

Country Name	Integrating Health and Empowerment of Women in the South Region Project
The Hashemite Kingdom of Jordan	

I. Project Outline

Background	<p>Though the indicators of primary health care in Jordan were in better situation in comparison with those in the neighboring countries, Jordan was still facing problems of regional gaps and a slow pace of improvement. For example, the total fertility rate (TFR)¹ in three governorates in the south region of Jordan excepting the Governorate of Karak was higher than the national average of 3.6 vis-à-vis the national target of 2.8 in 2015 set by the Jordanian Government. Jordanian women's health, especially for those in childbearing age, was still in needs of further improvement from the aspect of quality reproductive health and family planning (RH/FP) as well as women's empowerment. Under the circumstances, JICA had been assisting the Government of Jordan to improve RH/FP since 1997 through "The Project for Family Planning and Gender in Development Phase I and II (1997-2003)" and "The Enhancing Self-Empowerment of Rural Women in Karak, Jordan with a Reproductive Health Focus (2003-2006)" under the JICA's assistance schemes of the Technical Cooperation Project and the Community Empowerment Program².</p>						
Objectives of the Project	<p>The Project is aiming to make policy recommendations for the improvement of RH/FP based upon the good practices and evidences of improved utilization of RH/FP services through introduction of health educator system (Note1) in the 4 regions in the south of Jordan, thereby contributing to improvement of RH/FP policy environment in Jordan. The project objective is set forth in the PDM Ver. 8 (July 2011).</p> <p>(Note 1) The health educator system is a system for provision of front-line service to facilitate RH/FP and women's empowerment through health educators. The health educators are female hired from community residents and provide the health awareness and counseling through a home visit and services at village health centers. The role of health educators is not only to provide awareness-raising services with regard to RH/FP and women's empowerment, but also to conduct interviews, direct observations and a simple testing (e.g. blood pressure check) as well as basic first aid for understanding of health conditions of family members in addition of targeted women. In addition, the health education is a conventional title used in the project and it is not a formal job title in MOH. In 2012, a health educator was given an official title of "nurse assistant" by MoH.</p>						
	<ol style="list-style-type: none"> Overall Goal: (i) Reproductive Health/Family Planning (RH/FP) in Jordan is improved, (ii) RH/FP Policy Environment in Jordan is improved. Project Purpose: Policy recommendations for the improvement of RH/FP are made based upon the good practices and evidences of improved utilization of RH/FP services in the target area. 						
Activities of the project	<ol style="list-style-type: none"> Project site: 73 villages in the southern region (Aqaba, Ma'an, Tafieleh, and Karak Governorates) Focal Areas: Grain, Tasan in Ma'an, and Al Ghal in Aquaba. Main activities: (i) Advocacy of reproductive health to different target groups (men, youth and women), (ii) provision of front-line service to facilitate RH/FP and women's empowerment through health educators, (iii) establishment of a supportive supervision system to maintain and improve RH/FP and other health service at Village Health Centres (VHCs), and (vi) preparation of guidelines and manuals to ensure the provision of uniform services. Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Japanese Side (1) Dispatch of experts: 5 persons and 1 local consultant (2) Acceptance of trainees in Japan: 6 persons (3) Provision of equipment: Four vehicles for monitoring and supervision activity, Medical Equipment for VHCs, PCs and Printers, Equipment for community development project (Irrigation machinery and greenhouse, Play equipment in the kindergarten, Community meeting goods/tools) </td> <td style="width: 50%; vertical-align: top;"> Jordan Side (1) Counterpart personnel: 42 persons (2) Land and facilities: project office and land (3) Local cost: salaries to counterpart personnel, transport cost, etc. </td> </tr> </table> 					Japanese Side (1) Dispatch of experts: 5 persons and 1 local consultant (2) Acceptance of trainees in Japan: 6 persons (3) Provision of equipment: Four vehicles for monitoring and supervision activity, Medical Equipment for VHCs, PCs and Printers, Equipment for community development project (Irrigation machinery and greenhouse, Play equipment in the kindergarten, Community meeting goods/tools)	Jordan Side (1) Counterpart personnel: 42 persons (2) Land and facilities: project office and land (3) Local cost: salaries to counterpart personnel, transport cost, etc.
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Ex-Ante Evaluation	2006	Project Period	September 2006 – September 2011	Project Cost	Ex-ante: 375 million yen Actual: 430 million yen		
Implementing Agency	The Ministry of Health (MOH), the Higher Population Council (HPC)(the agency in charge of policy dissemination)						
Cooperation Agency in Japan	None						

¹ The average number of children that would be born to a woman over her lifetime.

² Support related to maternal and child health; welfare of the elderly, the disabled and children; and poverty alleviation measures are commissioned by JICA for NGOs active in the regions concerned (local NGOs). At present, the community empowerment program is no more an independent project and implemented as one component of the technical cooperation project.

II. Result of the Evaluation

<Issues to be considered at ex-post evaluation>

- (1) **Understanding of achievement of project purpose:** The Project Design Matrix (PDM) set three indicators for project purpose. However, indicator 1 and 2 do not properly measure the project purpose of “make policy recommendation” because indicator 1 and 2 do not logically relate to the project purpose and they are rather the indicators to confirm the contribution of the project activities to the project purpose. Therefore, in this ex-post evaluation, the degree of achievement of project purpose is examined based on Indicator 3 and supplement information such as whether the policy recommendations were made based upon the good practices and evidences extracted from the project.
- (2) **Redefinition of overall goal:** Considering the logical sequence between the project purpose and two overall goals, the first overall goal “(i) Reproductive Health/Family Planning (RH/FP) in Jordan is improved” is expected to be realized only after the second overall goal “(ii) RH/FP Policy Environment in Jordan is improved” is achieved. That is, two goals with different time of achievement are stated as a single overall goal. While, the improvement of RH/FP in Jordan is not necessarily attributed to this project, and the contribution of the project is limited. Considering the above, this ex-post evaluation places an importance on the second overall goal and mainly examines the degree of achievement of the second overall goal for assessment of overall goal of this project.

1 Relevance

<Consistency with Development Policy of Jordanian Government at the time of ex-ante evaluation and the project completion>

This project was consistent with Jordan’s development policy of “improvement in accessibility and quality of basic health services including reproductive health and family planning” as set forth in the policy documents including the National Health Strategy (2005-2010), the Reproductive Health Action Plan (RHAP) (2008-2012) and RHAP (2013-2017).

<Consistency with Development Needs of Jordan at the time of ex-ante evaluation and the project completion>

This project met the development needs of Jordan to promote RH/FP in the rural and remote area in the country.

<Consistency with Japan’s ODA Policy for Jordan at the time of ex-ante evaluation>

The project was consistent with Japan’s Country Assistance Policy for Jordan (2006) to support family planning as one of the priority areas.

<Evaluation Results> In the light of above, the relevance of this project is high.

2 Effectiveness/Impact

<Status of Achievement of the Project Purpose at the time of project completion>

The project purpose was achieved by the project completion. The project was able to propose the two RH/FP policy briefs by the project completion such as “Home Visit as a Vehicle for Behavioral Change in Contraceptive Usage among Women in Rural Communities of Jordan” and “Tackling the Plateau of Family Planning Practice in Jordan through Women’s Self-Empowerment” containing seven RH/FP policy recommendations (refer to Box 1). The Contraceptive Prevalence Rate (CPR) in the target area did not attain its target value of 53.0% (2011), however, as long as CRP of married women who received home visit by health educators, it attained the target value. The utilization rate of postnatal care improved from 25.0 % (2008) to 36.6 % (2011), but it did not attain its target value of 63.2% (2011) yet. However, 36.6% was a similar level of neighboring countries/regions such as Syria and Palestine. The above results indicated that promotion of RH/FP services by the project was effective in improvement of CPR and utilization rate of postnatal care in the target area. Based on these results (evidences), the above policy recommendations were proposed.

<Continuation Status of the Project Effect at the time of ex-post evaluation>

The health educator system introduced by the project has been maintained in the target area to some extent. The CPR and utilization rate of postnatal care in the target area had increased continuously and shown a significant improvement after project completion. For example, the CPR increased to 61.3% and postnatal care rate increased 92.8% in 2012³. As health educators who were employed and trained by the project have been conducting home visit and health education continuously after the project completion by using the guidelines and manuals prepared by the project, it has contributed to the increase of CPR and postnatal care rate. According to MoH, there are other several factors that much contributed to these improvements such as the Jordanian government initiatives for raising awareness of RH/FP for health care providers’ collaboration with the private sector, implementation of health sector projects regarding family planning, maternal and child health by other donors such as USAID, BCG vaccination by other donors, and so on.

<Status of Achievement of the Overall Goal at the time of ex-post evaluation>

The overall goal has been achieved. The three policy recommendations out of seven RH/FP policy recommendations such as recommendations on “Creating a new job cadre for personnel who will conduct home visits and offer other services at VHCs, including the modification of the HEs’ current job title as a Service Worker”, “Training existing personnel and/or the newly recruited at VHCs according to the guide for VHCs health staff” and “Train health care providers on self-empowerment” were adopted by MoH. For example, MoH gave an official title of “nurse assistant” to a health educator in 2012. Also, MoH conducts refresh training for the existing staff at VHCs at a level of Regional Health Directorate when the Directorate is supportive of the training. Also MoH provides training about self-empowerment for their staff using the training materials developed by the project. Regarding other recommendations, MoH has been

Box 1: Two Policy Brief with Seven RH/FP Policy Recommendations proposed by the Project

(Policy Brief) Home Visit as a Vehicle for Behavioral Change in Contraceptive Usage among Women in Rural Communities of Jordan

- (1) Creating a new job cadre for personnel who will conduct home visits and offer other services at VHCs, including the modification of the HEs’ current job title as a Service Worker
- (2) Training existing personnel and/or the newly recruited at VHCs according to the guide for VHCs health staff
- (3) Endorsing two kinds of contraceptives, pills and condoms, to be available at VHCs
- (4) Letting existing personnel and/or the newly recruited conduct home visits and monitoring/supervising them according to the guidelines for VHCs
- (5) Making sure the doctor’s visit as scheduled

(Policy Brief) Tackling the Plateau of Family Planning Practice in Jordan through Women’s Self-Empowerment

- (6) Advocate self-empowerment to donors and program planners/managers
- (7) Train health care providers on self-empowerment

³ The data in 2013 and 2014 are not available because Department of Statistics, MoH publishes data every 5 years only and MoH does not make up date by themselves. Meanwhile, the aforementioned data in 2011 were collected through the sample survey conducted by the terminal evaluation in 2011.

facing difficulties to adopt them because MoH has been obliged to allocate their resources to the humanitarian support for the refugees from Syria caused by the recent Syrian civil wars and conflict. Therefore, the good practices of the project for improvement of RH/FP services through introduction of health educator system and raising awareness of women, men, and the youth on RH/FP has not been disseminated actively to other regions of Jordan except the project target area in the south region. Both CPR and utilization rate of postnatal care in Jordan have been achieved their respective targets in respective years, but the Total Fertility Rate (TFR) is not expected to be achieved the target of 2.8 by 2015 since it seems the target value itself was not realistic. As mentioned earlier, the improvement of CPR and postnatal care rate were mainly contributed by the external factors such as the other donors' intervention to RH/FP sector in Jordan as well as this project.

<Other Positive and Negative Impacts>

The project has positive impacts on improvement in accessibility of health services at VHCs. According to the interview with local community people in the target area (Ma'an, Karak, Aqaba and Tfieleh), they used to go other health centers such as Primary Health Center (PHC) and Comprehensive Health Center (CHC) frequently because VHCs are not open regularly and types of health services were limited. However, after the health educators started work at VHCs, the local people became to receive RH/FP service at any time and the availability of type of health service was increased at VHCs nearby. In addition, through follow-up activities of this project conducted in 2012 and 2013, the guidelines, manuals and other materials developed by the project were introduced to 7 VHCs in Mafraq and 5 VHCs in Jerash in the northern part of Jordan. 2 out of 7 VHCs in Mafraq started home visit, materials and manuals are utilized by health educators of those VHCs. No negative impact on natural environment was observed and no land acquisition and resettlement was occurred by the project.

<Evaluation Results>

In the light of the above, effectiveness/Impact of the project is high.

Achievement of project purpose and overall goal

Aim	Indicators	Results
(Project Purpose) Policy recommendations for the improvement of RH/FP are made based upon the good practices and evidences of improved utilization of RH/FP services in the target area	(Indicator 1) Contraceptive Prevalence Rate (CPR) in the target area will increase from 44.0% (2007) to 53.0% by 2011.	<u>Status of achievement: Not achieved</u> (Project Completion) <ul style="list-style-type: none"> CRP in the target area in 2011 was 50.4 % and did not achieve the target value of 53% (Achievement against target value is 71.1% in terms of rate of increase). However, CRP of married women with home visit intervention demonstrated greater increase in comparison with that without home visit intervention (49.6% vs. 55.6%, respectively), and those with intervention was attained the target value 53%.
	(Indicator 2) Utilization of postnatal care in the target area will be increased from 25.0% (2008) to 63.2% by 2011.	<u>Status of achievement: Not achieved</u> (Project Completion) <ul style="list-style-type: none"> Certain increase was observed in utilization rate of postnatal care from 2008 to 2011 (25.0% vs. 36.6%), but the target value of 63.2% was not attained.
	(Indicator 3) At least three RH/FP policy recommendations which are approved by the Project Steering Committee are submitted either to HPC or MOH by 2011.	<u>Status of achievement: Achieved</u> (Project Completion) <ul style="list-style-type: none"> Seven RH/FP policy recommendations were proposed and submitted by the project.
(Overall goal) (i) RH/FP in Jordan is improved	(Indicator i-1) Total Fertility Rate (TFR) in Jordan will decrease from 3.6 (2007) to 2.8 by 2015	<u>Status of achievement: Not achieved</u> (Ex-post evaluation) <ul style="list-style-type: none"> It was confirmed that TFR in Jordan decreased to 3.5 in 2012. However, TFR is not expected to be decreased to 2.8 by 2015 because it decreased only 0.1 during 5 years in 2007-2012. MoH modified the target value from 2.8 to 3.1 by 2015.
	(Indicator i-2) Contraceptive Prevalence Rate (CPR) in Jordan will increase from 57.1% (2007) to 62.41% by 2012	<u>Status of achievement: Mostly Achieved</u> (Ex-post evaluation) <ul style="list-style-type: none"> CPR in Jordan increased to 61.3% in 2012 (79.1% of target value in terms of rate of increase).
	(Indicator i-3) Utilization of postnatal care in Jordan will increase from 68% (2007) to 75% by 2017	<u>Status of achievement: Achieved</u> (Ex-post evaluation) <ul style="list-style-type: none"> Utilization rate of postnatal care in Jordan increased to 82% in 2012 which already met the target value for 2017.
(ii) RH/FP Policy Environment in Jordan is improved	(Indicator ii-1) At least two RH/FP policies recommended by the project are adopted either through HPC or by MOH by 2015.	<u>Status of achievement: Achieved</u> (Ex-post evaluation) <ul style="list-style-type: none"> The following three recommendations were adopted by MOH <ul style="list-style-type: none"> ➤ Creating a new job cadre for personnel who will conduct home visits and offer other services at VHCs, including the modification of the HEs' current job title as a Service Worker ➤ Training existing personnel and/or the newly recruited at VHCs according to the guide for VHCs health staff ➤ Train health care providers on self-empowerment

Source: Terminal evaluation report, Project completion report, Interviews with counterparts.

3 Efficiency

The project period was within the plan (ratio against the plan: 100%), the project cost was slightly higher than the plan (ratio against the plan: 115%) because the project increased the number of experts. Therefore, efficiency of the project is fair.

4 Sustainability

<Policy Aspect>

The improvement of RH/FP environment including improvement of accessibility and quality of RH/FP information and services has been promoted by the National Reproductive Health/Family Planning Strategy (2013–2017) established by the Higher Population Council (HPC).

<Institutional Aspect>

The Regional Health Directorate (RHD), which is a branch office of MoH, established at each four target governorates (Ma'an, Karak, Aqaba and Tfielih Governorates) are in charge of supportive supervision for the health educator system and VHCs in the target area. 3-5 supervisors were assigned at each RHD. In overall, the supportive supervision, monitoring of the health indicators as well as information sharing with stakeholders have been conducted mostly sufficiently by supervisors of RHDs in the four target governorates. RHDs of the four target governorates have conducted supportive supervision by visiting VHCs and meeting with health educators in their responsible area on a quarterly bases as well as frequent communication and consultation with them via telephone and e-mail. The health educator system has been maintained in the target area. 33 out of 54 health educators who were recruited and trained by the project have been working continuously. The rest of 21 health educators were transferred to other health centers or hospitals due to a personnel rotation and they are not able to continue their tasks of health educator at the new work place because of changes in their responsible duties and scope of works. Regarding VHCs where no health educator is assigned due to a personnel rotation, health educators working at the nearest VHCs visit these VHCs and provide the services supplementary. In 2012, the MoH officially certified the title of "nurse assistant" for a health educator as a government employee. While, a difference in motivation between RHD staff of Karak and Aqaba and that of Ma'an and Tafieleh for supervising health educator's activities was observed. It seems that RHD staff of Karak and Aqaba are more active than that of Ma'an and Tafieleh for supportive supervision activities.

<Technical Aspect>

The active 33 health educators have maintained the knowledge and skills trained by the project and they have been providing counseling service at VHCs and home visit activities continuously. The training for the existing health educators has been conducted continuously to some extent in three RHDs in Ma'an, Karak, Aqaba, covering the subjects of family planning, counseling, vaccination, seasonal disease, breast cancer self-detection, prenatal awareness, first aid, and so on. However, the training has been stopped in RHD in Tfielih due to lack of budget. While, it is confirmed that all guidelines, manuals and materials developed by the project have been utilized by the staff of RHD, VHCs and health educators in the target area.

<Financial Aspect>

A specific budget for the health educator system is not allocated to each RHD by MoH. All RHD reported that all expenses related to maintaining the services of VHCs and cost for VHC renovation are covered by the RHD's general budget. Since approximately 60% of health educators trained by the project have been working continuously after the project completion, it is considered that the minimum budget to sustain the health educator system has been secured.

<Evaluation Results>

Some problems have been observed in technical and financial aspects. Therefore, sustainability of the project is fair.

5 Summary of the Evaluation

This project has achieved the project purpose and overall goal. The project was able to propose seven RH/FP policy recommendations based on the good practice and evidences of improved utilization of RH/FP services in the target area. It was confirmed that two out of seven policy recommendations were already adopted and implemented by MoH at the time of ex-post evaluation. After the project completion, the key RH/FP indicators such as CPR and utilization rate of postnatal care in Jordan indicated a significant increase and met their respective target values. This positive result is mainly attributed to the external factors such as the other donors' intervention to RH/FP sector in Jordan in addition to the project. While, the good practices of the project for improvement of RH/FP services through introduction of health educator system and raising awareness of women, men, and the youth on RH/FP has not been disseminated actively to other regions of Jordan except the project target area in the south region at the time of ex-post evaluation since MoH has been obliged to allocate their resources to the humanitarian support for the refugees from Syria caused by the recent Syrian civil wars and conflict. Regarding the sustainability, there are some problems in terms of technical and financial aspects due to issue of capacity of some RHDs in maintaining the health educator system and limited budget. The efficiency of the project is fair because project cost was slightly higher than the plan due to an increase in the number of experts.

In the light of above, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

- To keep motivation of HEs and refresh their knowledge, it is recommended that MoH send HEs to trainings which are done by donors actively.
- Since home visit is proved to be a good approach in improving CRP and PNC rate, it is recommended that MoH collaborates with NGOs which are implementing home visit program and share knowhow and manuals with them as MoH deems necessary to let them expand their activity to rural areas.
- It is recommended that MoH allocates the needed budget, staff and logistics for conducting the planned supervision and follow up both at MOH central and RHD level.

Lessons learned for JICA

- As the decision-making by top-down is commonly observed in the middle eastern counties, it is important to strengthen the supervision system of the headquarter level for ensure the sustainability of the project even though the intervention of the project mainly targets to the rural and district level. In this regard, in order to keep the motivation of supervisors of RHD, the project should have included the

activities to strengthen supervision system of MOH central to RHD such as functional enhancement of supervision system of MOH central.



HE in Aqaba is explaining about manuals provided by the project



Interview at VHC in Ma'an