

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

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

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

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

Amman, August 17, 2017



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



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



Ms. Makiko Komasa
Chief Advisor,
JICA Expert Team

The Attached Document

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

1. Sharing achievement of the Project

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

2. The next planned activities

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

3. Revision of PDM Indicator

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

4. Amendment of the Record of Discussions

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

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5. Plan of Operation for the Mobile Clinic

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

6. Recommendations from the Mission Team

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

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

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

Z. M.

(Signature)

Mr.

ANNEX- 1

List of Participants in the Third Joint Coordinating Committee

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

ANNEX- 2

Project Design Matrix (PDM) (Version 3)

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

Implementing Agency: Ministry of Health

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

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

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

Dated on August 9, 2017

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.	1. Number of FP clients at VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) 2. Number of vaccination clients who received childcare services at VHCs is increased (both for Jordanians and Syrian refugee) 3. Number of served referral cases at the higher-level facilities is increased. 4. Awareness of community people toward VHC services is increased. No. of clients who received all MCH/FP services at VHCs in the project sites is increased			
	-Directorate Monthly report- -MOH Logistic report for FP methods -MCH report form for Syrian -Directorate Monthly report -MOH database on MCH monthly report -MCH report form for Syrian -Monthly report of comprehensive health centers and PHC centers -VHC reports -MOH database on MCH monthly report -MOH Logistic report for FP methods			
Project Purpose Service delivery function of the focus Village Health Centers (VHCs) is improved.	1. Results of supervision received from the health directorates are improved (FP, client registration log books, logistic log book, etc.) the MOH/ are improved			
		-Directorate supervision report -Project documents		

	2. Number of referral cases (FP, ANC, Child care) to other MOH health facilities is increased.	-VHC-monthly-report-and-VHC-log-book MCH report of MOH database	-Experiences at the focus VHCs are spread out to other VHCs by the health directorate.
	3. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.)	-VHC-reports -MOH database on MCH monthly report	
	4. Total No. of MCH/FP services which are provided at the focus VHCs are increased.	-MOH database on MCH monthly report	
Outputs			
Output 1 An enabling environment for VHCs in the project sites is secured.	-1. Revised the Operational manual and approved -2. Developed Supervision Manual for VHCs in the project sites -3. Number of supervisions to VHCs conducted by the MOH. -4. Revised SOP for referral system for VHCs (Note: 2 and 4 are integrated into 1. the operational manual)	-Project documents -Project documents -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 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	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>1-4 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use.</p> <p>1-5 Necessary basic equipment is provided and delivered. (Note: 1-3 and 1-4 are integrated into 1. the operation manual)</p> <p><u>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.</p> <p>2-3 Training for other related health staff will be implemented according to the plan.</p> <p><u>Output3:</u></p> <p>3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.).</p> <p>3-2 The focus VHCs implement health promotion activities.</p>	<p><u>Dispatch of Experts</u></p> <p>1. Chief Advisor / RH&FP</p> <p>2. Training Management</p> <p>3. Project Coordinator / Health Promotion</p> <p><u>Equipment and Material</u></p> <p>1. A Vehicle for project activity</p> <p>2. Mobile Clinic(s) for target directorates</p> <p>3. Necessary equipment for focus VHCs</p> <p>4. Necessary materials for the project activities</p> <p><u>Trainings</u></p> <p>1. Necessary trainings.</p> <p><u>Local Costs</u></p> <p>1. Trainings, workshops, seminars</p> <p>2. Basic equipment necessary for Village Health Centers</p>	<p><u>Counterparts</u></p> <p>1. Project Director</p> <p>2. Project Manager</p> <p>3. Deputy Project Manager</p> <p>3. Other personnel mutually agreed upon as needed</p> <p><u>Facilities, equipment and materials</u></p> <p>1. Office space for the Project</p> <p><u>Local Costs</u></p> <p>Operational costs for implementing supervision 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>

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FOR THE PROJECT FOR IMPROVEMENT OF SERVICES AT VILLAGE HEALTH
CENTERS IN RURAL HOST COMMUNITIES OF SYRIAN REFUGEES
IN THE HASHEMITE KINGDOM OF JORDAN
MINISTRY OF HEALTH
AND
JAPAN INTERNATIONAL COOPERATION AGENCY

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

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

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

Amman, March 25, 2018



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

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



Ms. Makiko Komasa
Chief Advisor,
JICA Expert Team

The Attached Document


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

1. Sharing the Project achievements

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

2. Discussions and way forward

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



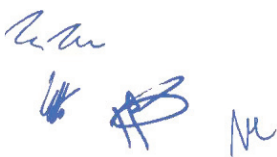
Dr. Ayyoub, Project Director, congratulated the project's success and encouraged counterparts of MOH and health directorates to continue their efforts to sustain the level of achievement, through the project approaches in both strengthening VHC capacity and accelerating the health promotion activities.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

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

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

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

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



ANNEX- 1

List of Participants in the Fourth Joint Coordinating Committee

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

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

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


Amman, 15 Feb , 2018



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



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



Attached Document

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

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

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

Indicators of Overall Goal

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

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

Project Purpose

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

Reason:

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

Outputs

Before	Amended Version
Output 1 Indicator 2 <u>Developed Supervision Manual for VHCs in the project sites</u> Indicator 3 Number of supervisions to VHCs conducted by the <u>health directorates</u> . Indicator 4 <u>Revised SOP for referral system for VHCs</u>	Output 1 Indicator 2 <u>(integrated within indicator 1)</u> Indicator 3 Number of supervisions to VHCs conducted by <u>WCHD, MOH</u> . Indicator 4. <u>(integrated with indicator 1)</u>
Output 3 Indicator 1 <u>-Number of health education sessions at focus VHCs and number of participants.</u> Indicator 2 Number of health promotion activities organized by focus VHCs and number of people participated. <Means of Verification> <u>VHC reports</u>	Output 3 Indicator 1 <u>-Number of health promotion activities implemented by both VHCs and CHCs, and number of participants.</u> Indicator 2 <u>-Number of VHCs which submit monthly reports of health promotion activities</u> <Means of Verification> <u>Reports of health promotion activities</u>
Reason: <Output 1> 1) Indicator 2 and 4 were integrated into the VHC Operational Manuals described in Indicator 1. 2) For Indicator 3, since the project directly supports the supervision conducted by WCHD, it was modified to reflect the actual status. <Output 3> 3) Indicator 1, "health education sessions" was modified to "health promotion activities" as Community Health Committees implement various sorts of health promotion activities, not limit to hold health education sessions solely. 4) Indicator 2 "Number of VHCs which submitted the monthly activity reports" was added to obtain numerical data to assess the improvement of the managerial capacity of	

VHCs.

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

This amendment will become effective, as of ().

Annex 1 : PDM ver. 4

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

Three handwritten signatures in blue ink are visible on the right side of the page. One is at the top, one in the middle, and one at the bottom, all appearing to be initials or stylized names.A handwritten signature in blue ink, consisting of a stylized 'X' or 'A' shape, is located at the bottom left of the page.

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 Habel, <Mafrag> 7) Al-Daqmasah, 8) Dahl, 9) Roudet Al-Amir Mohamed, 10) Breiqa, 11) Roudet Al-Amir Hamzeh, 12) Al-Aqeb, <Dayr Alla> 13) Maysara and Fanoush 14) Um Ayash.

Dated on Dec 22, 2017

Overall Goal	Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity Reproductive Health (RH)/Family Planning (FP) and primary health services.		<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) 	<ol style="list-style-type: none"> Woman and Child Health Directorate (WCHD) monthly reports Communicable Disease Directorate reports 	
Project Purpose				
Service delivery function of the focus Village Health Centers (VHCs) is improved.		<ol style="list-style-type: none"> Results of supervision received from WCHD, Ministry of Health (MOH) are improved Number of referral cases to other MOH health facilities is increased. Total number of MCH/FP services provided at the focus VHCs are increased Number of clients who received RH (ANC, PNC, FP, Childcare) services in focus VHCs 	<ol style="list-style-type: none"> Project documents and MOH supervision reports WCHD monthly reports WCHD monthly reports WCHD monthly reports 	<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.		<ol style="list-style-type: none"> Revised the Operational manual and approved Number of supervisions to VHCs 	<ol style="list-style-type: none"> Project documents Supervision reports 	<p>-Turnover of trained personnel does not take place in the project sites.</p>

	conducted by WCHD, MOH		-Assigned nurse assistants at VHCs in the project sites are reported.
Output 2			
Capacity of health staff at VHCs in the project sites is strengthened.	Pre/Post tests of the trainings	-Project documents	
Output 3			
Health promotion activities are activated at the focus VHCs.	<p>1. Number of health promotion activities implemented by both VHCs and CHCs, and number of participants.</p> <p>2. Number of VHCs which submit the monthly reports of health promotion activities.</p>	<p>1. Reports of health promotion activities</p> <p>2. Reports of health promotion activities</p>	
Activities	Inputs		Pre-Conditions
	Japanese side	Jordan side	
<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>1-4 Standard Operating Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use.</p> <p>1-5 Necessary basic equipment is provided and delivered.</p> <p>{Note: 1-3 and 1-4 are integrated into 1. the operation manual}</p> <p>Output2:</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.</p> <p>2-3 Training for other related health staff will be implemented according to the plan.</p>	<p>Dispatch of Experts</p> <p>1. Chief Advisor / RH&FP</p> <p>2. Training Management</p> <p>3. Project Coordinator / Health Promotion</p> <p>Equipment and Material</p> <p>1. A Vehicle for project activity</p> <p>2. Mobile Clinic(s) for target directorates</p> <p>3. Necessary equipment for focus VHCs</p> <p>4. Necessary materials for the project activities</p> <p>Trainings</p> <p>1. Necessary trainings.</p> <p>Local Costs</p> <p>1. Trainings, workshops, seminars</p> <p>2. Basic equipment necessary for Village Health Centers</p>	<p>Counterparts</p> <p>1. Project Director</p> <p>2. Project Manager</p> <p>3. Deputy Project Manager</p> <p>3. Other personnel mutually agreed upon as needed.</p> <p>Facilities, equipment and materials</p> <p>1. Office space for the Project</p> <p>Local Costs</p> <p>Operational costs for implementing supervision 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> 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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RECORD OF DISCUSSIONS

ON

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

IN

THE HASHEMITE KINGDOM OF JORDAN


AGREED UPON BETWEEN


MINISTRY OF HEALTH

AND

JAPAN INTERNATIONAL COOPERATION AGENCY

Amman, 25, Jan, 2016


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


Dr. Ali Hiyasat
Minister of Health
Hashemite Kingdom of Jordan

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

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

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

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

Appendix 1: Project Description
Appendix 2: Main Points Discussed

PROJECT DESCRIPTION

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

I. BACKGROUND

Over the last several years, massive inflow of Syrian refugees into Jordan has stressed the country's health service provision. According to UNHCR, there are more than 600,000 refugees in Jordan and 63% of them inhabit outside refugee camps (2015 UNCHR Operational Update). According to information collected by JICA during the field visit in 2014, bed occupancy rates of some hospitals in the northern region exceed 100%, and more than half of the women who made delivery in the Mafrq Obstetric Hospital are the Syrian refugees. Accordingly, there are critical needs to maintain quality and quantity of health service for Jordanians living in host communities as well as Syrian refugees.

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

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

II. OUTLINE OF THE PROJECT

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

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

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

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

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

7. Implementation Structure

The roles and assignments of relevant organizations are as follows:

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

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

(6) Joint Coordinating Committee (JCC) and Technical Committee

JCC will be established in order to facilitate inter-organizational coordination and chaired by the Secretary General of MOH and the membership of:-

- Ministry of Health
 Director of Primary Health Care Directorate
 Director of Woman and Child Health Directorate – Head of Family Planning Division
 Director of Mafrq Health Directorate
 Director of Irbid Health Directorate
 Director of Balqa Health Directorate
 Director of Legal Affairs Directorate
 Higher Population Council
 Secretary General
 JICA
 Chief Representative, JICA Jordan office
 JICA Experts

ROLE:

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

FREQUENCY OF MEETINGS:

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

Technical Committee

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

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

ROLE

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

Frequency of the Meeting

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

7. Project Sites and Beneficiaries

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

Direct beneficiaries: VHCs in the Project site

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

8. Duration

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

9. Reports

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

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

10. Environmental and Social Considerations

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

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

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

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

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

IV. MONITORING AND EVALUATION

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

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

V. PROMOTION OF PUBLIC SUPPORT

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

VI. MISCONDUCT

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

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

VII. MUTUAL CONSULTATION

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

VIII. AMENDMENTS

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

MAIN POINTS DISCUSSED

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

1. Title of the Project

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

2. Purpose of the Project

This project is expected to expand the successful experiences acquired by the Project for Integrating Health and Empowerment of Women in the South Region (2008-2011) and its follow-up activities (2012-2014) into the northern and middle area of Jordan. In order to provide better access to the reproductive health/family planning and primary health care services for both Jordanians and Syrian Refugees, the Project aims to strengthen VHC's service delivery function in rural host communities of Syrian Refugees.

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

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

4. Project Site

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

5. Implementation Target

(1) Strengthening supervision and referral system

- Mafrq Health Directorate

- Irbid Health Directorate

- Balqa Health Directorate / Dayr Alla Health District

(2) Focus VHCs

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

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

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

(3) VHCs supported by JICA Follow-up Schemes

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

(4) Staff Training

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

6. Renovation of the VHCs and Equipment

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

7. Health Promotion Activities

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

8. Revision and Approval of the Documents

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

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

9. Office Space for the JICA Expert

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

10. Indicators for Project Monitoring

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

11. Monitoring of the Project Activities

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

Project Design Matrix (PDM) (Version 0)

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

Dated on 25. Jan, 2016

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

1

Annex 1 Tentative Project Design Matrix (PDM)

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

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Memorandum of Understanding on Project Management and Cost Sharing

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

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

Following points were agreed upon by the both parties.

1. Sharing the activity plan for the project

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

2. Monthly Report and Meeting with the PHCD/WCHD

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

3. Cost sharing for project activities.

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

4. Procurement of mobile clinic and medical equipment

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

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

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

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



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Jordan

Dr. Malak Al Orui
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Ms. Makiko Komasaawa
Chief Advisor,
JICA Expert Team



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



مذكرة تفاهم حول إدارة المشروع ومشاركة التكاليف

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

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

تم الاتفاق على النقاط التالية عليها من قبل الطرفين

1. مشاركة خطة أنشطة المشروع
 - سيقوم فريق مشروع بإعداد خطة أنشطة المشروع تحتوي على الجدول الزمني ومسؤوليات كل مديرية الرعاية الصحية الأولية /مديرية صحة المرأة والطفل وفريق مشروع ومشاركتها مع مديرية صحة المرأة والطفل.
2. التقرير الشهري والاجتماع مع مديرية الرعاية الصحية الأولية /مديرية صحة المرأة والطفل
 - سيقوم فريق المشروع بإعداد التقرير الشهري حول الإنجازات وتقدم المشروع ومشاركتها مع مديرية الرعاية الصحية الأولية /مديرية صحة المرأة والطفل في الاجتماع الشهري في نهاية كل الشهر.
3. مشاركة التكاليف لأنشطة المشروع
 - سيقوم مكتب جايجا الأردن بالتفاوض مع المكتب الرئيسي لجايجا للحصول على موافقة دفع للمدربين في الأنشطة التدريبية لموظفي وزارة الصحة في الأردن لسنة المالية 2016.
 - ستبذل مديرية الرعاية الصحية الأولية /مديرية صحة المرأة والطفل جهودا لتخصيص جزء لميزانية التدريب الذي سيجرى خلال عام 2017.
4. آلية شراء العيادة المتنقلة والمعدات الطبية
 - وافق فريق المشروع ومديرية الرعاية الصحية الأولية /مديرية صحة المرأة والطفل أن توفير المعدات الطبية تركز أساسا على خدمات الصحة الإنجابية الأساسية (الصحة الإنجابية) / تنظيم الأسرة (حبوب منع الحمل والوقاية الذكري) وخدمات الرعاية الصحية الأولية.
 - بناء على اقتراح مكتب جايجا في الأردن، وافقت مديرية الرعاية الصحية الأولية / مديرية صحة المرأة والطفل على تحديد الأولويات من المعدات الطبية حتى يتسنى لفريق المشروع الاستفادة من الميزانية المحدودة المقدرة ب (حوالي 6500 دينار) على نحو فعال. وبالإضافة إلى ذلك، اقترح مكتب جايجا الأردن أنه سيكون هناك ميزانية للمعدات الطبية الضرورية الأخرى (ذات الأولوية الثانية) إذا كانت تكلفة للعيادة المتنقلة أقل مما هو متوقع (حوالي 68,000 دينار).

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

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

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

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

السيدة ماكيكو كوماساوا

المدير التنفيذي للمشروع

مستشار ياباني/جايا

馬可環 敦子

الدكتورة ملاك العوري

مدير المشروع

مديرية صحة المرأة والطفل

مديرية الرعاية الصحية الأولية

وزارة الصحة

الأردن

الدكتور بشير القصير

مدير إدارة المشروع

مديرية الرعاية الصحية الأولية

وزارة الصحة

الأردن

小林 菊

السيد تسوتومو كوباياشي

الممثل الأعلى

الوكالة اليابانية للتعاون الدولي

مكتب جايا الأردن

**MINUTES OF MEETING FOR FINAL 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 Discussion, signed on 25th January, 2016, the Japan International Cooperation Agency (hereinafter referred to as "JICA") and Ministry of Health (hereinafter referred to as "MOH") jointly started the "Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees" (hereinafter referred to as the "Project") on 30th April, 2016. The duration of the Project was extended until the end of December 2018.

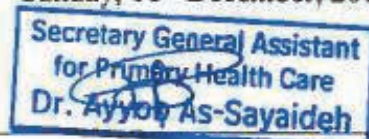
The Project Final Meeting was held on 10th December, 2018, with the presence of the Ministry of Health (hereinafter referred to as "MOH") and JICA. In the course of discussions, both MOH and JICA have confirmed mutual understanding regarding the achievement of the Project and way forward after the project termination.

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



Mr. Noriharu Masugi
Senior Representative,
JICA Jordan Office,

Sunday, 16th December, 2018



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



Dr. Yuko Otomo
JICA Project Expert

The Attached Document

The final meeting for the Project was conducted according to the agenda as attached in ANNEX-1. The participants as shown in ANNEX-2 discussed and agreed upon as follows.

1. Opening remarks

Dr. Ayyoub Al-Sayaydeh, Project Director of MOH emphasized the importance of continuous collaboration between Jordan and Japan especially in the last several years due to a massive inflow of Syrian refugees into Jordan which has put the country's health service provision under serious stress. 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. Mr. Noriharu Masugi, Senior Representative of JICA Jordan Office praised the efforts made by MOH, and mentioned that while the Project is important, the achievements, challenges and lessons learned should be sustained, adopted or sought for better solution, whereby MOH shall determine, within its own resources in prioritising and improving their future activities.

2. Sharing the Project achievements

JICA expert shared the result of the Project based on the submitted draft Project Completion Report.

Among four indicators of the Project Purpose, it can be said that all indicators have been achieved. Regarding Indicator 2, the Women and Child Health Directorate (hereinafter "WCHD") recognized that this indicator became less effective as the capacity of VHCs improved and the need to refer from VHCs to upper level health facilities became less. On the other hand, the improvements of services at the focused VHCs have been recognized by the local women according to the endline survey. In addition, a variety of services provided at the focus VHCs and the number of clients who received RH services from focused VHCs have increased gradually since 2016 until 2018. From such various aspects, it can be concluded that the Project purpose has been achieved.

Among two indicators for the overall goal, both indicator 1 and indicator 2 have been almost achieved in terms of the number of the Jordanian beneficiaries, while no notable increase of the number of the Syrian has been seen in VHCs. This is because most of Syrian refugees frequently change where they live, thus it is difficult to reach them. To reach out to refugees, the Mobile Clinic (hereinafter "MC") has been providing services to several Syrian clients, which contributes to improve their access to basic healthcare services. Therefore, it can be said that at the time of termination, the Project's overall goal has been partially achieved.



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2. Discussions

1. Regarding the overall goal, MOH mentioned that since there were no reproductive health services at all VHCs before the Project and the fact that these services exist now is an achievement by itself. On the other hand, it is reasonable to say that this goal was partially achieved because there was no big increase in the FP services in 23 VHCs. This goal will hopefully be fully achieved in two to three years.
2. The operation of the MC is now institutionalized as a health centre. Thus, MOH will sustain budget, staff allocation and maintenance of the MC even after the end of the project.
3. The Community Health Committees (CHCom) are organized in each community within the targeted governorate; and CHCom reports to Awareness and Communication Health Directorate (ACHD). CHCom in close cooperation with Health Directorates and ACHD will continue working after the Project.
4. The Syrian clients are situated in remote areas and they continue moving which might explain the low increase in their numbers contrary to what was expected.
5. The MOH praised the efforts exerted by JICA and promised that the Ministry will continue supporting any of JICA's projects that come to an end.



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ANNEX-1 Agenda

**The Final Meeting for Project for Improvements of Services
at Village Health Centers in Rural Host Communities
of Syrian Refugees.**

Date: 10/12/2018

Time: 13:00-15:00

Venue: Meeting Room in the 6th floor \ Ministry of Health

Agenda

1	Registration	12:45-13:00	The project team
2	-Opening Remarks -Opening Remarks from JICA	13:00-13:20	-Assistant of General Secretary for primary health care -Senior Representative, JICA
3	-Result of the Project	13:20-13:30	-JICA Project and WCHD
4	-Achievements of the Project	13:30-13:50	-JICA Project and WCHD
5	-Extended Project	13:50-14:00	-JICA Project and WCHD
6	- Discussion and way forward based on the project result	14:00-14:50	-All
7	- Closing remarks	14:50-15:00	-Assistant of General Secretary for primary health care

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ANNEX-2 List of Participants in the Final Meeting

1) Ministry of Health

Assistant of General Secretary for Primary Health Care Directorate	Dr.Ayyoub Sayayde
Director of Woman and Child Health Directorate	Dr.Malak Al Ouri
Head of Monitoring and Supervision Department WCHD	Ms.Fadia Al Jaber
Head of Family Planning Department	Dr.Abeer Amairah
MCH supervisor, WCHD	Ms.Amal Abu Shawesh
MCH supervisor, WCHD	Ms.Lubna Al-Daher

2) Health Directorate

In behalf of Assistant Director for Primary Health Care of Irbid Health Directorate	Dr.Qasem AlHajji
Director of Mafraq Health Directorate	Dr.Hani Olimat
In behalf of Director of Balqa Health Directorate	Dr. Amal Khader

3) JICA Jordan Office

Senior Representative	Mr.Noriharu Masugi
Project Formulation Advisor	Ms.Kanako Terui
Program Officer	Ms.Shereen AbuHweij

4) JICA VHC Project Team

Expert/ Reproductive Health and Family Planning	Dr.Yuko Otomo
Local Coordinator	Ms.Reema Al Attary
Project Assitant	Ms.Layal Al-Salhi

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TO Chief Representative of JICA Jordan OFFICE

PROJECT MONITORING SHEET

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

Version of the Sheet: Ver. 2 期. Term: June, 2016 - September, 2016 期

Name: Dr. Malak M. Al-Ouri

Title: Project Manager, MOH

Name: Makiko KOMASAWA

Title: Chief Advisor

Submission Date: October 13, 2016

I. Summary

1 Progress

1-1 Progress of Inputs

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

1-1-1 Inputs by the Japanese Side

- 1) Japanese experts
 - Chief advisor: 4.43 MM
 - Training management 1 (Impact evaluation): 1.10 MM
 - Training management 3 (Community health): 0.87 MM
 - Project coordinator/Health promotion 1: 3.07 MM
 - Project coordinator/Health promotion 2: 1.50 MM

2) Procurement for the project office

- Laptop PC (1), Desktop PC (1), Laser printer (1), Color printer (1), Digital camera (1)
- Office Furniture (4 desks, 8 chairs and 4 shelves)
- Office computer networking (1), Fan (1)
- Photo copy machine (1)

1-1-2 Inputs by the Jordanian Side

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

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

2) Other

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

1-2 Progress of Activities

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

1) Joint Coordinating Committee (JCC)

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

2) Finalizing 14 focus Village Health Centers (VHCs)

3) Baseline survey

-The VHC survey was completed for 14 focus VHCs. The report was prepared in English.

-The Household Survey was begun in Irbid on the 25th of September in collaboration with the Department of Statistics (DOS).

4) Mobile clinic

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

5) Supervisor meetings

-The first Supervisor meeting has held on the 18th of July, 2016 in order to discuss the project goals and roles of the supervisors from three health directorates.

-The second and third supervisor meeting has held on the 19th and the 26th of September and discussed the updating the VHC operation manual and training plan in 2016.

1-3 Achievement of Outputs

There are three Outputs for this project as follows.

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

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

Output 3: Health promotion activities are activated at the focus VHCs (14 VHCs).

<p>Output 1</p> <p>1) Opening Ceremony</p> <p>-The opening (Launching) ceremony was conducted on the 3rd of August, 2016, having 45 participants, from MOH, the health directorates, Higher Population Council, other partners. The Ceremony report was prepared in English.</p> <p>2) Updating VHC operation manual</p> <p>-The Jordanian supervisor team and the Japanese expert team reviewed the "Operation manual for Village Health Centers in the South region" and discussed the necessary parts to be updated.</p> <p>3) Medical equipment</p> <p>-Jordanian counterpart requested the medical equipment department for MOH standardized specification for basic medical equipment for VHCs. Meanwhile, based on the results of the Village Health Center Survey, the draft procurement list for basic medical equipment was made.</p> <p>Output 2</p> <p>1) Preparing training sessions in October and December 2016</p> <p>At the second supervisor meeting held on 19th September, the framework of the training sessions for the first year was decided as follows.</p> <ul style="list-style-type: none"> - Training on family planning for 14 nursing staff - Training on antenatal, postnatal and child care for 14 nursing staff - Training for doctors and midwives who are supporting 14 focus VHCs. <p>The first training on family planning will be conducted in October 2016.</p> <p>Output 3</p> <p>1) Planning for health promotion activity</p> <ul style="list-style-type: none"> - The first meeting with for the Directorate of Awareness and Education Health was held on 18th of September in order to share the current situations of health promotion activities by the focus VHCs and achievement of the healthy village program by the MOH. The outline of the health promotion activities were agreed by the MOH stakeholders and the Japanese team. <p>1-4 Achievement of the Project Purpose</p> <p>To be discussed after the household survey completion in terms of PDM indicators.</p>	<p>1-5 Changes of Risks and Actions for Mitigation</p> <p>To discuss on the payment for training and supervision for counterparts, the meeting between MOH, JICA Jordan office and the Japanese expert team was held on 21st of August. At the meeting, the followings were agreed (See attached Memorandum of Understanding in detail).</p> <ul style="list-style-type: none"> - Preparing the activity plan in line with the framework suggested by MOH - Holding a Monthly meeting between MOH counterparts and the Japanese team and preparing monthly report - Agreement of sharing cost of training and supervisor fee between MOH and JICA Jordan office - Understanding of procurement procedures for mobile clinic and medical equipment for the VHCs <p>At the first JCC, increasing frequency of JCC meetings were raised as request from the MOH side. The JICA Jordan office agreed to hold ad hoc meetings when necessary.</p> <p>1-6 Progress of Actions undertaken by JICA</p> <p>The meeting mentioned above was facilitated by the JICA Jordan office. The senior representative of the office authorized the agreement. The cost sharing for training had been discussed with the JICA headquarters and it had been approved by the JICA headquarters on 26 of September.</p> <p>1-7 Progress of Actions undertaken by Gov. of Jordan</p> <p>As a mentioned in 1-5, the project director, a director of Primary Health Care Directorate (PHCD) and a project manager, a director of Women and Child Health Directorate (WCHD), agreed as follows:</p> <p>As declared in the Memorandum of Understanding, the MOH implemented as follows:</p> <ul style="list-style-type: none"> -Taking actions as the activity plan described -Sharing the monthly report which the Japanese expert team prepared <p>1-8 Progress of Environmental and Social Considerations (if applicable)</p> <p>Not applicable for this project as Category C.</p> <p>1-9 Progress of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)</p> <p>The project aims to develop enables environment for women's empowerment through health promotion activities in communities. This activities will accelerate involvement of men/boys and religious leaders and will contribute promotion of gender equity.</p>
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1-10 Other remarkable/considerable issues related to/affecting the project (such as other JICA projects, activities of counterparts, other donors, private sectors, NGOs etc.)

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

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

2-1 Detail

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

2-2 Cause

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

2-3 Action to be taken

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

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

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

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

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

3 Modification of the Project Implementation Plan

3-1 Plan of Operation (PO)

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

3-2 Other modifications on detailed implementation plan

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

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

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

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

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

II. Project Monitoring Sheet I & II as Attached

مشتريات المشروع المكتبية 2-

- (1) كمبيوتر محمول (1)، كمبيوتر ثابت (1)، طابعة ليزر
- (1) طابعة ملونة

• (1) كاميرا ديجيتال .

- اثاث مكتبي (4 طاولات ، 8 كراسي ، 4 رفوف
- شبكات كمبيوتر مكتبية (1)، مروحة (1) •
- آلة تصوير (1)

2-1-1 المداخلات من قبل الجانب الاردني

ضباط الارتباط 1-

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

2-2 اخرى

مكتب (1) والمعدات الضرورية

- قاعة اجتماعات عند الحاجة

2-1

التقدم في الانشطة

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

1- اللجنة التنسيقية المشتركة (JCC):

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

الى الممثل الاقليمي لمكتب جايبا الاردن

ورقة تقييم المشروع

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

(اصدار ورقة التقييم :رقم 2 فترة :تموز -2016/يول 2016

الاسم :د.ملاك العوري

المنصب :مديرة المشروع وزارة الصحة

الاسم :مكيكو كوموساوا

المنصب :رئيس المستشارون

التاريخ : 30 ايلول 2016

ملخص

(1) التقدم

التقدم في المدخلات 1-1

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

التقدم في المدخلات من الجانب الياباني 1-1-1

1- الخبراء اليابانيين.

• رئيس الخبراء MM 4.43

• MM ادارة التدريب 1 (تقييم الاثر) 1.10

• MM ادارة التدريب 3 (صحة المجتمع) 0.87

• منسق مشروع /تعزيز صحة 1 : 3.07 MM

• منسق مشروع /تعزيز صحة 2: 1.50 MM

المخرج (2) : رفع كفاءة مقدمي الخدمات في المراكز الصحية الفرعية في مواقع المشروع
المخرج (3) : تنشيط أنشطة تعزيز الصحة في قرى المراكز الصحية المختارة
(مركز صحي فرعي 14)

(1) المخرج

: حفل الافتتاح 1-

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

تحديث الدليل التشغيلي للمراكز الصحية الفرعية : 2-
لجنة (تعديل الدليل ووضع خطة التدريب) والفريق الياباني قلموا بمر اجعة دليل المراكز الصحية الفرعية في منطقة الجنوب وتمت مناقشة الاجزاء الرئيسية التي سيتم تعديلها وتحديثها فتم عقد الاجتماع الاول والثاني في 19 ايلول و 26 ايلول

: الاجهزة الطبية 3-

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

(2) المخرج

التحضير لمواضيع التدريب الذي سيتم اجراءه بشهر تشرين الاول وشهر كانون اول لعام 2016.
تم عقد الاجتماع الاول للجنة (تعديل الدليل ووضع خطة التدريب)في التاسع عشر من شهر ايلول لعام 2016 و الاطار العام لمواضيع التدريب للسنة الاولى تم الاتفاق عليه كالتالي :

الانتهاء من اختيار ال 14 مركز صحي فرعي 2-

: المسح الاولي 3-

تم الانتهاء من مسح المراكز الصحية الفرعية ال 14 المستهدفة وتم اعداد
■ التقرير باللغة الانجليزية

تم البدء بمسح السكان والمساكن في 25 ايلول 2016 في محافظة اربد (DOS). بالتعاون مع مديرية الاحصاءات العامة

العيادة المتنقلة 4-

تم التنسيق مع المعنيين في وزارة الصحة فيما يخص المواصفات المعتمدة للعيادة المتنقلة وتم تزويد جايبكا بها ليتم اخذها بعين الاعتبار عند اختيار العيادة

المتنقلة في طور الانتهاء ما بين المعنيين في وزارة الصحة وجايبكا .-

اجتماع رؤساء اقسام صحة المرأة والطفل والمشرقات 5

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

تم عقد الاجتماع الثاني والثالث في 19 و 26 من شهر ايلول لتحديث الدليل (دليل العاملين في المراكز الصحية) الفرعية في اقليم الجنوب ومناقشة خطة التدريب لعام 2016

3-1 : تحقيق المخرجات

هناك 3 مخرجات للمشروع وهي كالتالي

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

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

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

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

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

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

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

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

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

(C) غير منطبق لهذا المشروع فئة

تقدم في الاعتبارات الخاصة في النوع الاجتماعي (الجنس) المساواة بين (9-1)

(الجنسسين ، وبناء السلام ، وتقليل الفقر (ان امكن

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

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

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

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

(3) المخرج

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

انجاز هدف المشروع (4-1)

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

(5-1) التغيرات في المخاطر والجراءاتات من اجل تخفيفها

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

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

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

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

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

التأخير في برنامج العمل و /او المشاكل (2) (1-2) التفاصيل :

التأخير في مسح السكان والمساكن ، مسح السكان والمساكن هو جزء من 1- المسح الاولى الذي تاخر عن البرنامج ، حيث كان مخطط البدء به في شهر آب وتم تأجيله لغاية الانتهاء من الانتخابات العامة لنهاية شهر ايلول 2- التأخير في شراء العيادة المتنقلة والجهزة والمعدات الطبية الاساسية للمراكز الصحية الفرعية ، حيث تم تأخيرها لغاية الحصول على مواصفات الاجهزة الطبية من وزارة الصحة واتباع الاجراءات الرسمية في الوزارة .

(2-2) الاسباب

السبب الرئيسي في تأخير البدء في مسح السكان والمساكن هو اخذ الموافقة من 1- وزارة الداخلية من خلال مديرية الاحصاءات العامة بعد شهر رمضان فريق المشروع ليسوا على دراية باجراءات الشراء المتبعة في وزارة 2- الصحة وهذه الاجراءات الرسمية تحتاج الى وقت

الاجراءات الواجب اتخاذها(2-3)

: هذه الاجراءات على فريق المشروع العمل بها خلال الفترة القادمة

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

(....) الادوار و مسؤولية الاشخاص والمنظمات (جايا ، الحكومة الاردنية (2-4)

التسريع من انتهاء قوانين الدفع للتدريب ما بين وزارة الصحة ومكتب جايا 1- 2- دعم المشروع من اجل مراجعة وتعديل مؤشرات مصفوفة المشروع : تعديل الخطة التنفيذية للمشروع 3-

- (Refugee) (في نهاية كلمة (S) اسم المشروع زيادة حرف -

اللجنة الحالية (لجنة تعديل الدليل ووضع خطة التدريب)يجب ان تصبح اللجنة الفنية للمشروع

تحديد الوقت من اجل ارسال الفريق الاستشاري في نصف الفترة من قبل 4- المكتب الرئيسي طوكيو في السنة القادمة في السرعة الممكنة

التعديلات على تنفيذ خطة عمل المشروع 3-

الخطة العملية (1-3)

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

تعديلات اخرى مفصلة على تطبيق الخطة (2-3)

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

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

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

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

ن المشروع في خطة التنفيذ وضح الطرفين ان كلمة -

يجب ان تكون بصيغة الجمع Refugee

- عضوية اللجنة الفنية والشخص المسؤول عن تسمية الاعضاء
- مراجعة مؤشرات مصفوفة المشروع

التحضيرات من الحكومة الاردنية بعد الانتهاء من المشروع (4)

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

Project Monitoring Sheet I (Revision of Project Design Matrix)

Version 0

Dated on April, 2016

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

Implementing Agency: Ministry of Health

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

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

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

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
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.	1. Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) 2. Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee) 3. Number of served referral cases at the higher level facilities is increased. 4. Awareness of community people toward VHC services is increased.	-Directorate Monthly report -Directorate Monthly report -Monthly report of comprehensive health centers and PHC centers -VHC reports	-Directorate Monthly report	Not achieved yet.	None
Project Purpose Service delivery function of the focus Village Health Centers (VHCs) is improved.	1. Results of supervision received from the health directorates are improved (FP client registration log books, logistic log book, etc.) 2. Number of referral cases to other MOH health facilities is increased. 3. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.)	-Directorate supervision report -VHC monthly report and log book -VHC reports	-Experiences at the focus VHCs are spread out to other VHCs by the health directorate.	Not achieved yet.	None
Outputs Output 1 An enabling environment for VHCs in the project sites is secured.	-Revised the Operational manual and approved -Developed Supervision Manual for VHCs in the project sites		-Turnover of trained personnel does not take place in the project sites. -Assigned nurse assistants at	1) to understand VHC situations in the project sites (visited 6	-The most key counterpart (FP division head) has be retired.

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

<p>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.</p> <p>2-3 Training for other related health staff will be implemented according to the plan.</p> <p><u>Output3:</u></p>	<p>Promotion</p> <p>Equipment and Material</p> <p>1. A Vehicle for project activity</p> <p>2. Mobile Clinic(s) for target directorates</p> <p>3. Necessary equipment for focus VHCs</p> <p>4. Necessary materials for the project activities</p> <p>Trainings</p> <p>1. Necessary trainings.</p>	<p>3. Other personnel mutually agreed upon as needed.</p> <p>Facilities, equipment and materials</p> <p>1. Office space for the Project</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><Issues and countermeasures></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.</p> <p>2-3 Training for other related health staff will be implemented according to the plan.</p> <p><u>Output3:</u></p>	<p>Local Costs</p> <p>1. Trainings, workshops, seminars</p> <p>2. Basic equipment necessary for Village Health Centers</p>	<p>Local Costs</p> <p>Operational costs for implementing supervision and other necessary activities</p>	

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

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

Project Title: Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees																									Monitoring					
Inputs		2016												2017												2018		Remarks	Issue	Solution
Plan	Actual	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II												
Expert	Chief Advisor / RH&FP	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4				
		Plan 1																												
		Plan 2																												
		Actual																												
		Plan 1																												
	Training Management 1	Plan 2																												
		Actual																												
		Plan 1																												
		Plan 2																												
		Actual																												
Training Management 2	Plan 1																													
	Plan 2																													
	Actual																													
	Plan 1																													
	Plan 2																													
Training Management 3	Actual																													
	Plan 1																													
	Plan 2																													
	Actual																													
	Plan 1																													
Project Coordinator / Health promotion 1	Plan 2																													
	Actual																													
	Plan 1																													
	Plan 2																													
	Actual																													
Project Coordinator / Health promotion 2	Plan 1																													
	Plan 2																													
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	Plan 1																													
	Plan 2																													
Equipment	Actual																													
	Plan 1																													
	Plan 2																													
	Actual																													
	Plan 1																													
Vehicle	Plan 2																													
	Actual																													
	Plan 1																													
	Plan 2																													
	Actual																													
Mobile clinic	Plan 1																													
	Plan 2																													
	Actual																													
	Plan 1																													
	Plan 2																													
Basic equipment for focus VHCs	Actual																													
	Plan 1																													
	Plan 2																													
	Actual																													
	Plan 1																													
Training in Japan	Plan 2																													
	Actual																													
	Plan 1																													
	Plan 2																													
	Actual																													
In-country/Third country Training	Plan 1																													
	Plan 2																													
	Actual																													
	Plan 1																				</									

1.3.2 Apply the tentative version of the manual	Plan 1	Plan 2	Actual	Finalize	Finalize	From end of Dec. 2016.
Output 1: The focus VHCs receive supervision according to the manual.						
1.4.1 Review and tentatively modified the SOPs	Plan 1	Plan 2	Actual			To collect situations needs more time.
1.4.2 Finalised the SOP for VHCs	Plan 1	Plan 2	Actual	Finalize	Finalize	
Output 2: Capacity of health staff at VHCs in the project sites is strengthened						
2.1] Necessary basic equipment is provided and delivered						
2.1.1 Procurement of basic equipment for the focus VHCs	Plan 1	Plan 2	Actual			Almost final stage for finalization of specifications and numbers.
Output 2: Capacity of health staff at VHCs in the project sites is strengthened						
2.2] Training plan is developed by MOH central and health directorates						
2.2.1 Make the plan for trainings	Plan 1	Plan 2	Actual			Completed for the first year.
Output 2: Capacity of health staff at VHCs in the project sites is strengthened						
2.3] Trainings for nurse assistants at VHCs are provided.						
2.3.1 Providing trainings	Plan 1	Plan 2	Actual			Implemented as planned \$ Cost sharing of training for the 2nd year is not secured even the MOH agreed. Continuous efforts to be needed.
2.3.2 Reporting and follow-ups	Plan 1	Plan 2	Actual			
Output 2: Capacity of health staff at VHCs in the project sites is strengthened						
2.4] Trainings for other related health staff will be implemented according to the plan						
2.4.1 Providing trainings	Plan 1	Plan 2	Actual			Will provide Nov. 2016.
2.4.2 Reporting and follow-ups	Plan 1	Plan 2	Actual			
Output 3: Health Promotion activities are activated at the focus VHCs						
3.1] The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations						
3.1.1 Identify needs of health education and organizations which are supporting in relevant fields	Plan 1	Plan 2	Actual			In process.
3.1.2 Providing training related to health promotion	Plan 1	Plan 2	Actual			Will conduct Dec. 2016.
Output 3: Health Promotion activities are activated at the focus VHCs						
3.2 The focus VHCs implement health promotion activities.						
3.2.1 Supporting the implementation of health promotion activities	Plan 1	Plan 2	Actual			In preparation stage.
3.2.2 Producing a booklet on good practices in health promotion for VHCs	Plan 1	Plan 2	Actual			Not yet.

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

TO Chief Representative of JICA Jordan OFFICE

PROJECT MONITORING SHEET

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

Name: Dr. Malak M. Al-Ouri

Title: Project Manager, MOH

Name: Makiko KOMASAWA

Title: Chief Advisor

Submission Date: October 13, 2016

I. Summary

1 Progress

1-1 Progress of Inputs

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

1-1-1 Inputs by the Japanese Side

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

1-1-2 Inputs by the Jordanian Side

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

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

2) Other

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

1-2 Progress of Activities

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

1) Joint Coordinating Committee (JCC)

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

2) Finalizing 14 focus Village Health Centers (VHCs)

3) Baseline survey

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

4) Mobile clinic

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

5) Supervisor meetings

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

1-3 Achievement of Outputs

There are three Outputs for this project as follows.

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

Output 1

- 1) Opening Ceremony
 - The opening (Launching) ceremony was conducted on the 3rd of August, 2016, having 45 participants, from MOH, the health directorates, Higher Population Council, other partners. The Ceremony report was prepared in English.
- 2) Updating VHC operation manual
 - The Jordanian supervisor team and the Japanese expert team reviewed the "Operation manual for Village Health Centers in the South region" and discussed the necessary parts to be updated.
- 3) Medical equipment
 - Jordanian counterpart requested the medical equipment department for MOH standardized specification for basic medical equipment for VHCs. Meanwhile, based on the results of the Village Health Center Survey, the draft procurement list for basic medical equipment was made.

Output 2

- 1) Preparing training sessions in October and December 2016

At the second supervisor meeting held on 19th September, the framework of the training sessions for the first year was decided as follows.

 - Training on family planning for 14 nursing staff
 - Training on antenatal, postnatal and child care for 14 nursing staff
 - Training for doctors and midwives who are supporting 14 focus VHCs.

The first training on family planning will be conducted in October 2016.

Output 3

- 1) Planning for health promotion activity
 - The first meeting with for the Directorate of Awareness and Education Health was held on 18th of September in order to share the current situations of health promotion activities by the focus VHCs and achievement of the healthy village program by the MOH. The outline of the health promotion activities were agreed by the MOH stakeholders and the Japanese team.

1-4 Achievement of the Project Purpose

To be discussed after the household survey completion in terms of PDM indicators.

1-5 Changes of Risks and Actions for Mitigation

To discuss on the payment for training and supervision for counterparts, the meeting between MOH, JICA Jordan office and the Japanese expert team was held on 21st of August. At the meeting, the followings were agreed (See attached Memorandum of Understanding in detail).

- Preparing the activity plan in line with the framework suggested by MOH
- Holding a Monthly meeting between MOH counterparts and the Japanese team and preparing monthly report
- Agreement of sharing cost of training and supervisor fee between MOH and JICA Jordan office
- Understanding of procurement procedures for mobile clinic and medical equipment for the VHCs

At the first JCC, increasing frequency of JCC meetings were raised as request from the MOH side. The JICA Jordan office agreed to hold ad hoc meetings when necessary.

1-6 Progress of Actions undertaken by JICA

The meeting mentioned above was facilitated by the JICA Jordan office. The senior representative of the office authorized the agreement. The cost sharing for training had been discussed with the JICA headquarters and it had been approved by the JICA headquarters on 26 of September.

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

As a mentioned in 1-5, the project director, a director of Primary Health Care Directorate (PHCD) and a project manager, a director of Women and Child Health Directorate (WCHD), agreed as follows:

As declared in the Memorandum of Understanding, the MOH implemented as follows:

- Taking actions as the activity plan described
- Sharing the monthly report which the Japanese expert team prepared

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

Not applicable for this project as Category C.

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

The project aims to develop enables environment for women's empowerment through health promotion activities in communities. This activities will accelerate involvement of men/boys and religious leaders and will contribute promotion of gender equity.

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

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

2 Delay of Work Schedule and/or Problems (if any)
2-1 Detail

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

2-2 Cause

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

2-3 Action to be taken

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

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

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

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

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

3 Modification of the Project Implementation Plan

3-1 Plan of Operation (PO)

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

3-2 Other modifications on detailed implementation plan

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

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

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

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

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

II. Project Monitoring Sheet I & II as Attached

مشتريات المشروع المكتبية 2-

- (1) كمبيوتر محمول (1)، كمبيوتر ثابت (1)، طابعة ليزر
- (1) طابعة ملونة

• (1) كاميرا ديجيتال .

- اثاث مكتبي (4 طاولات ، 8 كراسي ، 4 رفوف
- شبكات كمبيوتر مكتبية (1 ، مروحة) 1 (•)
- آلة تصوير (1)

2-1-1 المداخلات من قبل الجانب الاردني

ضباط الارتباط 1-

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

2-2 اخرى

مكتب (1) والمعدات الضرورية

- قاعة اجتماعات عند الحاجة

2-1

التقدم في الانشطة

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

1- اللجنة التنسيقية المشتركة (JCC):

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

الى الممثل الاقليمي لمكتب جايبا الاردن

ورقة تقييم المشروع

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

(اصدار ورقة التقييم :رقم 2 فترة :تموز -2016/يول 2016

الاسم :د.ملاك العوري

المنصب :مديرة المشروع وزارة الصحة

الاسم :مكيكو كوموساوا

المنصب :رئيس المستشارون

التاريخ : 30 ايلول 2016

ملخص

(1) التقدم

التقدم في المدخلات 1-1

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

التقدم في المدخلات من الجانب الياباني 1-1-1

1- الخبراء اليابانيين.

• رئيس الخبراء MM 4.43

• MM ادارة التدريب 1 (تقييم الاثر) 1.10

• MM ادارة التدريب 3 (صحة المجتمع) 0.87

• منسق مشروع /تعزيز صحة 1 : MM 3.07

• منسق مشروع /تعزيز صحة 2: MM 1.50

المخرج (2) : رفع كفاءة مقدمي الخدمات في المراكز الصحية الفرعية في مواقع المشروع
المخرج (3) : (تنشيط أنشطة تعزيز الصحة في قرى المراكز الصحية المختارة)
(مركز صحي فرعي 14)

(1) المخرج : حفل الافتتاح 1-

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

تحديث الدليل التشغيلي للمراكز الصحية الفرعية : 2-
لجنة (تعديل الدليل ووضع خطة التدريب) والفريق الياباني قاموا بمراجعة دليل المراكز الصحية الفرعية في منطقة الجنوب وتمت مناقشة الاجزاء الرئيسية التي سيتم تعديلها وتحديثها فتم عقد الاجتماع الاول والثاني في 19 ايلول و 26 ايلول

: الاجهزة الطبية 3-

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

(2) المخرج

التحضير لمواضيع التدريب الذي سيتم اجراءه بشهر تشرين الاول وشهر كانون اول لعام 2016.
تم عقد الاجتماع الاول للجنة (تعديل الدليل ووضع خطة التدريب)في التاسع عشر من شهر ايلول لعام 2016 و الاطار العام لمواضيع التدريب للسنة الاولى تم الاتفاق عليه كالتالي :

الانتهاء من اختيار ال 14 مركز صحي فرعي 2-

: المسح الاول 3-

تم الانتهاء من مسح المراكز الصحية الفرعية ال 14 المستهدفة وتم اعداد
■ التقرير باللغة الانجليزية

تم البدء بمسح السكان و المساكن في 25 ايلول 2016 في محافظة اربد (DOS). بالتعاون مع مديرية الاحصاءات العامة

العيادة المتنقلة 4-

تم التنسيق مع المعنيين في وزارة الصحة فيما يخص المواصفات المعتمدة للعيادة المتنقلة وتم تزويد جايبكا بها ليتم اخذها بعين الاعتبار عند اختيار العيادة

المتنقلة في طور الانتهاء ما بين المعنيين في وزارة الصحة وجايبكا .-

اجتماع رؤساء اقسام صحة المرأة والطفل والمشرقات 5

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

تم عقد الاجتماع الثاني والثالث في 19 و 26 من شهر ايلول لتحديث الدليل (دليل العاملين في المراكز الصحية) الفرعية في اقليم الجنوب ومناقشة خطة التدريب لعام 2016

3-1 : تحقيق المخرجات

: هناك 3 مخرجات للمشروع وهي كالتالي

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

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

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

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

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

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

كما ذكر في مذكرة التفاهم وزارة الصحة ستقوم بتنفيذ ما يلي

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

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

(C) غير منطبق لهذا المشروع فئة

تقدم في الاعتبارات الخاصة في النوع الاجتماعي (الجنس) المساواة بين (9-1)

(الجنسسين ، وبناء السلام ، وتقليل الفقر (ان امكن

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

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

تدريب على مواضيع تنظيم الاسرة ونظام تزويد وسائل ل (14) ممرضة تدريب على مواضيع رعاية الحامل والنفاس والطفل ل (14) ممرضة ■ تدريب الاطباء والقابلات من المراكز الصحية الاولى والشاملة المسؤولة ■ عن المراكز الصحية الفرعية ال (14) (المستهدفة

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

(3) المخرج

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

انجاز هدف المشروع (4-1)

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

(5-1) التغيرات في المخاطر والجراءات من اجل تخفيفها

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

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

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

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

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

التأخير في برنامج العمل و /او المشاكل (2) (1-2) التفاصيل :

التأخير في مسح السكان والمساكن ، مسح السكان والمساكن هو جزء من 1- المسح الاولى الذي تاخر عن البرنامج ، حيث كان مخطط البدء به في شهر آب وتم تأجيله لغاية الانتهاء من الانتخابات العامة لنهاية شهر ايلول 2- التأخير في شراء العيادة المتنقلة والاجهزة والمعدات الطبية الاساسية للمراكز الصحية الفرعية ، حيث تم تأخيرها لغاية الحصول على مواصفات الاجهزة الطبية من وزارة الصحة واتباع الاجراءات الرسمية في الوزارة .

(2-2) الاسباب

السبب الرئيسي في تأخير البدء في مسح السكان والمساكن هو اخذ الموافقة من 1- وزارة الداخلية من خلال مديرية الاحصاءات العامة بعد شهر رمضان فريق المشروع ليسوا على دراية باجراءات الشراء المتبعة في وزارة 2- الصحة وهذه الاجراءات الرسمية تحتاج الى وقت

الاجراءات الواجب اتخاذها(2-3)

: هذه الاجراءات على فريق المشروع العمل بها خلال الفترة القادمة

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

(....) الادوار و مسؤولية الاشخاص والمنظمات (جايا ، الحكومة الاردنية (2-4)

التسريع من انتهاء قوانين الدفع للتدريب ما بين وزارة الصحة ومكتب جايا 1- 2- دعم المشروع من اجل مراجعة وتعديل مؤشرات مصفوفة المشروع

: تعديل الخطة التنفيذية للمشروع 3- اللجنة - (Refugee) (في نهاية كلمة (S) اسم المشروع زيادة حرف - الحالية (لجنة تعديل الدليل ووضع خطة التدريب)يجب ان تصبح اللجنة الفنية للمشروع

تحديد الوقت من اجل ارسال الفريق الاستشاري في نصف الفترة من قبل 4- المكتب الرئيسي طوكيو في السنة القادمة في السرعة الممكنة

التعديلات على تنفيذ خطة عمل المشروع 3- الخطة العملية (1-3)

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

تعديلات اخرى مفصلة على تطبيق الخطة (2-3) (PDM) (وصفوفة المشروع) (RD) التعديلات على الخطة التنفيذية)

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

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

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

ن المشروع في خطة التنفيذ وضح الطرفين ان كلمة -

يجب ان تكون بصيغة الجمع (Refugee)

- عضوية اللجنة الفنية والشخص المسؤول عن تسمية الاعضاء
- مراجعة مؤشرات مصفوفة المشروع

التحضيرات من الحكومة الاردنية بعد الانتهاء من المشروع (4)

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

Project Monitoring Sheet I (Revision of Project Design Matrix)

Version 0

Dated on April, 2016

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

Implementing Agency: Ministry of Health

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

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

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

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal	More Jordanians and Syrian refugees who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.	<ol style="list-style-type: none"> 1. Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) 2. Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee) 3. Number of served referral cases at the higher level facilities is increased. 4. Awareness of community people toward VHC services is increased. 	<ul style="list-style-type: none"> -Directorate Monthly report -Directorate Monthly report -Monthly report of comprehensive health centers and PHC centers -VHC reports 	
Project Purpose	Service delivery function of the focus Village Health Centers (VHCs) is improved.	<ol style="list-style-type: none"> 1. Results of supervision received from the health directorates are improved (FP client registration log books, logistic log book, etc.) 2. Number of referral cases to other MOH health facilities is increased. 3. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.) 	<ul style="list-style-type: none"> -Directorate supervision report -VHC monthly report and log book -VHC reports 	<ul style="list-style-type: none"> -Experiences at the focus VHCs are spread out to other VHCs by the health directorate.
Outputs				
Output 1	An enabling environment for VHCs in the project sites is secured.	<ul style="list-style-type: none"> -Revised the Operational manual and approved -Developed Supervision Manual for VHCs in the project sites -Number of supervisions to VHCs conducted by the health directorates. -Revised SOP for referral system for VHCs 	<ul style="list-style-type: none"> -Supervision report 	<ul style="list-style-type: none"> -Turnover of trained personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported.

Output 2	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			Important Assumption
<u>Output1:</u> 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-5 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-6 Necessary basic equipment is provided and delivered.	Dispatch of Experts 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings.	Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project	
<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.	Local Costs 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers	Local Costs Operational costs for implementing supervision and other necessary activities	Pre-Conditions -Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.

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

PM Form 2 PO

Project Title: Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees															Dated 31 October 2016								
Inputs		2016												2017		2018		Remarks		Issue		Solution	
Plan	Actual	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	
Expert																							
Chief Advisor / RH&FP	Plan 1																						
	Plan 2																						
	Actual																						
Training Management 1	Plan 1																						
	Plan 2																						
	Actual																						
Training Management 2	Plan 1																						
	Plan 2																						
	Actual																						
Training Management 3	Plan 1																						
	Plan 2																						
	Actual																						
Project Coordinator / Health promotion 1	Plan 1																						
	Plan 2																						
	Actual																						
Project Coordinator / Health promotion 2	Plan 1																						
	Plan 2																						
	Actual																						
Equipment																							
Vehicle	Plan																						
	Actual																						
Mobile clinic	Plan																						
	Actual																						
Basic equipment for focus VHCs	Plan																						
	Actual																						
Training in Japan																							
	Plan																						
	Actual																						
In-country/Third country Training																							
	Plan																						
	Actual																						
Activities																							
Sub-Activities																							
Output 1: An enabling environment for VHCs in the project sites is secured																							
[1-1] A workshop is organized to seek collaboration and supports from relevant stakeholders.																							
	Plan 1																						
	Plan 2																						
	Actual																						
[1-2] Operational Manual for Village Health Centers in the South Region (VHCs Manual) is reviewed, modified to apply to Mafrq, Irbid, Dayr Alla /Balqa, and approved by MOH.																							
	Plan 1																						
	Plan 2																						
	Actual																						
[1-3] Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use																							
	Plan 1																						
	Plan 2																						
	Actual																						

d

	Plan 1	Plan 2	Actual	Finalize	From end of Dec. 2016.
[1-4] The focus VHCs receive supervision according to the manual.					
1.3.2 Apply the tentative version of the manual					
1.4.1 Review and tentatively modified the SOPs					To collect situations needs more time.
1.4.2 Finalised the SOP for VHCs					
[1-5] Necessary basic equipment is provided and delivered					
1.5.1 Procurement of basic equipment for the focus VHCs					Almost final stage for finalization of specifications and numbers.
Output 2: Capacity of health staff at VHCs in the project sites is strengthened					
[2-1] Training plan is developed by MOH central and health directorates					
2.1.1 Make the plan for trainings					Completed for the first year.
[2-2] Trainings for nurse assistants at VHCs are provided.					
2.2.1 Providing trainings					Implemented as planned since for the 2nd year is not secured even the MOH agreed. Continuous efforts to be needed.
2.2.2 Reporting and follow-ups					
[2-3] Trainings for other related health staff will be implemented according to the plan					
2.3.1 Providing trainings					Will provide Nov. 2016.
2.3.2 Reporting and follow-ups					
Output 3: Health Promotion activities are activated at the focus VHCs					
[3-1] The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations In process.					
3.1.1 Identify needs of health education and organizations which are supporting in relevant fields					In process.
3.1.2 Providing training related to health promotion					Will conduct Dec. 2016.
3.2 The focus VHCs implement health promotion activities.					
3.2.1 Supporting the implementation of health promotion activities					In preparation stage.
3.2.2 Producing a booklet on good practices in health promotion for VHCs					Not yet.

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

TO Chief Representative of JICA Jordan OFFICE

PROJECT MONITORING SHEET

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

Version of the Sheet: Ver. 3 期 **Term:** January, 2017 - September, 2017 期

Name: Makiko KOMASAWA

Title: Chief Advisor

Submission Date: September 29, 2017

I. Summary

1 Progress

1-1 Progress of Inputs

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

1-1-1 Inputs by the Japanese Side

a) Japanese experts (January to September, 2017)

Chief advisor: 5.57 persons-months (MM)

Training management: 5.57 MM

Project coordinator/Health promotion: 4.87 MM

b) Provision of the medical equipment and furniture for the Village Health Centers

Total: 9,248 JOD, approximately 1.47 million JPY as of May 2017.

c) Purchase of the mobile clinic

d) Training in Japan

Two counterparts from the technical committee (Training name: Human Resource Development for The Rural Community-Health, February 7th to March 11th, 2017)

One counterpart in September-October (planned)

1-1-2 Inputs by the Jordanian Side

a) Counterparts

The Project director: Director, Primary Health Care Directorate

The Project manager: Director, Woman and Child Health Directorate (WCHD)

Two MOH counterparts: a head of department of the monitoring and supervision, one from Family Planning department

Members of technical committee from the target directorates/district (Please see details in ANNEX 1).

b) Provision of the medical equipment and furniture for the VHC

c) Other

One office room with furniture, electricity, internet network and other necessary running costs.

Meeting room and training rooms as needed.

1-2 Progress of Activities

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

been completed from January to September 2017.

There are three Outputs for this project as follows.

Output 1: An enabling environment for Village Health Centers (VHCs) in the project sites is secured.

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

Output 3: Health promotion activities are activated at the focus VHCs (14 VHCs).

1-2-1 Output 1

Finalizing the updated version of the Village Health Center (VHC) operation manual and distributing to relevant VHC staff and supervisors.

Defining the Supervision System at three levels.

Providing medical equipment and furniture for the 14 focus VHCs.

Developing Information, Education and Communication (IEC) tools (Mission and Vision poster board and Family Planning (FP) flipchart, bags with the project logo, etc.)

1-2-2 Output 2

Conducting meetings with Doctors, Midwives and Nurses who are covering or supporting the focus VHCs at three governorates (One day in each governorate, July-August, 2017).

Making supervisory visits from Ministry of Health/Health Directorates (MOH/HDs) to VHCs (March 2017).

Conducting the refresher workshop in three governorates (Sep. - Oct. 2017)

1-2-3 Output 3

Forming "Community health committee (CHC)" in 14 villages in collaboration with VHC staff.

Conducting three workshops for health promotion in three health directorates (April - May).

Conducting the Opening ceremonies for health promotion in 14 villages by CHCs in April-May.

Starting health promotion activities by VHCs and CHCs in each village and holding 43 events with 1,166 participants from April to July 2017.

1-2-4 Activities related to the project management

a) Joint Coordinating Committee (JCC)

The third JCC was held on the 9th of August, 2017 while JICA Advisory Mission was in Jordan. The mission team recommended that it is necessary to make preparations for program sustainability for the programs to continue after the project termination. Additionally, the mission team recommended prompt establishment of the mechanism for mobile clinic operation in Mafraq. The Project Design Matrix version 3 (PDM 3) was shared with participants. The minutes of the meeting were signed on the 17th of August.

b) Mobile clinic

The mobile clinic was manufactured by Jordan Light Vehicle Manufacturing Co. (JLVM) and it was completed in March 2017 after the inspection by the project team.

The process of registration and application for tax exemption started in February and was finalized on 25th of October, 2017. This significant delay led to shortening the duration for establishing a model operation system through the project period.

c) Technical committee meetings

The sixth technical committee meeting was held on the 16th of March, 2017 in order to share the second year's project plan and to discuss the VHC operation manual draft, planned health promotion activities, and PDM indicators.

c) Basic medical equipment provision

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

1-3 Achievement of Outputs

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

1-3-1 Output 1

a) The revised VHC operation manual

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

b) The supervisory visits

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

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

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

c) Basic medical equipment provision

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

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

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

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

1-3-2 Output 2

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

a) Pre/post Tests

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

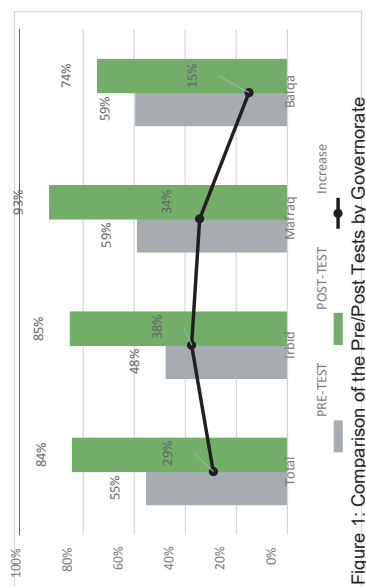


Figure 1: Comparison of the Pre/Post Tests by Governorate

b) Results of Self-performance assessment

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



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

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

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

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

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

1-3-3 Output 3

a) Numbers of Health Promotion Activities and Participants

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

Table 2: Numbers of health promotion activities and participants*

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

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

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

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

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

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

1-4 Achievement of the Project Purpose

Major indicators of the project purpose are described as follows.

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

Table 3: Variety of services provided at the focus VHCs

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

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

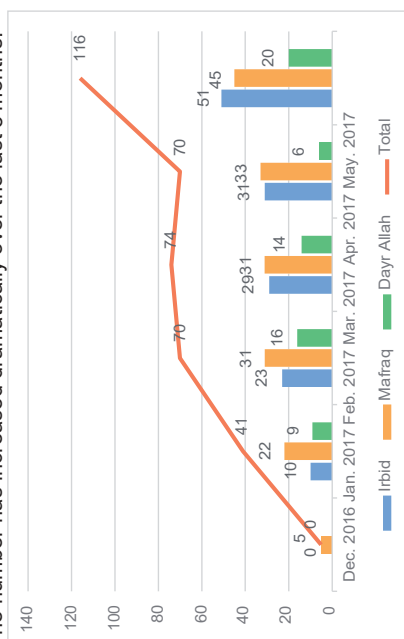


Figure 4: Trends in number of FP clients at 14 focus VHCs

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

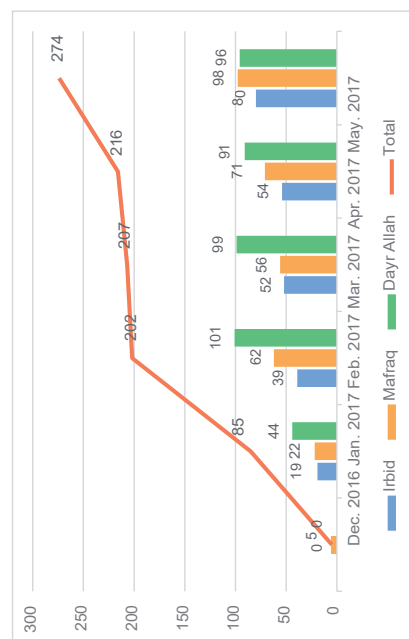


Figure 5: Numbers of RH service clients at 14 focus VHCs

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

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

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

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

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

As results the efficiency of the project implementation became higher.

<Overall Goal>

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

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

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

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

1-5 Changes of Risks and Actions for Mitigation

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

1-6 Progress of Actions undertaken by JICA

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

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

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

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

Not applicable for this project as Category C.

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

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

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

1) Participation to various donor coordination meetings

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

2) Closer collaboration with the partners

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

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

2-1 Detail

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

2-2 Cause

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

2-3 Actions to be taken

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

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

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

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

3 Modification of the Project Implementation Plan

3-1 Plan of Operation (PO)

No modification of the PO in this period.

3-2 Other modifications on detailed implementation plan

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

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

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

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

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

II. Project Monitoring Sheets I & II as Attached

ANNEX 1

Counterpart List

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

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

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

هناك ثلاثة مخراجات للمشروع

المخرج الأول: تأمين بيئة مواتية في المراكز الصحية الفرعية في مواقع عمل المشروع
المخرج الثاني: تعزيز قدرات مقدمي الخدمات الصحية في المراكز الصحية الفرعية في مواقع المشروع.

(المخرج الثالث: تفعيل أنشطة التعزيز الصحي في المراكز الصحية الفرعية المستهدفة 14
(مركز صحي فرعي
1-2-1

المخرج الأول 1-2-1
الانتهاء من تحديث الدليل التشغيلي للمراكز الصحية الفرعية ونزيعه على مشرفات الأمومة -
والطفولة وموظفي المراكز الصحية الفرعية المعنيين

تعريف نظام الإشراف على المستويات الثلاث -

تقديم المعدات الطبية والأثاث في 14 مركز صحي فرعي -

تطوير المواد التوعوية والإرشادية (لوحة رؤية ورسالة المركز الصحي الفرعي، حامل -

(مطويات، اللوحة القلابة لوسائل تنظيم الأسرة

المخرج الثاني 2-2-1

عقد "اجتماع حول متابعة أداء العاملين في تقديم الخدمات في المراكز الصحية الفرعية -

- المستهدفة من قبل المشروع /جاياكا" في المحافظات الثلاث (نموز - آب - 2017

زيارات إشرافية من قبل وزارة الصحة ومديريات الصحة إلى المراكز الصحية الفرعية (آذار 2017

عقد 3 ورشات تشييطية على مواضيع الصحة الإنجابية في المديريات الثلاث المستهدفة في -
أيلول 2017.

المخرج الثالث 3-2-1

في 14 مركز صحي فرعي مستهدف بالتعاون مع كادر، (CHC) تشكيل لجنة صحة المجتمع -

المركز الصحي الفرعي

(عقد ثلاث ورشات تعزيز الصحة في المحافظات الثلاث المستهدفة (نيسان و أيار -

(حفل انطلاق أنشطة تعزيز الصحة في 14 قرية، من قبل لجان صحة المجتمع (نيسان وأيار -

- أنشطة تعزيز الصحة من قبل كادر المركز الصحي الفرعي بالتعاون مع لجان صحة المجتمع -

تم عقد 43 نشاط بحضور 1166 مشارك خلال الفترة نيسان إلى تموز 2017.

إلى الممثل الإقليمي لمكتب جاياكا الأردن

ورقة تقييم المشروع

اسم المشروع: مشروع تحسين الخدمات في المراكز الصحية الفرعية في المنطقة

الريفية المستضيفة للاجئين السوريين

إصدار ورقة التقييم: رقم 3 (فترة كانون الثاني، 2017 - أيلول 2017)

الاسم: مايكو كومساوا

المنصب: المدير التنفيذي

التاريخ: 29 أيلول 2017

1. ملخص

1. التقييم

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

المدخلات من الجانب الياباني 1-1-1

(الخبراء اليابانيين (من كانون الثاني حتى نهاية شهر أيلول 1-

MM المدير التنفيذي 5.57 -

- ادارة التدريب MM 5.57

MM منسق مشروع /تعزيز صحة 4.87 -

تقديم المعدات الطبية والأثاث للمراكز الصحية الفرعية (التكلفة الكلية 9248 دينار أردني، ما 2-

(يعادل 1.47 مليون بين ياباني

شراء العيادة المتنقلة 3-

4- التدريب في اليابان

اثنين من نظراء المشروع من أعضاء اللجنة الفنية (اسم التدريب: تطوير الموارد -

البشرية في المجتمعات الريفية، 7 شباط - 11 آذار، 2017

(نظير المشروع في شهر أيلول - تشرين الأول (مخطط تنفيذه

المدخلات من قبل الجانب الأردني 1-1-2

ضباط الارتباط 1.

مدير إدارة المشروع: مدير إدارة الرعاية الصحية الأولية -

مدير المشروع: مدير مديرية صحة المرأة و الطفل -

ضباط ارتباط: رئيس قسم الإشراف والمتابعة، وضباط ارتباط من قسم تنظيم الأسرة 2 -

أعضاء اللجنة الفنية من المحافظات/الألوية المستهدفة. (لتفاصيل انظر إلى ملحق رقم 1) -

تقديم المعدات الطبية والأثاث للمراكز الصحية الفرعية 2.

الأنشطة المتعلقة بإدارة المشروع 2-1-4

(ج) تقديم المعدات الطبية الأساسية

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

(ب) العيادة المتنقلة

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

(ج) اجتماعات اللجنة الفنية

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

تحقيق المخرجات 3-1

فيما يلي نتائج الانجازات بناء على مؤشرات مصفوفة المشروع 1-3-1

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

(ب) الزيارات الإشرافية

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

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

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

(ج) تقديم المعدات الطبية الأساسية

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

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

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

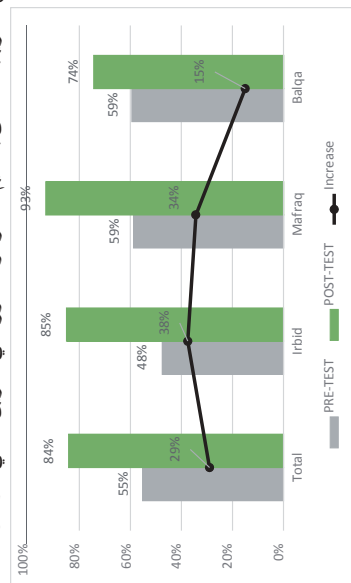
بالنهاية يمكن تلخيص أن أغلب نتائج المخرج الأول تم تحقيقها بنهاية شهر أيلول

المخرج الثاني 1-3-2

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

(أ) الامتحان القبلي والبعدي

في كل تدريب، تم تنفيذ اختبارات القبالية والبعدية لتقييم فعالية التدريب. وبينما الشكل الأول نتائج التدريب المتعلق بتنظيم الأسرة والمشورة في تشرين الثاني، 2016



شكل 1: مقارنة نتائج الاختبارات القبالية والبعدية لكل محافظة

المخرج الثالث 3-3-1

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

الجموع	تموز	** حزيران	أيار	نيسان	عدد المراكز الصحية الفرعية التي نفذت أنشطة تعزيز الصحة
14	***12	0	13	3	عدد أنشطة تعزيز الصحة
43	14	0	26	3	العدد الكلي للمشاركين
1,116	475	0	608	83	ملاحظة: البيانات أعلاه ونقلا ل 15 تموز، * بعض المراكز الفرعية الصحية نفذت أنشطة بعد الاحتفال مباشرة ** لم يتم تنفيذ أي أنشطة خلال شهر رمضان

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

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

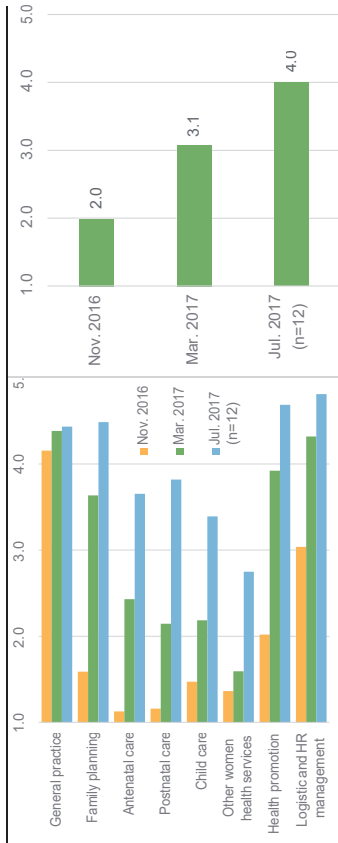
ومع ذلك، بعد البدء في الأنشطة بشهر نيسان، فهم جميع موظفي المراكز الصحية الفرعية مفهوم تعزيز الصحة وأهمية أنشطة تعزيز الصحة في الربط بين المراكز الصحية الفرعية والمجتمعات. بالتحديد، اراد، فإن معظم المراكز الصحية الفرعية تشكل لديهم مفهوم عميق بأهمية هذه الأنشطة. وأنشأوا خطط العمل بناء على احتياجات مجتمعاتهم،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

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

انجاز هدف المشروع 4-1

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

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



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

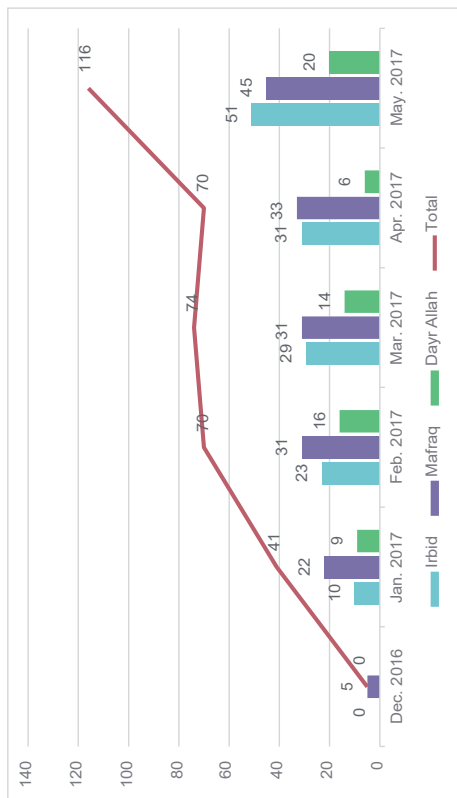
انجازات المخرج الثاني: رفع كفاءة مقدمي الخدمات في المراكز الصحية الفرعية في مواقع المشروع. من خلال عقد سلسلة من التدرينات في السنة الأولى، وعقد اجتماعات لموظفي الصحة الذين يدعمون المراكز الصحية الفرعية وموظفي المراكز الصحية الفرعية، فإن معرفة موظفي المراكز الصحية الفرعية المستهدفة فيما يتعلق بآلية تشغيل المراكز الصحية الفرعية والمهارات التقنية المتعلقة بتقديم خدمات الصحة الإنجابية قد تحسنت. وأثبتت نتائج تقييم الأداء الذاتي أن معظم موظفي المراكز الصحية الفرعية أصبحوا الآن قادرين على تقديم خدمات الصحة الإنجابية وأنهم قاموا بالفعل بتطبيق ما تعلموه من أنشطة المشروع في أعمالهم اليومية. ومع ذلك، تبين أن بعض مرضات المراكز الصحية الفرعية بحاجة إلى تمكين في كيفية تقديم خدمات الأمومة والطفولة. وفيما يتعلق بتقديم محاضرات تثقيفية، فإن بعض الممرضات غير والتقات من إمكانية إجراء جلسات تثقيفية صحية لأنهن يعتقدن أنهن غير قادرات على الرد على أسئلة المشاركات المختلفة وبحاجة إلى تمكينهن في هذا المجال. بعد هذه الفترة، خطط المشروع لإجراء تدريب في مواقع العمل لجميع المراكز الصحية الفرعية الأربعة عشر، سيقيم الممرضات بفحص الضعف الفردي أو المشاكل التي تواجههم في كل مركز صحي فرعي وتقديم المزيد من التعليمات في كيفية التعامل مع المشاكل وتشجيعهم على تقديم الخدمات بفعالية. وفيما يتعلق بجلسات التثقيف الصحي، سيقوم المشروع بالمواد التوعوية والإرشادية ليتم استخدامها أثناء جلسات التثقيف الصحي.

وتقديم التدرجيات من قبل مديرية صحة المرأة والطفل ومديريات الصحة، فإن 9 مراكز صحية فرعية مستهدفة تغطي من قبل قنابلات قانونيات وبدأت بتقديم هذه الخدمات.

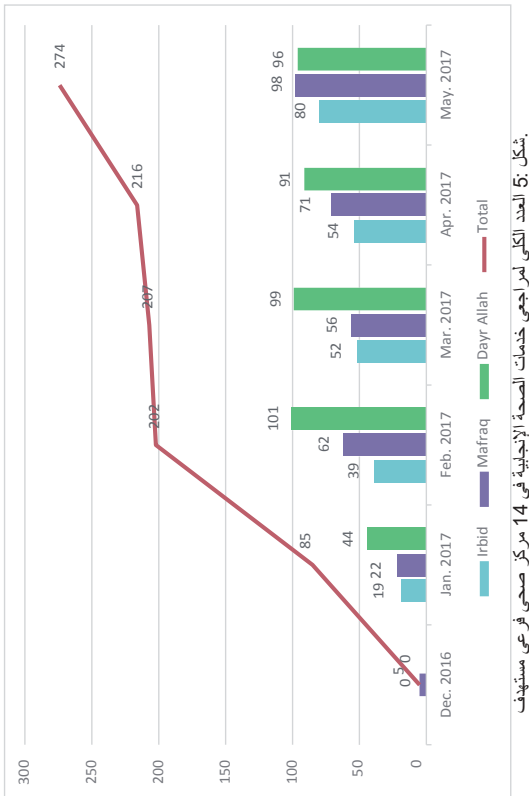
جدول 3: يوضح الخدمات المقدمة في المراكز الصحية الفرعية المستهدفة

الفترة المتناحصة (أيار، 2017)	مسح المراكز الصحية الفرعية (تموز - آب، 2016)	
	العدد	النسبة %
رعاية الحامل	0	0%
رعاية النفاس	0	0%
التحليم	9	64%
رعاية الطفل	0	0%
تنظيم الأسرة	2	14%

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



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



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

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

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

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

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

7-1 التقدم في الإجراءات المتخذة من قبل وزارة الصحة

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

(التقدم في الاعتبارات البيئية والاجتماعية (ان امكن 8-1 (C) غير منطبق لهذا المشروع فئة

تقدم في الاعتبارات الخاصة في النوع الاجتماعي (الجنس) (المساواة بين 9-1 الجنس، وبناء السلام، وتقليل الفقر (ان امكن
يهدف المشروع الى تطوير بيئة داعمة لتمكين النساء من خلال أنشطة تعزيز الصحة في المجتمعات وهذه الأنشطة ستسرع من مشاركة الرجال والشباب ورجال الدين وسيساهم في تعزيز المساواة ما بين الجنسين.

ملحوظات أخرى /قضايا كبيرة تتعلق ب /تؤثر على المشروع بشكل إيجابي (مثل المشاريع 10-1، الأخرى الممولة من قبل جايجا، أنشطة ضبط الارتباط، الجهات المانحة الأخرى، القطاع الخاص المشاركة في اجتماعات المنظمات المتعددة التي تدعم اللاجئين السوريين مثل لجنة عمل 1- UNFPA الصحة الانجابية و فرقة عمل مشاركة الرجل، برئاسة صندوق الامم المتحدة للسكان وفرقة عمل المجتمع والتي برئاسة منظمين دوليين غير حكوميين (منظمة الإغاثة الدولية وأعلن فريق المشروع عن تصميم المشروع وإنجازه من وقت Medair). ومنظمة IRC، وآخر مع الشركاء الآخرين وجمع معلومات من قبلهم. ومن خلال هذه الفرص، أجرى المشروع المزيد من المناقشات حول كيفية التعاون معها. وترد تفاصيل المخرجات في القسم التالي

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

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

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

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

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

كانون الأول 2016	كانون الثاني 2017	شباط 2017	آذار 2017	نيسان 2017	أيار 2017
0	50	57	59	75	104
5	56	82	77	81	100
0	9	16	14	6	20
5	115	155	150	162	224

التغيرات في المخاطر والإجراءات من أجل تخفيفها 5-1

ولتسريع عملية تشغيل العيادة المتنقلة، تم عقد اجتماعين اثنين بين وزارة الصحة ومكتب جايجا الأردن وفريق المشروع في 18 تموز و 27 آب 2017. بالإضافة إلى ذلك عقدت وزارة الصحة وفريق المشروع اجتماع في 7 آب 2017 من أجل تجميعهم على عمل خطة تشغيلية مفصلة للعيادة المتنقلة

التقدم في الإجراءات المتخذة من قبل جايجا 6-1

كما ذكر في 5-1، قام مكتب جايجا الأردن بتنسيق وحضور الاجتماعات المذكورة أعلاه، حيث أنها كانت فعالة

التحضيرات من الحكومة الاردنية بعد الانتهاء من المشروع 4.
وفقاً لفريق البعثة الاستشارية لفي الفترة المنتهية، فإن الانتهاء من المشروع سيكون على النحو
المقرر.

ورقة تقييم المشروع، الإصدار الأول والثاني، كما هو مرفق II.

(التأخير في برنامج العمل و /أو المشاكل (إن وجد 2.
التفاصيل 1-2
تأخر استلام وزارة الصحة للعيادة المتنقلة الذي كان مقرر في نيسان، 2017 وكانت العيادة 1.
جاهزة للتسليم في 25 أيلول

2-2 الأسباب
استغرقت الإجراءات الحكومية المتعددة للإعفاء الضريبي وعملية التسجيل وقتاً غير متوقع. ومع 1.
ذلك، من خلال المتابعة اليومية من قبل مديرية صحة المرأة والطفل والمشروع، انتهت
هذه الإجراءات في نهاية أيلول 2017

الإجراءات الواجب اتخاذها 2-3
وفيما يتعلق بالعيادة المتنقلة، أجرت مديرية صحة المرأة والطفل اجتماع حول آلية تشغيل 1.
العيادة المتنقلة في المرفق مرئين في آب من أجل تسريع عملية التشغيل. وحضر الاجتماع أيضاً
ممثّل مكتب جاكا الأردن، وسهل العملية.

(... الانوار و مسؤولية الأشخاص والمنظمات (جاكا ، الحكومة الأردنية 2-4
فيما يتعلق بالعيادة المتنقلة، بواصل مكتب جاكا-الأردن ووزارة الصحة ومديرية 1.
صحة المرأة والطفل ودعم ومراقبة الفترة التجريبية. ويتعين على الحكومة الأردنية
تأمين تخصيص ميزانية للتكاليف التشغيلية، ولا سيما الوقود والصيانة، بعد انتهاء
المشروع

التعديلات على تنفيذ خطة عمل المشروع 3.
الخطة العملية 1-3
لا يوجد تعديلات رئيسية حدثت في هذه الفترة

تعديلات أخرى على تفاصيل تطبيق الخطة 2-3
و، مؤشرات مصفوفة المشروع (عنوان المشروع، والمدة (R/D) ملاحظات: تعديلات الاتفاقية)
و، مواقع المشروع، والمجموعات المستهدفة، وهيكل التنفيذ، والهدف العام، والغرض من المشروع
والمخرجات، وأنشطة المشروع ومدخلاته (يجب أن يتم الموافقة عليها من قبل مكتب جاكا الرئيسي-
أو (R/D) طوكيو. وفي حال رأى فريق المشروع أن هناك حاجة لإجراء بعض التعديلات في الاتفاقية
(مؤشرات مصفوفة المشروع ، قد يقترح فريق المشروع مسودة ويقدمها لمكتب جاكا الرئيسي-طوكيو

في اجتماع لجنة التنسيق المشتركة الذي (R/D) واتفق الطرفان على التعديلات التالية على الاتفاقية
عقد في 9 آب
.عضوية اللجنة الفنية والشخص الذي سيقوم بترشيح أسماء الأعضاء (1
مراجعة مؤشرات مصفوفة المشروع (2)

Project Monitoring Sheet I (Revision of Project Design Matrix Ver. 3)

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

Version 3.

Dated on 24/09/2017

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

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

Project Site: 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 Habel, <Mafrqa>7) Al-Daqmasah, 8) Dahl, 9) Roudet Al-Amir Mohamed, 10) Breiga, 11) Roudeh Al-Amir Hamzeh, 12) Al-Aqeb, <Dayr Alla>13) Maysara and Fanoush 14) Um Ayash.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity RH/FP and primary health services.	1. Number of FP clients at VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives) 2. Number of clients who received childcare services at VHCs is increased (both for Jordanians and Syrian refugee) 4. No. of clients who received all MCH/FP services at VHCs in the project sites is increased	-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		1-1. Number of FP clients at 23 VHCs in the project sites Jan. 2017: 115 clients=> May. 2017: 224 clients 1-2. Syrian refugees who received FP services at all VHCs in the project sites 2-1. Number of clients who received child care at 14 VHCs in the project sites Jan. 2017: 32 clients=> April. 2017: 114 clients 3. Numbers of clients who received all MCH/FP services (ANC, PNC, Child care and FP) at VHCs in the project sites Jan. 2017: 159 clients=> April 2017: 308 clients	None
Project Purpose Service delivery function of the focus Village Health Centers (VHCs) is improved.	1. Results of supervision received from MOH are improved	-Project documents	-Experiences at the focus VHCs are spread out to other VHCs by the health directorate.	1-1. Numbers of VHCs which MWs were assigned Baseline: 2 VHCs=> Sep. 2017:9 VHCs 1-2. Percentage of VHCs where FP client registration records and women's files are available Baseline: 2 VHCs=> Mar. 2017:13 VHCs 1-3. Percentage of VHCs where possess a proper equipment and furniture (as of Sep. 18)	None

	2. Number of referral cases (FP, ANC, Child care) to other MOH health facilities is increased.	-MCH report of MOH database		To be confirmed. 2. Number of referral cases (ANC, FP) to other MOH health facilities is increased. Jan. 2017: 1 => April: 13																																		
	3. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.)	-MOH database on MCH monthly report		3. Variety of services provided at the focus VHCs Baseline: 2 VHCs=> Sep. 2017:10 VHCs <table><tr><th rowspan="2"></th><th colspan="2">Baseline (Jul. & Aug. 2016)</th><th colspan="2">Refresher workshop (Sep. 2017)</th></tr><tr><th>No.</th><th>%</th><th>No.</th><th>%</th></tr><tr><td>ANC</td><td>0</td><td>0%</td><td>8</td><td>57%</td></tr><tr><td>PNC</td><td>0</td><td>0%</td><td>8</td><td>57%</td></tr><tr><td>Vaccination</td><td>9</td><td>64%</td><td>10</td><td>71%</td></tr><tr><td>Child care</td><td>0</td><td>0%</td><td>7</td><td>50%</td></tr><tr><td>FP</td><td>2</td><td>14%</td><td>14</td><td>100%</td></tr></table>		Baseline (Jul. & Aug. 2016)		Refresher workshop (Sep. 2017)		No.	%	No.	%	ANC	0	0%	8	57%	PNC	0	0%	8	57%	Vaccination	9	64%	10	71%	Child care	0	0%	7	50%	FP	2	14%	14	100%
	Baseline (Jul. & Aug. 2016)		Refresher workshop (Sep. 2017)																																			
	No.	%	No.	%																																		
ANC	0	0%	8	57%																																		
PNC	0	0%	8	57%																																		
Vaccination	9	64%	10	71%																																		
Child care	0	0%	7	50%																																		
FP	2	14%	14	100%																																		
	4. Total No. of MCH/FP services which are provided at the focus VHCs are increased.	-MOH database on MCH monthly report		4. Total numbers of MCH/FP services which are provided at the focus VHCs <table><tr><th></th><th>Jan. 2017</th><th>Feb. 2017</th><th>Mar. 2017</th><th>Apr. 2017</th></tr><tr><td>Irbid</td><td>29</td><td>71</td><td>97</td><td>113</td></tr><tr><td>Mafrag</td><td>22</td><td>98</td><td>90</td><td>107</td></tr><tr><td>Dayr Allah</td><td>60</td><td>126</td><td>133</td><td>122</td></tr><tr><td>Total</td><td>111</td><td>295</td><td>320</td><td>342</td></tr></table> (Source: MOH databased on MCH monthly reports)		Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	Irbid	29	71	97	113	Mafrag	22	98	90	107	Dayr Allah	60	126	133	122	Total	111	295	320	342									
	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017																																		
Irbid	29	71	97	113																																		
Mafrag	22	98	90	107																																		
Dayr Allah	60	126	133	122																																		
Total	111	295	320	342																																		
Outputs																																						
Output 1																																						
An enabling environment for VHCs in the project sites is secured.	1-1. Revised the Operational manual and approved 1-2. Developed Supervision Manual for VHCs in the project sites 1-3. Number of supervisions to VHCs conducted by the MOH. 1-4. Revised SOP for referral system for VHCs {Note: 1-2 and 1-4 are integrated into 1-1. the operational manual}	Project documents -Turnover of trained personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported.		1-1. The VHC operation manual has been revised, approved, printed and distributed to all relevant VHC staff and supervisors in September 2017. 1-3. Number of supervisions to VHCs conducted by the MOH. July-August 2016: 14 VHCs=> Mar. 2017:14 VHCs																																		
Output 2																																						
Capacity of health staff at VHCs in the project sites	Pre/Post tests of the trainings	-Project documents		-Results of Pre/Post tests 1) FP and counselling training																																		

is strengthened.					Pre: 55 % => Post: 84 & (Increased: 29 points) 2) Reproductive health training Pre: 57 % => Post: 86 % (Increased: 29 points)																															
Output 3																																				
Health promotion activities are activated at the focus VHCs.	3-1. Number of VHCs which submitted the monthly activity reports 3-2. Number of health promotion activities implemented by both VHCs and CHCs number of participants.	=VHC reports Report of HP activities			3-1. Number of VHCs which submitted the monthly activity reports (Officially started from May 2017) <table><tr><td>No. of VHCs</td><td>April*</td><td>May</td><td>June**</td><td>July</td></tr><tr><td></td><td>3</td><td>13</td><td>0</td><td>Not yet</td></tr></table> (Note: As of July 15. *Some VHC submitted right after their ceremony. **During Ramadan, no promotion activities) (Source: The report on HP activities) 3-2. Number of health promotion activities implemented and number of its participants <table><tr><td></td><td>April*</td><td>May</td><td>June**</td><td>July</td></tr><tr><td>Number of VHCs implemented</td><td>3</td><td>13</td><td>0</td><td>Not yet</td></tr><tr><td>Number of HP activities</td><td>3</td><td>28</td><td>0</td><td>Not yet</td></tr><tr><td>Number of participants</td><td>83</td><td>662</td><td>0</td><td>Not yet</td></tr></table> (Source: The report on HP activities)	No. of VHCs	April*	May	June**	July		3	13	0	Not yet		April*	May	June**	July	Number of VHCs implemented	3	13	0	Not yet	Number of HP activities	3	28	0	Not yet	Number of participants	83	662	0	Not yet	
No. of VHCs	April*	May	June**	July																																
	3	13	0	Not yet																																
	April*	May	June**	July																																
Number of VHCs implemented	3	13	0	Not yet																																
Number of HP activities	3	28	0	Not yet																																
Number of participants	83	662	0	Not yet																																
Activities		Jordan side	Pre-Conditions																																	
Output1: 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and	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	Counterparts 1. Project Director 2. Project Manager 3. Deputy Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials	-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																																	

approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-4 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-5 Necessary basic equipment is provided and delivered. {Note: 1-3 and 1-4 are integrated into 1. the operation manual}	focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings.	1. Office space for the Project	allocated. -Policy for VHCs is maintained.	
Output2: 2-1 Training plan is developed by MOH Headquarters and Health Directorates. 2-2 Trainings for nurse assistants at VHCs are provided. 2-3 Training for other related health staff will be implemented according to the plan.	Local Costs 1. Trainings, workshops, seminars 2. Basic equipment necessary for Village Health Centers	Local Costs Operational costs for implementing supervision and other necessary activities		
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			<Issues and countermeasures> The tax exemption process of the mobile clinic took time since April 2017, for more than 5 months. Although the project chief advisor tried to convince the custom office directly, it was not effective. Now the project asked the JICA Jordan office to proceed this process and the office took action.	

<p>organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.).</p> <p>3-2 The focus VHCs implement health promotion activities.</p>			
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Project Monitoring Sheet II (Revision of Plan of Operation)

Version 3

Dated 29, September, 2017

Project Title: Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees																	Monitoring													
Inputs		2016												2017			2018				Remarks	Issue	Solution							
Plan	Actual	4	5	6	7	8	9	10	11	12	I	II	III	IV	I	II	III	IV	I	II				III	IV					
Expert																														
Chief Advisor / RH&FP		Plan																							Regarding Output 3, the whole operation has been delayed for 4 months from the target date stated in the work plan, mainly because the implementation of the activities related to Output 2 was in higher priority compared to Output 3 in the first year. In addition, stakeholders in each project site needed a considerable time to fully understand the concept of Health Promotion as it was not common in Jordan, which also led to the delay in establishing the Community Health Committees (CHCs) for planning health promotion workshops.					
Training Management 1		Actual																												
Training Management 2		Plan																												
Training Management 3		Actual																												
Project Coordinator / Health promotion 1		Plan																							a) Procurement of a mobile clinic is delayed because the tax exemption process took time.					
Project Coordinator / Health promotion 2		Actual																												
Project Coordinator / Health promotion 3		Plan																												
Project Coordinator 4		Actual																												
Equipment																									a) Project team took actions to end this process in September.					
Vehicle		Plan																												
Mobile clinic		Actual																												
Basic equipment for focus VHCs		Plan																												
Training in Japan																									a) The project encourage the CIPs to study English and get higher scores of English test.					
		Actual																												
		Plan																												
		Actual																												
In-country/Third country Training																									Issue & Countermeasures					
		Plan																												
		Actual																												
		Plan																												
Activities																									Achievements					
Sub-Activities																											Responsible Organization Japan GOJ			
Output 1: An enabling environment for VHCs in the project sites is secured.																													None	
[1-1] A workshop is organized to seek collaboration and supports from relevant stakeholders.																														Achieved
1.1.1 Launching workshop is conducted		Plan																							Achieved	None				
		Actual																									Achieved	None		
[1-2] "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified to apply to Mafrqa, Irbid, Dayr Alla /Balqa, and approved by MOH.																													Achieved	
1.2.1 Review and tentatively modify the VHCs Manual for use		Plan																												Achieved
		Actual																							Achieved	None				
1.2.2 Apply the tentative version of VHC manual, finalize and approved it.		Plan																									Achieved	None		
		Actual																											Achieved	
[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.																														Achieved
1.3.1 Review and tentatively revised the Manual		Plan																							Achieved	None				
		Actual																									Achieved	None		
1.3.2 Apply the tentative version of the manual		Plan																											Achieved and continuous implementation	
		Actual																												Achieved
[1-4] The focus VHCs receive supervision according to the manual.																									Achieved and continuous implementation	None				
1.4.1 Review and tentatively modified the SOPs		Plan																									Achieved	None		
		Actual																											Achieved	
1.4.2 Finalised the SOP for VHCs		Plan																												Achieved
		Actual																							Achieved	None				

<p>【1-5】Necessary basic equipment is provided and delivered.</p> <p>1.5.1 Procurement of basic equipment for the focus VHCs</p>													Plan	Achieved	
<p>Output 2: Capacity of health staff at VHCs in the project sites is strengthened.</p> <p>【2-1】Training plan is developed by MOH central and health directorates.</p>													Plan	Achieved and continuous implementation	
<p>2.1.1 Make the plan for training</p>													Plan	Achieved and continuous implementation	
<p>【2-2】Training for nurse assistants at VHCs are provided.</p>													Plan	Achieved and continuous implementation	
<p>2.2.1 Providing training</p>													Actual	Achieved and continuous implementation	
<p>2.2.2 Reporting and follow-ups</p>													Plan	Achieved and continuous implementation	
<p>Actual</p>													Actual	Achieved and continuous implementation	
<p>【2-3】Training for other related health staff will be implemented according to the plan.</p>													Plan	Achieved and continuous implementation	
<p>2.3.1 Providing trainings</p>													Actual	Achieved and continuous implementation	
<p>2.3.2 Reporting and follow-ups</p>													Plan	Achieved and continuous implementation	
<p>Actual</p>													Actual	Achieved and continuous implementation	
<p>Output 3: Health Promotion activities are activated at the focus VHCs.</p>													Plan	Achieved	
<p>【3-1】The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations.</p>													Actual	Achieved	
<p>3.1.1 Identify needs of health education and organizations which are supporting in relevant fields</p>													Plan	Achieved	
<p>Actual</p>													Actual	Achieved	
<p>3.1.2 Providing training related to health promotion</p>													Plan	Achieved and continuous implementation	
<p>Actual</p>													Actual	Planned in Nov. 2017	
<p>【3-2】The focus VHCs implement health promotion activities.</p>													Plan		
<p>3.2.1 Supporting the implementation of health promotion activities</p>													Actual		
<p>3.2.2 Producing a booklet on good practices in health promotion for VHCs</p>													Plan		
<p>Actual</p>													Actual		
<p>Duration / Phasing</p>													Plan		
<p>Actual</p>													Actual		
<p>Monitoring Plan</p>													Plan		
<p>Actual</p>													Actual		
<p>Monitoring</p>													Plan		
<p>Actual</p>													Actual		
<p>Joint Coordination Committee</p>													Plan		
<p>Actual</p>													Actual		
<p>Technical Committee</p>													Plan		
<p>Actual</p>													Actual		
<p>Submission of Monitoring Sheet</p>													Plan		
<p>Actual</p>													Actual		
<p>Monitoring Mission from Japan</p>													Plan		
<p>Actual</p>													Actual		
<p>Baseline survey</p>													Plan		
<p>Actual</p>													Actual		
<p>Joint Monitoring</p>													Plan		
<p>Actual</p>													Actual		
<p>Post Monitoring</p>													Plan		
<p>Actual</p>													Actual		

Reports/Documents																													
Work plan	Plan																												
	Actual																												
	Plan																												
	Actual																												
	Plan																												
Annual report	Actual																												
	Actual																												
Project Completion Report	Plan																												
	Actual																												
Public Relations																													
Project leaflet	Plan																												
	Actual																												
News letter	Plan																												
	Actual																												
Health promotion kits	Plan																												
	Actual																												

TO Chief Representative of JICA Jordan OFFICE

PROJECT MONITORING SHEET

Project Title: Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees Version of the Sheet: Ver. 4 (Term: July 2018 – Sep 2018)

Name: Yuko Otomo

Title: Expert of Reproductive Health and Family Planning

Submission Date: September 2018

I. Summary 1
Progress

1-1 Progress of Inputs

This project monitoring sheet covers the progress achieved since the last monitoring undertaken by the Annual Report which covers the period from July to September 2018 for the extended project. All of the activities performed in the period from July 2018 to September 2018 are described, discussed and evaluated in this sheet.

1-1-1 Inputs by the Japanese Side

a) Japanese experts (July – September 2018)

- Expert: 2.46 persons-months (MM)

1-1-2 Inputs by the Jordanian Side

a) Counterparts

- The Project director: Director, Primary Health Care Directorate
- The Project manager: Director, Woman and Child Health Directorate (WCHD)
- Two MOH counterparts: a head of department of the monitoring and supervision, one from Family Planning department
- Members of technical committee from the target directorates/district.

b) Provision of the medical equipment and furniture for the VHC

c) Other

- One office room with furniture, electricity, internet network and other necessary running costs.
- Meeting room and training rooms as needed.

1-2 Progress of Activities

The following activities related to Output 1-Output 3 and project management have been completed from July to September 2018.

There are three Outputs for this project as follows.

Output 1: An enabling environment for Village Health Centers (VHCs) in the project sites is secured.

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

Output 3: Health promotion activities are activated at the focus VHCs (14 VHCs).

1-2-1 Output 1

- Defining the Supervision System at three levels.

1-2-2 Output 2

- Conducting meetings with Doctors, Midwives and Nurses who are covering or supporting the focus VHCs at three governorates (Aug 2018).
- Making supervisory visits from Ministry of Health/Health Directorates (MOH/HDs) to VHCs (Aug 2018).
- Conducting a workshop for promoting and strengthening sustainability of the mobile clinic (Sep 2018).

1-2-3 Output 3

- Analyze the status of Health promotion activities in the sites. (Aug-Sep 2018)
- Starting health promotion activities by C/Ps and CHCs in each village and holding 133 events with 277 participants from April to June 2018.

1-2-4 Activities related to the project management

- The process of registration renewal and insurance of the project car was finalized on 12th of August 2018.
- Conducting a meeting with International Rescue Committee about mobile clinic was held in Mafraq Health Directorate. (Sep 2018)

1-3 Achievement of Outputs

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

1-3-1 Output 1

a) The supervisory visits

- The WCHD supervisor made supervisory visits to 2 VHCs (July -August 2018) (Table 1).

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

2016	2017	2018
July-August	March	July-August
14 VHCs (100%)	14 VHCs (100%)	2 VHCs (14%)

Note: * C/Ps attended a training from Aug 5 – Aug 19

** Eid Al-Adha holiday was from Aug 19, Aug 26 1-

3-2 Output 2

a) Workshop (Sep 2018)

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

The project conducted a workshop to discuss promoting and strengthening sustainability of the mobile clinic teams. The purpose of the workshop was to discuss the results of the on-site inspection and the focus points in maintaining the sustainability of the mobile clinic. The challenges facing the mobile clinic team during the operation were also discussed as well as the mobile clinic team needs.

The workshop was held on 12 Sep 2018 at Mafrq comprehensive health center training room. The two mobile clinic teams attended the workshop and the support team members from MOH and Mafrq health directorate also attended.
After this period, the project plans to conduct a training workshop for mobile clinic teams

1-3-3 Output 3

a) Numbers of Health Promotion Activities and Participants

- All VHCs planned and initiated their own health promotion activities.

Table 2 shows achievement from Aug 2017 to Jun 2018.

Table 2 shows a decrease in the numbers of health promotion activities and participants in 2018. The reason might be stopping the financial support for health promotion activities when the previous project ended; as a VHC midwife explained when asked about the decreased numbers in her center.

Table 2: Numbers of health promotion activities and participants from Aug 2018 – Jun 2018.

	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Total
Number Of VHCs which conducted HP activities	8	10	6	6	8	6	8	5	7	8	7	14
Number of HP activities	30	38	24	31	32	36	27	24	42	40	31	355
Total numbers of participants	141	243	126	148	155	129	176	90	93	101	83	1,485

1-4 Achievement of the Project Purpose

Major indicators of the project purpose are described as follows.

Table 3 shows the service provision status of each service is shown. Only child care service provision has increased since May 2017. The other services provision show a significant decrease.

Table 3: Number of variety of services provided at the focus VHCs

	Baseline (Jul. & Aug. 2016)		Monitoring (May 2017)		Monitoring (June. 2018)	
	No.	%	No.	%	No.	%
ANC	0	0%	8	57%	4	28%
PNC	0	0%	8	57%	5	35%
Vaccination	9	64%	10	71%	To be confirmed	To be confirmed
Child care	0	0%	7	50%	10	71%
FP	2	14%	14	100%	11	78%

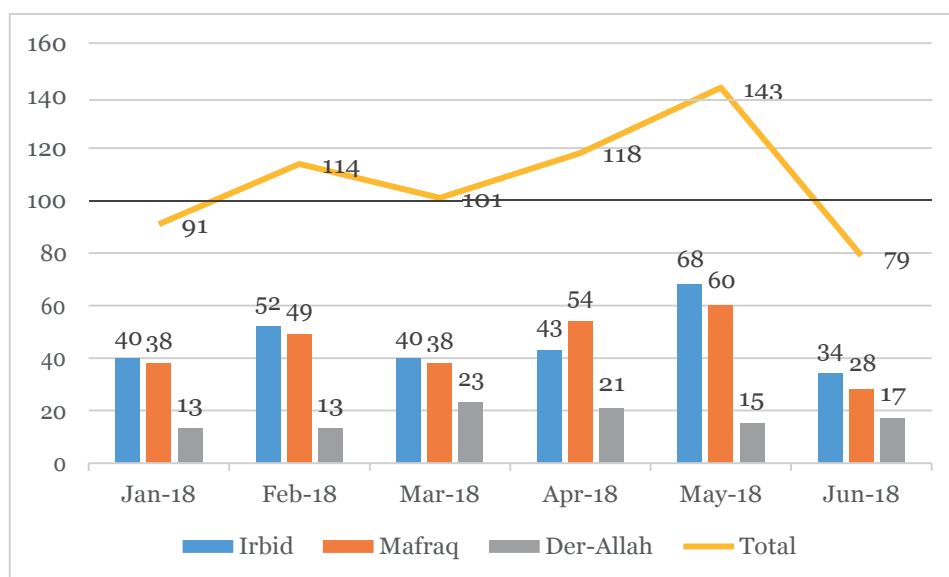


Figure 4: Trends in number of FP clients at 14 focus VHCs

The chart illustrates the numbers of FP clients at 14 focus VHCs from Jan, 2018 to June, 2018. The highest number achieved was in May, 2018 and it decreased in June, 2018 by almost half.

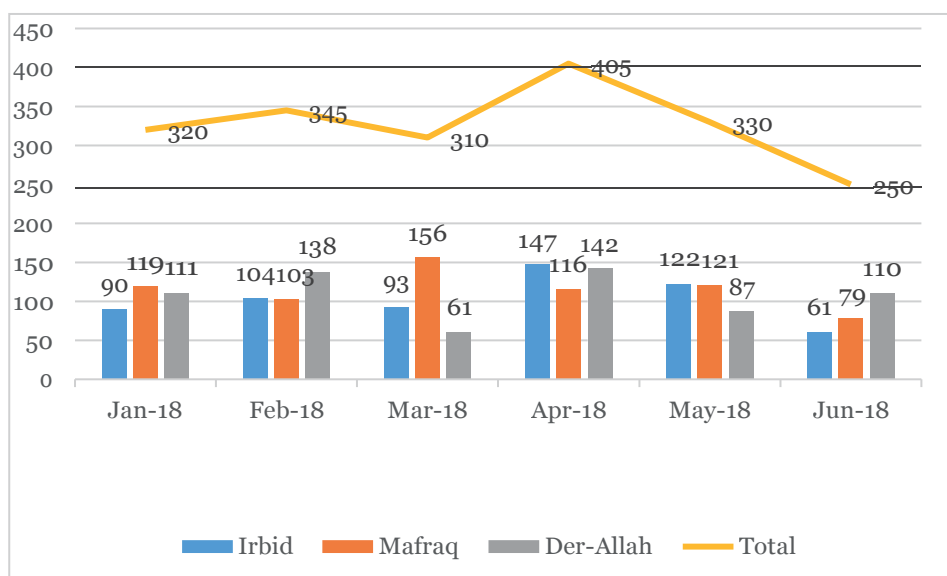


Figure 5: Changes in Numbers of RH services clients at 14 focus VHCs

The chart shows the number of RH services clients at 14 focus VHCs from Jan, 2018 to Jun, 2018. The numbers have increased significantly in April, 2018 and started to decrease after that to record the lowest number in the mentioned duration.

<Overall Goal>

In addition to the project purpose, the indicator for the Overall goal shows the progress being made. One of the most important indicators of the overall goal is the number of FP clients at the 23 VHCs providing FP throughout all project sites (Irbid and Mafrq governorates and Dayr Allah district). It increased from 5 in December 2016 to 225 in May 2018 (Table 6). This was a result of the increased number of functioning VHCs providing FP and encouragement of local people to come to VHCs through the HP activities and midwives who are supporting/supervising VHCs. The project will promote the strengthening of the linkage between the VHCs and communities by target-oriented advertisement.

Table 6: Number of FP clients at 23 VHCs

	Dec 2016	Jan 2017	Feb 2017	Mar. 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017
Irbid	0	50	57	59	75	104	36	54	71	66
Mafrq	5	56	82	77	81	100	17	52	46	76
Dayr Allah	0	9	16	14	6	20	24	22	12	16
Total	5	115	155	150	162	224	77	128	129	158

	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Total
Irbid	52	64	46	50	66	48	56	81	41	1,676
Mafrq	81	95	87	87	105	103	116	129	74	1,469
Dayr Allah	14	13	39	13	13	32	21	15	17	316
Total	147	172	172	150	184	183	193	225	132	3,461

1-5 Changes of Risks and Actions for Mitigation 1-6

Progress of Actions undertaken by JICA

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

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

Not applicable for this project as Category C.

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

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

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

1) A meeting with International Rescue Committee (IRC) was arranged on Sep 17, 2018 at Mafrq health directorate. Members from WCHD-MOH and Mafrq health directorate has attended the meeting as well as the project team and IRC member. The meeting was held to discuss the mobile clinics and to establish a collaboration between MOH's MC donated by JICA and IRC MC. The results were very pleasant; a trial joint health campaign will be planned, IRC agreed to promote for MOH's MC (donated by JICA) services and to raise awareness about it by IRC volunteers and it's been agreed to share monthly operation plan to avoid any site duplications and to keep indicators accurate for each MC.

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

2-1 Detail

1. The training for mobile clinic teams was originally planned during the first dispatch of the expert. The project and the C/Ps decided to divide the training for the mobile clinic team into 2 parts; Workshop and training. The workshop was held on 12th Sep 2018. The training will be held during the second dispatch of the expert.
2. Only 10 VHCs were allowed to be visited out of the 14 VHCs. The expert and the local team weren't allowed to visit the remaining 4 VHCs due to safety and security issues.

2-2 Cause

1. Change of the plan
2. The 4 centers are located in the restricted area.

2-3 Actions to be taken

1. The second training will be arranged with the C/Ps.
2. The issue of the 4 centers will be discussed with the C/Ps to solve the problem.

2-4 Roles of Responsible Persons/Organizations (JICA, Gov. of Jordan, etc.) None

3 Modification of the Project Implementation Plan

3-1 Plan of Operation (PO)

No modification of the PO in this period.

3-2 Other modifications on detailed implementation plan

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

None

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

The project will be terminated as planned.

I. Project Monitoring Sheets I & II as Attached

ANNEX 1

Counterpart List

1) Ministry of Health

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

2) Health Directorates (HDs)

Irbid HD

Director of Irbid HD	Dr. Qasem Mayyas
Director Assistant	Dr. Abdel-Jalel Meqdadi
Director Assistant	Dr. Amal Al-Zoubi
MCH supervisor	Ms. Mariam Omari
MCH supervisor	Ms. Hyaim Obidat
MCH supervisor for Kura District	Ms. Fatimah Bani Irshid
MCH supervisor Bani-Kenanh district	Ms. Intesar Malaabah
MCH supervisor for Al-Aghwar shamaleh district	Ms. Eman Abdullah Khaled

Mafrq HD

Director of Mafrq HD	Dr. Hani Olmat
Head of MCH Department	Dr. Mohannad Abu Al-Hijaa
MCH supervisor	Dr. Amal Abdel-Karim
MCH supervisor	Ms. Souad Shdeifat
MCH supervisor for Badia Shamaleh district	Ms. Sawsan Tamimi
MW, member in MCH department	Ms. Majeda Al-Takrori

Balqa HD

Director of Balqa HD	Dr. Khaled Arabiat
Director assistant for Dayr-Allah affairs	Dr. Hamdan Ma'adat
Head of MCH Department	Ms. Khetam Rahahleh
MCH supervisor	Ms. Helwa Al-Issa
Midwives supervisor	Ms. Noha Hatamleh
MCH supervisor for Dayr Allah district	Ms. Bothina Zaqzouq

Project Monitoring Sheet I (Revision of Project Design Matrix Ver. 4)

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

Implementing Agency: Ministry of Health

Target Group: Direct beneficiaries is health staff at VHCs in the project sites and indirect beneficiaries is Syrian refugees and Jordanian residents in the project sites. Period of Project:

April 2016 – April 2018 (2years) and July 2018 – December 2018 (6 months)

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.

Version 4,
Dated on /09/2018

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
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.	Project Purpose Service delivery function of the focus Village Health Centers (VHCs) is improved.	1. Number of FP clients at VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives)	-MOH report methods for Syrian -Logistic for FP -MCH report form for Syrian		1-1. Number of FP clients at 23 VHCs in the project sites Jun. 2017: 77 clients=> Jun 2018: 132 clients 1-2. Syrian refugees who received FP services at all VHCs in the project sites To be confirmed	
		2. Number of clients who received childcare services at VHCs is increased (both for Jordanians and Syrian refugee) 3. No. of clients who received all MCH/FP services at VHCs in the project sites is increased	-MOH database on MCH monthly report -MCH report form for Syrian -MOH database on MCH monthly report -MOH Logistic report for FP methods		2-1. Number of clients who received child care at 14 VHCs in the project sites May 2017: 74 clients=> Jun. 2018: 81 clients 3. Numbers of clients who received all MCH/FP services (ANC, PNC, Child care and FP) at VHCs in the project sites May 2017: 213 clients=> Jun. 2018: 250 clients	
		1. Results of supervision received from MOH are improved	-Project documents	-Experiences at the focus VHCs are spread out to other VHCs by the health directorate.	1-1. Numbers of VHCs which MWs were assigned Baseline: 2 VHCs=> Sep. 2017:9 VHCs =>2018: To be confirmed 1-2. Percentage of VHCs where FP client registration records and women's' files are available Baseline: 2 VHCs=> Mar. 2017:13 VHCs =>2018: To be confirmed	

	2. Number of referral cases (FP, ANC, Child care) to other MOH health facilities is increased.	-MCH report of MOH database	1-3. Percentage of VHCs where possess a proper equipment and furniture (as of Sep. 18) =>2018: To be confirmed 2. Number of referral cases (ANC) to other MOH health facilities is increased. Jan. 2017: 1 => April 2017: 13 =>2018: To be confirmed																																																	
3. Variety of services provided at the focus VHCs increased (RH/FP, child health, health promotion activities, etc.)	-MOH database on MCH monthly report	3. Variety of services provided at the focus VHCs	<table><thead><tr><th rowspan="2"></th><th colspan="2">Baseline (Jul. & Aug. 2016)</th><th colspan="2">Refresher workshop (Sep. 2017)</th><th colspan="2">Monitoring (June, 2018)</th></tr><tr><th>No</th><th>%</th><th>No</th><th>%</th><th>No</th><th>%</th></tr></thead><tbody><tr><td>ANC</td><td>0</td><td>0%</td><td>8</td><td>57%</td><td>4</td><td>28%</td></tr><tr><td>PNC</td><td>0</td><td>0%</td><td>8</td><td>57%</td><td>5</td><td>35%</td></tr><tr><td>Vaccination</td><td>9</td><td>64%</td><td>10</td><td>71%</td><td></td><td>To be confirmed</td></tr><tr><td>Child care</td><td>0</td><td>0%</td><td>7</td><td>50%</td><td>10</td><td>71%</td></tr><tr><td>FP</td><td>2</td><td>14%</td><td>14</td><td>100%</td><td>11</td><td>78%</td></tr></tbody></table>		Baseline (Jul. & Aug. 2016)		Refresher workshop (Sep. 2017)		Monitoring (June, 2018)		No	%	No	%	No	%	ANC	0	0%	8	57%	4	28%	PNC	0	0%	8	57%	5	35%	Vaccination	9	64%	10	71%		To be confirmed	Child care	0	0%	7	50%	10	71%	FP	2	14%	14	100%	11	78%	
	Baseline (Jul. & Aug. 2016)		Refresher workshop (Sep. 2017)		Monitoring (June, 2018)																																															
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FP	2	14%	14	100%	11	78%																																														
4. Total No. of MCH/FP services which are provided at the focus VHCs are increased.	-MOH database on MCH monthly report	4. Total numbers of MCH/FP services which are provided at the focus VHCs	<table><thead><tr><th></th><th>Jan. 2017</th><th>Feb. 2017</th><th>Mar. 2017</th><th>Apr. 2017</th><th>June, 2018</th></tr></thead><tbody><tr><td>Irbid</td><td>29</td><td>71</td><td>97</td><td>113</td><td>34</td></tr><tr><td>Mafrq</td><td>22</td><td>98</td><td>90</td><td>107</td><td>28</td></tr><tr><td>Dayr Allah</td><td>60</td><td>126</td><td>133</td><td>122</td><td>17</td></tr><tr><td>Total</td><td>111</td><td>295</td><td>320</td><td>342</td><td>79</td></tr></tbody></table> (Source: MOH databased on MCH monthly reports)		Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	June, 2018	Irbid	29	71	97	113	34	Mafrq	22	98	90	107	28	Dayr Allah	60	126	133	122	17	Total	111	295	320	342	79																			
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Total	111	295	320	342	79																																															

Outputs																																	
Output 1	An enabling environment for VHCs in the project sites is secured.	1-1. Revised the Operational manual and approved 1-2. Developed Supervision Manual for VHCs in the project sites 1-3. Number of supervisions to VHCs conducted by the MOH. 1-4. Revised SOP for referral system for VHCs {Note: 1-2 and 1-4 are integrated into 1-1. the operational manual}	Project documents	-Turnover of trained personnel does not take place in the project sites. -Assigned nurse assistants at VHCs in the project sites are reported.	1-3. Number of supervisions to VHCs conducted by the MOH. July-August 2016: 14 VHCs=> Mar. 2017:14 VHCs =>2018: To be confirmed																												
Output 2	Capacity of health staff at VHCs in the project sites is strengthened.		-Project documents		None																												
Output 3	Health promotion activities are activated at the focus VHCs.	3-1. Number of VHCs which submitted the monthly activity reports 3-2. Number of health promotion activities implemented by both VHCs and CHCs number of participants.	-VHC reports Reports of HP activities		<div>-1. Number of VHCs which submitted the monthly activity reports (Officially started from May 2017)<table><tr><td></td><td>April*</td><td>May</td><td>June**</td></tr><tr><td>No. of VHCs</td><td>3</td><td>13</td><td>0</td></tr></table>(Source: The report on HP activities) =>2018: To be confirmed</div> <div>3-2. Number of health promotion activities implemented and number of its participants<table><tr><td></td><td>April*</td><td>May</td><td>June**</td><td>June,2018</td></tr><tr><td>Number of VHCs implemented</td><td>3</td><td>13</td><td>0</td><td>7</td></tr><tr><td>Number of HP activities</td><td>3</td><td>28</td><td>0</td><td>31</td></tr><tr><td>Number of participants</td><td>83</td><td>662</td><td>0</td><td>83</td></tr></table>(Source: The report on HP activities)</div>		April*	May	June**	No. of VHCs	3	13	0		April*	May	June**	June,2018	Number of VHCs implemented	3	13	0	7	Number of HP activities	3	28	0	31	Number of participants	83	662	0	83
	April*	May	June**																														
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Number of participants	83	662	0	83																													

Activities	Dispatch of Experts	Jordan side	Pre-Conditions		
<p><u>Output1:</u> 1-1 Workshop is organized to seek collaboration and supports from relevant stakeholders. 1-2 "Operational Manual for Village Health centers in the South Region" (VHCs Manual) is reviewed, modified for the Project sites, and approved by MOH. 1-3 Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use. 1-4 Standard Operational Procedures (SOPs) for referral system for VHCs is reviewed, modified and applied VHCs for operational use. 1-5 Necessary basic equipment is provided and delivered. {<u>Note: 1-3 and 1-4 are integrated into 1. the operation manual</u>}</p>	<p>Dispatch of Experts (April 2016 - April 2018) 1. Chief Advisor / RH&FP 2. Training Management 3. Project Coordinator / Health Promotion (July 2018 – Dec 2018) 1. RH & FP Equipment and Material 1. A Vehicle for project activity 2. Mobile Clinic(s) for target directorates 3. Necessary equipment for focus VHCs 4. Necessary materials for the project activities Trainings 1. Necessary trainings.</p>	<p>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</p>	<p>-Security is guaranteed in the project sites. -Health staff at VHCs in the project sites is adequately assigned. -Budget for VHCs and supervision is adequately allocated. -Policy for VHCs is maintained.</p>		

<p>Output2:</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.</p> <p>2-3 Training for other related health staff will be implemented according to the plan.</p>	<p>Local Costs</p> <p>1. Trainings, workshops, seminars</p> <p>2. Basic equipment necessary for Village Health Centers</p>	<p>Local Costs</p> <p>Operational costs for implementing supervision and other necessary activities</p>		
<p>Output3:</p> <p>3-1 The focus VHCs plan health promotion activities based on needs of communities, capacity of VHCs and available resources/ network in communities in collaboration with other organizations (eg. health education sessions at VHCs, health educations at school or mosque, community awareness workshops, home-visits, and etc.).</p> <p>3-2 The focus VHCs implement health promotion activities.</p>			<p><Issues and countermeasures></p> <p>The tax exemption process of the mobile clinic took time since April 2017, for more than 5 months. Although the project chief advisor tried to convince the custom office directly, it was not effective. Now the project asked the JICA Jordan office to proceed this process and the office took action.</p>	

Project Monitoring Sheet II (Revision of Plan of Operation)																																			
Project Title: Project for Improvement of Services at Village Health Centers (VHCs) in Rural Host Communities of Syrian Refugees																																			
Version 4		Dated September, 2018																																	
Inputs		2016												2017												Remarks		Monitoring							
		Plan	II				III				IV				I				II				III							IV					
Expert		Actual	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Chief Advisor / RH&FP		Plan																																	
Training Management 1		Actual																																	
Training Management 2		Plan																																	
Training Management 3		Actual																																	
Project Coordinator / Health promotion 1		Plan																																	
Project Coordinator / Health promotion 2		Actual																																	
Project Coordinator / Health promotion 3		Plan																																	
Project Coordinator 4		Actual																																	
RP & FP		Plan																																	
Equipment		Actual																																	
Vehicle		Plan																																	
Mobile clinic		Actual																																	
Basic equipment for focus VHCs		Plan																																	
Actual																																			
Training in Japan		Plan																																	
Actual																																			
In-country/Third country Training		Plan																																	
Actual																																			
Activities		Plan																																	
Sub-Activities		Actual																																	
Output 1: An enabling environment for VHCs in the project sites is secured.		Plan																																	
Actual																																			
[1-1] JA workshop is organized to seek collaboration and supports from relevant stakeholders.		Plan																																	
1.1.1 Launching workshop is conducted		Actual																																	
[1-2] Operational Manual for Village Health centers in the South Region (VHCs Manual) is reviewed, modified to apply to Mafrag, Irbid, Dayr Alla /Balqa, and approved by MOH.		Plan																																	
1.2.1 Review and tentatively modify the VHCs Manual for use		Actual																																	
1.2.2 Apply the tentative version of VHC manual, finalize and approved it		Plan																																	
Actual																																			
[1-3] Supervision Manual for VHCs in the project sites is developed based on the VHCs Manual in the South region to apply to the project sites for operational use.		Plan																																	
1.3.1 Review and tentatively revised the Manual		Actual																																	
1.3.2 Apply the tentative version of the manual		Plan																																	
Actual																																			

【1-4】The focus VHCs receive supervision according to the manual.												
1.4.1 Review and tentatively modified the SOPs	Plan											
	Actual											
1.4.2 Finalised the SOP for VHCs	Plan											
	Actual											
【1-5】Necessary basic equipment is provided and delivered.												
1.5.1 Procure basic equipment for the focus VHCs	Plan											
	Actual											
1.5.2 Procure the Mobile Clinic	Plan											
	Actual											
1.5.3 Operate the Mobile Clinic in the selected area	Plan											
	Actual											

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

ملخص

على مدى السنوات العديدة الماضية، أدى التدفق الهائل للاجئين السوريين إلى الأردن لزيادة عبء توفير خدمات صحية للمواطنين واللاجئين المقيمين على حد سواء. وأفرز هذا الأمر ضرورة ملحة تتمثل في ضرورة بذل جهدا مضاعفا من أجل الحفاظ على جودة وكمية الخدمات الصحية المقدمة للأردنيين واللاجئين على حد سواء.

لتلبية هذه الضرورة قامت الحكومة الأردنية بالسعي لدى الحكومة اليابانية لتوفير تعاون تقني مع منظمة جايكا لتوفير الخدمات الصحية المقدمة للمجتمعات المضيفة واللاجئين في مجال الصحة الإنجابية / تنظيم الأسرة وكذلك خدمات الرعاية الصحية الأولية المقدمة من المراكز الصحية الفرعية لكل من الأردنيين واللاجئين السوريين الذين يعيشون في المناطق الريفية في محافظتي المفرق وإربد، محافظة البلقاء / قضاء ديرعلا.

هذا وقد وافقت الدولتان على تنفيذ هذا التعاون التقني وبالتالي تم توقيع اتفاقية مشروع الخدمات الصحية بتاريخ 25 كانون الثاني 2016، والذي بدأ تنفيذه على أرض الواقع في شهر نيسان لعام 2016

أثبتت الإحصائيات تحقيق نتيجة مرضية للغاية للمشروع، ويتمثل ذلك بزيادة عدد المستفيدين من خدمات الصحة الإنجابية وتنظيم الأسرة والرعاية الصحية الأولية في جميع المراكز الصحية الفرعية في المواقع المستهدفة.

نتيجة للنجاح الذي حققه المشروع، تم تمديد فترة المشروع للاستمرار لغاية شهر كانون الأول 2018 لإكمال عملية استدامة العيادة الصحية المتنقلة في تقديم خدماتها، التي تبرعت بها جايكا للمشروع، وكذلك زيادة عدد المستفيدين من اللاجئين السوريين.

تم تعيين مدير إدارة الرعاية الصحية الأولية كمدير إدارة المشروع، وتم تعيين مدير مديرية صحة المرأة والطفل باعتباره مدير المشروع في وزارة الصحة.

أحد أهداف المشروع يتمثل في "تمكين الأردنيين واللاجئين السوريين الذين يعيشون في المناطق الريفية في مواقع المشروع من الحصول على خدمات ذات نوعية وكفاءة عالية الجودة في مجال الصحة الإنجابية / تنظيم الأسرة والخدمات الصحية الأولية" وهدف المشروع أيضا الى تحسين نوعية وكمية الخدمات المقدمة في المراكز الصحية الفرعية المستهدفة من قبل المشروع"

يتمثل المشروع في تحقيق ثلاث نتائج متوقعة كالتالي:

النتيجة الأولى: تأمين بيئة مواتية في المركز الصحية الفرعية المستهدفة من قبل المشروع.

النتيجة الثانية: رفع كفاءة مقدمي الخدمات في المراكز الصحية الفرعية.

النتيجة الثالثة: تفعيل أنشطة تعزيز الصحة في المراكز الصحية الفرعية المستهدفة من قبل المشروع.

تم تنفيذ الأنشطة المتعلقة بالمشروع وفقاً للخطة المشار إليها في مصفوفة تصميم المشروع، وحقق معظم المؤشرات الثلاثة أعلاه. نورد تاليا محتويات والنتائج الرئيسية لأنشطة المشروع والانجازات التي تحققت:

<p>النتيجة 1</p> <p>المؤشر 1: تحديث الدليل التشغيلي للمراكز الصحية الفرعية والموافقة عليه</p> <p>تم تحديث الدليل التشغيلي للمراكز الصحية الفرعية من قبل اللجنة الفنية وتم اعتماده من قبل وزارة الصحة وتوزيعه على موظفي ومشرفي المراكز الصحية الفرعية المستهدفة في أيلول 2017. وتم توزيع الدليل كان في وقت مبكر عما هو متوقع على المراكز الصحية الفرعية المستهدفة.</p> <p>المؤشر 2: عدد الزيارات الأشرافية للمراكز الصحية الفرعية من قبل مديرية صحة المرأة والطفل في وزارة الصحة</p> <p>قام مشرفو مديرية صحة المرأة والطفل بزيارات أشرافية أربع مرات خلال فترة المشروع. ووفقاً للدليل المحدث، من الضروري إجراء زيارات إشرافية إلى المراكز الصحية الفرعية سنوياً، وقد تم تحقيق هذا المؤشر.</p> <p>يمكن استنتاج أن المخرج 1 قد تم إنجازه بنهاية المشروع.</p>	<p>النتيجة 2</p> <p>المؤشر 1: اختبارات ما قبل / وبعد التدريب:</p> <p>ثلاث دورات تدريبية، أجريت خلالها اختبارات قبلية وبعدية لتقييم فعالية التدريب. وفي جميع الدورات التدريبية أظهرت نتائج الاختبار البعدي تقدم عن الاختبار القبلي.</p>
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<p>المؤشر المرجعي: متوسط نقاط الممارسات التي تم تحقيقها من قبل طاقم التمريض من خلال التقييم الذاتي:</p> <p>متوسط النقاط للممارسات التي يحققها طاقم التمريض باستخدام ورقة التقييم الذاتي. أجريت التقييمات أربع مرات خلال فترة المشروع. من التدريب الأول في تشرين الثاني 2016 إلى كانون الثاني 2018، ازداد متوسط نقاط التقييم الذاتي للممرضات باطراد. يمكن استنتاج أن الناتج 2 قد تحقق بحلول نهاية المشروع.</p>	
<p>المخرج 3</p> <p>المؤشر 1: عدد أنشطة تعزيز الصحة التي تنفذها المراكز الصحية الفرعية ولجان المجتمع المحلي وعدد المشاركين</p> <p>بشكل عام، تم تنفيذ نشاط واحد أو أكثر كل شهر في كل قرية. لم يكن هناك فرق كبير بين متوسط عدد الأنشطة لعام 2017 وعام 2018. من حيث متوسط عدد المشاركين شهرياً في كل مركز صحي فرعي، على الرغم من انخفاض متوسط عدد المشاركين من عام 2017 إلى عام 2018، لكن تم الحفاظ على عدد المشاركين بشكل عام بمستوى معين.</p> <p>المؤشر 2: عدد المراكز الصحية الفرعية التي تقدم تقارير شهرية لأنشطة تعزيز الصحة</p> <p>لقد ارتفع متوسط عدد المراكز الصحية الفرعية التي قدمت تقارير شهرية من عام 2017 إلى عام 2018. يمكن استنتاج أن المخرج 3 قد تم تحقيقه جزئياً بنهاية المشروع</p>	
<p>هدف المشروع</p> <p>المؤشر 1: تحسين نتائج الإشراف المنفذة من قبل مديرية صحة المرأة والطفل</p> <p>المؤشر 2: زيادة عدد حالات الإحالة من المراكز الصحية الفرعية إلى المرافق الصحية الأعلى</p> <p>المؤشر 3: زيادة عدد خدمات صحة الأمومة والطفولة المقدمة في المراكز الصحية الفرعية المستهدفة</p> <p>المؤشر 4: عدد متلقي خدمات الصحة الإنجابية (رعاية الحامل، رعاية النفاس، تنظيم الأسرة ورعاية الطفل) في المراكز الصحية الفرعية المستهدفة</p> <p>من بين أربعة مؤشرات لغرض المشروع، يمكن القول إن جميع المؤشرات قد تحققت. فيما يتعلق بالمؤشر 2، أدركت مديرية صحة المرأة والطفل أن مع تحسن قدرة المراكز الصحية الفرعية والحاجة إلى الإحالة إلى المرافق الصحية الأعلى أصبحت أقل فإن هذا المؤشر أصبح أقل فاعلية. من ناحية أخرى، تم الاعتراف بتحسين الخدمات في مراكز الصحية الفرعية المستهدفة من قبل النساء المحليات وفقاً للمسح النهائي. بالإضافة إلى ذلك، ازداد بشكل تدريجي تنوع الخدمات المقدمة في مراكز الصحية الفرعية وعدد المراجعين الذين تلقوا خدمات الصحة الإنجابية في المراكز الصحية الفرعية منذ عام 2016 وحتى عام 2018.</p> <p>من هذه الجوانب المختلفة، يمكن استنتاج أن هدف المشروع قد تحقق.</p>	
<p>الهدف العام</p> <p>من بين المؤشرين للهدف العام ("زيادة عدد مراجعين تنظيم الأسرة في جميع المراكز الصحية الفرعية في مواقع المشروع بالنسبة للأردنيين وللاجئين السوريين" و "زيادة عدد مراجعين التطعيم في جميع مراكز الصحة الفرعية بالنسبة للأردنيين وللاجئين السوريين")، اثنين منهم قد تحققت تقريباً من حيث السكان الأردنيين. فيما يتعلق بالمراجعين السوريين، على الرغم من عدم حدوث زيادة ملحوظة في المراكز الصحية الفرعية لأن معظم اللاجئين السوريين كثيرو التنقل والترحال، فإن العيادة المتنقلة قامت بجمع العديد من المراجعين السوريين والمساهمة في تحسين الوصول لهم.</p> <p>يمكن القول إنه في وقت انتهاء المشروع، تم تحقيق الهدف العام للمشروع جزئياً</p>	

التقييم المشترك الذي أجري في شهر تشرين الثاني 2018.

معايير التقييم	نتائج التقييم
الملاءمة	<ul style="list-style-type: none"> المشروع ذو صلة بالسياسات الوطنية للحكومة الأردنية المشروع مناسب للمجموعة المستهدفة ومتوافق مع احتياجات الجانب الأردني. المشروع ذو صلة بسياسة اليابان الخاصة بالمساعدة.
الفعالية	<ul style="list-style-type: none"> تم تحقيق غرض المشروع. أسهمت مخرجات المشروع في تحقيق غرض المشروع إلى حد ما. عززت بعض العوامل على تحقيق المشروع.
الكفاءة	<ul style="list-style-type: none"> كانت مدخلات الخبراء اليابانيين كافية. تم تحقيق المخرجات الثلاثة في الغالب كما هو مخطط لها. استخدم المشروع الموارد الحالية بشكل مناسب.
التأثير	<ul style="list-style-type: none"> تمكين المشروع مع مديرية صحة المرأة والطفل من دمج العيادة المتنقلة في وزارة الصحة ونظام إدارة الصحة. قام المشروع بتقوية العلاقة بين المراكز الصحية الفرعية والمراكز الصحية الشاملة والمراكز الصحية الأولية بشكل أكثر فعالية من السابق.
الاستدامة	<ul style="list-style-type: none"> تحافظ السياسات الصحية والسكانية في الأردن على اتجاهاتها الحالية. قام المشروع مع مديرية صحة المرأة والطفل بتوحيد نظام توفير خدمات الصحة الإنجابية / تنظيم الأسرة من خلال تحديد المراكز الصحية الفرعية والعيادة الصحية المتنقلة رسمياً كمرافق صحية لها أرقام تعريفية خاصة للمتابعة والتقييم. الاستدامة مالية وزارة الصحة غير محددة بعد.

<ul style="list-style-type: none"> • تم تصميم المشروع بحيث يتماشى مع المستوى الفني الأساسي للصحة الإنجابية / تنظيم الأسرة في الأردن. 	
<p style="text-align: right;"><التوصيات></p> <p style="text-align: right;">بعد الانتهاء من المشروع</p> <ul style="list-style-type: none"> • تواجد الأطباء لمدة أطول في المراكز الصحية الفرعية. • يجب النظر في تطوير طرق تفعيل أنشطة تعزيز الصحة. 	
<p style="text-align: right;"><الدروس المستفادة></p> <ul style="list-style-type: none"> • فهم آليات عمل نظراء المشروع. • نتائج التكامل بين النهجين. • تطبيق مبدأ PDCA لتنمية الموارد البشرية. • الاستفادة من العلاقات القائمة والتعاون الفعال مع المنظمات الأخرى. • اتفاق واضح على تقاسم التكاليف. 	

