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INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

AGENCY FOR INTERNATIONAL DEVELOPMENT

WASHINGTON, D.C. 20523

PROJECT PAPER

JORDAN: PRIMARY HEALTH CARE NURSING DEVELOPMENT
A.I.D. PROJECT NO. 278-0270

September 27, 1986

UNCLASSIFIED

Primary Health Care Nursing Development
Project No. 273-0270

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AGENCY FOR INTERNATIONAL DEVELOPMENT		PROJECT DATA SHEET	1. TRANSACTION CODE A = Add C = Change D = Delete	Amendment Number _____	DOCUMENT CODE 3
2. COUNTRY/ENTITY JORDAN			3. PROJECT NUMBER 278-0270		
4. BUREAU/OFFICE ANE			5. PROJECT TITLE (maximum 40 characters) Primary Health Care Nursing Development		
6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY 06 30 92			7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4) A. Initial FY 86 B. Quarter 4 C. Final FY 87		

8. COSTS (\$000 OR EQUIVALENT \$1 = _____)						
A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	1,600	400	2,000	4,375	2,125	6,500
(Grant)	(1,600)	(400)	(2,000)	(4,375)	(2,125)	(6,500)
(Loan)	()	()	()	()	()	()
Other U.S.						
1.						
2.						
Host Country						
Other Donor(s)	PVO's		78	78	5,485	5,485
			84	84	255	255
TOTALS	1,600	562	2,162	4,375	7,865	12,240

9. SCHEDULE OF AID FUNDING (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) ESF	520	510			2,000		6,500		
(2)									
(3)									
(4)									
TOTALS					2,000		6,500		

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)				11. SECONDARY PURPOSE CODE	
510	569	550			
12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)					
A. Code		N/A			
B. Amount					

13. PROJECT PURPOSE (maximum 480 characters)

To strengthen nursing services and primary health care being provided to mothers and children.

14. SCHEDULED EVALUATIONS				15. SOURCE/ORIGIN OF GOODS AND SERVICES			
Interim	MM	YY	Final	MM	YY		
	12	89		09	92		
				<input checked="" type="checkbox"/> 000 <input type="checkbox"/> 941 <input checked="" type="checkbox"/> Local <input type="checkbox"/> Other (Specify)			

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)

The methods of financing to be used in this Project are in conformity with AID's Policy Statements on Financial and Administrative Management and USAID's comprehensive general assessment.

Amended by
L. P. Reade

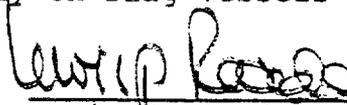
17. APPROVED BY	Signature 	Date Signed MM DD YY 09 24 86	18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION MM DD YY
	Title L. P. Reade (Mission Director)		

PROJECT AUTHORIZATION

NAME OF COUNTRY : JORDAN
NAME OF PROJECT : PRIMARY HEALTH CARE NURSING
DEVELOPMENT
NUMBER OF PROJECT : 278-0270

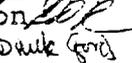
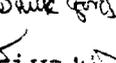
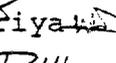
1. Pursuant to Part II, Chapter 4, Section 531 of the Foreign Assistance Act of 1961, as amended, I hereby authorize a Grant to the Hashemite Kingdom of Jordan (the "Cooperating Country") of not to exceed six million five hundred thousand United States Dollars (\$6,500,000), subject to the availability of funds in accordance with A.I.D. OYB allotment procedures, to help in financing foreign exchange and local currency costs of goods and services required for the project as described in the following paragraph. The planned life of the Project is six years from date of initial obligation.
2. The Project consists of assisting the Cooperating Country to improve nursing services and primary health care being provided to mothers and children.
3. The Project Agreement which may be negotiated and executed by the officer to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority shall be subject to the following essential terms and covenants and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate.
4. Source and Origin of Commodities, Nationality of Services

Commodities financed by A.I.D. under the project shall have their source and origin in the Cooperating Country or in the United States except as A.I.D. may otherwise agree in writing. Except for ocean shipping, the suppliers of commodities or services shall have the Cooperating Country or the United States as their place of nationality, except as A.I.D. may otherwise agree in writing. Ocean shipping may be financed only on flag vessels of the United States.



Lewis P. Reade
Director, USAID/Jordan
Date: 9/24 1986

Clearance:

DD :RAJohnson 
RLA :DRobertson 
PROG:RBrown 
PEO :TRishoi 
CONT:NWijessoriyat 
HPN :RHaladay  9/24/86

ACRONYMS

CED	- CENTER FOR EDUCATIONAL DEVELOPMENT (UNIVERSITY OF JORDAN)
CHC	- COMPREHENSIVE HEALTH CARE (CENTER)
COP	- CHIEF OF PARTY
CS	- CHILD SURVIVAL
DH	- DIRECT HIRE
DPHC	- DIRECTORATE OF PRIMARY HEALTH CARE
DPTR	- DIRECTORATE OF PLANNING, TRAINING AND RESEARCH
EEC	- EUROPEAN ECONOMIC COMMUNITY
FSN	- FOREIGN SERVICE NATIONAL
GOJ	- GOVERNMENT OF JORDAN
HKJ	- HASHEMITE KINGDOM OF JORDAN
HP	- HEALTH/POPULATION
IQC	- INDEFINITE QUANTITY CONTRACT
JD	- JORDANIAN DINAR
LOP	- LIFE OF PROJECT
LTIA	- LONG TERM TECHNICAL ASSISTANCE
MCH	- MATERNAL AND CHILD HEALTH
MOE	- MINISTRY OF EDUCATION
MOH	- MINISTRY OF HEALTH
MOHE	- MINISTRY OF HIGHER EDUCATION
OPG	- OPERATIONAL PROGRAM GRANT
PM	- PERSON MONTH
PHC	- PRIMARY HEALTH CARE (CENTER)
PVO	- PRIVATE AND VOLUNTARY ORGANIZATION
PY	- PERSON YEAR
RN	- REGISTERED NURSE
STTA	- SHORT TERM TECHNICAL ASSISTANCE
TA	- TECHNICAL ASSISTANCE
UJ	- UNIVERSITY OF JORDAN
WHO	- WORLD HEALTH ORGANIZATION

I. PROJECT SUMMARY

- A. Grantee: The Government of the Hashemite Kingdom of Jordan (GOJ)
- B. Implementing Agency: The Ministry of Health (MOH), Directorate for Planning, Training and Research (DPTR) in consultation with other participating GOJ agencies and Private Voluntary Organizations (PVO's)
- C. Amount: The project is authorized for U.S. \$6,500,000 in ESF grant funds of which U.S. \$2,000,000 will be obligated in FY 1986.
- D. Total Project Costs: The total cost is estimated to U.S. \$12,240,000 including a GOJ contribution of US dollar equivalent of \$ 5,485,000, and the PVO contribution of US dollar equivalent of \$255,000, over the life of Project.
- E. Project Goal and Purpose:

Goal: To reduce infant and child mortality and morbidity and improve the health status of mothers in Jordan.

Purpose: To strengthen nursing services and primary health care (PHC) being provided to mothers and children by:
1) improving the performance of nurses and midwives in PHC, and 2) promoting community awareness and participation in PHC.

F. Summary Project Description:

The Primary Health Care Nursing Development project is focused on upgrading the quality of nursing population and skills and improving the delivery of the PHC service in general. Various activities to be undertaken with the GOJ include 6 outputs which collectively will help to achieve the project purpose.

Those are:

1. MOH teacher training program;
2. Expanded PHC component in the nursing and midwifery curricula;
3. Model PHC field practice sites;
4. Post-basic PHC specialization;
5. Institutional/attitudinal changes in support of Primary Health Care/Child Survival nursing;
6. Community-based PVO activities in PHC

The project aims to upgrade the quality of nursing profession by improving existing and creating new working environments where comprehensive

PHC can be learned and demonstrated (Outputs 1, 2, 3 and 4). To this end, the project will support and assist the development of a national training institute for MOH teacher training, including PHC center field sites to serve as "laboratories" for practical training. Project elements will include the development and application of curricula for a) teacher training, b) PHC nurse specialization and c) PHC content for the MOH's colleges (nurses and midwives) and schools (assistant nurses) of nursing. The project is also designed to reform job description and authority, establish norms for licensing and certification, and elevate the status of nursing.

On a more nebulous attitudinal/behavioral level, the project will aim at influencing managers and educators to change delivery systems and at guiding students (future health care providers) toward new tasks (outputs 4, 5).

Demonstration community-based PVO activities (output 6) will be supported, aimed at informing the public of PHC service and stimulating use of these services.

The project will be implemented primarily through the GOJ/MOH Directorate for Planning, Training and Research in coordination with a resident technical advisory team employed through an AID direct contract. A Project Advisory Committee will provide guidance in project activities. The long term resident technical assistance team will be supplemented with short term technical assistance as needed. In order to initiate project activities quickly, a project start-up advisor will be selected through an 8 (a) firm to begin selected activities prior to arrival of the long term technical assistance team.

G. Conditions and Covenants

1. First Disbursement: Prior to the first disbursement under the Grant, The Grantee agrees to name a full time Project Director who will serve as counterpart to the Project consultant team leader.
2. Prior to the arrival in Jordan of the long term institutional consultant team, the Grantee agrees to form a broad-based multi-agency Project Advisory Committee whose membership will include representatives of the nursing profession and PHC from the MOH, the private sector, university groups, Royal Medical Services, and the Ministry of Education, and which will serve as an Advisory Committee to the Project.
3. Before the 24th month of this Project, the Grantee agrees to issue a directive which will establish the professional speciality of Primary Health Care Nurse (PHC Nurse). The Grantee will, at the same time, approve the curriculum developed to train the PHC Nurse and the public

health care based job description needed to allow the nurses to be deployed to assume their tasks in Comprehensive Health Centers and Primary Health Care Centers.

4. Prior to the deployment in Jordan of the long term consultant team, the Grantee agrees to make available suitable space for the use, as a temporary location, for the training institute for nurse teachers.

5. The Grantee agrees that upon the completion of the Paramedical Institute in Zarqa, the training institute for nurse teachers will be transferred to the Paramedical Institute on schedule.

6. Additional Disbursement. Prior to disbursement for PVO-related activities, the Grantee shall provide to AID, in form and substance acceptable to AID, evidence that the Ministry of Health has entered into collaborative agreements with PVO's (as described in E. "Detailed Description", Section 6).

H. Recommendations:

USAID/Jordan has reviewed the Primary Health Care Nursing Development Project finding the project to be technically, administratively, financially and socially sound. Therefore, the project is recommended for FY 1986 approval and obligation of funds.

II. BACKGROUND, RATIONALE AND DESCRIPTION

A. BACKGROUND

The Hashemite Kingdom of Jordan, like many of the world's countries, suffers from a great shortage of qualified nurses and midwives who are capable of providing nursing and midwifery services of good quality. The GOJ has recognized this problem and has stated it as a priority concern in its draft Five Year (1986-90) Plan.

While there has been a long-term dialogue sustained with the GOJ regarding nursing deficiencies, USAID made its first official commitment to undertake a nursing sector development project in late 1984 when it agreed to provide advisors for a new nursing college. By Spring of 1985, the MOH had developed and submitted to USAID a proposal for "Nursing Education", designed to expand the number and improve the quality of nurses and midwives through technical assistance, participant training, teaching resources and vehicles. The need to increase the number of nurses and to expand PHC have consistently appeared as high priority goals for the Jordanian health sector.

This project presents USAID with an opportunity to address the "felt need" of the GOJ for more and better nurses, while at the same time reorienting the entire profession toward more preventive health functions and supporting a broad effort to influence infant, child and maternal health through better trained PHC nurses.

B. RATIONALE

1. Relationship to USAID/Jordan FY 1988 CDSS and Jordan Population and Health Strategy Paper (April 1986)

This project, "Primary Health Care Nursing Development", was identified in USAID/Amman's FY 1987 Action Plan as a Nurse Training project. After discussions with the MOH and observations and recommendations of the November 1985 PID team, the scope of work was expanded to address more completely the PHC and Child Survival (CS) training needs in Jordan and better serve the public health system.

By addressing the training needs of health workers (especially nurses, midwives and assistant nurses), the project conforms to the AID health sector policy of strengthening PHC. It also adheres to the USAID policy of maximizing, to the extent possible, the emphasis on technology transfer in all AID projects. Further, it is congruent with the Agency's priority focus on activities which promote child survival. Achievement of the project purpose should contribute to increasing the Jordanian community's access to and participation in health services. These factors are among those identified by the Administrator as necessary to implement CS Action Programs.

As stated in the Population and Health Strategy Paper (Annex B of the FY 1988 CDSS), USAID/Amman has deliberately taken aim at reducing the comparatively high infant mortality rates and related childhood and maternal morbidity in Jordan as its principle targets of AID health programming. To attack these problems, USAID will pursue a strategic objective of strengthening Jordan's PHC service through those service personnel who are most directly responsible for the provision and implementation of PHC/CS interventions, i.e. nurses, midwives and assistant nurses.

These interventions must be understood in a strictly Jordanian context since the needs here are, of course, quite different from those of AID CS priority countries such as Bangladesh. Jordan already employs several of the child survival interventions. However, the organization of these services and the training required for effective service delivery needs improvement. New activities in the health sector will also be aimed at establishing a link between the training of nurses and midwives in PHC and increasing the health system's role in mother and child health, including child spacing.

The areas to be addressed by this project will include the training and organization for service, outreach and education in:

- o oral rehydration therapy
- o immunization
- o pre-and post-natal care
- o breastfeeding advice
- o birth deliveries by trained personnel
- o person-to-person health education
- o access to and availability of contraceptive services

This project is not only consistent with current USAID health strategy but forms the bilateral cornerstone of our continuing policy dialogue with the government to satisfy basic health requirements. Our strategy emphasizes the areas of technology transfer and specialized training, through expert contract services, and this project will be founded on these elements. It also reinforces the USAID's population objectives, in that well trained female nurses and midwives can become more effective promoters of child spacing practices. Thus, this new project integrates high priorities of USAID's health and population strategy: the strengthening of primary health care and support to maternal child health and birth spacing programs.

2. Conformity to Jordan Five Year Development Plan

Jordan's major health sector policy decisions stated in the last (1980-85) and the current (1986-1990) Five Year Plans affirm a commitment to reorient health services by focusing on Primary Health Care (PHC) while establishing and maintaining adequate hospital services.

In the 1980-1985 Five Year Plan the serious shortage of qualified nurses, midwives, and assistant nurses was identified as a major deterrent to the expansion of PHC and to the establishment of more secondary and

tertiary curative services. For both the public and private sectors, the following shortages were estimated: qualified nurses -- 35%; midwives -- 58%; assistant nurses -- 32%. Since publication of the Plan in 1980 the shortage has become more severe.

The 1986-1990 Development Plan reiterated the Ministry of Health (MOH) policy:

- o to promote and expand PHC;
- o to increase the number of graduate nurses to 1,494 and midwives to 317 (both threefold increases over 1985) by 1990 to cover the present and expected demand;
- o to improve the performance of health workers by the development of a continuing education system for all health professionals to upgrade their competencies.

3. Relationship to Other Donors

We expect a synergistic effect on public health services to result from the influence of this project and that of the World Bank's Primary Health Care Project.

Under the auspices of the Bank project, the MOH has identified categories and numbers of health personnel to be trained to meet the staffing/service needs of Comprehensive Health Care (CHC) centers and PHC centers (25 new and 9 refurbished PHC centers and 13 new and 4 refurbished CHC's). Categories cover the entire range of PHC services providers, from specialists to medical technicians. About 500 MOH staff would receive long term training and 2,000 would participate in continuing education workshops.

This project will complement, but not fulfill, the MOH training requirements under its World Bank project commitment, particularly in the areas of teacher training, educational health administration, integration of MCH into CHC/PHC and enhanced PHC training.

Beyond the World Bank, USAID is also working closely with other principle health donors in Jordan (WHO, UNICEF, EEC, UNFPA) to enhance complementarity of project activities and avoid duplication. As stated above, this project focuses on training needs in order to better serve the human resource requirements of the PHC system and complements current World Bank support to expand and equip comprehensive health centers and construct nursing and paramedical training facilities. WHO provides long-term training fellowships and occasional consultancies in PHC. UNICEF has efforts underway in the PHC area, most notably in oral rehydration therapy and immunizations. UNFPA has provided some assistance to MOH in MCH and may develop a demonstration project in a MOH clinic in the future. The EEC is planning to provide "tutors" to a Nursing College of the MOH in the south of Jordan and fellowships as early as 1987. The USAID will coordinate closely with these agencies. (See Section IV.A.4).

C. PERCEIVED PROBLEMS

The GOJ public health care system suffers from serious deficiencies in its health manpower. Most acute is the shortage, in absolute numbers, of health care providers (nurses, assistant nurses and midwives) to staff, in the order of MOH priorities:

- 1) existing hospitals;
- 2) the Comprehensive Health Care centers (CHC) being constructed under the terms of the World Bank loan, to be on line by 1988; and
- 3) the smaller PHC facilities.

Other deficiencies include poor quality of training, resulting in inadequately prepared health care providers and, therefore, poor service delivery (curative and preventive); lack of a preventive PHC orientation (stemming from a hospital-based curriculum and the curative orientation of the health system); and mismanaged or overlooked institutional mechanisms supportive of quality nurse/PHC service delivery.

(N.B.: In GOJ terms, "primary health care" is defined as the services provided in all MOH health care facilities except in hospitals. According to the reorganization of the PHC system under the auspices of the health service expansion project with the World Bank, the two types of PHC facilities are Comprehensive Health Centers (CHC's) and Primary Health Care Center (PHC's). See Annex J for a description.)

This project is not intended to address directly the "numbers" question. The MOH's plan to increase nursing school enrollment coupled with the construction of nurse and paramedical training facilities (through a World Bank education loan), are already addressing this problem.

Rather, this project will assist the MOH to address some of the technical and institutional problems that have been deleteriously affecting its capacity to train and deploy health care providers. These problems are summarized as follows:

1. Technical Problems
 - a. PHC Provider Quality

The quality of PHC which is available to the Jordanian population, especially to mothers, infants and children, is limited by the quality of the PHC-based training currently available to health care providers. This is especially true for nursing, midwifery and assistant nursing personnel.

Jordanian nursing, midwifery and assistant nursing education in general is seriously limited by both the number of teaching staff and the quality of that teaching staff. Most faculty in the MOH colleges and schools of nursing have minimal academic preparation and only a few have any experience in PHC. The limitations of the faculty affect not only the number of students, but subsequently the quality of the educational experience and performance of graduates. There is a critical need to expand their knowledge base and experience in community health as well as to positively influence their attitudes toward PHC.

b. Preventive PHC Orientation

A serious constraint to maintaining and expanding PHC/CS services is the limited number of public service providers (all levels) who have been properly trained, motivated and given the mandate to work on basic health needs. The instructional needs and oversight of health care providers are great, particularly in the area of MCH and CS. All providers are currently being prepared to work in hospitals and very few have had pre-/or in-service education in any aspect of preventive community health. Their exposure to positive role models and to a preventive orientation is minimal.

An increase in the size of the nursing corps and improvement in the content and quality of training it receives would not be sufficient to allow it to devote more time to those activities that impact upon CS. Hospital and health center administrators, as well as the supervising physicians, are the keys to the introduction of change within the health system. If there is to be a realignment of functions, these health providers must also be reoriented to the preventive health care needs of the Jordanian public, and not just continue attending to its curative health needs.

2. Institutional Problems

As indicated in section II.B.2, the GOJ has stated a political and policy commitment to PHC and to CS interventions within that context. However, operationalizing this commitment has been more difficult. In the nursing sector in Jordan, impediments to the successful implementation of this type of program include:

- o organizational obstacles such as the lack of an effective body responsible for overall planning, management and use of the nursing corps;
- o inadequate mechanisms for licensure, certification, establishment and monitoring of job descriptions, nursing classifications, incentive plans and career ladders, etc.;
- o lack of options to address health care provider attrition, e.g. geographical recruitment, maternity leave/child care, relationship between MD's and nurses, etc.; and
- o inadequate administrative skills in teaching institutions and in health care delivery sites.

D. Summary Description

The problems in the delivery of PHC that will be addressed and/or overcome in this project are focused on the technical and institutional factors in the nursing sector as summarized above.

The project's activities will contribute to the goal of reducing infant and child morbidity and mortality and improving the health status of mothers in Jordan.

Its purpose is to strengthen nursing services and PHC being provided to mothers and children.

Together, the various activities to be undertaken with the GOJ include 6 Outputs which will collectively up-grade the quality of nursing preparation and skill, and improve the delivery of PHC services in general. These are:

1. MOH teacher training program;
2. Expanded PHC component in the nursing and midwifery curricula;
3. Model PHC field practice sites;
4. Post-basic PHC specialization;
5. Institutional changes in support of PHC/CS nursing;
6. Community based PVO activities in PHC.

On the technical level, the project aims to upgrade the quality of nursing preparation by improving existing and creating new environments where comprehensive PHC can be learned and demonstrated (Outputs 1, 2, 3 and 4). To this end, the project will support and assist the development of a National Training Institute for didactic and practical MOH teacher training, including PHC center field sites to serve as "laboratories" for practical training. Project elements will include the development and application of curricula for a) teacher training, b) PHC nurse specialization, and c) PHC content for the MOH's colleges (RN's) and schools (assistant nurses) of nursing. The project is also designed to reform job descriptions and authority, establish norms for licensure and certification, and elevate the status of nurses.

Collectively, these modifications will affect service provision by enhancing the ability of nurses to provide services in PHC and by incorporating community health and child survival tasks into their job descriptions. If successful these activities should have a direct impact on the survival and health maintenance of infants and small children.

On a more nebulous attitudinal/behavioral level, the project will aim at influencing managers and educators to change delivery systems and at guiding students (future health care providers) toward new tasks (Outputs 4, 5).

The project will attempt to move the health system in Jordan toward three objectives:

a. Acceptance by management, physicians and nurse educators of the concept of a new specialization -- the PHC Nurse;

b. Acceptance by nursing students of the new curriculum and training methods as being on a par with traditional (hospital-oriented) courses;

c. Acceptance by the public (the consumer of health care) that preventive PHC nursing services are valuable and, eventually, to be preferred to those traditionally provided by physicians in secondary care out-patient facilities.

The process of attitudinal/behavioral change is long and difficult, and sweeping changes cannot be expected in the 6 year LOP. This project can only attempt to plant the seeds for a respected PHC "track" by establishing and making available the appropriate PHC tools to those health care providers most closely associated with the physician community (i.e. B.S. and diploma level nurses and midwives) and by providing role models.

Additionally, the project will promote PHC by emphasizing PHC in the nursing profession career ladder and structure, and through educational activities aimed at sensitizing the physician and the community to the importance of PHC. A Project Advisory Committee will be organized with a mandate to investigate and promote all aspects of nursing as a respected, attractive profession (nurse selection criteria, civil service status, career ladder, and causes of and remedies for attrition).

Finally, demonstration community-based PVO activities (Output 6) will be supported, aimed at informing the public of PHC services and stimulating use of these services (see Detailed Description).

Each of these outputs is described in detail in the following Section E. Detailed Description.

E. DETAILED DESCRIPTION

Output 1: Teacher Training Program

The activities under this output will be directed toward 1) improving the quality of MOH nursing faculty by assisting them to acquire essential knowledge and skills in teaching PHC; 2) increasing the number of qualified teachers in MOH colleges and schools of nursing and 3) positively influencing their attitudes toward PHC.

The development of a national training institute for teachers of nursing disciplines is the method selected to accomplish these objectives. As few relevant technical resources exist within Jordan to readily accomplish this task, the Institute's development will be a process that will extend over the life of the project and be labor intensive in terms of the time and expertise of the resident technical advisory team. The process will require the following:

- 1) Development of Jordanian technical capacity to conduct teacher training after external TA is withdrawn;
- 2) Development of curriculum for the training of teachers of nurses, midwives and assistant nurses;
- 3) Selection of a suitable facility in which to house the institute;
- 4) Equipping the institute appropriately;
- 5) Development of the infrastructure of the institute;
- 6) Identification and development of PHC field practice sites (discussed in detail under output 3).

Development of Technical Capacity:

As stated above the capacity to conduct teacher training within the Jordanian nursing and midwifery communities is currently very limited at best. Thus, this capacity development will receive attention as the first priority of this project. To help develop this capacity other educational development resources will need to be used more extensively by the MOH to supplement and complement the technical resources of the resident expatriate technical assistance team. Examples of possible resources include the Faculties of Nursing at the two national universities; the Center for Educational Development, U. of J.; and private consulting firms.

To begin to develop the technical capacity within the Jordanian nursing community to conduct teacher training (and eventually to staff the institute), an estimated 10 persons should be selected for long term (1 year) academic training in teaching methods and curriculum design and PHC. Five should be sent by year 2 of the project so that they can be integrated into the ongoing teaching functions of the institute in year 3 when the first class of students matriculates. The remainder may be selected to go periodically over years 3 to 5 of the project. This will afford a beneficial compromise between early

selection and application of new skills into the project as well as perhaps more refined selection of candidates after the technical assistance team has had some experience in country and more time to observe the local situation. It also prevents complete dissipation of the limited local resources during the early phase of the project.

The technical assistance team will be required to identify and assess US institutions as to their capability to address the needs of the trainees and the project.

The selection of candidates for long term US-based training must be made very carefully. The following guidelines among others must be considered:

1. Academic and professional qualifications: a minimum of a MOH diploma degree in nursing is required and a baccalaureate degree in nursing is recommended although it may not be realistic;
2. A minimum of one to two years recent clinical or teaching experience preferably in PHC nursing;
3. English language proficiency (spoken and written);
4. Commitment to and appreciation of PHC nursing and nursing education as evidenced by professional career;
5. Good physical and mental health;
6. Evidence of leadership qualities;
7. Commitment to work at the training institute for at least three years following completion of US-based training. This includes freedom from family, social or other constraints for deployment at the institute.

At least one of the first group and one third of the total group scheduled for US-based training will be nurse-midwives or midwives.

In selecting candidates for long-term US-based training input will be obtained from the Project Advisory Committee, MOH and USAID/J. The MOH must agree to pay the salaries of those sent abroad for study in accordance with GOJ regulations and must agree to deploy and salary these individuals at the institute upon their return.

Those who have received US-based long term training will be the counterpart team at the institute to the technical advisory team. They will work side by side with the technical advisory team in designing, implementing and evaluating teacher training courses. By the end of the project the technology transfer will have occurred and a plan will be in place for maintaining the technical expertise.

Development of a curriculum for training the teachers of nursing, midwifery and assistant nurses

The major responsibility for developing a teacher training course will rest with the technical assistance team. A competency - based curriculum will be developed which is based on a task analysis of the current teaching functions, supplemented with guidance from the Project Advisory Committee and emphasizing a PHC component in keeping with the curricula envisioned for the nursing, midwifery and assistant nursing programs. While it needs to include curriculum development, teaching methods, etc., it must be practical and reality-based. The curriculum developed must include practical experience in teaching as well as in PHC. Approximately one third of the total course will be devoted to PHC subjects equivalent to the coursework recommended for specialization in PHC so that the teachers will be eligible for examination and registration as both teachers and PHC nurses/midwives.

A major resource has been identified to assist with this activity; namely, the Center for Educational Development (CED) for Health Personnel at the University of Jordan (see Annex H, Administrative Analysis, for a description). The technology available at the CED is impressive and not worth duplicating in the curriculum development work. Nursing input and guidance would come from the Project Advisory Committee.

Selection of a suitable facility in which to house the institute

The GOJ/MOH is keenly interested in establishing its own institute for the training of nursing teachers for its colleges and schools. It is open to admitting students from other Ministries in Jordan as well as from other countries in the region. The "ideal" location would be at the Institute for Paramedical Training in Zarqa which is scheduled for completion by the beginning of the 1988 academic year. However, the need for teachers qualified in teaching and PHC is great and there is strong pressure to begin that training as quickly as possible.

One solution is to establish a temporary site and begin operations. Once the permanent site is completed, the training program would move to those facilities. This appears to be a reasonable solution as long as the various requirements of the training program are accounted for in the selection of the temporary site and there is minimal cost duplication in establishing a temporary facility and then reestablishing a new permanent site. The requirements which must be addressed are:

1. Adequacy of facility with respect to classroom and office space;
2. Availability of office equipment.
3. Proximity to model PHC field practice site;

4. Proximity to college and/or schools of nursing for practice teaching;
5. Housing accommodations (room and board) for students;
6. Availability of other educational inputs.

The first temporary facility proposed by the MOH to the project design team was a facility recently vacated by the MOH Jordan College Nursing when its students were given new housing. The building would require major renovation to be suitable for conducting teaching programs as well as housing students during their training. In addition to this building there may be other sites in Amman suitable for project uses. Later, the MOH suggested that the temporary site for the institute would be at Karak in a community college facility not used by the MOED. Subsequently it was revealed that Mutah University had taken over the space and it was not, in fact, available for MOH uses.

Finally, the possibility of locating the temporary institute in Zarqa has been discussed, in light of planning to house the institute permanently in The Paramedical Institute to be constructed there.

ISSUE: The selection of a suitable "temporary" location for the training institute is a major issue in this project as its selection affects other elements of the project: development of model field practice sites, time of the technical assistance team, use of local resources to name a few. Total cost of the project would be affected also.

Agreement on the following must be secured between USAID/J and the GOJ prior to implementation of the project so that project efforts can be directed effectively and efficiently:

1. Decision as to whether to await permanent facilities at Zarqa to begin training institute development efforts (less preferred in terms of LOP and the potential delays in completion of the facility at Zarqa).
2. Decision to use temporary facilities (i.e., Amman or Zarqa) based on requirements mentioned in this section.

Once this decision is made modifications can be made in the implementation plan and in the inputs required for this project.

Equipping the institute appropriately

The MOH will be responsible for the physical plant of both the temporary and permanent facility. This includes any refurbishing of a temporary facility to include dormitory facilities for up to 30 students. All housekeeping, support staff and clerical staff (including one secretary) should be the responsibility of the MOH.

The project will be responsible for educational equipment to include portable video, television monitor, film projector and screen blackboards, overhead projector, medical equipment, English language laboratory equipment, library facilities (study carrels or desks and chairs, book shelves, index system). These items will equip classrooms, library in PHC and teaching, nursing arts laboratory in PHC. The project through the contractor will also provide expendable supplies, such as, paper, chalk, erasers, pens, pencils, lesson handouts/syllabi, etc. A major consideration in procuring equipment will be its durability, serviceability and portability, i.e., the ability to be moved to the permanent facility.

Development of the infrastructure of the institute

Wherever the institute is housed an infrastructure will need to be developed so that the programs of instruction can be implemented during the life of this project and maintained, modified, expanded following this project.

The resident technical assistance team will carry out this task as it develops and conduct the training program of the institute. The individuals selected for long term US-based training will be the counterparts of the resident technical assistance team in this endeavor. Five of those selected for long-term training should be scheduled for deployment at the institute as faculty. One will be selected to head the institute; two should be primarily responsible for the training of teachers and two will be primarily responsible for PHC nurse training. Salaries will need to be allocated by the MOH for this. In addition to working with the technical assistance team in conducting the training programs of the institute, they will work with the team in administrating and managing the institute. Through this counterpart relationship they (especially the director) will learn planning, programming, budgeting, consultation and evaluation skills essential to an educational program administration.

The knowledge obtained from this counterpart relationship will be supplemented by scheduled short-term training in these specific areas. One to two institute faculty will be scheduled annually for short-term training over a three year period of time. The short-term training may be in Jordan or the U.S..

The technical assistance team and the Jordanian counterparts together will develop an organizational chart for the institute, role descriptions for the staff, philosophy and overall objectives of the institute, schedules for the academic years and the various programs of the institute and project required inputs. They will prepare reports, develop and administer examinations and coordinate with MOH implementing agency (DPTR) and the Jordan Council of Nurses and Midwives to ensure certification and registration of graduates.

Training the teachers and PHC nursing specialists

The institute should be ready to accept its first group of teachers for training by year 2 of project operation if a temporary facility is selected. It should be prepared to accept its first group of nurses for PHC specialization by year 3 of the project. Initially, the major responsibility for teacher training will rest with the technical assistance team and local educational resources. The long term trainees will be phased in as teachers and assume increasing teaching responsibility as they return from long term training. It is expected that 40-55 teachers will receive teacher training and PHC skills over the life of the project depending on the start date of the institute. The number of qualified teachers needed in MOH Colleges and Schools of Nursing and the potential impact this has on enrollment at the colleges and schools is discussed in Annex L.

In addition to teachers, a selected number of nursing and midwifery graduates will be given specialized training in PHC at the institute. This is discussed in detail under Output 4.

PROJECT INPUTS FOR OUTPUT 1

AID

TECHNICAL ASSISTANCE

A. LONG TERM

84 P/M educational administration and curriculum development expertise.

B. Local or Expatriate Short-Term

- CED (subcontracted) to develop curriculum for teachers (3 months level of effort) and [CED] for 2 week orientation course for trainers of the teachers (5 weeks level of effort)
- Other short-term
6 P/M for educational administration/organizational development
6 P/M for PHC topics

C. OTHER

- Transportation for technical assistance team and institute staff (2 cars)
- Transportation of trainees to field practice sites (2 larger vehicles)
- Long-term training for 10 persons (1 yr each)
- Educational equipment: portable video, television monitor, movie projector and screen, overhead projector, flip chart stands, medical equipment
- English language laboratory equipment and supplies
- Library equipment and books in PHC and nursing/midwifery education
- Expendable supplies (paper, chalk, staples, erasers, pens, pencils)
- Curriculum booklets (printed and distributed) 50 copies
- 18 short term trainees (2 months each)

Project Inputs for Output 1

GOJ

- International transportation and salaries in accordance with GOJ regulations for 10 long term trainees.
- Salaries for five teaching staff assigned to the institute
- Salary for one secretarial and one clerical staff assigned to the institute.
- Physical facilities for permanent and temporary institute including equipped dormitory space.
- Maintenance of permanent and temporary institute (housekeeping, food service for trainees and staff, electrical and other repairs, telephone)
- Necessary refurbishing/upgrading of any temporary site selected.
- International transportation and salaries in accordance with GOJ regulations for 18 short term trainees. (International transportation for trainees in very short courses [1-2 weeks] may be funded by AID, as mutually agreed up by the GOJ and AID on a case by case basis, under this project.)
- Materials developed from Health Education Unit of the PHC Directorate for inclusion in the institute library.
- Salaries for 40-55 teachers while in local training, according to GOJ regulations.

Output 2: Expanded PHC Component in the curricula for nursing and midwifery education

The curricula of all health science students require strengthening in the area of PHC in order to meet the needs envisioned in the revamping of the PHC system in Jordan. Within the scope of this project, efforts will be directed toward developing and upgrading the knowledge, skills and attitudes of the nurses, midwives and assistant nurses who will comprise the major workforce in the provision of PHC. The needs are great among these workers as identified by reports, the MOH, and the nurses/midwives themselves. Several strategies could be employed to address these needs. Some would address immediate needs and be short-term in their impact; others would require more long-term effort but would potentially have more significant and lasting impact on the PHC system specifically and the public health care system in general.

Expanding the PHC component in the curricula for nurses, midwives and assistant nurses is part of the strategy employed in this project to achieve the long-term impact of improving the performance of nurses (including assistant nurses) and midwives in PHC. Other elements which are supportive to these changes in curricula are addressed and discussed as separate outputs of this project:

- o teachers of nursing who are qualified in teaching and PHC (output 1);
- o model PHC field practice sites (output 4);
- o institutional changes related to PHC nursing (output 5).

Based on all documentation available, the basic curricula for nurses, midwives and assistant nurses are in desperate need of revision. Those areas specifically identified as needing attention include: communications skills, community health, patient teaching, breast feeding, birth spacing, immunization, nutrition and growth monitoring, referral, prenatal and postnatal care, and field/practical experience in the above areas most especially in community settings. Those engaged in the education of nurses, midwives and assistant nurses have expressed openness (in many instances eagerness) to upgrade and strengthen these areas of the curricula. The acknowledgement of need for curricula changes and the expressed interest of the faculty provide an excellent opportunity to upgrade the curricula for these health workers and to reorient the curricula to a philosophy of nursing care based on "wellness" rather than "illness" which would serve well not only the PHC system but also the hospital (secondary and tertiary levels of care) system.

Three types of standardized curricula which are approved/endorsed by the MOH and distributed to the colleges and schools of nursing will be required. They are:

1. PHC oriented basic curriculum for nurses;
2. PHC oriented basic curriculum for midwives;
3. PHC oriented basic curriculum for assistant nurses

The curriculum revision efforts will eventually affect the educational experiences of students in the following colleges and schools of nursing:

1. Colleges of Nursing (nursing, midwifery and nurse-midwifery students)

- a. Jordan College
- b. Irbid College
- c. Zarqa College

2. Schools of Nursing (assistant nurses)

- a. Al Bashir Hospital, Amman
- b. Princess Basma Hospital, Irbid
- c. Zarqa Hospital, Zarqa
- d. King Hussein Hospital, Salt
- e. Ramtha Hospital, Ramtha
- f. Mafraq Hospital, Mafraq
- g. Jerash Hospital, Jerash
- h. Madaba Hospital, Madaba
- i. Abu Obeida Hospital, Ghor
- j. Karak Hospital, Karak
- k. Tafileh Hospital, Tafileh
- i. Ma'an Hospital, Ma'an
- m. Ibn Ma'ath Bin Jebal Hospital, Ghor

The tasks required to integrate PHC or to strengthen the integration of PHC into the existing nursing and midwifery curricula will be worked on concurrently with those tasks associated with other outputs of this project. The synergistic effect created will be beneficial to achievement of all related project outputs. For example, the findings of the task analysis indicated under output 3 will be important to the curriculum development efforts.

A competency-based curriculum is recommended. This type of curriculum focuses on the tasks to be performed by the graduate, emphasizes the skills required, emphasizes field/practical experience and decreases time spent on nonessential information. Curriculum revision efforts will focus on the PHC components of each of the three curricula to be revised and secondarily on the other components of the curricula as

they relate to PHC. It is expected that curriculum development efforts initiated early in the project can be accomplished and revised curricula can be in place by year 4 of the project. This will afford the newly qualified teachers an opportunity to implement the curricula and make modifications during the life of the project.

The resident technical assistance team will need to work early in the project with the director and Project Advisory Committee to develop a specific plan and time frame to accomplish this activity. The faculty of the educational programs will need to be involved. As not all the faculty will have had the benefit of teacher training at the time the curriculum revision activities are occurring, orientation programs of three to five days are recommended. These short orientation programs should provide a brief overview of PHC, PHC in the Jordanian context, the role of the nurse in PHC and the educational requirements for nurses to function in PHC. The orientation sessions should use participatory learning processes and allow significant time for discussion. The educational resources of the CED can be useful in developing such a training course. Four sessions will be required (two for the colleges; two for the schools).

Those teachers who are in training at the institute will provide a valuable resource in working on the curriculum development efforts. It is recommended that not all curriculum development activities begin at the same time. The basic nursing might be worked on first, followed by the assistant nurse and then the midwifery curriculum.

In conjunction with the curriculum revision activities at least two other tasks must be accomplished.

First, the libraries and nursing arts laboratories of the colleges and schools need to be equipped with PHC materials, after an assessment is done as to the adequacy of their PHC materials. Each will need to be supplemented with materials to provide adequate PHC reference/resources and skill development base in support of a PHC curriculum. Every effort should be made to use references in Arabic, especially for the schools of nursing. This will require translation and printing of some materials.

Second, the PHC centers near the colleges and schools will need to be assessed as to the types and quality of field practice sites they can provide for the basic students. A model field practice site is scheduled for development for each of the colleges and is discussed under output. Although development of additional sites is beyond the resources of this project, the need for additional sites for student experience is expected. Other PHC sites can be used for selected experiences so long as their limitations are known and student placement takes these considerations into account.

Project Inputs for Output 2

AID

Technical Assistance

1. Long-term
48 P/M

2. Short-term

2 P/M PHC center assessments

2 P/M Library assessments: nursing arts laboratory assessments

2 P/M orientation sessions: development, implementation

Other

PHC library materials for 3 colleges and 13 schools of nursing

PHC medical supplies and equipment for 3 colleges and 13 schools of nursing

Translation of up to 3 essential PHC documents from English to Arabic

Printing of up to 3 essential PHC documents translated (75 copies each)

Xerox, memos

Expendables: paper, pens, etc.

per diem and transportation for faculty to orientation sessions (69 faculty x 5 days)

Transportation for technical assistance team and project coordinator to visit colleges and schools

GOJ

Salaries of faculty while attending orientation sessions and working on curriculum revisions

Project coordinator salary

OUTPUT 3: Model PHC Field Practice Sites Established

Background/Rationale

This project is focused on the human resource development requirements (specifically the training of those in the nursing and midwifery professions) in support of the development of a new, revitalized PHC system for Jordan - a priority of the GOJ. Training of the service providers (including an attitudinal reorientation) is one essential element in the development of such a system. Other elements (e.g. facilities, commodities, equipment, logistical system, etc.) are globally addressed by other plans or projects of the MOH. The most notable example is the World Bank PHC project loan. This project will consider these other elements as required for its model sites.

The PHC/CHC facilities are discussed in this project to the extent that they relate to one of the training requirements of the project: model field practice sites. Teaching and learning about concepts and realities of PHC are best accomplished in actual settings where these services are provided. Further, if students/trainees can observe and participate in PHC as it can and should be provided, their learning is considerably enhanced. Not only is their competence increased but their interest and enthusiasm are stimulated when working and learning in exemplary settings. Conversely, health science students and professionals can become discouraged, disinterested, disenchanted, indeed quite negative about PHC when it is provided incompletely, improperly and ineffectively. However, in countries (such as Jordan) where the establishment and operation of comprehensive PHC is a relatively recent undertaking, not all the PHC centers are functioning in an exemplary way. This presents an educational challenge.

Implementation

Field practice sites in PHC are essential components of the training programs to be conducted under the aegis of this project. Given the timeframe and resources available and required inputs to develop even one field practice site in PHC which functions in an exemplary fashion, the efforts in the development of these sites will be limited and well focused. Training programs and the anticipated field practice requirements follow.

Training Institute for Nursing Teachers

This institute will require at least one field practice site initially. Eventually at least three field practice sites will be required to afford the teacher trainees adequate practice, and sufficient variety of experience.

The Colleges of Nursing and Schools for Assistant Nurses

As part of the curriculum revision process geared toward integrating PHC into the curricula of the three types of educational programs (i.e. nursing, midwifery, assistant nursing) attention will necessarily be directed toward the sites for clinical practice. The module/course to prepare specialists in PHC nursing will require model field practice sites to complement the theoretical information in the course.

Model field practice sites will need to be established to fulfill curricula requirements in the following nursing education programs (listed in descending priority):

1. Training Institute for Nurse Teachers,
2. PHC nursing specialty,
3. Basic nursing, midwifery and assistant nurse training.

Although sites may be developed specifically to train various categories of nursing personnel, it is expected that they will be utilized by other health science students and professionals. In fact, such usage should be encouraged to promote interaction and a team approach to PHC service delivery during the student experience.

Within the life of this project it is critical that at least 3, and preferably, up to 6 model field practice sites be established. At least one and eventually up to three such sites are required for the Training Institute for Nurse Teachers. At least one site per existing college of nursing (i.e., Jordan, Irbid, Zarka) would be required. These sites can also be used by the schools for assistant nurses.

Requirements for a Model Field Practice Site

Each PHC center designated as a model field practice site will require certain improvements and changes. These will include at least staffing changes and improvements and/or modifications in physical facilities and in support services.

Staff

The staffing pattern should be representative of that planned for similar facilities throughout the Kingdom under the World Bank Expansion loan project. However, the staff should be selected based on their competence in PHC skills and their positive attitudes toward PHC and working with students/trainees. It is recognized that it may not be realistic to plan for nor feasible to implement a total staff change at any given facility due to other practical and official considerations. In that situation (which is expected to be the more common) the staff of the CHC/PHC center will receive modest, special training to prepare them for their roles as providers of PHC services and field preceptors of PHC. All sites will require team building exercises so as to facilitate their composite efforts.

Physical Facilities

A few (3-6) of the regular CHC/PHC centers operated by the Directorate of PHC would be selected as model PHC field practice sites. The selection will be based on the quality of the facility, resemblance to facilities planned under the World Bank loan, volume of clients, general hygiene and sanitation, types of services (i.e. sites selected should include MCH services), accessibility to the training institution, adequate laboratory equipment, adequate diagnostic and treatment equipment.

(By year 3, if should be possible to also provide some student experiences, especially for teacher trainees or those specializing in PHC in those demonstration programs established by the FVOs with financial support from this project.)

In addition to service provision space, the PHC/CHC selected as model PHC field practice site will need to have space specifically designated for use by trainees/teachers while at the site for education purposes. This includes adequate space for conferences, storage of educational materials and learning resources. Additional learning resources might include a modest library and audiovisual equipment.

Support Services

Support services include a system for recording and maintaining client records and center reports; an operational, effective and efficient logistics system to maintain medical supplies, pharmaceuticals and medical equipment procurement and repair; a clerical system, housekeeping staff to provide a clean environment; and a management system to coordinate activities of the center.

Major costs to develop and maintain the PHC/CHC centers are covered by the GOJ/MOH budget or through its loan with the World Bank for these specific purposes. There will be some additional costs to adequately outfit them to serve as training centers. These costs are described at the end of this section as inputs to the project.

The model PHC training facilities will require development over the life of the project so as to be ready to receive trainees at scheduled intervals. Based on the training events described in outputs 1 and 2 the following will need to occur:

Initially collaboration between the Directorate of PHC (field sites) and the DPTR must be secured to identify and jointly plan for the 3-6 model PHC field practice sites. The team and project director will need to make assessment visits early and then update these assessments periodically as sites are available for inspection.

Further, formal endorsement from the MOH and from governorates will then be secured. Discussions held with the Minister of Health in August 1986 indicated that such endorsement would be forthcoming. A task analysis of personnel functioning in a center should be commissioned early in the project and role functions/tasks identified early.

This project will not fund center requirements other than those related to upgrading staff knowledge, attitudes and skills in PHC and preparing facilities with additional training equipment and supplies. However, the project staff will necessarily be involved in negotiations and technical assistance to ensure that systems are in place and operational prior to the arrival of the first students.

A training module will need to be developed based on a needs assessment of the staff. The module will be based on the task analysis and PHC manual. Realistically the training module should be conducted for no more than two weeks covering such topics as team functioning and teaching/learning in practice settings. Two update modules on specific PHC topics such as breastfeeding, prenatal care, birth spacing, etc. will be developed and conducted as part of an on-going staff development. Once the educational services liaison is a reality, PHC center staff should be encouraged to attend various presentations at the institute.

The operation of the first center will be assessed after six months to make necessary adjustments and before planning for the next such site. The opening of the initial site should be possibly in connection with the opening the institute.

A similar process will occur in the development of the additional model field practice sites. However, the training module/orientation for staff at these centers will be conducted at the original model PHC field training site.

Project Inputs for Output 3

AID

Technical Assistance

A. Long Term

12 P/M

B. Local or Expatriate Short-Term

- 42 P/W for training modules and training
- 12 P/W site surveys
- 12 P/W task analysis

C. Other

- Task analysis
- Site surveys
- PHC training modules (orientation and up to 6 others on specific PHC topics)
- Project Advisory Committee meetings (covered under Output 5)
- Transportation for technical assistance team

GOJ

- A. 3-6 PHC/CHC centers
- B. Staff salaries
- C. Replacement staff salaries for staff in training
- D. Equipment, commodities for 3-6 PHC/CHC centers

Output 4: Post-Basic PHC Specialization for MOH Nursing Colleges

One of the intentions of this project is to enhance the image of PHC nursing and address the recruitment/attrition problems inherent in nursing. The strategy discussed herein is that of the creation of an "elite" or specialized cadre knowledgeable of community/preventive health care and responsible for coordinating this aspect of total health care with the physician and health service team.

The specialization program is intended as a post-basic course for MOH diploma-level nurses (RN). The RN is the highest rung on the existing MOH nursing structure and is, therefore, the most qualified and visible non-physician member of the physician-centered MOH health team in Jordan. A post-basic specialization would, as would any supplemental training, raise the candidate's esteem and give him/her relatively more credibility vis-a-vis physicians and the community. Linking the post-basic training to PHC will, presumably, give PHC a "place on the map" in nursing and total health care. A higher civil service ranking and, consequently, higher pay (linked to post-basic training) will motivate individuals toward choosing this field. (See Technical Analysis for further discussion.)

The establishment of the PHC specialization will require a commitment to PHC by the MOH, via approval of a new specialty curriculum, acceptance of PHC-based job descriptions and deployment of these nurses to assume PHC tasks in CHC's and PHC's. Thus, the technical procedures for undertaking this output will be secondary to the promotion, during the first 18-24 months of LOP, of the concept and its impact on health care services delivery in Jordan. It is anticipated that the Project Advisory Committee will be instrumental in shaping this activity.

By year 2 of project implementation, MOH formal commitment and approval of this undertaking will be required. Once secured, the project team (MOH and contractors), in cooperation with nursing college authorities and the Project Advisory Committee, will set selection criteria for post-basic specialization candidates. It is intended that this level be reserved for prime candidates. Therefore, selection criteria will emphasize outstanding personal qualities and professional/academic expertise and conduct, e.g. top 10% of general nursing or midwifery graduates or top 10% of those nurses in the field.

A curriculum will be developed, based on relevance to PHC community needs and expectations and a preliminary task analysis (e.g. supervision, management, record keeping). Emphasis will likely be placed on such PHC pillars as health education, maternal and child health, and community involvement and outreach. Highlighted would be issues directly affecting mothers and children such as breastfeeding and proper weaning, prevention of diarrheal disease and/or oral rehydration therapy, health and nutrition education, family planning and counseling.

Due to the fact that community health services in Jordan suffer severely from lack of clinical practice or field work experience for all health staff, field practice work will be an important and integral part of this special course. Special emphasis will be placed on highly experienced instructors as role models, optimal ratios of instructors to students, adequate facilities, equipment and supplies, and actual community outreach and practical exposure to all facets of PHC services. The CED will be available to work with external consultants and the nursing colleges in designing and implementing this practicum.

It is also intended that this specialized cadre begin bridging the gap between the hospital-based and community-based health staff, such that hospital-bound nurses and midwives would help promote much needed community outreach of hospital services (e.g. through out-patient departments); and physicians would accept PHC as a necessary and integral component of patient care. Concurrent with PHC specialization task analysis, role definition and deployment, workshops/practical in-service training for integrating this emphasis into the CHC/PHC team will be conducted.

Special Recognition

To emphasize the special achievements of this cadre and establish recognition, graduation from this post-basic specialization will be awarded by a certificate in PHC and a PHC pin. A new uniform with a PHC/public badge or insignia will be given to this cadre. This will be in addition to the improved salary and personal benefits, and be reflective of this group's increased responsibility for supervisory functions and outreach activities.

Project Inputs for Output 4

AID

Technical Assistance

a. Long-term

20 P/M

b. Local or Expatriate short-term

2 PM curriculum design

1.5 PM task analysis

1 PM orientation/team functioning

c. Other

Library material

Training costs

TA team transportation

Materials and supplies

GOJ

Student stipends

Graduate salaries

Project coordinator salary

Advisory Committee (under output 5)

Output 5: Institutional changes in support of primary health care nursing

Nurses, midwives and assistant nurses are the intended direct beneficiaries of most project activities. However, nursing has relatively low status within the MOH hierarchy. This situation presents a challenge to increase the participation of nursing in project design, implementation and evaluation.

Just as increased numbers of nursing personnel are required for the emerging PHC system so too is nursing input required to develop and sustain a viable and dynamic PHC system in Jordan. The nursing and midwifery professions need to have the opportunity to participate in planning future PHC efforts; and also, to have the authority and responsibility for implementing changes directly effecting these health personnel.

Nursing and midwifery in Jordan have received increased attention in recent years. The profession has been studied, obvious problems noted and attempts made to correct these problems-- most often through sporadic training and technical assistance efforts. While these efforts are important, their lasting impact is limited as the overall MOH policies and system related to nursing have not changed. Nurses feel helpless to change their lot and either leave the system or succumb to conformity within the system. There is a recurring theme throughout all the studies and reports on nursing in Jordan; namely, nurses do not direct nursing.

As the health care delivery system becomes more complex and nursing personnel are required to function in more and different capacities, nursing leadership, in fact as well as nominally, is essential. Therefore, in support of the first four outputs of this project it is essential that certain institutional changes occur, most especially with regard to nursing. These changes, discussed below, will require the support of an active PHC Project Advisory Committee to provide input and guidance to project activities which will affect nursing.

Initially, the technical assistance team and Project Director will review and assess the proposed membership on the PHC Project Advisory Committee. They will then have confirmed in writing the willingness and commitment of each member to serve on the Committee. As of this writing, the following are recommended to serve on the Committee:

Project Director
Director of the College of Nursing- Jordan
Director of the College of Nursing- Irbid

Director of the College of Nursing- Zarqa
Chief Nursing Officer in the MOH
Director of Nursing Education- Royal Medical Services
Deans of Faculties of Nursing at
-University of Jordan
-University of Yarmouk
Director of Nursing in the Ministry of Education
Director, DPTR, MOH
Director, Primary Health Care Directorate, MOH
President (or designee), Jordan Nurses and Midwives
Council

The purpose of the Advisory Committee is to provide nursing and midwifery input into those project activities which directly affect nursing or require nursing participation. Initially this Committee will be charged with reviewing project documents and implementation plans in order to confirm these plans or offer alternative plans to accomplish the stated objectives in the best and most reasonable manner possible. In this capacity the Committee will be advisory to the Project Director and technical assistance team. These plans will be updated semi-annually or more often as required. Minutes will be kept by the technical assistance team of all meetings held and will remain on file for review by the USAID/J and MOH.

The Committee will address and advise on other issues integral to the project. Some of these issues are:

1. Development of a nursing philosophy and a policy statement on PHC;
2. Development and/or refinement of role descriptions for nursing personnel in the PHC system (supervision, outreach, referral and team approach need specific attention);
3. Analysis of nursing salary scales and make recommendations as to reasonable levels for PHC settings to increase deployment and retention;
4. Consultation and collaboration with the Jordan Nurses and Midwives Council to secure specific recognition in the form of registration for the PHC nurse and midwife;
5. Guidance on the collection of data on nursing in the PHC setting in relation to project activities;
6. Guidance to the project director and technical assistance team in the development and/or revision of curriculum in PHC;

7. Development of a national plan for allocating PHC practical experiences for nursing, midwifery and assistant nursing students so as to provide necessary experiences and not overburden service points;
8. Development of an overall description of the authority, responsibilities and functions of a Directorate for Nursing and a strategy to re-establish it;
9. Development of a nursing career ladder with particular emphasis on PHC in the Jordanian context;
10. Assistance in recommending and reviewing applications of candidates for long-term and short-term US-based training;
11. Guidance on the identification of other studies and surveys in support of project activities (e.g., the status of nursing services in PHC in Jordan).

The re-establishment of a Directorate for Nursing is considered to be a desirable long term goal of the MOH. However, it is not an expected achievement of this project. The possible organization of such a Directorate is included in this Project Paper as Annex K for discussion purposes.

In addition to the changes specifically targeted at the nursing profession in support of PHC services there are other institutional changes which need to occur in order to strengthen PHC services:

1. Systems for carrying out PHC functions in CHC and PHC centers need to be established and/or refined.
2. Role descriptions which include supervision, outreach and referral tasks and emphasize a team approach are needed for all levels of PHC providers. (The role descriptions for PHC nurses and midwives will be addressed by the PHC Project Advisory Committee).

Systems for carrying out PHC functions in CHC and PHC centers

Most of the PHC service delivery requirements are outside the scope of this project (e.g., management, commodities, logistics, etc.) and yet they will influence the degree to which the training efforts of this project can strengthen the PHC nursing services being provided to mothers and children. STIA may be provided from outside of project resources to advise on how to improve these components.

There is one service delivery element directly related to training which needs to be addressed as an integral part of this project. Namely, procedure manual(s) for the various categories of health workers need to be refined and/or developed and ultimately endorsed. Under the Health Management and Services Development Project a manual of PHC was developed. It was adapted for Jordan from a review of PHC manuals existing in the world literature and printed in Arabic. Under the same project a physician manual for PHC was developed but never used extensively by the MOH. Policymakers in the MOH maintain that it was clinically oriented and presented clinical facts already known to physicians. Both of these existing manuals will require review; at least one will require revision; and others may need to be developed. The Project Director and technical assistance team will review them as to their potential usefulness. Final decisions and preparation of additional manuals will be delayed until approved job descriptions can be incorporated. The development, translation into Arabic and publication of appropriate PHC manual(s) are important to the project. All teachers of nursing/midwifery, PHC nursing and midwifery trainees and all PHC personnel need copies so that all share a common frame of reference. The development of any manual(s) should ideally be concurrent with the preparation of the curriculum for PHC nurse/midwife specialists so that the curriculum reflects competencies essential to the PHC nursing and midwifery role (i.e. PHC nursing/midwifery knowledge, attitudes and skills). Further, it should be completed prior to the initiation of the PHC nursing and midwifery curriculum so that all students may have the benefit of this information during their training period and become accustomed to using the manual in their practice.

Role descriptions for the PHC team

Role descriptions for all PHC service providers (e.g., physicians, nurses, midwives, assistant nurses, technicians, etc.) will need to be developed based on an analysis of functions to be performed in the various centers and an assessment of the knowledge and skills of the different types of workers. It is imperative that a team approach to PHC service provision be emphasized and that supervisory linkages be clearly defined as well as outreach and referral responsibilities delineated. These elements will facilitate an efficient and effective system for PHC service provision.

The Project Director, technical assistance team and Committee will be addressing the descriptions specific to the nursing profession. However, in order for those to be usable it will be necessary to develop them within the context of descriptions for all PHC team members. Thus, the Project Director and technical assistance team will need to begin discussions with the PHC Directorate and the DPTR early in the project life so that new job descriptions can be negotiated and approved prior to the matriculation of the first PHC nursing and midwifery students. Coordination among the various directorates (PHC, DPTR) and the professional syndicates will be required during the development of the role descriptions. External (or as possible local) short-term technical assistance will be required to do the initial task analyses at the PHC centers and to provide a framework for preparation of role descriptions based on the findings of the task analyses.

Project Inputs for Output 5

AID

Technical Assistance

1. Long-term
4 P/M

2. Short-term
Task analyses 2 P/M
Manual Development 3 P/M

Other

Translator (English/Arabic)
Printing

GOJ

Personnel (8 persons x 4 hours per meeting x 12 meetings per
year x 5 years) for Project Advisory Committee
Furniture and equipment
Transport/Travel (8 persons x 4 meetings x 5 years 160 days
Administration)
Salary for Project Director

OUTPUT 6: Community-based PVO Activities in PHC

Two projects will be funded through U.S. PVO's to strengthen the maternal and child health components of primary health care in selected low income urban and rural communities. Both projects will use the community based integrated development approach that operates on the principle of empowering community residents to help themselves and take charge of their own lives.

Save the Children Federation's (SCF) project output will be the replication of a community-based preventive health care experience that was sponsored by UNICEF and has been underway in the rural area of Jabal Bani Hamida. The new project will expand coverage in this same area from 3,500 to 6,000 population and replicate the experience in an urban area near Amman or Zarqa for a population of 10,000. Grant support is expected to be succeeded by sponsorship support and in turn by full support from the resources of the benefitting communities.

Jordanian health professionals, primarily nurses and social workers, will be trained in specific behaviors that promote child survival. A major component of SCF's child survival strategy will be the development of a community-based family registry and health surveillance system through which community-specific infant mortality rates, child nutritional status and trends in maternal mortality rates can be monitored. Activities will include:

- training one person per village in modern methods of child spacing
- baseline survey of all households in target urban area
- acquainting all mothers in target population about ORT
- growth monitoring of at least 95% of children 0-5
- increasing availability of pre and post natal care to 85-95% of the women
- promoting prolongation of breastfeeding
- increasing immunization rates to 95% for children and 80% for women

The project will attempt to work with the existing MOH facilities and seek the help of its professional staff in providing outreach services while at the same time educating them to respond to community needs

The Catholic Relief Services' (CRS) project output will be the establishment of a system for the training of village health educators who can offer courses, referral services and outreach support for their respective villages. This project will be in three target regions in Karak, southern Ghor and Ma'an/Wadi Musa.

The project will use a 6 month course to teach the life cycle approach to the health education of women and girls. The implementation will be on a graduated basis, beginning with the training of the principal instructor in the CRS/West Bank office for six months. A community development specialist from the West Bank will conduct preliminary surveys of the target areas and identify trainable village health educators. The local benevolent societies, and possibly, the Ministry of Health, are expected to offer support in design of the health education program. Project implementation will begin in Karak while the survey and selection of trainees is repeated in the southern Ghor. The process will be repeated in a third area in six month cycles. Thirty young women are expected to be trained along with three regional supervisors and two instructors whom the Ministry of Health could employ for expansion of the program.

PROJECT INPUTS FOR OUTPUT 6

	<u>SCF</u>	<u>CRS</u>
<u>AID</u>		
A. Professional Staff Salaries	122p/m	104p/m
B. Support Staff Salaries	45p/m	52p/m
C. Training Costs	NO	YES
D. Consultants/Evaluations	24p/m	4p/m
E. Training Materials		
F. Office Equipment	YES	YES
G. Rent/Utilities	YES	
H. Vehicles	1	3
I. Travel/Insurance	YES	YES
J. Supplies/Drugs	NO	YES
<u>GOJ</u>		
A. MOH Professional Staff Services	YES	NO
B. Staff Salaries	NO	YES
C. Space	YES	NO
<u>OTHER</u>		
A. UNICEF	YES	NO
B. Local Benevolent Societies	NO	YES

III. Cost Estimate and Financial Plan

A. Cost Estimate

The Ministry of Health had decided to reorganize its approach to primary health care and to referral care in order to make the health care system more dynamic and efficient. The new approach is based on a comprehensive series of measures linking improvements in health services, training, health education, management and research. In order to finance this effort, the GOJ signed a \$30 million agreement with the World Bank in 1985 to implement this new primary health care service delivery model.

The new model of health care delivery is expected to be first implemented in the new facilities being constructed with the \$13.5 million World Bank loan. Three key elements of this strategy are:

1. The development of health sector personnel;
2. The expansion of health, population and nutrition education;
3. The strengthening of health sector planning, management, research and evaluation.

The development of health sector personnel includes a training plan for several health professionals. Most important among these are:

- residency training of 175 physicians in Emergency Medicine, Family Practice, Internal Medicine, Obstetrics and Gynecology and Pediatrics
- post-graduate training of 20 physicians in health care administration
- post-graduate training of 10 physicians in health education
- pre-service training of 40 registered nurses
- pre-service training of 90 midwives
- pre-service training of 185 assistant nurses
- training of 235 medical technicians
- training of 60 nurses trainers.

The costs of the training have been estimated at between \$7.5 and \$8.4 million through 1990. The majority of the training was to be conducted in Jordan with funds made available through other donors, since the Government was not in a position to pay the high costs of this training plan in light of the fact that 68% of the total project costs were for civil works, equipment, furniture and vehicles.

AID's contribution is expected to be \$6.5 million in ESF grant funds, of which \$5.5 million will be for the training of nurse trainers. 70 Jordanians will be trained during the life of the project. Up to 10 of these will be trained in the U.S. for one year as trainers of the teachers of nursing. Ten will receive training in the first long term program in Jordan and it is expected that by the end of the project a permanent national center for the training of nurse trainers with a capacity of 15 will be in operation and completely staffed by Jordanians. Technical assistance for the project will be approximately \$3.5 million.

Both long and short term foreign technical experts and consultants will be employed for a total of 20 person years. However, it is planned that half a million dollars will be spent to pay for the services of Jordanian experts from the University and in the private sector. This technical assistance will include curriculum development, teacher training and research studies in PHC nursing issues, maternal mortality, infant and child mortality and morbidity.

Participant training in the U.S. and in-country training will be the other major costs incurred in the project. \$338,000 will be contributed by USAID for the overseas training. All trainee salaries and international travel will be paid by the GOJ. It is estimated that, when inflation is taken into account, the total project costs for local training will be approximately \$4.6 million with annual recurrent costs for the last year of the project (1992) reaching \$2.48 million.

In conjunction with the Directorates of Planning, Training and Research and Primary Health Care, the project team will develop at least three permanent model PHC training centers. While some equipment and training materials will be provided by the USAID project, most costs associated with the center will be borne by the MOH's World Bank Health Project. Hence, calculation of recurrent costs based on this project's input is difficult.

The Project Advisory Committee will initially receive a 10 JD/diem for meetings from USAID funds. A line item of \$28,000 has been estimated on the assumption that the wide range of activities planned will require frequent and after hours meetings in the first three years of the project.

A mid term and end of project evaluation have been estimated to cost \$110,000.

Note: See Tables 1, 2 and 3.

Two PVO's, Catholic Relief Services and Save the Children Federation, will each receive OPG's of approximately half a million dollars to conduct projects in health education and preventive health respectively. They are both of three years duration and based on experiences from ongoing activities in Jordan and the West Bank. Coordination with the activities of the Ministry of Health and local community organizations is planned, with the GOJ expected to contribute \$99,000 to the CRS project and allow the use of MOH facilities and vehicles by the SCF project staff.

These activities are to be viewed strictly as pilot demonstration projects. However, the end of these projects will coincide with the mid-project evaluation and it is recommended that these be evaluated for possible replication on a larger scale and for estimating the costs associated with such replication strategies.

Recurrent costs and total project costs for the Ministry of Health are not easy to estimate. However, for the purpose of this analysis, it was assumed that the only major items of relevance were the costs of managing the project and the costs of training teachers, thereby making it possible to enroll larger numbers of students in nursing and midwifery. Each additional teacher trained would make it possible to enroll ten new students. In 1985, it cost the MOH approximately \$5,200 (JD 1800) to train a nursing student at one of its colleges. The training of 40-55 new teachers will permit the MOH to enroll 400-550 new students during the life of the project.

The principal economic issue is whether GOJ, through its Ministry of Health, will maintain the higher levels of recurrent costs inherent in training. Large numbers of nurses, while at the same time promoting the development of a specialized PHC nurse corps. It is reasonable to expect that this investment of nearly \$11 million (USAID contribution \$5.5 million, GOJ contribution \$5.4 million) in nursing education and training in PHC will allow to health sector to operate in the optimistically efficient manner envisioned in the Five Year Plan, placing less strain on the MPH recurrent budget than would capital investment in expanding curative care facilities. At full operation this project will have relatively limited impact on the absolute amount of the national recurrent budget and should present an affordable basis for providing primary and referral care. The innovative and appropriate health services provided by the new PHC system will decrease the strain on the hospital which is, in part, a result of bypassing the present passive and weak PHC system.

Table 1

USAID ILLUSTRATIVE BUDGET ESTIMATE

<u>TECHNICAL ASSISTANCE</u>	3,400,000	
20 Person Years Long Term Assistance (3,000,000)		
20 Person Months Short Term Assistance (200,000)		
40 Person Months Local Technical Assistance (200,000)		
<u>ADMINISTRATION</u>	115,000	
Project Secretary Salary & Benefits (5 py, local hire) (75,000)		
Project Accountant Salary & Benefits (5 py, local hire) (40,000)		
<u>TRAINING</u>	438,000	
10 Long Term Participant Years (260,000)		
36 months Short Term Participants (78,000)		
24 months Short Term In-Country (100,000)		
<u>COMMODITIES</u>	415,000	
Training Materials (300,000)		
Vehicles (115,000)		
<u>BASELINE STUDIES and SURVEYS</u>	200,000	
<u>CONFERENCES/WORKSHOPS</u>	43,000	
1 National Conference (15,000)		
Project Advisory Committee Support (28,000)		
<u>EVALUATION</u>	110,000	
Mid-Project Evaluation (50,000)		
End-of-Project Evaluation (60,000)		
<u>INFLATION</u>	294,000	
<u>CONTINGENCIES</u>	443,000	
	<u>SUB TOTAL</u>	<u>5,458,000</u>
<u>OPGs</u>		1,042,000
<u>ESTIMATED TOTAL</u>		<u>6,500,000</u>

Table 2

MOH PROJECT (excluding PVC components): USAID AND GOJ
CONTRIBUTIONS, USAID, GOJ BY PROJECT YEAR

	<u>USAID</u>	<u>GOJ</u>	<u>TOTAL</u>
START UP	92,000	22,300	114,800
YEAR 1	838,000	51,038	889,038
YEAR 2	1,068,000	98,152	1,196,152
YEAR 3	1,115,000	686,192	1,801,192
YEAR 4	949,000	1,498,892	2,447,892
YEAR 5	658,000	2,526,852	3,184,852
BASE COST	<u>4,720,000</u>	<u>4,883,426</u>	<u>9,603,926</u>
INFLATION	294,000	502,443	796,743
CONTINGENCY	443,300	-----	472,050
TOTAL COSTS	<u>5,458,000</u>	<u>5,385,869</u>	<u>10,843,869</u>

Table 2 a

USAID ILLUSTRATIVE BUDGET ESTIMATE (Showing Foreign Exchange [FX] and Local Currency [LC] Costs)

		FX	LC
<u>TECHNICAL ASSISTANCE</u>	3,400,000	3,200,000	200,000
20 Person Years Long Term Assistance (3,000,000)			
20 Person Months Short Term Assistance (200,000)			
40 Person Months Local Technical Assistance (200,000)			
<u>ADMINISTRATION</u>	115,000	----	115,000
Project Secretary Salary & Benefits (5 py, local hire) (75,000)			
Project Accountant Salary & Benefits (5 py, local hire) (40,000)			
<u>TRAINING</u>	438,000	338,000	100,000
10 Long Term Participant Years (260,000)			
36 months Short Term Participants (78,000)			
24 months Short Term In-Country (100,000)			
<u>COMMODITIES</u>	415,000	160,000	255,000
Training Materials (300,000)			
Vehicles (115,000)			
<u>BASELINE STUDIES and SURVEYS</u>	200,000	---	200,000

Table 2 a (Continued)

<u>CONFERENCES/WORKSHOPS</u>	43,000	---	43,000
1 National Conference (15,000)			
Project Advisory Committee Support (28,000)			
<u>EVALUATION</u>	110,000	110,000	---
Mid-Project Evaluation (50,000)			
End-of-Project Evaluation (60,000)			
<u>INFLATION</u>	294,000	215,000	79,000
<u>CONTINGENCIES</u>	443,000	358,000	85,000
	<u>SUB TOTAL</u>	<u>4,381,000</u>	<u>1,077,000</u>
<u>OPGs</u>	1,042,000		
ESTIMATED TOTAL	6,500,000		

Table 3

ESTIMATES OF COSTS FOR USAID AND GOJ	USAID CONTRIBUTION			GOJ CONTRIBUTION		
	MOH PROJECT	PVO PROJECTS		MOH PROJECTS	PVO PROJECTS	
		CRS	SCF		CRS	SCF
<u>START UP</u>	92,000			22,300		---
YEAR 1	838,000	139,092	181,436	51,038		1,200
YEAR 2	1,068,000	203,575	138,636	398,152		14,212
YEAR 3	1,115,000	155,558	136,636	686,192		83,945
YEAR 4	949,000			1,498,892		
YEAR 5	658,000			2,526,852		
BASE COST	4,720,000	498,225	456,708	4,883,426		99,357
INFLATION	294,300	---	---	502,443		---
CONTINGENCY (OVERHEAD)	443,000	39,459	47,543	---		---
<u>SUBTOTALS</u>	<u>5,458,000</u>	<u>537,684</u>	<u>504,251</u>	<u>5,385,869</u>		<u>99,357</u>
TOTAL		\$6,499,935		\$5,485,226		

PULS PVO CONTRIBUTION: \$255,000

GRAND TOTAL OF PROJECT: \$12,240,161

B. Implementation and Financial Plan

The implementation and financial plan matrix is presented in Table 4. It is anticipated that the major portion of project elements 1, 2, 3 and 4, Technical Assistance, Administration, Training and Commodities will be implemented through a USAID direct contract. This contract which will be for approximately dollars 4.5 million, which will be financed through the direct payment/reimbursement method. A direct Letter of Commitment (L/COM) will be issued. In the event that a periodic advance to the contractor for local costs (administration and commodity project elements) proves to be beneficial to the Government, the advance payment method will be used.

The following local cost financed project elements/components, Short-Term Technical Assistance, Short-Term Training and Conferences/Workshops, in the amounts of U.S. dollars 200,000, 100,000 and 43,000 respectively, will be implemented through direct or host country contracts or reimbursement/advance liquidation agreements between USAID and the host-country implementing agency.

The Baseline Studies and Evaluation project elements will be implemented through direct contracts and financed through direct payments/reimbursements. Direct L/COMs will be issued when necessary.

The proposed financing methods basically conform to USAID's "Payment Verification Policies". The direct payment/reimbursement method, however, will be supplemented when necessary by the issuance of a direct L/COM, mainly when it is required by the supplier as a guarantee.

As USAID's role in voucher audit remains the same whether the method of implementation be direct or host-country contract and does not change with the issuance of a direct L/COM, USAID believes its vulnerability to be unaffected by the above. In order to reduce its vulnerability, USAID will request from the suppliers, copies of invoices, etc. when necessary and practicable, to support its claims for expenditure.

USAID will use a periodic advance of up to 90 days cash needed to fund the OPGs. Use of Federal Reserve Letters of Credit (FRLC's) will not be suitable as most of the anticipated expenditures will require local cost financing. All advance and advance procedures will encompass the salient points contained in AID's "Cash Management Policies" and be structured to reduce the USAID vulnerability to the greatest extent possible. The same principles will apply to all cash advances provided the host-country.

Planned Audit Coverage

USAID has evaluated the potential risks and assessed its vulnerability given its methods of payment in accordance with Policy Statement #6 as outlined in State 263872 of September 5, 1984, and concluded that plans for special audit coverage do not at this time appear to be warranted. Accordingly, project funds have not been set aside for this purpose. Should an unanticipated critical need for an audit emerge during project implementations, USAID will use the guidelines contained in State 263872 to request assistance.

IMPLEMENTATION AND FINANCIAL PLAN

TABLE NO. 4

Project Element Description		Method of Implementation	Method of Financing	Amount FX #	Amount LC #
1. Technical Assistance	L/T	Direct AID Contract	Direct Payment/Re- imbursement with Direct I/COM	3,000,000	
	S/T	Direct AID Contract	As Above	200,000	
	S/T	Direct AID or Host Country Contract	If USAID Direct contract, Direct payment/reimbursement, if H/C contract Direct payment/re- imbursement or advance to H/C Government		200,000
2. Administration		Direct AID Cont. (part of T/A Cont)	Direct payment/reimbursement or monthly advance to contractor if advantageous to USG.		115,000
3. Training	S/T & L/T	Direct AID Cont. (part of T/A Cont)	Direct payment/reimbursement with Direct I/COM	338,000	
	S/T	H/C Contracts/Reimbursement AG.	Direct payments/reimbursement or periodic advances to H/C		100,000
4. Commodities		Direct AID Cont. (part of T/A Cont) or Purchase Order	Direct payment/reimbursement	160,000	255,000
5. Baseline Studies & Surveys		Direct AID Contract	Direct payment/reimbursement		200,000
6. Conferences/workshops		Reimbursement agreements with H/C	Direct payments/reimbursements or specific or periodic advances		43,000
7. Evaluation		Direct AID Contracts	Direct payment/reimbursement (Direct I/COMs may be issued)	110,000	
8. OPGs		Direct Contracts/Grants	Direct payments/Advances	100,000	942,000

IV. IMPLEMENTATION PLANS

A. ORGANIZATIONAL FRAMEWORK

Project Phases

The proposed organizational matrix for this project is illustrated in Figure 1. N.B. This matrix represents the implementation structure for all project activities except FVO/OPG'S.

The project is roughly divided into four phases:

1. Start-Up;
2. Project organization and curriculum development for trainers;
3. MOH/PHC teacher training program development and training of nurse/midwife trainers; and
4. Nurse/midwife training and PHC program development.

Start-up (approximately 6 months): This phase will begin approximately 6 months prior to the arrival of the contract team in Jordan to spur project start-up activities and maintain momentum. It will be facilitated by a Health Management Advisor through an institutional contract separate from and independent of the technical contract for project implementation phases, who will be responsible for such pre-implementation activities as:

- the establishment of the Project Advisory Committee;
- preparation of commodity and materials lists and initiating procurement
- assessment and appraisal of the temporary and/or permanent site(s) for the training institute and PHC field practice sites, outlining consequences of whatever decision is made and adjusting the project's implementation plan accordingly;
- researching and documenting local resources to carry out project activities (eg. baseline studies and surveys, workshop, seminars).

Phase 1 (approximately 18 months): Technical and administrative linkages will be established among the contract team, the MOH Project Director, and the Project Advisory Committee. Five teacher-trainee candidates will be selected (see Output 1 for a proposed list of candidate selection criteria) for long term, U.S. advanced level training (one year) in educational methods and PHC, in anticipation of their becoming the core teacher trainers in the MOH's teacher training program.

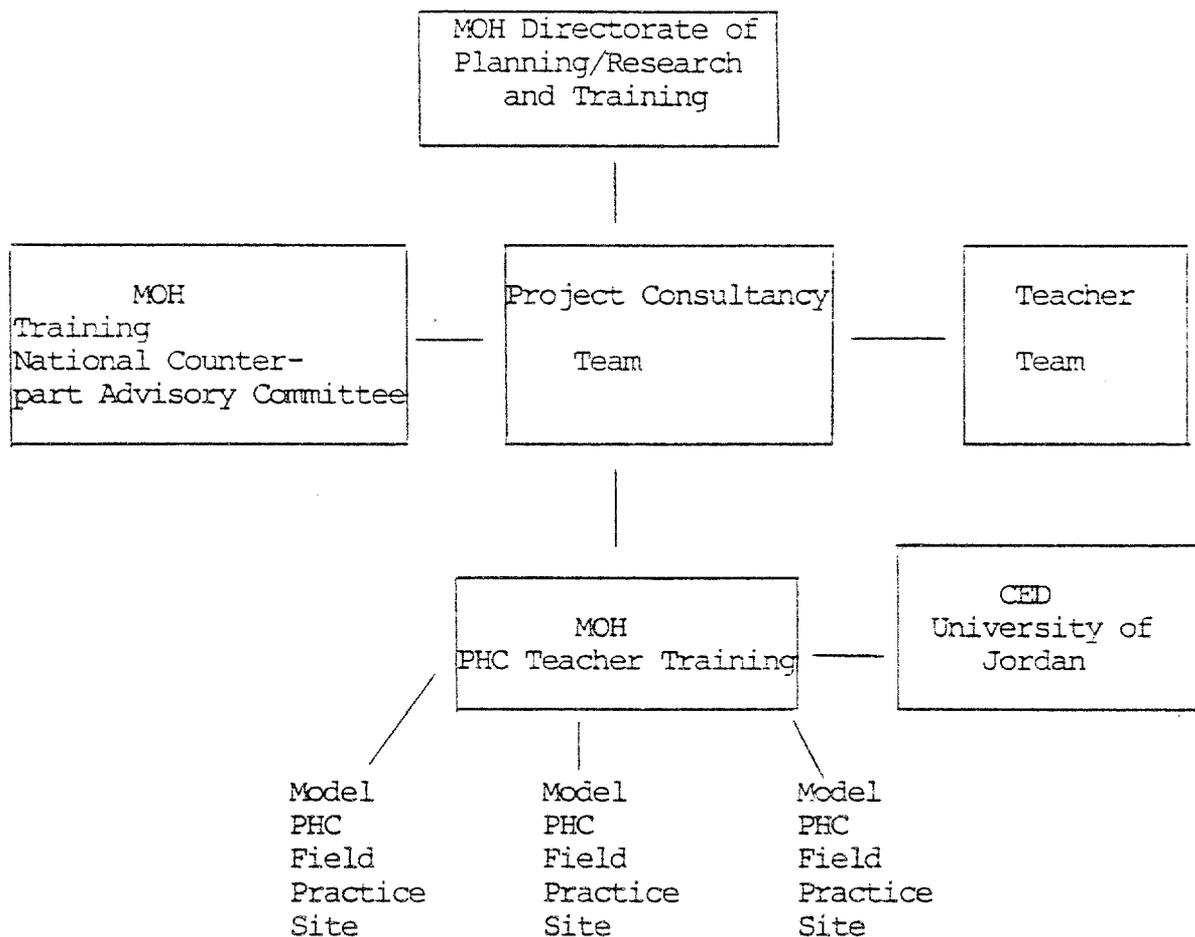
While these five individuals are in long term training, the contractors and MOH will establish project information requirements and proceed with development of the teacher-training program. Information requirements will include a baseline study on e.g. maternal mortality, research on training/curriculum requirements for all levels of PHC nurse/midwife

Figure 1

PHC NURSING DEVELOPMENT
PROJECT NO. 278-0270

PROPOSED ORGANIZATIONAL
MATRIX FOR PROJECT

"IMPLEMENTATION AGENCY"



personnel; and investigation of nurses and midwives attitudes toward and incentives for working in PHC. Activities toward the establishment of the teacher training program will include equipment and supply lists and procurement; the design of a PHC-based curriculum for teacher training (with CED) and the development of a model PHC field practice site. Work with the Advisory Committee will evolve as outlined in Output 5.

Phase 2 (approximately 30 months): The major tasks to be undertaken during this phase include the following:

- implementation of teacher training curriculum for selected teacher trainees (designed in phase 1);
- development of PHC curriculum for nurse and midwifery training (college level);
- development of post-basic PHC curriculum;
- continuation of work to develop model PHC sites;
- implementation of post-basic PHC specialty curriculum;
- orientation and other workers to PHC and team functioning;
- PHC manuals/management and operating systems.

It will be during this phase that the work of the Advisory Committee (in concert with the MOH and contractor team) will necessarily come to closure on relevant issues, i.e. salary structure, role definitions, deployment of PHC cadre, identification of factors relevant to retention of nurses in PHC and strategies to address these, etc.

With the return of the teacher trainees from long-term training they will be deployed to the MOH teacher training program as core staff. They will actively participate in all the tasks listed above. As such, they will receive on-the-job training by working closely with the counterpart team. It is assumed that this will promote the institutionalization of MOH teacher training capability.

The technical resources of the contract team and MOH will be supplemented by those of the CED and the University of Jordan Nursing and Education Faculties, as needed and requested by the MOH. This will be done via a sub-contracting/purchase order arrangement. Anticipated needs include teacher training of nurses and midwives during the first training course pending the return and full integration of teacher trainers; short term technical assistance (STTA) for curriculum design and teaching methodology; establishment of field practicum for nursing and midwifery students and for physician-health center teams; and in-service training courses for physicians in management, supervision and service delivery in CHC's and PHC's.

Project funded STTA will also be used to improve other components of PHC (logistics, supplies, maintenance) in the model PHC field practice sites. This STTA will be through existing central projects and/or IQC's with this expertise.

Phase 3: (approximately 12 months): Curricula developed in the previous phase will be refined according to lessons learned in its application (including field practicum); and a new PHC-based curriculum for assistant

nurses will be developed and applied. This final phase will be most important for the consolidation of institutional changes in support of PHC nursing and the development of strategies/guidelines for the future of PHC within the MOH system. They will include, but not be limited to:

- national plan for allocation of PHC practical experience for "students" (all PHC providers);
- institutionalization of curriculum design and revision activities;
- development of a nursing career ladder with particular emphasis on PHC (including salary scales);
- development of a nursing philosophy and policy statement of PHC;
- description and proposed functioning of a Directorate of Nursing and a strategy to phase in its institutionalization, and
- guidelines on PHC trainee/employee selection, certification, licensure and deployment.

2. Illustrative Implementation Schedule

The table which follows this page is meant to serve as a guide for the implementation of project activities. Important benchmarks are outlined in IV.A.3 below.

3. Implementation Benchmarks

<u>Event</u>	<u>Target Date</u>
RPF Issued	November, 1986
Management Advisor arrives	January, 1987
Consultant/Contractor selected	February, 1987
Consultant/Contractor arrival in Jordan	June, 1987
Selection criteria for LT training candidates cum teacher trainers	October, 1987
Baseline studies	November, 1987
LT Training candidate selection	March, 1988
Teacher trainer certification/salary scale	April, 1988
Teacher training curriculum	July, 1988
PHC Teacher training site	August, 1988
LT training (U.S.) begins	August/September, 1988
In-country teacher training, first group of nurse/midwife trainers begins	September, 1988
GOJ/MOH official commitment to post-basic PHC specialization	March, 1989
PHC-based curriculum in diploma nursing	August, 1989
LT trainees return	September, 1989
Teacher training, second group	September, 1989
Permanent site for teacher training	December, 1989
Mid-project evaluation	December, 1989
PHC training sites	mid-1988-January, 1991
PHC-based curriculum in midwifery	August, 1990
Post-basic PHC specialization curriculum	September, 1990
Teacher training, third group	September, 1990

PHC operating systems/manuals	March, 1991
Nurse career ladder/licensure/certification	August, 1991
PHC-based curriculum in assistant nurse program	August, 1991
Teacher training, fourth group	September, 1991
PHC role definition approval/application	October, 1991
Institutionalized curriculum review	December, 1991
PHC training/deployment policy	March, 1992
Project Advisory Committee consolidation	April, 1992
Departure of contract team	June 1992
Final project evaluation	September, 1992

4. Satellite Activities Related to Project Implementation

a. World Bank: The World Bank in collaboration with the MOH, Ministry of Planning and the Public Works Department have identified two prototype "modules" for their project, namely the PHC unit and the CHC, inclusive of staff profile, facility design, service components, medical/surgical and laboratory equipment, instruments, and supplies. World Bank health project activities call for the construction/renovation of 51 CHC's and PHC's. The remaining, existing PHC sites (approximately 500 village clinics, MCH centers, PHC centers, etc.) will not be up-graded or changed under the terms of the loan.

The comprehensive plans established around these 51 centers include reorganization of the delivery system (see Annex J), training in basic PHC, re-orienting staff toward the new system, and meeting staffing pattern targets (quantities by type). The "software" components of this plan are included in the terms of the agreement as part of the GOJ contribution. It is for these latter components that the GOJ is looking to other donors, including AID.

As stated in Section II (Relationship to Other Donors; Perceived Problems), this project is not intended to simply assist the MOH achieve its numbers targets in PHC personnel. This project's approach is one of a gradual capability building and quality emphasis (PHC and skills). In the short run, it will not provide staff to fill PHC positions; in the long run it will, if successful, provide adequately trained PHC staff to function as PHC providers. Service delivery orientation and integration of MCH into the new facilities' functions will be addressed, respectively, through the development of operating systems, procedural manuals, role models and in-service training; and task analysis leading to team and individual role definition.

In this project, the PHC module will serve as a prototype for the "model" PHC field service training unit. This is where teachers, PHC teams, students and in-service trainees can undergo comprehensive and effective practical training, ranging from supplies procurement, organization, administration/management and logistics, to the core of PHC service delivery.

By the time some of these new PHC prototypes are completed and ready (i.e. approximately year 2-3 of the AID project), some qualified teachers (didactic) and field service/practicum instructors in PHC nursing/midwifery would be ready to start their comprehensive training in these "pilot" centers for

nursing/midwifery students, PHC teams, and MOH staff in-service and professional development training.

This gradual and synchronized integration of the "hardware" of the World Bank component and the "software" support will facilitate development of model PHC field service/practicum sites planned training activities under this project.

The logistics of such activity will involve maximal tripartite (MOH/World Bank/AID) cooperation and coordination.

b. EEC: The European Economic Community has just signed an agreement with the GOJ to upgrade the MOH health services in the Governorate of Karak. Included is a scheme to provide two "tutors" to assist the MOH establish a regional teacher training site and train 60 teachers of nurses/midwives. As discussed in Output 1, the MOH has asked USAID to coordinate with the EEC.

USAID is actively pursuing this collaboration and will need to outline the parameters as more information becomes available. The EEC has explicitly stated that its training contribution is intended to be a short term, stop-gap measure to ensure that personnel required for other aspects of its agreement will indeed be available. No long term presence or capability are anticipated once these targets are met. Therefore, the designs of the two projects are different; nevertheless, coordination on the technical teacher-training orientation should be pursued during project implementation.

Furthermore, USAID and EEC will coordinate on resources provided, especially technical advisors and fellowships relative both to types and quantities and, more importantly, to absorptive capacity on the GOJ side. The outcome of this collaboration will be critical to an assessment of investments to be made and GOJ/MOH commitments and resource planning.

B. Management of the Project

1. GOJ:

a. The GOJ is represented by the Ministry of Planning (MOP) for all purposes relevant to the official Agreement establishing this Project

b. MOH: The primary responsibility at the central level will belong to the Director of Planning, Training and Research. A Project Director named from within his staff will be counterpart to the TA team COP. These individuals will oversee all technical implementation, with active participation by the PHC Directorate in project implementation, and include coordination with other departments/units (CED, Project Advisory Committee, nursing colleges and schools) and donors (World Bank, EEC). The MOH as the implementing agency of the GOJ, and possibly other representatives of the Government, will participate with USAID in selecting the long-term institutional consultant contract team.

2. USAID: The HP Officer and one FSN employee will coordinate USAID monitoring and management functions. This will include timely implementation of all project activities, project documentation, and inputs.

USAID will have direct oversight responsibilities of all contractors (see below). The Health Management Advisor will be technically and administratively accountable to the HPDO, and will work closely with the latter in undertaking SOW tasks.

USAID with advice of the GOJ will select the consultant contractor and will be responsible for managing the two institutional contracts, and for primary oversight of the project's two OPG activities. USAID will ensure timely information flow among and between parties and assist with logistics as appropriate.

3. Consultant Contractors: Contractor responsibility for project management and implementation activities are outlined in section C. below.

C. Contracting Issues

1. Institutional Contract (AID Direct Contract)

a. Project-Funded Personnel: This project will procure the services of four (4) long term consultants, two (2) support staff (local hire) and 60 pm of STTA (local and external) as follows:

1. Technical/Implementation Staff

- a. Chief of Party/Curriculum and Training Specialist
- b. Teacher Training/Education Specialist (PHC/midwifery/nursing)
- c. Curriculum Design and Training Specialist (PHC/midwifery/nursing)
- d. PHC Practicum (Clinical) Instruction Consultant

2. Support Staff

- a. Administrative Assistant/Secretary
- b. Business Manager/Accountant

3. Short-Term Consultants

Approximately 60 person months of external and local short term consultants in the areas of teacher training, curriculum design, educational methods, PHC delivery, research and evaluation.

b. Contracting Issues

1) General Profile of Contractor Organization

The contracting company should fulfill the following major prerequisites:

- A U.S.-based organization
- A professional organization, preferably a university-affiliated nursing school. Thoroughly experienced with PHC-nursing and midwifery training and wellness orientation, especially in developing countries, and with developing country student needs; conducting on-going programs.

- Previous experience in educational health administration aspects preferably in the Arab World
- Familiarity with foreign cultures and cultural sensitivity issues (Arab/Islamic World)
- Bilingual competence (English-Arabic) preferred on behalf of consultancy team members (minimum FSI 3 level)
- PHC nursing/midwifery educational health administration/training experience of technical assistance team members
- Demonstrated fiscal responsibility and field support in other international projects
- Demonstrated capability in procurement and exporting to overseas locations, or intent to hire a Procurement Services Agent.

2) General Profile and Composition of Consultancy Team.

The consultancy team will comprise 4 long term resident advisors and approximately 60 person months of short-term specialists who may be deployed throughout the duration of the project as and when deemed necessary.

The 4 long term advisors will include:

- a) Chief-of-Party/Curriculum & Training Specialist
- b) PHC Nursing/Midwifery Teacher Training Consultant/Nurse Education Specialist
- c) PHC/Nursing/Midwifery Curriculum Design and Training Consultant
- d) PHC/Nursing/Midwifery Practicum Instruction Consultant

c. Individual Academic and Professional Profile of Consultancy Team Members

N.B.: No students/graduate students will be L-T advisors

1) Chief of Party

- PhD/MSc - minimum in Allied Health Educational Health Administration, or related field
- Bilingual Proficiency preferred, FSI 3 - (English/Arabic)
- Previous experience in PHC/Nursing/Midwifery training in the developing world, preferably in the Arab World (minimum 3 years)
- Teacher training and curriculum design experience

2) PHC/Nursing/Midwifery Teacher Training Consultant

- PhD/MSc in Allied Health Educational Health

- Administration (PHC community Health,
Nursing/Midwifery) Teacher/Administrator Training
- Bilingual proficiency preferred, FSI 3 (English-Arabic)
 - Previous experience in PHC Nursing/midwifery Teacher training in the developing world (preferably in the Arab World in particular (minimum 3 years))
 - Teacher training principles, methodologies and procedures experience (minimum 3 years)
 - Audiovisual Aids usage/production experience (minimum 3 years)
 - Curriculum development experience.

3) PHC/Nursing/Midwifery Curriculum Design and Training Consultant

- PhD/MSc in Allied Health Educational Health Administration (nursing/PHC/community health/midwifery) curriculum design and training experience
- Bilingual proficiency preferred, FSI 3 (English-Arabic)
- Previous experience in PHC/nursing/midwifery curriculum design and in didactic and practicum training of nurses/midwives in the developing world, preferably in the Arab World (minimum 3 years).

4) PHC/Nursing/Midwifery Practicum Instruction Consultant

- MSc minimum in Allied Health Educational Health Administration (nursing/midwifery/PHC/Community Health) and clinical/administrative instruction
- Bilingual proficiency preferred, FSI 3 (English-Arabic)
- Previous experience in PHC/nursing/midwifery practicum/clinical/community out-reach-based instruction in the developing world, preferably in the Arab World (minimum 3 years).

c. Contractor/Consultant SOW's

1) The COP/Curriculum and Training Specialist will be responsible for:

- Liaison and coordination of project components with MOH/DPTR (implementing agency), the Project Coordinator and USAID/Jordan
- Organization and management, supervision and direction of all project consultant staff in the performance of their respective duties and ensuring the efficient functioning of the project
- Commodity/materials procurement
- Selection of short-term consultants, delineation of their project component tasks, and supervision and direction of them in the performance of their respective duties, in collaboration with MOH and USAID
- Coordination of all project activities with educational institutions and health care establishments through the MOH/DPTR coordinator and Nursing Affairs Committee
- Technical supervision of all curriculum development, training and application
- Development and oversight of model PHC units
- promotion of and assistance in the implementation of all institutional changes in support of PHC nursing with the Project Advisory Committee
- Organization and administration in consultation with MOH/DPTR director and coordinator of all in-country and U.S.-based participant training
- Preparation and presentation of timely quarterly progress reports
- Planning, programming and arranging for implementation schedule and monitoring project work phases, major components to ensure the meeting of established performance standards.

2) Under the general direction of the COP, the Teacher-Training Consultant will:

- Design, develop, and implement a teacher-training program in consultation with project director, consultancy colleagues, and senior officials of nursing/midwifery faculties and MOH schools of nursing/midwifery
- Prepare lists of reference books, text books, periodicals, audiovisual equipment and aids required for the program
- Prepare an appropriate and relevant English language/PHC medical terminology training program in consultation with consultant colleagues and the Department of English at Jordan University
- Assist in the improvement and use of educational statistics in planning, research, training and administrative decision making
- Advise and assist colleagues in planning and establishing policy systems and procedures for educational health administration and management including continuous quantitative and qualitative assessment and evaluation of the progress of education/training and other project work components
- Design in consultation with colleagues and peers a relevant, viable, and efficient examination system for the teacher-training and English language training programs and advise on guidelines for credentialing, licensuring, and board certification
- Assist project director in selection, organization and administration of in-country or U.S.-based participant training
- Other tasks, as per COP.

3) The Curriculum Design and Training Consultant will, under the general direction of the COP:

- Design, develop, and implement a PHC/Nursing and midwifery training program in consultation with colleagues and Nursing education authorities especially with the PHC-clinical/practicum training consultant
- Prepare a comprehensive list of PHC/nursing and midwifery reference books, text books, audiovisual aids and supplies
- Liaise and collaborate with local nursing school teachers/administrators to help them integrate a PHC/community health nurse/midwife component into their respective curricula
- Carry out feedback reviews re PHC/nurse midwife didactic training in close collaboration with the PHC/practicum clinical training consultant; improve and update training program
- Perform other tasks as instructed by COP.

4) The Clinical/Practicum Training consultant, under the general direction of the COP, will:

- Design, develop and implement a PHC/nursing and midwifery clinical/practicum community outreach-based curriculum for maximum and optimum hands-on practical experience
- Design, develop and/or arrange for a PHC/nurse/midwife clinical/practicum "laboratory" whether in the newly created "Institute" or in other institution
- in collaboration with curriculum design consultants, colleagues and education/administration authorities of other schools.
- Prepare a comprehensive list of relevant reference books, text books, practicum manuals, clinical practice equipment, instruments, supplies and relevant audiovisual equipment and aids
- Carry out feedback reviews re PHC/nurse/midwife practicum training in close collaboration with curriculum design consultant and others for continued improvement and update
- Perform other tasks as instructed by COP.

2. Health Management Advisor for Start-up Phase

The project will procure the services of one (1) Advisor for a period of up to two years (one year may be sufficient). The Advisor will be contracted for through an appropriate 8 (a) firm.

This individual will be a health management specialist with experience in dealing with the operational requirements of launching AID-funded health projects, experience in health care facility commissioning and managing the paper flow. As he/she will assist USAID in advancing discussions on such sensitive issues as the membership and mandate of the Project Advisory Committee and the location of the training institute, this individual must also have had responsibilities in implementing health activities in the Arab world. Minimum academic requirement will be an MPH in health management or a related field.

Advisor Scope of Work: Under the general direction of the USAID/HPD Officer, the Advisor will assist in:

- Identification of counterpart Advisory Committee membership;
- Advisory Committee formulation;
- Orientation of Advisory Committee;
- Assessment and appraisal of temporary and permanent teacher training institute and PHC field practice sites;

- Preparation of lists of:
 - PHC nursing/midwifery references and text books, journals and periodicals for the institute library;
 - PHC nursing/midwifery laboratory practice, institute and model PHC field practice site equipment, instruments, and relevant audiovisual equipment, aids and supplies, inclusive of comprehensive technical specifications with special emphasis on:
 - variable parameters re voltage, frequency cycles, etc. in Jordan and
 - local resources and expertise for preventive and primary or secondary maintenance/repair and spare parts
 - waiver requirements and preparation.
 - vehicle requirements - guideline parameters re types envisioned and probable waiver approval; resources in Jordan (or neighboring countries);
- Adjusting project implementation schedule;
- Identification of other project support and technical assistance expertise and/or resources:
 - local resources to carry out base-line studies and surveys
 - local resources to carry out in-country seminars, conferences, workshops, or single-concept training exercises.
 - private sector participation in providing facility for practicum or other special training
 - identification of other local technical support resources (e.g. other than CED) in curriculum development.

D. PROCUREMENT PLAN

1. Responsible Agency

The Government of Jordan, through the Ministry of Health, will have overall implementation responsibility for the project. Functional responsibility for the purchase of materials/commodities will be as follows:

a. Procurement list preparation including comprehensive technical specifications and identification of local and U.S. based (and other, if necessary) sources will be done by a Health Management Advisor during the project start-up phase. This individual will basically only purchase one project vehicle for this use.

b. Procurement in the United States will be done by the organization to be the prime institutional contractor for this project. The contractor will either have a demonstrated capability in procurement and exporting to overseas locations, or will have a Procurement Services Agent (PSA) for this purpose. Commodities procured by the contractor will be bought in compliance with AID procurement regulations.

c. Local procurement will be accomplished by the prime institutional contractor (except for start-up phase local purchase of vehicle by Management Advisor). Local purchases will be made in compliance with AID and GOJ procurement regulations. The USAID project officer will be responsible for ensuring that good commercial practices are followed, that prices are reasonable and that all purchases are consistent with local laws and procedures.

2. Source/Origin

All commodities procured for this project will have their survey and origin in countries included in AID geographic Code 941 (and the cooperating country).

3. Shelf Item Procurement

It is anticipated that approximately \$255,000 worth of Shelf items will be purchased in Jordan by the project. The purchase of shelf items of AID geographic code 899 origin above the \$5000 limit per item or more than the 10% of local cost financing is not foreseen.

4. Procurement Scheduling

In recognition of the long lead time for off shore procurement and in order to minimize problems in the delivery of commodities to Jordan, procurement actions will be initiated within the first two months of the prime institutional contractor's arrival in Jordan.

5. Financing Mechanism

All purchases except the local purchase of a project vehicle for the start-up phase by the Health Management Advisor, will be financed by the institutional contract.

6. Receipt and Use of Commodities

Commodities will be received and cleared through customs by the Ministry of Health/institutional contractor acting for the Government of Jordan. Surveys and estimates for damaged commodities shipped from off shore will be the joint responsibility of USAID and the institutional contractor. Any insurance claimed initiated will be forwarded to the institutional contractor for notification of the appropriate insurance company.

USAID will coordinate actions to ensure maintenance of project commodity records by the Ministry of Health regarding the reception, distribution and use of AID - funded material furnished for the activity.

7. Commodity List

A. Local Procurement (shelf items)

- Training Materials (teaching supplies, educational materials and medical equipment)
\$240,000
- Project Vehicle
\$ 15,000
- Total local procurement
\$255,000

B. Off-shore Procurement

- Training materials (audio visual, educational materials)
\$ 60,000
- Project Vehicles
\$100,000
- Total off-shore procurement
\$160,000

8. Gray Amendment (Small Business Procurement)

There will be a number of contracts over the life of this Project. Most will be for technical assistance and can be divided into two categories: 1) long and short term foreign technical experts and consultants; and 2) locally procured technical services for conducting research and minor administrative services. The Project's start up phase requires the services of a Health Management Advisor to assist in advancing pre-implementation activities (training site selection, procurement lists, organizing of Project Advisory Committee, etc.) and coordinating timely MOH inputs. These services will be procured through an 8 (a) firm. This contract will be separate from the long-term prime contract for T.A., which will be selected through a fully competitive process. The scopes of work are outlined in preliminary fashion in this Paper (IV.C.) for the above described consultant contractors and will be further detailed. They will be direct AID contracts. Local contracts for surveys and baseline studies may be a mix of host country and direct AID contracting.

Thus, in this Project there will be ample opportunity for Gray Amendment firms to bid for the prime contract, start up advisor contract or local contracts.

V. MONITORING PLAN

All project activities will be monitored by DH and FSN staff of USAID Jordan. Direct monitoring will be the responsibility of the project manager in the USAID Health, Population and Nutrition Division. This office will be supported by the USAID Controller, Regional Contract Officer, Regional Legal Advisor, and Program Officer in matters pertinent to these latter officers' areas of responsibility.

The USAID Project Manager will be responsible for monitoring project activities in accordance with the implementation plan and terms of the Project Agreement. The Project Manager will participate in all project evaluations, and will ensure that all findings and recommendations are reflected in revisions, as appropriate, in project design or execution.

Initial releases of funds will be made only upon satisfying the Conditions Precedent as outlined in the Project Agreement.

Progress/performance reports will be required of the project contract team as stipulated in their contract. These reports will be retained for reference during project evaluations.

VI. SUMMARIES OF ANALYSES

A. Technical Analysis

The key objective indicators that this project has attained its purpose will be: 1) instructors in nursing programs have acquired basic teaching skills; 2) instructors in nursing programs have demonstrated competency in community health nursing; 3) all nursing and midwifery curricula have specific content and field experience in PHC; 4) outreach activities in demonstration sites have increased use of PHC service. (In these indicators the terms "nursing/nurses" is understood to include nurses, midwives and assistant nurses).

The basic teaching skills of faculty employed in the MOH Colleges and Schools for Nurses are currently minimal at best. This project addresses this observed deficiency by developing an infrastructure and program to train teachers for the MOH Colleges and schools and by training 40-55 teachers in teaching methods, curriculum development, PHC, etc.

By the end of the project an estimated 40-55 qualified teachers will have been added to the faculty of the basic nurse, midwifery and assistant nurse educational programs in the MOH. This addition will improve the quality of instruction provided in these programs and to a lesser extent the number of students admitted. In addition, the project will leave in place an institute for the training of teachers with an infrastructure capable of maintaining and expanding the teaching program.

The competency in community health nursing of the instructors in the MOH Colleges and Schools of Nursing is approximately at the same level as the teaching skills -- negligible to nonexistent.

By the end of this project the estimated 40-55 individuals who received teacher training will also have received PHC specialty training as part of their preparation as teachers. The inclusion of the PHC component in their teacher training program will give them increased recognition, credibility and influence over the direction of nursing education.

In addition a separate cadre of PHC nurses (approximately 20) will be trained over the life of the project at the training institute. This will provide Jordan for the first time with a very competent nursing cadre to fill leadership and supervisory rates within the PHC system. They will also be role models to their PHC workers and students and thus influence the PHC provided to mothers and children in Jordan.

Nursing and midwifery curricula in the MOH Colleges and Schools have varying amounts and types of PHC content in their curricula. The field experience is insufficient to develop basic PHC skills and positive attitudes toward PHC. Several activities of the project in combination address the curricular needs: 1) preparation of instructors qualified in teaching; 2) the development of model field practice sites; 3) revision of the PHC components in the curricula of the basic nurse, midwifery and assistant nurse education programs; and 4) provision of PHC learning resources and educational materials to each of the MOH Colleges and Schools.

By the completion of the project all nursing and midwifery curricula should have specific content and field experience in PHC. The MOH has given verbal policy commitment. The teachers are committed at the operational level. The project provides the needed technical and financial resources. Students in these basic programs will gain knowledge, skills and positive attitudes in PHC from changes in the theoretical and practical components of the curricula. They will ultimately use this knowledge and skills to provide improved PHC services to mothers and children in Jordan.

The use of PHC services is currently a function of the population seeking out the services. Outreach activities of centers are limited at best. Demonstration activities and outreach strategies are outlined on the proposals of the two PVO proposals: from the Save the Children Federation (SCF) and from Catholic Relief Services (CRS). The activities in these proposals will encourage increased community involvement and increased use of the PHC in the most underserved population groups in Jordan. The activities will complement the efforts of other components of this project to achieve strengthened nursing and PHC services provided to mothers and children in Jordan.

B. Financial Analysis

USAID will provide \$6.5 million over 5.5 years to assist the MOH (\$5.45 million) and two PVO's (\$1.05 million) for nurse training and child survival activities in the primary health care sector. For the project with MOH, technical assistance will cost \$3.515 million: 20 person years of long term and 20 person months of short term US contractor services (\$3.315 million) and 40 person months of local services (\$200,000). Participant training costs will be \$335,000 and in-country short term training \$100,000. Training materials will cost \$300,000 and surveys and studies on several aspects of maternal and infant mortality, primary health care practice and nursing education will be done locally at a cost of \$200,000. 6 vehicles will be purchased for use by project staff and trainers. Conferences and the organizational activities related to institutionalization of the PHC nursing corps will cost \$43,000. Estimated evaluations at mid-term and at end of project will cost \$110,000.

GOJ is expected to contribute approximately \$5.4 million to the nurse development project and \$100,000 to the PVO health educator development project. PHC training activities will subsume \$4.6 million of the MOH project to pay for the salaries, stipends and travel of the teachers, and stipends, housing, food, materials, teacher salaries of the new students who will be enrolled in the MOH Colleges and Schools of Nursing and midwifery. There will be a salaried Project Director (\$115,000) from the MOH/DPTR and office equipment, supplies, maintenance costs will be in the amount of \$93,000. Office space and space in its local health facilities will also be an MOH contribution for the project staff and PVO.

C. Economic Analysis

An investment of just under \$11 million over the five and a half year life of the PHC Nurse Development Project will lead to the creation of a Nursing Instructor Training Institute staffed by up to 10 U.S. trained Jordanian nurse teacher trainers, and three to six model Primary Health Care sites. In this period, the maximum of 20 teachers being trained per year would have been reached, and over 500 new students will be receiving the training from the 55 teachers

trained by the project. Recurrent expenditures, primarily due to increases in trained teachers, salaries, student enrollments and extension of PHC nursing services will be at an annual rate of \$2.5 million. This cost would be of benefit to the nation only if the new PHC nurse corps is given sufficient institutional support and allowed to practice in the new and expanded PHC system in accordance with the training and skills imparted by the new teachers trained in this project.

D. Administrative Analysis

Implementation of this project will require the coordinated action of USAID/Jordan, GOJ institutions (particularly the MOH and U.J./CED), contractors and other donors -- primarily the World Bank and the EEC.

AID: USAID HPD Office personnel will exercise primary responsibility for the management of activities discussed in this project paper, including monitoring and participation in evaluations. Procurement and participant training actions will be the responsibility of the contractor; thus, the project's administrative burden on the USAID/Mission should be minimal.

GOJ/MOH: The MOH will be the primary recipient of U.S. assistance under this project. The DPTR will be the USAID's national level counterpart. This Directorate has had previous experience with implementing AID projects (Health Management and Services Development Project) and is counterpart to the World Bank PHC Expansion Loan project.

CED: The CED will be used as a local technical resource for accomplishing project activities. Its reputation is well established in Jordan, owing to a small but dynamic staff and relatively plentiful resources.

Contractors: Contracting requirements will be for an institutional/university contract with subcontracts if deemed necessary. The contract team will consist of four long term resident advisors, approximately 20 pm of short term consultants, and two local hire administrative (secretary, bookkeeper) support staff. Institution field support will be an important criterion for contractor selection. For startup activities, the services of Health Management Advisor will be procured through an appropriate 8 (a) firm.

E. Social Soundness Analysis

Within the past five years a significant attitudinal change has occurred in Jordan regarding the cultural appropriateness of women entering the nursing field. Applications from females for positions in schools and colleges of nursing more than doubled in 1984 from the previous year. On the other hand, government officials have indicated dissatisfaction with foreign nurses (27% of the employed nurses) citing their inability to communicate effectively in Arabic and to conform to Jordanian social norms.

Overall, from the cultural/social point of view, the project is quite feasible. The majority of the project activities are directed at adding to and refining the education and training systems for nurses, midwives and assistant nurses which are already in place. The activities related to training teachers for the MOH nursing colleges and schools and to training a specialized PHC nurse cadre are eagerly awaited by the Jordanian nurses and midwives. The community-based PVO activities in PHC demonstrate social and cultural awareness and sensitivity in their proposed strategies. Both SCF and CRS have conducted successfully similar activities with similar population groups in the past.

F. Environmental Analysis

The Mission Environmental Officer has determined this activity fits under Section 216.2(c)(viii) of AID regulation 16, "Programs involving nutrition, health care or population and family planning services." There will be no activities directly affecting the environment, such as construction of facilities, water supply systems, wastewater treatment, etc. Thus no further environmental impact assessment is required.

VII. CONDITIONS AND COVENANTS

A. Conditions Precedent to Disbursement

1. First Disbursement: Prior to the first disbursement under the Grant, or to the issuance by AID of documentation pursuant to which disbursement will be made the Grantee will, except as the Parties may otherwise agree in writing, furnish to AID in form and substance satisfactory to AID:

(a) An opinion of counsel acceptable to AID that this Agreement has been duly authorized and/or ratified by, and executed on behalf of, the Grantee, and that it constitutes a valid and legally binding obligation of the Grantee in accordance with all of its terms; and

(b) A statement of the name of the person holding or acting in the office of the Grantee specified in Section 8.2, and of any additional representatives, together with a specimen signature of each person specified in such statement.

(c) The name of the full time Project Director, who will serve as counterpart to the Project Contractor staff. The Grantee agrees to designate this person as an additional representative as provided for in Section 8.2.

2. Additional Disbursement. Prior to disbursement for PVC-related activities, the Grantee shall provide to AID, in form and substance acceptable to AID, evidence that the Ministry of Health has entered into collaborative agreements with FVO's (as described in Section II E.6) to support community-based health programs that are funded under this Agreement.

B. Covenants

1. Project Evaluation: The Parties agree to establish an Evaluation Program as a part of this Project. Except as the Parties may otherwise agree in writing, the program will include, during the implementation of the Project:

(a) Evaluation of progress toward attainment of the objectives of the Project;

(b) Identification and evaluation of problem areas or constraints which may inhibit such attainment;

(c) Assessment of how such information may be used to help overcome such problems; and

(d) Evaluation, to the degree feasible, of the overall development impact of the Project.

2. Project Advisory Committee: Prior to the arrival in Jordan of the long term institutional contractor team the Grantee agrees to form a multi-sectoral Project Advisory Committee, whose membership will include representatives of the nursing profession from the MOH, the private sector, university groups, RMS, and the Ministry of Education.

3. Nurse Specialist: Before the 24th month of this Project, the Grantee agrees to issue a directive which will create a new position of Primary Health Care Nurse Specialist (PHC Nurse). The Grantee will at the same time, approve the curriculum developed to train the PHC Nurse and the Primary Health Care based job description needed to allow the nurses to be deployed to assume their tasks in Comprehensive Health Centers and Primary Health Care Centers.

4. Training Institute - Temporary Location: Prior to the execution of the contract with the long term institutional contractor team, the Grantee agrees to make available suitable space for the use as a temporary location, for the training institute for nurse teachers.

5. Training Institute - Permanent Location: The Grantee agrees that upon the completion of the Paramedical Institute in Zarqa the training institute for nurse teachers will be transferred to the Paramedical Institute on schedule.

6. Office Space: The Grantee agrees to provide suitable office space for Project funded consultant contractor personnel.

VIII. EVALUATION PLAN

As a collaborative effort, formative evaluation arrangements will require project team organization for continual feedback relevant to project monitoring and effective implementation. It will be imperative that regular (weekly) meetings be established for this purpose (MOH/Contractor/USAID); and monthly (minimum) to include the Project Advisory Committee. A logical way to establish information flow is to outline, e.g. quarterly, information needs to ensure efficient implementation during the coming quarter, and assign responsibility for monitoring and corrective actions.

During the first 6-9 months of project implementation, the project team will use the illustrative implementation schedule - - detailed by task, timing and responsible entity - - for this function. It is assumed that a revised workplan to be developed by month 9, will serve this purpose thereafter.

There will be two project evaluations, one mid-point and one final.

At least three studies/surveys will be undertaken early in project implementation:

- 1) a maternal morbidity/mortality study;
- 2) a nursing/midwife training requirements vis a vis task analysis survey; and
- 3) a survey on nursing profession/community attitudes toward PHC nursing.

The maternal morbidity/mortality study will supplement goal baseline information already available in Jordan. The findings and analyses will serve to guide project activities in emphasis areas for PHC. As a goal-level measure, it is not intended to provide information relevant to the project's success.

The two surveys will provide project-specific baseline information and be used to define direction and content of the individual project outputs.

The mid-project evaluation will assess the findings of surveys vis a vis project progress in meeting training and institutional/systems changes, e.g.:

- integration of PHC into nursing schools and colleges
- orientation of the medical/health profession community towards PHC nursing
- skills being acquired by PHC providers
- the effectiveness and influence of the Project Advisory Committee.

It is important to note that the mid-project evaluation can only note progress toward these changes. An assessment of any impact on baseline indicators could only be expected once training programs and systems changes are well established. Outside assistance for this mid-point evaluation may be called upon as required.

The mid-point evaluation will also document USAID's collaboration with the EEC and other donors; and assess GOJ/MOH commitment toward the establishment of a permanent national training site and a PHC specialization. It will be important at this time to evaluate MOH (implementing agency) and decision makers' knowledge and appreciation of the project's activities and intended products, as an indication of support for the systems changes being introduced.

The final evaluation will assess the project's success in making mid-course corrections recommended at mid-point, particularly at the commitment/attitudinal level; and its success in achieving the project's outputs and purposes. An illustrative list of basic evaluation monitors and criteria for each major output would include:

1. Teacher training program

- curriculum design, content, application
- knowledge, skills, attitudes acquired by graduates
- reference PHC library and educational resources
- English language laboratory
- audio-visual equipment/aids
- numbers of qualified teachers (didactic and practical) and of administrators
- changes in nursing colleges/schools (administration, curricula, academic achievements/standards)
- quality/availability/utility of field practice sites
- permanent site for PHC teacher training.

2. Expanded PHC curriculum, nursing and midwifery education

- curriculum content, concepts, operational systems, tasks, procedures and techniques (didactic and practical)
- curriculum review and up-date
- nursing/midwife PHC knowledge and skills
- field practicum quality/quantity
- student/graduate feedback
- student/graduate/community attitude/behavior changes.

3. Model PHC Field Practice Sites

- number and location of sites
- status of site, i.e., physical resources and operating systems (management, supervision, outreach, referral, etc.)
- PHC team profile
- community outreach services
- health education services
- other PHC services
- numbers of teachers, students, and in-service staff trained
- content and quality of training.

4. Post-basic PHC Specialization

- structure and content, relevance to PHC community needs, expectations, demands
- career ladder, salary scale
- selection criteria
- community and health care team feedback
- peer group recognition/esteem
- numbers of graduates
- job description and deployment.

5. Institutional changes in support of PHC nursing

- Project Advisory Committee membership, motivation, work pattern
- Committee mandate
- nursing career ladder categorization
- task analyses and job descriptions
- nursing profession benefits (salaries, fringes, maternal leave, geographic location/relocation)
- certification, licensure
- in-service training opportunities.

6. Community-based PVO activities in PHC

- Note: these will be evaluated according to their individual terms of reference: e.g.;
- level of community outreach
- number of households using PHC services
- numbers of mothers/women of child bearing age receiving health/nutrition/child spacing education
- numbers of vaccinations and percent vaccination coverage
- contraceptives dispensed
- numbers of model community health units or components thereof established.

Both the mid-term and final evaluations will be conducted with the assistance of external consultants.

ANNEXES

A - L

PRIMARY HEALTH
CARE NURSING DEVELOPMENT
PROJECT

No. 278-0270

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program Goal: To reduce infant & child mortality & morbidity and improve the health status of mothers in Jordan.</p>	<p>Decreased infant & child morbidity and mortality from preventive illness. Improved health status of mothers.</p>	<p>MOH Annual Statistics Special research studies, e.g.: Infant Morbidity Maternal Mortality</p>	<p>1. Nurses with enhanced training in child survival interventions will be members of the PHC team. 2. PHC team staff will use new acquired skills. 3. Impact of health team with child survival and PHC training will contribute to achieving national health goals.</p>
<p>Project Purposes: To strengthen nursing services and primary health care being provided to mothers and children by:</p> <ol style="list-style-type: none"> 1. Improving the performance of nurses & midwives in PHC, and 2. Promoting community awareness and participation in PHC. 	<p>End of Project Status:</p> <ol style="list-style-type: none"> 1. Instructors in nursing* programs have acquired basic teaching skills 2. Instructors in nursing* programs have demonstrated competency in community health nursing 3. All nursing* and midwifery curricula have specific content and field experience in PHC 4. Outreach activities in demonstration sites have increased use of PHC Services <p>* Nurse/Nursing includes diploma level and assistant nurses</p>	<ol style="list-style-type: none"> 1. Review of faculty credentials 2. Pre & post project Surveys 3. Review of curricula documents 4. Observation of field experience of students 5. Interviews with directors of training programs 6. EOP evaluation 	<ol style="list-style-type: none"> 1. GOJ will hire more nursing and midwifery educators. 2. Additional nursing educators will permit an increase in student enrollment. 3. Faculty competence influences student performance 4. Field experience will re-enforce learning in PHC. 5. Work schedules will permit the PHC workers to attend in-service training. 6. Attrition rate of teachers will be low.
<p>Outputs:</p> <ol style="list-style-type: none"> 1. Teacher training program 2. Expanded PHC component in nursing and midwifery curricula 3. Model PHC field practice sites 4. Post-basic PHC specialization 5. Institutional changes supportive of PHC nursing 6. Community-based PVO activities in PHC 	<p>Narrative Summary:</p> <ol style="list-style-type: none"> 1a. Qualified teacher trainers employed by MOH b. teacher training curriculum c. nursing faculty with teaching and PHC skills d. National center for teacher training 2a. All MOH nursing and midwifery programs have curricula with PHC emphasis b. Curricula reviewed and up-dated periodically 	<ol style="list-style-type: none"> 1. Training evaluation records 2. MOH records/reports 3. Observation 4. School curriculum documents 5. Contractor semi-annual reports 6. End of course evaluations 7. Mid and final project evaluation 8. Project Reports 	<ol style="list-style-type: none"> 1. GOJ/MOH committed to quality education emphasizing PHC 2. MOH will select adequate no. of qualified students for training programs 3. Educational resources will be used to enhance learning. 4. Adequate cooperation between MOH and Ministry of Higher Edu.& EEC 5. Skills of technical personnel will be adequately utilized. 6. School in Zarqa (paramedical) completed by year 3 of project, to

Output Indicators (continued):

- c. Learning resource centers in PHC in all nursing colleges/schools
- 3. 3-6 model CHC/PHC centers
- 4a. Post-basic curriculum in place
 - b. 20 students trained and employed
- 5a. Role definitions of all PHC personnel per task analysis and approved by GOJ
 - b. Guidelines for PHC nurse selection, certification and registration
 - c. organizational, administrative and managerial guidelines for PHC
 - d. PHC manuals printed and distributed and managerial guidelines for PHC
- 6. Two OPG (PVO) programs in community-based health care implemented according to respective terms of reference

- serve as site for teacher training
- 7. Salaries/Incentives/Certification will be adjusted.
- 8. Preceptors are available.

U.S. Inputs:	Implementation Targets (Type and Quality)	(\$000)	Verification	Assumptions
1. Technical Assistance	U.S.		1. Contractor quarterly reports	1. Technical assistance personnel will be available and properly oriented.
a. LTIA (20 py)	1. Technical Assistance	3,515	2. Invoices	2. Appropriate and compatible learning resources will be purchased.
b. STIA (20 py)	2. Training/Workshops	438	3. Field trip observations	3. Funds will be available.
c. in-country (40 pm)	3. Other Costs	1090	4. AID audits	4. Inputs occur in timely fashion.
2. Training	4. Commodities	415	5. Mid-and final project evaluations	
a. LT US (10 py)	5. OPG's	1,042		
b. ST US (36 pm)				
c. ST in-country (24 pm)				
3. Other Costs				
a. Survey/studies (3)	U.S. CONTRIBUTION	6,500		
b. Organiz. mtngs (monthly)	GOJ CONTRIBUTION	5,485		
c. evaluation (2)	PVO CONTRIBUTION	225		
d. conting/inflation (5%)	GRAND TOTAL PROJECT	\$12,240		
4. Commodities				
a. educational materials				
b. vehicles (6)				
5. OPG's (2)				

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT IDENTIFICATION DOCUMENT
FACESHEET (PID)

1. TRANSACTION CODE
Revision No.
 A = Add
 C = Change
 D = Delete

DOCUMENT CODE
1

2. COUNTRY/ENTITY
Jordan

3. PROJECT NUMBER
278-0270

4. BUREAU/OFFICE
ANE/TR/WPN
A. Symbol
B. Code
3

5. PROJECT TITLE (maximum 40 characters)
Child Survival and Primary Health Care

6. ESTIMATED FY OF AUTHORIZATION/OBLIGATION/COMPLETION
A. Initial FY 86
B. Final FY 97
C. PACD 90

7. ESTIMATED COSTS (\$000 OR EQUIVALENT, \$1 =)

FUNDING SOURCE	LIFE OF PROJECT
A. AID	6,500
B. Other U.S.	
1.	
2.	
C. Host Country	1,625
D. Other Donors:	200
TOTAL	8,325

8. PROPOSED BUDGET AID FUNDS (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. 1ST FY 86		E. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) ESF	520	6,500		2,000		6,500	
(2)							
(3)							
(4)							
TOTALS				2,000		6,500	

9. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)
510 569 550

10. SECONDARY PURPOSE CODE

11. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code N/A
B. Amount

12. PROJECT PURPOSE (maximum 480 characters)

To strengthen nursing services and primary health care being provided to mothers and children.

13. RESOURCES REQUIRED FOR PROJECT DEVELOPMENT

Staff: Three external consultants are needed for 4 weeks (12 Person/Weeks): Nurse Educator/Trainer, Health Care Systems Administrator, and Health Economist/Financial Analyst. Two DH design officers (Health Planner, Health Trainer) will assist the USAID Project Officer.

Funds

Approximately \$90,000, (TSFS IV and O.E. Funds)

14. ORIGINATING OFFICE CLEARANCE

Signature: R. H. Halabiy
Title: Health & Population Development Officer

Date Signed: MM DD YY
01 01 86

15. DATE DOCUMENT REC'D, AID/V, OR FOR AID/V COMMENTS, DATE OF DISTRI

MM DD YY

16. PROJECT DOCUMENT ACTION TAKEN

S = Suspended CA = Conditionally Approved
A = Approved DD = Decision Deferred
D = Disapproved

A

17. COMMENTS

18. ACTION APPROVED BY

Signature: L. P. Peace
Title: Director, USAID/Jordan

19. ACTION REFERENCE

20. ACTION DATE

MM DD YY
01 06 86

ACTION AIL-2 INFO AME ICM

7Z EC X3 X I RVZCZCAJ0147
 PP RUEHAM
 DE RUEHC #4281 2531924
 ZNR UUUUU ZZE
 P 101923Z SEP 86
 FM SECSTATE WASHDC
 TO AMEMBASSY AMMAN PRIORITY 6166
 BT
 UNCLAS STATE 284281

LOC: 12/13 171
 11 SEP 86 1917
 CN: 46473
 CHRG: AII
 LIST: AII

AILAC

E.C. 12356: N/A

TAGS:

SUBJECT: PHC NURSING DEVELOPMENT PP APPROVAL (278-0272)

REFS: A) STATE 162322 B) AMMAN 5686 C) NADOLNY/KALADAY
 TELECOM SEPTEMBER 3.

1. REF A AUTHORIZED USAID TO APPROVE SUBJECT PROJECT
 PII AT THE MISSION WITH THE UNDERSTANDING THAT MISSION
 WOULD SATISFACTORILY ADDRESS POINTS DISCUSSED IN SAME
 REFTEL.

2. THIS CONFIRMS THAT REF B ADEQUATELY ADDRESSED AID/W
 CONCERNS LISTED IN REF A. PRESUME USAID WILL AUTHORIZE
 SUBJECT PP AT THE MISSION UNDER EXISTING DELEGATION OF
 AUTHORITY. SEULTZ

BT

#4281

NNNN

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UNCLASSIFIED

STATE 284281

STATUTORY CHECKLIST

PROJECT CHECKLIST

Listed Below are statutory criteria applicable to projects. This section is divided into two parts. Part A. includes criteria applicable to all projects. Part B. applies to projects funded from specific sources only: B.1 applies to projects funded with Development Assistance Funds, B.2. applies to projects funded with Development Assistance loans, and B.3. applies to projects funded from ESP.

CROSS REFERENCES:	IS COUNTRY CHECKLIST UP TO DATE? HAS STANDARD ITEM CHECKLIST BEEN REVISED FOR THIS PROJECT	Yes
-------------------	--	-----

A. GENERAL CRITERIA FOR PROJECT1. FY 1986 Continuing Resolution
Sec. 524; FAA Sec. 634A;

Describe how authorizing and appropriations committees of Senate notified concerning the project.

Congressional Notification procedures have been followed.

2. FAA Sec. 611 (a) (1). Prior to obligation in excess of \$100,000 will there be (a) engineering, financial or other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

a) Yes

b) Yes

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance? Not required.
4. FAA Sec. 611(b); FY 1986 Continuing Resolution Sec 501. If for water or water-related land resource construction, has project met the standards and criteria as set forth in the Principles and Standards for Planning Water and Related Land Resources, dated October 25, 1973? (See AID Handbook 3 for new guidelines.) NA
5. FAA Sec. 611 (e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability effectively to maintain and utilize the project? NA
6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. Not so susceptible.

7. FAA Sec. 601(a). Information and conclusions whether project will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; and (c) encourage development and use of cooperatives, and credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions. NA
8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels, and the services of U.S. private enterprise). Private sector in U.S. will be involved through commodity procurement component. U.S. private universities' services will be solicited.
9. FAA Sec. 612(b), 636(h); FY 1986 Continuing Resolution Sec. 507. Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars. Host country will contribute up to %25 of project costs, including in-kind support.
10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release? No
11. FAA SEC. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise? Yes

12. FY 1986 Continuing Resolution Sec. 522. NA
 If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity?
13. FAA 118(c) and (d). Does the project comply with the environmental procedures set forth in AID Regulation 16? Does the project or program take into consideration the problem of the destruction of tropical forests? Yes
 NA
14. FAA 121(d). If a Sahel Project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (dollars or local currency generated therefrom)? NA
15. FY 1986 Continuing Resolution Sec. 533. Is disbursement of the assistance conditioned solely on the basis of the policies of any multilateral institution? No
16. ISDCA of 1985 Sec. 310. For development assistance projects, how much of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities black colleges and universities, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or who are economically or socially disadvantaged (including women)? NA

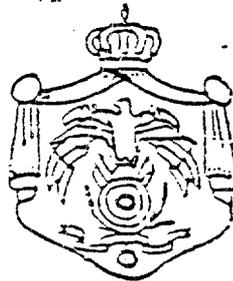
- B. FUNDING CRITERIA FOR PROJECT
1. Development Assistance Project Criteria NA
 2. Development Assistance Project Criteria (Loans only) NA
 3. Economic Support Fund Project Criteria NA
 - a. FAA Sec. 531(a). Will this assistance promote economic or political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of part I of the FAA? Yes
 - b. FAA SEC. 531(c). Will assistance under this chapter be used for military, or paramilitary activities? No
 - c. ISDCA of 1985 Sec. 207. Will ESF funds be used to finance the constructions of, or the operation or maintenance of, or the supplying of fuel for, a nuclear facility? If so, has the President certified that such country is a party of the Treaty on the Non-Proliferation of Nuclear Weapons or the Treaty for the Prohibition of Nuclear Weapons in Latin America (the "Treaty of Tlatelolco"), cooperates fully with the IAEA, and pursues nonproliferation policies consistent with those of the United States? No
 - d. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made? NA

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

THE HASHEMITE KINGDOM
OF JORDAN
MINISTRY OF PLANNING
AMMAN

Tel. { 44466 - 44470
44381 - 44385

Tlx. : 21319 - P. O. Box 555
Teleg. NPC - Amman



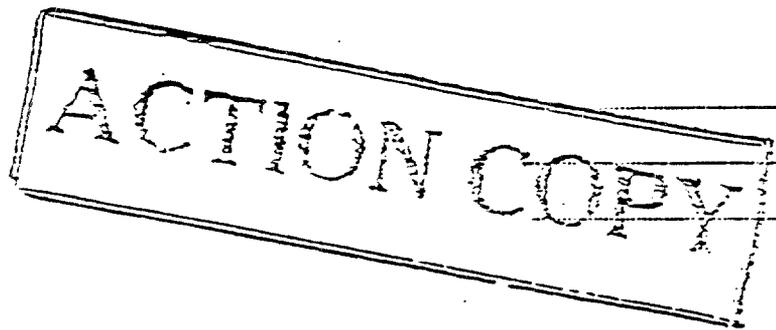
الجمهورية الأردنية الهاشمية

وزارة التخطيط

عمان

الهاتف { ٤٤٤٧٠ - ٤٤٤٦٦
٤٤٣٨٥ - ٤٤٣٨١ }
تلكس : ٢١٣١٩ - ص.ب. ٥٥٥

No. 5311/1210
Date 19/3/1985
Ref. _____



الرقم
التاريخ
الموافق

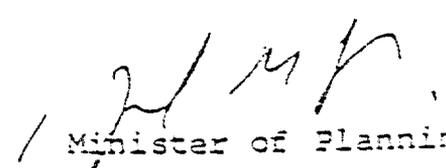
Mr. Gerald F. Gower
Director
USAID/J
Amman.

Dear Mr. Gower,

Since the Ministry of Health is in need of technical assistance in the field of nursing education to cover the shortage of nurses and raising their capabilities for better services, attached please find a proposal for a Nursing Education Project submitted by the Ministry of Health.

You are kindly requested to inform us about the possibility of financing the above mentioned Project under the USAID technical assistance program.

Sincerely yours,


Minister of Planning

THE HASHEMITE KINGDOM
OF JORDAN
MINISTRY OF PLANNING
AMMAN



المملكة الأردنية الهاشمية

وزارة التخطيط

عمان

هاتف ٦٤٤٤٧٠ - ٦٤٤٤٦٦ }
٦٤٤٣٨٥ - ٦٤٤٣٨١ }

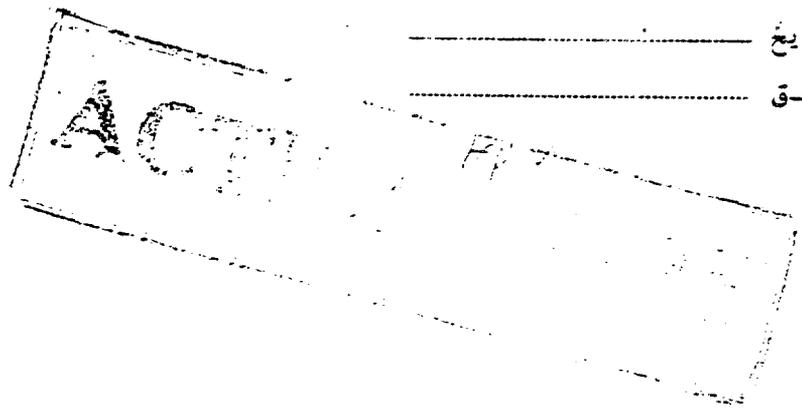
تلكس ٢١٣١٩ - ص.ب. ٥٥٥

Tel. { 644466 - 644470
644381 - 644385
Tlx. 21319 - P. O. Box 555
Teleg. NPC - Amman

NO. 127/30/4839
DATE 24/9/1986
REF. _____

الرقم _____
التاريخ _____
الموافق _____

Mr. L.P.Reade
Director
USAID/Jordan
Amman.



Dear Mr. Reade,

Subject: Primary Health Care Nursing
Development Project.

I would appreciate it if \$2 million from the regular
AID program to Jordan be allocated for the FY 1986 increment
of the proposed \$6.5 million Primary Health Care Nursing
Development Project.

Sincerely yours,

Minister of Planning

ANNEX E

TECHNICAL FEASIBILITY ANALYSIS

This section will consider the project's practical feasibility of attaining its overall purpose and of achieving its specific outputs.

A. The Project Purpose is to strengthen nursing* services and primary health care being provided to mothers and children by: 1) improving the performance of nurses and midwives in PHC; and 2) promoting community awareness and participation in PHC. The key objective indicators of Project Purpose attainment will include:

1. Instructors in nursing* programs have acquired basic teaching skills.
2. Instructors in nursing programs have demonstrated competency in community health nursing
3. All nursing and midwifery curricula have specific content and field experience in PHC.
4. Outreach activities in demonstration sites have increased use of PHC services.

1. Instructors in nursing education programs with basic teaching skills

Most teachers in MOH educational programs for the preparation of nurses, midwives and assistant nurses have no formal preparation for teaching and most had no prior teaching experience prior to being assigned teaching posts in the MOH. The GOJ/MOH is keenly interested in improving this situation. In fact, the GOJ/MOH intends to open an institute for the preparation of teachers for the nursing, midwifery and assistant nursing educational programs. The planned Paramedical Training Institute at Zarqa (scheduled for completion by mid to late 1988) is the intended permanent site for the institute. The resources of this project will support these efforts.

As there are significant deficits in both the number and quality of the existing teaching staff, it is beyond the timeframe and resources of the project to remedy all the deficits. The strategy employed in this project to develop an infrastructure for the training of teachers and to train between 40-55 teachers will in the

* Where the terms nurse or nursing are used alone they are understood to include nurses, midwives and assistant nurses.

short run provide an improved quality of teaching in the colleges and schools and in the long run leave in place the capacity for the MOH to adequately prepare teaching staff prior to their deployment to the colleges and schools of nursing. As indicated in the project paper it is not the intent of the project to directly address the numerical deficiencies in the teaching staff.

A major constraint to the strategy selected to achieve this objective is the lack of agreement at this time between the GOJ/MOH and the USAID/J on the selection of the temporary site for the institute. This is acknowledged in the project design and steps identified to facilitate an early and mutually acceptable solution.

2. Instructors with demonstrated competency in community health nursing

The number of instructors in the MOH colleges and schools of nursing with competency in community health nursing is negligible to nonexistent. The need for this expertise is increasingly important as the MOH begins to institute a comprehensive PHC system. The future human resources for this system are being educated today in the health science schools (including those for nurses, midwives and assistant nurses). Competent PHC teachers can have a significant influence over the knowledge, attitudes and skills of these future PHC providers.

This project will prepare a few teachers in-depth in PHC with long-term training in the U.S. These individuals will form part of the core staff at the training institute. Although the number of Jordanian nurses who have the qualifications and English language proficiency necessary for U.S.-based training is small, nevertheless the number indicated in the project seems feasible. Overseas training and credentials are important in Jordan so that the individual has both status and credibility. These individuals will serve as master teachers upon their return from overseas education in that they will train the teachers in PHC. The 40-55 teachers selected for training in teaching methods and curriculum development will also receive the specialized PHC training at the institute. This will provide them with dual qualifications: teaching and PHC. This is reasonable and cost effective within the time period allocated for training the teachers. Further, it is essential to the achievement of the project purpose as it is expected that these teachers (upon their return to their home institutions) will have a multiplier effect on the training of student nurses, midwives, and assistant nurses with respect to PHC.

3. All nursing and midwifery curricula have specific content and field experience in PHC

Currently the curricula for the educational programs in the MOH colleges and schools of nursing have some theoretical content related to PHC. However, none have adequate (and most do not have any) field experience in PHC. The current orientation of the curricula is hospital-based nursing practice. This project capitalizes on the enthusiasm of the nursing teachers to improve the curricula offered their students as well as orientation and stated direction of the MOH toward PHC. In outlining the steps required to effect the curricular revisions the project design recognizes and considers the curriculum development limitations of the current teachers. Although there are three curricula which need to be revised, the specific focus on the PHC component makes feasible the achievement of this objective within the resources and life of this project.

Significant efforts are directed toward increasing and improving the field experience in PHC for students of nursing, midwifery and assistant nursing. The number of model field practice sites to be developed is appropriately limited. However, there is adequate provision for the exploration of other sites as to their utility and there is the real possibility of using the demonstration sites developed by the PVOs for selected student experiences. Additional requirements for the curriculum revisions such as adequate PHC resource materials and equipment have been considered and included in the design.

The process for revising the curricula should facilitate success in revising, in obtaining official approval and endorsement of the revisions and in implementing the revised curricula. The process considers the Jordanian process for approval which resides with the Minister of Health. There is provision for the input of the current faculty and collaboration with the Jordan Nurses and Midwives Council which has responsibility for registering nurses and midwives.

4. Outreach activities in demonstration sites have increased use of PHC services

The two PVO proposals included for funding as OPGs under this project place emphasis on health education and outreach. SCF has used the local MOH clinics as bases of operation for its outreach program and refers mothers and children to these clinics from its field sites. In addition, their activities related to the development of a family registry and health surveillance system contributes to a greater community awareness of the available PHC services. CRS on the other hand expects to train health education instructors at the ministry level and have them supervise the preventive care and health education activities of the

community-based Village Health Educator. The training methods promote self-care for females throughout their life, and enables the mother to identify health problems of the child that require PHC services. Both projects view outreach workers as the first source of referral to the institutionalized PHC system of the MOH.

3. Outputs: Technical Feasibility of Achievement

The outputs identified for this project in support of achievement of the project are:

1. Teacher training program;
2. Expanded PHC component in the curricula of nursing (including assistant nurses) and midwifery education programs;
3. Model PHC field practice sites;
4. Post-basic PHC specialization;
5. Institutional changes related to PHC;
6. Community-based PVO activities in PHC.

The technical feasibility of achieving each will be addressed in the following sections.

1. Teacher training program

The need for qualified teachers for nurses, midwives and assistant nurses is great. The methods proposed in this project for creating the technical capacity within Jordan to address this need are appropriate to the level of development in nursing education in Jordan. Provision is made within the project to provide long-term U.S.-based training for a select number of qualified individuals and to develop within them the capacity to administrate a training program as well as to train teachers and PHC specialists.

Essential resources needed to supplement the capabilities existing in the nursing community are identified and their interest in participating has been secured. The GOJ/MOH is open to limited participation of other agencies.

The GOJ/MOH is committed to the development of an institute to train teachers for its colleges and schools of nursing. The scheduled opening of the permanent facility is problematic as is the selection of the temporary site. The manner in which these issues are resolved will affect the number of teachers trained under this project as well as the number PHC specialists trained. While the

development of the teacher training program presented in this project can be implemented in a variety of settings as long as the criteria stated in the project are met.

2. Expanded PHC component in the curricula of nursing and midwifery education programs

The feasibility of achieving this output has been discussed in detail under the end of project indicator 3 in section A of this analysis. As indicated in that section the methods outlined for achieving this output consider the resources currently available in Jordan, supplement them appropriately, provide a reasonable time frame for the accomplishment of the necessary tasks and make use of other resources developed within this project. Further, the task is focused and employs a proven curriculum methodology (i.e., competency-based curriculum). Thus, there is every reason to believe that this output can be achieved within the life of this project.

3. Model PHC field practice sites

The project proposes to address solely the educational improvement requirements of PHC/CHC centers selected to be model field practice sites. However, it recognizes that it will be essential for the project director and technical assistance team to collaborate closely with other elements in the service provision system (e.g., commodities, logistics, etc.) to ensure that the sites in fact function as model field practice sites. Most of the activities as described should be accomplished with relatively little difficulty.

The selection of up to six sites may be a bit ambitious given the current state of development of the PHC system and the selection criteria outlined in the project for these model sites. However, the lower figure of three sites seems realistic.

4. Post-basic PHC specialization

The development of a specialized cadre of nursing personnel is new to Jordan, especially one in PHC nursing. However, there is agreement with the concept and readiness to provide official endorsement at the highest levels of the MOH--the Minister of Health himself. The Minister indicated to the project design team in a meeting held August 1986 that he was favorably disposed to such an undertaking.

Table F-6

MINISTRY OF HEALTH BUDGETS
SECOND FIVE YEAR PLAN 1981-1985

	1981		1982		1983		1984		1985	
	JD 1000	%								
<u>CURRENT ACCOUNT EXPENDITURES</u>										
Preventive Care	1,989	14.3	2,325	14.1	2,494	13.9	2,580	13.6	2,760	12.5
Curative Care	11,004	79.0	13,189	79.9	14,000	77.9	15,085	79.5	17,475	79.4
Administration	939	6.7	986	6.0	1,483	8.2	1,302	6.9	1,765	8.0
TOTAL	13,932	100	16,500	100	17,977	100	18,967	100	22,000	100
<u>CAPITAL ACCOUNT EXPENDITURES</u>										
Building and Construction	1,183	54.8	2,672	76.3	1,366	59.1	720	56.3	1,820	35.0
Equipment and Furniture	920	42.6	748	21.4	521	22.5	399	31.2	1,680	32.3
Other	55	2.6	80	2.3	426	18.4	160	12.5	1,700	32.7
TOTAL	2,158	100	3,500	100	2,313	100	1,279	100	5,200	100

SOURCES: MOH Annual Reports 1983, 1984, 1985

CURRENT ACCOUNT EXPENDITURES THROUGH JUNE 30, 1986: JD 11,391,899
CAPITAL ACCOUNT EXPENDITURES THROUGH JUNE 30, 1986: JD 902,832

Recurrent costs for the Primary Health Care (World Bank Loan) Project were estimated as follows:

Comprehensive Health Centers	1.329 million JD
Primary Health Centers	0.632 million JD
Project Management Unit	0.016 million JD

Total	1.977 million JD
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Current account expenditures on health centers in 1985 were approximately 0.537 million JD. Health insurance revenues during the Third Five Year Plan were expected to generate 30% of the current costs while the projected savings from the specialty clinics in the hospitals were estimated at 10%. The total annual recurrent costs to be covered by the MOH budget has been estimated at 1.186 million JD. The World Bank estimated this recurrent budget to be approximately 5% of the 1985 recurrent budget of the MOH, and suggested that their project would have a relatively limited impact on both the MOH and national recurrent budget. They projected that the recurrent budget of the Ministry of Health would have to grow by only 0.5% per year from 1985 to 1992 to meet project related recurrent costs. Taking population growth into consideration, it was estimated that the cost of the new delivery system would be equal to 6% of the 1985 MOH budget, and that the costs of operating one CHC per 100,000 population in the year 2000 could be achieved with an annual real growth of the MOH budget of 0.4% between 1985 and 2000. At the same time, it was projected that the MOH could meet the needs for PHCs in the year 2000 by establishing 200 new PHCs (100 to replace existing PHCs and MCH centers) and 100 to expand coverage. The cost to operate these PHCs was equal to about 23% of the 1985 MOH recurrent budget, and the MOH budget would have to grow in real terms by 1.3% per year between 1985 and 2000 to meet these expenses.

If these projections are valid, by the year 2000 Jordan will have a population of 4.3 million, served by a primary health care network of 40 CHC, 400 PHCs and 200 village clinics. 60% of the urban and 80% of the rural populations were expected to demand services in these facilities. The World Bank would finance the construction and equipping of 17 CHCs and 34 PHC from 1985 to 1992. If the project met its targets, there would be an increase of 33% in the share of pregnant women who receive pre-natal care; 17% in the share of deliveries attended by qualified health professionals; 20% in the contraceptive prevalence rate; and 35% in the share of children under six years of age who receive well baby care.

A major risk in the World Bank project is that health care personnel may continue to take a passive approach to health care and not focus on outreach, preventive care, and MCH care. The demand for services

is difficult to predict, particularly when there are several levels of care and several cadres of professionals providing care. The MOH has tried to overcome this by setting norms for staffing, equipping and designing the new facilities. In order to make this approach more comprehensive, training of staff and changes in their orientation to public health, especially primary health care is viewed as essential. Experience has clearly shown that MCH services are best received when provided by nurses and midwives who are from the same cultural setting as the mothers, infants and children they serve.

The development of health sector personnel includes a training plan for several health professionals. Most important among these are:

- The residency training of 175 physicians in Emergency Medicine, Family Practice, Internal Medicine, Obstetrics and Gynecology and Pediatrics
- The post-graduate training of 20 physicians in health care administration.
- The post-graduate training of 10 physicians in health education.
- The preservice training of 40 registered nurses
- the pre-service training of 90 midwives
- the pre-service training of 195 assistant nurses
- the training of 235 medical technicians
- the training of 60 nurses trainers.

(See table F-7 for complete listing)

The costs of the training have been estimated at between \$7.5 and \$8.4 million through 1990. The majority of the training is to be done in Jordan with funds made available through other donors since the World Bank Loan was primarily for "bricks and mortar". At the beginning of the Third Five Year Plan, the EEC, and USAID were the only major donors who had begun negotiations with MOH and GOJ for training nurses and nurse educators. A critical need for nurse educators and teacher trainers has been identified and a high priority placed on soliciting donor funding for the Ministry of Health's nursing and midwifery training programs. The USAID project will focus on the training of the trainers as well as the teachers in line with the MOH interest in developing and staffing a permanent center for the training of teachers in nursing and midwifery.

EXPANSION OF PHC SYSTEM DURING THIRD
FIVE YEAR PLAN 1986-1990
MINISTRY OF HEALTH TRAINING PLAN FOR PHYSICIANS,
NURSES, MIDWIVES, ALLIED HEALTH WORKERS AND HEALTH ADMINISTRATORS

STAFF CATEGORY	PROPOSED DURING LIFE OF WORLD BANK PROJECTS			ESTIMATED COSTS 1985-1990 ON JORDANIAN DINARS		
	Number	Duration	Location	Salaries	Allowances	Training
Health Care Administrator Non-Physician	20	24 Months M.H.A.	Jordan	128,160		300,000
Health Care Administrator Non-Physician	12	24 Months	Jordan	76,896		6,000
Health Educator Physician	10	27 Months MPh	Abroad	64,080		150,000
Health Educator Non-Physician	50	24 Months B.S.	Jordan	160,000		Included
Specialty Physician	175	24 Months Residency	Jordan	1,121,400		350,000
Nurse/Midwife Trainer	60	12 Months (Cert)	Jordan	93,600		30,000
Registered Nurse	40	36 Months Diploma	Jordan		57,600	156,000
Registered Midwife	90	24 Months Diploma	Jordan		86,400	234,000
Assistant Nurse	195	18 Months (Cert)	Jordan		140,400	382,000
Medical Technician	235	18-36 Mt (Cert)	Jordan			352,000
PHC Manager	40	3 Weeks (Visit)	Abroad	14,240		40,000
PHC Specialists (Physicians)	20	24 Months MPh	Abroad	128,160		300,000
Total	947	1700 person years		1,788,536	284,400	2,300,000

SOURCE: Promotion and Expansion of Health Care Services of the Ministry of Health, Jordan. Ministry of Health, December, 1984

ANNEX G ECONOMIC ANALYSIS

The returns on investment in good health can never be sufficiently quantified. The hypothesis underlying human capital theory is that individuals, and their governments on their behalf, make expenditures on education, health and other human services primarily for the purpose of raising their incomes and productivity. The added output and income which result in future years then become a return on the investment made. In applying the cost benefit approach to educational planning, the starting point usually is data on lifetime earnings by level and type of education, along with information on the costs -- explicit and implicit, private and public -- of providing each level and type of education. Cost benefit analysis must worry about how the structure of earnings may change in the future.

This project will train two levels of teachers in nursing -- those who can train the teachers and those who can teach the students. It has been estimated that to produce one diploma level nurse in 1985, the Ministry of Health spent between \$5,100 and \$5,900. These nurses have generally been of poor quality partly due to the low standards required for teachers. Very little is invested in training the teachers. It has also been suggested that the lack of an institutional support for nurses has resulted in a lack of professionalism and the absence of motivation.

In funding the training of the first five nurse trainer candidates, the project will invest \$130,000 in the USA and \$29,000 in Jordan. By the time they return after their one year of training, the project would be two years old, and have invested \$2.28 million in US funds and \$0.16 million in Jordanian funds to prepare the way for them to begin teaching 15 nurse teachers. By the end of the fifth year 40 to 55 nurse teachers would have been trained, enabling the MOH to enroll 400 to 550 more students in the colleges and schools of nursing. Project related activities would have cost \$10.9 million and an additional amount of money would have been invested by the World Bank Education Project and MOH in building a permanent center for nurse teacher training.

This investment can only be justified if institutional changes occur during the project that enhance the profession of nursing in Jordan and upgrade the PHC nurse both within the existing and planned PHC systems. Cost benefit analysis must worry about how the structure of earnings may change in the future. Higher earnings, however, are not sufficient justification from the social point of view unless they result from higher productivity.

Cost benefit analysis, in spite of the attractiveness of its base in human capital theory, is of only limited use in practical educational planning. This project is based on the belief that if the training of teachers and the education of students is made more

practical, nursing and midwifery in primary health care will be greatly enhanced. Hitherto, Jordan, like many other developing countries in the Near East regional has tended to think of skilled nursing labor as needed for economic development when in fact the structure of incentives strongly favors impractical academic training which opens the door to employment in the urban-based hospital and curative care sector. Added to this has been the fact that many government controlled nursing colleges and schools fail to provide the skills that are actually provided by private employers. Yet, when planned and administered efficiently these schools can make a real contribution to health sector development. The nursing colleges and schools can prepare students successfully for employment if their curricula are closely geared to the skills required by both the preventive and curative system. New approaches involving a combination of formal and on-the-job practitioner training will provide skills that are usable within the student's environment.

ANNEX H

ADMINISTRATIVE ANALYSIS

Implementation of this project will require the coordinated action of USAID, GOJ institutions (MOH, MOHE, U. of J., etc), contractors and other donors (primarily the World Bank and the EEC). The respective structure and responsibilities of these parties (other donors roles are discussed in section IV) are as follows:

A. AID

USAID DH personnel (HPD officer) and FSN (Assistant HPDO) will exercise primary responsibility for the management of activities discussed in this project paper. This will include administrative backstopping of the project and its technical support staff, and monitoring and negotiation functions as required by the implementation schedule.

The long term technical (4) and support staff (administrative assistant/secretary and accountant) will be recruited through a U.S.-based institutional contract. One of the long-term technical staff will be Chief of Party (COP); the team will consist of practical and didactic specialists in nursing education. Members will be directly responsible to the COP who, in turn, will report directly to the USAID DH Project Manager.

The contract team will be located at the central (Amman/Zarqa) level. The COP, with USAID, will provide technical guidance to the MOH in the process of short term consultant needs identification and selection. The MOH, resident COP contractor and USAID will identify and schedule short-term consultants. Most will be through the institutional contract.

The project anticipates relatively little out-of-country training and little equipment procurement. Both functions will be assumed by the contractor.

Given these circumstances and the fact that the project will fund an administrator in support of the contractors, the administrative burden of this project on the USAID Mission will be minimal. As described elsewhere, (Implementation, Monitoring and Evaluation Plans), USAID will backstop contract (LT and ST) staff, closely monitor project progress through participation in implementation oversight functions, and participate in two -- mid-term and final -- evaluations.

B. GOJ/MOH

1. Organization of Public Health Services

The Ministry of Health is responsible for the provision of services by the central government. As seen in Figure 2, central directorates are established. The Director of each Directorate reports to the Assistant Under-Secretary of Health, who, in turn, reports to the Deputy Minister. A governorate level Director is assigned to each of the 8 governorates to oversee all health care activities of the governorate.

The delivery of health care is decentralized to the governorate level; policy and technical directives come from the central level; administrative functions are the preview of the governorate.

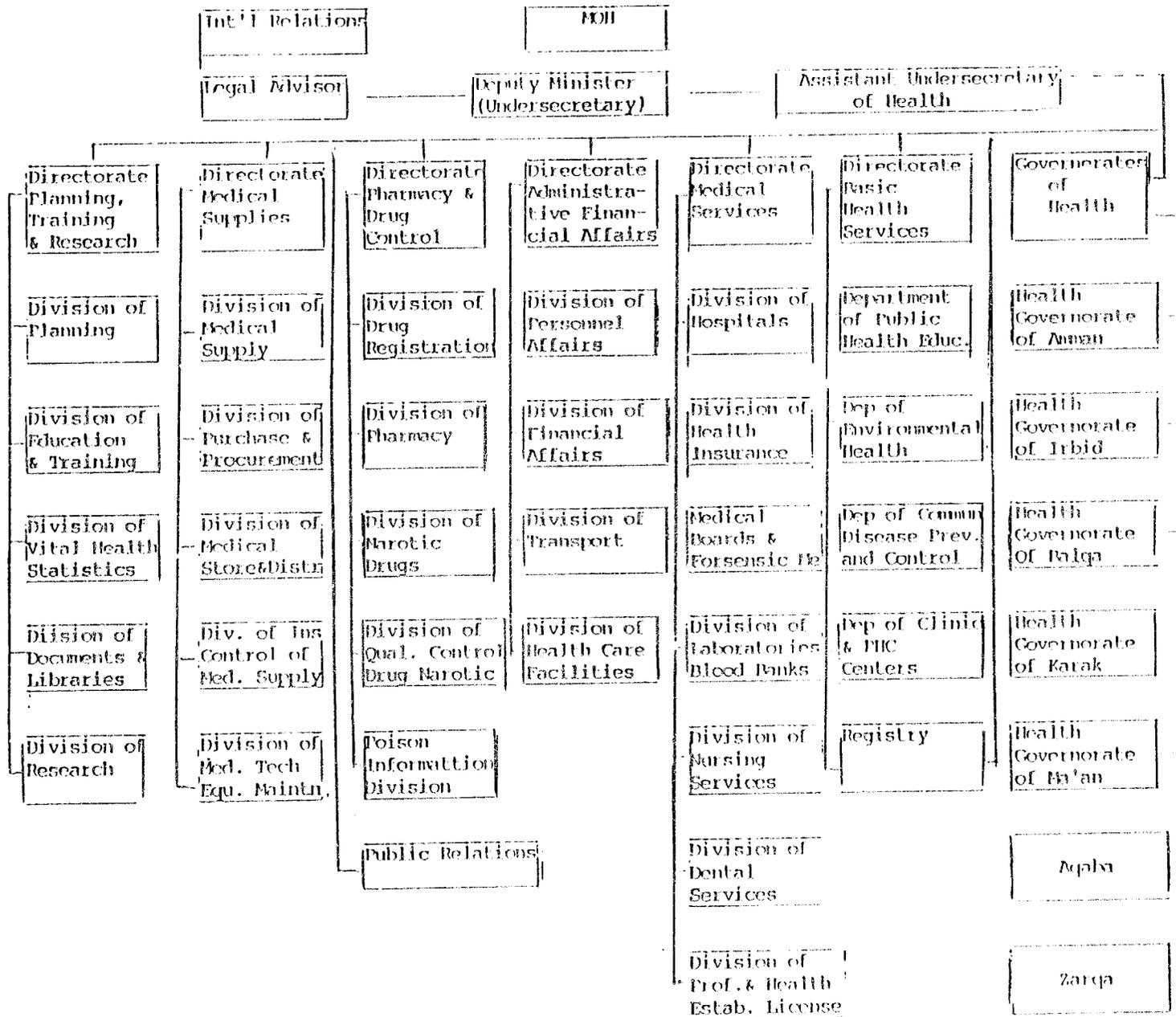
2. Central/National Level

The Ministry of Health (MOH) will be the primary recipient of U.S. assistance under this project. The Minister of Planning is the GOJ's signatory to the USAID Project Agreement. The MOH Director of Planning, Training and Research (DPTR) will be the USAID's national level project counterpart. The Contractor's (COP's) technical counterpart and project director-designate will be a returning MPH nurse/administrator. Her skills and orientation were not assessed by the project design team, as she was out of the country completing her MPH. Her reputation as an administrator and proponent of nursing concerns is, however, very good. She will coordinate the GOJ's project implementation responsibilities with the "users" of the project's outputs (eg. CED, Directorate of PHC, Project Advisory Committee, Colleges of Nursing) and with the contractor team.

3. MOH Training in Nursing

The Ministry of Health's Colleges of Nursing offer three distinct training tracks: nursing, midwifery and postbasic midwifery. All candidates for training require a minimum of 12 years of basic general education. The nursing (or diploma) program, open in principle to male as well as female students, consists of four academic years, completed in 39 months of continuous training, leading to certification as a state registered nurse (SRN). Graduates are also referred to as "staff nurses" or "diploma nurses".

The basic midwifery program, open to female students only, consists of three academic years, completed in 27 months of continuous training, leading to certification as a state certified midwife (SCM).



ORGANIZATIONAL CHART - MINISTRY OF HEALTH - JORDAN

Figure 2

The nursing and midwifery programs share a common curriculum in the first year for courses in the basic physical and social sciences (Anatomy and Physiology, Physics, Chemistry, Microbiology, Sociology, Psychology) and the introductory courses in nursing skills in a clinical laboratory setting in the first semester, moving into a hospital clinical setting in the second semester of the first year.

Separate courses and clinical activities begin in the second year. Nursing students begin rigorous theoretical and clinical exposure to nursing practice, including medical-surgical, gynecological and maternity, pediatric, psychiatric, emergency and community nursing. Of the nursing program's total hours, approximately one-quarter are basic and social science courses, just under 10% are English studies, and the remainder are nursing theory, nursing practice and directly related subjects. A good third of the program relates to community health nursing, including the courses in gynecological and maternity, pediatric and community nursing, as well as health education, epidemiology and statistics, nutrition and administration.

A preliminary assessment of the Nursing College capability (visits to two of the three) shows dynamical leadership, recognition of the lack of training skills, and enthusiasm for assistance in the areas of teacher training and organization of the nursing sector. Recommendations of the individuals met at the Colleges of Nursing have been incorporated into the project's design. The project will return to these proponents for support and guidance in the implementation of their recommendations.

4. University Nursing

The two university nursing schools can serve as technical resources for specific project activities. Technical resources and staff are adequate for internal and external needs. To ensure that required project TA is not interrupted by schedule conflicts owing to commitments by University staff, the project has made provision for the use of external resources, should university consultants not be available.

5. Center for Educational Development (CED)

The CED was originally established (1984) as a teacher training center for all levels of health care/services providers. With WHO assistance, it is slated to become a Regional Center for training, organized around 3 departments: curriculum development, instructional/technical development, and

evaluation. There is no core training program; rather, CED designs ad-hoc programs to meet individual clients' (University of Jordan, the country and the Region) needs. Its instructional resource development capability is highly sophisticated and, to date, oriented toward relatively high-tech health activities. The CED is run by a multisectoral Board of Directors, which includes the MOH/DPTR.

The CED is expanding into a new facility on the University of Jordan campus. Its mandate is to become a functional regional center for Health Manpower Education. As such, it is willing and able to provide its resources toward the establishment of a teacher training and learning resources development capability for the MOH.

The CED's reputation is well established in Jordan, owing to a small but dynamic staff, a process approach to learning and relatively plentiful resources. The major obstacles to be overcome for maximum use of the CED in this project include several important staff vacancies and ministerial (MOH) determination to establish its own, independent and parallel capability in teacher training and educational development.

As a staff vacancy problem currently exists at CED, this issue potentially could be addressed by offering project support for up to three trainees to 1) serve as trainee counterparts for implementation of this project's activities and 2) leave the CED with competent staff trained in the center's various functions and capable of providing on-going services to the MOH and other health provider clients.

The second concern, that of MOH desire to have an independent MOH unit to perform similar types of services already and potentially available through the CED, will be dealt with on a technical and practical level. Coordination and collaboration between the MOH and the CED is the most efficient use of available resources for the successful implementation of this project.

C. Contractors

The Project's start-up phase requires the services of a Health Management Advisor to assist in advancing pre-implementation activities.

The nurse training and PHC project calls for four long term consultants (14 person years), an administrative assistant/secretary and accountant/business manager (latter 2 will be local hire), and as yet undetermined number of local and expatriate short term consultants who will provide a total of up to 60 person months of technical assistance for specific components of the project. It is expected that a great deal of the administrative and coordinative responsibilities for the project will be assured by these long term consultants.

Contracting requirements will be for an institutional/university contract with subcontracts if deemed necessary. The profiles and scope of work tasks of the a) contracting/subcontracting organization(s) and b) technical consultants are included in Section IV. Implementation Plans.

The accountant/business manager will be responsible for all project accounting and logistical arrangements and will help with initiating training cost accounting procedures. He/She will coordinate tasks with the administrative assistant/secretary.

The administrative assistant/secretary will serve as office manager. He/she will manage project document flow, help make logistical and visa arrangements for short term consultants, and assist with participant trainees and seminars. He/she will take charge of all project typing and filing.

ANNEX I

SOCIAL SOUNDNESS ANALYSIS

A. General Social Considerations

Within the past five years a significant attitudinal change has occurred in Jordan regarding the cultural appropriateness of women entering the nursing field. Applications from females for positions in schools and colleges of nursing more than doubled in 1984 from the previous year. On the other hand, government officials have indicated dissatisfaction with foreign nurses (27% of the employed nurses) citing their inability to communicate effectively in Arabic and to conform to Jordanian social norms.

Overall, from the cultural/social point of view, the project is quite feasible. The majority of the project activities are directed at adding to and refining the education and training systems for nurses, midwives and assistant nurses which are already in place. The activities related to training teachers for the MOH nursing colleges and schools and to training a specialized PHC nurse cadre are new undertakings within the nursing education sphere of Jordan. However, both are enthusiastically endorsed by the Minister of Health and eagerly awaited by the Jordanian nurses and midwives. The community-based PVO activities in PHC demonstrate social and cultural awareness and sensitivity in their proposed strategies. Both SCF and CRS have conducted successfully similar activities with similar population groups in the past.

A political commitment to increase the number of nurses was a high priority in both the present and future Five Year Development Plans. In an interview with the PID team in November 1985, and again with the USAID Director more recently, the Minister of Health re-affirmed the priority that the GOJ gives to the expansion of nurse training.

The direct beneficiaries of the project will be (1) the instructors of student nurses, midwives and assistant nurses; (2) PHC workers in selected PHC/CHC centers; (3) village women selected for training in the CRS project and population served by the SCF project. Indirect beneficiaries will be (1) the nursing and midwifery students who will gain from the high quality technical assistance provided by the expected curriculum revision, clinical and PHC teaching; (2) the service providers who will use the institutional training centers made possible or improved by the equipment and supplies provided; and (3) mothers and children who utilize PHC services as a result of outreach activities.

Significant attention has been given to increasing the participation of nurses/midwives in the implementation of the project. Nursing instructors will be encouraged to participate fully in the project by interacting with the technical advisors

either as students in the training institute or by participating with the technical advisors in the process of curriculum review, modification feedback and evaluation. Other nurses and midwives in the PHC/CHC centers will be involved in providing information as the task analyses will help to guide the development of role descriptions for nursing personnel in the PHC system.

However, the most notable effort toward increasing the participation of nurses in this project is the creation of the Project Advisory Committee to this project with a mandate and allocated resources with which to carry out the mandate. Further, the Minister of Health agreed to the creation of this Board in a meeting with the project design team in August 1986. This Board is described in detail under Output 5. This Board is important not only to this project which is to be implemented in a physician-directed directorate but also to Jordanian nursing in general.

B. Women in Development (WID) Considerations

The ultimate beneficiaries of this project will be, of course, the clients (mainly women and children) who utilize the public health system and members of communities served by health centers. Women in particular will gain from this project because the majority of the nurses, midwives and nursing instructors are female and women are the beneficiaries of maternal health services.

ANNEX J

PHC AND CHC CENTER DESCRIPTION

The current structure and organization of the MCH's health care system is categorised into four levels of care housed in 4 types of facilities:

- Level 1. Village Clinic - This type of facility comprises a dispensary type of unit and is staffed by an assistant nurse assisted by a doctor who visits the village clinic approximately twice per week.
- Level 2. Primary Health Care Center - This second level of facility is staffed by a doctor, a practical nurse, and an assistant pharmacist.
- Level 3. Maternal and Child Health Center - This is another type of facility which is staffed by a midwife, an assistant nurse and also visited by a doctor approximately twice a week.
- Level 4. Referral Hospital - This type of facility whether regionally or centrally located provides the secondary or tertiary outpatient/and inpatient services for those individuals referred from the other types of facilities.

As for the newly proposed system based upon the World Bank's planned PHC and Comprehensive Health Centers - the new categories will be:

1. Village clinic - As before.
2. Primary Health Care - Which will constitute the old primary health care center combined with the old Maternal and Child Health Care Center enmeshed into 1. where doctors, midwives, and assistant nurses will provide all the services, and where doctors will provide daily visits from the Primary Health Care Center to the Village Clinic. In addition all PHC centers are to have laboratory and dental services.

Also, each PHC center will act as a base for mobile teams carrying out community outreach services with specific emphasis on the needs of mothers, infants, and children.

3. Comprehensive Health Care Center - This new type of Unit will enhance PHC coverage at a higher level and will provide additional services such as emergency care, internal medicine, pediatrics, obstetrics, general surgery, x-ray, laboratory, pharmacy and dentistry services coupled with efficient referral services for more complicated cases needing secondary or tertiary hospital care. MCH activities will be integrated.

Hence, the new system will flow from village clinics to PHC centers, to CHC centers and finally to referral hospitals.

See Tables J-1 and J-2

Table J-1

PRESENT AND PROPOSED ORGANIZATION OF MOH SERVICES

	<u>Level/Function</u>	<u>Present System</u>	<u>Proposed System</u>	<u>Major Organizational Change</u>
I	Referral Hospital	Al Bashir Hospital	Al Bashir Hospital	Some outpatient and maternity care will be decentralized to CHCs.
II	General Hospital	Regional Hospitals	Regional Hospitals	Some outpatient and maternity care will be decentralized to CHCs.
III	Referral in Basic Specialties and Maternity Services	Polyclinics at General and Referral Hospitals for Referrals and hospitals for maternity services	Comprehensive Health Care Centers (CHC)	CHC is new type facility. Referral in basic specialties, and some maternity and emergency services will be offered at this level for the first time. CHC's will also offer primary care to the adjacent populations
IV	Primary Health Care	Primary Health Care Centers and Maternal and	Primary Health Care Centers fully integrated into (PHC) Child Health Centers	MCH Services will be primary care services and laboratory and dental services added to PHC's
V	Village Level Primary Care	Village Clinics	Village Clinics Outreach Teams	Physicians will visit Village Clinics more often. Mobile outreach teams will be established to expand coverage and improve followup

Source: Primary Health Care Project, Staff Appraisal Report Report. World Bank April, 1985

Table J-2

DISTRIBUTION OF PRIMARY HEALTH CARE FACILITIES IN JORDAN

	SCHOOL HEALTH CENTERS	VILLAGE CLINICS	MCH CENTERS	HEALTH TEAMS	DENTAL CLINICS	T.B.	TOTAL
Capital	22	41	17	4	15	4	103
Zarqa	15	14	14	1	6	1	51
Balqa	26	17	11	1	5	1	61
Irbid	72	41	33	5	18	4	173
Ma'fraj	16	30	4	1	4	2	57
Karak	18	38	15	1	4	1	77
Tafila	7	9	4	1	2	1	24
Ma'an	12	37	3	1	4	1	58

Proposed Organization Chart for Directorate of Nursing, MOH/GOJ

Minister of Health

Directorate of Nursing
Chief Nursing Officer - - - - -

Policy making for nursing service	Licensing Dept MOH	Nurses/Mid-
Nurse manpower planning	issue of nursing	wives Coun-
Staff development, liaison MOH	certificates for all	cil Regis-
International links, national	types of training	tration Body
liaison		
Aid program coordination		
Inventory, records, qualifications		
Budget planning and control		
Monitor MOH nurses		

MOH Nursing Officer
Hospital Service

Hospitals MOH
Private Hospitals

Policy making
Budget planning/control
Hospital inspection
Monitor nursing standards
Staff development
Personnel - counselling, records, discipline
Teaching, in-service training
Liaison coordination MOH
Staff selection and appointment
Chairperson post basic/in service training
Health education unit

MOH Nursing Officer
Training

3 Nursing Colleges
13 PN Schools
Clinical teachers/field workers
Policy making
Budget planning/control
Training school inspec.
Monitor training program
Curriculum review
Practical procedure rev.
Chairman examining board
Org., Control, Examina.
Staff development
Personnel - counselling, records, discipline
Staff selection & appointment
Liaison 17 schools MOH
Liaison other training institutions

MOH Nursing Officer
Primary Health Care

Comprehensive PHC Centers
Primary HC Centers
Policy making
Budget planning/control
Clinic inspection
Monitor nursing standards
Staff development
Personnel Counselling
Teaching In-service train.
Staff selection appointment

Source: Report On Nursing In Jordan, K. Press, 9/85
Some of the duties listed are delegated to Directors of Nursing in Hospitals

This description of the organization of a Nursing Directorate was developed by K. Press, an ODA nurse advisor to Jordan for many years, and reflects her experience and insights. A strong feature of this organization chart is the specific inclusion of an MOH nursing officer for PHC which is consistent both with the priority given to PHC by the GOJ/MOH and with the focus of this project. Early and continuous policy dialogue between USAID/J and the MOH will be needed to secure the official approval of the Ministry of Health for the re-establishment of the Directorate for Nursing.

If agreed to, the Project Director and technical assistance team (with input from the Committee) may be required to draft a document that describes the Directorate, outlining its authority and responsibilities and providing position descriptions of those in the Directorate.

Trained Teachers and Potential Student Enrollment

As discussed earlier, a number of elements must be in place prior to the matriculation of the first class of students at the MOH Training Institute for Nursing Teachers. At the same time it is essential to commence this training for nursing teachers as early as possible in the project in order to evaluate its influence on nursing education and, possibly, the PHC system within the life of the project. Further, necessary refinements and modifications could then be made during project implementation. It is possible (though perhaps somewhat ambitious) that training of teachers can begin by the beginning of project year 2. For illustrative purposes, project year 2 is assumed to be academic year 1988-89 in the following discussion.

Qualified teachers that are required in any given academic year must either be readily available or be obtaining the necessary qualifications in the preceding academic year. Calculations of the number of qualified teachers required for Jordan's MOH Colleges of Nursing and Schools for Assistant Nurses are based on the following considerations among others:

- o the MOH's projected enrollments for the Colleges and Schools of Nursing;
- o a five percent annual attrition rate for the nursing teachers;
- o a faculty/student ratio of 1:10.

Based on the above considerations the GOJ/MOH will require an estimated additional 39 qualified teachers by academic year 1989-90 based on MOH total enrollment projections of 1,050 students. In addition to the need for more qualified teachers, the quality of the 69 teaching staff now in place (and presumably not markedly changed by 1989-90) will need teacher training in order to upgrade teaching skills, PHC skills or, most often, both.

Based on current MOH enrollment projections and considering teacher attrition rates as well as current teaching qualifications and optimal faculty/student ratios, the potential number of teachers in need of training to adequately staff the existing MOH Colleges and Schools of Nursing is approximately 111-131 over the life of this project. However, the MOH Training Institute for Nursing Teachers will at the same time be in its formative stages and not capable of handling that number of trainees during the life of this project. Therefore, although the needs for teacher training are and will continue to be great, realistic numbers of teacher trainees must be envisioned so as not to overburden the beginning Institute. Ten teacher trainees are expected to be admitted during the institute's first year of operation. The number of teacher trainees will increase incrementally until year three of operations at which time it will stabilize at fifteen admissions per year (See Table L-1.)

Table L-2 presents the total student enrollment for the MOH Colleges and Schools of Nursing over the life of the project based on current teaching staff supplemented by new qualified teachers. These projections are slightly lower than those promulgated by the MOH until academic year 1992-93 at which time they exceed MOH projections. Following the projections in Table ___ the MOH by the end of this project (academic year 1992-93) would have upgraded the qualifications of its faculty and be well on its way to developing its own Training Institute for Nursing Teachers. In addition, the MOH would have trained a sufficient number of nursing teachers to maintain and replace (as necessary) current teachers, fill any deficits in the number of teachers available to achieve the MOH's desired enrollment of 1,050 students in academic year 1992-93.

Table L-1

Teachers Trained and Available for Teaching by Academic Year

	Academic Year				TOTAL
	1988-1989	1989-1990	1990-1991	1991-1992	
Number of teachers trained	10	15	15	15	55
Potential Attrition (1)	1	1	1	1	4
Projected trained teachers added to system in following academic year (2)	9	14	14	14	51
Academic year available for teaching services	1989-90	1990-91	1991-92	1992-93	

Notes:

- (1) Based on potential attrition rate of 5% - 10% of those enrolled in course
 (2) Includes those new to teaching systems well as those in system who require training.

Assumes the technical assistance team is in place in 1987-88.

Table L-2

Projected Teachers Available and Student Enrollment by Academic Year

	Academic Year			
	1989-1990	1990-1991	1991-1992	1992-1993
Teachers available at Beginning of Academic Year	69 ¹	75	85	95
Attrition ²	3	4	4	4
Additional trained teachers available	9	14	14	14
Total Teachers Available	75	85	95	105
Student Enrollment Projected ³	750	850	950	1050

Notes:

- (1) Based on teachers in system in 1985-86 and does not include teachers of English
(2) Based on attrition rate of 5% annually.
(3) Based on a 1:10 teacher:student ratio used as goal for Jordanian nursing education.