)

Project Site: Mafrag and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district Focus Site: 14 Village Health Centers: to be finalized

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal More Jordanians and Syrian refugees who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.	<ol style="list-style-type: none"> Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee) Number of served referral cases at the higher level facilities is increased. Awareness of community people toward VHC services is increased. 	<ul style="list-style-type: none"> -Directorate Monthly report -Directorate Monthly report -Monthly report of comprehensive health centers and PHC centers -VHC reports 		
Project Purpose Service delivery function of the focus Village Health Centers (VHCs) is improved.	<ol style="list-style-type: none"> Results of supervision received from the health directorates are improved (FP client registration log books, logistic log book, etc.) Number of referral cases to other MOH health facilities is increased. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.) 	<ul style="list-style-type: none"> -Directorate supervision report -VHC monthly report and log book -VHC reports 	<ul style="list-style-type: none"> -Experiences at the focus VHCs are spread out to other VHCs by the health directorate. 	
Outputs Output 1 An enabling environment for VHCs in the project sites is secured.	<ul style="list-style-type: none"> -Revised the Operational manual and approved -Developed Supervision Manual for VHCs in the project sites -Number of supervisions to VHCs conducted by the health directorates. -Revised SOP for referral system for VHCs 	<ul style="list-style-type: none"> -Supervision report 	<ul style="list-style-type: none"> -Turnover of trained personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported. 	

<p>Output 2 Capacity of health staff at VHCs in the project sites is strengthened.</p>	<p>Pre/Post tests of the trainings</p>	<p>-Project documents</p>	
<p>Output 3 Health promotion activities are activated at the focus VHCs.</p>	<p>-Number of health education sessions at focus VHCs and number of participants. -Number of health promotion activities organized by focus VHCs and number of people participated.</p>	<p>-VHC reports</p>	
<p>Activities</p>	<p>Inputs</p>	<p>Important Assumption</p>	
<p><u>Output1:</u> 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-5 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-6 Necessary basic equipment is provided and delivered.</p> <p><u>Output2:</u> 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be implemented according to the plan.</p>	<p>Japanese side</p> <p>Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion</p> <p>Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities</p> <p>Trainings 1. Necessary trainings.</p> <p>Local Costs 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers</p>	<p>Jordan side</p> <p>Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed.</p> <p>Facilities, equipment and materials 1. Office space for the Project</p> <p>Local Costs Operational costs for implementing supervision and other necessary activities</p>	
			<p>Pre-Conditions</p> <p>-Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.</p>

<p><u>Output3:</u> 3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.). 3-2 The focus VHCs implement health promotion activities.</p>			<p><Issues and countermeasures> The MOH agreed that training cost for the 2nd year will be provided by the MOH. However, it seems further efforts has be done by the MOH.</p>
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Plan of Operation (updated)

Dated 13 October 2016
PM Form 2 PO
Monitoring

Project Title: Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees

	2016			2017			2018			Remarks	Issue	Solution
	II	III	IV	I	II	III	IV	I	II			
Inputs	Plan											
	Actual											
Expert	Plan 1											
	Actual											
Chief Advisor / RH&FP	Plan 1											
	Actual											
Training Management 1	Plan 1											
	Actual											
Training Management 2	Plan 1											
	Actual											
Training Management 3	Plan 1											
	Actual											
Project Coordinator / Health promotion 1	Plan 1											
	Actual											
Project Coordinator / Health promotion 2	Plan 1											
	Actual											
Equipment	Plan											
	Actual											
Vehicle	Plan											
	Actual											
Mobile clinic	Plan											
	Actual											
Basic equipment for focus VHCs	Plan											
	Actual											
Training in Japan	Plan											
	Actual											
In-country/Third country Training	Plan											
	Actual											

	2016			2017			2018			Responsible Organization	Achievements	Issue & Countermeasures
	II	III	IV	I	II	III	IV	I	II			
Activities	Plan											
	Actual											
Sub-Activities	Plan 1											
	Actual											
1.1.1 Launching workshop is conducted	Plan 1											
	Actual											Completed.
1.2 Operational Manual for Village Health centers in the South Region* (VHCs Manual) is reviewed, modified to apply to Ma'raq, Irbid, Dayr Alla /Balqa, and approved by MOH.	Plan 1											
	Actual											Almost final stage.
1.2.1 Review and tentatively modify the VHCs Manual for use	Plan 1											
	Actual											
1.2.2 Apply the tentative version of VHC manual, finalize and approved it	Plan 1											
	Actual											From end of Nov. 2016.
1.3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use	Plan 1											
	Actual											Need to collect the health d

Activity	Plan 1			Plan 2			Actual			From end of Dec. 2016.
	Plan 1	Plan 2	Actual	Plan 1	Plan 2	Actual	Plan 1	Plan 2	Actual	
1.3.2 Apply the tentative version of the manual										
Output 1: Capacity of health staff at VHCs in the project sites is strengthened										
1.4 The focus VHCs receive supervision according to the manual.										
1.4.1 Review and tentatively modified the SOPs										
1.4.2 Finalised the SOP for VHCs										
Output 2: Capacity of health staff at VHCs in the project sites is strengthened										
2.1 Training plan is developed by MOH central and health directorates										
2.1.1 Make the plan for trainings										
Output 3: Health Promotion activities are activated at the focus VHCs										
3.1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations										
3.1.1 Identify needs of health education and organizations which are supporting in relevant fields										
3.1.2 Providing training related to health promotion										
3.2 The focus VHCs implement health promotion activities.										
3.2.1 Supporting the implementation of health promotion activities										
3.2.2 Producing a booklet on good practices in health promotion for VHCs										

Duration / Phasing	Plan Actual	2016												2017				2018				Remarks	Issue	Solution						
		II			III			IV			I			II			III			IV					I			II		
Monitoring Plan	Plan	Actual	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4			
Monitoring	Plan 1	Actual																												
Joint Coordination Committee	Plan 2	Actual																												
Technical Committee	Plan 1	Actual																												
Submission of Monitoring Sheet	Plan 2	Actual																												
Monitoring Mission from Japan	Plan 1	Actual																												
Baseline survey	Plan 2	Actual																												
Joint Monitoring	Plan 1	Actual																												
Post Monitoring	Plan 2	Actual																												
Reports/Documents	Plan 1	Actual																												
Work plan	Plan 2	Actual																												
Selecting Focus VHCs	Plan 1	Actual																												
Annual Report	Plan 2	Actual																												
Project Completion Report	Plan 1	Actual																												
Public Relations	Plan 2	Actual																												
Project leaflet	Plan 1	Actual																												
News letter	Plan 2	Actual																												
Health promotion kits	Plan 1	Actual																												
	Plan 2	Actual																												

TO Chief Representative of JICA Jordan Office

PROJECT MONITORING SHEET

Project Title: Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees
Version of the Sheet: Ver. 3 (Term: January, 2017 - September, 2017)

Name: Makiko KOMASAWA

Title: Chief Advisor

Submission Date: September 29, 2017

I. Summary

1 Progress

1-1 Progress of Inputs

This project monitoring sheet covers the progress achieved since the last monitoring undertaken by the Annual Report which covers the period from April to December 2016 in the first year of the project. All of the activities performed in the period from January 2017 to September 2017 are described, discussed and evaluated in this sheet.

1-1-1 Inputs by the Japanese Side

- a) Japanese experts (January to September, 2017)
- Chief advisor: 5.57 persons-months (MM)
- Training management: 5.57 MM
- b) Project coordinator/Health promotion: 4.87 MM
- Provision of the medical equipment and furniture for the Village Health Centers
- Total: 9,248 JOD, approximately 1.47 million JPY as of May 2017.
- c) Purchase of the mobile clinic
- d) Training in Japan
- Two counterparts from the technical committee (Training name: Human Resource Development for The Rural Community-Health, February 7th to March 11th, 2017)
- One counterpart in September-October (planned)

1-1-2 Inputs by the Jordanian Side

- a) Counterparts
- The Project director: Director, Primary Health Care Directorate
- The Project manager: Director, Woman and Child Health Directorate (WCHD)
- Two MOH counterparts: a head of department of the monitoring and supervision, one from Family Planning department
- Members of technical committee from the target directorates/district (Please see details in ANNEX 1).
- b) Provision of the medical equipment and furniture for the VHC
- c) Other
- One office room with furniture, electricity, internet network and other necessary running costs.
- Meeting room and training rooms as needed.

1-2 Progress of Activities

The following activities related to Output 1-Output 3 and project management have

been completed from January to September 2017.

There are three Outputs for this project as follows.

- Output 1: An enabling environment for Village Health Centers (VHCs) in the project sites is secured.
- Output 2: Capacity of health staff at VHCs in the project sites is strengthened.
- Output 3: Health promotion activities are activated at the focus VHCs (14 VHCs).

1-2-1 Output 1

- Finalizing the updated version of the Village Health Center (VHC) operation manual and distributing to relevant VHC staff and supervisors.
- Defining the Supervision System at three levels.
- Providing medical equipment and furniture for the 14 focus VHCs.
- Developing Information, Education and Communication (IEC) tools (Mission and Vision poster board and Family Planning (FP) flipchart, bags with the project logo, etc.)

1-2-2 Output 2

- Conducting meetings with Doctors, Midwives and Nurses who are covering or supporting the focus VHCs at three governorates (One day in each governorate, July-August, 2017).
- Making supervisory visits from Ministry of Health/Health Directorates (MOH/HDs) to VHCs (March 2017).
- Conducting the refresher workshop in three governorates (Sep. - Oct. 2017)

1-2-3 Output 3

- Forming "Community health committee (CHC)" in 14 villages in collaboration with VHC staff.
- Conducting three workshops for health promotion in three health directorates (April - May).
- Conducting the Opening ceremonies for health promotion in 14 villages by CHCs in April-May.
- Starting health promotion activities by VHCs and CHCs in each village and holding 43 events with 1,166 participants from April to July 2017.

1-2-4 Activities related to the project management

- a) Joint Coordinating Committee (JCC)
- The third JCC was held on the 9th of August, 2017 while JICA Advisory Mission was in Jordan. The mission team recommended that it is necessary to make preparations for program sustainability for the programs to continue after the project termination. Additionally, the mission team recommended prompt establishment of the mechanism for mobile clinic operation in Maifrag. The Project Design Matrix version 3 (PDM 3) was shared with participants. The minutes of the meeting were signed on the 17th of August.
- b) Mobile clinic
- The mobile clinic was manufactured by Jordan Light Vehicle Manufacturing Co. (JLVM) and it was completed in March 2017 after the inspection by the project team.

- The process of registration and application for tax exemption started in February and was finalized on 25th of October, 2017. This significant delay led to shortening the duration for establishing a model operation system through the project period.
- c) Technical committee meetings
- The sixth technical committee meeting was held on the 16th of March, 2017 in order to share the second year's project plan and to discuss the VHC operation manual draft, planned health promotion activities, and PDM indicators.

c) Basic medical equipment provision

- Based on the results of the baseline survey and supervisions, the MOH and the project determined the necessary basic medical equipment for RH service provision. The project began the procurement process in August 2016 and ended the procurement in May 2017. By the MOH side, the Director of WCHD (project manager) also began to communicate with directorates related to required equipment within the MOH since January 2017 for provision items which were available in the MOH. However, at the refresher workshops in September it was discovered that only some of items which were to be provided by the MOH have delivered. After this observation, the WCHD began to explore obstacles of the delay of each procurement steps and solve them.

1-3 Achievement of Outputs

The following are the achievement results based on the selected PDM indicators.

1-3-1 Output 1

- a) The revised VHC operation manual
 - The VHC operation manual has been updated by the technical committee and approved by the project manager. It was printed and distributed to the relevant VHC staff and supervisors in September 2017. Since the timing of the distribution was earlier than the original plan, the focus VHCs have enough time to apply their daily operation procedures described in the updated manual until the end of the project.

b) The supervisory visits

- The WCHD supervisor made supervisory visits to all 14 VHCs at the baseline (July-August, 2016) and mid-term reviews (March 2017) (Table 1).

Table 1: Number of supervisions to VHCs conducted by the MOH

2016	2017
July-August	March
14 VHCs (100%)	14 VHCs (100%)

c) Basic medical equipment provision

- After receiving the equipment, such as weight scales and fetal heart detectors, they extended the variety of services and increased the quality of services.

Achievement of Output 1: An enabling environment for VHCs in the project sites is secured.

Through updating of the manual and provision of essential equipment for RH services, the VHC environment for RH services provision has been improved. In addition, reinforcement of the supervision mechanism will enable strengthening of the support system for VHC staff. After this period, the project must encourage supervisors at all levels to conduct supportive supervision based on the manual in order to improve the environment within the VHCs as described in the manual.

It can be summarized that, at the end of September, most indicators in Output 1 have been achieved.

1-3-2 Output 2

After the training in the first year, the WCHD and the project ensured the necessary equipment and environment to provide RH services and had encouraged the focus VHC staff to provide quality of services, and they were monitoring the VHC staff performances. The following are results of monitoring based on PDM indicators.

a) Pre/post Tests

- At each training pre/post tests were conducted to assess the effectiveness of the training. Figure 1 shows the result of the training on Family Planning and Counseling, held in November 2016.



Figure 1: Comparison of the Pre/Post Tests by Governorate

b) Results of Self-performance assessment

- The project employed the self-performance assessment by using the check sheet (Full score: 5 points). From November 2016, the project conducted the self-assessment three times, Figure 2 shows overall trends in the improvements of VHC staff performance from 14 focus VHCs. Figure 3 shows the trends in the assessment results by service. Due to a lack of midwives, only 9 VHCs are providing ANC, PNC, Child care and FP, therefore the scores of these services are lower than others.

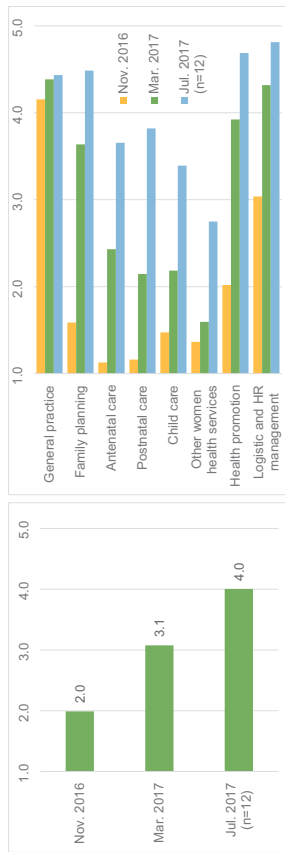


Figure 2: Trends of improvement of average assessment results of 13 VHCs

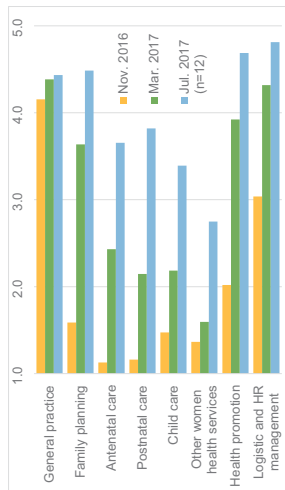


Figure 3: Trends of Self-assessment results by service (13 health staff of the focus VHCs except 12 for July. For MCH services, average of staff who were providing the services)

Achievement of Output 2: Capacity of health staff at VHCs in the project sites is strengthened.

The staff of the focus VHCs were able to improve their technical knowledge of their roles in the operation of the VHCs and their skills in RH service provision through the series of training sessions in the first year and attending meetings for Health staff who are supporting VHCs and VHC staff in July. The results of self-performance assessment proved that most VHC staff are now able to provide the Reproductive Health (RH) services and they actually applied what they learned through the project activities into their daily work activities. However, it was found that some VHC nurses still have some misunderstandings of how to deal with the maternal and child health services. In addition, regarding provision of health education sessions, some nurses are not confident in conducting sessions due to their lack of knowledge of various subjects and feeling that they are unable to respond the participants' questions.

After this period, the project plans to conduct on-the-job-training for all 14 VHCs. Through the training sessions, the supervisors will examine the individual weaknesses or issues that each VHC is facing and will then provide further instructions or will deal directly with the issues, in order to encourage them to provide services with confidence. Regarding health education sessions, the project will provide the necessary IEC tools to capacitate VHC staff to conduct education sessions.

1-3-3 Output 3

- a) Numbers of Health Promotion Activities and Participants
- At the opening ceremonies in 14 villages, the total of participants reached 989.
- After the ceremonies, all villages initiated health promotion (HP) activities on their own initiative. Table 2 shows achievement from April to July 2017.

Table 2: Numbers of health promotion activities and participants*

	April	May	June**	July	Total
Number of VHCs which conducted HP activities	3	13	0	12***	14
Number of HP activities	3	26	0	14	43
Total numbers of participants	83	608	0	475	1,166

Note: All data are as of 24th of August *In April only 3 VHCs started the activities. **In the month of Ramadan no HP activities were carried out. ***Only based on the 12 VHCs which submitted the reports.

Achievement of Output 3: Health promotion activities are activated at the focus VHCs.

Regarding Output 3, the whole operation has been delayed for 4 months from the target date stated in the work plan, mainly because the implementation of the activities related to Output 2 was in higher priority compared to Output 3 in the first year. In addition, stakeholders in each project site needed a considerable time to fully understand the concept of Health Promotion as it was not common in Jordan, which also led to the delay in establishing the Community Health Committees (CHCs) for planning health promotion workshops.

However, once the activities began in April, most VHC staff understood the concept and importance of the health promotion (HP) activities and their value as a link between the VHCs and communities. Notably, most VHCs in Irbid understood its effectiveness and importance. They created their action plans based on their real needs and conducted various kinds of activities to achieve its goals and they reported that they noted an increased number of clients at the VHCs after introducing the HP. In addition, through the sharing of good practices at the meeting with Doctors, midwives and nurses in July 2017, VHCs other than focus VHCs started to apply good examples, including home visits and creating essential nutrition or hygiene packages.

After the period of intensive support provided by the project up through September 2017, the VHCs together with CHCs need to find ways to sustain their activities to cope with their various community health issues. To support this aspect, the project tries to find any resources in finance or material, or other partners. Up to now the project found one organization which can provide essential medicine and one university located in Mafraq.

1-4 Achievement of the Project Purpose

Major indicators of the project purpose are described as follows.

In Table 3 the service provision status of each service is shown. While at the baseline no focus VHCs provided antenatal care (ANC), postnatal care (PNC) or, child care, after the training with the WCHD and health directorate efforts, midwives have been assigned to 57% of VHCs (8 VHCs) and these VHCs started to provide maternal and child health (MCH) services.

Table 3. Variety of services provided at the focus VHCs

	Baseline (Jul. & Aug. 2016)		Monitoring (May, 2017)	
	No.	%	No.	%
ANC	0	0%	8	57%
PNC	0	0%	8	57%
Vaccination	9	64%	10	71%
Child care	0	0%	7	50%
FP	2	14%	14	100%

Figure 4 shows the number of FP clients at 14 focus VHCs to compare the number before the training in Dec. 2016 and the period after the training, Jan. to May 2017. The number has increased dramatically over the last 5 months.

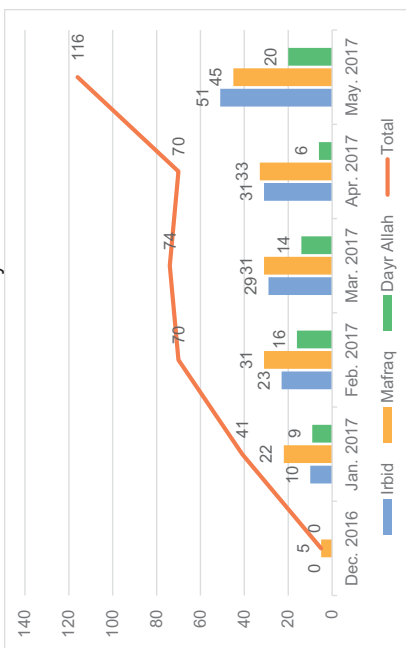


Figure 4: Trends in number of FP clients at 14 focus VHCs

Figure 5 shows the numbers of clients for ANC, PNC, FP and Child care services which were provided at 14 focus VHCs from December 2016 to May 2017. The number has more than tripled from January to May 2017.

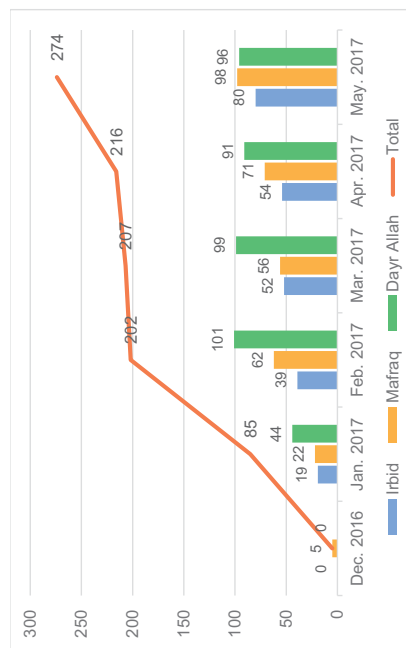


Figure 5: Numbers of RH service clients at 14 focus VHCs

Achievement of Project Purpose: Service delivery function of the focus Village Health Centers (VHCs) is improved.

Regarding "Relevance" as defined by the JICA five aspects for evaluation, the project team self-analyzed the achievement as follows. Jordan National Reproductive health / Family Planning Strategy 2013-2017 states that Jordan's high population growth rate, when compared to its limited resources and low economic growth, presents a challenge for social and economic progress in the country. The reduction of total fertility rate has fluctuated since 2002 while the rate of use of modern contraceptives has remained almost constant since 2002. The increase of modern contraceptive use is still one of the priority areas in the nation's reproductive health/family planning strategy. In addition, since the Syrian Civil War in 2011, the influx of more than 1 million Syrian refugees has continued to place great pressure on local health services. Furthermore, the report of the Jordan Response Plan for the Syria Crisis 2016-2018 pointed out that a certain number of Syrian refugees will stay in Jordan even after the end of the Syrian crisis, thus strengthening the resilience of host communities of the refugees is an urgent issue for the Jordanian government. Hence, the project's relevance is high.

Strengthening the enabling environment of VHC through Output 1 and, enhancing the capabilities of VHC staff through Output 2 contributed the improvement of service delivery function of 14 focus VHCs. In addition, HP activities by Output 3 contribute to building the linkage between VHCs and community people and promote utilization of RH services at VHCs by the community.

While it is premature to evaluate the achievements of the project at this time, it can be said that the project purpose can be achieved at the end of the project if further efforts are made in order to sustain what the C/Ps have gained through the project. Furthermore, over the next 4 months, the project team and C/Ps will discuss the project evaluation before concluding the project completion report. Hence the effectiveness of the project cannot be fairly evaluated at this time as the project is currently at its midpoint.

Regarding efficiency, we tended to be behind the timing of inputs from the original plan due to being unfamiliar with MOH system and culture, especially in the first half month. However, the project did catch up with the planned activities and stayed on track in the latter part of the first year. After becoming familiar with the MOH decision-making system, the project management became easier and ran much more smoothly. On the other hand, the project tried to utilize the existing training module and IEC materials as much as possible for more effective and efficient project operation.

As results the efficiency of the project implementation became higher.

<Overall Goal>

In addition to the project purpose, the indicator for the Overall goal shows the progress being made. One of the most important indicators of the overall goal is the number of FP clients at the 23 VHCs providing FP throughout all project sites (Irbid and Mafraq governorates and Dayr Allah district). It increased from 5 in December

2016 to 224 in May 2017 (Table 4). This was a result of the increased number of functioning VHCs providing FP and encouragement of local people to come to VHCs through the HP activities and midwives who are supporting/supervising VHCs. The project will promote the strengthening of the linkage between the VHCs and communities by target-oriented advertisement.

Table 4: Number of FP clients at 23 VHCs in the overall project sites

	Dec. 2016	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	May 2017
Ibid	0	50	57	59	75	104
Mafrag	5	56	82	77	81	100
Dayr Allah	0	9	16	14	6	20
Total	5	115	155	150	162	224

1-5 Changes of Risks and Actions for Mitigation

To accelerate the mobile clinic trial operation, the meeting among MOH, JICA Jordan office and the project team were held twice on the 18th of July and the 27th of August, 2017. In addition, on the 7th of August the MOH and the project team held a meeting to encourage the Mafrag health directorate to make their detailed operation plan.

1-6 Progress of Actions undertaken by JICA

As mentioned in 1-5, meetings coordinated and attended by the JICA Jordan office were effective.

1-7 Progress of Actions undertaken by Gov. of Jordan

Regarding the mobile clinic trial operation, the Project Manager, a director of the WCHD, set a meeting with all directors of three governorates on the 18th of July to decide the main direction of the trial operation. Based on the agreement reached in the meeting, two meetings were coordinated by the project manager and held at Mafrag health directorate on the 7th and 27th of August in order to accelerate the decision-making process and reach an agreement on the operation plan in Mafrag. Major points of agreement were; services to be provided are maternal health, child health, and family planning which are all free, setting two teams including doctors, midwives and nurses, operating 4 days per week, head of MCH department of Mafrag is a daily operation supervisor, and car is to be parked at the Mafrag health directorate office. In addition, commitments of the Mafrag Maternal health supervisors have been observed.

1-8 Progress of Environmental and Social Considerations (if applicable)

Not applicable for this project as Category C.

1-9 Progress of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)

The project aims to develop an enabling environment for women's empowerment through health promotion activities within the communities. These activities will accelerate the involvement of men/boys and religious leaders and will contribute to the promotion of gender equity.

1-10 Other remarkable/considerable issues related to/affecting the project (such as other JICA projects, activities of counterparts, other donors, private sectors, NGOs etc.)

1) Participation to various donor coordination meetings

The Project team members participated in the meetings held by various organizations supporting Syrian refugees, such as RH sub-working group and male involvement taskforce both headed by United Nations Population Fund (UNFPA), and the community health taskforce headed by two international NGOs (International Rescue Committee (IRC) and Medair). The project team advertised the project design and its achievements from time to time and gathered information from the other partners. Through these opportunities, the project had further discussions on how to collaborate with them. The details of outputs are described in the next section.

2) Closer collaboration with the partners

Meetings about the collaboration with other partners were carried out in order to explore possibilities for collaboration. So far, the International Federation of Red Crescent (IFRC) has provided educational material on chronic diseases and sharing their volunteer list in Mafrag, Médecins Sans Frontières (MSF)-France provided general information of Syrian refugee health issues and the epidemiological research report on health of Syrian refugees, and the professor from Jordan University provided the tips of the baseline study and mobile clinic study and the professor from Al Al-Bayt University proposed introducing volunteers with medical background in Mafrag to work with the project. Working with volunteers from IRC, IFRC and Al Al-Bayt University is expected to start by the end of this year.

2 Delay of Work Schedule and/or Problems (if any)

2-1 Detail

Delivery of the mobile clinic to MOH, originally planned for April 2017, was delayed. It was ready to deliver to MOH as of the 25th of September.

2-2 Cause

Plural governmental procedures for tax exemption and registration process took an unexpected amount of time. However, through daily follow-up by the WCHD and the project, it was completed at the end of September 2017.

2-3 Actions to be taken

Regarding the mobile clinic, the WCHD and the project conducted meetings on the operation design in Mafrag twice in August in order to accelerate the designing process. The representative of JICA Jordan office also attended the meeting and facilitated the process.

2-4 Roles of Responsible Persons/Organizations (JICA, Gov. of Jordan, etc.)

Regarding the mobile clinic, the JICA Jordan office, MOH and the WCHD continue to monitor and support its trial operations process. The Government of Jordan

needs to allocate the budget for operational costs, especially fuel and maintenance, for its sustainable operation after the project termination.

3 Modification of the Project Implementation Plan

3-1 Plan of Operation (PO)

No modification of the PO in this period.

3-2 Other modifications on detailed implementation plan

(Remarks: The amendments of Record of Discussion (R/D) and PDM (title of the project, duration, project site(s), target group(s), implementation structure, overall goal, project purpose, outputs, activities, and input) should be authorized by JICA Headquarters. If the project team deems it necessary to modify any part of R/D and PDM, the team may propose the draft.)

The two parties agreed upon the following R/D amendments at the third JCC held on 9th of August.

- The membership of the technical committee and the person nominating committee members
- Revision of the indicators of PDM1.

4 Preparation of Gov. of Jordan toward after completion of the Project

At the mid-term advisory mission, it was concluded that the project will be terminated as planned.

II. Project Monitoring Sheets I & II as Attached

ANNEX 1

Counterpart List

1) Ministry of Health Director of Primary Healthcare Directorate Director of Woman and Child Health Directorate (WHCD) Head of Supervision and Monitoring Department/ WCHD MCH supervisor/ WCHD	Dr. Ayyoub Sayaydeh Dr. Malak Al-Quri Ms. Fadia Al-Jaber Ms. Amal Abu Shawesh
2) Health Directorates (HDs) <u>Irbid HD</u> Director of Irbid HD Director Assistant Director Assistant MCH supervisor MCH supervisor MCH supervisor for Kura District MCH supervisor Bani-Kenanh district MCH supervisor for Al-Aghwar shamaleh district	Dr. Qasem Mayyas Dr. Abdel-Jalel Meqdadi Dr. Amal Al-Zoubi Ms. Mariam Omari Ms. Hyaim Obidat Ms. Fatimah Bani Irshid Ms. Intesar Malaabah Ms. Eman Abdullah Khaled
<u>Mafrqa HD</u> Director of Mafrqa HD Head of MCH Department MCH supervisor MCH supervisor MCH supervisor for Badia Shamaleh district MW, member in MCH department	Dr. Hani Olimat Dr. Mohammad Abu Al-Hijaa Dr. Amal Abdel-Karim Ms. Souad Shdeifat Ms. Sawsan Tamimi Ms. Majeda Al-Takrori
<u>Balqa HD</u> Director of Balqa HD Director assistant for Dayr-Allah affairs Head of MCH Department MCH supervisor Midwives supervisor MCH supervisor for Dayr-Allah district	Dr. Khaled Arabiat Dr. Hamdan Ma'adat Ms. Khetam Rahahleh Ms. Heiwa Al-Issa Ms. Noha Halamleh Ms. Bothina Zaqqouq

إلى الممثل الإقليمي لمكتب جايبا الأردن
ورقة تقييم المشروع

**اسم المشروع : مشروع تحسين الخدمات في المراكز الصحية الفرعية في المناطق
الريفية المستضيفة للاجئين السوريين**
إصدار ورقة التقييم: رقم 3 (فترة كانون الثاني، 2017 – أيلول 2017)

الاسم: مككي كومساروا
المنصب: المدير التنفيذي
التاريخ: 29 أيلول 2017

أ. ملخص

1. التقييم
1-1 التقييم في المدخلات
ورقة تقييم المشروع تغطي التقدم في الانجازات منذ آخر تقييم المقدم بالتقرير السنوي والذي يغطي السنة الأولى للمشروع حتى كانون الأول 2016. وعليه فإن وصف جميع الأنشطة المنفذة في الفترة من كانون الثاني 2017 إلى أيلول 2017 ومناقشتها وتقييمها موجود في ورقة التقييم هذه.

1-1-1 المدخلات من الجانب البياني
1- الخبراء البيانيين (من كانون الثاني حتى نهاية شهر أيلول)
- المدير التنفيذي MM 5.57
- ادارة التدريب MM 5.57
- منسق مشروع/تعزيز صحة: MM 4.87
2- تقديم المعدات الطبية والأثاث للمراكز الصحية الفرعية (التكلفة الكلية 9248 دينار أردني، ما يعادل 1.47 مليون بن ياباني)
3- شراء العيادة المتنقلة
4- التدريب في اليابان
- اثنين من نظراء المشروع من أعضاء اللجنة الفنية (اسم التدريب: تطوير الموارد البشرية في المجتمعات الريفية، 7 شباط – 11 آذار، 2017)
- نظير المشروع في شهر أيلول – تشرين الأول (مخطط تنفيذه)

2-1-1 المدخلات من قبل الجانب الأردني
1. ضباط الارتباط
- مدير إدارة المشروع: مدير إدارة الرعاية الصحية الأولية
- مدير المشروع: مدير مديرية صحة المرأة و الطفل
2 ضباط ارتباط: رئيس قسم الإشراف والمتابعة، و ضابط ارتباط من قسم تنظيم الأسرة.
- أعضاء اللجنة الفنية من المحافظات/الألوية المستهدفة. (للتفاصيل انظر إلى ملحق رقم 1)
2. تقديم المعدات الطبية والأثاث للمراكز الصحية الفرعية

3. أخرى
- مكتب واحد مع الأثاث والكهرباء وشبكة انترنت بالإضافة إلى تكلفة التشغيل اللازمة والمعدات اللازمة.
- غرفة الاجتماعات وغرف التدريب حسب الحاجة.

2-1 التقدم في الأنشطة
الأنشطة التالية المنفذة بالمخرج الأول إلى المخرج الثالث وإدارة المشروع قد استكملت من كانون الثاني إلى أيلول 2017.

هناك ثلاثة مخرجات للمشروع:

المخرج الأول: تأمين بيئة مواتية في المراكز الصحية الفرعية في مواقع عمل المشروع
المخرج الثاني: تعزيز قدرات مقدمي الخدمات الصحية في المراكز الصحية الفرعية في مواقع المشروع.
المخرج الثالث: تفعيل أنشطة التعزيز الصحي في المراكز الصحية الفرعية المستهدفة (14 مركز صحي فرعي)
1-2-1 المخرج الأول
- الانتهاء من تحديث الدليل التشغيلي للمراكز الصحية الفرعية وتوزيعه على مشرفات الأمومة والطولة وموظفي المراكز الصحية الفرعية المعنيين.

- تعريف نظام الإشراف على المستويات الثلاث.
- تقديم المعدات الطبية والأثاث في 14 مركز صحي فرعي.
- تطوير المواد التوعوية والإرشادية (لوحه روية ورسالة المركز الصحي الفرعي، حامل مطويات، اللوحة القلابة لوسائل تنظيم الأسرة)

2-2-1 المخرج الثاني:
- عقد "اجتماع حول متابعة أداء العاملين في تقديم الخدمات في المراكز الصحية الفرعية المستهدفة من قبل المشروع / جايبا" في المحافظات الثلاث (تموز – آب 2017)
- زيارات إشرافية من قبل وزارة الصحة ومديريات الصحة إلى المراكز الصحية الفرعية (آذار 2017)
- عقد 3 ورشات تشيئية على مواضيع الصحة الإيجابية في المديريات الثلاث المستهدفة في أيلول 2017.

3-2-1 المخرج الثالث:
- تشكيل لجنة صحة المجتمع (CHC)، في 14 مركز صحي فرعي مستهدف بالتعاون مع كادر المركز الصحي الفرعي.
- عقد ثلاث ورشات تعزيز الصحة في المحافظات الثلاث المستهدفة (نيسان و أيار).
- حفل إطلاق أنشطة تعزيز الصحة في 14 قرية، من قبل لجان صحة المجتمع (نيسان وأيار)
- أنشطة تعزيز الصحة من قبل كادر المركز الصحي الفرعي بالتعاون مع لجان صحة المجتمع.
تم عقد 43 نشاط بحضور 1166 مشارك خلال الفترة نيسان إلى تموز 2017.

4-2-1 الأنشطة المتعلقة بإدارة المشروع

(أ) اللجنة التنسيقية المشتركة (JCC)

- عقد الاجتماع الثالث للجنة التنسيقية المشتركة في 9 آب، 2017 خلال فترة تواجد البعثة الاستشارية بالأردن. وأوصى فريق البعثة الاستشارية بصوررة إعداد الاستدامة بعد انتهاء المشروع والإسراع بإنشاء آلية تشغيل العيادة المتنقلة في المفروق. تمت مشاركة مؤشرات مصفوفة المشروع - النسخة الثالثة مع الحضور. كما وتم توقيع محضر الاجتماع في 17 آب.

(ب) العيادة المتنقلة

- تم صناعة العيادة المتنقلة من قبل الشركة الأردنية لصناعة الآليات الخفيفة منذ تشرين الثاني 2016 واستلمت في آذار 2017 بعد إجراء الفحص من قبل فريق المشروع.
- بدأت إجراءات الإغفاء الضريبي وتسجيل العيادة المتنقلة في شهر شباط وانتهت في 25 تشرين الأول، 2017. هذا التأخير أدى إلى تقليص مدة إعداد خطة ونموذج تشغيلي للعيادة المتنقلة خلال فترة المشروع.

(ج) اجتماعات اللجنة الفنية

- عقد الاجتماع السادس للجنة الفنية في 16 آذار، 2017 من أجل مشاركة خطة المشروع للجنة الثانية ومناقشة مسودة الدليل التشغيلي للمراكز الصحية الفرعية، أنشطة تعزيز الصحة المخطط لها، ومؤشرات مصفوفة المشروع.

3-1 تحقيق المخرجات

فيما يلي نتائج الانجازات بناء على مؤشرات مصفوفة المشروع

1-3-1 المخرج الأول

(أ) تمت مراجعة الدليل التشغيلي،

حدث الدليل التشغيلي من قبل اللجنة الفنية، وتمت الموافقة عليه من قبل مدير مديرية صحة المرأة والطفل/ مدير المشروع، كما وتمت طباعته وتوزيعه على أقسام صحة المرأة والطفل في مديريات الصحة وعلى الموظفين في المراكز الصحية الفرعية في أيلول 2017. وبما أن توزيع الدليل التشغيلي كان في وقت أبكر مما هو مخطط له في الخطة الأصلية، فإن المراكز الصحية الفرعية لديها ما يكفي من الوقت لتطبيق إجراءات التشغيل اليومية الواردة في الدليل التشغيلي المحدث.

(ب) الزيارات الإشرافية

مشاركات الأمومة والطفولة في مديرية صحة المرأة والطفل قاموا بزيارات إشرافية ل 14 مركز صحي فرعي في مرحلة مسح المراكز الصحية الفرعية (تموز - آب، 2016) و الفترة المنتهية (آذار 2017) (جدول 1)

الجدول 1: عدد الزيارات الإشرافية للمراكز الصحية الفرعية من قبل وزارة الصحة.

2017	2016
آذار	تموز - آب
14 مركز صحي فرعي (100%)	14 مركز صحي فرعي (100%)

(ج) تقديم المعدات الطبية الأساسية بناء على المسح الأساسي والزيارات الإشرافية، حددت وزارة الصحة والمشروع المعدات الطبية الأساسية لتقديم خدمات الصحة الإنجابية. بدأ المشروع عملياته تجاه شراء المعدات في شهر آب 2016، وانتهى من شراء كافة المعدات في شهر أيار 2017، وتم توزيعها على المراكز الصحية الفرعية المستهدفة. كما وقامت مديرة مديرية صحة المرأة والطفل/ مديرة المشروع بمخاطبة المعنيين في الوزارة، حيث تم تحديد المعدات التي ستقوم وزارة الصحة بتأمينها لهذه المراكز والتي لم يتم تأمينها من قبل المشروع. وقد تم استلام بعض هذه المعدات من مديرية المشتريات والتوريد والعمل الجاري على تسليم باقي المعدات.

انجازات المخرج الأول: تأمين بيئة مواتية في المراكز الصحية الفرعية المستهدفة من قبل المشروع.

من خلال تحديث الدليل التشغيلي وتقديم المعدات الطبية الأساسية، فإنه تم تحسين بيئة المراكز الصحية الفرعية من أجل تقديم خدمات الصحة الإنجابية. وبالإضافة إلى ذلك، فإن توضيح آلية الإشراف سيعزز تمكين نظام دعم موظفي المراكز الصحية الفرعية. وبعد هذه الفترة، يُعِين على المشروع تنشيط المشرفين في جميع مستويات الإشراف على القيام بالإشراف الداعم استناداً إلى الدليل التشغيلي المحدث من أجل تحسين النظام التشغيلي للمراكز الصحية الفرعية حسب الدليل التشغيلي.

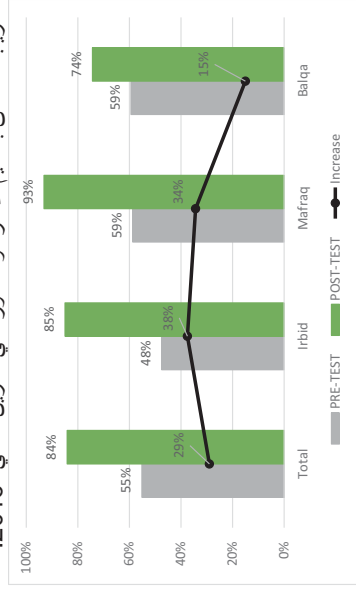
بالنهاية يمكن تخصيص أن أغلب نتائج المخرج الأول تم تحقيقها بنهاية شهر أيلول.

2-3-1 المخرج الثاني

بعد انتهاء التدريبات في السنة الأولى، شجع المشروع ومديرية صحة المرأة والطفل العاملين في المراكز الصحية الفرعية على تقديم خدمات الصحة الإنجابية. كما وقام المشروع ومديرية صحة المرأة والطفل بتقييم أداء العاملين في المراكز الصحية الفرعية. وفيما يلي نتائج التقييم بناء على مؤشرات مصفوفة المشروع.

(أ) الامتحان القبلي والبعدي

في كل تدريب، تم تنفيذ اختبارات القبلي والبعدي لتقييم فعالية التدريب. وبين الشكل الأول نتائج التدريب المتعلق بتنظيم الأسرة والمشورة في تشرين الثاني، 2016.



شكل 1: مقارنة نتائج الاختبارات القبلي والبعدي لكل محافظة

1-3-3 المخرج الثالث

أ) عدد أنشطة تعزيز الصحة وعدد المشاركين بعد انتهاء من عقد احتفالات انطلاق أنشطة تعزيز الصحة في 14 قرية، بدأت جميع القرى بتنفيذ أنشطة تعزيز الصحة بمبادرة خاصة منهم. جدول 2 يوضح الإنجازات من نيسان إلى تموز 2017.

العدد الكلي للمشاركين	حزيران **	تموز ***	أيار	نيسان
14	0	12***	13	3
43	0	14	26	3
1,116	0	475	608	83

جدول 2: يوضح عدد أنشطة تعزيز الصحة وعدد المشاركين *

المخرج الثالث: تفعيل أنشطة تعزيز الصحة في المراكز الصحية الفرعية المستهدفة.

فيما يتعلق بالمخرج الثالث، تأخرت الأنشطة بأكملها لمدة 4 أشهر عما هو مخطط له في خطة العمل. وهناك العديد من الأسباب، مثل ترتيب الأولويات فيما يتعلق بالأنشطة المتعلقة بالمخرج الثاني في السنة الأولى، استغرق وقت من أجل فهم آلية العمل مع المجتمع المحلي وتشكيل اللجان وعمل ورشات تدريبية من أجل البدء بأنشطة تعزيز الصحة.

ومع ذلك، بعد البدء في الأنشطة بشهر نيسان، فهم جميع موظفي المراكز الصحية الفرعية مفهوم تعزيز الصحة وأهمية أنشطة تعزيز الصحة في الربط بين المراكز الصحية الفرعية والمجتمعات. بالتحديد (أربد)، فإن معظم المراكز الصحية الفرعية تشكل لديهم مفهوم عميق بأهمية هذه الأنشطة. وأنشأوا خطط العمل بناء على احتياجات مجتمعاتهم، وقاموا بعدد أنواع مختلفة من الأنشطة لتحقيق الأهداف المرجوة، كما وانهم لاحظوا زيادة عدد مراجعيهم بعد عقد أنشطة تعزيز الصحة. وبالإضافة إلى ذلك، من خلال تبادل الممارسات الجيدة في الاجتماع الذي عقد حول متابعة أداء العاملين في تقديم الخدمات في المراكز الصحية الفرعية المستهدفة من قبل المشروع / جاكيا بحضور الأطباء والقابلات والمرضات العاملات في هذه المراكز، بدأت المراكز الصحية الفرعية بتنفيذ أنشطة جيدة، بما في ذلك الزيارات المنزلية وعمل طرود تغذوية أو طرود تتعلق بالنظافة.

بعد انتهاء الفترة التي يقدم فيها المشروع الدعم المادي حتى أيلول 2017، يتعين على المراكز الصحية الفرعية، ومعها لجان صحة المجتمع، إيجاد سبل الحفاظ على استمرارية الأنشطة المختلفة لمعالجة قضاياهم الصحية المختلفة. ولدعم هذا الجانب، يحاول المشروع الاستعانة بمصادر خارجية للتطوير أو شراكة آخرين. وحتى الآن، وجد المشروع منظمة واحدة يمكنها توفير الأدوية الأساسية وجامعة واحدة في المفرق يمكنها التعاون في المساعدة في تنفيذ بعض أنشطة تعزيز الصحة.

1-4 إنجاز هدف المشروع

وتم توضيح المؤشرات الرئيسية لهدف المشروع على النحو التالي، جدول 3 يبين واقع الخدمات المقدمة في المراكز الصحية الفرعية لكل خدمة على حدة. في مرحلة المسح الأساسية وقبل بدء المشروع لم يكن أي من المراكز الصحية الفرعية المستهدفة يقدم خدمات رعاية الحامل، رعاية النفاس ورعاية الطفل، ولكن بعد جهود

ب) نتائج ورقة التقييم الذاتي استخدم المشروع تقييم الأداء باستخدام بلستخدام ورقة التقييم الذاتي (النتيجة الكاملة: 5 نقاط). منذ تشرين الثاني 2016، أجرى المشروع تقييم الأداء الذاتي ثلاث مرات. وبين الشكل (2) التغييرات في تحسين أداء موظفي المراكز الصحية الفرعية في 14 مركز صحي فرعي مستهدف وبين الشكل 3 التغييرات حسب كل خدمة. ونظرا لوجود نقص في القابلات، فإن 9 مراكز صحية فرعية فقط تقدم خدمات رعاية الحامل، رعاية النفاس، رعاية الطفل وتنظيم الأسرة، إذ أن نتيجة هذه الخدمات أقل من غيرها.



شكل 2: التغييرات في معدل التحسن في جميع المراكز الصحية الفرعية المستهدفة (13 مركز صحي مستهدف، بلستثناء شهر تموز، حيث كانت النتائج ل 12 مركز صحي فرعي).

شكل 3: التغييرات في نتائج التقييم الذاتي حسب الخدمة (13 موظف المراكز الصحية الفرعية، في 12 شهر تموز).

إنجازات المخرج الثاني: رفع كفاءة مقدمي الخدمات في المراكز الصحية الفرعية في مواقع المشروع.

من خلال عقد سلسلة من التدريبات في السنة الأولى، وعقد اجتماعات لموظفي الصحة الذين يدعمون المراكز الصحية الفرعية وموظفي المراكز الصحية الفرعية، فإن معرفة موظفي المراكز الصحية الفرعية المستهدفة فيما يتعلق بألية تشغيل المراكز الصحية الفرعية والمهارات التقنية المتعلقة بتقديم خدمات الصحة الإنجابية قد تحسنت. وأثبتت نتائج تقييم الأداء الذاتي أن معظم موظفي المراكز الصحية الفرعية أصبحوا الآن قادرين على تقديم خدمات الصحة الإنجابية وأنهم قاموا بالفعل بتطبيق ما تعلموه من أنشطة المشروع في أعمالهم اليومية. ومع ذلك، تبين أن بعض مرضات المراكز الصحية الفرعية بحاجة إلى تمكين في كيفية تقديم خدمات الأمومة والطفولة. وفيما يتعلق بتقديم محاضرات تثقيفية، فإن بعض الممرضات غير وثقات من إمكانية إجراء جلسات تثقيفية صحية لأنهن يعتقدن أنهن غير قادرات على الرد على أسئلة المشاركين المختلفة وبحاجة إلى تمكينهم في هذا المجال.

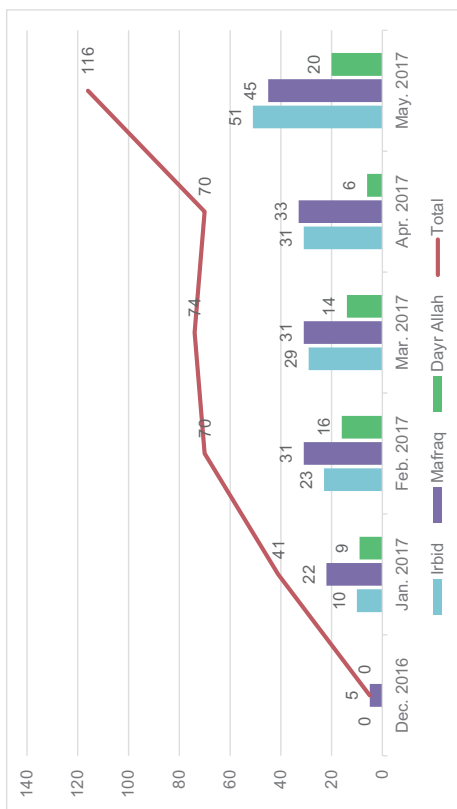
بعد هذه الفترة، يخطط المشروع لإجراء تدريب في مواقع العمل لجميع المراكز الصحية الفرعية الأربعة عشر، سيفهم المشرفات بفحص الضعف الفردي أو المشاكل التي تواجههم في كل مركز صحي فرعي وتقديم المزيد من التعليمات في كيفية التعامل مع المشاكل وتشجيعهم على تقديم الخدمات بثقة. وفيما يتعلق بجلسات التثقيف الصحي، سيقوم المشروع بالمواد التوعوية والإرشادية أتم استخدامها أثناء جلسات التثقيف الصحي.

وتقديم التدريبات من قبل مديرة صحة المرأة والطفل ومديرات الصحة، فإن 9 مراكز صحية فرعية مستهدفة (64%) تغطي من قبل قابلات قانونيات وبدأت بتقديم هذه الخدمات.

جدول 3: يوضح الخدمات المقدمة في المراكز الصحية الفرعية المستهدفة

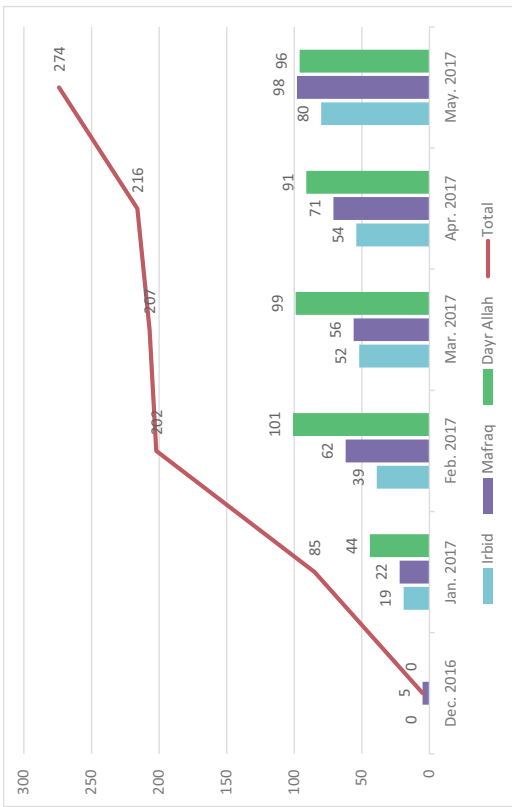
الفترة المتوسطة (أيار 2017)	الفترة المتوسطة (أيار 2016)
العدد	العدد
% النسبة	% النسبة
0	0
9	9
0	0
9	9
12	12
9	9
0	0
14	14

شكل 4 يبين عدد مراجعي خدمات تنظيم الأسرة في 14 مركز صحي فرعي مستهدف للمقارنة بما قبل دعم المشروع، كانون الأول 2016، وما بعد دعم المشروع من كانون الثاني حتى أيار 2017. لقد كان هناك زيادة كبيرة خلال الخمس أشهر الأخيرة.



شكل 4: يبين التغيرات في أعداد مراجعي خدمات تنظيم الأسرة في 14 مركز صحي فرعي مستهدف.

الشكل 5 يبين عدد مراجعي خدمات رعاية الحامل، رعاية النفاس، تنظيم الأسرة ورعاية الطفل المقدمة في 14 مركز صحي فرعي مستهدف خلال فترة كانون الأول إلى أيار 2017. تضاعف العدد إلى أكثر من 3 مرات خلال الفترة من كانون الثاني إلى أيار.



شكل 5: العدد الكلي لمراجعي خدمات الصحة الإنجابية في 14 مركز صحي فرعي مستهدف.

انجاز هدف المشروع: تحسين الخدمات المقدمة في المراكز الصحية الفرعية في المناطق المستهدفة من قبل المشروع.

وفيما يتعلق بـ "الملاءمة" التي تحدها منهجية التقييم الخمسة لجابجا، تم تحليل المشروع على النحو التالي. استراتيجيّة الصحة الإنجابية وتنظيم الأسرة 2013 – 2017 تبين أن معدل النمو السكاني المرتفع في الأردن يمثل تحدياً للتقدم الاجتماعي والاقتصادي في الأردن مقارنة بمواردنا المحدودة ونموها الاقتصادي المنخفض. وقد تذبذب انخفاض معدل الخصوبة الكلي منذ عام 2002، في حين أن معدل استخدام وسائل منع الحمل الحديثة بقي ثابتاً تقريبا منذ عام 2002. ولا تزال الزيادة في استخدام وسائل منع الحمل الحديثة من الأمور ذات الأولوية في استراتيجية الصحة الإنجابية وتنظيم الأسرة. وبالإضافة إلى ذلك، ومنذ الحرب الأهلية السورية في عام 2011، فإن أكثر من مليون لاجئ سوري قدموا إلى الأردن مما زاد العبء على الخدمات الصحية المحلية. وعلاوة على ذلك، أشار تقرير لاجئ سوري أردنية للاستجابة للأزمة السورية 2016-2018 إلى أن عدداً معينا من اللاجئين السوريين سبقون في الأردن حتى بعد انتهاء الأزمة السورية، وبالتالي تعزيز قدرة المجتمعات المستضيفة للاجئين السوريين هي مسألة عاجلة ومهمة للحكومة الأردنية. وبالتالي، فإن أهمية المشروع مرتفعة.

ساهم تعزيز تأمين بيئة مواتية في المراكز الصحية الفرعية المستهدفة بالمخرج الأول، ورفع كفاءة مقدمي الخدمات في المراكز الصحية الفرعية المستهدفة بالمخرج الثاني، في تحسين الخدمات المقدمة في المراكز الصحية الفرعية في 14 مركز صحي فرعي مستهدف. بالإضافة إلى ذلك، فإن أنشطة تعزيز الصحة وفقاً للمخرج الثالث ساهمت في بناء روابط بين المراكز الصحية الفرعية والمجتمعات، وشجعت الناس على الذهاب لتلقي خدمات الصحة الإنجابية في المراكز الصحية الفرعية.

وإنه لمن المبكر جداً تقييم تحقيق إنجاز هدف المشروع في هذا الوقت. ولكن يمكن القول بأن الغرض من المشروع يمكن تحقيقه في نهاية المشروع إذا ما بذلت جهود إضافية من أجل الحفاظ على ما اكتسبه

7-1 التقدم في الإجراءات المتخذة من قبل وزارة الصحة .

وفيما يتعلق بتشغيل العيادة المتنقلة في الفترة التجريبية، قام مدير المشروع، مدير مديرية صحة المرأة والطفل، بعقد اجتماع مع مدراء جميع المحافظات الثلاث المستهدفة في 18 تموز لتجديد الاتجاه الرئيسي لعمل العيادة المتنقلة في الفترة التجريبية. وعقب الاجتماع، ومن أجل الموافقة وتسريع عملية صنع القرار والاتفاق على تشغيل العيادة المتنقلة في المرفق، تم عقد اجتماع في مديرية صحة المرفق بالتنسيق من مدير المشروع / مدير مديرية صحة المرأة والطفل في 7 و 27 آب 2017. وأهم الاتفاقات فيما يتعلق بعمل العيادة المتنقلة هي: سيتم تقديم خدمات رعاية المرأة والطفل وخدمات تنظيم الأسرة، التي تقدم مجاناً، لتشكيل فريقين عمل تتضمن أطباء، قابلات والمرضات، والعمل 4 أيام بالأسبوع، وأن رئيس قسم صحة المرأة والطفل في محافظة المرفق هو ضابط ارتباط العيادة الصحية المتنقلة المسؤول عن الية التشغيل اليومية، وأن مكان اصطافاف العيادة المتنقلة هو مديرية صحة محافظة المرفق.

8-1 التقدم في الاعتبارات البيئية والاجتماعية (إن أمكن) غير منطبق لهذا المشروع فئة (c)

9-1 تقدم في الاعتبارات الخاصة في النوع الاجتماعي (الجنس) المساواة بين الجنسين، وبناء السلام، وتقليل الفقر (إن أمكن)

يهدف المشروع إلى تطوير بيئة داعمة لتمكين النساء من خلال أنشطة تعزيز الصحة في المجتمعات. وهذه الأنشطة مستمرة من مشاركة الرجال والشباب ورجال الدين وسياساهم في تعزيز المساواة ما بين الجنسين .

10-1 ملحوظات أخرى / قضايا كبيرة تتعلق ب / تؤثر على المشروع بشكل إيجابي (مثل المشاريع الأخرى الممولة من قبل جابكا ، أنشطة ضبط الارتباط، الجهات المانحة الأخرى ، القطاع الخاص ، المنظمات الغير حكومية)

1- المشاركة في اجتماعات المنظمات المتعددة التي تدعم اللاجئين السوريين مثل لجنة عمل الصحة الانجابية و فرقة عمل مشاركة الرجل، برنامسة صندوق الامم المتحدة للسكان UNFPA وفرقة عمل المجتمع والتي برنامسة منظمين دوليين غير حكوميين (منظمة الإغاثة الدولية IRC، ومنظمة Medair). وأعلن فريق المشروع عن تصميم المشروع وإنجازاته من وقت لآخر مع الشركاء الآخرين وجمع معلومات من قبلهم. ومن خلال هذه الفرص، أجرى المشروع المزيد من المناقشات حول كيفية التعاون معها. وترد تفاصيل المخرجات في القسم التالي.

2- وتم في هذه الفترة تنفيذ اجتماعات حول التعاون مع شركاء آخرين، من أجل البحث عن طرق التعاون بين الطرفين، ومن ذلك قدم الاتحاد الدولي للهلال الأحمر مواد تعليمية حول الأمراض المزمنة وشاركوا قائمة المتطوعين لديهم مع المشروع، و كما أن منظمة أطباء بلا حدود قدمت معلومات عامة حول الوضع الصحي للاجئين السوريين وتقرير الأبحاث الوبائية المتنقلة بالوضع الصحي للاجئين السوريين، كما وأن هناك أستاذ من الجامعة الأردنية قدم نصائح حول إجراء المسح الأساسي للعيادة المتنقلة ، بينما وضحت أستاذة من جامعة آل البيت أنها يمكن أن تقدم متطوعين ذوي خلفية طبية في المرفق للعمل مع المشروع .

نظراء المشروع خلال فترة المشروع، وعلاوة على ذلك، سيناقتش المشروع مع نظرائه تقييم المشروع خلال الأشهر الأربعة القادمة قبل إعداد تقرير إنجاز المشروع. وبالتالي فإن فعالية المشروع متوسطة في هذه اللحظة.

وفيما يتعلق بالكفاءة، فإن المشروع تأخر في تقديم المخرجات عما هو مخطط له في الخطة الأصلية بسبب عدم المعرفة بنظام وزارة الصحة والبيئة الثقافية، وخاصة في النصف الأول من السنة الأولى للمشروع. ومع ذلك، استطاع المشروع تنفيذ الأنشطة المخطط لها والبقاء على مسار الخطة في الجزء الأخير من السنة الأولى. بعد أن تفهم المشروع آلية عمل وزارة الصحة، أصبحت إدارة المشروع أكثر سلاسة. ومن ناحية أخرى، حاول المشروع الاستفادة من المواد التدريبية القائمة والمواد التوعوية والإرشادية قدر المستطاع من أجل تشغيل المشروع بكفاءة وفعالية. وبالتالي، أصبحت كفاءة المشروع أعلى.

دالهدف العلم<

بالإضافة إلى هدف المشروع، فإن مصفوفة المشروع تحتوي على مؤشرات الهدف العام. وبالنظر إلى أهم مؤشر من مؤشرات الهدف العام لمشروعنا، فإن عدد مراجعي خدمات تنظيم الأسرة في المراكز الصحية الفرعية في مواقع المشروع (أربد، المرفق و لواء دير علا) ارتفع من 5 كانون الأول 2016 إلى 224 في أيار 2017 (جدول 4). وكان هذا نتيجة لزيادة عدد المراكز الصحية الفرعية التي تقدم خدمات تنظيم الأسرة و تشجيع الناس على الذهاب لتلقي الخدمات من المراكز الصحية الفرعية من خلال أنشطة تعزيز الصحة و من قبل القابلات اللواتي يترفن على المراكز الصحية الفرعية. وسيساعد المشروع على تعزيز الروابط بين المراكز الصحية الفرعية والمجتمعات المحلية من خلال الإعلان الموجه نحو الأهداف.

الجدول 4: بين عدد مراجعي خدمات تنظيم الأسرة في المراكز الصحية الفرعية في مواقع المشروع (23 مركز صحي فرعي، منها 14 مركز صحي فرعي مستهدف من قبل المشروع)

أيار 2017	نيسان، 2017	أذار، 2017	شباط، 2017	كانون الأول 2016	كانون الثاني، 2017
104	75	59	57	0	50
100	81	77	82	5	56
20	6	14	16	0	9
224	162	150	155	5	115

5-1 التغيرات في المخاطر والإجراءات من أجل تخفيفها

ولتسريع عملية تشغيل العيادة المتنقلة، تم عقد اجتماعين اثنين بين وزارة الصحة ومكتب جابكا الأردن وفريق المشروع في 18 تموز و 27 آب 2017. بالإضافة إلى ذلك عقدت وزارة الصحة وفريق المشروع اجتماع في 7 آب، 2017 من أجل تشجيعهم على عمل خطة تشغيلية مفصلة للعيادة المتنقلة.

6-1 التقدم في الإجراءات المتخذة من قبل جابكا

كما ذكر في 5-1، قام مكتب جابكا الأردن بالتنسيق وحضور الاجتماعات المذكورة أعلاه، حيث أنها كانت فعالة.

2. التأخير في برنامج العمل و / او المشاكل (ان وجد)
1-2 التفاصيل
1. تأخر استلام وزارة الصحة للعيادة المنتقلة الذي كان مقرراً في نيسان، 2017. وكانت العيادة جاهزة للتسليم في 25 أيلول.

2-2 الأسباب
1. استغرقت الإجراءات الحكومية المتعددة لإعفاء الضريبي وعملية التسجيل وقتاً غير متوقع. ومع ذلك، من خلال المتابعة اليومية من قبل مديرية صحة المرأة والطفل والمشروع، انتهت هذه الإجراءات في نهاية أيلول 2017.

3-2 الاجراءات الواجب اتخاذها
1. وفيما يتعلق بالعيادة المنتقلة، أجرت مديرية صحة المرأة والطفل اجتماع حول آلية تشغيل العيادة المنتقلة في المقرق مرتين في آب من أجل تسريع عملية التشغيل. وحضر الاجتماع أيضاً ممثل مكتب جايبكا الأردن، وسهل العملية.

4-2 الأدوار ومسؤولية الأشخاص والمنظمات (جايبكا ، الحكومة الأردنية)
1. فيما يتعلق بالعيادة المنتقلة، يواصل مكتب جايبكا-الأردن ووزارة الصحة ومديرية صحة المرأة والطفل ودعم ومراقبة الفترة التجريبية. ويتعين على الحكومة الأردنية تأمين تخصيص ميزانية للتكاليف التشغيلية، ولا سيما الوقود والصيانة، بعد انتهاء المشروع.

3. التعديلات على تنفيذ خطة عمل المشروع
1-3 الخطة العملية
لا يوجد تعديلات رئيسية حدثت في هذه الفترة

2-3 تعديلات أخرى على تفاصيل تطبيق الخطة
(ملاحظات: تعديلات الاتفاقية (R/D) و مؤشرات مصفوفة المشروع (عنوان المشروع، والمدة، ومواقع المشروع، والمجموعات المستهدفة، وهيكل التنفيذ، والهدف العام، والفرص من المشروع، والمخرجات، وأنشطة المشروع ومدخلاته) يجب أن يتم الموافقة عليها من قبل مكتب جايبكا الرئسي-طوكيو. وفي حال رأى فريق المشروع أن هناك حاجة لإجراء بعض التعديلات في الاتفاقية (R/D) أو مؤشرات مصفوفة المشروع ، قد يقترح فريق المشروع مسودة ويقدمها لمكتب جايبكا الرئسي-طوكيو)

وانفق الطرفان على التعديلات التالية على الاتفاقية (R/D) في اجتماع لجنة التنسيق المشتركة الذي عقد في 9 آب.
1) عضوية اللجنة الفنية والشخص الذي سيقوم بشرح أسماء الأعضاء.
2) مراجعة مؤشرات مصفوفة المشروع.

4. التحضيرات من الحكومة الأردنية بعد الانتهاء من المشروع
وفقاً لفريق البعثة الاستشارية لفي الفترة المنتصفة، فإن الانتهاء من المشروع سيكون على النحو المقرر.

II. ورقة تقييم المشروع، الإصدار الأول والثاني، كما هو مرفق.

Project Monitoring Sheet I (Revision of Project Design Matrix Ver. 3)

Project Title: Project for Improvement of Services at Village Health Centers in Rural Host Communities of Syrian Refugee

Implementing Agency: Ministry of Health

Target Group: Direct beneficiaries is health staff at VHCs in the project sites and indirect beneficiaries is Syrian refugees and Jordanian residents in the project sites.

Period of Project: April 2016 - April 2018 (2 years)

Project Site: Mafraq and Irbid Health Directorates and Balqa Health Directorate/ Dayr Alla district

Focus Village Health Centers (14): <Irbid> 1)Ass'arah 2) Tokobol and Om Al-Jadail, 3) Al-Khribeh, 4) Kufur Kyfia, 5) Mandah, 6) Abu Habeel, <Mafraq>7) Al-Daqmasah, 8) Dahl, 9) Roudet Al-Amir Mohamed, 10) Breiqa, 11) Roudeh Al-Amir Hamzeh, 12) Al-Aqeb, <Dayr Alla>13) Maysara and Fanoush 14) Um Ayash.

Version 3.

Dated on 24/09/2017

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
<p>Overall Goal</p> <p>More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.</p>	<p>1. Number of FP clients at VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives)</p> <p>2. Number of clients who received childcare services at VHCs is increased (both for Jordanians and Syrian refugee)</p> <p>4. No. of clients who received all MCH/FP services at VHCs in the project sites is increased</p>	<p>-MOH Logistic report for FP methods</p> <p>-MCH report form for Syrian</p> <p>-MOH database on MCH monthly report</p> <p>-MCH report form for Syrian</p> <p>-MOH database on MCH monthly report</p> <p>-MOH Logistic report for FP methods</p>		<p>1-1. Number of FP clients at 23 VHCs in the project sites Jan. 2017: 115 clients=> May. 2017: 224 clients</p> <p>1-2. Syrian refugees who received FP services at all VHCs in the project sites</p> <p>2-1. Number of clients who received child care at 14 VHCs in the project sites Jan. 2017: 32 clients=> April. 2017: 114 clients</p> <p>3. Numbers of clients who received all MCH/FP services (ANC, PNC, Child care and FP) at VHCs in the project sites Jan. 2017: 159 clients=> April 2017: 308 clients</p>	None
<p>Project Purpose</p> <p>Service delivery function of the focus Village Health Centers (VHCs) is improved.</p>	<p>1. Results of supervision received from MOH are improved</p>	<p>-Project documents</p>	<p>-Experiences at the focus VHCs are spread out to other VHCs by the health directorate.</p>	<p>1-1. Numbers of VHCs which MWs were assigned Baseline: 2 VHCs=> Sep. 2017:9 VHCs</p> <p>1-2. Percentage of VHCs where FP client registration records and women's files are available Baseline: 2 VHCs=> Mar. 2017:13 VHCs</p> <p>1-3. Percentage of VHCs where possess a proper equipment and furniture (as of Sep. 18)</p>	None

	2. Number of referral cases (FP, ANC, Child care) to other MOH health facilities is increased.	-MCH report of MOH database		To be confirmed. 2. Number of referral cases (ANC, FP) to other MOH health facilities is increased. Jan. 2017: 1 => April: 13																																	
	3. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.)	-MOH database on MCH monthly report		3. Variety of services provided at the focus VHCs Baseline: 2 VHCs=> Sep. 2017:10 VHCs <table border="1" data-bbox="395 353 592 898"> <thead> <tr> <th colspan="2">Baseline (Jul. & Aug. 2016)</th> <th colspan="2">Refresher workshop (Sep. 2017)</th> </tr> <tr> <th>No.</th> <th>%</th> <th>No.</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>ANC</td> <td>0</td> <td>0%</td> <td>8</td> <td>57%</td> </tr> <tr> <td>PNC</td> <td>0</td> <td>0%</td> <td>8</td> <td>57%</td> </tr> <tr> <td>Vaccination</td> <td>9</td> <td>64%</td> <td>10</td> <td>71%</td> </tr> <tr> <td>Child care</td> <td>0</td> <td>0%</td> <td>7</td> <td>50%</td> </tr> <tr> <td>FP</td> <td>2</td> <td>14%</td> <td>14</td> <td>100%</td> </tr> </tbody> </table>	Baseline (Jul. & Aug. 2016)		Refresher workshop (Sep. 2017)		No.	%	No.	%	ANC	0	0%	8	57%	PNC	0	0%	8	57%	Vaccination	9	64%	10	71%	Child care	0	0%	7	50%	FP	2	14%	14	100%
Baseline (Jul. & Aug. 2016)		Refresher workshop (Sep. 2017)																																			
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	4. Total No. of MCH/FP services which are provided at the focus VHCs increased.	-MOH database on MCH monthly report		4. Total numbers of MCH/FP services which are provided at the focus VHCs <table border="1" data-bbox="655 353 810 898"> <thead> <tr> <th></th> <th>Jan. 2017</th> <th>Feb. 2017</th> <th>Mar. 2017</th> <th>Apr. 2017</th> </tr> </thead> <tbody> <tr> <td>Irbid</td> <td>29</td> <td>71</td> <td>97</td> <td>113</td> </tr> <tr> <td>Maftaq</td> <td>22</td> <td>98</td> <td>90</td> <td>107</td> </tr> <tr> <td>Dayr Allah</td> <td>60</td> <td>126</td> <td>133</td> <td>122</td> </tr> <tr> <td>Total</td> <td>111</td> <td>295</td> <td>320</td> <td>342</td> </tr> </tbody> </table> (Source: MOH databased on MCH monthly reports)		Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	Irbid	29	71	97	113	Maftaq	22	98	90	107	Dayr Allah	60	126	133	122	Total	111	295	320	342								
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Total	111	295	320	342																																	
Output 1 An enabling environment for VHCs in the project sites is secured.	1-1. Revised the Operational manual and approved 1-2. Developed Supervision Manual for VHCs in the project sites 1-3. Number of supervisions to VHCs conducted by the MOH. 1-4. Revised SOP for referral system for VHCs {Note: 1-2 and 1-4 are integrated into 1-1. the operational manual}	Project documents	-Turnover of trained personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported.	1-1. The VHC operation manual has been revised, approved, printed and distributed to all relevant VHC staff and supervisors in September 2017. 1-3. Number of supervisions to VHCs conducted by the MOH. July-August 2016: 14 VHCs=> Mar. 2017:14 VHCs																																	
Output 2 Capacity of health staff at VHCs in the project sites	Pre/Post tests of the trainings	-Project documents		-Results of Pre/Post tests 1) FP and counselling training																																	

is strengthened.				<p>Pre: 55 % => Post: 84 & (Increased: 29 points) 2) Reproductive health training Pre: 57 % => Post: 86 % (Increased: 29 points)</p>																															
<p>Output 3 Health promotion activities are activated at the focus VHCs.</p>	<p>3-1. Number of VHCs which submitted the monthly activity reports 3-2. Number of health promotion activities implemented by both VHCs and CHCs number of participants.</p>	<p>-VHC reports Report of HP activities</p>	<p>3-1. Number of VHCs which submitted the monthly activity reports (Officially started from May 2017)</p> <table border="1" data-bbox="406 996 502 1108"> <tr> <td>No. of VHCs</td> <td>April*</td> <td>May</td> <td>June**</td> <td>July</td> </tr> <tr> <td></td> <td>3</td> <td>13</td> <td>0</td> <td>Not yet</td> </tr> </table> <p>(Note: As of July 15. *Some VHC submitted right after their ceremony. **During Ramadan, no promotion activities) (Source: The report on HP activities)</p> <p>3-2. Number of health promotion activities implemented and number of its participants</p> <table border="1" data-bbox="694 996 933 1108"> <tr> <td></td> <td>April*</td> <td>May</td> <td>June**</td> <td>July</td> </tr> <tr> <td>Number of VHCs implemented</td> <td>3</td> <td>13</td> <td>0</td> <td>Not yet</td> </tr> <tr> <td>Number of HP activities</td> <td>3</td> <td>28</td> <td>0</td> <td>Not yet</td> </tr> <tr> <td>Number of participants</td> <td>83</td> <td>662</td> <td>0</td> <td>Not yet</td> </tr> </table> <p>(Source: The report on HP activities)</p>	No. of VHCs	April*	May	June**	July		3	13	0	Not yet		April*	May	June**	July	Number of VHCs implemented	3	13	0	Not yet	Number of HP activities	3	28	0	Not yet	Number of participants	83	662	0	Not yet		
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<p>Activities</p> <p>Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and</p>	<p>Inputs</p> <p>Japanese side Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for</p>	<p>Jordan side Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials</p>	<p>Pre-Conditions -Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately</p>																																

<p>approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-4 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-5 Necessary basic equipment is provided and delivered. {Note: 1-3 and 1-4 are <u>integrated into 1. the operation manual</u>}</p>	<p>focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings.</p>	<p>1. Office space for the Project</p>	<p>allocated. -Policy for VHCs is maintained.</p>	
<p><u>Output2:</u> 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be implemented according to the plan.</p>	<p>Local Costs 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers</p>	<p>Local Costs Operational costs for implementing supervision and other necessary activities</p>		
<p><u>Output3:</u> 3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other</p>				<p><issues and countermeasures> The tax exemption process of the mobile clinic took time since April 2017, for more than 5 months. Although the project chief advisor tried to convince the custom office directly, it was not effective. Now the project asked the JICA Jordan office to proceed this process and the office took action.</p>

<p>organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.). 3-2 The focus VHCs implement health promotion activities.</p>			
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Project Title: Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees

Inputs	2016												2017												2018				Remarks	Issue	Solution					
	II			III			IV			I			II			III			IV			I		II												
	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4											
Expert	Plan												Plan												Plan				<p>Regarding Output 3, the whole operation has been delayed for 4 months from the target date stated in the work plan, mainly because the implementation of the activities related to Output 2 was in higher priority compared to Output 3 in the first year. In addition, stakeholders in each project site needed a considerable time to fully understand the concept of Health Promotion as it was not common in Jordan, which also led to the delay in establishing the Community Health Committees (CHCs) for planning health promotion workshops.</p> <p>a) Procurement of a mobile clinic is delayed because the tax exemption process took time.</p> <p>a) The project encourage the C/Ps to study English and get higher scores of English test.</p>							
Chief Advisor / RH&FP	Actual												Actual												Actual											
Training Management 1	Plan												Plan												Plan											
Training Management 2	Actual												Actual												Actual											
Training Management 3	Plan												Plan												Plan											
Project Coordinator / Health promotion 1	Actual												Actual												Actual											
Project Coordinator / Health promotion 2	Plan												Plan												Plan											
Project Coordinator / Health promotion 3	Actual												Actual												Actual											
Project Coordinator 4	Plan												Plan												Plan											
Equipment	Plan												Plan												Plan											
Vehicle	Actual												Actual												Actual											
Mobile clinic	Plan												Plan												Plan											
Basic equipment for focus VHCs	Actual												Actual												Actual											
Training in Japan	Plan												Plan												Plan											
In-country/Third country Training	Actual												Actual												Actual											
Activities	Plan												Plan												Plan				Responsible Organization		Achievements		Issue & Countermeasures			
Sub-Activities	Actual												Actual												Actual				Japan		GOJ		None		None	
Output 1: An enabling environment for VHCs in the project sites is secured.																																				
[1-1]A workshop is organized to seek collaboration and supports from relevant stakeholders.																																				
1.1.1	Plan												Plan												Plan											
Launching workshop is conducted													Actual												Actual								Achieved		None	
[1-2]Operational Manual for Village Health centers in the South Region (VHCs Manual) is reviewed, modified to apply to Mafrag, Irbid, Dayr Alla /Balqa, and approved by MOH.																																				
1.2.1	Plan												Plan												Plan											
Review and tentatively modify the VHCs Manual for use													Actual												Actual								Achieved		None	
1.2.2	Plan												Plan												Plan											
Apply the tentative version of VHC manual, finalize and approved it.													Actual												Actual								Achieved		None	
[1-3]Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use.																																				
1.3.1	Plan												Plan												Plan											
Review and tentatively revised the Manual													Actual												Actual								Achieved		None	
1.3.2	Plan												Plan												Plan											
Apply the tentative version of the manual													Actual												Actual								Achieved		None	
[1-4]The focus VHCs receive supervision according to the manual.																																				
1.4.1	Plan												Plan												Plan											
Review and tentatively modified the SOPs													Actual												Actual								Achieved and continuous implementation		None	
1.4.2	Plan												Plan												Plan											
Finalised the SOP for VHCs													Actual												Actual								Achieved		None	

[1-5] Necessary basic equipment is provided and delivered.														Achieved						
1.5.1	Procurement of basic equipment for the focus VHCs	Plan													Actual					
Output 2: Capacity of health staff at VHCs in the project sites is strengthened.																				
[2-1] Training plan is developed by MOH central and health directorates.																				
2.1.1	Make the plan for training	Plan													Actual					Achieved and continuous implementation
[2-2] Training for nurse assistants at VHCs are provided.																				
2.2.1	Providing training	Plan													Actual					Achieved and continuous implementation
2.2.2	Reporting and follow-ups	Plan													Actual					Achieved and continuous implementation
[2-3] Training for other related health staff will be implemented according to the plan.																				
2.3.1	Providing trainings	Plan													Actual					Achieved and continuous implementation
2.3.2	Reporting and follow-ups	Plan													Actual					Achieved and continuous implementation
Output 3: Health Promotion activities are activated at the focus VHCs.																				
[3-1] The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations.																				
3.1.1	Identify needs of health education and organizations which are supporting in relevant fields	Plan													Actual					Achieved
3.1.2	Providing training related to health promotion	Plan													Actual					Achieved
[3.2] The focus VHCs implement health promotion activities.																				
3.2.1	Supporting the implementation of health promotion activities	Plan													Actual					Achieved and continuous implementation
3.2.2	Producing a booklet on good practices in health promotion for VHCs	Plan													Actual					Planned in Nov. 2017
Duration / Phasing																				
Plan															Actual					
Monitoring Plan																				
Monitoring																				
Joint Coordination Committee																				
Technical Committee																				
Submission of Monitoring Sheet																				
Monitoring Mission from Japan																				
Baseline survey																				
Joint Monitoring																				
Post-Monitoring																				
Plan															Actual					

Reports/Documents		Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Work plan																			
Selecting Focus VHCS																			
Annual report																			
Project Completion Report																			
Public Relations																			
Project leaflet																			
News letter																			
Health promotion kits																			

WEB site, Flip chart, Advertising board, IEC holder, bag, etc.