

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

I. Project Outline

Background	The health service provision was under serious stress in Jordan due to a massive inflow of Syrian refugees into the country. There were approximately 630,000 Syrian refugees in Jordan and 80% of them lived outside refugee camps (2015). Many refugees were in the northern region (11.9% in Mafraq, 22.3% in Irbid and 3% in Balqa). The bed occupancy rates of some hospitals in the northern region exceeded 100%, and more than half of women who gave birth in the Mafraq Obstetric Hospital were Syrian refugees. There were critical needs to maintain the quality and the quantity of health services for Jordanians in the host communities as well as for Syrian refugees.										
Objectives of the Project	Through the improvement of the facility environment, capacity development of health staff, implementation of health promotion activities, the project aims at improving the service delivery function of the focus Village Health Centers (VHCs), thereby contributing to ensuring the access to quality and quantity Reproductive Health (RH)/Family Planning (FP) and primary health services for Jordanians and Syrian refugee who live in rural areas.										
	<ol style="list-style-type: none"> Overall Goal: 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. Project Purpose: Service delivery function of the focus Village Health Centers (VHCs) is improved. 										
Activities of the project	<ol style="list-style-type: none"> Project site: Governorates of Mafraq, Irbid and Balqa. Main activities: Development of the supervision manual for VHCs, modification of the standard operating procedures for referral system for VHCs, training for nurse assistants and other related health staff at VHCs, implementation of VHCs' health promotion activities, etc. Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Japanese Side</td> <td style="width: 50%;">Jordanian Side</td> </tr> <tr> <td>1) Experts: 4 persons</td> <td>1) Staff allocated: 13 persons</td> </tr> <tr> <td>2) Training in Japan: 6 persons</td> <td>2) Facility: office space, etc.</td> </tr> <tr> <td>3) Equipment: vehicle, basic equipment of VHCs, office equipment, mobile health clinic, etc.</td> <td>3) Operational cost: running expenses for the mobile health clinic, etc.</td> </tr> </table> 			Japanese Side	Jordanian Side	1) Experts: 4 persons	1) Staff allocated: 13 persons	2) Training in Japan: 6 persons	2) Facility: office space, etc.	3) Equipment: vehicle, basic equipment of VHCs, office equipment, mobile health clinic, etc.	3) Operational cost: running expenses for the mobile health clinic, etc.
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Project Period	(ex-ante) February 2016 to February 2018 (24 months) (actual) April 2016 to April 2018, July 2018 to January 2019 (31 months) (Extension period: July 2018 to December 2018)	Project Cost	(ex-ante) 202 million yen, (actual) 210 million yen								
Implementing Agency	Ministry of Health										
Cooperation Agency in Japan	Earth and Human Corporation, Nagasaki University, IC Net Limited.										

II. Result of the Evaluation

1 Relevance/Coherence
<p>[Relevance]</p> <p><Consistency with the Development Policy of Jordan the time of Ex-ante Evaluation></p> <p>In the "National Health Strategy" (2013-2017), priority issues included improvement of health service quality, safety and continuity, prevention of non-communicable diseases, strengthening of reproductive health, family planning and child care services. Also, the "National Resilient Plan" (2014-2016) identified issues including increased prevalence and disease risk in host communities, surging needs for health services, and risk of deterioration of key health indicators. The project was consistent with the development policy of Jordan at the time of ex-ante evaluation.</p> <p><Consistency with the Development Needs of Jordan at the time of Ex-ante Evaluation></p> <p>There were approximately 630,000 Syrian refugees in Jordan and 80% of them lived outside refugee camps in 2015. The bed occupancy rates in some hospitals in the northern region exceeded 100%. Thus, the project was consistent with development needs of Jordan to maintain the quality and the quantity of health services for Jordanians as well as for Syrian refugees at the time of ex-ante evaluation.</p> <p><Appropriateness of Project Design/Approach></p> <p>No problem attributed to the project design/approach was confirmed.</p> <p><Evaluation Result></p> <p>In light of the above, the relevance of the project is③¹.</p> <p>[Coherence]</p> <p><Consistency with Japan's ODA Policy at the time of Ex-ante Evaluation></p> <p>In the "Country Assistance Policy for the Hashemite Kingdom of Jordan" (2012), one of the priority areas was poverty reduction and reduction of social disparities, and support was expected for socially vulnerable groups. Thus, the project was consistent with Japan's ODA policy at the time of ex-ante evaluation.</p>

¹ ④ : very high, ③ : high, ② : moderately low, ① : low. *To be the same afterwards.

<Interlinkage with other JICA's Interventions>

Any synergy effect by the interlinkage between the project and other JICA's intervention was not clearly planned at the time of ex-ante evaluation.

<Cooperation with Other Institutions/Coordination with International Frameworks>

Any cooperation/coordination with donors or international frameworks was not clearly planned at the time of ex-ante evaluation.

<Evaluation Result>

In light of the above, the coherence of the project is ②.

[Evaluation Result of Relevance/Coherence]

In the light above, the relevance/coherence of the project is ③.

2 Effectiveness/Impact

<Status of Achievement for the Project Purpose at the time of Project Completion>

At the time of project completion, the Project Purpose was almost achieved as planned. Supervisions by Women and Child Health Division (WCHD) showed improvement of Focus VHCs (Indicator 1), as MWs were available, RH registration records were in place, and all necessary equipment and furniture were developed at all Focus VHCs. The number of referral cases to other MOH health facilities was on an increasing trend in 2017 but decreased in 2018 (Indicator 2), because the capacity of VHCs improved and fewer clients needed to be referred, according to WCHD. The number of VHC services increased (Indicator 3). In 2016, no Focus VHCs provided MCH services. After the training and midwives' assignment, all VHCs came to provide the complete range of MCH services in 2018. The number of clients in childcare and FP increased drastically after the training (Indicator 4). On the other hand, ANC and PNC tended to slightly increase but reached a plateau.

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

By the time of ex-post evaluation, the project effects have partially continued. VHCs sustained health promotion activities until 2019 and then stopped in 2020 due to the lockdown and distancing restrictions of the pandemic of COVID-19. During the pandemic period, the number of health personnel was reduced to avoid the infection at VHC. Before the pandemic of COVID-19, promotion activities included awareness raising activities for center users, community residents and students, through lectures and materials such as posters brochures. The mobile clinic has been operating in the Governorate of Mafrq even after the pandemic. Among the 14 Focus VHCs, 13 centers have provided the complete range of MCH services with the assigned midwives and equipment and kept RH registration records. However, the number of clients of RH services (ANC, PNC, FP, and childcare) has decreased because center users avoided contact with other people due to the pandemic of COVID-19. At VHC of Um Ayash, the service provision has been limited because of the shortage of staffing. After the pandemic of COVID-19, center users have still tended to refrain from coming to the center, and thus the midwives in Al Balawneh were transferred for supporting COVID-19 vaccination efforts. Clients who used to visit the center have been referred to the nearby Primary Health Center.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

At the time of ex-post evaluation, it is judged that the Overall Goal has been achieved almost as planned. Experiences of the Focus VHCs have been exchanged and diffused by the Community Health Committees. The number of Jordanian clients of FP services at VHCs increased in 2019, decreased in 2020 and again increased in 2021 in the three Directorates (Indicator 1) due to the pandemic of COVID-19. The number was expected to increase in 2022, as it reached more than one-third of the previous year's number as of April. The number of Syrian refugee clients has increased at Irbid but been mostly on the same trend. However, it has been difficult to strictly identify the trend, because Syrian refugees have often changed the residential location due to work necessities and some have returned back to their country. The number of vaccination clients increased in 2019 but decreased in 2020 and again increased in 2021 (Indicator 2). Like the number of FP clients, the number of vaccination clients was expected to increase in 2022, as it reached more than one-third of the previous year's number as of April. Considering the number of target Syrian clients was small and affected by external factors such as the change in their residential location, it is judged that the Overall Goal has been achieved almost as planned.

<Other Impacts at the time of Ex-post Evaluation>

The following positive impacts have been confirmed in the ex-post evaluation. First, women have become empowered on matters of women and child health and shared decisions with their husband on FP more than before by using FP methods, according to the Women and Child Health Directorate of MOH. Men's participation in the awareness raising sessions also promoted women's empowerment and decision on the pregnancy spacing. Second, synergy effects with the preceding project in the southern region, "Integrating Health and Empowerment of Women in the South Region Project" (2006-2011) have occurred. The operational manual for VHC and promotional materials developed by the preceding project have been updated and utilized by VHCs in the northern region. Third, the mobile clinic was used by MOH to support COVID-19 vaccination efforts in Al Mafrq Northern Eastern Desert to reach out the residents in remote areas. Fourth, the project had good coordination with the Ministry of Health and other donors including the United Nations Population Fund (UNFPA), World Health Organization (WHO), and United States Agency for International Development (USAID). From the beginning, the project attended meetings such as the Health Development Partners Forum to share the project progress with these partners. The project was implemented at the peak of the Syrian crisis and the arrival of many Syrian refugees to Jordan and many organizations stepped in to support the Jordan health system. Therefore, the project effort for donor coordination was very effective to avoid any duplication and to create synergies.

<Evaluation Result>

In light of the above, the effectiveness/impact of the project is ③.

Achievement of the Project Purpose and Overall Goal

Aim	Indicators	Results	Source
(Project Purpose) Service delivery function of the focus Village Health Centers (VHCs) is improved.	Indicators: 1. Results of supervision received from WCHD, Ministry of Health (MOH) are improved	Status of the achievement (Status of the continuation): Achieved (Continued). (Project Completion) ● Among 14 Focus VHCs, at the baseline survey in 2016 only two midwives were available, but 12 were available in 2018. ● In 2018, all RH registration records were in place at all Focus	Project Completion Report.

		<p>VHCs. In 2016, RH registration records (ANC, PNC, vaccination, childcare, FP and monthly reports) were not developed except for records of vaccinations and monthly reports.</p> <ul style="list-style-type: none"> By 2018, all the necessary equipment and furniture (waiting seats, filing cabinet, height scales for baby under 2, weighing scales for adults, refrigerator, side lamp and fetal heart detector) were in place at all Focus VHCs. <p>(Ex-post Evaluation)</p> <ul style="list-style-type: none"> Among the 14 Focus VHCs, midwives, RH registration records and necessary equipment and furniture have been in place at 13 VHCs. At VHC of Um Ayash, no midwife and RH registration records have not been available since the pandemic of COVID-19. 	Health Directorates of Mafraq, Irbid and Balqa																																														
	2. Number of referral cases to other MOH health facilities is increased.	<p><u>Status of the achievement (Status of the continuation): Partially achieved (Partially continued).</u> (Project Completion)</p> <ul style="list-style-type: none"> The number of referral cases of ANC clients from VHCs varied from 1 to 23, depending on months. It increased by October 2018 and then was on a slight decreasing trend. <p>(Ex-post Evaluation)</p> <ul style="list-style-type: none"> There has been no referral case to other MOH facilities in Irbid and Mafraq since 2019. The number of referral cases in Deir Alla, Balqa has increased from 1 in 2020 to 11 in 2022. 	Project Completion Report. VHCs.																																														
	3. Total number of MCH/FP services provided at the focus VHCs are increased.	<p><u>Status of the achievement (Status of the continuation): Achieved (Continued).</u></p> <ul style="list-style-type: none"> The number of services provided increased. All Focus VHCs provided the complete range of MCH services in October 2018 (ANC, PNC, vaccination, childcare, and FP). <p>(Ex-post Evaluation)</p> <ul style="list-style-type: none"> 13 Focus VHCs have provided the complete range of MCH services, but not at VHC of Um Ayash. 	Project Completion Report. MOH.																																														
	4. Number of clients who received RH (ANC, PNC, FP, Childcare) services in focus VHCs).	<p><u>Status of the achievement (Status of the continuation): Achieved (Not continued).</u></p> <ul style="list-style-type: none"> The number of clients in Childcare and FP increased drastically. ANC and PNC slightly increased but reached a plateau. <p>(Ex-post Evaluation)</p> <ul style="list-style-type: none"> The number of clients who received RH services in the Focus VHCs decreased from 2019. <table border="1"> <thead> <tr> <th></th> <th>2019</th> <th>2020</th> <th>2021</th> </tr> </thead> <tbody> <tr> <td>Childcare</td> <td>231</td> <td>165</td> <td>162</td> </tr> <tr> <td>Family planning</td> <td>164</td> <td>164</td> <td>95</td> </tr> <tr> <td>ANC</td> <td>1,390</td> <td>1,216</td> <td>1,145</td> </tr> <tr> <td>PNC</td> <td>2,985</td> <td>2,549</td> <td>1,699</td> </tr> </tbody> </table>		2019	2020	2021	Childcare	231	165	162	Family planning	164	164	95	ANC	1,390	1,216	1,145	PNC	2,985	2,549	1,699	Project Completion Report. MOH.																										
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(Overall goal) More Jordanians and Syrian refugee who live in rural areas in the project sites can access quality and quantity Reproductive Health (RH)/Family Planning (FP) and primary health services.	1. Number of FP clients at all VHCs in the project sites is increased (both for Jordanians and Syrian refugee) (provision of contraceptives)	<p><u>Status of the achievement: Partially achieved.</u> (Ex-post Evaluation)</p> <ul style="list-style-type: none"> The number of FP Jordanian clients increased in 2019 but decreased in 2020 and again increased in 2021. The number of Syrian refugee clients has increased at Irbid but been mostly on the same trend at Mafraq and Balqa. <table border="1"> <thead> <tr> <th></th> <th></th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022 (-April)</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Mafraq</td> <td>Jordanian</td> <td>1,254</td> <td>1,554</td> <td>1,360</td> <td>1,503</td> <td>623</td> </tr> <tr> <td>Syrian</td> <td>12</td> <td>8</td> <td>7</td> <td>10</td> <td>5</td> </tr> <tr> <td rowspan="2">Irbid</td> <td>Jordanian</td> <td>1,289</td> <td>1,399</td> <td>933</td> <td>1,185</td> <td>310</td> </tr> <tr> <td>Syrian</td> <td>8</td> <td>12</td> <td>16</td> <td>22</td> <td>4</td> </tr> <tr> <td rowspan="2">Balqa</td> <td>Jordanian</td> <td>170</td> <td>161</td> <td>173</td> <td>163</td> <td>77</td> </tr> <tr> <td>Syrian</td> <td>2</td> <td>1</td> <td>4</td> <td>2</td> <td>3</td> </tr> </tbody> </table>			2018	2019	2020	2021	2022 (-April)	Mafraq	Jordanian	1,254	1,554	1,360	1,503	623	Syrian	12	8	7	10	5	Irbid	Jordanian	1,289	1,399	933	1,185	310	Syrian	8	12	16	22	4	Balqa	Jordanian	170	161	173	163	77	Syrian	2	1	4	2	3	MOH.
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	2. Number of vaccination clients at all VHCs is increased (both for Jordanians and Syrian refugee)	<p><u>Status of the achievement: Almost achieved as planned.</u> (Ex-post Evaluation)</p> <ul style="list-style-type: none"> The number of vaccination clients increased in 2019 but decreased in 2020 and again increased in 2021. <table border="1"> <thead> <tr> <th></th> <th></th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022 (-April)</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Mafraq</td> <td>Jordanian</td> <td>1,726</td> <td>1,724</td> <td>1,491</td> <td>2,297</td> <td>776</td> </tr> <tr> <td>Syrian</td> <td>229</td> <td>279</td> <td>329</td> <td>205</td> <td>149</td> </tr> <tr> <td rowspan="2">Irbid</td> <td>Jordanian</td> <td>1,193</td> <td>1,226</td> <td>1,180</td> <td>1,313</td> <td>457</td> </tr> <tr> <td>Syrian</td> <td>88</td> <td>91</td> <td>72</td> <td>64</td> <td>37</td> </tr> <tr> <td rowspan="2">Balqa</td> <td>Jordanian</td> <td>358</td> <td>397</td> <td>365</td> <td>230</td> <td>97</td> </tr> </tbody> </table>			2018	2019	2020	2021	2022 (-April)	Mafraq	Jordanian	1,726	1,724	1,491	2,297	776	Syrian	229	279	329	205	149	Irbid	Jordanian	1,193	1,226	1,180	1,313	457	Syrian	88	91	72	64	37	Balqa	Jordanian	358	397	365	230	97	MOH.						
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3 Efficiency

Both the project cost and the project period exceeded the plan (ratio against the plan: 104% and 129%, respectively). The project period was extended to secure enough time to fully develop and sustain the operation of the mobile clinic which was introduced late in the original project period. The project cost exceeded the plan because of the activities in the extended period and other combined factors. An interruption of one month (from May to June, 2018) only was recorded, until an expert was recruited by JICA for undertaking the implementation of the designated activities under the project extension period.

On the other hand, outputs were produced as planned. Therefore, the efficiency of the project is ③.

4 Sustainability

<Policy Aspect>

Promotion of RH, FP and primary health services has been prioritized in the “National Health Strategy for Family Planning” (2019-2023), the “National Health Strategy” (2018-2022) and the “Jordan Response Plan for Syrian Crisis” (2020-2022). Thus, the political backup would be sustained.

<Institutional/Organizational Aspect>

WCHD at each Health Directorate has been responsible to provide RH, FP, childcare services strengthened by the project. Comprehensive Health Centers, Primary Health Centers and VHCs have been functioning under the Health Directorate. Each VHC has been supposed to have a part-time doctor, midwife, nurse, assistant pharmacist, accountant and cleaning staff. However, the number of doctors and nurses has not been sufficient at the primary level due to the turnover of MOH personnel, although nurses and drivers have been assigned for mobile clinic as planned. Since strengthening VHCs, which serve as the primary level healthcare, is one of the priority areas of MOH, MOH is likely to increase the number of VHCs have been monthly supervised by WCHD.

<Technical Aspect>

The health personnel of Focus VHCs and mobile clinic have sustained knowledge and skills for RH, FP, childcare services, through training and circulation of official letters pertaining updated protocols and instructions related to women and child health services. MOH answered that capacity building would continue. Upon monthly supervisions, midwives and maternity health staff have had meetings and follow-ups with the supervisors. Educational materials such as FP flipcharts and the Mobile Clinic Manual developed by the project been utilized.

<Financial Aspect>

The budget information on the service provision of VHCs and the operation and maintenance of mobile clinics was not available in the ex-post evaluation. However, considering the continuity of complete MCH services at most of Focus VHCs, it has been presumed that the budget has been secured to a certain extent, although they may face financial challenges to provide additional RH and FP services.

<Environmental and Social Aspect>

No issue on environmental and social aspect by the provision of RH, FP and primary health services has been observed and it has not been necessary to take any countermeasures.

<Evaluation Result>

In light of the above, slight problems have been observed in terms of the institutional/organizational and financial aspects of the implementing agency. Therefore, the sustainability of the project effects is ③.

5 Summary of the Evaluation

The project mostly achieved the Project Purpose which was to improve service delivery functions of VHCs. Most VHCs have continued the provision of RH, FP and primary health services for Jordanians and Syrian refugee who live in rural areas, though the service provision was limited during the pandemic of COVID-19. Experiences of the Focus VHCs have been shared and diffused. Service provision of FP and vaccination has increased in Mafraq and Irbid. Regarding sustainability, capacity building of the health staff has been sustained and the materials developed by the project have been utilized. As for the project efficiency, while both the project cost and period exceeded the plan, the expected outputs were achieved by extending the project period.

Considering all of the above points, this project is evaluated to be highly satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

- Restrictions to prevent infection of COVID-19 have been loosed. It is recommended to the Health Communication and Awareness Directorate and the Women and Child Health Directorate of MOH to give instructions to VHCs to reactivate the activities of the Community Health Committees for awareness raising on health issues and utilization of VHC services.

Lessons Learned for JICA:

- In the project, the mobile clinic was introduced, and this has been very effective for reaching out and delivering services to beneficiaries living in remote areas and also Syrian refugees living in tents and moving seasonally from one area to another and changing the residential location for job opportunities. It was also utilized for the special purpose such as COVID-19 vaccination efforts. Synergies with online medical services are also expected in the future. When target beneficiaries include residents in remote areas or non-permanent residents, mobile means should be integrated into the regular service provision with the secured budget.



Interview with MoH Monitoring and Supervision Staff at Dahal VHC, at Mafraq.



Fetal Doppler provided by the project.