

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

January 2019

Japan International Cooperation Agency (JICA)

IC Net Limited

HM
JR
19-003

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Ministry of Health

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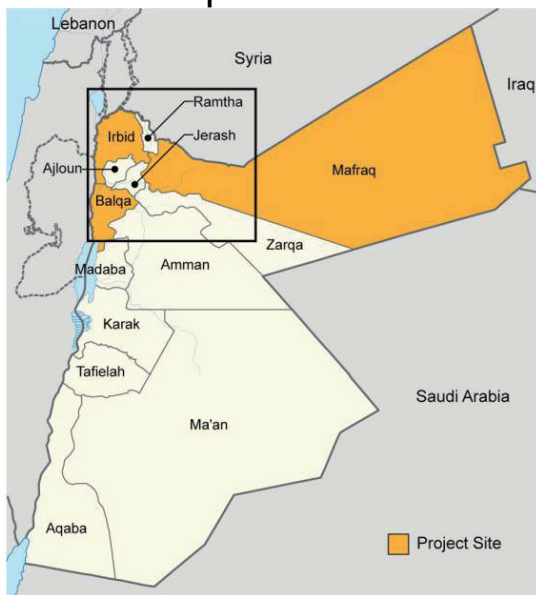
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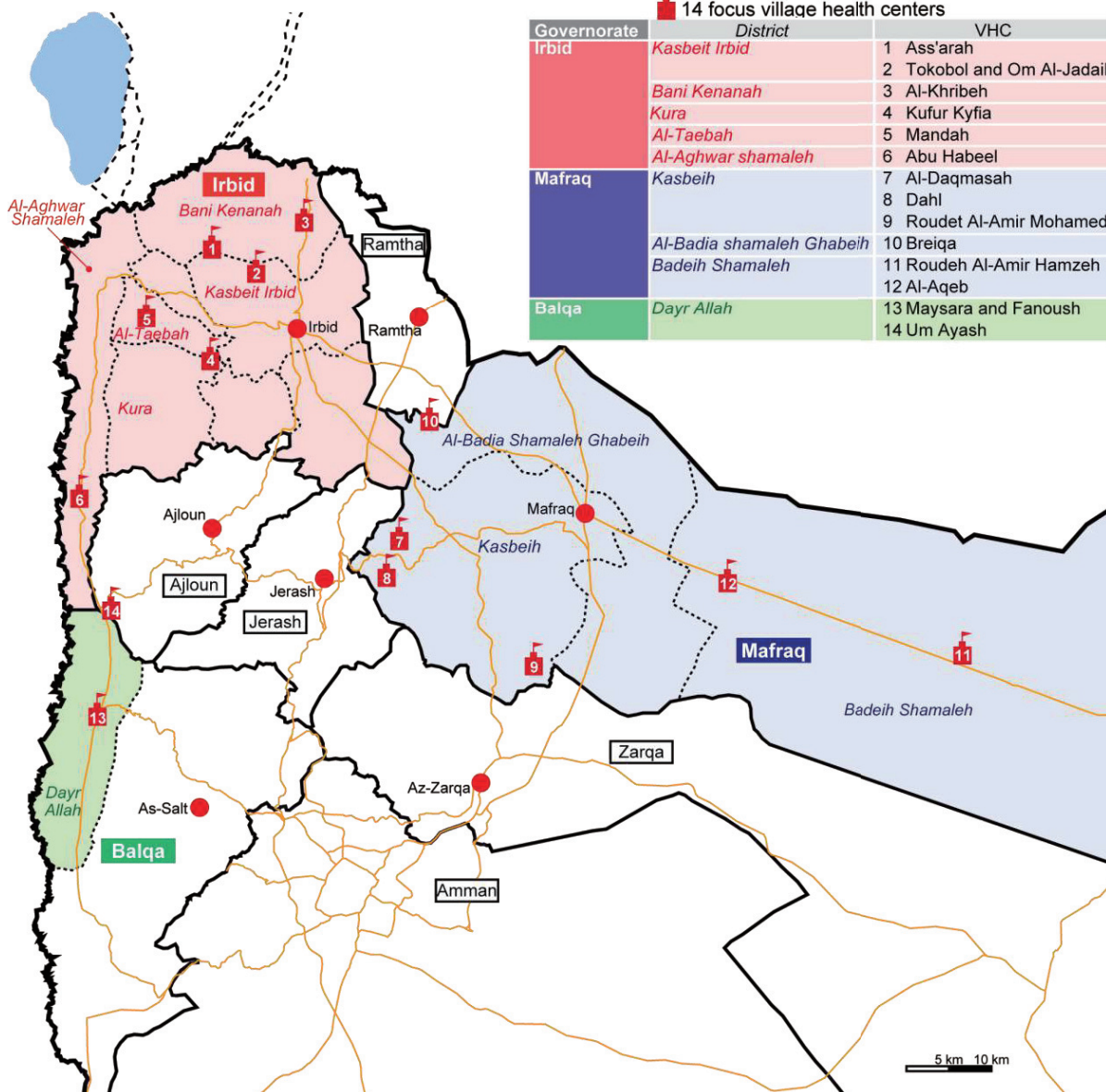
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Map of Jordan



14 focus village health centers

Governorate	District	VHC
Irbid	Kasbeit Irbid	1 Ass'arah
		2 Tokobol and Om Al-Jadail
		3 Al-Khribeh
		4 Kufur Kyfia
		5 Mandah
		6 Abu Habeel
Ma'raq	Kasbeih	7 Al-Daqmasah
		8 Dahl
		9 Roudet Al-Amir Mohamed
		10 Breiqa
		11 Roudeh Al-Amir Hamzeh
		12 Al-Aqeb
Balqa	Dayr Allah	13 Maysara and Fanoush
		14 Um Ayash



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)



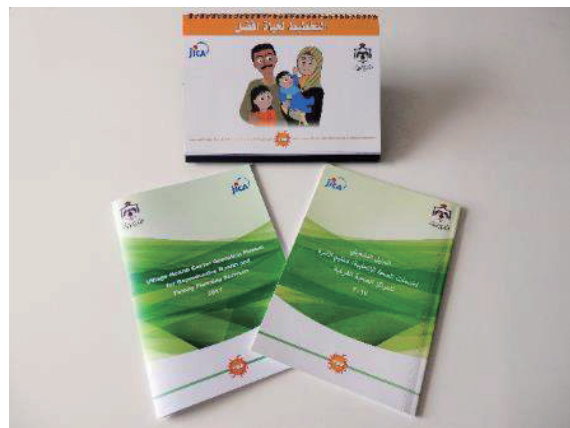
(November 2017)

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 End-line Survey
(Irbid)



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



(February 2018)
Session for exchanging experiences in 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)



(July 2018)

A courtesy call to Dr. Ayyoub Sayaydeh and Dr. Malak Al-Ouri (Amman)



(August 2018)

Meeting at the Mafraq Health Directorate on the activities of the extended project (Mafraq)



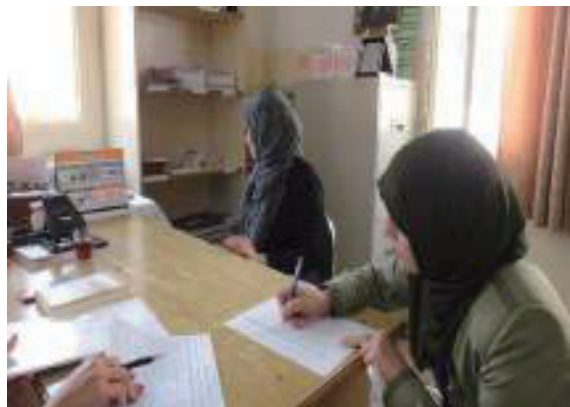
(August 2018)

First on-site inspection of a mobile clinic near a village health center (Mafraq)



(August 2018)

Second on-site inspection of a mobile clinic In Naeem Camp (ITS site, Mafraq)



(August 2018)

Interview with assistant nurse in Breiqa village health center (Mafraq)



(September 2018)

Workshop for promoting sustainability of the mobile clinic (Mafraq)



(September 2018)
 Coordination meeting between MOH/JICA and the IRC at the Mafraq Health Directorate (Mafraq)



(October 2018)
 Mobile Clinic manual training (Mafraq)



(October 2018)
 Final monitoring (Mdawar Al-Qun village health center, Mafraq)



(October 2018)
 Final monitoring (Abu-Habeel village health center, Irbid)



(December 2018)
 Propaganda brochure of mobile clinic (Ministry of Health, Amman)



(December 2018)
 Final meeting of the Project (Ministry of Health, Amman)

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List of Acronyms and Abbreviations

Abbreviation	Term in Full
ANC	Antenatal Care
CBO	Community-based Organization
CC	Child care
C/P	Counterpart
CHCs	Comprehensive Health Centers
CHCom	Community Health Committee
FP	Family Planning
HP	Health Promotion
IRC	International Rescue Committee
ITS	Informal Tented Settlement
JCC	Joint Coordination Committee
JICA	Japan International Cooperation Agency
MC	Mobile Health Clinic
MCH	Maternal and Child Health
MOH	Ministry of Health
MS	Monitoring Sheet
OJT	On-the-Job Training
PDM	Project Design Matrix
PHCs	Primary Health Care Centers
PNC	Postnatal Care
R/D	Record of Discussions
RH	Reproductive Health
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

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 Refugee

3. Duration of the Project (Planned and Actual)

April 2016 to April 2018, and July 2018 to December 2018

4. Background

Over the last several years, a massive inflow of Syrian refugees into Jordan has put the country's health service provision under serious stress. The United Nations High Commissioner for Refugees (hereinafter "UNHCR") reported that there are approximately 630,000 Syrian refugees in Jordan and 80% of them live outside refugee camps as of August 2015. Out of the total number of Syrian refugees, 11.9% are living in Mafraq; 22.3% are living in Irbid; and 3% are living in Balqa. According to information collected by Japan International Cooperation Agency (hereinafter "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 (hereinafter "MOH") together with the Higher Population Council (hereinafter "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 (hereinafter "RH")/family planning (hereinafter "FP") and primary health care (hereinafter "PHC") services at the Village Health Centers (hereinafter "VHCs"). In response to this request, both countries formerly agreed to implement this technical cooperation in the Record of Discussions (hereinafter "R/D", see ANNEX 4) and signed it on January 25, 2016. According to this R/D, this Project commenced in April 2016.

The result of the Project was highly satisfactory because it helped increase the number of beneficiaries of reproductive health, family planning, and primary health care services at all VHCs in its sites. Meanwhile, since the pilot operation of the MC started from the middle of October 2017, the Project period was extended until December 2018 to secure enough time to fully develop and sustain the operation of the MC in order to further ensure essential health services to both Jordanian and Syrian refugees residing in remote areas.

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 will be able to access quality and quantity reproductive health and family planning and primary health services".

2) Project Purpose

The Project Purpose is "the service delivery function of the Focus Village Health Centers will be 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, Mafraq and Balqa/Dayr Allah.

7. Project Sites and Beneficiaries

a) Project Site

Mafraq Health Directorate, Irbid 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	Mafraq	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> <ul style="list-style-type: none"> • Chief advisor: 16.80 MM • Training management: 12.0 MM • Project coordinator/Health promotion: 14.84 MM 	<u>Team of experts (Total man/months)</u> <ul style="list-style-type: none"> • Chief advisor: 16.80 MM • Training management: 12.0 MM • Project coordinator/Health promotion: 14.84 MM

Plan (as of July 2018)	Actual (as of December 2018)
<u>Team of experts (Total man-months: MM)</u> <ul style="list-style-type: none"> • Reproductive health/Family planning: 5.48 MM 	<u>Team of experts (Total man-months: MM)</u> <ul style="list-style-type: none"> • Reproductive health/Family planning: 5.48 MM

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> <ul style="list-style-type: none"> • Vehicle (one) • Basic equipment for VHCs • Office equipment • IT equipment for internet 	<u>Equipment and materials</u> <ul style="list-style-type: none"> • Vehicle (one) • Basic equipment for VHCs (Total: 9,248 JD, approximately 1.47 million JPY) (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 US\$)(see detail in BOX 4) • Cost of operation (Fuel, consultant's fee, maintenance, develop an application for monitoring, etc.)

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 ((hereinafter "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 (hereinafter "C/Ps") are as shown below.

Plan (as of April 2016)	Actual (as of November 2018)
<u>Counterparts</u> Director, Primary Health Administrative Director Director, Woman and Child Health Directorate (WCHD) Head of Family planning department, MCH supervisors of Family planning department, WCHD	<u>Counterparts</u> 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 Maternal and Child Health (hereinafter “MCH”) supervisors, Irbid Health Directorate	Director, Irbid Health Directorate Head of Woman and Child Health Department and 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 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. In addition, before starting the extended project, which runs from April to July 2018, fuel and maintenance cost for the MC were provided by the MOH.

1-3 Major Activities

1-3-1 Project Management

(1) Activities Related to Monitoring

Activity	Contents
Joint Coordination Committee	The First Joint Coordination Committee (hereinafter “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	The first monitoring sheet (hereinafter “MS”) version 1 was submitted to JICA in June 2016, the MS version 2 in October 2016, the MS version 3 in October 2017 and the MS version 4 in September 2018 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 End-line 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 end-line 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).
Final monitoring	Final monitoring was conducted from the end of October to the beginning of November to obtain the latest indicators from all the VHCs in the targeted areas.
Joint evaluation	During the process of the preparation of this report, joint evaluation was conducted twice—at the end of the original project period and the extended one (January 2018 and November 2018).
Final meeting	Final meeting was held in December 2018 (see ANNEX 4)

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 End-line surveys.

	Baseline (n=1,019)	End-line (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.
Work Plan (extended project)	The Work plan was discussed among C/Ps and the Project expert at the first and second dispatch of expert for the extended project. (July 2018 and October 2018)
Annual report	The comprehensive achievement report on the first year was compiled as “the Annual report” and submitted (February 2017).
Work Implementation Report (extended project)	The Work Implementation Report was submitted (September 2018)
Project Completion Report	The Project Completion Report which includes the joint evaluation results was submitted to JICA (May 2018 and January 2019).
Project Completion Report (extended project)	The Project Completion Report, which includes the joint evaluation results, was submitted to JICA (January 2019).

(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). Newsletters published as Vol.5 (Sep. 2018) and Vol.6 (Dec. 2018).(see SV2-1)
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 end-line 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).
Brochure for the MC	Brochure published in December 2018 announced the details of services provided by the MC to the targeted communities (10,000) (see detail SV2-2).

(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, 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 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 the JICA 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 Higher Population Council, 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 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 Standard Operating Procedures (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.

BOX 3 Basic Equipment Procured	
<u>By the Project</u>	<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.
<u>By the MOH</u>	<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 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.

BOX 4 Procurement and Major Specifications of the Mobile Health Clinic	
<u>Suppliers:</u> Jordan Light Vehicle Manufacturing (JLVM)	
<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.	
<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 holding bar.	
<u>Furniture:</u> Examination Bed, Doctor’s desk and chair, curtain surrounding the bed, Bench seat for the waiting area	
<u>Medical equipment:</u> 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】 Training 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 and 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 midwives 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 midwives 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 midwives 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 midwives from PHCs in Dayr Allah (15 staff)	4 days	<ul style="list-style-type: none"> Antenatal care (hereinafter “ANC”), Postnatal care (hereinafter “PNC”), Breastfeeding Child care (hereinafter “CC”), Breast cancer Infection control Recording and registration
Nov. 21-24, 2016 (Mafraq)		8 nurses from VHCs + 2 nurses from CHC/PHCs + 6 midwives 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, hereinafter "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 (hereinafter "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, Mafrag 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 • Supervisors from WCHD (Irbid:24, Mafrag:17, Dayr Allah:14) 	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 systems
July 2017 (Irbid, Mafrag and Dayr Allah)	<No.2> Meeting for Doctors, Midwives, and Nurses to share the Project's progress	Ditto (Irbid:29, Mafrag:33, Dayr Allah:15)	1 day	<ul style="list-style-type: none"> • Sharing the Project's achievements based on the PDM indicators • Discussing current issues and how to tackle them
Jan. 29 – Feb. 1, 2018 (Irbid, Mafrag 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, Mafrag:41, Dayr Allah:20)	1 day	<ul style="list-style-type: none"> • 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

Two types of the training for the MC operation and manual were provided for staff who were assigned to the MC (in two teams) and those who were supervising the MC operation from the Mafraq Health Directorate (Table 5, and see the report in SV19 and SV2-3).

Table 5 Training for the Mobile Health Clinic’s Operation and Manual

Name of Training	Duration, Timing Venue	Main Topics	Participants
Training on Mobile Health Clinic Operation	2 days, September 19 and 20, 2017, training room at the JLVM factory (Mafraq)	<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 	Heads of the Women and Child Health (hereinafter “WCH”) department, MCH supervisors from the Mafraq Health Directorate, and MC related staff (two team composed of doctors, midwives, nurses and drivers), VHC project team
Training on the MC Manual	1 day, October 18, 2018, training room at the Mafraq comprehensive health center	<ul style="list-style-type: none"> • The details of the MC manual • Discussion about promotion of the MC 	Head, Supervision and Monitoring Department, (WCHD) MCH supervisor of Family planning Department, WCHD MC support staff from the Mafraq Health Directorate, MC-related staff (two teams composed of midwives, nurses, and drivers), VHC project team

3) Supporting the Mobile Health Clinic’s operation

On September 15, 2017, the operation of the MC started 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 Mafraq 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

Phase	Period	Target site	Remarks
Phase I	Oct. 15–Nov. 30, 2017	Covering 8 villages in collaboration with community-based organizations (hereinafter “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 Informal Tented Settlement (hereinafter “ITS”) (once/month)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Number of VHCs was increased while number of ITS sites reduced

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

To ensure a smooth trial operation, the Project hired a former staff member from the International Rescue Committee (hereinafter 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).

In September 2018, the workshop for promoting and strengthening sustainability of the mobile clinic team was held in Mafraq. (Table 7; see the report in SV2-4).

Table 7 Workshop for the MC teams

Name of Workshop	Duration, Timing Venue	Main Topics	Participants
Discussion workshop for promoting and strengthening sustainability of the mobile clinic teams	1 day, September 12, 2018, training room at the Mafraq comprehensive health center	<ul style="list-style-type: none"> • Concept of the workshop • The main results of the on-site inspection of the mobile clinic • How can we promote sustainability of the mobile clinic? • Discussion 	Heads of the WCH department, MCH supervisor of Family Planning Department, WCHD MC support staff from the Mafraq Health Directorate, and MC-related staff (two teams consisting of midwives, nurses, and drivers) Project formulation advisor, JICA Jordan office, VHC project team

During the extended Project in September, a meeting with the International Rescue Committee (hereinafter “IRC”) was held at the Mafraq Health Directorate for information exchange and to promote partnership between the MOH and the IRC on MC (see Table 8 and the report in SV2-5).

Table 8 Meeting with IRC

Name of Meeting	Duration, Timing Venue	Main Topics	Participants
Meeting with IRC	1 day, September 17, 2018, meeting room at the Mafraq health directorate	<ul style="list-style-type: none"> • Information exchange and promoting partnership with the IRC on mobile clinic 	Director, Woman and Child Health Directorate (WCHD) Head, Supervision and Monitoring Department (WCHD) MC support staff from the Mafraq Health Directorate Program officer, JICA Jordan office IRC senior community health officer VHC project team

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 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 ((hereinafter “CHCom”) in each Focus village (November 2017). In the middle of the second year, the Terms of Reference of the CHCom was defined based on the TOR which were prepared by the Health Service Delivery Project 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 members” was carried out in each Health Directorate in April 2017 (Table 9). 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 9 The First Workshop (Training) on Health Promotion

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

In the middle of the second year, the simplified TOR of the CHCom was defined based on the Terms of Reference which were drafted by the Health Service Delivery 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 10). 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 11).

Table 10 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)
Mafrq	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 practice

The Project developed the evaluation criteria to encourage the CHComs towards HP activities (Table 11). Since April 2017, the criteria have been modified and the final criteria were shared with CHComs at the second workshop.

Table 11 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, Maternal and Child Health (MCH) Supervisor (Spv)	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 12).

Table 12 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	
Mafraq	Abu Habeel	10.0	9.5	5	0	0	0	5.0	10	15	10	5	69.50	
	Al-Dagameh	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	
Balqa/Dayr Allah	Al-Aqeb	12.0	9.5	5	0	0	0	10.0	3.75	0	10	0	50.25	
	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 13 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 13 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	Childcare

		Fanoush, Kufur Keyfia, Mafraq health promoters, Dayr Allah health promoter	
2/18	Kufur Kefiya, Irbid (Top 2)	Roudeh Al-Amir Hamzeh, Um Ayash, Al Khribeh, Abu Habel, 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.

6) Analysis of the status of planning and implementation of health promotion activities in focus VHCs

In August and October 2018, the Expert visited 10 of the 14 VHCs in the Project sites. Four VHCs¹ are located in off-limit areas; the JICA Jordan Office does not allow any JICA personnel involved in the project to enter them (see Table 14 and the report in SV2-6).

Table 14 Analysis of status of planning and implementation of health promotion activities in promotion activities in focus VHCs

Date	Directorate	Name of focus village health center
August 1, 2018	Mafraq	Roudeh Al-Amir Mohamed
August 2, 2018	Irbid	Kufur Kyfia
August 8, 2018	Balqa/Day-Allah	Maysara and Fanoush
August 8, 2018	Balqa/Day-Allah	Um Ayash
August 14, 2018	Mafraq	Breiqa
August 14, 2018	Mafraq	Al-Daqmasah
August 14, 2018	Mafraq	Dahl
October 24, 2018	Mafraq	Al-Aqub
October 30, 2018	Irbid	Abu Habel
October 31, 2018	Irbid	Mandah

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 Four times during the Project period (Table 15). According to the updated manual, it is necessary to conduct supervisory visits to target VHCs annually, and this was accomplished.

Table 15 Number of Supervisory Visits of VHCs Conducted by the WCHD

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

¹ Four VHCs (Roudeh Al-Air Hamzeh, Ass’arah, Tokobol and Om Al-Jadail, and Al-Khribeh) are restricted areas for the JICA stakeholders.

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 the three training sessions, pre/post-tests were conducted to assess the effectiveness of the training (Tables 16, 17, and 18). At all training sessions, the results of the post-test showed an improvement over the pre-test performance.

Table 16 Pre/Post-Tests 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
Mafraq	59%	93%	34 points	10
Balqa	59%	74%	15 points	10

Table 17 Pre/Post-Tests for Reproductive Health Training

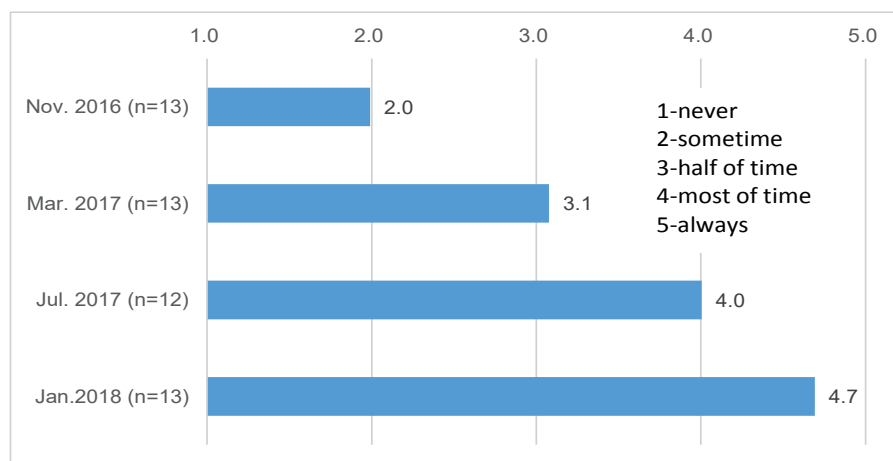
	Pre-test	Post-test	Increased points	No. of trainees
All	57%	86%	28 points	31
Irbid	55%	87%	32 points	10
Mafraq	61%	88%	27 points	16
Balqa	56%	82%	26 points	5

Table 18 Pre/Post-Tests for Mobile Clinic Manual Training

	Pre-test	Post-test	Increased points	No. of trainees
All	94.1%	100.0%	5.9 points	12

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

Tables 19 and table 20 show the number of events that were held in villages. Table 19 has data from April to December 2017. Table 20 covers January to September 2018. In general, one or more events were carried out each month in each village. The monthly average of events in each VHC was 1.53 and 1.48 in 2017 and 2018, respectively. Thus, the difference between the average number in 2017 and that in 2018 is not remarkable. The activities have been implemented by the CHCom/VHC staff's own efforts, with the support of the local communities.

Table 19 Number of Health Promotion Events in 2017

	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
Mafrag	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
	Breiqa	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	

Monthly average of events in each VHC = 1.53

Table 20 Number of Health Promotion Events in 2018

	Name of VHC	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Irbid	Ass'arah	2	1	1	2	1	1	2	3	2	15
	Tokobol and Om Al-Jadail	1	1	1	1	1	0	1	1	2	9
	Al-Khribeh	2	3	1	2	1	0	2	2	1	14
	Kufur Kyfia	2	2	2	5	2	1	5	4	3	26
	Mandah	0	0	0	0	2	1	0	0	0	3
	Abu Habeel	2	1	1	1	2	1	1	1	1	11
	Total	9	8	6	11	9	4	11	11	9	78
Mafrag	Al-Doqmasah	2	1	2	2	2	3	0	2	2	16
	Dahl	2	3	2	4	2	1	2	1	2	19
	Roudet Al-Amir Mohamed	1	1	1	2	1	1	1	1	1	10
	Breiqa	0	1	1	1	2	0	2	1	2	10
	Roudet Al-Amir Hamzeh	1	0	1	0	1	0	1	1	0	5
	Al-Aqeb	0	1	1	0	0	0	3	0	0	5
	Total	6	7	8	9	8	5	9	6	7	65
Balqa/ Dayr Allah	Maysara and Fanoush	2	1	2	2	2	2	2	3	1	17
	Um Ayash	4	2	4	3	4	3	1	2	4	27
	Total	6	3	6	5	6	5	3	5	5	44
Total	21	18	20	25	23	14	23	22	21	187	

Monthly average of events in each VHC = 1.48

Tables 21 and 22 show the number of participants in the health promotion (HP) activities conducted in the various villages. Table 21 has data from April to December 2017, whereas table 22 covers January to September 2018. The monthly average of participants in each VHC was 33.12 and 22.94 in 2017 and 2018, respectively. The monthly average of participants in 2018 is less than that in 2017. This may be because of the end of the provision of incentives for the HP activities in each VHC from the previous project in March and depends on the types of HP activities. However, the number was generally maintained at an acceptable level.

Table 21 Number of Participants in Health Promotion Activities in 2017

	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
Mafrag	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
Monthly average of participants in each VHC = 33.12										

Table 22 Number of Participants in Health Promotion Activities in 2018

	Name of VHC	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Irbid	Ass'arah	50	54	25	40	30	20	30	45	20	314
	Tokobol and OmAl-Jadail	29	20	30	6	12	0	8	9	22	136
	Al-Khribeh	30	38	50	29	13	0	20	28	18	226
	Kufur Kyfia	17	200	47	50	27	5	30	49	41	466
	Mandah	0	0	0	0	72	49	0	0	0	121
	Abu Habeel	15	11	19	12	21	7	8	8	8	109
	Total	141	323	171	137	175	81	96	139	109	1,372
Mafrag	Al-Doqmasah	60	20	60	65	65	22	0	18	23	333
	Dahl	17	36	31	21	11	6	12	8	29	171
	Roudet Al-Amir Mohamed	68	45	26	16	7	10	14	11	25	222
	Breiqa	0	18	10	10	15	0	19	11	28	111
	Roudet Al-Amir Hamzeh	7	0	10	0	6	0	12	8	0	43
	Al-Aqeb	0	22	15	0	0	0	60	0	0	97
	Total	152	141	152	112	104	38	117	56	105	977
Balqa/ Dayr Allah	Maysara and Fanoush	38	20	16	35	28	30	29	36	27	259
	Um Ayash	56	32	31	23	40	48	10	18	25	283
	Total	94	52	47	58	68	78	39	54	52	542

Total	387	516	370	307	347	197	252	249	266	2,891
Monthly average of participants in each VHC = 22.94										

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

Table 23 shows the number of VHCs which submitted a monthly report on HP activities since April 2017. The average of the VHCs in 2017 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.

The monthly average of the VHCs that submitted a monthly report in 2018 is 12.8, which is higher than that in 2017.

Table 23 Number of VHCs That Submitted Monthly Reports on HP Activities in 2017 and 2018

	Apr 2017	May 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017		11.5 average /month in 2017 (excluding Apr and Jun)
Number of VHCs submitted	3	13	14	14	12	12	13	11		
	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	12.7 average/month in 2018
Number of VHCs submitted	12	11	14	14	13	13	14	12	12	

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 end-line survey. In addition, the variety of services provided at the focus VHCs and the number of clients who received RH services there has increased gradually between 2016 and 2018.

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 24-26 show the results of supervisions by the WCHD supervisors. Table 24 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 supervisions in February 2018 and in October 2018.

Table 24 Availability of MWs at the Focus VHCs

	Baseline (Jul. & Aug. 2016)		Supervision (Mar. 2017)		Supervision (Feb. 2018)		Supervision (Oct.2018)	
	No.	%	No.	%	No.	%	No.	%
Availability (Full time or part time – more than 1 days per week)	2	14%	9	64%	12	86%	12	86%

2) Availability of RH registration records at the Focus VHCs

Table 25 shows the availability of RH registration records at the Focus VHCs. At the time of the end-line supervision in February 2018 and final supervision in October 2018, all RH registration records were in place at all Focus VHCs.

Table 25 Availability of RH Registration Records

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

3) Availability of necessary equipment and furniture

Table 26 shows the availability of the major necessary equipment and furniture at the Focus VHCs. At the time of the end-line supervision in February 2018, all the necessary equipment and furniture were in place at all Focus VHCs.

Table 26 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.

The number of referral cases depends on the month and season. There has been a gradual decrease in the number of referral cases from 2017 to 2018 because the capacity of VHCs has improved and fewer client need to be referred to other MOH health facilities.

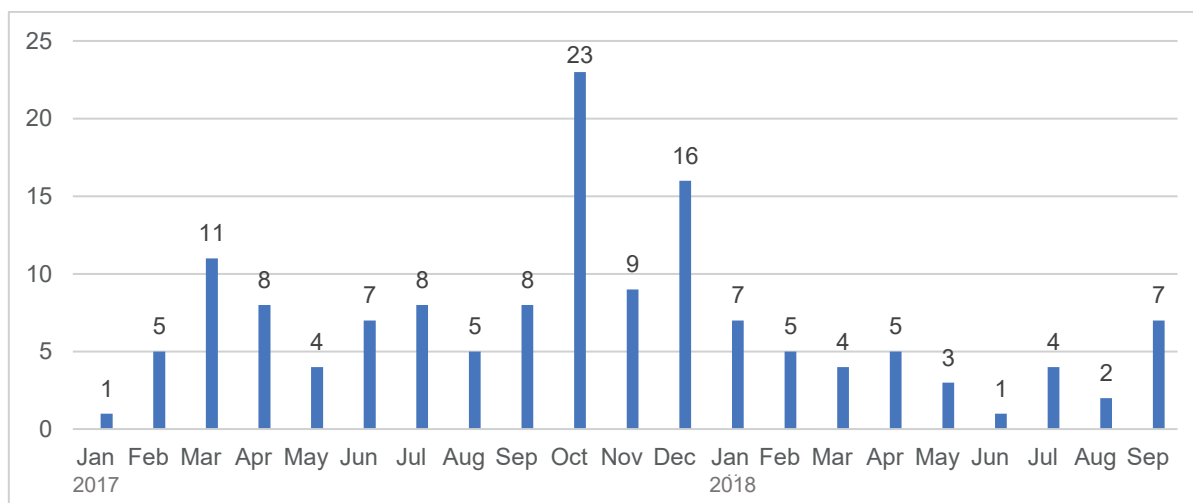


Figure 2 Number of ANC Referral Cases from VHCs to PHC/CHCs

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

As shown in Table 27, 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, the number of VHCs where midwives were assigned increased and these VHCs have now started to provide MCH services. Because of the efforts made by the WCHD and Health Directorate all focus VHCs provided the complete range of MCH services in October 2018. (See Table 27).

Table 27 Variety of Services Provided at the Focus VHCs

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

From January to September 2018, it is observed that ANC, PNC, and FP maintain almost the same level. In terms of CC, there was a remarkable advance and the number of clients increased sharply between December 2016 and September 2018.

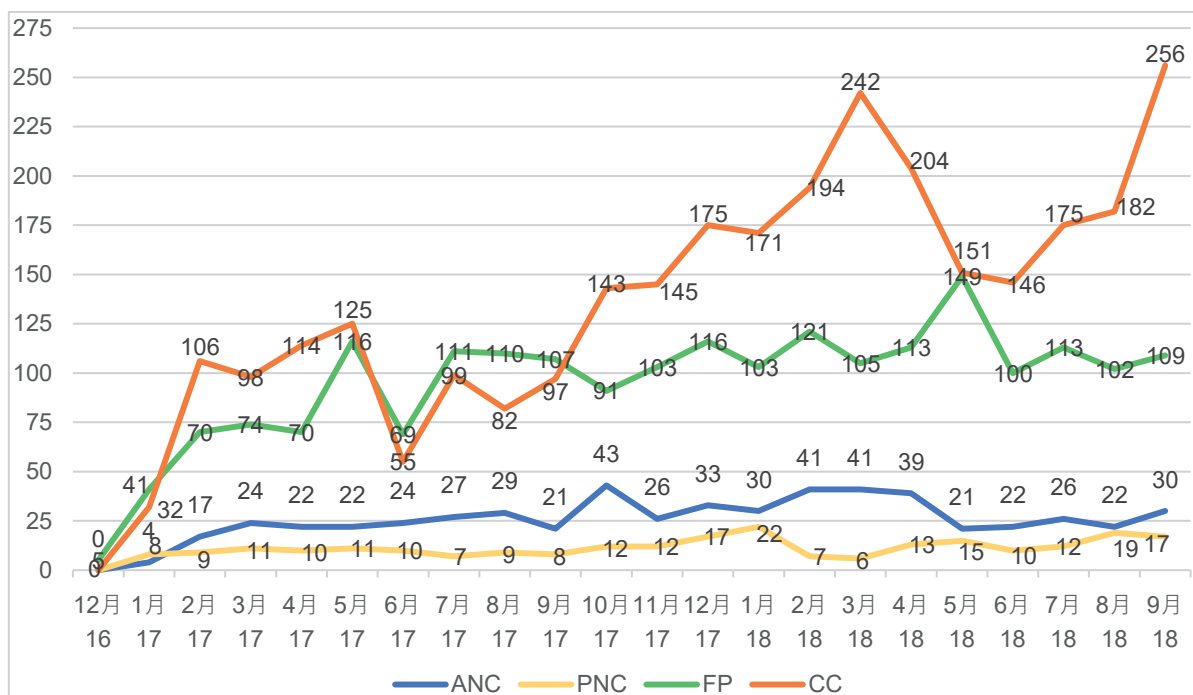


Figure 3 Overall Trends in Clients Numbers for RH Services (at 14 VHCs)

Reference Indicator: Recognition of services improvement at VHCs

Table 28 demonstrates the perceived improvement of services offered at VHCs among participants in intervention group and comparison group. According to the end-line 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 end-line 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 28 Recognition of Service Improvement at VHCs

Aspects improved	Intervention Group	Comparison Group	P-value ¹⁾
	n=508	n=534	
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 the indicators of the Overall Goal, indicator 2 has been achieved, because the number of vaccination clients has been increased steadily. Meanwhile, regarding indicator 1, the number of FP clients at all VHCs has not been increased clearly since May 2017 (see the results of reference Indicator).

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 all VHCs in the target Governorates. After the training in 2016, the number of FP clients sharply increased with a peak of 192 in May 2017. Since June 2017, the number of FP clients has plateaued, while the number reached 226 in May 2018.

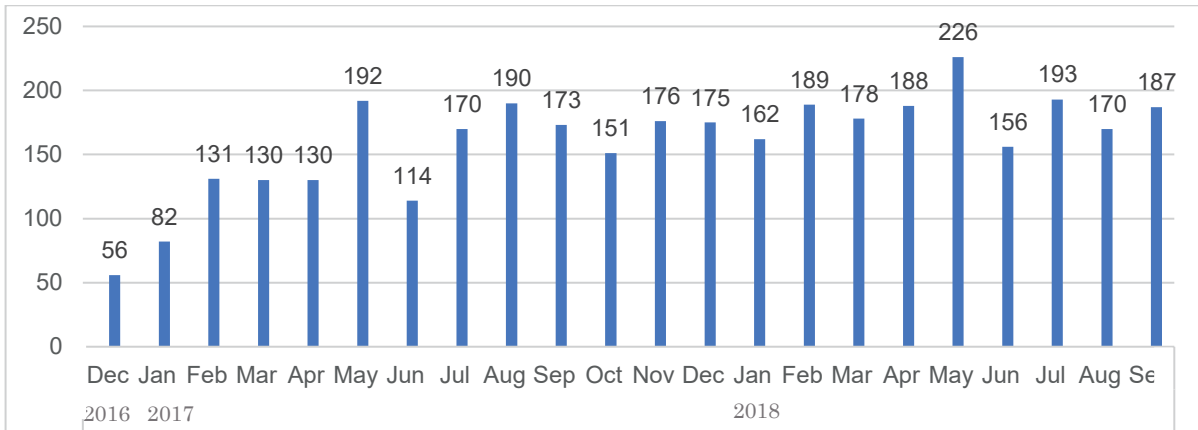


Figure 4 Number of FP Clients at All VHCs in the Target Governorates

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

Figure 5 shows the number of Jordanian and Syrian vaccination clients at 14 focus VHCs from April 2016 to September 2018. During the previous project, five VHCs started vaccination services for children under 5 years through the Project’s support. The total number of VHCs clients undergoing vaccinations has increased dramatically between April 2016 and September 2018 because of the efforts of the entire staff of focus VHCs, 3 health governorates, and the WCHD. In September 2018, the 14 focus VHCs vaccinated 361 clients, the highest number since the start of the Project. The percentage of Syrians clients ranged between 1.1% and 14.7% from April 2016 to September 2018. The monthly average of the percentage of Syrian clients was around 4.6% in each VHC.

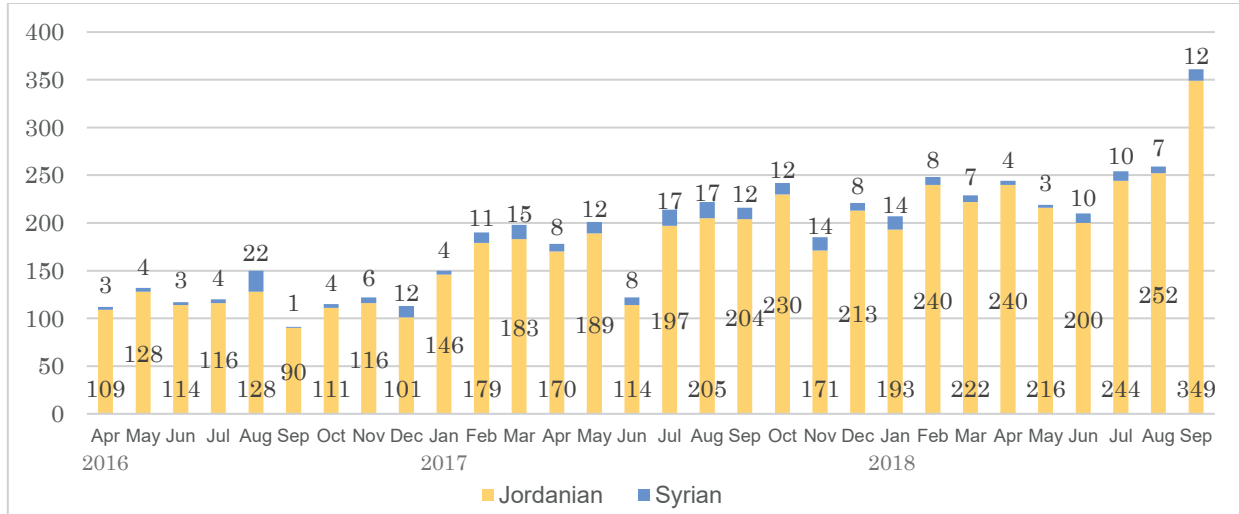


Figure 5 Numbers of Jordanian and Syrian Clients undergoing Vaccinations at 14 VHCs

At the final monitoring, 22 out of 23 VHCs in the targeted areas were providing vaccination services. In the remaining VHC, personnel were replaced, and the MOH plans to train the new personnel on vaccination. The number of VHCs that provide vaccinations service include both focus and non-focus VHCs. The total number of vaccination clients both Jordanians and Syrians has increased in 2018 and reaching 565 clients in September 2018. The percentage of Syrians clients was between 3.7% and 7.9% in 2018. The monthly average of the percentage of Syrian clients was 6.0% for all VHCs in 2018. (Figure 6)

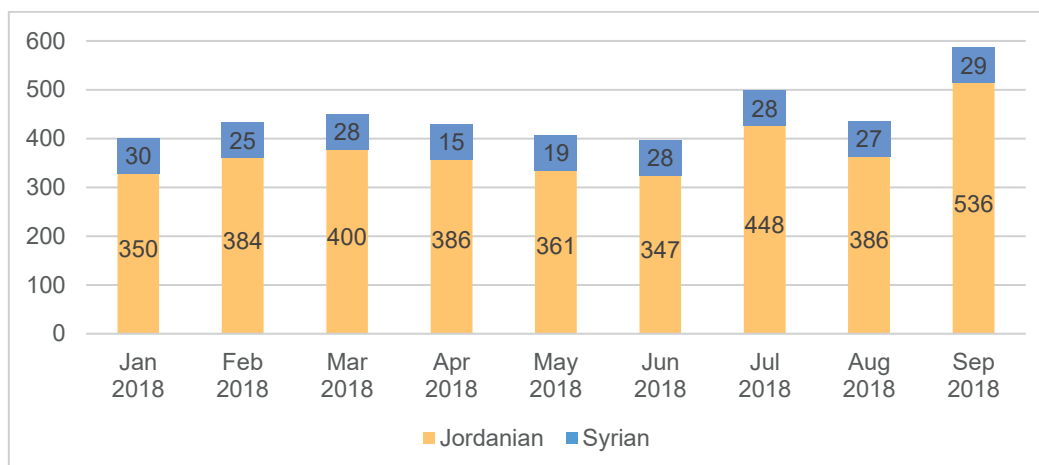


Figure 6 Number of Jordanian and Syrian Clients for Vaccination at the 23 VHCs

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 until January 2018 and summarize it (Table 29). 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 Mafrqa according to the MC survey.

Table 29 Number of Syrian Clients in 23 VHCs Providing RH Services

	Apr. 2017	May. 2017	Jun. 2017	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.

Table 30 shows the number of Syrian clients in 23 VHCs providing FP services. Although the total number of Syrian clients who received FP in 23 VHCs increased from 6 in 2017 to 10 in 2018, the increment is still small.

Table 30 Number of Syrian Clients in 23 VHCs Providing FP Services

	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18
23 VHC	0	1	1	0	2	0	0	1	1	0	2	4	0	0	1	1	2	0	
16 (Total number of Syrian clients who received FP services in 23 VHCs)																			

Reference Indicator: Number of clients of MC services

The number of services provided by the MC is summarized in Table 31. The number of Syrian refugees depends on how many Informal Tested Settlement sites were covered by the MC. In January 2018, the Ministry of Interior announced it would remove all ITS in Mafrqa, and this has been executed in April 2018. Follow-up is required to monitor the situation of Syrian refugees in communities. The percentage of the Syrian refugees was between 20.4% and 67.2%.

Table 31 Number of Clients of the MC's Services (Oct. 2017–Mar. 2018)

	FP	ANC	PNC	Child care	Vaccination	Medication	Consultation	Total	Syrian
Oct.2017	9	16	3	12	6	62	NA	108	22 (20.4%)
Nov.2017	5	17	3	13	15	58	NA	111	54 (48.6%)
Dec.2017	14	11	3	32	31	16	18	125	55 (44.0%)
Jan.2018	19	6	0	29	55	6	10	125	84 (67.2%)
Feb.2018	17	4	0	31	34	9	3	98	44 (44.9%)
Mar.2018	29	5	1	36	38	4	6	119	42 (35.3%)

The summary of the number of clients of the MC for FP, ANC, PNC, CC, and vaccination is provided in Table 32. The total number of Syrian refugees in each month in 2018 is lower than that in 2017 because the number of clients for medication and consultation has not been calculated for 2018. The reason is that the MC team does not classify clients who received medication and consultation as Jordanians and Syrian refugees. The number of the clients of ANC and PNC continues to be low despite the efforts of the MC team in 2018. Although the monthly number of clients varies widely, the number of clients of FP, CC, and vaccination generally maintain their level. The percentage of Syrian refugees among the clients was between 27.1% and 48.7%.

Table 32 Number of Clients of the MC's Services (Mar. 2018–Oct. 2018)

	FP	ANC	PNC	Child care	Vaccination	Total	Syrian
Apr. 2018	(5) / 16	(0) / 3	(0) / 1	(12) / 20	(11) / 39	79	28 (35.4%)
May 2018	(6) / 11	(2) / 3	(0) / 0	(16) / 18	(3) / 33	65	27 (41.5%)
June 2018	(0) / 3	(0) / 1	(0) / 0	(4) / 6	(13) / 56	66	17 (25.8%)
July 2018	(3) / 12	(1) / 3	(2) / 2	(0) / 3	(7) / 28	48	13 (27.1%)
Aug. 2018	(4) / 6	(0) / 0	(0) / 0	(6) / 16	(9) / 17	39	19 (48.7%)
Sep. 2018	(5) / 10	(0) / 0	(0) / 0	(0) / 2	(20) / 31	43	25 (58.1%)
Oct. 2018	(3) / 12	(0) / 1	(0) / 0	(0) / 0	(18) / 28	41	21 (51.2%)

Note: The number of cases of medication and consultation are not given; the reason is that the split between Jordanians and Syrians treated is not available. The table shows the total number of clients and the figures in parentheses are the number of Syrian refugees.

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 end-line surveys (Table 33). 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 the source of information about RH among the participants, 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 provision of RH services and HP activities enabled married women of reproductive age and their husbands to change their attitudes toward FP.

Table 33 Positive Impact in the Surveys

Variables	Intervention Group			Comparison Group		
	Baseline (n=510)	End-line (n=508)	P-value ¹⁾	Baseline (n=509)	End-line (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 34 below.

Table 34 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: the projects sites	Addition: Putting a note regarding the integration of Activities 1 and 2 in Output 1.		

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 (2018–2022) 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 for the Syrian Crisis 2018–2020,"² which was formulated to respond to a massive inflow of Syrian refugees into Jordan, suggested that the Syria crisis has added strain to the country's economy and infrastructure and has put pressure on all sectors including education, health, housing, water, municipal services and electricity supply. In order to address this matter, the Jordanian Response Plan stated that the government would foster the resilience of the service delivery system, at the national and local levels, and mitigate the negative impact on health, education, water and sanitation in a cost-effective and sustainable manner.

Considering the above-mentioned strategies and plans set by the Jordanian government, 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.

² Jordan Response Plan for the Syria Crisis 2018–2020 final

3) Consistency with Japan’s policy for assistance

According to the “Country Development Cooperation Policy for the Hashemite Kingdom of Jordan”³ of July 2017, the Government of Japan will support the empowerment of the socially vulnerable people such as women and refugees, development of policies for economic independence and long-term status improvement, the improvement of the capacity to implement measures and establishment, and the improvement of the system for the reduction of poverty and minimizing social disparities. 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 end-line 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 end-line 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.

Regarding the MC provided by JICA to MOH, the MC has already been registered as one of the health facilities, it contributed to improving access to health facilities for the people in Syrian refugee camps and near the Syrian border where no health facilities are available. The final monitoring revealed that the MC provided FP services for Syrian refugees in more than 23 VHCs.

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 and MC (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 7. This finding also proved the outputs contributed not only to achieving the Project Purpose but also to the Overall Goal of the Project.

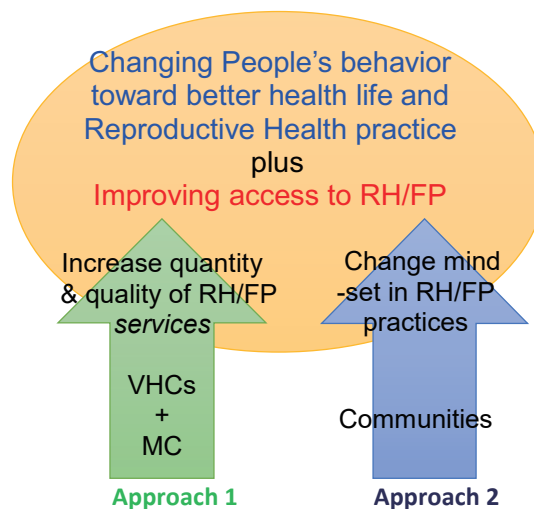


Figure 7 Synergy Effects of Two Approaches

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). The majority of the VHCs rely on using only one method of priority setting for HP activities. Although it is important to ask community members,

³ The Ministry of Foreign Affairs, “Country Development Cooperation Policy for the Hashemite Kingdom of Jordan” (2017) <https://www.jordan.emb-japan.go.jp/files/000282104.pdf>

VHC personnel should check at least medical records and ask doctors to obtain information for priority setting. In addition, some CHCom have not been active since the completion of the previous project in April 2018. Thus, the WCHD advised health directorates to promote close communication between VHCs and local communities.

It is indispensable to obtain collaboration from community participants to achieve effective HP activities. Therefore, continuous and timely support is needed for sustainable CHCom.

1-3 Efficiency

The efficiency of this Project was assessed as high for 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 end-line 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.

Moreover, the project met several organizations that operate mobile clinics such as the IRC and the Noor Al-Hussein Foundation to exchange information. By the initiative of the WCHD, the project started promoting a partnership with the IRC on mobile clinic. The partnership is expected to increase such as joint tasks as announcements for sustainable operation.

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 indicator 2 have already been achieved at the time of the Project's termination. It is expected that indicator 1 also will be achieved in 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 help them, as it depends largely on the Jordanian government's policy regarding Syrian refugees as mentioned in the section on Sustainability. It also depends on the progress in Syria's recovery and reconstruction.

2) Positive and/or negative impacts

There are no negative impacts observed from the Project. As a positive impact, the Project enabled VHCs and the MC 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 8), which made the health service delivery system in the health directorate efficient. This is also a positive impact of the Project.

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 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.

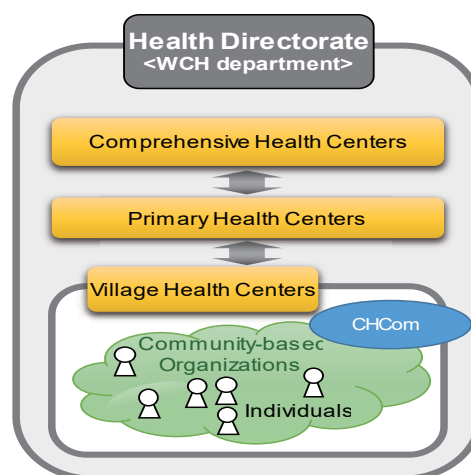


Figure 8 Health Directorate Service Delivery System

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 January 22, 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 March 21, 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, the project asked the Mafraq health directorate in August 2018 about the status of the removal actions by the Jordanian authorities. Many personnel of the Mafraq health directorate said that, even if there was an announcement from the Jordanian government, many ITS sites still existed in the governorate, and it would be impossible to remove all the ITS sites from the governorate.

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 MC 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 terms of the financial sustainability of the Project, further efforts need to be taken to secure the necessary budget for the activities in the future, whereas it was found that the MOH and the Health Directorate allocated the budget during the project period. For the operation and maintenance cost of MC, the MOH bore the cost of fuel for the MC for four months from April to July 2018, and institutionalized the MC as a health center. Meanwhile, the Mafraq Health Directorate is responsible for planning the budget after the MOH allocated the budget to each Directorate, thus it depends whether the Mafraq Health Directorate allocates the budget for the MC.

Furthermore, there are VHCs and health centers at upper levels that have not secured adequate number of staff, such as nurses at VHCs, and midwives or doctors at CHC/PHCs in Mafraq due to the limited resources. It is therefore particularly necessary for the C/P organizations to continuously secure health staff supporting the focused 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. In addition, the MC contributed to increasing the number of Syrian refugee clients through direct outreach to ITS sites. Therefore, it is highly recommended that MC keep working to deliver necessary RH/FP services for both Jordanians and Syrian refugees after the Project.

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 may be applied to remote areas with similar natures to the Project's target areas.

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, Noor Al-Hussein Foundation and 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 Goal 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.”

At the end of the extended Project, the Overall Goal has been partially achieved, and some bright signs were observed. First, the number of clients who received vaccination services has been increasing in 23 VHCs. Second, the MC has improved access to health services for the people who live in Syrian refugees’ camps and remote rural areas. If the MC services continue without hindrance, and the health directorate succeeds in increasing the number of VHCs that work as effectively as the focus VHCs, then the Overall Goal will be achieved. Anyway, it is important to deliver essential health care services such as family planning continuously to Syrian refugees moving from area to area and Jordanian residing in remote areas. Moreover, the activities of the focus VHCs may be replicated in other health directorates.

Meanwhile, the number of clients who received FP service has not been increased clearly in 23 VHCs. It also remains a challenge to expand service delivery to more Syrian refugees. During the project, the numbers of Syrian clients who received FP services in 23 VHCs and at the MC remained almost unchanged.

It is necessary to encourage both the WCHD and the health directorates to examine 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.

One of the most important achievements of the WCHD in cooperation with other health directorates was that it provided midwives to the VHCs despite the limited number of staff members to cover 12 focus VHCs. However, the final monitoring revealed that, in two focus VHCs have not yet been assigned midwives and others two focus VHCs midwives work only once a week. For further strengthening the provision of FP services, the adequate number of midwives stationed at each VHC and necessary working days need to be considered. These continuous approaches can help 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. It is also crucial to develop a mechanism to monitor doctors’ performance for supportive-monitoring toward VHCs. Moreover, although it was not mentioned during the Project, it is recommendable that home visits and use of a community map by VHC personnel in the future activities, as these are important methods to make HP activities more effective.

In terms of the financial sustainability, it is necessary to secure the budget for the MC’s operation in subsequent years. Since the MOH finalizes the budget plan for the next fiscal year in July each year, the budget for the MC operation needs to be requested prior to this finalization. As MOH mentioned in the final meeting held in December 2018, the MC is now institutionalized as a health center. Thus, it is expected that MOH will further ensure the allocation of budget and staff as well as maintenance of the MC even after the end of the project.

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

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 use these systems, specifically for decision making after the Project's termination.

In terms of Indicator 2 "the number of referral cases to other MOH health facilities is increased," it is not easy to identify the reason why the number of referral cases has not been increased without detailed investigation. Because there are numerous possible causes. Therefore, this indicator should be careful to evaluate.

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 and Final Meeting

	Date	Venue, Participants	Major Agenda
1	August 10, 2016	Century Part Hotel, Amman Participants: 16	Introducing the principals for project and a 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
5	December 10, 2018	Meeting room, MOH, JCC member	Sharing and evaluating the project's achievements toward the end of the extended 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 counseling 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 the end of the Project.

4. Summary of Training for Nursing Staff

Timing (Place)	Name of training course	Participants	Topics	Topics
Oct 9 & 12, 2016 (Amman)	Preparatory meeting	Trainers (MOH, Heads of MCH department and MCH supervisors from each health directorate)	2 days	-Review all necessary 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)	Same as above	3 nurses from 3 VHCs + 5 nurses from CHC/PHCs and 2 MWs from CHC/PHCs (10 staff)	5 days	-Same as above
Oct. 23-27, 2016 (Mafraq)	Same as above	6 nurses from Focus VHCs + 2 nurses from non-Focus and 2 nurses from CHC/PHCs (10 staff)	5 days	-Same as above
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)	Same as above	8 nurses from VHCs + 2 nurses from CHC/PHCs + 6 MWs from CHC/PHCs in Mafraq (16 staff)	3 days	Same as above
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)	2 days	-Antenatal care (ANC), Postnatal care (PNC), Breastfeeding -Child health care Breast cancer
Nov. 21-24, 2016 (Mafraq)	Same as above	8 nurses from VHCs + 2 nurses from CHC/PHCs + 6 MWs from CHC/PHCs in Mafraq (16 staff)	4 days	-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)	Same as above	In Mafraq (13 staff)	2 days	-Improvement of FP counselling skills by using the new FP flipchart
Sep. 27-28, 2017 (Dayr Allah)	Same as above	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, Mafrq 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 • Supervisors from WCHD (Irbid: 24, Mafrq: 17, Dayr Allah: 14)	1 day	<ul style="list-style-type: none"> • Outline of the project • Current situation and issues of VHCs from results of the Baseline Survey • Content of the revised VHCs 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	Same as above (Irbid: 29, Mafrq: 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, 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	<ul style="list-style-type: none"> • To share the Project's achievements • To 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 (Mafrq)	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)	<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
Oct. 18, 2018 (1 day)	Training room at Mafrq comprehensive health center	Participants: Head, Supervision and Monitoring Department, (WCHD) MCH supervisor of Family planning Department, WCHD MC support staff from the Mafrq Health Directorate, and MC related staff (two team composed of midwives, nurses and drivers), VHC project team	<ul style="list-style-type: none"> • Details of the mobile health clinic manual • Discussion on promoting the MC

7. Workshop for MC teams

Name of Workshop	Duration, Timing Venue	Main Topics	Participants
Discussion workshop for promoting and strengthening sustainability of the mobile clinic teams	1 day; September 12, 2018; training room at the Mafraq comprehensive health center	<ul style="list-style-type: none"> • Concept of the workshop • Main results of the on-site inspection of the mobile clinic • How to promote sustainability of the mobile clinic • Discussion 	Heads of the WCH department, MCH supervisor of Family Planning Department, WCHD MC support staff from the Mafraq Health Directorate, and MC-related staff (two teams composed of midwives, nurses and drivers) Project formulation advisor, JICA Jordan Office, Project team

8. Meeting with IRC

Name of Meeting	Duration, Timing Venue	Main Topics	Participants
Meeting with IRC	1 day; September 17, 2018; meeting room at the Mafraq health directorate	<ul style="list-style-type: none"> • Information exchange and promoting partnership with the IRC on mobile clinic 	Director, Woman and Child Health Directorate (WCHD) Head, Supervision and Monitoring Department, (WCHD) MC support staff from the Mafraq Health Directorate Program officer, JICA Jordan Office IRC senior community health officer Project team

9. 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, 2017	22 in total	Mafraq Comprehensive Center	
Dayr Allah	April 3–4, 2017	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 • Explaining criteria to select good practices
	Nov. 27, 2017	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, 2017	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)	

3) Study Tours for Health Promotion

Date	VHC	Participating CHComs and health promoters	Topics of education sessions	Contents
Jan. 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 practices from other CHCom by visit -To share good practices among all CHCom to encourage CHCom to sustain health promotion activities
Feb. 7, 2018	Tokobol and Om Al-Jadail, Irbid (Top 3)	Dogmash, Dahal, Mafraq health promoters	Maternal health	
Feb. 12, 2018	Al Khribeh, Irbid (Top 1)	Roudeh Al-Amir Hamzeh, Al-Aqeb, Maysara and Fanoush, Kufur Keyfia, Mafraq health promoters, Dayr Allah health promoter	Childcare	
Feb. 18, 2018	Kufur Kefiya, Irbid (Top 2)	Roudeh Al-Amir Hamzeh, Um Ayash, Al Khribeh, Abu Habeel, Breiqa, Mafraq health promoters	Free medical day	

10. Surveys

1) Project Baseline Survey

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

2) Project End-line Survey

Date, Places	Items	Personnel
Nov. 4, 2017 (Language school in Irbid)	Training for new researcher candidates	Leaser: 1, female researcher: 9.
Jan. 22–23, 2018 (Hall at Chamber of Commerce, Irbid)	Training	Leaders: 2, female researchers: 12. Rent-a- car: 1 (1 day).
Jan. 24, 27–31, and Feb. 3,4,6,7,10, 2018 (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
Jan. 25–Feb. 11, 2018 (9 days in total) MOH	Data entry	Researcher (data entry: 2 people) ×9 days. 1,042 samples in total.

3) Mobile Health Clinic Impact Survey

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

11. 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

12. Public Relations

Item	Timing of Submission
Newsletter	Vol.1 (Mar. 2017), Vol.2 (Oct. 2017), Vol.3 (Nov. 2017), Vol.4 (Mar. 2018), Vol.5 (Sep.2018), Vol.6 (Dec.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)
Brochure	For promoting announcement of the MC services (December 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 VHC	Linen blanket	Dressing Kit	Side lamp	Height measure scale / baby under 2 years	Ice Box	Weight and Height Measure / Adult	Fetal Heart detector
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 Delivery VHC	Step for a bed	Instrument Trolley	Screen	Weight measure scale/baby under 2	Weight measure Scale / Adult	Height measure Scale / Adult
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 mm x 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 mm x W800mm x D45 mm At least one-year warranty	2	
Holding Chair (at Mobile Clinic)	Plastic, wright 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 litter, one door, with freezer inside. Home use. More than 2 years warranty	1

Note : () indicates the delivery sites.

3. Additional procurement

Refrigerator for Vaccines (at Al-Khribeh VHC)

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

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

Counterpart List

1) Ministry of Health

Assistant of General Secretary for Primary Healthcare Directorate	Dr.Ayyoub Sayaydeh
Director of Woman and Child Health Directorate (WHCD)	Dr.Malak Al-Ouri
Director of Legal Affairs Directorate	Dr.Radwan Abu-Dames
Head of Supervision and Monitoring Department/ WCHD	Ms.Fadia Al-Jaber
Head of Family Planning Department	Dr.Abeer Amaireh
MCH supervisor/ WCHD	Ms.Amal Abu Shaweesh
MCH supervisor/ WCHD	Dr.Lubna Al-Daher

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.Noor Al-Salih
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

Mafrq HD

Director of Mafrq 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 Al-Naji
Director Assistant for Nursing	Ms. Sharefa Al-Hejel
Director Assistant for Northern Badia Affairs	Dr. Salameh Sarhan

Head of MCH Department
MCH supervisor
MCH supervisor
MCH supervisor
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

Dr. Mohannad Abu Al-Hijaa
Dr. Amal Abdel-Karim
Ms. Souad Shdeifat
Ms. Hanadi Shdeifat
Ms. Sawsan Tamimi
Ms. Majeda Al-Takrori
Dr. Ali Khawaldeh
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. Wael Al-Azeb
Dr. Mnawer Al-Ghosha
Dr. Amal Khadir
Ms. Khetam Rahahleh
Ms. Asmahan Al-Manaseer
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
Work Plan	July 2018	Soft copy only, English
Work Plan	October 2018	Same as above
Monitoring sheet Ver. 2	Submission in September 2016 (Final approval in October 2016)	Soft copy only, English and Arabic summary
Monitoring sheet Ver. 3	Submission in September 2017 (Final approval in October 2017)	Same as above
Annual Report	February 2017	5 copies in Japanese 15 copies in English 5 copies in Arabic (summary), CD: 2 copies
Work Implementation Report (including Monitoring sheet Ver. 4)	September 2018	Soft copy only, English
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
Brochure of Mobile Health Clinic	December 2018	Soft copy and 10,000 hard copy in Arabic and soft copy only 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
Newsletter No.5	September 2018	Soft copy in Arabic and English
Newsletter No.6	December 2018	Soft copy in Arabic and 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

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>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 	
<p>Outputs</p> <p>Output 1 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 -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.

Output 2	Pre/Post tests of the trainings	-Project documents	
Capacity of health staff at VHCs in the project sites is strengthened.			
Output 3			
Health promotion activities are activated at the focus VHCs.	-Number of health education sessions at focus and number of participants. -Number of health promotion activities organized by focus VHCs and number of people participated.	-VHC reports	
	Inputs		Pre-Conditions
	Japanese side	Jordan side	
Activities	<p>Dispatch of Experts</p> <ol style="list-style-type: none"> 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion <p>Equipment and Material</p> <ol style="list-style-type: none"> 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>Trainings</p> <ol style="list-style-type: none"> 1. Necessary trainings. Local <p>Costs</p> <ol style="list-style-type: none"> 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers 	<p>Counterparts</p> <ol style="list-style-type: none"> 1. Project Director 2. Project Manager 3. Deputy Project Manager 4. Other personnel mutually agreed upon as needed. <p>Facilities, equipment and materials</p> <ol style="list-style-type: none"> 1. Office space for the Project <p>Local Costs Operational costs for implementing supervision and other necessary activities</p>	<p>is</p> <ul style="list-style-type: none"> -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>Output1:</p> <ol style="list-style-type: none"> 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>Output2:</p> <ol style="list-style-type: none"> 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>Output3: 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 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 secured.</p>	<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.

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		
<p><u>Output1:</u></p> <p>1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders.</p> <p>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.</p> <p>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.</p> <p>1-5 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use.</p> <p>1-6 Necessary basic equipment is provided and delivered.</p> <p><u>Output2:</u></p> <p>2-1 Training plan is developed by MOH Headquarters and Health Directorates.</p> <p>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>Dispatch of Experts</p> <ol style="list-style-type: none"> 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion <p>Equipment and Material</p> <ol style="list-style-type: none"> 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>Trainings</p> <ol style="list-style-type: none"> 1. Necessary trainings. <p>Local Costs</p> <ol style="list-style-type: none"> 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers 	<p>Counterparts</p> <ol style="list-style-type: none"> 1. Project Director 2. Project Manager 3. Deputy Project Manager 4. Other personnel mutually agreed upon as needed. <p>Facilities, equipment and materials</p> <ol style="list-style-type: none"> 1. Office space for the Project <p>Local Costs</p> <p>Operational costs for implementing and other necessary activities</p>	<p>-Security is guaranteed in the project sites.</p> <p>-Health staff at VHCs in the project sites is adequately assigned.</p> <p>-Budget for VHCs and supervision is adequately allocated.</p> <p>-Policy for VHCs is maintained.</p>	

<p><u>Output3:</u></p> <ol style="list-style-type: none"> 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.). 2. The focus VHCs implement health promotion activities. 			
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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: 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) 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 	<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		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.	Inputs		
	Japanese side	Jordan 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.	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.

<p>{Note: 1-3 and 1-4 are integrated into 1. the operation manual}</p>	<p>Local Costs Operational costs for implementing supervision and other necessary activities</p>	
<p>Output2: Training plan is developed by MOH Headquarters and Health Directorates.</p>	<p>Local Costs 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers</p>	
<p>2-2 Trainings for nurse assistants at VHCs are provided.</p> <p>Training for other related health staff will be implemented according to the plan.</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>		

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: 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 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.) Total No. of MCH/FP services which are provided at the focus VHCs are increased. 	<ul style="list-style-type: none"> -Project documents -MCH report of MOH database -MOH database on MCH monthly report -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.

Outputs				
Output 1 An enabling environment for VHCs in the project sites is secured.	<ul style="list-style-type: none"> - 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.	<ul style="list-style-type: none"> -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 VHCs	Inputs		-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.	
	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	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		

<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>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.</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>		

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) Roudeh Al-Amir Hamzeh, 12) Al-Aqeb, <Dayr Alla>13) Maysara and Fanoush 14) Um Ayash.

Dated on Dec 22, 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 Reproductive Health (RH)/Family Planning (FP) and primary health services.</p>	<p>1. Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives)</p> <p>2. Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee)</p>	<p>1. Woman and Child Health Directorate (WCHD) monthly reports</p> <p>2. Communicable Disease Directorate reports</p>	
<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 WCHD, Ministry of Health (MOH) are improved</p> <p>2. Number of referral cases to other MOH health facilities is increased.</p> <p>3. Total number of MCH/FP services provided at the focus VHCs are increased.</p> <p>4. Number of clients who received RH (ANC, PNC, FP, Childcare) services in focus VHCs</p>	<p>1. Project document and MOH supervision reports</p> <p>2. WCHD monthly reports</p> <p>3. WCHD monthly reports</p> <p>4. WCHD monthly reports</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>1. Revised the Operational manual and approved</p> <p>2. Number of supervisions to VHCs conducted by WCHD, MOH</p>	<p>1. Project documents</p> <p>2. Supervision reports</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>

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
	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}	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	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 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 implemented according to the plan.			

<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-Emrisi
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.

<p>Outputs</p> <p>Output 1</p> <p>An enabling environment for VHCs in the project sites is secured.</p>	<p>- Revised the Operational manual and approved</p> <p>- Developed Supervision Manual for VHCs in the project sites</p> <p>- Number of supervisions to VHCs conducted by the health directorates.</p> <p>- Revised SOP for referral system for VHCs</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 2</p> <p>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</p> <p>Health promotion activities are activated at the focus VHCs.</p>	<p>- Number of health education sessions at focus VHCs and number of participants.</p> <p>- Number of health promotion activities organized by focus VHCs and number of people participated.</p>	<p>- VHC reports</p>
<p>Activities</p> <p>Output1:</p> <p>1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders.</p> <p>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.</p> <p>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.</p> <p>1-5 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use.</p> <p>1-6 Necessary basic equipment is provided and delivered.</p> <p>Output2:</p>	<p>Inputs</p> <p>Japanese side</p> <p>Dispatch of Experts</p> <ol style="list-style-type: none"> 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion <p>Equipment and Material</p> <ol style="list-style-type: none"> 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>Trainings</p> <ol style="list-style-type: none"> 1. Necessary trainings. <p>Local Costs</p>	<p>Pre-Conditions</p> <p>- Security is guaranteed in the project sites.</p> <p>- Health staff at VHCs in the project sites is adequately assigned.</p> <p>- Budget for VHCs and supervision is adequately allocated.</p> <p>- Policy for VHCs is maintained.</p>
	<p>Local Costs</p>	<p>Local Costs</p>

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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><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>1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers</p>		<p>Operational costs for implementing supervision and other necessary 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, Mafrag 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 Komasaawa, 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

- 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: Mafrqa 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, <Mafrqa>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

Overall Goal	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<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. 	<p>-Directorate Monthly report</p> <p>-Directorate Monthly report</p> <p>-Monthly report of comprehensive health centers and PHC centers</p> <p>-VHC reports</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.) 	<p>-Directorate supervision report</p> <p>-VHC monthly report and VHC log book</p> <p>-VHC reports</p>	<p>-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 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		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.	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	-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><u>{Note: 1-3 and 1-4 are integrated into 1. the operation manual}</u></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 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>
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