PD/HAF-145

MEMORANDUM

DATE: August 23, 1985

TO: SEE DISTRIBUTION

FROM: ANE/NE/TR/HPN, Ursula Nadolny CNJohnson

SUBJECT: PES 278-85-3, Jordan Health Education Project (278-0245)

On August 12, we received the attached project evaluation. It indicates that despite lengthy implementation delays, the project shows substantial improvement in progress towards achieving project objectives of fostering adoption of appropriate health behaviors through organized health education activities within the MOH.

The evaluation recommended that the project be extended for an additional year, i.e. until December 31, 1986. In light of past operational difficulties the evaluation team identified certain conditions that should be met by the MOH if the project is to succeed (PES p. 2). A formal request from the MOH for project extension is expected in August 1985.

The evaluation seems to raise no significant issues, lessons learned or need for further AID/W follow-up action. Therefore, unless there is a difference of opinion, I recommend an informal Level III Review. If you have any comments on the evaluation review, or concerns you want to raise with the Mission via the reporting cable, please forward them to me by COB August 30.

Attachments
1. PES, Parts I and II
2. NE Evaluation Abstract

DISTRIBUTION

AA/ANE, C.W.Greenleaf
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Project Review Committee

ANE/MENA, B. Hawley
ANE/DP/E, J. Wills (3)
ANE/DP/PL, D. Harrison (2)
ANE/PD, C. Shorter
PPC/PDPR, K. Piepmeier
GC/NE, R. Johnson
PPC/PB, J. Williamson

MEMORANDUM

H/Jordan
278-0245
Evaluation

DATE: August 15, 1985

TO: ANE/PD/PDS, Dorothy Kemp

FROM: ANE/NE/TR/HPN, Ursula Nadolny

SUBJECT: Evaluation Report Submission: Jordan Health Education Project, 278-0245

Please log the subject evaluation. Relevant information follows:

1. Project No: 278-0245
2. Project Title: Health Education
3. Evaluation No.: 278-85-3
4. Type Evaluation: Regular
5. Evaluation End Date: May, 1985

FYI. This evaluation will receive a Level III review. A copy of the cable response to the Mission will be sent to ANE/PD/PDS upon completion of the review.

Attachments:

1. PES, Part I and II
2. NE Evaluation Abstract

cc: ANE/PD/E, J. Wills

Clearance: ANE/NE/TR/HPN, CNJohnson_____

ANE/TR/HPN:UNadolny:docid 0473A sbh

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NEAR EAST EVALUATION ABSTRACT

PROJECT TITLE(S) AND NUMBER(S)	MISSION/AID/W OFFICE
Health Education, 278-0245	USAID/Jordan

PROJECT DESCRIPTION: Through the provision of U.S. technical assistance and training, the purpose of the project is to 1) Assist the MOH to create awareness, increase knowledge, positively influence attitudes and foster adoption of appropriate prevention and curative health behaviors of the public through organized health education efforts, and 2)*

AUTHORIZATION DATE AND U.S. LOP FUNDING AMOUNT	PES NUMBER	PES DATE	PES TYPE
FY 80 — $.980 Million	85-3	6/5/85	[X] Regular [ ] Other (Specify)

ABSTRACT PREPARED BY, DATE	ABSTRACT CLEARED BY, DATE	
Nancy Carmichael Barry, Mission Evaluation Officer 6/23/85	PO :TRishoi PRM:RBrown DD :RJohnson DIR:GGower	[ ] Special [ ] Terminal

The evaluation was undertaken to assess project progress in what was to be the final year of project implementation. The evaluation was the result of a collaborative review conducted earlier in 1985 by a special Joint Committee made-up of representatives from the implementing agency, the Ministry of Health, and USAID/Jordan. The Committee's work led to revisions of the 1985 work plan and the project logframe, as well as to a recommendation that the project be extended for an additional year, i.e. until December 31, 1986. (A formal request from the MOH for project extension is expected in August 1985).

The Health Education project evaluation reveals that despite lengthy implementation delays, the project shows substantial improvement in progress towards achieving project objectives, compared with results achieved at the end of the first evaluation period (May 1983). Project activity increased significantly since the last evaluation, aided by the return and re-integration of the Project Director from long-term training and the arrival of a new long-term technical advisor in June 1984. Three integrated media campaigns were conducted, pamphlets and posters on three health themes have been printed, six radio and TV spots have been produced and approved for airing by the MOH, a short-term course on health education precepts and practices was held, two project vehicles have been ordered and should be delivered shortly and a modest library for the Division of Health Education has been established. The project anticipated that 10 multi-media campaigns would be conducted during LOP, with "before" and "after" surveys conducted in conjunction with each campaign. The evaluation reveals that the targeted number of campaigns was overly high and plans for the campaign-related surveys were also overly ambitious; it is expected that 4 surveys will eventually be conducted: a baseline survey in 1985, another in 1986, and "before" and "after" surveys conducted in conjunction with a single health theme or problem campaign.

Key findings of the evaluation include the importance of the commitment of the implementing agency in creating a strong Health Education Division and carrying out health education campaigns. The MOH was ill-prepared to support this project which resulted in considerable project delay. The process involved in the Health Education evaluation led to a renewed commitment by the MOH to the project's objectives and goals.

Cont....

*2) Conduct and institutionalize well designed and implemented health education activities as a part of MOH programs.

3X

The importance of public health education in promoting a preventive care mentality in Jordan is still valid as it was when the project was under design.

Lessons learned are:

1. A project of this nature requires that contractor TA be identified and recruited early in life of project and

2. Given the requirements for creating of a new institutional unit within the GOJ - the Division of Health Education in this case - staff training must be done early in LOP in order to permit later project activities undertaken by this staff.

App. SN, Ch 5, HB 3
(TM 3:26) 8-3-78

CLASSIFICATION

PROJECT EVALUATION SUMMARY (PES) — PART I

Report Symbol U-6

1. PROJECT TITLE Health Education	2. PROJECT NUMBER 278-0245	3. MISSION/AID/W OFFICE Jordan
	4. EVALUATION NUMBER (Enter the number maintained by the reporting unit, e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) 85-3 ☒ REGULAR EVALUATION ☐ SPECIAL EVALUATION	

5. KEY PROJECT IMPLEMENTATION DATES	6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION
A. First PROAG or Equivalent FY 80 B. Final Obligation Expected FY 80 C. Final Input Delivery FY 87	A. Total $ 2,249,000 B. U.S. $ 980,000	From (mo/yr) 6/83 To (mo/yr) 5/85 Date of Evaluation Review 6/4/85

8. ACTION DECISIONS APPROVED BY MISSION OR A.I.D./W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items requiring further study. (NOTE: Mission decisions which pertain to AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed recommendations.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Submit request for project extension with Work Plan and Revised Financial Plan for 1986. (Work Plan should be similar to plan for 1985, which details how the remaining project funds will be used for training, technical assistance, media campaigns, before and after surveys and other project activities.)	MOH	August 1, 1985
2. Extend Grant Agreement for one year from December 31, 1985, to December 31, 1986.	USAID/MOH/HDP	September 1, 1985
3. Issue Personal Services Contract for Technical Advisor.	MOH	October 1, 1985

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

- ☐ Project Paper
- ☐ Financial Plan
- ☐ Logical Framework
- ☒ Project Agreement Amend No. 2
- ☒ Implementation Plan e.g., CPI Network
- ☐ PIO/T
- ☐ PIO/C
- ☐ PIO/P
- ☐ Other (Specify)
- ☐ Other (Specify)

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

- A. ☐ Continue Project Without Change
- B. ☐ Change Project Design and/or
- ☒ Change Implementation Plan
- C. ☐ Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

MOH, Proj. Dir., M. Shreim
MOH, For. Aff., H. Sayegh
Evaluation Committee: MOH, PHCD, S. Qubain
Contractor, H. Gustafson
USAID, HPDO, R. Haladay
Approved: HE The Minister of Health, Dr. [illegible]

12. Mission/AID/W Office Director Approval

Signature
Typed Name: Richard A. Johnson
Acting Director, USAID/J
Date: June 4, 1985

AID 1330-18 (5-78)

In developing this PES, the Mission used a collaborative process to more fully involve the executive and managerial staff of the implementing agency, the Ministry of Health. In focusing on the project's problem areas, we viewed the PES as an operational tool to gain support of the new Minister of Health. In this respect, we were successful in gaining the minister's endorsement and that of the MOH members of the Evaluation Committee (and their signatures on the facesheet).

The PES is the culmination of a process, described in "No. 14 Evaluation Methodology", that actually began in January of this year.

For this reason, we feel the interpretation of "evaluation" for this project goes beyond the PES and includes the products of a series of "Special Joint Committee" sessions held during February and March.

The Committee's report with resulting revamped "final" year (1985) Work Plan, a revised LOGFRAME, and relevant P.I.L. are attached as (# 3, 8 and 6) and should be read as an integral part of the PES.

Details are missing in the EOPS section since that material is to be developed by the MOH in the coming months and incorporated into the 1986 work plan, now that the decision has been made to extend the project. Submission by the MOH of the plan is due by August 1, 1985; we will forward a copy to AID/W for inclusion in the PES file of this project.

The Mission plans to repeat in a more informal way - the collaborative review process at the end of this year as a way to keep the project on track. We plan to schedule a final evaluation at an appropriate time in early FY 1987.

July 2, 1985

13. Summary

Although far from being on schedule, the current situation of the Health Education Project shows substantial improvement in progress toward achieving project objectives, compared to the initial period (9/80-5/83) reviewed in the previous evaluation. However, the great delays experienced in project implementation during the last two years clearly indicate that the key project determinant is the commitment of the host country implementing agency, the Ministry of Health, and its administrative hierarchy, to the creation of a strong Health Education Division and the carrying out of health education campaigns. In light of past operational difficulties the joint MOH/USAID/Contractor Evaluation Team recommended that certain conditions be met by the MOH if the project is to succeed:

- Acceptance of local private sector contracts for mass media development and specialized training.

- Assignment of 5 full-time physicians as health educators in the governorates.

- Increased autonomy for the Health Education Division, with monthly reporting directly to H.E. the Minister.

- Development of plans for activities and expenditures through the end of the project.

- Agreement to continue the services of a Technical Advisor under a Personal Services Contract.

On the more positive side, the Evaluation Committee also concluded that more project actions had been accomplished during the last 9 months (Sept. 1984-May 1985) than in the first four years of the project. Principal factors credited were the reintegration of the Project Director after L-T training, the deployment in-country of a Technical Advisor under an 18 months personal services contract (after the previous contractor terminated prematurely) and increased collaboration by the MOH in providing resources to and approving activities of the Health Education Division.

Cognizant that the need for an enhanced health educational role for the MOH is as great today as it was at project start (1980), the Evaluation Team recommended that the project be extended one year beyond the current Project Assistance Completion Date (PACD) to Dec. 31, 1986, to allow recent gains in project achievements to be consolidated.

In a meeting with the USAID Acting Director on May 22, 1985, H.E. the Minister of Health reconfirmed his support for the project and the original objectives of the project and agreed to the five conditions listed above and the desirability of a one year extension of the project to complete its objectives.

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14. Evaluation Methodology

The evaluation was conducted to conform to the Project Agreement Implementation Plan that required that a Final Evaluation be scheduled for April 1985 (Grant Agreement Annex 1, page 5), as this was intended to be the final year of project. It not only served the purpose of complying with the need for a biennial evaluation to measure project achievements, but also constituted a follow-up to a collaborative review conducted earlier in 1985 by a Special Joint Committee appointed by H.E. the Minister of Health and the Director of USAID/Amman. That Committee was assigned to revamp the work plan for 1985, in view of the delays experienced in implementing of the project, and to revise the budget. The product of the Committee, a "Decision Check List" composed of specific activities, timetables and budgets (see Attachment 3) was approved by the Health Minister on March 11 and by the A.I.D. Director on April 21, 1985. (See Attachment 5).

One of the Committee recommendations was that a one year extension of the project be considered during the Final Evaluation. Thus, an important agenda item was to collect and assess the evidence that the Health Education project, under the current design project and implementation arrangements, is a viable project worthy of continuation beyond Dec. 31, 1985.

The evaluation process functioned well, with the Final Evaluation Group meeting several times during April and May, and culminated in a full session on June 4, chaired by the Minister of Health. The Undersecretary and members of the PHC Directorate and the Health Education Division attended, while AID was represented by the Director (Acting), the Training Officer and the Health and Population Development Officer.

15. External Factors

The most important external factor in the project setting, impacting negatively in the past on the Health Education Project, has been the lack of strong follow-through action and low priority given by the host government for health education programs. This was due to budgetary and administrative constrainst within the MOH.

The Division of Health Education (DHE) is still relatively new, having been formed only a few months before the project began, and its activities have not been easily routinized in the Primary Health Care Directorate. Administrative approval to implement health education activities has been difficult to obtain.

Because of the above constraints and competing demands, the GOJ did not fulfill its commitment to appoint 25 full time health educators at the governorate level. Similarly, requests for additional B.A.-level staff for the DHE central unit were not granted.

16. Inputs

A. Technical Assistance

The technical assistance time table detailed in the project paper of 1980 was not followed. The first long-term Resident Advisor arrived 19 months

after the time indicated in the Implementation Plan (June 1981) and resigned prematurely (Dec. 1983). Four months of technical services of the incumbent Health Education Advisor were lost while the former Health Minister reviewed the scope of work and terms of the contract submitted to the MOH by the Advisor in Feb. 1984. The Advisor finally began work on June 20, 1984. This delay necessitated an extension of the Project Assistance Completion Date (PACD) from Sept. 30, 1985 to Dec. 31, 1985, to cover the 18 month period of the Advisor's contract.

Overall, the delays in the provision of planned technical inputs inevitably had a negative effect on project progress during the last two years.

During the project extension, the entire period should have the benefits of a Health Education Advisor and short term consultants, if needed, in curriculum development for nursing schools and paramedical institutes and in design and operation of a MOH production unit for audio-visual materials.

B. Commodities

Two vehicles, a major item under commodities were ordered in 1983 but were not accepted by the GOJ because of a change in specifications (disallowing 6 cylinder engines) that occurred during the interim. They were reordered in early 1985 and are expected to arrive in June 1985. Lack of transportation has hampered the DHE field programs.

C. Required Contracts for Media Production and Training

The hierarchy of the MOH did not approve private sector contracts between the D.H.E. and advertising firms, universities and printing companies for needed goods and services until late in the evaluation period.

In fact, the fee for the first contract with the Jordan Institute for Management to train central staff in 1983 was not paid by the MOH despite successful completion of the course.

The first (and thus far only) contract for media production in the private sector took 18 months to negotiate and approve and, although the performance of the contractor was excellent, these has been until recently a disinclination on the part of the MOH hierarchy to approve further contracting for these vital services. This situation has now changed, based on H.E. the Minister's executive determination that private sector contracting is a legitimate government activity (see Attachment 1).

The second contract for training by Yarmouk University was approved but not funded from the grant with exception of per diem.

D. Funding

The slow pace of project activities has been reflected in the low expenditure rate experienced thus far in the project. As of May 31, 1985, a project pipeline (total amount of obligated minus actual and accrued expenditures) of $703,000 existed of the $980,000 of AID funds obligated to

the project in 1960. It should be noted that a total of $580,000 of AID project funds have been allocated ("earmarked") for past activities and those planned through 1985, thus leaving an unearmarked balance of $400,000 (See Attachment 4). Action Decision No. 1 (Facesheet) — submission by the MOH of project extension request with Work Plan and Revised Financial Plan for 1986 — will detail the expenditure plans for the final year of the project.

17. Outputs

A. There have been more project actions generated in the last 9 months (since September 1984) than in the first four years of the project.

Evidence:

(1) Three integrated media campaigns on public health problems have been conducted:

- Immunization (Nov. 1984)
- 2nd Immunization Week (April 1985).
- Diarrheal problems/use of oral rehydration therapy (May 1985 and continuing).

(2) The original artwork was designed and the printing completed for 400,000 copies of pamphlets and 55,000 posters on three health themes.

(3) Six radio and six T.V. spots have been produced by a private advertising company (Al Khair) and all were approved by the MOH for airing in support of the printed material distribution campaign.

(4) A 3-week course on health education precepts and practices for 28 medical and paramedical personnel was held in March.

(5) Two vehicles (Blazers) for field supervision were ordered and are expected by the local dealer in June 1985 for delivery to the MOH.

(6) A modest library holding for the Division of Health Education has been established with 15 reference books and 7 films.

B. Campaigns and Surveys

This initial grant period was for five years during which ten multi-media campaigns were to be completed. "Before" and "after" surveys were to be conducted to evaluate each of the campaigns. In retrospect, the target number of campaigns was overly high, taking into consideration that training of new staff was required prior to the formation of a central staff capable of carrying out campaigns. Similarly, the campaign - related surveys, although scientifically merited, were also too ambitious, given the complexity and relative sophistication of quality sample surveys, and the scarcity of MOH personnel experienced in survey-taking.

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The first campaign funded under the grant was in November 1984, yet MOH approval was not granted in time to do a "before" survey. However, the Evaluation Committee determined that some surveys are indispensable to the measurement of project impact on public opinion and knowledge.

In line with this thinking, the Special Review Committee in March included in the 1985 work plan (see Attachment 3), which was approved by the ex-Minister and USAID Director, a baseline data survey that schedules field work in July with analysis to be completed by September.

It is expected that the 1986 Work Plan, to be submitted by the MOH with its request for project extension (August 1, 1985), will include plans for 3 surveys: a repeat of the baseline survey of 1985, and the "before" and "after" surveys relating to a single health theme or problem campaign.

18. Purpose

The approved project purpose (quoted from the original Project Design Summary, logical Framework, page 2) has two aspects:

a. "To assist the MOH to create awareness, increase knowledge, positively influence attitudes, and foster adoption of appropriate prevention and curative health behaviors of the public through organized health education efforts;" and

b. "To conduct and institutionalize well designed and implemented health education activities as a part of MOH programs."

Purpose (a) requires the implementation of the proposed Knowledge, Attitudes, Practices (K.A.P.) surveys and approval of such an evaluation system is being pursued. At least one discrete campaign should be scientifically evaluated in this year.

Purpose (b) is a concern of expert opinion and it is the judgment of the Resident Advisor that the capability is increasing at a satisfactory rate over time.

The grant budget and implementation plan contain the essential elements of fellowships, in-country training and graduated in-country experiences to accelerate this process.

19. Goal/Subgoal

The approved project goal or broadest objective at which this project aims is stated (Logical Framework, page 1) as follows:

"To contribute to a program to improve the health status of lower income groups throughout Jordan."

The best indicators to improved health status, rates of mortality and morbidity, are determined by a multiplicity of medical, social and epidemiological factors. Therefore, it is near impossible to single out the influence of one program, health education, on the general health status of the Jordanian public, particularly in light of the incomplete reporting of vital statistics. Yet, based on cross-cultural experiences, the causual linkage hypothesized between public dissemination of knowledge on correct health practices and positive change in behavior of a significant segment of the exposed public is still considered to be valid.

An indication of project impact is the modest increase in vaccination cases at MOH reported by clinics following the November 1984 immunization campaign.

20. Beneficiaries

As stated above, the beneficiaries of this project ultimately will be the lower income groups in Jordan, as those who suffer most from preventable diseases.

21. Unplanned Effects

One important and positive spin-off effect not foreseen in the project design was the active participation of the Division of Health Education in the development of the new MOH Health Care Service Expansion Plan, to be partially funded under a World Bank Loan.

The DHE developed a five year plan for health education which included five physician positions for the governorates (to be provided under this project through the renewed commitment of the MOH) and 70 other health education positions for twenty comprehensive health centers and fifty health centers. A substantial budget for ten mobile audiovisual vans, fifteen passenger vehicles and basic audio visual equipment for health education activities at the governorate and local levels was also approved as part of the Service Expansion Plan.

The existence of a functioning Division of Health Education was crucial in the channelling of World Bank support to this ambitious future expansion of health education in Jordan.

22. Lessons Learned

In retrospect several factors stand out as explanatory elements in the project's slow progress to date.

It is clear that the MOH was not prepared to fully support the new, numerous and complicated activities as jointly approved in the GOJ/ USAID grant agreement in September 1980.

Project activities could have been phased more effectively with early concentration on institutional/manpower development at the DHE level through emphasis on health education in-country training and long term fellowships.

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Pressing for nationwide multi-media campaigns in the absence of trained staff and obvious MOH resistance to contracts in the private sector was a losing proposition.

A minimum of at least a B.A. degree for central (DHE) staff should have been required to ensure eligibility for academic fellowships at the MOH level. In the four year period since the grant was awarded several staff could have been trained.

Multi media campaigns, as it turned out, were delayed until the fourth year of the project. A rephasing of the project activities in early 1983 could have utilized this available time for more intensive staff recruitment and development.

Further, it was obvious from the start that this project, attempting as it does to bring an innovative health education approach to the host country, would need substantial outside expert assistance. For this reason, fully 47% of AID's financial contribution to the project was designated for technical assistance, to finance 41 person/months of services including 30 months of L-T Resident Advisor time. The delay in contracting a Resident Advisor, either through unavailability of interested candidates or project mismanagement, that extended from project signature in September 1980, beyond the targeted deployment date of June 1981, to final in-country Advisor presence in Jan. 1983, proved to be near-fatal to project prospects.

Lesson 1: This type of project requires a close, daily working relationship with the host country counterpart, attention that AID Technical Officers, as managers of multiple project activities, cannot provide. Thus, it is extremely important for projects of a similar nature that the contracting of required T.A. be planned and carried out on time and early in the project.

Lesson 2: If the creation of a new unit requires extensive training (L-T and S-T) of staff, the identification, nomination and processing of candidates must be done during the very early stages of the project. If, as was the case in this project, both development of institutional capability to do a job and the actual demonstration of production (e.g., mass-media campaigns) are expected, a longer time frame is needed or the project should be broken into two distinct phases:

First phase: Staff training and development.

Second phase: Action programs generated by this staff.

23. Special Comments

As has been repeatedly claimed by the Health and Population Development Officer in USAID/J Senior Staff Reviews of this project, the need for "Health Education" as the leading edge in promoting a preventive care mentality in Jordan is as great today as it was in 1980, at project start. This project is supporting the largest organized attempt, of the very few, to give attention

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to public health issues and educate the public of these problems. For example, UNICEF and WHO contribute occasional articles to the press and the UNFPA subsidizes the Ministry of Labor and Social Development to organize classes that include family health advice for workers. Yet the MOH as the primary national source of health information has still not internalized the role of health educator and, understandably, will do so only through "practice".

The MOH has agreed "to practice" through its commitment to the World Bank to place, by 1986, health educators in the medical directorate of each governorate, who will be responsible for supervising health education programs. Additionally, there is in the World Bank loan ($13.5 million) a funding component for audio-visual equipment, materials and vehicles for use by the trained staff of health educators to be assigned to 51 sites: the 38 new PHC and comprehensive health care centers and the 13 refurbished facilities. It can reasonably be expected that the AID supported project will increasingly be seen by the MOH hierarchy as a valuable tool to train central staff and governorate personnel to use health education materials effectively, one of the principal objectives of this project.

In summary, there is genuine cause for belief in a more positive and agressive future for this project than its past performance would indicate. At this time, there appears to be a growing understanding of the project's purposes and objectives. Perhaps it is now possible to implement activities as planned with minor modifications and a somewhat less ambitious schedule.

LIST OF ATTACHMENTS

Attachment 1:	Minutes of May 22, 1985 Meeting with H.E. the Minister of Health and USAID Director (Act) and HPDO, with "Agenda" and resulting "Delegation of Authority" letter.
Attachment 2:	Contractor's Annual Report, 20 June 1984 - 19 June 1985 (Dr. H. C. Gustafson)
Attachment 3:	Report of Joint Review Committee dated March 7, 1985, that includes Decision Checklist for 1985 Work Plan
Attachment 4:	USAID/Jordan Budget Sheet, Status of Project No. 278-0245 Sept. 30, 1980 - May 31, 1985
Attachment 5:	First Evaluation of Health Education Project, (PES #83/3) July 21, 1983.
Attachment 6:	Implementation Letter No. 20, with USAID Director's approval of 1985 Work Plan.
Attachment 7:	List of DHE personnel
Attachment 8:	Revised Logical Framework (Feb. 18, 1985)

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ATTACHMENT 1

Minutes of Meeting, May 22, 1985 (Drafted by N. Sayegh Sweis)

Participants:

- H.E. Dr. Zeid Hamza, Minister of Health
- Mr. Richard Johnson, Acting Director, USAID
- Mr. Robert Haladay, Health Officer, USAID
- Dr. Abdallah Hamdan, Planning Project Director, MOH
- Mrs. N. Sayegh Sweis, Chief, International Relations, MOH.

The Health Education Program

- Mr. Johnson discussed: 1 the time frame of the project
  2. Gustafson's Contract
  3. Extending the project

- A paper was submitted to H.E. including the following items:

  1. The possibility of a new advisor contract instead of Dr. Gustafson when his contract finishes.
  2. Contracting private sectors for mass media (Advertising firms)
  3. MOH provides at least 5 health educators at the Governorates level.
  4. A report to be submitted directly to H.E. from the project Director on monthly basis.
  5. A letter of authorization to the Project Director.

  All items mentioned above were approved by H.E. the Minister of Health.

- H.E. was informed of the meetings of the Evaluation Committee and that the recommendations will be submitted to him in final meeting chaired by his Excellency, to which he agreed.

Nursing

- The Nursing Training Project was discussed and is in the process of being approving by the Headquarters of USAID. This project is in collaboration with the Planning & Training Dept./MOH.

- Finally H.E. thanked the members of this meeting.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

AMERICAN EMBASSY
AMMAN — JORDAN

وكالة الولايات المتحدة للانماء الدولي

السفارة الاميركية

عمان - الاردن

May 22, 1985

AGENDA

Although the Health Education Project has been delayed for a number of reasons, USAID continues to believe the original objectives of the project are worth pursuing. However, the original objectives of the project cannot be achieved by the current Project Assistance Completion Date of 12/31/85. Accordingly, USAID is now faced with a decision about the need to extend the project to effectively use the remaining $400,000 of funds unallocated to date. If the Minister of Health shares our interest in continuing this project, then there are a number of steps on which we need to agree in order to maintain the momentum now in evidence and to complete the original objectives of the project.

In conformity with the terms of the original Health Education Project Grant Agreement signed September 2, 1980, the following conditions precedent should be met before an extension of the project from December 31, 1985, to December 31, 1986 is agreed to:

1. That the technical services of an advisor be contracted by the Government of Jordan through a new Host Country Contract with Dr. Harold Gustafson's replacement (A.I.D. funded).

2. That the Ministry of Health accept local private sector contracting with advertising agencies for media (T.V. and radio) production and placement (A.I.D. funded).

3. That at least 5 employees, health inspectors or preferably M.D.'s, be hired or assigned, one in each governorate, as full-time health educators; and that one audio-visual specialist or graphics artist be hired for the Production Unit of the Division of Health Education (M.O.H. funded).

4. That an Activities Work Plan for 1986 accompany the request for extension that also contains a new financial plan for the one year extension (M.O.H.).

بسم الله الرحمن الرحيم

المملكة الأردنية الهاشمية

وزارة الصحة

الرقم: ١٤١/٢٨/٣٠٠٠ التاريخ: ٧/٩/١٩٨٥ الموافق:

الدكتور محمد بشير شريـــــم/
رئيس قسم التثقيف الصحـــــي

قررت تفويضكم التوقيع على المعاملات والوثائق والمستندات
المتصلات المتعلقة بمشروع التثقيف الصحي مباشرة دون الرجوع
إلى جهات أعلى بالوزارة وكذلك التوقيع على الاتفاقيات مـــع
الجهات الحكومية والخاصة فيما يختص بتنفيذ المشروع والاتفـاق
المباشر مع الجهات ذات العلاقة داخل أو خارج الوزارة علـــى
أن يتم موافاتي بتقرير شهري عن سير العمل في المشروع •

متمنيا لكم التوفيـــــــق •

واقبلوا احترامـــي،،

وزير الصحة/ الدكتور زيد حمـزة

نسخة/ لعطوفة الوكيـــل •
نسخة/ لمدير الرعاية الصحية الاساسية •
نسخة/ لمدير الشؤون الادارية والمالية •

م ق/ن ب

UNOFFICIAL

TRANSLATION

NO: 141/28/2006
DATE: JUNE 2, 1985

DR. MOHAMMAD SHREIH
CHIEF
HEALTH EDUATION SECTION

I have decided to delegate to you the authority to sign directly the documents, transactions, voucher and receipts relating to the Health Education Project, without going back to the higher authorities in the Ministry; also I delegate to you the authority for signing agreements relating to the project with governmental and private authorities and negotiating directly with the concerned authorities in and outside the Ministry provided you submit to me a monthly project progress report.

Wishing you success.

Best regards

s/Dr. Zeid Hamzeh
Minister of Health

cc: Undersecretary
Primary Health Care Director
Administrative and Finance Director

TRG:NNasr:js:6/2/85

Attachment 2

Health Education Project
USAID Grant No. 278-0245
Annual Report
20 June 1984 - 19 June 1985

Submitted To
The Ministry of Health
Of The
Hashemite Kingdom of Jordan

Dr. Harold C. Gustafson, DRPH
Health Education Advisor
Division of Health Education
Ministry of Health
19 June 1985

Health Education Grant

278 - 0245

Annual Report

20 Juner 1984 - 19 June 1985

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Attachment 2

The Health Education Grant 278-0245

Annual Report

20 June 1984 - 19 June 1985

Executive Summary

The Health Education project though far behind in terms of implementation of scheduled events has none the less achieved considerable success in the past twelve month period.

For the first eleven months, the DHE struggled to gain administrative recognition and support for its activities with MOH administrative barriers serving as the major restraint. It is now hoped that the recent (4 June 1985) official letter from H.E. Zaid Hamzeh, Minister of Health (Appendix 1) authorizing the project manager to administer the project as originally planned will remove the major constraint to effective project implementation.

The DHE Project Manager will report directly to H.E. the Minister on a monthly basis and needs not to clear each discrete project action through the normal MOH hierarchy.

An evaluation of the grant completed in June recommended a one year non funded extension through 1986 and recruitment of a full time resident advisor is in process.

Project Accomplishments

1. Training

   The three week Health Education Training Program jointly conducted by Yarmouk University and the DHE was a land mark in the development of health education in Jordan.

2. Long Term Fellowships

   Two candidates for MPH degrees in Health Education will depart for the USA later this summer.

   Eight future candidates, six doctors for MPH programs and two health inspectors for non degree course work in the US are presently studying English.

The goal in the next five years is to employ a total of ten of MPH level health educators in the DHE (central office) and governorates.

3. Short Term Fellowships

Three short term fellowships have been approved for summer 1985.

Dr. Shriem will attend a one month work shop in Santa Cruze, California on education and communication, Mrs. Halaseh is approved for a one month workshop on program planning, survey research and communication at Johns Hopkins University and Mrs. Abu Zaid for an I.E.C./Family Planning course also at Johns Hopkins.

4. Multi Media Campaigns

The DHE in coorporation with concerned PHCD units and divisions has conducted three reasonably successful multi media campaigns as detailed in the body of the report.

Each campaign has been plagued with problems of delayed administrative clearance, message and symbol inconsistencies, spotty mass media coverage and limited community involvement.

The concept of a "campaign" is still not well understood by the participating Jordanian Institutions but lessons are being learned to the benefit, I believe of future efforts.

A total of ten campaigns were planned for the inicial five year period of the grant. The implementation of three even modest campaigns in one year is a major accomplishment for the under staffed and under trained DHE.

5. Commodities

Several needed items such as vehicles, films, furniture and equipment have been purchased in the past year. Further major expenditures for audio visual equipment, media production unit equipment and educational supplies are anticipated before the end of 1985.

6. Other Costs

The bulk of expenditures for multi media campaigns such as printing and contracts for media production come under the budget head of "other costs".

Printing of a total of 1,240,000 educational pieces was the single most expensive item in the budget. The production of posters, pamphlets, information sheets and cards through the receipt of bids and the awarding of contracts in the private sector by the project manager has been well institutionalized and accepted within the MOH.

Contracts in the private sector for other products like TV and radio spots did not have simillar MOH support. With the new Minister's approval and support, however, this practice will be reinstitued.

Another item, the proposed before and after surveys to evaluate multi media campaigns has received little support and at present only one baseline is contemplated.

7. Library

There has been a modest beginning for a health education library with the receipt of the S.O.P.H.E. heritage collection. Efforts continue to augment the supply of health education books and journals for the use of MOH staff.

8. Technical Assistance

The intermittant availability of full time technical assistance has been one of the factors in the slow implementation of grant activities and expenditures.

A full time resident advisor will be one of the essential elements to a successful project in the one year extention of the Grant.

Health Education Grant No. 278-0245
Annual Report
20 June 1984 - 19 June 1985

Project Status

Expenditures

The Grant Agreement signed on 30 September 1980 was for a 60 month period ending on 1 October 1985. In August 1984 the period was extended through December 1985 to allow an 18 month contract for technical assistance.

The total amount of the Grant was $ 980,000 and with the exclusion of technical assistance costs, US $ 21,307 was spent in the period 1 Oct. 1980 through 30 September 1984.

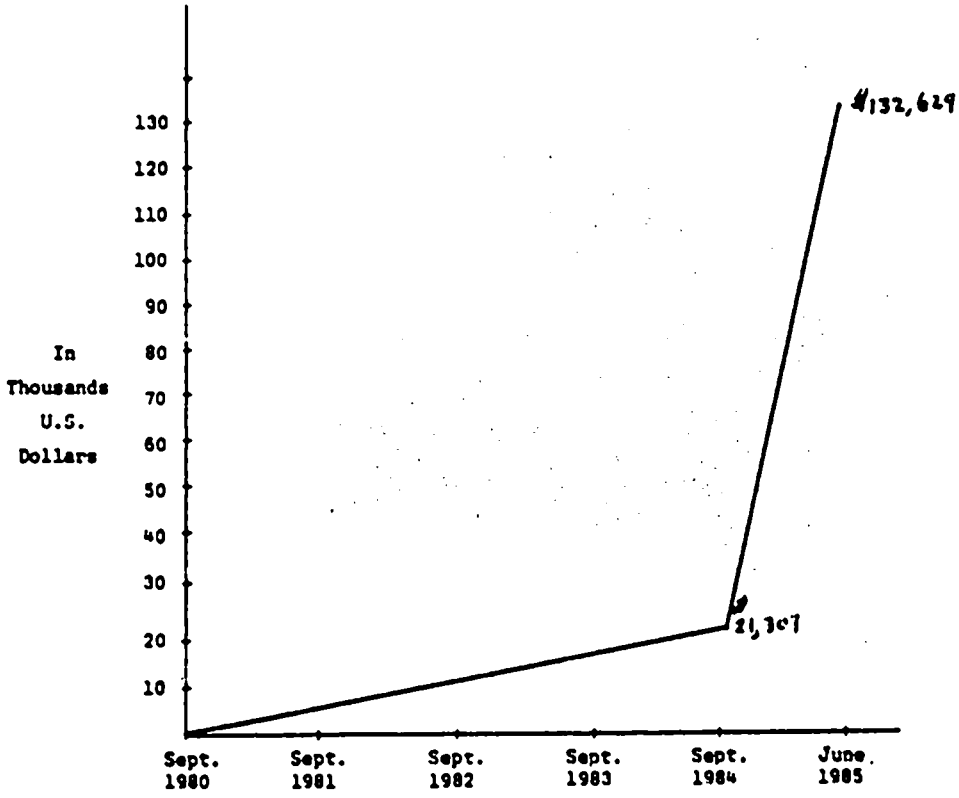
This rate of $ 5327 /year is well below the expected $ 102,600 per year (excluding technical assistance) as budgeted in the Grant. Even with an accelerating expenditure of about US $ 10,000/month (excluding vehicles) since September 1984, it is almost certain that over US $ 550,000 will remain when the project ends on 31 December 1985.

An analysis of expenditures shows that funding of project activities in the past year is heavilly weighted in areas of specific agreement and support by the Ministry of Health leadership.

With the exception of the one contract for the production of television and radio spot announcements for immunization and diarrhea/ORT, there has been little support for contracting in the private and/or university sectors as originally planned in the Grant Agreement.

An early Agreement which allowed the Division of Health Education to independently receive bids and award contracts in the private sector for printing, however, resulted in expenditures somewhat above original projections.

It is clear that the DHE has not succeeded in gaining support for the concept of multi media campaigns - - -



Expenditures
Health Education Grant No. 278-0245
(Excluding Technical Assistance)

Expenditures*

1 October 1980 - 30 September 1984

1. Commodities, photocopy machine magnetic boards and slides	$ 10,308
2. Other costs, printing, training per diem and Misc.	$ 7,035
3. Short term fellowship	$ 3,964
TOTAL	$ 21,307

1 October 1984 - June 1985

1. Other costs, contract with Al Khair Association	$ 17,238
2. Other costs, printing posters and pamphlets	$ 38,948
3. Commodities, 16 mm films	$ 14,958
4. Training, English language	$ 3,000
5. Library	$ 286
6. Training per diem only (USAID)**	$ 8,892
7. Vehicles	$ 28,000
	U.S. $ 111,322

- - - and thus the essential flexibility to use all of the resources embodied in Government, universities and private organizations.

If the DHE had been given the necessary freedom to implement the Grant as originally planned the expenditures in the past year would have been at least doubled or perhaps trippled. With the new Minister's approval the DHE will have little trouble in effectively utilizing the available funding in 1986.

Grant Management and Administration

The DHE director is an action orientated, capable manager but the system of administrative clearance of each separate and discrete program action has been an almost insurmoutable barrier to a correct and effective implementation of project activities.

---

* All of these costs have been paid or are securely obligated.

** Other costs for Yarmouk training covered by GOJ $ 5,398.

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As a result the outputs have lacked the essential timing and coordination necessary to achieve the full benefits of multi media campaigns.

Training of DHE staff for example was completed seven months later than originally planned and thus was out of phase with other essential multi media campaign elements.

Posters and pamphlets were developed independent of radio and television spots and carry different logos and themes.

Delays in administrative clearance of the "Before", baseline survey of knowledge, attitudes (beliefs) and practicies makes it impossible to effectively evaluate the impact of personal contacts, printed messages and mass media in the recently completed campaigns.

The root cause of all the above problems has been the sequence of administrative clearance of discrete program elements which resulted in disjointed and uncoordinated program actions.

This problem has been discussed on several occasions with the Director of the Primary Health Care Directorate to whom the Director of Health Education reports. He is sympathetic to problems of the DHE in gaining administrative clearance and support, but stated flatly that he would not clear any action without the Undersecretary's approval.

The Undersecretary invariably raised questions or objections to the suggested activity and a chain reaction of memos from Undersecretary to Director PHCD to Director DHE to Director PHCD to Undersecretary was set in motion.

In the clearance of the Yarmouk training contract, this process continued for seven months; the final clearance of the first baseline survey has exceed the present record.

The new ministerial order which authorizes considerable DHE freedom and discression in project implementation should change this cumbersom administrative pattern.

Analysis of Administrative Problems

In an analysis of the administrative clearance process in the past year several factors seem to be important in explaining the problem. The Health Education Division is relatively new and its activities are not easily routinized. Each new activity presents a new set of organizations, actors and concepts.

The DHE does not have the trained staff nor the technical capability in mass media production for example and thus is dependent on governmental and private organizations to provide essential program services and educational materials.

This dependency requires contracting primarily in the private sector for essential goods and services. Also contracting with universities for training and survey research is required.

These contractural relationships were most difficult to justify to the MOH administration as they lack experience and understanding of the concepts of the health education process.

Ideas about community focused activities, community involvement, multi media campaigns, media support, K.A.P. studies, pre testing, etc..., are not readily understood nor accepted. There is however, ever increasing discussion of these concepts and I believe a growing awareness of their importance in Primary Health Care programs.

Progress 18 June 1984 - 19 June 1985

Contract for Television and Radio Spot Announcements

After 18 months of negotiations a contract for the production of television and radio "Spots" was signed on 18 September 1984.

H.E. the Minister of Health approved the contract verbally and it was signed by the director, DHE and director of Al-Khair Consulting Association of Amman.

The contract was most successful in producing highly professional television and radio "spots" covering the topics of immunization, breast feeding, diahrrea/ORT AND SANITATION.

The duration of the contract was four months but several changes in MOH plans and delayed clearance of the senarios and scripts by PHCD required an extention to a total of eight months to complete production.

The Al-Khair Consulting Association's execution of the contract under sometimes trying circumstances was fair and proper in all respects.

Contracts with private sector firms are essential to the success of DHE campaigns as we have had no help from the Ministry of Information despite repeated requests and meetings.

Production of Educational Materials; Posters

The task of designing, pretesting and producing posters was originally included in the draft contract with a private consulting firm as DHE does not have the needed technical expertise, supplies or equipment.

At the insistance of the undersecretary production costs for posters were removed from the contract and the DHE was instructed to produce their own educational materials.

The DHE contracted four local artists to produce sketches of posters on immunization, breast feeding, home sanitation and diarrhea/ORT.

A total of nine near print ready posters were submitted to the DHE for pretesting and four were eventually printed. These posters are the first ever produced by DHE which included original artwork. Earlier posters were simply script.

The total costs for artists services to produce the nine posters however, was more than the budget included in the draft contract for a private firm and the time consummed was extensive; over seven months.

In addition the job of working with the various artists was handled almost exclusively by the DHE Director, the only person with any training in media production.

Also the timing and sequencing of poster artwork and television message visual imagery was complicated and became impossible to coordinate.

If Al-Khair Association had been allowed to produce posters in addition to the TV spots much more consistant and effective visual imagery would have resulted at a lower cost and in a shorter time frame.

The general reaction to the four selected posters, however has been quite positive and the script posters have been well utilized in clinics and schools.

Production of Pamphlets

Pamphlet production was also removed from the contract with the private consulting firm and the DHE handled the total development and printing.

In all three pamphlets, one ORS instruction "bag" and one information card were printed.

The process was similar as in poster development with the Director, DHE working with artists, printers and photographers in the design and production of each piece.

All of the pamphlets produced are quite professionally done primarily because of the assistance of a top design artist refered to DHE by al Rai printers.

Posters and Pamphlets Production Numbers

10,000	script posters on immunization
60,000	single script posters on immunization
500,000	information cards on immunization (UNICEF)
12,500	posters on breast feeding
12,500	posters on breast vs bottle feeding
25,000	posters on measles
10,000	posters on mixing ORS
200,000	pamphlets on tetanus and measles
200,000	pamphlets on ORT
10,000	pamphlets on diarrhea and ORT for doctors and paramedicals
200,000	"Bag" instruction for preparation of ORS (UNICEF)
1,240,000	

Distribution of Educational Materials

The printing of 1,240,000 educational pieces in only the first step in the effective use of pictral presentation and printed word in educational programs.

The use of such materials in clinics, schools and community groups in the most dynamic ways possible can serve to reinforce the total educational effort.

It is essential that the materials are sidely distributed and readily available to all MOH personnel in contact with the public

The DHE distribution system as detailed in Appendix 2 has been quite effective in meeting this criterian.

PHCD Involvement and Pretesting

Probably the most important outcome of the total process in development of posters, pamphlets, TV and radio spots was the active and continuing involvement of PHCD Division and unit directors.

A committee was formed to review each and every poster, pamphlet, radio and TV spot and in this process I believe an increased awareness and appreciation of health education resulted.

The information of pretesting and the clarification of policies on responsibilities for public information were also important outcomes of this dynamic process.

I believe that the DHE has achieved much greater acceptance as an important part of primary health care programs and some understanding of health education theory and practice.

Incountry Training

The highlight of the past year of the health education project was the successful completion of a three week training program jointly conducted by Yarmouk University and the DHE.

The course was the first fully devoted to health education theory, principles and practice.

The Yarmouk University extention education and community service center handled the three week training program in a most professional manner. The joint management of the course was most successful and of great benefit to the DHE.

A total of six faculty of Yarmouk participated in the course from areas of specialization not found on MOH staff. They were well prepared and many of the papers presented are to be published.

With this experience both Yarmouk and the DHE are much better prepared to handle health education courses in the future.

There were a total of 28 MOH participants, five doctors, one from each governorate; seven DHE staff and the balance health inspectors, nurses and midwives from the various governorates. The course introduced the experience based training model with about 50% of class time in large group or small group discussion.

About 1/3 of the total training period was devoted to the development of a basic fact finding questionnaire, interviews of over 300 mothers at the village level, analysis of the findings as the basis of an educational plan and group presentations of educational plans for immunization, sanitation and diarrhea/ORT programs.

Early in the training period several participants raised questions concerning the pertinence of the course to their work at the governorate level. Most stated that they were not involved in any of the program plans and that all directives came from the top.

Further there was a strong recommendation that the training time be used to improve clinical knowledge and skills concerning diseases and treatment. As the course continued however, there developed a genuine enthusiasm for the concept of community health education and education for prevention.

As the final evaluation shows the course ended on a high note with most participants awarding high ratings, (Appendix 3).

The initial judgement included in the Grant written in 1980 of the necessity of contracting in the private sector and with universities is still valid as borne out by the DHE experience with Yarmouk and the Al-Khair Consulting Association.

It was unfortunate that the Ex Minister, Dr. Ajlouni did not subscribe to this needed administrative arrangement. By not allowing the DHE to spend money from the Grant for TV/radio and training programs (except perdiem), he delayed the total DHE development as outlined in the plan.

The training program which was planned as the first step in institutionalization of Jordanian capability to plan, conduct and evaluate health education came over four years late. It became an important event but seriously out of phase with other elements in the development of the DHE.

KAF Surveys For Campaign Evaluation

After nearly one year of discussion and negotiations and three separate approvals the first baseline survey was finally approved by H.E. Dr. ZaidHamzeh in his blanket approval of DHE activities for the balance of 1985.

The planning for first survey should begin prior to the end of this month.

The questionnaire which has been modified on several occasions is in need of considerable revision and the total process for the survey needs to be replanned.

The survey will be cooperative venture administered by the DHE in cooperation with the DPTR and the Department of Statistics.

Interviewing can be done by female DHE staff (6) including the administrator and other women presently employed in the PHCD and other MOH Departments.

This first baseline will serve to measure existing knowledge, attitudes (beliefs) and behaviors against which future campaigns may be evaluated.

The Grant Agreement called for "Before" and "After" surveys for each campaign but this concept was not supported by the previous Minister. Since the Grant has been extended for an additional year, however, an effort should be made to "do it right" at least once in 1986.

Long Term Fellowships

Miss Basima Istetieh, DHE staff member is scheduled to leave for an 18 month M.P.H. program in Health Education at San Jose State University In July. Her course work will be proceeded by one month of intensive English training to raise her present 493 Toefl score to the newly required 550.

Dr. Zaid Najjar will enter the University of South Carolina for studies leading to an MPH Degree in Health Education this coming fall term.

Several other interested candidates are presently preparing for the Toefl examination and could conceivably be admitted either to South Carolina this fall or in January.

Long term fellowships were again planned to take place in the early years of the Grant. The present lack of trained staff at the central (DHE) and governorate levels is a severe handicap to the development of a truely national health education program in Jordan.

Short Term Fellowships

The approved budget and plan provides funding for two fellowhsips in the U.S. and three in Arabic speaking countries.

The DHE requested approval for Dr. Shriem and Mrs. Halaseh to attend the communications workshop at Cornell University in July but the request wasdenied by the Undersecretary and H.E. the previous Minister without a stated reason.

Mrs. Affifeh Abu-Zaid was approved for an IEC courses in Arabic in family planning totally funded by Johns Hopkins University offered in July.

Dr. Shriem was approved for a communications workshop at the University of California, Santa Cruze and Mrs. Sabah Halaseh will attend a workshop on education, communication and research at Johns Hopkins University.

Mr. Haladay, USAID continues his efforts to arrange short term fellowships for other DHE Arabic speaking staff.

Health Education Internal Review Committee

Probably the most important Grant administration move was the appointment by H.E. the previous Minister of Health of an internal review Committee chaired by Dr. Shahed of the DPTR.

The Committee produced a plan of action for the balance of the Grant period (31 December 1985) and both H.E. the Ex Minister and the Under-secretary approved the budget.

A simplified version of the plan and budget was also approved by H.E. Dr. Zaid Hamzeh the incoming Minister and serves as the basis of the activities to date.

Evaluation of Grant No. 278-0245

One of the recommendations of the internal Review Committee was to base any proposed extention of the Grant on the scheduled evaluation in April/May 1985.

The Evaluation Committee chaired by Dr. Shamout, Acting Director, PHCD, included Dr. Shriem, DHE, Mrs. Nadia Sayegh Sweis, Mr. Robert Haladay and the Health Education Advisor.

The Committee met several times in May and in its final report recommended a one year non funded extention of the Grant through December 1986.

Technical Assistance

The history of technical assistance during the first 57 months of the 63 month Grant has been spotty at best.

The first advisor arrived in early 1983, stayed eleven months and was not replaced until mid June 1984.

None of the proposed short term consultants were ever employed and only a short term contract with the American University in Beirut was used to fill in the gaps.

One thing is clear however, that a full time long term advisor will be required for the extended Grant period. Coordination with USAID is one of many compelling reasons to have an advisor on board.

Also, in my opinion at least one short term consultant is needed for health education curriculum development in the nursing schools and paramedical training institutes.

The PSC Contract

The PSC Contract though adequate in most respects contains misleading wording and clauses.

Clarification is needed on the stated 15% flexibility and the advisors authority to cover contingencies. A "fudge" clause to protect the advisor when the GOJ does not meet its obligations is certainly needed.

Also any future PSC Contract should include a petty cash fund so that a 1034 form need not to be submitted for expenditures of less than JD 50. One for JD 12 is in the mill now.

A Word About The Project Manager

Jordan is indeed very fortunate to have a man of Dr. Shriem's status and ability as head of its national program of health education.

He is a man of boundless energy and enthusiasm for the formitable task of improving the image and effectiveness of health education efforts in his country.

Although we do not always agree our differences have been minor and infrequent in what I consider to be an excellent manager/advisor relationship.

APPENDIX 1

TRANSLATION

NO: 141/28/2006
DATE: JUNE 2, 1985

DR. MOHAMMAD SHREIM
CHIEF
HEALTH EDUATION SECTION

I have decided to delegate to you the authority to sign directly the documents, transactions, voucher and receipts relating to the Health Education Project, without going back to the higher authorities in the Ministry, also I delegate to you the authority for signing agreements relating to the project with governmental and private authorities and negotiati directly with the concerned authorities in and outside the Ministry provided you submit to me a monthly project progress report.

Wishing you success.

Best regards

s/Dr. Zeid Hamzeh
Minister of Health

cc: Undersecretary
Primary Health Care Director
Administrative and Finance Director

TRG:NNasr:js:6/2/85

APPENDIX 2

DESTRIBUTION LIST FOR PUBLISHED POSTERS AND PAMPHLETS

SCRIPTS / AREA	Dehyration Posters	Breast feeding is the best (poster)	Breast feeding vs Bottle feeding (Poster)	Measles Poster	Diahhrea Pamphlet	Measles and Tetanus Pamphlets	Dehydration Famphlet
Balqa Health Headquarter	375	700	700	1200	600	9000	9000
Capital Health Headquarter for Zarqa affairs	300	600	600	200	450	17000	17000
Irbid Health Headquarter for Mafraq affairs	300	700	700	950	500	4000	4000
Irbid Health Headquarter for Jarash Affairs	150	300	300	550	250	2500	2500
Irbid Health Headquarter for AL-Ramtha affairs	150	200	200	550	200	1700	1700
Irbid Health Headquarter for Ajloun affairs	150	200	200	350	300	9500	9500
Irbid Health Headqurter and the North Vallies	650	2000	2000	2600	800	24250	24250
Capital Health Headquarter	750	1000	1000	1450	1000	4000	4000
Capital Health Heasquarter for Madaba affairs	200	600	600	750	300	4000	4000
Al-Karak Health Headquarter	500	1000	1000	1250	800	8250	8250
Al-Karak Health Heasquarter for Al-Tafeeleh affairs	300	200	200	350	300	2250	2250
Ma'an Health Heasquarter	500	200	200	200	450	4000	4000

CONT..../2

Area \ Scripts	Dehydration Posters	Breast Feeding is the best Poster	Breast Feeding vr Bottle Feeding Poster	Measles Poster	Diahhrea Pamphlet	Measles and Titanus Pamphlet	Dehydration Pamphlet
Ma'an Health H.Q. for Aqaba Affairs	350	100	100	200	250	3000	3000
Jordan University	-	20	20	50	-	10000	10000
Al-Yarmuk University	-	20	20	50	-	10250	10250
Mou'ta University	-	20	20	50	-	3000	3000
Capital Headquarte	150	200	200	500	350	1000	1000
Ministries	-	115	1115	115	-	-	-
Government Departments	-	80	80	80	-	-	-
Banks and Branches	-	500	500	750	-	-	-
Transportations Institution	-	500	500	500	-	500	250
Jordan Television	3	3	3	3	5	-	-
Radio Station	3	3	3	3	5	-	-
Ajloun Hospital	5	5	5	[illegible]	10	100	100
Al-Bashire Hospital	20	20	20	20	750	500	500
University Hospital	10	20	20	50	100	500	500
City Hospital	10	20	20	50	150	500	500
United Associations	-	400	400	550	-	-	-

CONT...../3

Scripts / Area	Dehydration Poster	Breast Feeding is The Best Poster	Breast Feeding vs Bottle Feeding Poster	Measles Poster	Diahhrea Pamphlet	Measles And Titanus Pamphlet	Dehydration Pamphlet
UNRUWA Dr. Haidar Abu Ghazaleh	10	200	200	220	1000	1000	1500
UNRUWA Siham Kana'n	15	50	50	100	5	250	250
UNRUWA Albalqa'a	5	50	50	100	10	500	500
Nursing College	5	2	2	2	625	250	250
Medical Occupational Institute	2	2	2	2	25	500	500
Motherhood Training Center	5	5	5	5	50	500	500
Dr. Sae'ed Alazab	-	5	5	5	50	100	100
Dr. Mohammad Al- Shahed	-	5	5	5	5	10	10
Dr. Abdel Rahim Jalal	-	-	-	-	150	100	155
Electricity Company	-	23	23	23	-	-	-
Ministry of Education & Teaching	-	110	110	1850	-	-	-
Al-Amal Instution For the Deaph	-	4	4	4	1	100	100
Ibin Sina Center for Brain Damage	-	1	1	1	1	100	100
Suwaileh Health Center Dr. Fardous	5	5	5	5	5	100	100

CONT..../4

Area \ Scripts	Dehydration Poster	Breast Feeding is The Best Poster	Breast Feeding vs Bottle Feeding Poster	Measles Poster	Diahhrea Pamphlet	Measles and Titanus Pamphlet	Dehydration Pamphlet
Almahatta Educational Office	-	-	-	-	-	10250	10250
Alashraffieah Educational Office	-	-	-	-	-	8500	8500
Jabal Alhussein Educational Office	-	-	-	-	-	10250	10250
Jabal Amman Educational Office	-	-	-	-	-	7750	7750
Al Bashire Hospital/ Children Devision	-	3	3	3	5	500	500
The Private Sector Seminar	25	60	60	60	60	250	250
Youth Seminar	-	-	-	-	-	100	100
Catholi Relief Association	-	5	5	5	15	100	100
Social Colleges	-	440	440	440	-	21000	15000
Doctors Association	-	10	10	10	100	2000	2000
Ministry of Education and Youth	-	3	3	3	3	250	500
Altaybu Female School	2	2	2	2	2	100	100
Al- Yarmuk Sport Club	-	10	10	20	-	100	100
AL-Hussain Boys School	-	10	10	20	-	100	100
Dr. Ghaleb U'weiss	-	50	50	100	50	50	50
Social Service College	-	10	10	10	-	-	-

Appendix 3

Yarmouk University

H.E. Minister of Health

Please be informed that a course in designing and planning health education programs was held in extension office/Yarmouk University Amman during the period 23/3 - 21/4/85, with cooperation with the concerned employees in your Ministry.

Enclosed please find an evaluation for the course and lectures

Hoping to continue this cooperation between our establishments.

President

Dr. Adnan Badran

Encl.

EVALUATION
Designing, Planning Course, Health Education

Put a mark in the appropriate place:

1. Do you think that the course was good for you ?

	V.Good	Good	Fair	Little
- Clear Health Education meaning	9	12	5	
- know program design elements and steps	8	11	7	
- How to program	3	13	10	
- How to evaluate programs	6	13	8	
- Evaluation systems and kinds	2	13	8	1
- To know teaching baselines	9	10	4	1
- To know different ways to H.E.	12	11	3	2
- To know factors which effect change in behavior for a societv.	7	15	2	1
- To know how to change health behavior	9	8	7	1
- To gain skills in collecting health information	13	10	2	1
- to gain skills in designing questionnaire for collecting health information	9	14	4	
- To gain skills in translating information to numbers	9	9	8	
- To gain skills in analyse information	4	15	6	1
- gain skills in knowing the health education goals	7	13	6	
- gain skill in choosing the appropirate activities for health education according to the goals	7	15	4	
- Gain skill in designing health education programs in general	7	11	7	1

2. Do you want to participate in such courses in your field
Yes (22) No (00)

3. What do you think about the duration of the course?
Long ( ) Short (12) Good (11)

4. What are the subjects you want to add for the schedule of this course?

   a. Discuss more about behavior and to know more about how to change behavior.

   b. Add subjects about smoking, how to take care for pregnants giving blood, nutrition, first aid, teeth care, more information about communicable diseases, also to have subjects about statistics, planning and evaluation, healthy water and to consentrate on health environment.

5. Do you have any suggestions to make this course better than it is?

   Increase field work, increase the duration of the course, not to let doctors participate in such courses, special courses for directors from the health directorate departments, and decision makers, increase physician lecturers, do the questionnaire field work in more than one place to have results for the health problems in Jordan.

   Give health educations needed books.

   Visits for the factors which produce all kind of drinks.

   Training on equipment such as Audio visual, and how to make maintenance.

   Increase the course duration.

Attachment 3

H.E. Dr. Kamel Ajlouni
Minister of Health
Hashemite Kingdom of Jordan

March 7, 1985

Excellency,

The attached document "Decision Check List" summarizes the recommendations of the full Committee appointed by you in late January 1985.

The Committee has met five times to review the original goals, objectives and activities funded under the Grant (30 September 1980) and to reduce the scope of work to fit the remaining ten months of the Grant.

The Committee agreed that the goals and objectives were still valid but the number and scope of the activities would need to be markedly reduced.

The major document developed and approved by the Committee is a Decision Check List which summarizes all activities contemplated in 1985.

The major purpose of this summary Decision Check List is to assure the timely implementation of the activities in the revised plan through approval by you at this time.

Several of the items marked as approved reflect previous agreements with you and/or the Undersecretary. Printing through private firms after bids, for example, was approved in a meeting with the Undersecretary and the MOH Director of Procurement. This procedure worked well during immunization week.

Also, under separate cover, you will find the revised "Logical Framework", the revised budget, the committee's deliberations and background documents on training, surveys and commodities.

We respectfully request that you find time in your busy schedule to read the attached document, so that we may proceed with the implementation of the programs under the Health Education Grant.

Respectfully,

Dr. Mahmoud Shahed
Chairman, Health Education
Review Committee

Encl.

46+

RECOMMENDATIONS

1. That H.E. the Minister grant approval of the following*:

   a. Training
   b. Multi media campaigns
   c. Surveys
   d. Long and short term fellowships, and
   e. Commodities

   as indicated in the Summary Sheet attached

2. That this approval (Item 1) provides authority for the DHE to decide whether and when to contract with private or governmental entities for services in media production, survey development and training.

3. That the DHE in all of its contracts will give preference to government organizations to strengthen Jordanian institutions and to limit costs when ever possible.

4. That the Ministry of Health, on the basis of the scheduled evaluation in April 1985, consider as one alternative a one year extension of the grant period. The projected balance on 31 December 1985 should be sufficient to fund grant activities for the additional year.

* Some approvals have already been granted and they are marked "X" on the Decision Summary Sheets.

DECISION CHECK LIST

Activities Summary
Health Education Grant 278-0245
1 Jan. - 31 Dec. 1985

Activity and Dates	Objectives	Participants	Cost & Funding Agency	Responsible Organization(s)	H.E.Minister of Health Approval. Yes_ No __
1. In-Country Training					
1.1 Three week training course in health education for DHE staff and governorate health educators. (23 March)	A. To increase knowledge of health education principles and methods. B. To develop health education skills in both clinic and community C. To up grade knowledge and skills in ORT, immunization and home sanitation.	A. Seven DHL staff B. Twelve governorate midwives, nurses and health inspectors. C. Four PHC staff.	A. $ 9,240 from Yarmouk Univ., Government of Jordan funds. B. USAID, $ 8,350 participant per diem.	A. Yarmouk University Extension and DHE.	Yes X* No _____
1.2 Five one week training courses in health education for 125 paramedical workers. Twenty five participants from each governorate. Amman 17-22 August Balka 2-12 Sept. Irbid 20-26 Sept. Karak 5-10 Oct. Ma'an 19-24 Oct.	A. To strengthen the educational component of MOH clinical and community outreach programs.	A. One hundred twenty five nurses, nurse assistants and health inspectors.	A. $ 2000 each, total $ 10,000 for faculty travel and per diem, training supplies and guest lecturer fees. Funded from USAID Grant.	A. DHE, with assistance from Jordan University, Yarmouk University and the Ministry of Information, Department of Training and Development Communications.	Yes_____ No _____

* Previously Approved

Decision Check List

Activities Summary / Page: 2

Activity and Dates	Objectives	Participants	Costs & Funding Agency	Responsible Organization(s)	H.E. Minister of Health Approval
1.3 Four (4) three day orientation courses in Health Education philosophy, methods, and skills	A.	A. Group 1, fifteen governorate level medical officers. B. Group 2, twenty community leaders C. Queen Alia Fund Administrators and staff. D. Program level officers from other ministries, associated UN and voluntary agencies.	A. $ 6000 total, $1500/course for perdiem, training supplies and materials.	A. Division of Health Education.	Yes_____ No_____

DECISION CHECK LIST

Activity and Dates	Objectives	Participants	Costs & Funding Agency	Responsible Organization(s)	H.E. Minister of Health Approval
2. Multi Media Campaigns					
2.1 Immunization week* November 1984	A. Increase immunization levels for all preventable communicable diseases. B. Special emphasis on measles and Tetanus.	A. DHE Public information through newspapers, radio, TV, posters and pamphlets. B. Clinical and mobile immunization services by PHC Department. C. Approximately 180,000 persons immunized.	A. $ 13,000 total media development and printing costs. $ 7,000 USAID Grant and $ 6,000 UNICEF.	A. DHE and PHC concerned divisions. MOH in general.	Yes xx No ____
2.2 Second Immunization week. 27 April - 4 May 1985.	A. Same as above	A. Same as above except Item "C".	A. $ 18,864 total media development and printing costs. - Al Rai print: $10560 - Al Khair TV & radio: $ 5304 - Ministry of Information film (Approx): $ 3000 - UNICEF (possible) - Total from USAID Grant: $ 18,864.	A. DHE, PHC and MOH in general.	Al Rai: Yes xx No ____ Al Khair: Yes xx No ____ MOI: Yes ____ No ____

* Previously Approved

DECISION CHECK LIST

Activity and Dates	Objectives	Participants	Costs & funding Agency	Responsible Organization(s)	H.E. Minister of Health Approval
2.3 Diarrheal Diseases/ ORT 4 May - 9 May 1985	A. Increased knowledge 1. Seriousness of diarrhea. 2. The signs of dehydration. 3. The availability of ORS in MOH clinics. 4. Appropriate treatment of diarrhea/ dehydration. B. Positive Attitudes/ behaviors 1. The continuation of fluids, food and breast feeding. 2. The use of ORS in the home. 3. Using MOH services for severe diarrhea.	A. DHE for public information through radio, TV, newspapers posters and pamphlets B. Diarrhea disease control unit for education of mothers and distribution of ORS packets.	A. Total $ 19,154 media development and printing costs. B. Printing 3 pamphlets 200,000 copies each $ 4500. C. Printing 4 posters 55,000 copies total $ 4550 D. Al Khair radio and TV. $ 5304. E. MOI film $ 4800 approx. F. UNICEF (possible) Total from USAID Grant $ 19,154.	A. DHE, PHC and MOH in general	A. Printing: Yes X* No ____ B. Al Khair radio and TV: Yes X* No ____ C. MOI film: Yes ____ No ____
2.4 Anti Smoking campaign 20 May (Ramadan) 1985	A. Create awareness of the health hazards of smoking. B. Special efforts to influence school age children.	A. DHE - Public information. As above.	Exact costs to be determined $ 15,000 USAID Grant. (estimate)	A. DHE through private firm, and/or MOI, TV, and radio. B. Printing, private firm.	A. Private TV & radio Yes ____ No ____ B. MOI TV & radio Yes ____ No ____ C. Printing private firm: Yes X* No ____

DECISION CHECK LIST

Activity and Dates	Objectives	Participants	Cost & Funding Agency	Responsible Organization(s)	H.E. Minister of Health Approval
2.5 Environmental, Community and Home Sanitation July - August 1985	A. To be Determined	To be determined	A. $ 20,000 (approx) USAID Grant	A. DHE B. MOI, Radio & TV C. Private firm radio and TV D. Printing private firm	A. MOI radio & TV Yes____ No ____ B. Private firm radio and TV Yes____ No ____ C. Printing Yes ya No ____
3. Baseline Survey A. Establish post-campaign baselines for immunization, diarrhea CDT, smoking and environmental education, as inputs into future campaigns. August-September 1985	A. To establish if any of the messages from the campaigns have been heard or seen. B. To determine recall of specific messages of the campaign. C. To determine the levels of adoption of the suggested behaviors D. Audience segmentation and definition of target groups. E. Message development for future campaigns.	A. Contract with Yarmouk University educational research and Development center to administer the survey jointly with the DHE and the DPTR, MOH. B. A sample of 1000 mothers of children under age five.	A. $ 15,000 (approx) USAID Grant.	A. Yarmouk University B. DHE C. DPTR	A. Contract with Yarmouk University Yes____ No ____ B. Incentives for MOH staff participants on overtime and/or assuming additional duties. Yes____ No____

ya Previously Approved

DECISION CHECK LIST

Activities and Dates	Objectives	Participants	Cost & Funding Agency	Responsible Organization(s)	H.E. Minister of Health Approval
4. Long and Short Term Fellowships	A. Develop and institutionalize Jordanian health Education capabilities in the DHE and governorate level health Education programs.				
4.1 Up to three long term, 18 mo. to 2 year fellowships for the MPH degree in US universities (85-86)		A. Participants to be selected from the present list of five active candidates from DHE and three doctors for MPH Degree programs.	A. USAID $ 129,600 (3 x 24 month)	A. DPTR, DHE, MOP and USAID	A. U.S. long term fellowships Yes_____ No _____
4.2 Two short term, one to two month fellowships in the U.S. for DHE staff (July 1985).		B. Two English speaking DHE staff have applied for the Cornell Univ. summer program in communications.	B. USAID, GOJ $ 15,000	B. MOH, Foreign Relations, DHE and USAID.	B. U.S. short term fellowships Yes_____ No _____
4.3 Five short term, one to two month fellowships in Arabic speaking countries for DHE and governorate Health Education staff. (all 1985)		C. Training Office, USAID is attempting to arrange for these short courses fellowships. Four Arabic speaking DHE staff and/or governorate level health educators are candidates.	C. USAID, GOJ $ 17,450	C. MOH, Foreign Relations, DHE and USAID.	C. Arabic short term fellowships. Yes _____ No _____

DECISION CHECK LIST

Activities and Dates	Objectives	Participants	Costs & Funding Agency	Responsible Organization(s)	H.E. Minister of Health Approval
5. Commodities					
5.1 Two Chevrolet, 4 cyl vehicles for DHE (1984 - 1985).	A. Increase mobility for Decentralization and community outreach.	A. MOH / DHE and USAID	A. $ 28,000 USAID	A. MOH/ DHE and USAID.	A. Vehicles Yes xx No ____ (GOJ purchase in process)
5.2 Audio visual equipment and supplies for DHE and five governorate health education offices. (1985)	B. Improve audio visual educational programs nation wide.	B. MOH / DHE and USAID.	B. $ 24,000 USAID (6 x $ 4000).	B. MOH / DHE and USAID.	B. Audio visual equipment, etc... Yes ____ No ____
5.3 Audio visual equipment and supplies for DHE educational materials production unit. (1985).	C. Develop the capability for the production of posters, parphlets, black and white and color slide film production.	C. MOH/ DHE and USAID.	C. $ 35,000 USAID (includes space renovation).	C. MOH / DHE and USAID	C. Production Unit Yes ____ No ____
5.4 Library books and journals. (1985).	D. Provide the MOH with an up to date health education reference library.	D. MOH / DHE and USAID.	D. $ 3000 USAID.	D. MOH / DHE and USAID	D. Library Yes ____ No ____
5.5 Films, video tapes, television sets and VCR.	E. To increase use of films and video tapes in clinic waiting rooms.	E. MOH / DHE and USAID.	E. $ 63,000 USAID	E. MOH/ DHE and USAID.	E. Films and video Yes ____ No ____

* Previously approved

Approved _____
Dr. Kamel Ajlouni, Minister of Health

Attachment 4

USAID/JORDAN
STATUS OF PROJECT NO. 278-0245
HEALTH EDUCATION

FROM SEPT. 30, 1980 TO MAY 31, 1985

FUNDING	A.I.D.	GRANTEE
FY 80	$ 980	$ 1,449

TERMINAL DATES:

ORIGINAL AGREEMENT SIGNED	09/30/80
PACD PER ORIGINAL AGREEMENT	09/30/85
PACD PER LAST EXTENSION	12/31/85
TDD PER LAST EXTENSION	09/30/86
NO. OF EXTENSION	1

(IN $000)

PROJECT INPUTS	AMOUNT OBLIGATED	AMOUNT EARMARKED	UNEAR-MARKED BALANCE	AMOUNT COMMITTED	UNCOMMITED BALANCE	EXPENDITURES ACTUAL	EXPENDITURES ACCRUAL	TOTAL ACCRUED EXP	PROJECT PIPELINE
TECHNICAL ASSISTANCE:	467	255	212	255		185	8	193	274
-CONTRACT NO. 278-0245-002-HCC (HAROLD GUSTAFSON)		(170)		(170)		(100)	(8)	(108)	-
COMPLETED ACTIVITIES		(85)		(85)		(85)		(85)	
TRAINING:	162	110	52	110		41	-0-	41	121
-IN COUNTRY TRAINING		(103)		(103)		(36)	-0-	(36)	-
-ENGLISH LANGUAGE TRAINING FOR MOH EMPLOYEES		(3)		(3)		(1)	-0-	(1)	-
-COMPLETED PIO/P'S		(4)		(4)		(4)	-0-	(4)	-
COMMODITY SUPPORT	118	168	(50)	168		13	-0-	13	105
-TWO VEHICLES & PHOTO MACHINE		(31)		(31)		(3)	-0-	(3)	-
-COMPLETED ACTIVITIES		(7)		(7)		(7)	-0-	(7)	
-AUDIO VISUAL & EDUCATIONAL EQUIP.		(130)		(130)		(3)	-0-	(3)	-
OTHER COSTS	233	47	186	47		30	-0-	30	203
- PRINTING OF PAMPHLETS		(4)		(4)		-0-	-0-	-0-	
- AL-KHAIR CONSULTING ASSOC.		(17)		(17)		(10)	-0-	(10)	
- THREE WEEKS TRAINING WORKSHOP		(8)		(8)		(7)	-0-	(7)	
- PRODUCTION OF POSTERS & INFORMATION SHEETS ON IMMUNIZATION		(3)		(3)		(1)	-0-	(1)	
- ENG. LANG TRNS (MOH)		(3)		(3)					
- COMPLETED ACTIVITIES		(12)		(12)		(12)	-0-	(12)	
TOTAL	980	580	400	580		269	8	277	703

Attachment 8

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

ANNEX D TO ORIGINAL PROJECT AGREEMENT

Life of Project: 5 years
From FY 80 to FY 85
Total US Funding $ 980,000
Date Prepared August 18, 1980
Date Revised February 18, 1985

Project Title & Number Health Education, 278-0245

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
A. Program or Sector Goal: The broader objective to which this project contributes:	Measures of Goal Achievement:		Measures for achieving goal targets:
To contribute to a program to improve the health status of lower income groups throughout Jordan	Decreased rates of morbidity and mortality, especially infant mortality	Baseline, mid-project and post project surveys	MOH goal of improving primary health care delivery is achieved.
			Behavorial changes can be prompted by health education.

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
B. PROJECT PURPOSE			
1. To assist the MOH create awareness, increase knowledge, positively influence attitudes and foster adoption of appropriate prevention and curative health behaviors of the public, through organized health education efforts	80% of populace exposed to Division of Health Education messages	Ministry of Information listeners surveys, MOH records, plus contractor studies	that a better informed citizenry actively participating in a planned educational process will be more likely to respond appropriately to situations influencing health status
	Knowledge of information transmitted through campaigns retained by 50% of target groups	baseline and follow up KAP surveys	
	behaviors, as advocated by campaigns, adopted by 10% of target group at end of 1st year of campaign, 20% by end of second year	increase in MOH clinic clientele concerned about topics of H.E. messages	that behavioral changes can be measured and causality attributed to this project.
2. The conduct and institutionalization of well designed and implemented health education activities as a part of MOH programs.	Division continuously analyzing MOH objectives and prioritizing problems to be approached through health education, including appropriate implementation strategies.	expert external assessment, review of campaigns the Division has contributed to	CONTINUED FINANCIAL AND ADMINISTRATIVE SUPPORT
	Continuing requests for assistance in health education from both within and outside the MOH	division of health education records	
	Aggressive stance towards the role of health education in Jordan by the Division	external assessment of Division's workplans, program development efforts, community liaison.	

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
	Role of community participation in health programs initially by outreach health teams assigned health education tasks		
C. PROJECT OUTPUTS			
1. Trained staff	6-10 professionals in Central Health Education Division 5 Governorate Health Educator Supervisors (H.D.s) 125 health service delivery personnel (H.D.s, Nurses, Midwives and Health Inspectors) trained and assigned health education tasks	MOH/USAID Records Expert assessment of adequacy of training in terms of content and individuals trained	well qualified staff can be recruited third country training can be arranged.
2. Staff effectively utilized	Professional positions of Health Educator and Health Education Supervisor established in MOH Central staff of Health Education Division assisnged and carrying out well-defined duties based on position job descriptions Local health education personnel assigned to work in Governorates after training	Review of MOH budget documentation Review of MOH Staffing Lists	

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
3. Division of Health Education programs appropriately targeted in terms of health problems and socio-economic groups.	Concensus within MOH that multi-media health campaigns are focused on most pressing health problems	Peer review Expert assessment Before-after survey results	availability of survey research staff
4. Division of Health Education promoting and coordinating public health education efforts	Formal and informal ties developed with other GOJ, private, and community organizations	Expert assessment, records of seminars.	
5. Demonstrated capabilities by MOH in:			
a. Curriculum development	H.E. curricula developed for paramedical institutes for MOH service delivery personnel Curricula developed for local health educators.	Expert assessment of quality of curricula	
b. Training	Training responsibilities of Division clearly established Links established with MOH Planning, Training and Research Directorate	MOH records	
	5 courses conducted for 125 service delivery personnel	MOH/AID records	

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
c. Media development and utilization	Media elements of campaigns appropriate and effective	Evaluations of campaigns, expert assessment.	
d. Community organization and motivation	Communities (both among consumers and providers of health services) identified and involved in health education campaigns	Surveys, expert assessment	
	5 health Governorate educator supervisors serving as intermediaries between communities and health services	Observation of MOH personnel work	
	Plan for involvement of village teachers in community health education developed	Review of H.E.D. work plans	
6. Not less than 5 separate multi-media campaigns have been designed, implemented and evaluated	Each campaign will have its own theme and evaluation criteria:	Expert assessment of validity of evaluations.	

	Training of MOH personnel needed	Timing	Mass Media Use	Before-After Survey Involved
1. First Immunization Week	No	Nov. 1984	No ([illegible])	No
2. Second Immunization Week	No	April 1985	Yes: MOH/Private	Yes
3. Oral Rehydration Therapy as anti-diarrheal campaign, to include breast feeding	Yes	April 1985	Yes: MOH/Private	Yes
4. Anti-smoking campaign.	No	Mid-May 1985	Yes: MOH/MOI/Private	No
5. Environmental sanitation	Yes	July-August 1985	Yes: MOH/MOI/Private	Yes

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project: 5 Years
From FY 80 to FY 85
Total US Funding $ 980,000
Date Prepared August 18, 1980
Date Revised February 18, 1985

Project Number and Titla Health Education, 278-0245

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
D. PROJECT INPUTS	Implementation Target (Type and Quality)		Assumptions for providing Inputs
MOH			
1. Staff, central & local clerical	$ 922,000	On-site inspections, vouchers, budget for Division of Health Education, host country contract, PIO/Ps.	Funding available in timely manner from GOJ.
2. Office expenses	148,000		
3. Training	49,000		Qualified staff can be recruited.
4. Educational materials/ media	323,000		
5. Surveys/research	7,000		
	$1,449,000		
AID			
1. Technical assistance	$ 467,000		
2. Training	162,000		
3. Commodities	118,000		
4. Other costs	233,000		
	$ 980,000		

Attachment 5

App 5N, Ch 5, HB 3
(TM 3:26) 8-3-78

CLASSIFICATION

PROJECT EVALUATION SUMMARY (PES) — PART I

Review Symbol U4

1. PROJECT TITLE: HEALTH EDUCATION

2. PROJECT NUMBER: 278-0245

3. MISSION/AID/W OFFICE: Jordan

4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g. Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY): 83/3

☒ REGULAR EVALUATION ☐ SPECIAL EVALUATION

5. KEY PROJECT IMPLEMENTATION DATES

A. First PRO-AID or Agreement	B. Final Obligation Expected	C. Final Input Delivery
FY 80	FY 80	FY 86

6. ESTIMATED PROJECT FUNDING

A. Total $ 2,249,000

B. U.S. $ 980,000

7. PERIOD COVERED BY EVALUATION

From (month/yr.) 9/80

To (month/yr.) 5/83

Date of Evaluation Review

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

A. List decisions and/or unresolved issues, cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., diagram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Extend PACD by one year: Grant Agreement Amendment	Project Officer USAID/J, MOH	If required
2. Revise Implementation Plan	Project Officer USAID/J, MOH	10/30/83
3. Arrange long-term training for Dr. Shreem through HHO fellowship	MOH	9/30/83
4. Appoint DHE Deputy Director	MOH	7/30/83
5. Develop training plan for DHE staff	MOH/Consultant	7/30/83

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

- ☐ Project Paper
- ☐ Financial Plan
- ☐ Logical Framework
- ☐ Project Agreement
- ☒ Implementation Plan e.g., CPI Network
- ☐ PIO/T
- ☐ PIO/C
- ☐ PIO/P
- ☐ Other (Specify)
- ☐ Other (Specify)

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A. ☐ Continue Project Without Change

B. ☐ Change Project Design and/or ☒ Change Implementation Plan

C. ☐ Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Name and Title)

Mr. Mohammad Shreem MOH
Mr. Joseph Baldi, MOH Advisor
Mr. John Thomas, USAID, Mr. Scott Edmonds, USAID
Mr. Daniel Leaty, USAID

12. Mission/AID/W Office Director Approval

Signature

Typed Name: Daniel L. Leaty

Date: 7/2/1983

AID 1330-18 (3-76)

13. SUMMARY

The Health Education Project Agreement was signed in September 1980 and has a PACD of September, 1985. The Project has experienced considerable delay in implementation. The implementation plan called for the Ministry of Health (MOH) to have recruited five professional staff by November 1, 1980; however, these five professional staff were not assigned to the project until August of 1981, largely due to recruitment problems. The long term advisor was to be on board by June 15, 1981, but did not arrive until January of 1983. In order to facilitate implementation, a contract was executed with the American University of Beirut (AUB) in November 1981, to conduct a series of seminars in Health Education for central and directorate health staffs and to assist the Division of Health Education (DHE) to develop a one year work plan. This was completed in March 1982. The Director was sent to the U.S.A. to observe Health Education Activities, and interview candidates for the long term consultant position in June 1982, resulting in a P.S.C. for the consultant who is now in place. Since his arrival, preparations have been underway to conduct an information campaign through a local advertising agency and to conduct a training course for heatlh personnel (30) in health education techniques. The training course will be conducted by the Jordanian Institute of Public Administration. Both of these activities are to be funded through local contracts between the MOH andthe agencies to perform the services. Overall, the project is approximately one year behind schedule based on its original design. In spite of the delays it is anticipated the project can still achieve both the purpose and goal, although over a longer period of time than envisaged. Now that the staff has been recruited and the long term advisor is on board implementation has improved and is expected to continue improving. Although additional problems are expected to arise as is stated below, it is anticipated they can be overcome.

14. EVALUATION METHODOLOGY:

This first evaluation conforms with the planned Mission's 1983 evaluation schedule and focuses on the status of health education staff development, reviews activities underway and attempts to identify organizational and operational problems. The change in USAID/J project officers was also considered very important in the timing of the evaluation. The potential important contribution to the evaluation by the outgoing project officer was identified during the scheduled Mission project review conducted on April 19, 1983. The evaluation is to be used as background for the new project officer and provide him with information pertaining to project problems, their causes and proposed solutions. By using the evaluation the new project officer should be up-to-date on the overall status of the project.

An evaluation planning session was conducted by the MOH Project Director and attended by the Contract Health Education Advisor, the Acting USAID/J Mission Director and Evaluation Officer, Acting Chief of USAID/J Projects Office and the USAID Project Officer. In this session significant problems were identified and ways and means of solving them discussed.

It is hoped that this evaluation can prevent/overcome anticipated problems identified in USAID/J's project review, the evaluation planning session and the contractor's quarterly report. In general, the evaluation was conducted to ensure that both identified and anticipated problems could be overcome and that the project would contribute its planned part in achieving the GOJ and USAID combined development objectives as presented in the CDSS and subsequent update. Because the project is not as far along as originally planned, this evaluation does not warrant a great deal of detail. The attached quarterly report prepared by the long term advisor presents the overall status of the project.

15. EXTERNAL FACTORS:

A. The current budget of the MOH is not sufficient to purchase essential office equipment such as typewriters and other office equipment for the project. This is not due to poor planning or budgeting on the part of the MOH but is in part a result of the imposed GOJ funding restrictions. Like other Ministries, the MOH will have to adapt to tighter fiscal measures while still attempting to reach stated objectives.

B. The original assumption that qualified staff could be recruited by the MOH for this project quickly was not borne out, partially due to the fact that candidates with the standards of education desired were not available or willing to work at established government salary scales. It proved necessary to reduce the educational standards in order to recruit personnel. Other assumptions made during Project design are considered to be valid.

16. INPUTS:

A. The MOH has provided supplies, office space for the project, two mobile visual aid units and five professional staff at an estimated cost of $196,000; AID's current commitment is $290,000. However, clerical staff and supporting office equipment needs are currently unmet. The MOH has appointed twenty five community level personnel to work in health education, who are awaiting training and a locally defined work plan. The training will be carried out in August 1983. The first anti-diarrhea campaign will be implemented during July, August and September through a contract with a public relations

firm. The consultant's contract will be amended to provide funds for a bilingual administrative assistant because the MOH was unable to find a suitable candidate. The original plan to provide long-term training for professional staff on a staggered basis may have to be changed to short term intensive courses due to the inability of the female staff to be away from the country for long periods of time combined with the required work load of the staff to meet objectives of the Project. A Deputy Director for the DHE has not been appointed by the MOH which would permit the release of the Director for long term degree training.

B. One of the priority areas identified by the MOH during project implementation was accident prevention education and emergency medical service information. USAID/J partially funded two short term consultants to prepare a report on the status of these activities and make recommendations for improvement.

C. In general, since the project started to move there has been little trouble with timely receipt of inputs. No significant changes to the quantity of inputs is anticipated at this time.

17. OUTPUTS

It is too early to determine with any sense of certainty the overall impact of the project. However several projected outputs are in process: curriculum for the training of local health educators has been developed, plans for the first media campaign are underway and job descriptions and delegation of duties for central staff have been prepared and a preliminary work plan for the first year's activities has been submitted to the Minister and Chief of the Basic Health Care Directorate and approved. (See attached quarterly report). When considering the project is approximately one year behind schedule, outputs appear to be on target as presented in the PP. However, as stated above, additional time is required to determine if real progress towards overall objectives is being made.

18. PURPOSE

There is still much to be accomplished if the EOP status as designed can be met.

A. The purposes of the Project are:

1. To assist the MOH to create awareness, increase knowledge, positively influence attitudes and foster adoption of appropriate prevention and curative health behaviors of the public through organized health education efforts.

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2. To ensure the conduct and institutionalization of well designed and implemented health education activities as a part of MOH programs.

B. Due to the one year delay in implementation causal linkages between outputs, purpose and external factors cannot be discussed. It does appear that the EOPS are still considered a good description of what will exist when the purpose is achieved.

C. The implementation plan will have to be telescoped and readjusted to reflect program realities if EOPs are met. One of the most important factors will be the acceptance and application by all MOH health staff of health education techniques as part of their normal duties at both central and local levels.

19. GOAL

A. The project goal is: "To contribute to a program to improve the health status of lower income groups throughout Jordan."

B. The project will contribute significantly to the improvement of the overall health status of the Jordanian population as part of the total health efforts of the MOH. This project is behavioral in nature, that is, aimed at changing health behavior to avoid preventable illnesses and to encourage better utilization of health facilities.

In fact, it is difficult to isolate the project's impact from other aspects of health factors such as availability of basic health care services, curative services and health resource utilization. Changing attitudes and eventually behavior, is a long term proposition. This provides the necessary reasoning as to why progress toward achievement of the stated goal has been minimal at the time of this evaluation.

20. BENEFICIARIES

The primary beneficiaries of this project are those groups of the Jordanian population suffering from preventable health problems.

21. UNPLANNED EFFECTS

At this point in time there are no apparent unplanned effects although they may emerge as the project progresses.

22. LESSONS LEARNED

It is always easier, and requires less resources, to support an activity which is already underway than to institute, from scratch, a new concept which has to prove its utility prior to full acceptance by the implementing agency. Also, consideration should be given to the level of professional staff available which can be trained or re-trained to carry out a project of this nature. One of the main reasons for the project's delay was recruitment of staff in a timely manner.

23. SPECIAL COMMENTS

This project is only taking shape after considerable delay. It appears that the design is workable and achievable and whatever restructuring is needed can be done within the conceptual framework of the project. The consultant's first quarterly report is attached and provides a more detailed analysis of the problems encountered thus far in project implementaton and the action being taken to address the problems.

Attachment 5

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

AMMAN — JORDAN

وكالة الولايات المتحدة للانماء الدولي

عمان - الاردن

OFFICE OF THE DIRECTOR

April 21, 1985

مكتب المدير

Dr. Mohammed Shriem
Director Health Education Division
Ministry of Health
Amman

Dear Dr. Shriem:

Subject: Health Education Project
A.I.D. Grant No. 278-0245
Allocation of $103,320 for In-country Training, Information Campaigns and Baseline Survey
Implementation Letter No. 20

I have received a copy of the report and recommendations of the MOH/USAID Joint Committee established in January 1985 to review and revise the work plan of the Health Education Project. I herein express AID's agreement in principal with the revised 1985 scope of work and budget proposed by the Committee and approved by the Minister of Health on March 11, 1985.

I am pleased to provide herein an allocation of $103,320 as the A.I.D. contribution to the following activities as detailed in the Committee's "Activities Summary":

A.	In-country Training	$16,000
B.	Mass Media Information Campaigns	73,018
C.	Baseline Information Survey	14,302

The budget for these activities is further detailed in Annex 1, attached.

The Participant Training fellowships (outside Jordan, long-and short-term) projected in the Activities Summary will be handled on a case-by-case basis, in accordance with the normal procedures followed by the USAID Training Office.

Also, the matter of educational equipment still needed in the Project, listed in the Activities Summary, will be the subject of a subsequent Implementation Letter.

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According to Mr. Haladay, our Health Officer, members of the Joint Committee worked in a harmonious and productive fashion and their work, as evidenced by the Activities Summary, Decision Check List and considerable back-up documentation, is to be commended. I would hope that the same Committee could be reactivated to assist in carrying out the comprehensive biennial evaluation of the project, scheduled for later this month.

Sincerely yours,

Gerald F. Gower

Gerald F. Gower
Director

cc. His Excellency
Minister of Health

Annex 1
ATTACHMENT TO I/L No. 20
BUDGET OF AID
CONTRIBUTION TO
HEALTH EDUCATION
(PROJECT 278-0245)
ACTIVITIES

A.	In-Country Training		16,000
	1. One 3-week training course for training course for central staff	* 8,350	
	2. Five 1-week courses in Governorates for paramedical workers	10,000	
	3. Four 3-day courses for physicians and administrators	6,000	
	* Funds already allocated by I/L No. 16		
B.	Mass Media Information Campaigns		73,018
	1. First Immunization week (Nov. 1984)	** 7,000	
	2. Second Immunization Week	18,864	
	3. Diarrheal Disease/Oral Rehydration Therapy	19,154	
	4. Anti-Smoking	15,000	
	5. Environmental, Community and Home Sanitation	20,000	
	** Funds already allocated by I/L's No. 15 and 17.		
C.	Baseline Information Survey		14,302
	1. Questionnaire pretesting, printing, supplies, and sampling plan	2,057	
	2. Interviewer training and per diem	3,775	
	3. Interviewer stipends	4,840	
	4. Analysis and coding	2,904	
	5. Post-survey seminar	726	
	TOTAL		$103,320

Attachment 7

The Division of Health Education Staff

1. Division Director, Dr. Mohammad Shriem, MD, with one year of study in Health Education, (Diploma in Health Education) from the Institute of Public Health and Hygiene, Alexandria, Egypt.

2. Mrs. Sabah Halaseh, staff Health Educator with an undergraduate degree in Psychology and an MPH Degree in Health Education from the Institute of Public Health and Hygiene, Alexandria, Egypt.

3. Miss Basima Istetieh, staff Health Educator with an undergraduate degree from the Faculty of Agriculture, Department of Nutrition, University of Jordan. (Candidate for 18 month fellowship in Health Education and training).

4. Mrs. Wisam Qargash, staff Health Educator with an undergraduate degree from the Faculty of Agriculture, Department of Nutrition, University of Jordan (candidate for 12 month fellowship in Health Education and Communication).

5. Mrs. Afifeh Abu-Zaid, staff Health Educator with a Diploma in Social Work from Social Service College, Amman, Jordan (2 years).

6. Mrs. Fairouz Subhi, staff Health Educator with an undergraduate degree in Social Work from the University of Bagdad, Iraq.

7. Mr. Mohammed Thani, staff Health Educator with a Diploma as a Health Inspector from Ministry of Health Institute. (2 years).

8. Mrs. Buthaina Fakhouri, Administrator with a high school certificate.

NEAR EAST EVALUATION ABSTRACT

PROJECT TITLE(S) AND NUMBER(S)	MISSION/AID/W OFFICE
Health Education 278-0245	USAID/JORDAN

PROJECT DESCRIPTION To assist the Ministry of Health to create a wareness, increase knowledge, positively influence attitudes and foster adoption of appropriate prevention and curative health behavior of the public through organized health education efforts.

AUTHORIZATION DATE AND U.S. LOP FUNDING AMOUNT	PES NUMBER	PES DATE	PES TYPE
Sept. 1980 $980,00	83-3	7-21-83	[X] Regular [ ] Other (Specify)

ABSTRACT PREPARED BY, DATE	ABSTRACT CLEARED BY, DATE	
— Scott Edmonds SE — Health Development Officer July 20, 1983	CONT: RRomano RL RLA:KO'DONNELL PROG: DLeaty ENG:AKARIAN PO : SEdmonds SE	[ ] Special [ ] Terminal

1. The purpose of this evaluation is to provide the new Project Officer with information on project status and progress to date.

2. Considerable delay was experienced in getting the Project underway, however, progress is being made. The core MOH staff are in place, a long term consultant is on board, work plans have been developed, training of 30 central and local health education staff is in process, an advertising company has been contracted to carry out a national anti-diarrheal information campaign, and necessary commodities are being purchased.

3. Staff recruitment of professional staff proved to be a major constraint as qualified personnel who would work at GOJ salary levels were not available, therefore, it was necessary to reduce the educational levels to hire staff, this will require additional inputs directed towards staff development.

4. It is difficult to introduce new technology and requires additional time and resources,which are not called for in strengthing an on-going activity. This fact should be taken into consideration in the design phase. Also the new techniques must prove their value before they are accepted and utilized fully.

App 5N, Ch 5, HB 3
(TM 3:26) 8-3-78

CLASSIFICATION

PROJECT EVALUATION SUMMARY (PES) – PART I

Report Symbol U-4

1. PROJECT TITLE: HEALTH EDUCATION

2. PROJECT NUMBER: 278-0245

3. MISSION/AID/W OFFICE: Jordan

4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g. Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY): 83/3

☒ REGULAR EVALUATION ☐ SPECIAL EVALUATION

5. PROJECT IMPLEMENTATION DATES
A. First PRO-AG or equivalent: FY 80
B. Final Obligation Expected: FY 80
C. Final Input Delivery: FY 86

6. ESTIMATED PROJECT FUNDING
A. Total: $ 2,249,000
B. U.S.: $ 980,000

7. PERIOD COVERED BY EVALUATION
From (month/yr.): 9/80
To (month/yr.): 5/83
Date of Evaluation Review:

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

A. List decisions and/or unresolved issues, cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Extend PACD by one year: Grant Agreement Amendment	Project Officer USAID/J, MOH	If required
2. Revise Implementation Plan	Project Officer USAID/J, MOH	10/30/83
3. Arrange long-term training for Dr. Shreem through WHO fellowship	MOH	9/30/83
4. Appoint DHE Deputy Director	MOH	7/30/83
5. Develop training plan for DHE staff	MOH/Consultant	7/30/83

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS
- ☐ Project Paper
- ☐ Financial Plan
- ☐ Logical Framework
- ☐ Project Agreement
- ☒ Implementation Plan e.g., CPI Network
- ☐ PIO/T
- ☐ PIO/C
- ☐ PIO/P
- ☐ Other (Specify)
- ☐ Other (Specify)

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT
A. ☐ Continue Project Without Change
B. ☐ Change Project Design and/or ☒ Change Implementation Plan
C. ☐ Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

Mr. Mohammad Shreem, MOH
Mr. Joseph Baldi, MOH Advisor
Mr. John Thomas, USAID, Mr. Scott Edmonds, USAID
Mr. Daniel Leaty, USAID

12. Mission/AID/W Office Director Approval
Signature:
Typed Name: Daniel L. Leaty
Date: 7/2/83

AID 1330-18 (3-74)

FIRST QUARTERLY REPORT
OF THE
HEALTH EDUCATION PROJECT
SUBMITTED TO
THE MINISTRY OF HEALTH
OF THE
HASHEMITE KINGDOM OF JORDAN

BY

JOSEPH M. BALDI, B.S., M.A.
CONSULTANT
TO THE MINISTRY OF HEALTH

APRIL 30, 1983

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I. EXECUTIVE SUMMARY

During the quarter January 15 to April 15, 1983, work on the USAID/Jordan supported Health Education Project under the personal services contract between the Ministry of Health, Government of Jordan and Mr. Joseph M. Baldi progressed well. The Division of Health Education (DHE) Director and Administrator of the Primary Health Care Directorate (PHCD) were quite supportive of the tasks undertaken and recommendations submitted.

A. Major Tasks and Accomplishments

There was progress in each of the following areas:

- Submitted "An Assessment of DHE Activities" to the DHE Director and PHCD Administrator.
- Provided DHE Director and PHCD Administrator with memorandum entitled, "An Expanded Role for the DHE—Recommendations for Building Staff Capacity."
- Prepared and submitted proposed DHE Workplan for the one year period May 1, 1983 to April 30, 1984 to the PHCD Administrator.
- Met with the DHE Director and PHCD Administrator to agree upon the major public health problems to be addressed by health education efforts over the next year.
- Prepared a detailed project plan for the training of mid-level Governorate health workers in health education, and scheduled meetings with organizations to assess their ability and interest in designing and carrying out the project.
- Developed a detailed outline for the purchase of products (mass media and audio-visual aids) required for a summer health education project to address diarrheal diseases, and initiated discussions with firms to explore their interest in producing the messages.
- Arranged with the World Health Organization (WHO) and the Ministry of Health for Jordanian attendance at the WHO "International Course on Injury Prevention in Developing Countries" to be held June 5 - 17, 1983 at the Johns Hopkins University.
- Worked with the Ministry of Health and United States Public Health Service to arrange for experts to consult with Ministry officials in late May, 1983, on accident prevention and emergency medical services.

- Obtained DHE Director concurrence on recommendations to schedule specialized training and assign specialized functional responsibilities (i.e. mass media/audio-visual development and training) to individual DHE staff members.

- Worked with USAID and Ministry officials to arrange for the acquisition of 2 multi-purpose vehicles and a photocopier for the DHE.

- Arranged to have questions related to health information—health education included in the 1983 Jordanian Fertility and Family Survey.

B. Significant Organizational And Support Problems

The major problems or barriers encountered in the functioning of the DHE were the following:

- Lack of secretarial/administrative support—this has been the most serious obstacle to effective performance and implementation of the Health Education Project.

- Delayed payments for expenses—the contractor has experienced considerable delays obtaining Ministry of Health and National Planning Council approval of vouchers submitted for payment of services rendered and legitimate costs incurred.

- Staff roles within the Division not clearly defined—as evidenced by the lack of an operational workplan and job descriptions.

- Need to establish Health Education roles for the Governorates—there was little if any follow up with Governorate directors subsequent to the February, 1982 training of Governorate health workers in health education.

Each of the above mentioned points has been discussed with the DHE Director and action is underway to remedy them. Although not a barrier to the performance of the DHE this past quarter, a Deputy Director should be brought on no later than the third quarter of the year to assist with the management and planning for what will be a much expanded DHE role, especially in view of the expected absence of the Director on long-term training.

II. FIRST QUARTER ACTIVITIES (JANUARY 15 TO APRIL 15, 1983)

Listed below are the major tasks and accomplishments achieved under the Health Education Project, and the major problems and barriers encountered by the Consultant and by the DHE.

A. Activities and Accomplishments

1. Assessment of DHE Activities

At the request of the Administrator of the PHCD, an assessment of DHE activities was submitted at the end of the first quarter (Attachment A). The assessment identified 6 major tasks that occupied the bulk of DHE staff time over the past 6 months, and lists recommendations with the potential to improve them so as to ensure greater impact. The major tasks included:

a) General health education presentations to secondary schools, maternal and child care and primary health care centers, and community centers and associations.

b) Specialized health education presentations on priority health concerns such as recent diptheria and leishmaniasis outbreaks.

c) Collaboration with the Ministry of Education to develop a one day health education seminar teachers.

d) Preparation and publication of the Ministry's Quarterly Health Magazine.

e) Broadcasting general health information on radio.

f) Designing and printing health education pamplets and posters.

2. Memorandum: "An Expanded Role for the DHE—Recommendations for Building Staff Capacity"

The memorandum points out that the Ministry of Health and USAID/Jordan expect the DHE to assume an expanded role and to undertake an increased number of health education tasks (Attachment B). For the DHE to begin to meet these expectations, immediate attention should be given to: a) training Governorate and DHE staff; b) developing mass media and audio-visual aid presentations; and, c) hiring secretarial and administrative staff. The Director DHE and Administrator PHCD concurred with the principal recommendations.

3. Proposed DHE Workplan for the Period May 1, 1983 to April 30, 1984

The proposed DHE workplan was developed, with the concurrence of the DHE Director, and submitted to the Administrator PHCD (Attachment A). A meeting is scheduled April 28 with the Administrator PHCD and USAID/Jordan staff to discuss the workplan and assessment of DHE activities. The workplan addresses the following 5 major goals and corresponding objectives:

a) Increase the size of the Division and the capacity of DHE staff to handle a substantially expanded role.

b) Work with the Minister of Health and Governorate directors to define and support a health education role for the Governorates.

c) Design, implement, and evaluate health education messages and campaigns for the country.

d) Develop the capacity to acquire, produce, and reproduce a range of visual aids, principally through contracts.

e) Coordinate with and involve appropriate Ministry of Health Divisions, other Ministries (i.e. especially Education and Social Development), and the United Nations in health education activities and campaigns.

4. DHE Focus on Major Public Health Problems

Based on meetings with the DHE Director and the Administrator PHCD, it was agreed that the DHE would focus most of its attention over the next year on the following major public health problems:

a) The prevention and treatment of diarrheal diseases.

b) Basic water and food hygiene.

c) Immunizations.

d) The prevention of automobile and domestic accidents.

5. Health Education Training Project for Governorate Staff

The DHE Director concurred with a scope of work outlining a health education training project for up to a total of 25 Health workers from the

Governorates (Attachment C). The 1 to 2 week training session, which is to be held in Amman during the mid-summer, will provide an overview of the PHCD, an introduction to general health education principles, an explanation of the expanded DHE mandate and DHE activities, and specific information on diarrheal diseases. Discussions have been held with USAID/Jordan, the Institute for Public Administration, and the University of Jordan/School of Community Medicine to identify an organization capable of conducting the training. It is hoped that a training agreement can be reached by the end of April.

6. Anti-Diarrheal Disease Effort

A scope of work describing the types of radio, television, newspaper, poster and pamphlet messages needed to carry out a Summer/Fall anti-diarrheal disease effort was prepared and discussed with representatives of 5 media advertising/consulting firms after consultation with USAID/Jordan staff (Attachment D). It is hoped that an agreement can be reached with one of the firms by mid-May. Funds are available to support this activity under the Project Grant Agreement for Health Education (AID Project Number 278-0245).

7. World Health Organization (WHO) Seminar on Injury Prevention

As a result of a series of meetings and communications with the Minister of Health, World Health Organization, and USAID/Jordan, the health education consultant succeeded in arranging Jordanian participation in a WHO "International Course on Injury Prevention in Developing Countries". The course, which deals with the organization of accident prevention programs, will be held at the Johns Hopkins University, Baltimore, Maryland, June 5 to June 17, 1983. His Excellency, Dr. Zuhair Malhas nominated Dr. Suleiman Qubain, Administrator of the PHCD, to attend the seminar. WHO officials concurred with the nomination, and have offered a WHO Fellowship to cover all of Dr. Qubain's course related expenses.

8. Experts to Consult With Ministry of Health on Accident Prevention and Emergency Medical Services

Subsequent to discussions with the Director DHE, and Administrator PHCD, and the presentation of a briefing memorandum to the Minister of Health, His

Excellency, Dr. Malhas, has agreed to request technical assistance from two U.S. Public Health Service experts to address accident prevention and improvement of the current system of care for trauma victims. A formal request to have William R. Gemma, Ph.D., FACHA, and Michael E. Samuels, Dr.P.H. come to Jordan on consultation in late May, 1983, has gone to the National Planning Council for concurrence. Dr. Gemma, is an international authority on accident prevention and emergency medical services and currently serves as a consultant to the Governments of Egypt, Lebanon, Kuwait and Portugal, and to the World Health Organization. Dr. Samuels is a senior primary care administrator and policy maker with extensive experience planning, implementing, and evaluating national programs.

9. Training for DHE Staff and Functional Assignments

After discussing DHE activities, expectations for an expanded role, and recommendations to improve staff capacity with the DHE Director, the Director agreed to assign staff members responsibility for major Division tasks, and to arrange for specialized training when available to facilitate carrying out these tasks. One staff member was assigned responsibility for coordinating all activities related to DHE and Governorate training projects, and two were assigned major responsibility for tasks related to mass media and audio-visual aid development. Tentative arrangements were made to have the latter staff members attend a training course in mass media and audio-visual aids development to be organized by the Ministry of Health/Curriculum and Media Department in the near future.

10. Acquisition of Vehicles and Office Equipment for the DHE

Meetings were held with the Director DHE and USAID/Jordan staff to arrange the acquisition of 2 multi-purpose vehicles and a photocopier for work to be carried out on the Health Education Project by the DHE. USAID/Jordan staff indicated that arrangements are currently underway to obtain these items.

11. 1983 Jordan Fertility and Family Health Survey—Health Education Questions

During mid-January, the health education consultant participated in a meeting with Ministry of Health/Planning, Training, and Research Directorate and Department of Statistics staff to discuss which

questions should be included in the 1983 Jordanian Fertility and Family Health Survey. The group agreed to include the following two health information—health education questions recommended by the consultant:

#713 During your last pregnancy or until the child was 1 year old, had you seen or heard any health information concerning pregnancy or infant health care?

#714 Where?

1. Hospital
2. MCH Center
3. Village clinic
4. Royal Medical Service
5. UNRWA
6. Private doctor
7. Pharmacy
8. Radio/Television
9. Newspaper
10. Other (specify)

B. Significant Organizational and Support Problems

1. Lack of Secretarial/Administrative Support

Because of the limited English language capability within the PHCD typing pool, it has been necessary to make arrangements with USAID/Jordan and The Westinghouse Health Planning Project to type all major memoranda, scopes of work, and reports. Further, logistical and administrative details are complicated and delayed by the absence of a highly skilled administrative assistant or secretary. Discussions have been held with AID/Jordan and Ministry officials to resolve the problem. The Ministry has indicated its willingness to hire a bi-lingual typist for the Advisor and DHE and ask USAID/Jordan to authorize the use of Health Education Project Grant Funds to hire a project administrative assistant, which is consistent with the commitment to provide adequate secretarial and administrative support addressed in the personal services contract between The Ministry and the Health Education Advisor. In view of the Jordanian Government's hiring freeze, the acquisition of a skilled administrative assistant who combines competent office management and secretarial skills becomes a top priority.

2. Delayed Payments for Contractor Salary and Expenses

Discussions have been held with Ministry officials and USAID/Jordan staff to agree on a mechanism to facilitate payment and lessen the delays. The Ministry has recently delegated responsibility for approving and processing contractor payment and Health Education Project expenses to the Director DHE.

3. DHE Staff Roles Not Clearly Defined

Staff of the DHE, whether nutritionists, social workers, health inspectors, or health educator, have in the past carried out similar tasks. The DHE functioned without either an operational workplan or specialized job descriptions.

The Director of the DHE has, however, spent considerable time with the Health Education Advisor assessing DHE activities, and encouraging the development of a one-year workplan and draft job descriptions. The Director has also assigned individual staff members major functional responsibilities for DHE and Governorate training, and mass media and audio-visual aids development.

4. Decentralization of Health Education Activities Needed

During the 4 month period between October 1982 and January 1983, DHE staff made over 100 presentations to nearly 8600 people in locations throughout the country. Staff of the various Governorates were not involved in these presentations, despite the fact that the DHE arranged for one person from each of the Governorates to participate in a health education training project February of 1982.

The DHE Director, PHCD Administrator, and USAID/Jordan staff are in agreement that the Governorates should become actively involved in promoting health education. DHE staff cannot provide adequate health education coverage to cities and communities distant from Amman. The DHE role should shift to one of working with the Governorate directors, training Governorate staff, providing them with policy direction, materials, and equipment to help them carry out activities. The DHE should also monitor Governorate activities and provide ongoing assistance.

The DHE Director and PHCD Administrator are very supportive of plans to train up to 25 Governorate health workers during late July or early August, and to involve the Governorates in health education. The DHE plans to meet with His Excellency, Dr. Malhas, to discuss the training project, and the need for communications and meetings with the Governorate directors. It will be very important to agree upon candidates to be trained and health education activities that should be carried out by the Governorates with DHE assistance.

III. ANTICIPATED ACTIVITIES OF IMPORTANCE DURING THE SECOND QUARTER

1. Reach Agreement on DHE assessment recommendations and proposed Workplan. Development of final DHE Workplan for the coming year.

2. Finalize agreement with training specialists to conduct a 1 to 2 week health education training session for Governorate health workers. Conduct the training session during mid-summer.

3. Finalize agreement with mass media/advertising specialists by late Spring, to allow production of Summer radio, television, and newspaper announcements and posters and pamphlets dealing with diarrheal diseases.

4. Hire an administrative assistant to work on the Health Education Project by late Spring.

5. U.S. Public Health Service experts to consult with Ministry officials on accident prevention and trauma care in the late Spring.

6. PHCD Administrator to attend World Health Organization Seminar on "Injury Prevention in Developing Countries" June 5 - 17.

7. Hire a bi-lingual typist to work for the DHE (if Government hiring freeze is lifted or waiver obtained).

8. Develop a budget submission justifying an increase in funds available to the DHE to carry out its expanded scope of activities.

9. Hold meetings with the Minister, PHCD Administrator, and Governorate directors to agree on a Governorate role in health education.

10. Arrange for 2 DHE staff to begin training with the Ministry of Education in mass media and audio-visual aids development.

11. Complete scope of work for mass media development contract.

12. Finalize acquisition of vehicles and photocopier for use by DHE.

.. Administration, Primary Health Care Directorate Date: April 17,

THRU: Director, Division of Health Education

FROM: Health Education Advisor

SUBJECT: An Assessment of Division of Health Education (DHE) Activities and a Proposed One-Year DHE Workplan

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I. Assessment of DHE Activities Over the Past Six Months

The DHE has allocated large amounts of staff time to the following activities:

a. Health education presentations to secondary schools, maternal and child care centers, community centers and associations, and miscellaneous community organizations such as anti-illiteracy groups and the YWCA.

b. Radio general health messages.

c. Collaboration with the Ministry of Education to develop a health education seminar for teachers.

d. Preparation and publication of the Ministry's Quarterly Health Magazine.

e. Preparing specialized health education presentations to deal with priority health concerns such as the recent diphteria and Leishmaniasis outbreaks.

f. Designing and printing pamphlets and posters dealing with priority health concerns such as diphteria, rabies, and Leishmaniasis outbreaks.

A. Health Education Presentations

Between October 1982 and January 1983, DHE staff maintained a very demanding schedule making over 100 presentations to nearly 8600 people in locations throughout the country (Amman, Zarqa, Salt, North Ghor, Irbid, Karak and Aqaba). Through January, over 75% of the presentations were for secondary school students. In February and March the overall number of presentations dropped, the proportion of presentations to maternal and child health centers increased, and that to secondary schools decreased, and most of the presentations were made in the Amman-Zarqa area.

Staff presentations for the most part were very general, included a wide range of topics from the diphtheria outbreak, to the DPT vaccination, to child nutrition and breast feeding, to diarrheal diseases, and were very similar regardless of whether they were made by the division director, health education, nutritionists, social workers, or health inspectors. Audio-visual aids, were used to a certain extent in the presentations, and included 35 mm slides, some 16 mm films, a magnetic board, and a few posters.

Recommendations:

1) Rely more heavily on audio-visual aids when making presentations. Use more slides, posters, and movies when possible. Also use demonstrations, role playing and other group meeting techniques to ensure that major points are reinforced.

2) Limit presentations to cover no more than one major health topic or one cluster of related health topics such as immunizations, diarrheal disease prevention and treatment, infant and child nutrition including

reast feeding, basic hygiene and sanitation, and automobile and domestic cident prevention.

3) Governorate staff should accompany DHE staff when presentations are iiven, and should become involved in making the presentations. Eventually, ach governorate should be delegated responsibility for organizing and lelivering health education presentations with DHE assistance.

4) All health education presentations should deal with preventive health neasures that reduce the risk of illness, and with advice on when and how to seek care with minimal delay.

5) Wherever possible, coordinate health education presentations with work carried out by Ministry of Health units, the work of other ministries, particularly educations and social development, and the United Nations.

B. Radio and Television Health Education Messages

The Director of the DHE has made a large number of radio general health and medical presentations over the past several months. Most of the presentations are aired on the "Health for All" radio program, and are of 5 minute duration. The program covers a wide range of health topics. Even though a substantial effort has been initiated to address many health problems through the radio medium which reaches approximately 90% of the Jordanian population, the impact of the messages is unknown. Neither marketing nor mass media specialists have been involved in the development or the evaluation of the ratio presentations.

The number of health education messages presented on television over he same period of time has been very limited. The Administrator of the imary Health Care Directorate has made a few presentations dealing imarily with public health crises such as the recent diphtheria epidemic.

The DHE had not sought advice from mass media experts in the development, evaluation of radio or television announcement, and no health messages r announcements have been placed in the newspapers.

Very recently, the DHE has had discussions with mass media and marketing/ lvertising specialists to discuss ways in which specialized health education ssages and campaigns could be developed for television, radio, and newspapers.

Recommendations:

1) Identify and involve marketing and mass media specialists in the elopment and evaluation of radio and television health education messages. so use these specialists to help prepare newspaper announcements or press leases.

2) Focus on preparing messages that are more specialized and deal with ly one health problem or one cluster of related problems; messages that are short duration and are repeated with regularity to maximize impact, and sages simultaneously prepared for radio, television, and newspapers in form of a campaign whenever possible.

3) Work with mas media and marketing specialists to evaluate the ectiveness of the mass media health education messages.

4) The health messages should always emphasize preventive health measures that can be taken to reduce the likelihood of diseases or accidents, and emphasize the importance of seeking health care promptly at established government clinics and hospitals.

5) Health education messages should always refer to Ministry of Health and Division of Health Education sponsorship to underline the authoritatives of the message.

C. Collaboration with the Ministry of Education to Develop a Health Education Seminar for Teachers

The DHE and other Ministry of Health/Primary Health Care Divisions have for the past several weeks worked intensively with the Ministry of Education/ Student Health Directorate to organize a one-day seminar for school teachers. The seminar focuses on the World Health Organization goal of "Health for All by the Year 2000," and what the Primary Health Care Directorate is doing to meet the goal.

Recommendation

That the current seminars be modified or follow-up seminars arranged that deal with the most common school health problems encountered by teachers; what services might be provided by the Primary Health Care Directorate Divisions, particularly the School Health and Health Education Divisions, and how teachers and schools can provide valuable assistance by reporting communicable diseases to local Ministry clinics and recommending to parents that they seek medical attention for the children.

D. Helath Magazine

The Quarterly Health Magazine (3000 circulation) edited and published by the Division is of good quality, and includes articles on a range of health topics of interest to ministry physicians assigned to government clinics and hospitals, as well as to officials in other government ministries. DHE staff research and write a good number of the magazine's articles.

Recommendation:

That the magazine be used more to encourage physicians to disucss health subjects with their staff and patients, and to promote health education on a one-to-one basis and in groups.

E. Preparing Specialized Health Education Presentations to Deal with Priority Health Concerns

During the diphtheria outbreak of December 1982, and January 1983, within a short period of time the DHE prepared a number of radio announcements, pamphlets and posters dealing with the disease. Moreover, DHE staff presentations to community groups, schools, and clinics, although covering a number of topics, gave emphasis to diphtheria.

Similarly, the DHE has within a very short period of time worked with the Epidemiology Division to assess the extent of the current Leishmaniasis epidemic , prepared audio-visual aids and other information for presentation, and scheduled a number of presentations at clinics and schools in the affected communities.

Recommendations:

1) Whenever extensive epidemics or public health concerns surface, the DHE should attempt to make maximum use of the mass media (television, radio, and newspapers). Mass media specialists should be consulted to ensure the most effective messages are broadcast or printed, and to agree upon the best times and frequency for broadcasting.

2) Whenever possible, the networks of Ministry of Health Clinics and Policlinics, United Nations Clinics, schools and school systems, and Ministry of Social Development officers should be enlisted to cooperate in health education efforts. Pamphlets and posters can be provided to these entities, as well as notes or letters requesting that they provide specific health education information to their patients or students.

3) DHE staff should prepare specialized presentations using audio-visual aids to focus on the specific priority diseases and health problems.

F. Designing and Printing Pamphlets and 35MM Slide Preparation

The DHE periodically prepares pamphlets and posters for distribution to health centers and clinics throughout the country. The pamphlets and posters usually deal with priority public health problems such as the recent diphtheria outbreadk. Similarly, the DHE has prepared some 35mm slides to deal with priority health topices.

Recommendations:

1) Increase the amount of funds available to produce a large number and greater volume of posters, pamphlets, and 35 mm slides.

2) Posters and pamphlets should be distributed, whenever possible, to school administrators and teachers, the network of community organizations supported by the Ministry of Social Development, United Nations supported clinics, and to all primary care clinics and pol'clinics. Priority should be given to distributing these materials to the institutions in communities with the highest incidence of particular public health problems.

3) When posters and pamphlets distributed, clinic physicians and staff and school teachers should be sent an accompanying notice requesting that they make health education announcements to their patients and students.

II. PROPOSED DIVISION OF HEALTH EDUCATION WORKPLAN (FOR PERIOD 5/1/83 TO 4/30/84)

GOAL # 1: To increase the capacity of DHE staff to assume an expanded role and carry out a broader range of health education activities.

TIME FRAME	OBJECTIVE
	OBJECTIVE 1A: Training for DHE Staff
	A) Individualized Training (Short-Term and Long term)
Contact initiated April 1983. Ministry of Education to set Training date	1. One or two staff members to participate in 2 to 4 month training session with Ministry of Education/ curriculum development section on the development and use of Mass Media programming.
August 1983. Ongoing Objective	2. One or two staff members to participate in training program for and specialize in poster and pamphlet development and development of audio-visual AIDS.
May 1983 select staff member. Ongoing Objective.	3. One staff member to become involved in all aspects of training for DHE and governorate staff.
September 1983	4. One or two staff members to become trained in community outreach, community development, and community presentation methods.
January 1984 or September 1984	5. DHE Director to enroll in Master's degree program in either Health Administration or Health Education.
	B) DHE Group Training
July 1983, January 1984	DHE Staff to participate in one to two week training program once or twice a year. The training could be in conjunction with training arranged for governorate staff.
May 1983 and ongoing as needed	OBJECTIVE 1B: Identify and acquire the services of training specialists who will assist the DHE to design and carry out training projects for DHE staff.

OBJECTIVE 1C:
Increase staffing for the DHE to ensure the ability to carry out an expanded range of tasks.

June 1983	- Hire bi-lingual typist
une 1983	- Hire Administrative Assistant
eptember 1983	- Hire Deputy Director
pril 1984	- Hire Masters degree Health Educator, Social Worker, or nutritionist

OBJECTIVE 1D:

uly 1983	Develop a budget submission justifying an increase in funds available for the Division to carry out its expanded scope of activities

GOAL # 2 To work withthe Minister of Health and Governorate Directors to define a health education role for the governorates and assist the governorates to carry out health education activities.

TIME FRAME	OBJECTIVE
	OBJECTIVE 2A:
June 1983 initiate trimester meetings	Hold periodic and trimester meetings (i.e. 3 annually) with His Excellency, The Minister of Health, the Administrator, Primary Health Care Directorate, and directors of each of the Governorates to discuss health education priorities, and agree upon tasks to be carried out.
	OBJECTIVE 2B:
July 1983, January 1984	Organize and carry out two , one to two week training sessions per year for staff of each of the governorates (primarily nurses, midwives, and health inspectors) to help them conduct health education activities.
	OBJECTIVE 2C:
August 1983 nitiate activity	Together with the Governorate Directors, Develop work plans for Governorate Health Education Staff. Work plans will reflect Ministry Health Education Priorities.
	OBJECTIVE 2D:
nitiate July 1983 ngoing objective	Arrange for and provide audio-visual equipment, audio-visual materials, and information and specific guidance to governorate staff involved in Health Education.
	OBJECTIVE 2E:
nitiate August 1983 ngoing Objective	DHE staff members will be assigned responsibility for serving as liaison to individual governorates, providing governorates with materials and information, reviewing monthly reports submitted to the DHE and providing general guidance.

GOAL # 3 To design, implement, and evaluate health education messages and campaigns for the country.

TIME FRAME	OBJECTIVE
	OBJECTIVE 3A:
May 1983	Identify two to three major health problems or clusters of health problems that should be addressed by the DHE.
	OBJECTIVE 3B:
Initiate May 1983	Consult with specialists to address each of the two or three health fields selected as priorities for health education intervention, and develop plans for dealing with those problems including approaches to change negative health behavior.
	OBJECTIVE 3C:
May 1983 initiate media specialist consultations	Select media, marketing, and graphics specialists who will assist the DHE to prepare mass media messages and campaigns corresponding to each of the two or three major health problems addressed above. Specialists will be brought on through purchase order or contract mechanism.
	OBJECTIVE 3D.
September 1983 complete first set of messages	Prepare television, radio, and newspaper messages and campaigns and accompanying posters and pamphlets to address each of the two or three major health problems cited previously. Determine the messages and frequency of projection with the greatest potential to influence the behavior of high-risk population groups.
	OBJECTIVE 3E
Ongoing Objective initiate assessments after messages broadcast	Assess the effectiveness of mass media and poster/pamphlet messages, and refine and improve the messages on an ongoing basis.

OBJECTIVE 3F:

Initiate efforts September 1983	Carry out health education presentations and campaigns in collaboration with appropriate Ministry of Health Divisions including the clinic and Primary Health Care Centers Section, Epidemiology/Diarrheal Disease Division, maternal and child health division, and School Health Division, staff of the Ministries of Education and Social Welfare, and the United Nations. Whenever possible, Health Education efforts should seek to refer people to the appropriate health facilities, and should coincide with mass-media and poster/pamphlet campaigns.

OBJECTIVE 3G:

Initiate Assessment of presentations when in process. Ongoing objective.	Asses the effectivenss of the Health Education presentations and campaigns cited in objective # 3F above on an ongoing basis.

GOAL # 4 To develop a capacity to acquire and reproduce a range of audio-visual aids, including posters and pamphlets, for division and governorate use.

TIME FRAME	OBJECTIVE
	OBJECTIVE 4A
.nitiate acquisitions July 1983 ongoing	Purchase relevant Health Education materials available (including 35mm slides, 8 mm and 16mm films, posters, pamphlets, etc.) for DHE and Governorate use.
	OBJECTIVE 4.
Initiate assessment June 1983	Assess the need for and purchase relevant health education equipment for DHE and governorate use (i.e. 35 mm slide projectors, 16 mm, movie projectors, etc.)
	OBJECTIVE 4C
ıitiate July 1983 ıgoing	Produce and reproduce relevant Health Education audio-visual aids, including posters and pamphlets, for DHE Governorate use.
	OBJECTIVE 4D
ıitite August 1983 .going	Objective 4 D arrange for the shipment and distribution of relevant audio-visual equipment and aids to the governorates.

GOAL # 5: To coordinate health education activities with and and involve appropriate Ministry of Health Directorates and divisions, other Ministries (particularly educaton and social development), and the United Nations.

TIME FRAME	OBJECTIVE
	OBJECTIVE 5A
Initiate meetings June 1983. Ongoing.	Hold periodic meetings with appropriate ministry units such as the clinic and primary health care centers, section, epidemiology/diarrheal disease division, immunization division, maternal and child health division, and school health division to discuss DHE plans and plans of other divisions, and ways in which the DHE can assist these units with Health Education materials and presentations.
	OBJECTIVE 5B
nitiate Meetings uly 1983	Hold periodic meetings with the Ministry of Education Ministry of Social Development, and the United Nations to discuss DHE plans and plans developed by those entities where joint cooperation in Health Education activities can occur. Encourage the involvement of these entities in DHE Health Education campaigns and message distribution.
	OBJECTIVE 5C
itiate Discu ions Septemb 1983	Work with the Ministry of Education to identify Specific Health Education Activites in which the DHE can Assist and participate .Explore the Feasibility of Developing A Health Education curriculum for PSE in the Schools ,and of providing Schools with Health Education posters and pamphlets produced by the DHE on A Regular Basis.

Attachment B

MEMORANDUM

TO : Dr. Suleiman Qubain, Administrator
Primary Health Care Directorate

DATE: March 10, 1983

THRU: Dr. Mohammed Shreim, Director
Health Education Division

FROM: Joseph M. Baldi,
Health Education Advisor to the Ministry of Health

RE : An Expanded Role for the Division of Health Education - Recommendations for Building Staff Capacity

The Division of Health Education must expand its staff capacity and expertise considerably if it is to successfully perform the increased number of tasks and assume the broader role expected of it by the Ministry and AID. Each of the following areas, all of which are addressed in the "Project Grant Agreement between the Hashemite Kingdom of Jordan and the United States of America for Health Education," must be given emphasis.

TRAINING

The Project Grant Agreement and the related Health Education Project Paper refer to the importance of a range of training activities designed to provide in-service and graduate level training (short and long term) for Division of Health Education and Governate staff. Listed below are training activities, some of which should be initiated promptly, others of which could be carried out over the next 2 years:

- Training for up to 25 Governate Ministry of Health staff who will assume expanded health education roles. Training would address priority Public Health Problems (diarrheal diseases, basic sanitation, immunization), and the use of audio-visual aids and mass media. Two 1 to 2 week training courses could be developed for these people during the first year. Training specialists will be identified to assist the Division to design and carry out the training.

- In-service training for Division of Health Education staff in the use and production of audio-visual aids and mass media (television, radio, and newspapers). Division staff could participate in above-mentioned training for Governate staff. Moreover, 1 or 2 Division staff members could receive specialized training in mass media production and audio-visuals development from the Ministry of Education's Educational Technology Directorate.

- Master's level course work in Health Administration or Health Education for Division Director.

- Six to 18 month training for one or two additional Division staff members. One person would work on a Master's Degree in Health Education.

AUDIO-VISUAL AIDS AND MASS MEDIA PRODUCTION

For the Division to successfully carry out its mandate to significantly expand its scope of health education activities, it will be necessary to develop a considerable volume of audio-visual materials (i.e. slides, 16 mm. films, posters and pamphlets) for use by Division and Governate staff. Division staff should also develop the capacity to produce mass media (i.e. television, radio, and newspaper) announcements and campaigns.

The following activities should be undertaken as soon as possible:

- Identify mass media production specialists and market research specialists who can assist the Division to produce television, radio, and newspaper messages and campaigns.

- Demonstrate and teach Division staff to utilize the mass media for health education messages, and to work with specialists in the production of such material (See training activities above).

- Division staff members should begin producing and reproducing 35 mm. slides, overhead slides, posters and pamphlets for use by the Division and by health staff in each of the Governates. Modules of audio-visual materials should be developed corresponding to major public health topics (i.e. diarrheal diseases, basic sanitation, immunizations, automobile and domestic accidents).

INCREASED STAFFING

The Division will require increases in staff for the short-run and long-run to fulfill the increased number of tasks and responsibilities expected of it by the Ministry and AID.

- Bilingual (Arabic-English) secretary-typist - The immediate need, as identified in my memorandum to you dated March 1, 1983, is a highly skilled secretary-typist to assist the Division Director and long-term advisor prepare a growing number of letters, reports, plans, and scopes of work for training, health education research, and mass-media specialists. In addition, once training and media activities are underway, protocols and modules of health education materials will be produced.

- Deputy Division Director - It is quite likely that by the end of this year the much expanded Division workload and the complexity of the Division's operations will become such that a senior staff person with administrative experience (preferably a physician) should be brought on to serve as Deputy Director. The Deputy would help manage day to day operations and ensure the continuity of work, particularly during the absence of the Director and/or long-term advisor due to work-related travel or conference attendance, annual leave, or illness.

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- Graduate level health educator or Master's in Public Health (MPH) - As the Division's workload increases significantly, and Division staff become more involved with training, research, and media specialists, increased numbers of community groups, and Governate staffs, a graduate level health educator or MPH should be added to increase staff expertise.

Attachment C

SCOPE OF WORK

HEALTH EDUCATION TRAINING PROJECT

I. PURPOSE OF TRAINING

To provide up to 25 Governorate Health Workers (Primarily Health Inspectors, Nurses, and Midwives) with:

A) An overview of the structure and responsibilities of the Primary Health Care Directorate.

B) An overview of the importance of Health Education, the Ministry's increased emphasis on the subject, the role of the division of Health Education (DHE), and the new Governorate role.

C) An overview of Basic Health Education principles and approaches, DHE objectives, tasks, and major public health problems addressed (i.e. the prevention and treatment of diarrheal diseases, basic personal hygiene and sanitation, immunications, nutrition, automobile and domestic accidents).

D) Discussions and demonstrations of Health Education approaches, including the identification of communitieis, organizations, and institutions that should be approached, outreach methods, the use of audio-visual aids (35 MM slides, posters, pamphlets, 16 MM movies), and the use of mass media.

E) To provide specialized information on the prevention and treatment of diarrheal diseases. Presentations should include basic discussions of how diarrheal diseases are transmitted; the types of diseases; how to protect food and water from contamination; home methods for treating diarrhea; which methods or beliefs are useful, which are counter productive;

suggestions of how to change negative behavior; and timely referral to health centers and health providers.

F) To provide packets of information on diarrheal disease prevention and treatment (including posters, pamphlets, 35 MM slides, articles, and statistics) for each trainee.

II. PEOPLE TO BE TRAINED

Between 18 and 25 nurses, midwives, and health inspects from each of the 5 governorates.

A few DHE staff members will participate in some of the training sessions, and all (8) professional staff members will observe most of the training sessions.

III. DURATION OF TRAINING AND TRAINING APPROACH

The training will be held in Amman for a period of no less than 5 days but no more than 10 days. The training specialists will work closely with DHE and Governorate staffs to develop and finalize the training agenda.

The training should, to the maximum extent possible, build in trainee participation in the sessions by allowing frequent question and answer discussions and by involving the trainees in practical sessions by having them participate in role playing and other active exercises such as the use of 35 MMslides for making presentations.

The training specialists will be responsible for organizing and conducting the training sessions.

IV. TASKS/PRODUCTS

The training specialists will:

- Develop a complete agenda and daily calendar of training sessions, and present them to the DHE Director for final approval.

- Compile packets of information on diarrheal disease prevention and treatment (including articles, statistics, posters, pamphlets, and 35 MM slides) for each trainee.

- Design and administer an evaluation questionnaire upon the completion of training. Analyze the responses and provide findings and recommendations to the Division Director. The questionnaire should assess what additional materials, training and information would be of value to the trainees.

V. SUBMISSOIN OF PROPOSALS

Organizations interested in developing and carrying out this training project should submit a proposal in Arabic and English which includes a statement of experience and capability, and includes the curriculum vitae of the training specialists who would carry out the project. Interested organizations are asked to develop their own proposed training schedule, but should incorporate the topics and presenters listd on Attachment A. Cost estimates should also be included with the proposal.

Proposals should be submitted to Dr. Mohammad Shreem, Director, Division of Health Education/Primary Health Care Directorate, Ministry of Health, P.O. Box 86, Amman. Telephone No. 668144, No later than April 7, 1983.

ATTACHMENT A

TOPICS AND PRESENTORS TO BE INCLUDED IN THE PRIMARY HEALTH CARE OVERVIEW PORTION OF THE TRAINING

Topic	Presentor
The Role and Functions of the Primary Health Care Directorate	Dr. Suleiman Qubain Administrator Primary Health Care Directorate
Immunizations	Dr. Hanni Shammout Director, Preventive and Communicable Disease Section
Diarrheal Diseases	Dr. Ali Asad Director, Epidemiology Division
Nutrition and Health	Dr. Hamdi Al Shawa Director, Nutrition Division
Maternal and Child Health	Dr. Zaid Al Kayed Director, Maternal and Child Care Division
Malaria and Bilharzia	Dr. Muhammad Reda Director, Malaria and Bilharzia Division
Respiratory Diseases	Dr. Mamoud Maabra Director, Respiratory Diseases Division
School Health Services	Dr. Mohammed Al Halabi Director, School Health Division
Clinic and Poli-Clinic Services	Dr. Quies- Halawe Director, Clinic and Primary Care Centers Section
Basic Environmental Sanitation	Dr. Muhammed Al-Dajani Director, Environmental Health Section

Attachment D

Scope of Work

Purchase of Products Required for Health Education Campaign Designed to Address Diarrheal Diseases

I. Television

A. Prepare 30 and 60 second spot messages on diarrheal diseases to be used as part of a health education campaign.

B. Consult with media and health experts to determine which messages would be most appropriate and have the potential for greatest impact. Explore the possibility of having a celebrity deliver the spot messages.

C. Pre-test the messages with a small cross sampling of high-risk families in Amman, the Jordan Valley, and Aqaba.

D. Based on an assessment of television viewing patterns and marketing/advertising research on behavior change, determine the best times for airing the spots, the ideal frequency for repeating them, and the preferred duration (i.e. length of time) for the campaign.

E. Work with the Division of Health Education (DHE) to arrange with staff of Jordan Television to have the spots aired.

F. Work with the DHE to assess the impact of the television messages.

II. Radio

A. Prepare 30 and 60 second radio spots addressing diarrheal diseases as part of a health education campaign.

B. Consult with radio and health experts to determine which messages would be most appropriate and have the potential for greatest impact. Explore the possibility of having a celebrity deliver the radio spots messages.

C. Pre-test the messages with a small cross sampling of high-risk families in Amman, The Jordan Valley, and Aqaba.

D. Based on an assessment of radio listening patterns and marketing/advertising research on behavior change, determine the best times for airing the spots, the ideal frequency for repeating them, and the preferred duration (i.e. length of time) for the campaign.

E. Work with the DHE to arrange with staff of Jordan radio to have the spots aired.

F. Work with the DHE to assess the impact of the Radio messages.

III. Press Releases

A. Prepare several press releases for periodic inclusion in each of the three Amman Arabic newspapers, and in local newspapers printed in all areas of the country.

B. Consult with newspaper and health experts to determine which messages would be most appropriate and have the potential for greatest impact.

C. Pretest the message with a small cross sampling of high-risk families in Amman, the Jordan Valley, and Aqaba.

D. Based on an assessment of reading patterns and behavior change, determine the ideal frequency for repeating the press releases, and the preferred duration (i.e. length of time) for the campaign.

IV. Posters

A. Consult with diarrheal disease experts, staff and patients of maternal and child health clinics, staff of one or two governorates to determine which messages are most appropriate and could have the greatest impact. Posters should address key messages such as:

1) Measures that can be taken to prevent Diarrheal diseases.

2) Taking the infant or child to a health center or poli-clinic as soon as mild to moderate symptoms of diarrhea appear.

3) Breast feeding and other measures that can be taken to prevent dehydration.

B. Prepare 2 posters dealing with diarrheal diseases addressing messages such as those cited in point III A. above for use in a health education campaign.

C. Pre-test a small sample of the posters among high-risk families and health workers in one or two governorates to be certain the messages are understood and will be effective. Change the printed message(s) or visual message(s) as necessary.

D. Prepare 5000 copies of each poster.

V. Pamphlets

A. Consult with diarrheal disease experts, staff and patients of maternal and child health clinics, and staff of one or two governorates to be certain the information included in the pamphlet is accurate and useful.

B. Prepare a pamphlet on diarrheal diseases to be used as part of a health education campaign. The pamphlet should include information on identification of symptoms; referral to clinics, poli-clinics, and hospitals for care; and measures that can be taken at home to prevent diarrhea and to lessen the severity of the bout.

C. Pre-test a small sample of the pamphlets among health workers in one or two governorates to be certain the messages are understood and will be effective.

D. Prepare 10,000 copies of the pamphlet.