

A.I.D. EVALUATION SUMMARY PART I

(BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS)

FD-ABE 037
76917

A. REPORTING A.I.D. UNIT:

USAID/JORDAN
(Mission or AID/W Office)

(ES#)

B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN?

yes slipped ad hoc

Eval. Plan Submission Date: FY 89 0

C. EVALUATION TIMING

Interim final ex post other

D. ACTIVITY OR ACTIVITIES EVALUATED (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report)

Project #

278-0270 SCF1
Evaluation report

Child Survival in Urban and Rural Jordan

0
(no/yr)

0
(cost
'000)

0
to date
'000)

Child Survival in Urban and Rural Jordan

E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

Action(s) Required

Extend subgrant for a final period of 12 months (Jan. 90/Jan. 91) at no additional cost to USAID

Explore alternatives for continuing employment of Community Health Workers (CHWS) upon termination of USAID supported activity

Follow up with SCF to recruit full total of 40 CHWS

Continue encouragement of MOH officials to modify outreach responsibilities and training programs for mid-wives and nurses

Adopt computerized accounting system with USAID/CONT. assistance in installation

Disallow JD100 from next voucher for vehicle penalty

Name of officer responsible for Action

Date Action to be Completed

W. Jansen

7/1/89

D. El Khazen
S. Bitar

1/1/91

D. El Khazen

9/1/89

W. Jansen

1/1/91

R. Salti

10/1/89

M. Yassin

7/31/89

(Attach extra sheet if necessary)

F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION: mo 6 day 8 yr 89

G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:

Project/Program Officer

Representative of Borrower/Grantee

Evaluation Officer

Mission or AID/W Office Director

Signature
Typed Name

W. Jansen
W. Jansen

Date: 6/11/89

R. Salti
R. Salti

Date: 14 Jun 89

K. Johnson
K. Johnson

Date: 6/8/89

R. A. JOHNSON
R. A. JOHNSON

Date: 6/11/89

H. EVALUATION ABSTRACT (do not exceed the space provided)

The Save the Children Federation (SCF) project aims to implement a community based primary health care system in both rural and urban settings in cooperation with and assisted by the Ministry of Health (MOH). Locally recruited Community Health Workers (CHW) are being trained in the components of basic primary health care and function as the liaison between the MOH clinics and the communities these clinics serve.

The CHWs are to make home visits and conduct group sessions with mothers. This midterm evaluation (1/87-12/88) was done to assess the effectiveness of the field implementation of the project and to identify any problem areas. This was done by reviewing project documents, discussions with SCF and MOH project staff, field visits and statistics from the SCF baseline surveys, both rural and urban.

This project is being run efficiently by a well-qualified health team composed of a project director, health educator, nutritionist, nurse, midwife, and social worker.

The project has trained over 20 CHWs who get formal classroom training and a lot of practical training in the field under close SCF health team supervision.

It has required more time to train the rural CHWs than the urban ones. The urban CHWs have tawjehi (high school equivalent) and have more life experience to draw from.

The SCF health team updates the baseline survey every year to monitor progress. A health surveillance record system is being drafted so clinic staff can continue to monitor progress after the project ends.

Lessons learned:

The attempt to identify possible sources of salaries for the CHWs should begin at the inception of the project, in order to assure continuation of the program when the project phases out.

I. EVALUATION COSTS

1. Evaluation Team Name	Affiliation	Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (US\$)	Source of Funds
Ruth McKinney	USAID	278-0000-F-00-9013	\$3300	Bilateral PHCND AID No. 278-0270

12. Mission/Office Professional Staff Person-Days (estimate) 7 days

3. Borrower/Grantee Professional Staff Person-Days (estimate) 7 days

2

A.I.D. EVALUATION SUMMARY PART II

J. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Try not to exceed the 3 pages provided)

Address the following items:

- Purpose of activity(ies) evaluated
- Purpose of evaluation and Methodology used
- Findings and conclusions (relate to questions)
- Principal recommendations
- Lessons learned

Mission or Office: USAID/Jordan

Date this summary prepared: February 1989

Title and Date of Full Evaluation Report: Child Survival in Urban and Rural Jordan
March 1989

Purpose of the Activities Evaluated: The Child Survival Health Project was initiated by SCF using the community based integrated development approach. The overall objective was to develop and implement a comprehensive, community based, primary health care system based on documented community needs. This was to be carried out in a remote rural area and in three urban squatter areas in Amman. CHWs were to be trained and become the link between the Ministry of Health (MOH) primary health care (PHC) clinics and the community. With the PHC system firmly in place, together with a health surveillance system, the SCF should be able to pull out and the working components of the project would continue to be run by the CHWs, the MOH clinic personnel and the community.

2. Purpose of Evaluation and Methodology Used:

Purpose: This evaluation was a midterm assessment of the processes of project implementation. It was to review the effectiveness of the field implementation of the program and relates the present achievements of the program to the original project goals where that was possible. Out of this would come recommendations on which to decide the future of the project. A budget review was also done.

Methodology: A thorough review of both AID and Save the Children Federation (SCF) project files was done. Discussions were held with the SCF health team, the MOH Liaison Doctor for this project and the clinic health staff of Arid, Natheef, and Mahatta. Field observations of the CHWs on home visits or conducting mothers' group meetings were done plus an observation of a CHW training program in progress.

3. Findings and Conclusions:

1. There is a marked difference between the rural CHW and the urban CHW. The rural CHW has a much more limited life experience as opposed to the urban CHW who has a broader experience base and also tawjehl (high school). Therefore, the time frame for training and the supervised practical application of that training has to be greater for the rural CHW.

SUMMARY

SUMMARY (Continued)

2. The urban component of the project was delayed by about one year.
3. The process of identifying village/community funds for paying the salaries of the CHWs once the project concludes is a much more tedious process than anticipated. Support from the MOH and village councils is readily forthcoming until salaries of the CHWs are discussed.
4. The CHW is described in the project proposal as being identified only to be trained to help SCF workers with monthly growth monitoring in the homes. The Letter of Agreement (June 1988) calls for the training of the CHWs (a minimum of 30 in all areas) in preventive health care. The CHWs come from and represent their own communities.
5. The MOH mid-wives and nurses are often reluctant to do home visits. The SCF mid-wife or nurse most often accompanies them.
6. More than 45% of JBH women still deliver at home while in the urban area its only 15%. In JBH there is no facility for deliveries, at-risk or otherwise. The MOH clinic is not set up to provide such a service.
7. The SCF team and the MOH clinic personnel have two separate systems for record keeping. SCF has a computer allowing for more sophisticated records and statistics during the life of the project.
8. There is a concern by the SCF team that environmental health, especially in the urban area, is not addressed.

4. Principle Recommendations:

1. The project should be extended for one year from January 1990 to January 1991. This would not require additional allocation of funds, as work on the urban component of the project was delayed for a year. The SCF team needs this additional year to accomplish all its objectives.

A significant side benefit would be the extra year for strengthening the expertise of the rural CHWs who have proven more difficult to train than was originally anticipated. An additional benefit would be extra time to secure solid commitments on payment of CHW salaries.

2. The job description of the MOH clinic nurses must include outreach responsibilities to at-risk cases, be that growth monitoring, ante-natal or post-natal care, oral rehydration therapy, immunizations, or nutrition education.
3. Each CHW should undergo a one week training program at the respective MOH clinic conducted by the clinic staff. Emphasis should be on outreach, referrals, familiarity with clinic procedures and reinforcement of basic primary health care concepts.
4. In JBH, a Traditional Birth Attendant should be identified for each village (10) and trained by SCF team and the MOH staff to perform safe home deliveries and identify at-risk pregnancies to be referred to hospital. At the same time, the CHW should also instruct these families of pregnant women who plan to deliver at home the basic principles of a clean, safe delivery.
5. A health surveillance system should be developed by SCF and MOH teams together in order to ensure a working system understood and accepted by everyone involved. This would be a manual system, until such time as computers are introduced into the health center.
6. Training of the CHWs should include basics of environmental health. Through health education, the CHW could increase the awareness of mothers to possible resources to improve their living conditions, i.e.: sewage disposal, prevention/eradication of insects and rodents and public cleanliness.

K. ATTACHMENTS (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier)

ATTACHMENTS

1. Mid-term Evaluation Report
2. Scope of Work
3. Bibliography
4. Financial Report

L. COMMENTS BY MISSION, AID/W OFFICE AND BORROWER/GRANTEE

MISSION COMMENTS ON FULL REPORT

This evaluation was very helpful in deciding on the future direction the program has to take if its to sustain the same level of efficient implementation.

The evaluation has come out with a set of highly relevant recommendations that detail the next steps the project has to carry out if its to respond in a timely fashion to the continually changing needs of the local communities served.

The importance of these recommendations lie in the fact that they were discussed with representatives from the three parties concerned in the evaluation; mainly USAID, MOH and SCF and found to be technically highly viable.