

PD-AAV-109

48923

278-0208

HEALTH MANAGEMENT SERVICES DEVELOPMENT

END OF PROJECT REPORT

AND

END OF TOUR REPORT

OF

WILLARD H. BOYNTON, C.O.P.

INTRODUCTION

This report was prepared to serve as an end-of-tour report for Boynton and an end-of-project report for the Health Management and Services Development Project.

The report was designed to read as a narrative with a minimum of references. The reader who wishes more detail is referred to appendix A which has a chronological listing of events. For even more detail, AID, MOH and Westinghouse have a complete set of 20 quarterly reports.

Since the writer worked in the project only for the final year, November 1, 1984 - October 31, 1985, his personal knowledge of the early days of the project is incomplete. Therefore, he depended on documents mentioned in the text and personal interviews to complete the report.

TABLE OF CONTENTS

HISTORY OF HMSP PROJECT	1
PROJECT STAFFING	3
PROJECT AND CONTRACT GOALS, PURPOSES AND OBJECTIVES	5
PROJECT ACCOMPLISHMENTS AND ACTIVITIES	13
SUMMARY AND EVALUATION	14
ANNEX A LIST OF ACCOMPLISHMENTS OF THE HMSD PROJECT	
ANNEX B SUMMARY OF THE FIVE YEAR HEALTH PLAN 1986-1990	

HISTORY OF HMSD PROJECT

In 1976 Westinghouse sent a team of several health specialists to Jordan at the request of AID for a three months review of health in Jordan. They made a diagnosis of the health situation in Jordan and decided the treatment was the development of a planning unit. Subsequently, Dr. Farai, an Egyptian/American, was provided by AID/J to develop the organizational structure for the planning unit and job descriptions for the M.O.H. His work was unacceptable to the Ministry of Health (MOH) and was modified.

In 1977 the MOH had a Division of External Relations and Planning with little emphasis of planning. By 1980 the planning part was replaced by a separate Directorate of Planning, Training and Research with Dr. Mahmoud Shahid as the Director, and Drs. Lubani and Hamdan among the staff members.

By June 1977 AID/J had signed a Project Paper to provide U.S. \$1,370,000 for a Health Planning and Services Development Project with the MOH. The project was to last two years and had two major objectives: (1) establish a health planning unit, and (2) upgrade basic health services.

By September 1977 there was a Project Grant Agreement (No. 278-0208) between the Hashemite Kingdom of Jordan (HKJ) and the United States of America (USA) for Health Planning and Services Development. This project provided U.S. \$1,554,000 for contract services, \$51,000 for participant training, \$110,000 for commodities and \$60,000 for "other". The grant was amended four times to extend the end of the Project Assistance Completion Date (PACD) to March 31, 1981 and later to October 31, 1985, and to increase the funding to U.S. \$1,875,000 and later to \$2,875,000 plus \$208,000 from funds previously obligated under Technical Services and Feasibility Studies for a total U.S. Dollar contribution of \$3,083,000.

In July 1980 a contract agreement was made between the MOH and the Westinghouse Electric Corporation, Health Systems Division, for technical assistance for the Health Planning and Services Development (HPSD) Project. This contract was financed with U.S. \$1,657,790 from AID grant number 278-0208. Under the contract Westinghouse was to provide a Health Planner as Chief of Party (COP) (Jeffrey Smith), a Manpower Coordinator (Dr. Steve Coray), and Manpower Development Specialists (Mrs. Georgina Coray and Dr. Sivagnanasundram). The project purpose was to assist the MOH and the Government of Jordan (GOJ) in developing and implementing a Primary Health Care (PHC) approach to the delivery of health services. To support the efforts of the MOH toward meeting this goal, the project proposed to:

1. Establish in the MOH a planning unit capable of planning for health improvement on a national basis.
2. Reorient the training, assignment and functions of basic health manpower toward provision of PHC services.

In December 1983 the contract between Westinghouse and the MOH for HPSM was replaced by a contract (Health Management and Services Development - HMSD) between the Westinghouse Overseas Services Corporation and USAID. This contract was funded at U.S. \$978,232 and had a termination date of October 31, 1985. The contract provided for one long term Health Planning Specialist, one long term Health Management Specialist and one local hire Administrative Assistant. This contract was only one portion of the HMSD project of AID/J with the MOH. In addition, the project contained other funds for commodities, participant training and "other" activities. The project as a whole was administered by AID/J (Mr. Robert Haladay) and the Directorate of Planning, Training and Research (Director, Dr. Shahid), with a designated Project Director (Dr. Abdulla Hamdan).

At the October 24th, 1985, AID/J-Westinghouse review of the project, AID/J agreed to extend the life of the project (PACD) one month to November 30th, 1985, with no additional funding. This would enable DPTR to purchase books, print two manuals and do computer training within the PACD. Also, it would permit an extension of the Westinghouse contract for the same period, with no increased funding, to permit the COP to assist in planning a Health Sector Review.

Thus it can be seen that there was a definite thread of continuity in the Project even though project funding and mechanisms of execution changed considerably during the life of the Project.

PROJECT STAFFING

Three sets of staff were involved in the execution of this project, namely AID, DPTR and Westinghouse.

When the Project started in 1980, Dr. Sami Khoury, AID Health Officer, became ill and Mr. John Thomas became acting Health Officer and Population Officer of AID/J responsible for monitoring the project. He was soon replaced by Mr. Scott Edmonds in 1981 who monitored the project until 1983. He, in turn, was replaced by Mr. Robert Haladay as Health and Population Officer of AID/J who monitored the Project until its termination.

On the DPTR side of the triangle, there was more continuity, Dr. Mahmoud Shahid has been Director of DPTR from 1980, when the project got under way, until its termination in 1985. Within the DPTR there has always been a Project Director supervised by Dr. Shahid, who has taken an active interest in the project. Dr. Tawfiq Lubani was the Project Director from 1980 - 1982. When Dr. Lubani was appointed to Director of Medical Services at the Ministry of Health, he was replaced by Dr. Abdulla Hamdan who had just returned from one year at Leeds University in the U.K., where he received his Diploma in Health Administration.

Although the Project Director has had a small staff during most of the project, he has been able to call upon the services of about a dozen other professional people in the DPTR. In addition, staff of the Directorate of Primary Health Care (DPHC) participated in certain project activities and research. During most of the project, the Project Director had three or four Jordanian counterparts for the project. From 1982 to 1985 Drs. Fouad Al Ayed, Mohammed Mousa and Abdulla Rahahleh were the counterparts. In 1985, Dr. Fouad went to the University of Southern California for a two year course in Health Administration and Drs. Mohammed Mousa and Abdulla Rahahleh started a two year training period in Health Administration at Jordan University. Thus, the capacity of the staff to do research and detailed planning has been greatly reduced for the present, in order to enhance it in the future.

Several Ministers of Health have been involved in the development and direction of the Project. During the planning phase Dr. Mohammed Al Bashir was Minister of Health in 1978 and was replaced in 1979 by Dr. Abdul Raouf Al Rawabdeh. Dr. Zuhair Malhas became Minister in December of 1979 and directed the project until January 1984. Dr. Kamel Ajlouni was Minister of Health after Dr. Malhas until March of 1985. He was followed by Dr. Zeid Hamzeh who is the current Minister of Health.

The original Westinghouse staff in Jordan consisted of Mr. Jeffrey Smith as Chief of Party (COP) and Health Planner, Dr. Steven Coray as Manpower Coordinator and two Manpower Development Specialists, Mrs. Georgina Coray and Dr. Sivagnanasundram. After one year Mr. Smith was replaced as COP and Health Planner by Mr. Donald Harbick.

The Manpower Coordinator and Manpower Development Specialist left the project in 1982 when the first phase of training had been completed. In August of 1982 Ms. Shereen Shuwayhat became Administrative Assistant/Executive Secretary to fill the vacancy which had been left previously by three successive secretaries. Thus Mr. Harbick and Ms. Shuwayhat were the only Westinghouse personnel until the Westinghouse contract with the MOH finished in 1983.

When the Westinghouse contract changed to an AID/Westinghouse contract in 1983, this contract called for a Health Management Specialist in addition to the Health Planner and Administrative Assistant. Dr. Wadie Kamel joined the Westinghouse staff in January 1984 to fill the health management position.

Mr. Harbick resigned as COP in the fall of 1984 and was replaced in November 1984 by Dr. Willard Boynton as COP and Health Planner. Drs. Boynton and Kamel and Ms. Shuwayhat continued to be the Westinghouse field staff until the completion of the project on October 31, 1985. At the time of writing this report it was expected that the project and Westinghouse contract would be extended until November 30th with only Dr. Boynton continuing into November to assist in the planning of the AID Health Sector Review.

This review of the staffing of the project reveals some of the difficulty in maintaining continuity in a five year project. Whenever a personnel shift is made there is bound to be some loss of momentum and it is only natural that each new person has a somewhat different interpretation of project objectives and operating style.

THE PROJECT AND CONTRACT GOALS, PURPOSES AND OBJECTIVES

The original project paper of June 1977 stated that the project would have two major activities: (1) establishing a health planning unit, and (2) upgrading of basic health services. Throughout the life of the project, these have remained as the two major themes of the project, although there have been several clarifications and extensions of the basic activities.

The grant agreement for the HPSD/AID project number 278-0208 of 9/20/77 has the following project description:

1. A health planning unit will be established in the MOH which will serve as a key element in health sector planning activities and in evaluations of existing and projected programs. The unit will function as a back-up, monitor and guide to other directorates of the MOH and, in addition, will be responsible to a ministerial level council which may require the unit's resources in addressing planning gaps of a national character. The unit will be responsible for examining cost effectiveness considerations in both new and continuing health sector investments for which consideration is recommended and stress will be given, therefore, to training unit staff in requisite skills.
2. Basic health services for the Jordanian population will be upgraded to encompass a network capable of providing primary health care services such as preventive nutritional, curative, promotional and environmental, and which will record vital events (birth, death, etc.). This network will be auxiliary operating and physician supervised, and special emphasis will be placed on reaching underserved groups and areas. These services will be upgraded using the physical and human infrastructure presently available. This will be done through reallocation of tasks, upgrading existing staff skills, and improving coordination between sub-systems.

The contract between the MOH and the Westinghouse Electric Corporation, of July 1980 describes the project purpose and objectives as follows:

1. Establish in the MOH a planning unit capable of planning for health improvement on a national basis.
2. Reorient the training, assignment and functions of basic health manpower toward provision of primary health care services.

The same contract agreement describes the planned outputs as follows:

For the first objective, the output will be a planning unit established and operational which will be capable of: (1) analyzing health problems and recommending health policies and actions to meet these problems; (2) managing a health information system; and (3) establishing and conducting ongoing evaluations of the health sector.

For the second objective, planned outputs are: (1) existing basic health workers retrained and returned to service; (2) a health manpower information system developed and in place; (3) curricula currently used in existing facilities for training basic health workers revised; and (4) proposals made for follow-on training/services activities designed to reach remaining unserved or underserved population groups.

In 1983 a revised project paper was developed which was followed by the fourth amendment to the grant agreement on May 30th, 1983. The project paper revised the project purposes as follows:

As stated in the original project paper the purpose of this project was:

1. To rationalize the training, assignment, and functions of health manpower.
2. To establish an operational unit capable of planning for health on a national basis. Under this revision the purpose is modified to allow for additional activities to be carried out which will have the effect of institutionalizing previous project outputs to produce a lasting impact on health status in Jordan. Therefore, the purpose of this project has been revised and is now the following:
 - a. To strengthen and expand the institutional capacity of the MOH to provide effective primary health care.
 - b. To develop and operationalize planning, policy analysis, evaluation, and programming for national health services delivery in the MOH.

Specific Objectives (Present to end of Project):

1. To design an operational plan for organizing and managing primary health services.
2. To design an institution building plan for transferring the innovations developed by the project into the organizational structure and philosophy of the MOH, and implementing that plan.
3. To assist the MOH in developing its five year health plan, placing special emphasis on resource allocations.
4. To provide direct planning assistance to the Minister's office on an "As Needed" basis, placing special emphasis on integrating planning management and budgeting and operational management.
5. To conduct special studies in data analysis, program planning and evaluation and operational management.

In order to provide technical assistance to carry out the revised purposes, AID made a contract with Westinghouse Overseas Corporation on December 29, 1983 (contract number NEB-0208-C-00-4008-00). This contract replaced the previous contract between Westinghouse Corporation and the MOH. The contract objectives were the same five listed above as specific objectives in the project paper.

In June 1984 a major evaluation of the project was undertaken jointly by the MOH-AID and Westinghouse. The recommendations that emerged from the formal evaluation were that the project should:

1. Revise and produce a PHC physician's manual.
2. Initiate retraining programs for auxiliary nurses, in collaboration with the PHC Directorate.
3. Conduct a study on oral rehydration therapy, also in conjunction with the PHC Directorate.
4. Develop a proposal for creating community health nurses program.
5. Assign two members of the MOH project staff to long-term training.
6. Accelerate English language training for MOH staff to enhance their effectiveness and prospects for U.S.-based training.
7. Analyze skills needed to make the Planning Directorate more effective and assign additional members.
8. Review and approve the project work plan and expenditure plan.
9. Scale down the output target objectives concerning improvement of the equipment and supply system expansion of health education.
10. Develop job descriptions for all Directorate staff.

At the same time a plan for spending U.S. \$377,500 of project funds was developed as follows:

TABLE I
COMMODITIES (\$ 159,484 Allocated)

<u>1984</u>	<u>Year</u>	<u>1985</u>	
30,000			Two vehicles (replacement of 2 of present vehicles - 1 replacement to be 4 wheel drive and assigned to Dr. Kamel)
3,000			Two arabic typewriters
8,000			Two english electric memory typewriters
12,000			One arabic-english word processor
1,000			Ten hand held electronic statistical calculators
35,000	15,000		Training materials for implementation of 18-month assistance nurse, curriculum and midwife training at paramedical schools (medical models, visual aids, flip charts, transparencies, slide projector, movie projector and screen).
18,000	7,000		Training materials to be used for project training functions (2 flip charts, transparencies, slide projector, movie projector and screen), reference books,
	8,000		One photocopy machine
12,000			Two air conditioners for basement classroom, offices and conference room
<u>111,500</u>	<u>35,000</u>		Total

Total of All Commodities: \$149,500

TABLE II
TRAINING (\$ 105,797 Allocated)

<u>1984</u>	<u>Year</u>	<u>1985</u>	
		22,500	1 long term (1 year) training - planning and management
		22,500	1 long term (1 year) training - health services administration
		10,000	2 short term training sessions - Chapel Hill (1985)
6,000			1 short term training - computer applications for statistics and planning
		10,000	2 short term training - health services management
		10,000	1 short term training - logistics
4,000			- Intensive course in English language for 10 persons taught in Jordan
4,000			- Research methodology and evaluation course taught in Jordan for 10 persons
		4,000	Logistics course taught in Jordan for 10 persons
		4,000	Computer applications course taught in Jordan for 10 persons
<u>14,000</u>	<u>81,000</u>		Total

Total of All Training : \$95,000

TABLE III
OTHER (\$ 112,925 Allocated)

<u>1984</u>	<u>Year</u>	<u>1985</u>	
30,000			Printing of information system forms (6 months worth)
		8,000	Printing of physicians manual (2,000 copies)
5,000			Translation Health Planning Manual
2,000		3,000	Translation of studies, evaluations and plans
		5,000	Printing of Arabic version of health planning manual (1,000 copies)
7,000		8,000	Miscellaneous special supplies
20,000			Partitions for basement offices and conference room
10,000		15,000	Miscellaneous costs for services development training sessions
6,000		14,000	Honorarium for consultation of physicians manual
<u>80,000</u>		<u>53,000</u>	Total
			Total of All Other: \$133,000
			Total of Planned Spending: \$377,500

A further spinoff of this evaluation was the development of a schedule of activities to improve primary health care as follows:

TARGET I: PROMOTION OF MANAGEMENT OF PHC SERVICES

Plan of Action:

Activities:

1. Assist in improvement of PHC management and supervisory systems through:
 - 1.1 Analysis of management techniques applied now, their assessment and ways for improvement.
 - 1.2 Revise and improve the managerial audit tool, in view of the above analysis, to make it more effective.
 - 1.3 Specify methods and procedures to introduce necessary financially feasible and cost effective interventions.
 - 1.4 Implement the new Health Information System forms.
 - 1.5 Include all the above in the trainers/auxiliaries to help them to implement the new interventions.

- 1.6 Evaluation and monitoring the above steps and make needed alterations.
2. Assist in promotion and expansion of outreach and educational capabilities of PHC workers. Both health education and community outreach techniques will be included in training curricula designed for PHC training courses for physicians and auxiliaries. (See Target II).
3. To assist in improvement of PHC medical equipment and drug supply system: Study developed in collaboration with supplies and equipment directorate for improving the logistical system's ability to maintain adequate stock levels at service outlets.
4. Assist in holding 5 regional workshops and one national to obtain feedback from PHC workers on application and implementation of the PHC new activities. Each workshop will be of two days duration.
5. To assist in long term training of MOH senior managers at the University of Jordan, Faculty of Economics and Administrative Sciences (FEAS) and Faculty of Medicine, degree of Masters of Health Services Management.
 - 5.1 Planning of the program.
 - 5.2 Discussions with USAID/J, UNDP, WHO and design of curriculum.
 - 5.3 Selection and admission of 12 candidates and start training.
 - 5.4 Detail advanced courses in these sub-specialities: (a) health planning and management, (b) hospital administration, (c) health finance and economics.
 - 5.5 Development of research set ups for thesis work and practical training areas for internship requirements.
 - 5.6 First program progress review.

TARGET II: TRAINING PHC PHYSICIANS AND AUXILIARIES

Plan of Action:

Activities

1. Detailed proposal written.
2. Proposal final review.
3. Training committee formed.
4. Committee submitted final proposal.

5. Proposal amendment and approval by MOH.
6. Training of PHC physicians in directorates and districts.
7. Training of auxiliaries in PHCs.
8. Follow up.

TARGET III: TRAINING OF THE PHC TEAM LEADERS: COMMUNITY HEALTH AND FAMILY HEALTH SPECIALISTS

Plan of Action:

Activities:

1. Development of proposals for in-country training of community health and family health specialists including continuing education.
2. Proposal approval.
3. Information campaign to attract candidates.
4. Resources secured.
5. Implementation of training.

TARGET IV: TRAINING OF NURSES, MIDWIVES AND COMMUNITY HEALTH NURSES EDUCATORS/TRAINERS

Plan of Action:

Activities:

1. Development of in-country training of nurses, community and midwives educators/trainers.
2. Nursing teaching support.
3. Proposals for support of nursing education training and preparation educators/trainers completed, approved and submitted to Ministry of Planning.
4. Secure resources through donors such as USAID.
5. Start support to colleges and training of educators/trainers.

TARGET V: CONTINUING EDUCATION WORKSHOPS FOR DPTR, DPHC AND MOH SENIOR STAFF

Plan of Action:

Activities:

1. Applied research in PHC.
2. Workshop on health economics and accounting system.

3. Workshop on PHC logistics.
4. Workshop on advanced management techniques and hospital administration.

PROJECT ACCOMPLISHMENTS AND ACTIVITIES:*

The first project objective was to establish a planning unit. In 1980 the Minister of Health officially established a new sixth directorate, the Directorate of Planning, Training and Research (DPTR). This unit has the three major sections of planning, training and research plus two supporting sections, one for documentation and library and one for statistics. During the five year period there have been 15-20 professional staff members of the directorate plus clerical and maintenance staff. Job descriptions and an organogram were developed. However, the job descriptions have never been officially accepted by the MOH.

There has been considerable activity for staff development. Dr. Abdulla Hamdan has been one year at Leeds, England, under a WHO scholarship, obtaining his Diploma in Public Health. In addition, he has been four weeks in Boston with Management Services for Health studying management and three weeks in Hawaii studying PHC management.

Dr. Fouad and Nurse Nawal have been four weeks studying management at Management Services for Health at Boston. ---

Four staff members have been three weeks studying at Quails Roost Conference Center at the University of North Carolina; and six other staff members have been one month at North Carolina studying management.

Because candidates for long term training proved to have insufficient English, a three months' course of ten hours weekly of training in English was organized.

Dr. Fouad, who graduated from this course, is currently at the University of Southern California in a two year course leading to a Masters Degree in Health Administration.

Two others, Drs. Mohammed Mousa and Abdulla Rahahleh are currently at the University of Jordan in a two year course leading to a Masters Degree in Health Administration. This course was organized at the university with assistance from the DPTR at the request of the Minister of Health.

Two other MOH doctors have recently returned from Leeds after studying Public Health and Planning for one year under WHO fellowships. One of them,, Dr. Riyad, is currently employed at DPTR in the planning section.

* Annex A has a complete list of accomplishments and a chronological summary of the 20 quarterly reports.

Nurse Nawal of the training section has been one year in England under WHC and has currently returned for another year to obtain a Masters Degree in nursing. Nurse Hanneh Dababneh is starting a nine months consultation for WHO in Yemen and is expected to return to the unit with increased insights.

Although the staff of DPTR, especially that of the planning section, has been depleted by these training activities it should result in a stronger staff in the future. Currently, Dr. Abdulla has only one assistant in the planning section, a newly obtained physician is alone in the training section and a vacancy exists in the research section. Requests have been made to the MOH for additional staff consisting of an economist, an accountant, an epidemiologist and another statistician.

A new section to implement the U.S. \$13 million World Bank Loan for PHC has been added to the Directorate. It is currently staffed by a physician director and three architects; an accountant and purchasing expert are expected to join this unit soon.

Although there are still some deficiencies in DPTR, especially in staffing, it is now a recognized and well established unit of the MOH on which the Ministry depends for all sorts of planning activities. The MOH used the DPTR to develop the extensive documentation required for the U.S. \$13 million World Bank PHC loan. The World Bank considered this documentation for the loan one of the best it had received. The MOH has given a leadership role in developing the current five year plan to the DPTR. The required statistical background material came from the DPTR as well as many of the changes of emphasis whose need became apparent as the planning process became established. The DPTR has also developed a long range nursing education proposal which has been approved by the MOH, Ministry of Planning (MOP) and is currently in hands of prospective donors. The DPTR is currently involved in developing plans for a national health insurance scheme which is intended to make more rational the current overlapping provision of health services in Jordan by several health providers. This and PHC are major activities which will occupy the DPTR and the GOJ for several years.

A second major objective of the project was to improve provision of health services to the total population of Jordan by developing PHC. Activities in planning, training and research have all been oriented to this objective.

Planning:

In 1980 one of the first activities of the project was to review the activities of the basic health workers in some depth. As a result of this review, job descriptions were provided and plans were developed for their proper training.

Also at the beginning of the project it was decided that the health information system of the MOH was inadequate to supply the data needed for the proper planning of health projects. The first step was an extensive study of the existing statistical forms. Consultants were brought in under the Westinghouse contract to develop a set of more rational forms for an improved Health Information System (HIS). These forms were tested in the Zerka area for three months; the results were analyzed and evaluated by the concerned health staff and revised in the light of their findings. A six months supply of the revised forms have been printed with project funds and the MOH has printed another year's supply so that there will be no hiatus in their use once the new system is in place. Instruction in the use of the new system was included in the recent PHC training program and the new forms for the revised HIS will be used throughout the Jordanian MOH facilities starting January 1st, 1986.

Another major activity was the development of a planning manual and instruction in the planning process. Two consultants from John Hopkins started off with a workshop and seminar on health planning, then a series of consultants spent time in Jordan to become familiar with the Jordanian milieu in health services. They then developed a planning manual specifically designed for use in Jordan. Subsequently, Dr. Robert Myrtle of the University of Southern California held workshops and seminars in Jordan to develop the planning capacity of the staff, to enhance the use of the manual and to develop management skills. The planning manual was originally printed in English but has subsequently been translated into Arabic. The implementation letter providing funds for printing the Arabic version has recently been received and a contract for printing is expected daily.

Training:

The first training activity was a comprehensive study of the curriculum for training basic health workers: Dr. and Mrs. Coray made an intensive review of the existing training program and developed a curriculum better suited to train basic health workers for functions which they were to perform rather than for a theoretical set of knowledge.

In conjunction with the training they developed a manual of PHC, adopted for Jordan from a review of PHC manuals existing in the world literature. This manual was used in training courses during the early days of the project and the writer found that it is still extensively used in health centers and in assistant nurses and nurses training schools. It was printed in Arabic and currently a contract is being developed for another printing of 2,000 copies in order that all 1250 graduates of the PHC training course can have an individual copy.

Physicians were trained separately in two courses of 12 weeks duration, with 20 students in a course. These trainers eventually trained a total of 208 physicians. Another 100 physicians were given a three day course in supervision. Another six weeks course was organized to introduce new physician employees in the MOH to PHC. This course was necessary due to the high turnover of physicians in the MOH.

Dr. Lillian Gibbons, the Westinghouse Contract Director, and Dr. Diane McGivern from the University of Pennsylvania, both nurses, gave two courses in PHC nursing. These courses were of 12 days duration and a total of 65 nurses participated.

Since assistant nurses comprise the majority of the basic health workers in Jordan, their curriculum has been revised to include a PHC content. A one month's course in PHC was also organized to retrain those already working in the field. A total of 740 assistant nurses took this in-service training.

A similar PHC retraining effort was mounted for midwives, and 87 received this type of in-service training.

Another course in PHC was organized for the teachers at the 12 assistant nursing schools so that they would be better prepared to teach the PHC component introduced into the assistant nurse curriculum.

A physician manual of PHC was developed by the training consultants but this proved to be too clinically oriented and repetitive of clinical facts already known to physicians, so that it was never extensively used by the MOH. Attempts to revise the manual to make it more PHC oriented have not yet been successful.

During the final year of the project a large scale PHC training program was developed. The plan for the training was developed by a Jordanian committee with members from both the DPTR and DPHC. The DPHC was brought into the action because they are the users of the trainees and their cooperation is essential. The plan was to train 250 physicians and 1000 auxiliaries in an 18 day program. The curriculum was developed and implemented in conjunction with the governorate health departments and the universities of Jordan, Yarmouk and Mo'ta. The lecturers were chosen from the universities for the substantive subjects and from the MOH staff for the management aspects of PHC.

AID/J provided U.S. \$175,000 from TSFS funds to pay for the required lecturer's fees, transportation and teaching aids. To date 166 physicians and nearly 400 auxiliaries have been trained. Training is expected to continue with TSFS funds until all available candidates have been trained.

Pre and post tests indicate that the training has been effective. It has provided an opportunity to orient all staff in PHC to the new plans of the national PHC system, to the new health information system and to such new PHC interventions as oral rehydration therapy.

This PHC training course has been organized and executed entirely by Jordanians with only financial support, advice and monitoring from Americans. This is significant in that it demonstrates that the DPTR has developed the ability to work by itself and can in the future organize the necessary retraining courses on its own. It is also believed that the courses will have a better reception and lasting benefit when taught by Jordanians rather than by expatriates.

Research:

Although the research section is currently depleted of staff, considerable research was done during the life of the project. More research is expected to be done when several former members of the staff, now in training, return to the DPTR. The project stimulated many research ventures and also provided specific training in research methodology. Professor Abdul Rahim Omran gave a two weeks workshop on research methodology which was attended by about 20 senior MOH officials of whom many came from the DPTR staff. The workshop was well received and practical exercises were included.

Research papers produced by DPTR included studies of infant mortality and morbidity, cost of training nurses, cost of operating health centers, comparative costs of treating tuberculosis, cost of training dental and paramedical staff, the cost of medical teams for the pilgrimage, the survival of premature infants. The DPTR assisted the Department of Statistics (DOS) and Center for Disease Control (CDC) with the 1983 Fertility Survey. The DPTR produces an annual statistical report of all MOH activities which provides basic data for any health planning. A DPTR study of morbidity of health centers clearly demonstrates the difference between morbidity and mortality during the summer-winter months. Children under suffer greatly from respiratory diseases during the winter season and from diarrhea diseases during the summer season. A major research activity was assisting the World Bank teams over a period of two years to develop a health sector review for Jordan in 1983, a proposal for a World Bank loan of U.S. \$13.5 for PHC and a detailed operational plan for a national PHC system. The operational plan is given in great detail in three volumes and a fourth volume provides the implementation plan. Currently the DPTR is heavily engaged in working with the MOP, MOH and Jordanians prominent in health activities to finalize the health section of the GOJ Five Year Plan for 1986-1990.

It appears that the two major objectives have been met by the activities noted above. Specific objectives as listed in the 1984 evaluation have also been addressed:

1. Revise and produce a PHC Physician's Manual: The PHC manual was produced but the MOH did not wish to use or revise it.
2. Initiate retraining programs for auxiliary nurses, in collaboration with the PHC Directorate: The 1985 PHC training program initiated retraining the auxiliary nurses.
3. Conduct a study on Oral Rehydration Therapy, also in conjunction with the PHC Directorate: The April 29, 1985, review requested there be a desk audit of existing material since research staff was in training. Boynton submitted a draft paper on ORT and arranged for five relevant questions in the health education survey, which is about to be done.
4. Develop a proposal for creating community health nurses program: The nursing education proposal stresses the need for community health nursing and provides for technical assistance.
5. Assign two members of the MOH project staff to long-term training: One is at the USC and two at UOJ for two year training courses leading to a masters degree in health administration.
6. Accelerate English language training for MOH staff to enhance their effectiveness and prospects for U.S.-based training: Ten MOH staff completed the English language training course.
7. Analyze skills needed to make the Planning Directorate more effective and assign additional members: Staffing patterns have been made and job descriptions written but the MOH and GOJ still have to approve positions and recruit for an economist, accountant and epidemiologist.
8. Review and approve the Project Work Plan and Expenditure Plan: A schedule of activities for PHC has been approved and generally followed. The expenditure plan has been pretty well completed with only about \$10,000 unspent at the PACD. This seems to be a prudent balance as not all accounting is completed.
9. Scale down the output target objectives concerning improvement of the equipment and supply system and expansion of health education: A review of the logistic situation was made by DPTR and AID with the conclusion that since an AID consultant could not be provided and the MOH logistic systems was reasonably good order the proposed workshop in logistics would be cancelled.
10. Develop job descriptions for all Directorate staff: Job descriptions have been prepared but wait approval of the MOH.

Commodities

All vehicles and office equipment have been delivered. Teaching materials for nursing education were ordered 10 months ago and \$21,000 worth of the \$28,000 order have been delivered. Over \$3,000 worth of books have been purchased locally. An order for \$60,000 worth of teaching materials has been prepared for TSFS funding and execution by AID/J.

Training:

Only one of the two participants got off for long term overseas training, but two are under long term training at UOJ. Another DPTR is in England for a one year fellowship sponsored by WHO.

- Two went to Hawaii for short term training in PHC management.
- Ten MOH staff took the English language course.
- About 20 MOH staff participated in the workshop/seminar on research methodology and evaluation.
- The logistics course and logistic consultant were dropped as not being a priority.
- Ten persons are scheduled for a computer training course in November 1985 and AID/J agreed to extend PACD one month to permit its completion.

Other

- Information forms have been printed.
- Health Planning Manual has been translated into Arabic and is being printed.
- Several studies, notably annual statistical report, and five year plan summary, have been translated.
- Basement office and conference room have been partitioned.

Schedule of Activities PHC:

TARGET I: PROMOTION OF MANAGEMENT OF PHC SERVICES:

The audit tool and HIS forms were developed and used in training PHC staff physicians and auxiliaries. A two year course in health management was organized at UOJ with DPTR assistance and two DPTR staff are in the first class of 11 students.

The logistics effort was postponed by mutual MOH/AID agreement.

TARGET II: TRAINING PHC PHYSICIANS AND AUXILIARIES:

The PHC training plan is underway and more than half finished.

TARGET III: TRAINING OF THE PHC TEAM LEADERS: COMMUNITY HEALTH AND FAMILY HEALTH SPECIALISTS:

Dr. Vuturo made a successful consultation to establish feasibility of this training in Jordan and aroused considerable interest. A MOH committee is digesting the report, and a proposal for a program with donor assistance is in draft.

TARGET IV: TRAINING OF NURSES, MIDWIVES AND COMMUNITY HEALTH NURSES EDUCATORS/TRAINERS:

Two nurse educators made a successful one month consultation. This laid the groundwork for a DPTR proposal for a long term nursing education project. The proposal has been approved by the MOH, the MOP and favorably received by AID/J. An AID/W team to develop the PID is expected in CY 1985 and FY 1986 funds are programmed by AID>

Meanwhile, AID/J with Westinghouse assistance has provided three nurses for 12 months duty at the new Irbid Nursing College to help upgrade teaching and introduce community health concepts and content.

TARGET V: CONTINUING EDUCATION WORKSHOPS FOR DPTR, DPHC AND MOH SENIOR STAFF:

Dr. Omran had a very well received workshop for two weeks for 20 MOH senior staff. Both research methodology and evaluation were included. The workshop on health economics was postponed until the MOH considers the final report of Dr. Ferster which is due in November of 1985.

The workshop on logistics was cancelled as the consultant was not obtained by AID, and the workshop on health management was cancelled since the UOJ two year course in health management was deemed more appropriate.

The AID/Westinghouse HMSP Contract of 1983 lists the following specific duties of the Health Planning Specialist:

- a. Assist in the development of a fully staffed and well trained health planning directorate within the MOH. This will require daily contacts and indirect supervision of the planning directorate staff. The Health Planning Specialist shall act as a counterpart to the Project Director and assist him in developing work plans and in monitoring performance to insure effective utilization of the directorate's human and material resources: Daily contacts and close working relationships were established with the Project Director. This took a few months to establish, as previously working relations had deteriorated. Periodic reviews of project progress by DPTR/AID/Westinghouse were held. The Health Planner (Dr. Boynton) prepared the agendas, recorded results, circulated minutes and monitored actions taken.
- b. Serve as Chief of Party (COP) of the contractor's team. As such, he is responsible for the overall coordination of the field team's efforts with the MOH and with USAID/Jordan: As COP, considerable time was spent in managing the office, supervising the staff (two people) and acting as intermediary between DPTR and AID. Because of extensive experience with AID, both at Washington and in the field, it was possible to explain the mechanics of AID to DPTR, albeit with long, repeated discussions, and to assist in the preparation of necessary documentation.
- c. Establish sound working relationships with senior MOH officials both in the directorate and at central and regional levels: Working relations were maintained with DPTR, DPHC, Governorate and Districts and nursing college and nursing school officials.
- d. Work in close collaboration with the Management Specialist and with the staff of the Basic Health Care and Training and Planning Directorates to organize, implement and evaluate the basic health care system: Working and inspection visits were made to the University of Jordan Hospital, RMS, major hospitals, comprehensive health centers, PHC, MCHC, village health center, in order to understand the existing health system. This knowledge was essential to assist in the planning of PHC operations, the planning of PHC training and the preparation of the strategy paper.
- e. Assist in the design and implementation of operational research and special projects, including, but not limited to, oral rehydration salts utilization, causes and levels of infant mortality and establishment of a health management information system: The present health planner prepared a draft paper on ORT utilization. The previous health planner assisted in preparing several research papers listed previously.

- f. Assist in the development of the MOH's Five Year Plan for 1986-1990. This involves the identification, collection and analysis of data on which the plan is to be established: Most of the work on the Five Year Plan was done in Arabic by committees which excluded expatriates. However, the basic data and ideas were developed in DPTR and the health planner prepared a five year strategy paper which went to the MOH and AID. Both the current draft of the Five Year Plan and the strategy paper stress PHC and nursing education, whereas the previous plan stressed hospital construction.
- g. In cooperation with the Project Director prepare scopes of work for necessary short term consultants in planning and facilitate both in-country and out-of-country training opportunities for MOH planning staff: Scopes of work for consultants were prepared in collaboration by the Health Planner and Project Director.
- h. Direct the development and distribution of a health planning manual: Planning manual was prepared and distributed. An Arabic translation is now being printed to enhance utilization.

SUMMARY AND EVALUATION

The two major objectives of the project have been met by: (1) establishing a planning unit in the MOH, and (2) improving PHC. Over the five year life of the project, there have been many minor changes and many minor deficiencies, but the central objectives were always preserved and the project successfully completed. This in spite of project amendments, direction from three sides (AID/MOH/Westinghouse), frequent staff changes by all parties, personality incompatibilities and the usual delays, snafus and misunderstanding inherent in a tripartite bureaucracy.

The five year old DPTR is now firmly established in the MOH. It is accepted and used by the MOH.

The DPTR, with some assistance from DPHC and Westinghouse, successfully developed the extensive and complex documentation required for \$13.5 million loan for PHC from the World Bank. The negotiations went smoothly because the Bank thought the documentation one of the best they had received. DPTR analysis of manpower needs for PHC staffing conclusively demonstrated that the most important deficiency was nurses, assistant nurses and midwives and assistant midwives. Physicians for PHC are numerically abundant but the nurse/midwife auxiliaries are deficient both in training and numbers. Rapid expansion of nursing colleges and assistant nursing schools with MOH resources exacerbated the quality factor without solving the quantity problem. Analysis and documentation done by the DPTR has resulted in a proposal for a long term nursing education project which has the approval of the MOH and MOP and a favorable consideration by AID. AID/J expects a PID team from AID/W in CY 1985 and has programmed funds for FY 1986.

The above examples of the MOH dependence on DPTR for analysis, planning and documentation could be multiplied many times. Some others are the PHC training paper, annual statistical reports, health information system, PHC manuals, family and community medicine training, health insurance, and the five year plan.

The second major objective of improving PHC has received its share of attention and accomplishments. The Bank loan has provided the funding for construction and renovation of facilities, equipment and some vehicles. In order to obtain the loan, the MOH, through DPTR, has developed a three volume plan of action and a one volume implementation for a national PHC program. The plan includes innovation in service delivery designed to reduce the excessive infant mortality rate of 60-70, such as more prenatal care, child spacing, supervised deliveries, health education and outreach teams. Management improvements include four levels of services, with a referral system, a new HIS, integration of MCH and PHC and training for PHC administrators.

As part of the loan agreement the MOH must provide adequate staffing. The training of Basic Health Workers during the first years of the project has been detailed in the text. In the latter years of the project emphasis has been put on training in health administration both overseas and at the UOJ. The reorientation of physicians to family and community medicine has been studied by consultants and a proposed program is working its way through the MOH.

Practically all of the existing PHC staff are currently being retrained in 18 day courses for their duties in the new PHC scheme. This training of 250 physicians and 1000 auxiliaries is being done by the MOH staff, with only outside funding and advice, in order that it can be repeated as needed in the future after the project ends. Most importantly, the great mass of auxiliaries needed to staff the hundreds of health centers will be better prepared for their duties as a result of the long term nursing education project developed and promoted by DPTR, which AID expects to refine and support.

Perhaps the most significant result which may be attributed to the HMSD project, among other factors, is the change in the philosophy of the MOH. Development of planning has been coincidental with or even causative to a reorientation of health priorities.

The last Five Year Plan said nice things about PHC but in fact emphasized secondary and tertiary care with about 75% of expenditures going for hospital clinical care. Over 2,000 new hospital beds were planned, although only a few hundred were actually completed.

The latest draft of the 1986-1990 Five Year Plan* is much more consistent with ideas of the Five Year Plan of the strategy paper developed on the basis of DPTR planning, training and research activities during the last five years. The new Five Year Plan intends to redress the imbalance between PHC and high technology clinical hospital care.

The first objective is emphasis on PHC. The second objective is to develop the health insurance scheme which may be used as a mechanism to rationalize the overlapping medical services. The third objective is to add new hospital beds only slightly, from 19 to 20 per 10,000 population, and then only to improve distribution. The fourth objective is to improve manpower. The need to increase nurses and midwives, the bulk of the PHC staff, is recognized as a priority. This is consistent with the top priority of the strategy paper and AID's proposed nursing education project. The fifth objective is to improve health management. Again, this is consistent with HMSD activities and priorities.

* Annex B is a translation of the Arabic draft of the Five Year Plan made in DPTR

Thus, the DPTR is a going institution, accepted and used by the MOH and capable of carrying on after the termination of the HMSD project.

After five years, it is time for AID assistance to be shifted to new health projects. AID can continue ad hoc assistance to DPTR as needed by non-project TSFS funds, centrally funded consultants and general participant funds.

After five years, Westinghouse can declare the project a success and say it has worked itself out of a job as it was planned.

Annex A

LIST OF ACCOMPLISHMENTS OF THE
HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT

OCTOBER 1980 THRU OCTOBER 1983

Attached are a list of projects completed by the Health Management
and Services Development Project from October 1980 thru October 198~~3~~⁵.
These accomplishments are in list form and are followed by a
quarterly detail of tasks completed.

LIST OF PROJECTS ACCOMPLISHED AND TO BE ACCOMPLISHED BY THE HPU.

- ✓ 1. Health Planning Manual.
2. Primary Health Care Physician's Manual.
- 3. Study on the Survival of Premature and Underweight-for-Date Infants.
- 4. Primary Health Care Information System.
- 5. Planning and Budgeting - School Health.
- 6. Health Manpower Study.
- 7. Morbidity Study.
- 8. Cost of Training in Paramedical Institute.
- 9. Costs of Treating Tuberculosis.
10. Micro-Computer Purchase and Training.
11. Five-Year Health Plan.
- 12. National Health Insurance Costs.
13. Staff Training. Selectio, processing and sending people for (participants) training.
14. Organizational Plan.
15. Recruitment of PHC Management Specialist.
16. Annual Report.
- 17. Infant Mortality Report and Update.
- 18. Cost of Training Nurses at the Jordan College of Nursing.
19. Curriculum for 18-Month Assistant Nurse Course.
20. Program Design and Curriculum for PHC Training Session for Nurses and Assistant Nurses in Hospitals.
- 21. Evaluation of the Cost of Building Health Centers.
- 22. Study of the Cost of the Medical Team Sent on the Pilgrimage.
23. Plan for the Training of Interns and Residents in Hospitals.
24. 1983 Family Health and Fertility Survey. (In cooperation with DOS & CDC)
25. Develop Roles, Functions and Tasks of the Directorate of Planning.
26. Training for the Planning Staff on Comparative Health Systems, Research Methods and Report Writing.

27. Nursing Proposal.
28. Development of Questionnaire on Health Manpower and Training.
29. Rationale for the Need for Hospital Beds in Irbid District.
30. Development of Classification Schemes for Health Centers.
31. Contract Amendment.
32. Draft Infant Mortality Survey and Cross Tabulation.
33. Basic Health Care Worker Training Impact Tests.
34. Final Report of the Training Team. By Stephen & Georgi Coray.
35. Study on Jordan's Need for Medical Specializations.
36. Translation of Infant Mortality Reports.
37. Study Comparison of Health Status in Both East and West Bank.
38. Review of WHO Report on "Evaluation of Nursing Education in Jordan".
39. Translation and editing of a "Physician's Guide to Administration and Supervision of Primary Health Care Centers and Clinics".
40. Refurnishing and Equipping Basement of Planning Directorate Building as a Classroom.

FIRST QUARTER - DECEMBER 27, 1980

Accomplished:

1. Tasks list for Basic Health Workers (BHWs) (ATT. VIII)
2. Curriculum outline (Attach. VII, IX)
3. Recommendations and job descriptions
4. First 6-month workplan - approved by minister (ZM) on October 29th.
5. a. Planning: a newly coordinated information system (Att. II),
(Review of the Health Information System by activity and another
by provider)
Five Year health plan and a proposal to introduce National Health
Insurance.
- b. Training (BHWs)
After being given a guided tour of representative health clinics and
MCH centers, and after reviewing pertinent documents about health
and health care in Jordan, a one page strategy plan directed toward
achieving program objectives was developed (ATT IV) - approved by
the minister in later October.
Other documents produced were: Recommendations regarding the selection
of the trainers (ATT V)
6. Started writing "Handbook of Primary Health Care)
7. Review of the ministry's statistical section.

SECOND QUARTER - APRIL 10, 1981

1. Manual for PHC workers written, reviewed and approved.
2. HPUs list of planned activities and its first formal 6-month workplan approved by the minister and his senior staff (ATT II)
3. Given the resources of the unit at this time concentration was given on renovating the MOH's Information System, trying to initiate a PHC program to strengthen basic health workers and services. Work on this area during this quarter included:
 - a. Establishment of an information needs matrix.
 - b. Collection, cataloging and translation of many of the existing forms and registers currently in use
 - c. Having a health information specialist spend about a month reviewing the existing system and establishing a set of realistic action plans and recommendations.
4. RESULTS
 - a. Curriculum for Physician Trainers: 20 physicians selected by the 5 governorates throughout Jordan. Training began January 31, 1981. Subjects dealt with PHC, epidemiology, teaching technology, administration and supervision (courses completed in April 23 with certificates given by Dr. S. Knoury and the minister presiding.) 20 physician trainers graduated on April 23, by May 15, 17 of the trainers began teaching BHWs, by June 1, 19 trainers were teaching a total of 208 students. This was the first Train-the-Trainer course.

THIRD QUARTER, JULY 15, 1981

1. Project staff, representatives from the MOH, AID and Westinghouse participated in the project's first formal evaluation.
2. Initiating action to revise the MOH's service statistics, with the result that new forms have been drafted and are being reviewed.
3. Translation of PHC worker's manual into arabic.
4. PHC Information System: The Zerka district designated as a demonstration area for the new information system. Report was prepared describing findings of visits made by Mr. Smith, Dr. Abdulla, Mr. Salamah and Dr. Shahid. The objectives prepared for the new information system were approved by the minister in October, 1980.
5. Follow through on work begun in second quarter for health planning workshop.
6. As an outcome of the project's evaluation and various recommendations by AID, MOH and Westinghouse, work was begun to develop a life of project workplan.
7. None of the money allocated to finance short-term participant training under the grant agreement has been used, reason being AID did not expedite requests and enrollment dates for workshops had been closed.
8. Planning division (HPU) established - 10/10/80.
9. Matrix of information needs approved by minister - 1/81
10. Action plan implemented and approved 3/81. Activities incorporated in the HPU's 6-month work plan.
11. Training proposal for long-term training - 1/81.
12. Retraining of BHWs: After identifying tasks that the MOH wanted performed by the BHWs, the physician trainers used these tasks to develop lesson plans on how to teach them to BHWs.
13. Retraining courses: training classes were conducted 3 times per week - started around mid-June - ended mid-July.

All in all during first three quarters:

1. Developed and approved (by MOH) task lists for BHWs.
2. Curricula and lesson plans for trainers and BHWs.
3. Completed english and arabic PHC manual
4. 12-week course for physician trainers.
5. 19 courses for 208 BHWs and a pretest post-test - impact test method of evaluation

321

FOURTH QUARTER, OCTOBER 15, 1981

1. Health planning workshop conducted by Drs. Reinke and DeSweemer, from Department of International Health at Johns Hopkins University, planned, conducted and evaluated the workshop. Workshop was from August 29 thru September 3 and held at the Nursing School at Al Bashir. Course was delivered using both a workshop and seminar approach with the highlight coming at the end of the course in the form of a practical exercise in health planning.
2. Pilot project re Zerka information system progressing - forms approved by planning committee and plans made for implementation.
3. DHarbick new health planner/chief of party arrived.
4. Long term participant training: Dr. Abdulla entering a 3-year Ph.D program at Leeds University.
5. Developed a book entitled "Guide for Physicians in Charge of PHC Programs" to be used in the retraining courses of PHC physicians.
6. Minister requested a second train-the-trainers course to be conducted.

FIFTH QUARTER, JANUARY 15, 1982

1. Completion of retraining assistant nurses.
(over 400 assistant nurses completed or will complete the retraining before January 1, 1982)
2. Start designing a health planning manual for the training of counterparts. During December 1981 Bob Myrtle spent 2 weeks in Jordan to design the planning manual and to outline the training modules which will be used to train the counterparts.
3. Retraining course for BHWs.
4. Development of curriculum and daily schedule for 6 weeks orientation course for newly hired MOH physicians.
5. Second train-the-trainer course for 20 physicians to be completed January 8, 1982.

All in all, significant progress was made in:

- a. initiating the 1st retraining course for midwives.
- b. developing recommendations for an orientation course for newly hired MOH physicians
- c. preparing standardized lists of both equipment and medicines for health centers and clinics.

SIXTH QUARTER, APRIL 15, 1982

1. Mini-computer for the HPU to be purchased. Approval is expected during next quarter.
2. Retraining courses:
 - a. Assistant Nurses: by end of this quarter, 558 will have completed course and post test.
 - b. Midwives: at the end of this quarter 50 will have completed course and post test.
 - c. Physicians: at end of this quarter the team will have completed the three day supervision course for 100 PHC physicians.
3. Senior staff at the PHC Directorate: training team gave a two day presentation, including both counterparts and consultants - objectives were that the staff of the PHC directorate would know what was taught to the assis. nurses, midwives and PHC physicians during the retraining courses. As well as the techniques of supervision and guidance that is recommended be used by members of the health team.

SEVENTH QUARTER, JULY 7, 1982

1. Annual Evaluation: April 28-29 conducted.
2. Discussions began re project extension. To expedite, a set of optional tasks were developed, that would complement and enhance the present project and which could be completed if the project were extended. The extension would include (1) the development and implementation of an operational plan for PHC, (2) the preparation of a PHC physician's manual, and (3) integration of budgeting, management and planning, (4) assistance in the preparation of the next 5-year plan. Efforts at this point are now underway to find funding to extend the services development component of the project thru 1983.
3. Participant Training: In June the project sent 4 persons to Quails Roost conference in North Carolina for a 3-week course. Dr. Najeh and Mohammad (training counterparts), Dr. Ahmed Khouda (a trainer and PHC physician) and Dr. Fouad (a planning counterpart.)
6. Counterpart training: 1) In April Mr. Ronald Rowell, health planning consultant, spent 12 days in Jordan working with counterparts on a framework for health planning and conceptualization processes. 2) In June Bob Myrtle spent 12 days with the counterparts working on human resources planning. In addition to planning counterparts training, counterparts also participated in these sessions.
7. Retraining courses:
 - a. Assistant Nurses: By end of present quarter about 740 nurses in 57 classes will have completed a one month retraining course.
 - b. Midwives: 3 week training courses for 87 PHC midwives were held in 10 different locations and all have been completed. A final report was prepared entitled "PHC Retraining Program for MOH Midwives".
 - c. Physicians: 19 3-day courses for PHC physicians were completed. A final report of this training course was prepared and entitled "Supervision Training for PHC Physicians working for Jordan MOH"
8. The Guide was completed. 900 copies printed.
9. Counterparts: 2 training counterparts leaving for the University of North Carolina for a month long course in Primary Health.

EIGHTH QUARTER, SEPTEMBER 30, 1982

1. Dr. Abdulla returned from Leeds University after studying health planning on a WHO grant, and assumed his post as future leader of the HPU.
2. BHWs training impact tests: 133 Impact Tests were conducted on midwives and assistant nurses working in PHC at the MOH, between July and mid-September 1982. These tests were conducted at the end of the two year period to determine if there had been any impact, or change in behavior among the retrained health workers. (Impact test report is ATT. I of this quarterly).
3. Final report of training team: This was the last task with the project. This document stands as a chronicle of the efforts and accomplishments of the training team during their two years in Jordan.
4. Nursing in PHC Workshop: From August 28 thru September 9, 1982, Dr. Lillian Gibbons, Dr. Stephen Coray, Mrs. Georgina Coray and Dr. Diane McGivern conducted this workshop. Approximately 30 attended. Held at PHC Directorate. The curriculum for the workshop was concerned with PHC and community nursing, included field trips to MCH centers and health centers, as well as home visits with qualified midwives in the areas around Amman. Response to the total workshop was extremely positive. At the request of HE the workshop conductors prepared recommendations for further work to improve nursing services in Jordan.
5. Planning staff training: Estimating the Capacity of the Health Care System: At the end of July, Dr. David Berry arrived in Jordan for 14 days. Subject area for his presentations and training were the capacity of the health care system. His sessions included field work as well as classroom lectures and seminars. All were well attended and very well received.
6. 6-month workplan: covers the period October 1982 - March 1983.
7. Infant Mortality Report: Requested by HE. At present planning staff have gathered and are analyzing the various studies relating to infant mortality. First draft expected early the next quarter.
8. Continued work with MOH and USAID on contract amendments and project extension. HKerschner (Project Manager) visited during part of July and August. She and project staff worked to develop the contract amendment - still pending. They also helped USAID in the development of a draft PP for the extended project. Also the project staff assisted MOH in development of inputs and project budget for extension.
9. Arrival of MBritton - long term consultant for Health Planning Manual (HPM): to stay 6 months. Primary task: edit and produce HPM.

NINTH QUARTER, JANUARY 15, 1983

1. Infant mortality report: completed early this quarter. Final report presented to HE early in November 1982. After reviewing HE requested the planning staff to undertake additional research on several questions regarding infant mortality in Jordan. A final (Update) report forwarded to HE on January 10, 1983.
2. PHC Information System: Forms that had been originally designed in 1981 were reviewed and revised as appropriate. As well as writing a manual providing instruction on the use of these forms has been written in arabic. When these approved, they will be printed and distributed. The Zerka pilot test of the PHCIS is presently scheduled to begin next quarter.
3. Nursing Proposal: The project staff prepared this proposal as a result of the workshop conducted in August and September 1982. It was sent to Queen Noor, HE and USAID/J. Responses on it have been favorable.
4. Contract Amendment: On December 21, 1982 amendment no. 1 was signed between MOH and Westinghouse. Considerable amount of time spent by project staff on revising and preparing the documentation.
5. Training for HPU: 2 sessions. One session (2 days) on "Data Needs and the Development of Data Base for the HPU", conducted by DHarbick. Another conducted by MBritton, concerned goals and objectives, their establishment and use.
6. Data base for health planning: Included identifying data needs and data sources, as well as gathering and organizing data. For the 1983 Fertilty Survey done by DOS and CDC, planning staff were invited to specify data and develop questions to gather information on infant mortality as part of survey. A draft list was prepared and will be considered by the DOS and CDC early in January, 1983.
7. Work begun on Annual Report. This year to be prepared by a committee of planning and statistical staff. To be completed in the 11th quarter.

TENTH QUARTER, APRIL 15, 1983

1. Directorate and project began a closer coordination of planning activities and projects as well as formally integrating the planning unit into the Directorate of Planning. In January 1983 RMyrtle arrived to work with the HPU and Directorate to study organization and management of planning units. As a result roles, functions and tasks of HPU were discussed and prepared.
2. Regular weekly HPU staff meetings started.
3. Activities or Project Request Log developed to keep track of assigned projects.
4. Translation of both infant mortality reports from english to arabic as one report and sent to HE in March 1983.
5. Cost of Training Nurses: HE requested in January 1983. Report (in arabic) completed in March 1983. A summary of this report was written in english.
6. Curriculum for 18-month assistant nurses training course: work completed in February 1983, begun in July 1982 with assistance of GCoray. Curriculum sets schedules for teaching, outlines subjects and courses, and provides teaching plans for all aspects of 18-month program. (now being translated to Arabic)
7. Additional projects completed or underway are:
 - a. Program design and curriculum for a PHC training session for nurses and assistant nurses working in hospitals. Presented to Minister on March 1983 - Arabic
 - b. Report on cost of constructing health centers - given to HE February 1983.
 - c. Study of Survival of Premature Infants. Started in February 1983.
 - d. Plan for the linkage of planning and budgeting. Started in late March 1983. To assist directorate to make both budgeting and planning processes more relevant to each other and thereby more effective.
 - e. Study of cost of sending medical team on the pilgrimage. Begun Feb. 1983.
 - f. Plan for training interns and residents in hospitals. Begun this quarter.
6. 6-month workplan: period from April- September 1983. This reflects project AND directorate priorities. Directorate participated in the development of this report.
7. PHC Information System: Forms were approved this quarter by ministry officials. There have been certain delays in implementing this project due to lack of staff and competing project demands. Completion date: next quarter.
8. Staff training: RMyrtle (in January 1983) conducted two training sessions.
 - (1) a 3-day workshop for planning staff and MOH officials on "leadership, management and change", held at PHC directorate - very well attended and response extremely positive.
 - (2) Started a series of training sessions for planning unit and others on management, implementation and the planning unit organization.

Continued - 10th Quarter

Other training efforts involved selection of individuals to participate in Quails Roost Conference in July of 1983. Mr. Ma'ayta, Dr. Abdulla Rahahleh, Dr. Qais Halawah and Dr. Hani Shammout selected. They left June 28th.

9. MBritton extended her consultancy till June of 1983.
10. Dr. Coray signed agreement to design and prepare PHC physicians manual
11. After reviewing responses to our bids, approval to buy computer was from Arab Development Establishment. To be purchased early next quarter.
12. Project Extension: In late May 1983 the GOJ and USAID/J signed project agreement for proposed extension and in mid-June the MOH signed and approved P/O/T.

BMyrtle consulted with Project for 14 days, starting January 6, 1983

ELEVENTH QUARTER, JULY 15, 1983

1. PHC information system: Proposed new forms printed and distributed clinic staff for filling out forms have been trained. On June 1, 1983 pilot test was begun in Zerka.
2. a. Manpower Plan for Jordan: During 11th quarter - plan for completion of this project was prepared and approved by Directorate. This plan calls for a three phase approach to the development of a comprehensive manpower plan.
b. Study of morbidity in health centers: started in June 1983 and is intended to provide sample data on the types of morbidity seen in health centers during the winter and summer months.
3. Computer purchased and several of the planning staff have begun working with the computer - training to start next quarter. Also a new copying machine bought (U-Bix).
4. Organizational Plan: Under project agreement the MOH was required to develop an organizational plan. In early April, Westinghouse project team prepared a draft of such a plan which was reviewed and adopted by MOH and submitted to USAID/J for approval.
5. Consultation and assistance to Assessment teams for the U.S. Public Health Services and the World Bank.
a. On May 28th, 1983, Dr. W. Gemma and Dr. M. Samuels arrived to assess the status of the emergency medical care system in Jordan. The Planning Unit provided them with assistance and consultation in the form of data and advice on emergency and basic health care services in Jordan.
b. On June 29th a four-member team from the World Bank arrived (headed by Dr. Anthony Measham) to complete a sector assessment. Planning Unit and project team members assisted the team in securing data and providing background information on the project and the health care services in Jordan. All this has been fruitful to both parties as the data uncovered by the team with the help of the project has added to the project's data base.
6. Annual report: completed and now being printed in its final form.
7. Health Planning Manual: completed.

TWELFTH QUARTER, OCTOBER 15, 1983

1. Planning Manual completed in August 1983 and distributed to MOH, USAID, the Directorate, Westinghouse and contributors to the manual.
2. Dr. BMyrtle conducted a 6-day workshop on Management for senior MOH officials. (August 7, 1983). workshop cut short due to Myrtle's illness.
3. Completion of pilot test for PHC information system and preparation of initial recommendations.
4. Completion of first phase of manpower plan.
5. Initiated draft on school health program; plan for linking planning and budgeting by staff of HPU (used as demonstration, the staff elected the school health process to prepare a plan and budget for an existing project funding by the MOH.) This demonstration project expected to be completed next quarter.

REQUESTS BY HIS EXCELLENCY.

- a. Comparative cost of treating tuberculosis: completed.
 - b. Report on cost of dental training in the paramedical institute: completed.
 - c. Translation of pharmacy forms: completed.
6. Dr. Hamdan sent to a four-week management training course in Boston.

FOURTE

THIRTEENTH QUARTER, JANUARY 15, 1984

1. Wo
 2. St
 3. St
 4. Dr
 5. Wo
 6. De
A
co:
 7. Co
 8. Pa
Dr
an
 9. Co
 10. As:
Th
of
in
wit
Wo
We:
 11. In:
inc
Dr.
How
adc
 12. MCH
wor
obj
 13. Fin
pre
hos
 14. Inf
Mr.
1. Completion of 6-month workplan - October 1983 - March 1984.
 2. Completion of recruitment of PHC management specialist: Dr. W. I
 3. Completion of recommendations regarding the tested PHC informati
 4. Nursing Workshop: November 8th LGibbons arrived to conduct a 1-
on "Strengthening PHC through nursing education". This was to he
educators to develop and integrate PHC course content into the nu
curricula and clinical practice. Response to workshop was very p
 5. PHC course for new physicians: Requested by HE the staff of HPU
designed and implemented the course. 47 physicians attended. Co
started November 11, 1983 - December 8, 1983.
 6. PHC courses for nurses: From December 12 thru December 29, 1983.
by HPU staff - 65 qualified nurses attended. Requested by Direct
Jordan College of Nursing with the consent of the minister.
 7. Computer Training: Started by Dr. Khaled Shrydeh to train the st
Directorate in the application of computer technology to its task
demonstrate this to the HPU a mortality study was designed using
available data which was analyzed and graphically displayed on th
 8. Bids for printing HPM: In October bids were distributed to print
in Amman. On October 25, 1983 contract was signed with the Press
Publishing Company to print 1000 manuals.
 9. Initial draft of budgeting and planning project completed, with t
research on the school health project.
 10. Initial working draft on morbidity in health clinics completed.
 11. REQUESTED BY HE: Study of per-patient costs at al Karamah hospita
of initial draft completed this quarter.
 12. Extension of Project: On December 29, 1983, USAID/J and Westingh
signed contract to extend till October 1985 and changed the name
from Health Planing and Services Development to Health Managemen
Services Development Project.
 13. Participant Training: During October 1983 Dr. Fouad and Mrs. Had
to Boston for management training course for 4 weeks. Both found
challenging and very useful.

Continued, 14th quarter

- it to cause of death and compare it to infant mortality in other Arab countries. Expected to be completed early the next quarter.
15. Initial design of a training course in teaching methods and PHC for tutors of assistant nurses: Course has been designed by Mrs. Haddad and Mrs. Dababneh with the assistance of Dr. WKamel - initial outline prepared.
 16. Dr. Gibbons' visit re project concerns: Recommended JJeffers, an economist and planner with Westinghouse schedule a consultation with HPU in near future. Work on next 6-month work plan will be postponed until he arrives. Will be included in next quarter.

FIFTEENTH QUARTER ACTIVITIES - JULY 15, 1984:

1. Preparation and completion of the joint MOH/USAID Evaluation of the HMSD Project: Meeting held on June 2, 1984. Project team and members of HPU developed a work plan for the remainder of the project, a spending plan for the MOH's USAID funds, an outline of the MOH inputs to the project, a project background paper and description of the project's progress in regard to the logical framework which was part of the most recent project paper.
2. Development of the Plan for the Promotion and Expansion of PHC Services in Jordan: The work on this plan was performed by a Preparation Committee in the Directorate of Planning. Plan was concurrently written in English and Arabic.
3. Initiation of Work on 3 Papers Based on the 1983 Family Health and Fertility Survey: Papers were: 1) Mortality Rates and the Causes of Death, 2) Morbidity and Breastfeeding, 3) Utilization of Health Services. Drafts should be complete by August 1984.
4. Initiation of Work on Infant Mortality Update which will include the causes of death and comparisons of the infant mortality rates in other Arab countries. This should be finished in September 1984
5. Development of the PHC Operational Plan: Certain sections developed by the PHC Management Specialist. This plan has been conceived to identify areas within the PHC system in which improvements could be made in management through training or refinement of organizational systems and to outline activities for implementing the suggested improvements or refinements.
6. Initiation of work on physicians manual: Wadie Kamel is in process of developing new outline, proposed process and timetable.
7. Assistance in the planning of the First Annual Jordanian Public Health Association Conference.
8. Completion of six month work plan for April-September 1984.
9. Initiation of work on the financial data base project: Dr. James Jeffers (Westinghouse) developed a scope of work for that technical assistance.
10. Completion of Infant Mortality Update.

15

SIXTEENTH QUARTER ACTIVITIES - OCTOBER 15, 1984:

1. English long term course initiated in July 1984 for a total of nine persons.
2. Completion of first draft of PHC operational plan.
3. Initiation for purchasing as per approved MOH project Spending Plan: cars and training materials.
4. Completion and presentation of four research papers based on 1983 Fertility Survey.
5. Continued progress on five year plan.
6. Participation in workshop conducted by Dr. Abdul Rahim Omran from University of North Carolina. Workshop arranged by Dr. Kamel and attended by MOH senior officials.
7. Participation in First Annual Jordanian PHC Association Conference.
8. Consultation and assistance to project activities by Dr. Robert Myrtle from the University of Southern California:
 - a) Assisted and participated in First Annual Jordanian PHC Association Conference.
 - b) Provided at least 10 hours assistance to DPTR.
 - c) Worked with Dr. Kamel and senior officials in PHC.
9. Planned and conducted lectures on PHC for the capital municipality: In July and August of 1984. Members of the planning unit contributed to the workshops through presentations and discussions.
10. Translator: Mr. Raghda Imbydeen will begin translation services of the health planning manual on October 7, 1984. After getting final approved from AID, MOH.
11. Preparation and presentation of lectures on PHC for new MOH physicians.

SEVENTEENTH QUARTER ACTIVITIES - JANUARY 15, 1985:

1. Contract for printing PHC information system forms has been made.
2. Arrival of new chief of party on November 8th, 1984.
3. Implementation of PHC Operational Plan: The plan, renamed Schedule of Activities, has been completed, revised and implemented.
4. Purchase of project materials: Models and charts were purchased locally (\$ 4,060) for Irbid and Zarak nursing schools.
5. Design, development and evaluation of nursing education: Report by two RONCO nurses, USAID/J authorized TSFS funds for AID/W to issue a work order against the Westinghouse IQC to provide three nurse consultants for four months to work developing new prototype nursing college at Irbid.

EIGHTEENTH QUARTER ACTIVITIES - APRIL 15, 1985:

1. Printing of one set of PHC information System forms has been completed and a second set is underway.
2. Bids and purchase orders for project commodities have been submitted for nursing school teaching aids & books, vehicles and office equipment.
3. Revision of Project Budget: Calculations by AID/controller show \$ 36,000 of unearmarked funds under "other costs". A fund of \$ 175,000 of TSFS IV money has been approved for the PHC training program. Since \$ 208,000 was approved sum for use in HMSD project, there is still 33,000 available. Total: \$ 69,000 available to cover any activities not yet initiated.
4. Three nurses for Irbid arrived on February 10. Bahia, Adams and Taheri. On January 12 Dr. Kamel organized a workshop to discuss nursing education. It was well attended and resulted in good exchange of information among the staff of various nursing colleges. DPTR developed proposal for long term nursing education.
5. Translation of Planning manual completed. Translator resigned and another is being sought.
6. Plan to have a PHC training program for 250 physicians and 1000 auxiliaries.
7. Workshop by Dr. Abdul Rahim Omran (9-17 March, 1985) on Research and Preparation of Research Reports. Dr. Kamel prepared the program, designed daily sessions and instructional objectives and coordinated the whole effort.
8. First Senior Continuing Education Course in Community Health: Course opened on March 20, 1985 with 21 candidates: 14 MOH, 5 UNRWA, 2 University of Yarmouk

NINETEENTH QUARTER ACTIVITIES - JULY 15, 1985:

1. Commodities: Office equipment has been delivered.
2. Dr. Kamel has spent much of his time in monitoring the implementation of graduate studies in health services administration at the University of Jordan.
3. All PHC information system forms completed.
4. Processing of candidates for master's degree program in health administration: Two finished first academic year at UOJ and Dr. Fouad has been accepted at USC for August 1985.
5. Internal review of HMSD project on April 29th. Also attended by Dr. Gibbons.
6. Oral rehydration therapy: Dr. Boynton undertook this review of ORT in Jordan.
7. Proposal for nursing education developed by DPTR. Has been approved by the MOH and MOH and received by AID. Currently AID is working on PID.
8. Continuation of PHC training program.
9. Consultation by Dr. Anthony Vuturo re in-country training of community health and family health specialists including medical education. Visit of Dr. Vuturo was from March 29 to April 25, 1985.
10. The First Continuing Education Course in Community Health completed with 15 of 19 candidates completing the course. Dr. Kamel monitored the course.
11. Nurse Ismat Bakeer accepted at University of Pennsylvania as candidate for masters degree in nursing education and Dr. Abdulla Hamdan and Dr. Suleiman Qubain accepted at Hawaii for three weeks course in management of PHC.

TWENTIETH QUARTER ACTIVITIES - OCTOBER 15, 1985:

1. Three vehicles have been delivered to DPTR and one to DPHC.
2. Completion of Strategy paper for development of health for next five years. Prepared by Dr. Boynton.
3. Completion of oral rehydration therapy paper. Prepared by Dr. Boynton.
4. Complete purchase of training and other equipment specified in the MOH project Spending Plan and developed a PIO/C for \$ 40,000 worth of nursing education materials for the 12 assistant nursing schools.
5. New translator has been hired. Mr. Abdul Rahim Ma'ayta.
6. Printing and distribution of planning manual (translated into Arabic) and reprinting of physician's guide for management and supervision of PHC.
7. Provision of two health economic consultants by Westinghouse. Ferster is Economist and Goodhope health accountant.
8. Revision of project budget.
9. Proposed health education survey has been approved by MOH. This will include five questions on ORT that will provide information to finish ORT paper.
10. Nurses for Irbid arrived. Bahia, Fehrs and Ching. Irbid nursing college will have the assistance of three U.S. nurses for a total period of one year.
11. Proposal for promotion and expansion of PHC services in Jordan, World Bank loan of \$ 13.5 - Approved.
12. PHC training program: Has been active this quarter with more than half the training completed.

THE FIVE YEAR HEALTH PLAN

1986 - 1990

Background:

Health is a right for every citizen. It is one of the objectives of the socio-economic development programmes. Therefore, health care should go hand in hand with other aspects of social care if real improvements in the standard of health is required.

The Broad Objective of the Plan:

The provision of integrated and comprehensive health care for all citizens and in a gradual way through planning and efficient utilization of available resources such as medical technologies, health manpower and money and review of methods of financing health care with finding solutions for health problems at the national level.

Detailed Objectives:

1. Emphasis on PHC which include general medical practice, MCH, immunization, health prevention, health education and early diagnosis of diseases. That is because PHC development will have great impact on the health of the community and it is most cost effective than secondary care. In addition, this will decrease demand on secondary and tertiary care of the high cost.
 - a) Comprehensive coverage in both rural and urban areas.
 - b) Rewriting job description of GPs with concentration on PHC.
 - c) Review of the role of nurses and paramedicals and giving more responsibility for physicians in PHC now.
 - d) Continuous education of physicians.
 - e) Community involvement in financing health care.
 - f) Involvement of private sector.
 - g) Support of preventive and environmental services.
 - h) More emphasis to school health.
2. Comprehensive Health Insurance: There is a need for passing a new legislation to provide comprehensive health insurance to the total population, that will include all levels of care.
 - a) The new system should replace the existing health insurance plans in public and private sectors.
 - b) The utilization of existing resources.
 - c) The finance of the new plan should be shared between the state and the citizens according to their incomes.

- d) The new plan to be implemented in a gradual way - step by step to be completed by the year 2000.
3. The Secondary Health Care:
 - a) Development of most of existing hospitals: public and private.
 - b) Equitable distribution of hospital beds and to ratio of 20 beds/10000 in all regions
 4. Health Manpower Development: Increase in number of categories that suffer shortages like nurses and midwives and development of a system of continuous education for all categories is a must.
 5. Health Management: Bad management is responsible about a lost of inefficiencies and delay in implementing programmes. The new plan should call for:
 - a) Development of health management specialists.
 - b) Unification of administrative and financial systems in all health facilities.
 - c) Improvement in health data collection and analysis.
 - d) Support of centralized health planning as a means for national health planning.
 6. Promotion of health research and ensuring resources needed.

Means For Reaching Objectives:

A. Policies:

1. Emphasis on PHC.
2. Involvement of private sector.
3. Promotion of continuing education.
4. Promotion of emergency care.
5. The Higher Health Council should take a leading role in planning and coordination between all health sectors.

B. Management Procedure:

1. Primary Health Care Centers: There should be an increase in number of health centers and improvement in quality of care they care.
2. The role of private sector in PHC. A legislation should be passed to enable the MOH in contracting with private GPs to expand PHC.
3. The contracts with private GPs should include:
 - List of families names cared for by GP.
 - Registration of vital events.
 - MCH care and immunization.
 - General practice.
 - Periodic check-ups
 - Environmental control
 - Referral to other levels of care.

52

5. The Higher Health Council.

The implementation of the health policies and the plan of action requires the presence of central body for coordination and allocation of resources among different health providers. This body - the Higher Health Council - should be:

- a) Reorganized to be able to work more effectively.
- b) More powerful to make its decisions obligatory to all sectors.
- c) Able to define priorities and allocation of resources.
- d) Able to coordinate between all health sectors.
- e) To unify all administrative and supplies system to avoid duplication.

For the Higher Health Council to become capable of doing activities mentioned above an executive committee should be formed and attached to it. This committee will follow up implementation of its decisions and taking arrangements for issuing new legislations as necessary.

6. Financing: It is evident that investment and current costs of the plan will be beyond the capacity of government budget. Therefore:

- a) Community participation is needed in financing, each according to his income.
- b) Increase in taxation of some items and added to health.
- c) Social Security Corporation should increase services to its members.

7. Health Administration.

- a) Training health managers of different levels in long term courses.
- b) Conducting short term courses in health management.
- c) Continuous improvement of management.
- d) Improving health information system and using computers.

8. Continuing Education.

- a) The formation of a special council for continuing medical education.
- b) Deploying enough resources needed for continuing education.

9. Emergency and First Aid System: A system for emergency care should be established to improve the quality and quantity of emergency care in Jordan.

Evaluation:

The evaluation and monitoring of projects implementation is carried out by the Higher Health Council assisted by the Ministry of Planning and health sectors on a quarterly basis.