

TRAINING OF HEALTH EDUCATORS IN RURAL JORDAN

(278-0270 CRS)

Catholic Relief Services (CRS), an international voluntary and private organization, has been operating in Jordan since 1961. They implement programs in three major areas: Income Generation for Women, Agricultural Production and Training/Education. The health education project comes under the Training/Education category.

The proposal of a project to improve the health status of the rural population in the Hashemite Kingdom of Jordan was submitted by CRS in March 1986. This project would develop a system for the training of village-level health educator/outreach workers who would, in turn, offer health courses, referral services and outreach support for their respective villages.

A survey of 528 mothers was conducted by CRS in October through December 1985 to assess the need for health education classes in the villages. It was done in the three proposed project areas which were Karak, Ma'an/Wadi Musa and Southern Ghor. These are the three areas then chosen for the project because they were thought to be areas most in need of development assistance in Jordan. The fact that these three areas represent a cross-section of cultural mores and socio-economic levels, enhances the prospect of

continuation of the training of health educator/outreach workers in other areas of Jordan.

In the CRS/Jordan survey of 1985 it was indicated that diarrheal diseases and the consequent dehydration affects 29% of the country's rural population between the ages of 0-5 years. They also account for 77% of the deaths in that age group annually. Understanding causes and prevention of diarrhea is important to convey to the mothers as 48% of them attributed diarrhea to cold weather while 29% blamed problems such as teething. Child morbidity and mortality rates due to diarrhea would provide dramatic measurements of the success of the project. The survey also brought out that the village women are open to health education, to learning how better to take care of their families and to knowing referral services open to them. Of all the women surveyed, 73% said they would like a trained woman from their own village to talk to about health problems.

The Government of Jordan (GOJ) has placed a high priority on the development and expansion of the Primary Health Care (PHC) system. But in practice the emphasis has been placed on curative care and facilities. The concentration then is on urban areas where the hospitals are located.

Prior to the 1967 War, CRS was directing most of its efforts towards villages on the West Bank from the head office in Jerusalem and a field office in Amman. As a result of the

Six Day War, CRS was split into two programs, CRS/Jordan and CRS/Jerusalem.

In 1975, on the occupied West Bank, a Nutrition Education Project began which in 1979 was replaced with a Health Education Project and finally in 1985 with the "Life Cycle" Project. This Women's Life Cycle method of health education was developed to reflect the various stages of life a woman goes through and the skills and knowledge needed during each of these progressive stages:

Stage I - Bride

Stage II - Pregnant

Stage III - Mother of an Infant 0-2

Stage IV - Mother of an Older Child 3-5 and 6-12

Stage V - Mother of an Adolescent

Stage VI - Mature Adulthood and Old Age

This CRS/Jordan Health Education Project has utilized the expertise of the CRS/West Bank Health Education Staff. The Project Director, Community Development Specialist and one instructor have gone to the West Bank for a short orientation session on that project. The other two instructors were recruited from the West Bank project and came with 8-10 years experience as health educators there.

The curriculum has been adapted to better suit the local situation and to include in the introduction to the course such topics as ways of collecting information,

characteristics of a Village Health Educator, using creativity in teaching the four levels of human needs (physical, psychological, mental and emotional), problem solving and decision making, and teaching techniques.

Some subjects have been given more instructional time than in the original curriculum. These include pregnancy, delivery, care of the newborn, immunization, childhood diseases, smoking, retardation, and family spacing.

PROGRAMMATIC AND IMPLEMENTATION ISSUES:

1. Was a health survey carried out in every area in which the training was implemented? Was the data collected relevant to the needs of the project?

As previously cited, CRS conducted a survey in the three impact areas in 1985 where the response was overwhelmingly in favor of health education classes with a trained health educator to teach and be available with information to the mothers.

The Health Education Project (begun in 1987) was designed for three baseline surveys - one in each impact area. They were staggered along with the training courses. Karak was the first area surveyed in June-July 1987, then Southern Ghor in November-December 1987 and finally Ma'an/Wadi Musa in February-March 1988.

The surveys were conducted for a variety of reasons. The first objective was to identify the potential for educated (tawjlhi) village girls to be trained as VHEs. Despite problem areas such as high illiteracy rates, early marriage age and protectiveness of families towards the young daughters and wives working outside the home, double the number of women applied as there were positions. This seems to have been due to several factors, i.e.: the village leaders and sometimes secondary school teachers were consulted to identify potential candidates and the Community Development Specialist spend much time before and during the baseline surveys talking with parents and husbands to thoroughly discuss the program.

Secondly, the survey was to identify attitudes, customs, and traditional practices in health matters to assist in planning an appropriate course. It became evident that the life cycle health education course was an appropriate approach since it dealt with the health issues throughout the woman's life and not just on the first several years of an infants life. In the past, the majority of health courses attended by the respondents seemed to concentrate on infant health. This is evidenced by the fact that the infant inoculation rate is high (85%) whereas health concerns of the mother are low, i.e.: only 57% of respondents

stated they had received tetanus toxoid during pregnancy and only 45% had received any prenatal care!

The third purpose of the survey was to identify felt health needs of the communities that should be part of the health education course.

Finally, the survey was to inform the village leaders and residents of the health education project, to stimulate among them an awareness of health issues and to gain their interest and support.

Background information was collected both on the respondents and the geographic areas portraying a low socio-economic status for the entire region. Below is a breakdown of some of this information according to the three village areas:

	<u>Karak</u>	<u>Ghor</u>	<u>Ma'an</u>
Literacy rate	52%	15%	32%
Years in School (mean)	4.79	1.56	2.6
Income-husband JD/mo (mean)	126	79	102
Professional Occupation (husband)	30%	12%	32%
(includes soldiers)			

Many areas of concern have been tallied during the surveys and will serve as indicators of the progress of the project. Some of these areas of concern are prenatal care, where and how much; delivery, where and by whom; infant deaths, and their causes; breastfeeding practices; contraception; birthspacing; vaccination, when and where received; and Oral Rehydration Therapy (ORT), its use and preparation.

Throughout the surveys it has been evident that Ghor is much more depressed than Karak or Ma'an. For example, significant difference is seen in availability of home facilities, such as electricity, piped water, refrigerators or television in the three areas.

Southern Ghor shows a much smaller percentage of such facilities in the homes, for example, 97% have electricity in Karak and Ma'an as opposed to 60% in Ghor, while 66% in Karak have cesspit waste water disposal to 23% in Ghor.

2. Is the curriculum utilized cognizant of the local health problems in the area served? Is the division of theory to practicum effective?

The basic curriculum comes from the CRS West Bank Project which started in 1975 with a goal to improve the health standards of poor village women and their young children. CRS staff trained selected village teachers who in turn trained mothers in their

respective villages. This curriculum evolved through several different phases as the topics were expanded.

As stated earlier, at the onset of the CRS Jordan Health Education Project, the project staff spent time on the West Bank to observe that project and two of the instructors were recruited from the West Bank where they were health educators in that project.

The survey was effectively used as a tool to draw out local health problems, beliefs and practices. The curriculum was then modified and augmented to reflect these areas of concern.

Built into the curriculum's course plan are times for practicums in all the content areas. In the sixth week, practice teaching is introduced. This comes after an introductory class in preparation of a lesson plan. The students are exposed to such topics as: methods of teaching, teaching techniques, writing lesson plans, drawing visual aids, sewing a doll to use for demonstration purposes, and finally to the practice teaching in the classroom and in health centers. The students also practice weighing and recording children's weights, practice first aid techniques and taking vital signs, and learn evaluation techniques by evaluating the course and instructors. A number of VHEs were observed by the evaluator conducting mothers' group meetings. The VHEs were in control of their

respective groups and each had initiated their own lesson plan for the particular subject under discussion. The mothers were all eager to participate.

3. What is the teaching approach preferred by the trainers (participatory, one way teaching, etc.)?

The VHE training course has a very effective "hands on" component. Any straight lecture will be followed by a discussion or demonstration or maybe a visual aid technique to reinforce the information given. The students are guided in how to pare down the information they have learned to present it to the mothers in their villages. Visual aids are used throughout the course and the students are encouraged to use their own imaginations to create new ones.

4. Is the system utilized for evaluating students and teachers' performance adequate?

A grading sheet has been developed for the six month course. It records grades for theory exams, lesson plan skills, practice teaching and course content practicums. The student must pass with a cumulative average of 65% or better.

The CRS instructor evaluates the VHE during the mothers' group meetings (Field Work Weekly Report) and during any practicums. An evaluation form has been

developed for each circumstance. At this time a new evaluation form for VHE field work is being developed in order to more easily arrive at a more meaningful evaluation.

During the VHE course the students are periodically evaluating the CRS instructors and the course. The first time comes at the fifth week, then the fifteenth, and finally at the end of the course with a three page evaluation form.

An evaluation of the CRS instructors and community development specialist is done every year by the Project Director according to the CRS home office guidelines.

5. What is the attrition rate of the students?

At the time of this writing, the attrition has been zero. There is one VHE from the Karak group whose performance has been below satisfactory. She is on "probation" and will not remain a VHE unless performance greatly improves.

6. Has the project been coordinating closely with MOH services in the area?

The participation of the MOH and its facilities in the three impact areas has been paramount in the functioning of this project. From the inception of the program the MOH has been delegated the

responsibility of support both in cash and in-kind. The in-kind contribution has provided accommodations and furnishings for the training programs and some meeting places for the mothers' groups.

Two of the training courses (Karak and Ghor) have been in Health Centers and one (Ma'an) in a school. The MOH Directorates in Karak and Ma'an have been very cooperative and supportive of the program as they see a real need in these areas for health education geared towards mothers and children to improve the quality of life for these villagers. The health center/clinic doctors have been willing to lecture occasionally during the training courses which helps solidify the linkage between them, the community and the future VHEs.

The graduated VHW spends time at the MOH health center/clinic in her village when she isn't conducting a mother's meeting or home visiting. The mothers' group meetings may also be held at the center or clinic, space permitting. At the health center/clinic, the VHE will spend time with the mid-wife or nurse, weighing children, registering mothers and infants, and talking with mothers regarding the health of her family. There is a potential for this to turn into a mother's meeting.

The VHE on her outreach visits is always assessing problem areas and advising mothers to go to the health center/clinic whether for an emergency situation or for vaccinations or prenatal care. According to the baseline survey, most of the women (52%) responded that they take their families to the health center in their area. But 67% of women said the MOH worker had never visited them in their homes.

Statistics on home visits by the Karak VHE's from May to December 1988 reveal 1001 home visits collectively by the 18 VHEs. 23% of the visits were to gather mothers for the health education course, another 23% to visit mothers that miss a mothers' meeting, 28% for immunizations (accompanying the clinic nurse or midwife, 9% to visit pregnant mothers, 8% for visits to a sick child, 7% for postnatal visits, and 2% for visits to mothers of retarded children.

7. Has the utilization of the existing MOH facility increased as a result of the project's community oriented approach?

From the baseline surveys it is evident that the impact areas have available health services (53% utilize health centers while 38% prefer hospitals) but outreach and instructional health education is limited. In the Ghor, lack of transportation to the health center poses a difficult problem. Ma'an village leaders also

expressed concern over transportation problems and access to health facilities.

The Karak VHEs have been in the field from May, 1988. There are no statistics on utilization of the health centers now in contrast to the start of the project, but the doctors and mid-wives in the centers feel the VHEs are responsible for an increase in mothers coming to the health centers. As the VHWS are in place for a longer period of time, the utilization rates should be calculated periodically. In the Village Description of the baseline surveys, the question is asked: "How many antenatal visits in 1986?" This answer is helpful in determining any increase in utilization of antenatal clinics.

The phasing component of the project makes it difficult to gather statistics at a mid-term evaluation since the second group of VHEs have just graduated and the third training course has just begun. But it does allow each successive group to benefit from the training that has already happened.

8. What steps has the project taken to ensure its sustainability, both financial and institutional?

Written into the project proposal of March 1986 is an essential component of involvement by the MOH and the General Union of Local Benevolent Societies (GULBS) to

assume certain responsibilities as the project evolves. From the beginning a dialogue between the CRS staff, MOH, and Local Benevolent Societies has been established. The MOH has been asked to supply the salaries of some of the VHEs as have the municipalities and Local Benevolent Societies.

The leaders of village councils, municipalities, and local Benevolent Societies were interviewed during each of the baseline surveys. This was done to gain valuable information about the village and to inform them of the project and hopefully gain their support. The leaders were also helpful in recruiting potential VHEs from their villages. According to the project proposal, the village leaders would be asked to hire some of the VHEs after completion of their training courses. Many of these leaders have been cooperative and see value in the project, but find it very difficult to allocate funds to hire a VHE. The GULBS receive partial funding from the Ministry of Social Development, from private contributions and from co-operative agricultural projects.

The General Union of Voluntary Societies (GUVS) in Amman has been involved from the beginning. They have committed to paying JD 250 for each of four VHEs in the Karak area where there is a Local Benevolent Society. (One VHE is already employed by the municipality of her

village.) This JD 250 amount is for one year and should be used to augment what the Local Benevolent Society pays. GUVS in Amman cannot pay salaries per se but might make yearly contributions. The six remaining VHEs in Karak have been verbally promised employment by the MOH but as of now they are only receiving their stipends from the project.

The project design is one of a series of phases in which the baseline surveys, health educator training courses and the village health programs as established by the VHEs follow a staggered time schedule. This means that financial support of the VHEs and institutionalization of the project is dealt with in each of the three impact areas at different times and not all at the end of the project. The phasing plan was chosen to economize and develop teaching resources by repeating the course in each area and allowing CRS to develop their own teaching staff by gradually placing them in positions of greater responsibility. The Letter of Agreement between the MOH and the CRS/Jordan, signed 23 May 1987, states: "The Ministry of Health will consider a contribution to the support of the Village Health Educators/Outreach Workers, at the discretion of the Ministry of Health, in those villages without other resources to assume that responsibility." A verbal commitment by the MOH to hire six VHEs in Karak has been made. The Project Director is attempting to get this in writing.

Securing salary commitments from the Local Benevolent Societies, municipalities, MOH, Ministry of Social Development or Ministry of Municipalities for Rural Affairs for the newly graduated Ma'an VHEs is underway. The CRS project staff from the onset has attempted dialogue with these agencies to keep them informed and gain their acknowledgement of the need for and support of a village health education program.

The MOH, in the Letter of Agreement, is committed to giving "priority" for employment by the MOH to two project trained instructors and three project trained supervisors of the project to insure continuation along the same lines of the original project after completion of that project. These instructors and supervisors are committed to this concept and even at this date wish to continue their work after the project.

9. Are the trained community health workers capable of:
 - a. - carrying out training sessions for the mothers.
 - b. - promoting the use of the MOH health facility in the area.
 - c. - targeting the program's identified health problems.

a. The six month training course for VHEs concentrates on the life and perspectives of the mothers who will attend the village health education course given by the VHE. The content of the curriculum attempts to give the mother the knowledge she needs to maintain a physically and mentally healthy household. A course outline for the three months of mothers' group meetings is just that - an outline. The VHE takes that outline and embellishes her presentations according to knowledge of her village; i.e. certain beliefs or practices, family make-up of the village, etc. The course outline identifies a different subject, such as Care of the Sick Child or Postnatal Care and Care of the Newborn, for each class time. This course takes twelve weeks with two sessions per week.

During the health educator course, a large block of time is given to the methods of teaching and to practice teaching using those methods. The students are given various aids to help them develop a meaningful course for the mothers. There is an evaluation form used during practice teaching sessions by the CRS staff and another form for use by the supervisor during the real teaching sessions by the VHE. A meeting of the Project Director, the Karak Instructor and the supervisor is held at least once a month to discuss progress and problems.

The VHE has two forms she uses for her mothers' group. One is "Background Information" on each mother including such facts as : number of children under five years, pregnant?, age and sex of youngest child, duration of breast-feeding, process of weaning, problems of children, and source of water supply. The other form is for class attendance with a legend of reasons for missing class such as 1) sick child 2) sick mother 3) gave birth or 4) death in the family.

b. The health center or clinic in each area where a VHE is working and living is a focal point of the project and a very important referral point to the VHE. As the VHE teaches the course she encourages mothers to use the village health facility for preventive measures such as immunizations or prenatal care and also for curative care such as for diarrhea or pregnancy problems. The VHE visits the homes to persuade mothers to join the health education course, to visit pregnant mothers and refer at-risk cases to the health center, to visit postnatal mothers to urge breastfeeding, care of the infant, etc., to visit children to detect and refer at-risk cases to the health center and to assist with referrals for mothers of retarded children. These home visits are made between 9.a.m. and 12 noon while the men are at work.

c. Each of the three training courses vary some in the priority given various subjects. The instructors and supervisors have access to the village leader segment of the questionnaire where problem areas are identified and a general picture is given of the village. The VHE Job description includes communication with village leaders about any health problems in the village needing solution.

10. Is the system of supervision of the community health workers adequate? What system of compensation and support is being used to encourage and sustain them?

From each health educator course in the three impact areas, one VHE is chosen as a supervisor for that group of VHEs. The course instructor trains the supervisor in evaluation skills and that supervisor attends the mothers' group meetings organized by the VHEs in her area. The "Field Work Weekly Report" form is used now although a more comprehensive one is being developed. The VHEs keep the CRS staff apprised of their scheduled meetings each month enabling the CRS staff to visit when they wish. The project director, instructor and supervisor meet with the VHEs once a month or more frequently if needed to discuss problems.

When each training course was set up, a stipend amount was agreed upon to be used mainly for transportation to

and from the site of the training. For example, the stipend for the Ma'an students was increased from the JD 30/mo. received by the Karak group to JD 40 per month because the villages were further away from Ma'an proper and transportation is expensive.

Now that two of the areas have completed the six month course (Karak and Ma'an) and the payment of salaries for most of the VHEs is still unresolved, the payment of salaries is coming from project funds. The VHEs take their jobs seriously and although they are concerned and question the CRS staff when they see them, there has been no attrition!

Recommendations

1. A six month to one year extension is recommended
1) to allow more time for the final group (Ghor) to finish training and gain experience as VHEs, 2) for adequate time to select a fourth site, (Salt and Mafrag has been suggested as potential sites which would mean less travel time and less expense) and begin working in tandem with the Health Education Department of the MOH to conduct a baseline survey.
3) Additional time to secure salaries for all the VHEs. The training was also delayed due to several circumstances: signing of the Letter of Agreement, difficulty in recruiting some CRS project staff and the problem of securing sources for salaries of the VHEs.

Finding and Conclusions

1. The project was built around the premises that it would create a MOH program whereby local village women all over Jordan could be trained in basic primary health care in order to set up a health program in their respective villages. The financial support of salaries for the VHEs has proven very difficult to obtain although that is an integral part of the project. The MOH is very hesitant to make any written commitments at this time.

2. The center in Karak where a group of our VHEs are being trained could be effectively utilized as a permanent model practicum site for the Primary Health Care Nursing Development Project. The three months mothers' course is becoming well established. The VHE is spending time with the clinic staff (mid-wives, nurses, doctors) of the local health centers/clinics establishing linkage between the existing health services and the communities they serve. The nursing project along with the MOH should pick up the VHE salaries.
3. It is strongly recommended there be a fluent Arabic speaker on the final evaluation team.
2. The Karak group of VHEs completed training in May 1988 and have been working in the field since then. Two out of the thirteen VHEs are salaried (one by her village municipality and one by the project as field supervisor) while the rest are continuing to receive their training stipends from project funds.
3. The field visits of a project like this are very essential to a fair evaluation, the observed classes, meetings and home visits are all conducted in Arabic.

4. The MOH should assume the responsibility of supervision of all VHEs regardless of who pays their salaries. A contract could be drawn up between the VHE and the Local Benevolent Society which would include the MOH health center/clinic's supervision responsibilities.
5. A certificate should be awarded the mothers who complete the course with no more than maybe three absences. It would be designed by the CRS staff and should have the signatures of the VHE and the doctor at the health center. This would serve as an incentive, along with perhaps a small graduation at the conclusion of the course to commit these mothers to the full three month course.
4. The VHEs eventually employed by their municipalities or Local Benevolent Societies cannot be supervised by these organizations as they have no health background. All of the VHEs work out of their local health centers/clinics.
5. The mothers sometimes complain that meeting twice a week is too much. Almost a quarter of the home visits between May and December 1989 were made to mother's who had missed a meeting.

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3. Evaluation Scope of Work, USAID.
4. Quarterly Progress Reports, CRS.
5. Sub-Grant No. 278-0270 CRS
 Amendment No. 1
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 Attachment 3: Program Description
6. MOH Letter of Agreement, 23 May, 1987.
7. Life Cycle Health Education Project Booklet, CRS/West Bank.
8. Curriculum: Fundamentals of Health Education Life Cycle, CRS Jerusalem/West Bank, 1984.
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13. Forms - supervisory, evaluation, attendance, CRS.

USAID/JORDAN

TRAINING OF HEALTH EDUCATORS IN RURAL JORDAN

EVALUATION SCOPE OF WORK

I. ACTIVITY TO BE EVALUATED:

Title: Training of Health Educators in Rural Jordan (27B-0270 CRS).

Life of Project Dates: March 31, 1987 - March 31, 1990.

Project Assistance Completion Date: March 31, 1990.

Initiation Date of Evaluation: January 22, 1989.

Completion Date of Evaluation: February 23, 1989

II. PURPOSE OF THE EVALUATION:

This midterm assessment will examine the processes of project implementation. It will review the effectiveness of the field implementation of the program and identify areas of concern in need of modification. It is expected to relate the present achievements of the project to the original project goals and come out with recommendations on basis of which the project will be redesigned, expanded, terminated or continued as originally planned. In addition, a budget review will be conducted and budget adjustments will be proposed if necessary.

III. BACKGROUND:

On March 31, 1987, USAID went into an agreement with the Catholic Relief Services to implement a training program in rural Jordan targeted at training selected village health educators (VHEs). The program is of three years duration. It aims mainly at designing a curriculum and a system for training village health educators in such a way to enable them to duplicate what they have learned on a more basic level within their villages to assist in improving the health status of the communities they serve.

To ensure the quality of the training provided the trainers which consisted at the time of the project director, a community development specialist and a secondary instructor were sent to the West Bank to receive orientation in the latest training methodology utilized by CRS in their West Bank training program. This is highly relevant since the Jordan program is a duplication of the earlier CRS/West Bank project with minor modifications to make it applicable to the local conditions in Jordan.

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On June 5, 1987 a survey was held in the Karak governorate to assess the local health conditions. After which the curriculum was modified and the first group of VHE trainees were selected to commence training. The group consisted of 13 female health educators representing 13 villages in the Karak governorate. Their training was initiated on October 19, 1987. The applied curriculum used was divided into two parts. The first part exposed the students to the theory on which their community outreach activities were based and the second part assigned the trainees to a number of health centers to apply the skills they have acquired in carrying out home visits and holding health education sessions directly in the field. This practicum part was implemented under the supervision of the project staff.

The above group ended its training in April 30, 1988 and the VHEs are currently working in a number of local health centers. Some of them have been employed permanently by the local municipalities while others are still receiving their salaries from the subject project.

While the above training was taking place another survey was being held in Maan/Wadi Mousa region. This was initiated in February 29, 1988. In this region, also 13 VHEs out of 13 villages were identified and their training was initiated in May 24, 1988 and is running very smoothly. The same approach as the initial training is being utilized.

At present plans are being carried out to start the health education training in the Ghor area.

The project director of the program is Ms. Hanneh Dababneh. She is based at CRS offices. Ms. Mona Hamzeh is the liaison officer for the project assigned by the MOH. Both of them are expected to work very closely together to ensure the coordination between CRS and the MOH at all levels of the project.

IV. STATEMENT OF WORK:

The evaluator is expected to focus his/her investigations on the following questions and is expected to provide answers to them:

A. Programmatic and Implementation issues:

1. Was a health survey carried out in every area in which the training was implemented? Was the data collected relevant to the needs of the project?
2. Is the curriculum utilized cognizant of the local health problems in the area served? Is the division of theory to practicum effective?

3. What is the teaching approach preferred by the trainers (participatory, one way teaching ect.)? }
4. Is the system utilized for evaluating students and teachers' performance adequate?
5. What is the attrition rate of the students?
6. Has the project been coordinating closely with MOH services in the area?
7. Has the utilization of the existing MOH facility increased as a result of the project's community oriented approach?
8. What steps has the project taken to ensure its sustainability, both financial and institutional?
9. Are the trained community health workers capable of:
 - carrying out training sessions for the mothers.
 - promoting the use of the MOH health facility in the area.
 - targeting the program's identified health problems.
10. Is the system of supervision of the community health workers adequate? What system of compensation and support is being used to encourage and sustain them?

The evaluator is required to state his/her findings, his/her interpretations of the findings and his/her recommendations based on the interpretations. The evaluator needs to distinguish very clearly between findings, conclusions and recommendations.

- B. Budgetary and audit issues: To be performed by the Controller's Office in conjunction with the evaluation.

V. METHODS AND PROCEDURES:

The information collected for this evaluation will be done mainly through discussions with MOH personnel, CRS team, MOH personnel and observation of CRS community health workers in the field, as well as, through review of the project files both at AID and CRS.

The duration of the midterm evaluation will be five weeks divided as follows:

First week - briefing by USAID on project objectives, present status and document review.

Second week - discussions with relevant officials and observational field site visits.

Third week - preparation of preliminary draft.

Fourth week - submission of preliminary draft to HCH, CRS and USAID/JORDAN.

Fifth week - preparation and submission of final report.

As far as the working hours are concerned evaluator is expected to work six-day weeks. Vehicles for transportation will be provided by CRS. The evaluator will be given the authority to procure secretarial services.

VI. COMPOSITION OF EVALUATION TEAM:

The evaluation team will rely mainly on one person who will assess the present status of the program, make appropriate recommendations and submit the final report. He/She should have a nursing background with a Master in Public Health or equivalent degree; should have participated in evaluation activities before and have had working experience in similar projects. Knowledge of the Arabic language is an advantage.

He/She is expected to work closely with the following individuals who will accompany him/her on field site visits:

- Ms Mona Hamzeh, The Head of the Health Education Department, HCH.
- Ms. Hannah Dababneh, Project Director, CRS.
- Ms. Doris El-Khazen, Program Specialist, USAID/Amman.

VII. REPORTING REQUIREMENTS:

The evaluator will prepare a written report containing the following sections:

- Basic Project Identification Data Sheet.
- A.I.D. Evaluation Summary (Part I and II).
- Body of the report: should include a description of the context in which the project was developed and carried out, and provide information (evidence and analysis) on which the conclusions and recommendations are based. The general length of the body of the report should be no more than 40 pages. Details can be included in appendices.
- The report should conclude with a full statement of conclusions and recommendations. Conclusions should be short and succinct, with the topic identified by a short subheading related to the questions posed in the Statement of Work. Recommendations should correspond to the conclusions; whenever possible, the recommendations should specify who, or what agency, should take the recommended actions;

- Appendices should include at a minimum the following: f

(a) The evaluation Scope of Work;

(b) The pertinent Logical Framework(s), together with a brief summary of the current status/attainment of original or modified inputs and outputs (if these are not already indicated in the body of the report);

(c) A description of the methodology used in the evaluation (e.g., the research approach or design, the types of indicators used to measure change, how external factors were treated in the analysis). Evaluators may offer methodological recommendations for future evaluations;

(d) A bibliography of documents consulted.

Other appendices may include more details on special topics, and a list of agencies consulted.

VIII. SUBMISSION OF THE REPORT:

A week after the field visits are completed a preliminary draft will be submitted to CRS, NOH and USAID/JORDAN. The three parties will be given one week for reviewing the report and giving their comments.

The evaluator will be responsible for submitting the final draft one week after receipt of reviewed draft reports.

IX. FUNDING:

The evaluation is estimated to cost approximately \$10,000 from project funds distributed as follows:

Personal Cost (30 person days)	\$9000
Secretarial Support	\$600
Miscellaneous	\$400

(Draft:DKhazen/rg)

(Doc:017411/A)

memorandum

DATE: April 6, 1989

M. YASSIEN

REPLY TO
ATTN OF: Mohammed A. Yassien, Financial Analyst

SUBJECT: USAID/Health Grant to Catholic Relief Services

William Jansen, HPN
TO: Doris El-Khazen, HPNThru: Nimalka Wijesooriya, Controller *NW*Introduction:

As requested, I have performed a limited procedure review on the Financial position of the USAID Health Grant to Catholic Relief Services (CRS) during the month of February 1989, this report shall summarize our work in this regard.

Evaluation Objective

The objective of the financial evaluation was to determine the reliability of the accounting system with special emphasis on the auditability of the organization, its cash management practices and the appropriateness of changes to subject grant.

The system was documented and evaluated using the "Walk thru" transaction approach, observation, verification and discussion with CRS personnel, examination of selected invoices and vouchers and review of the financial status of the project on an overall basis.

Findings and Recommendations

In reviewing the accounting system the following were noted:

1. Personnel costs

Total approved personnel cost formed about 60% of total approved budget for the project. The objective of our review of the personnel costs was to determine if the salaries paid to USAID funded project employees were commensurate with the jobs they performed, taking into consideration their salary history, and prevailing market rates. Also to ensure that the employment policies and procedures are in accordance to CRS worldwide personnel policy.

CRS has a worldwide personnel policy approved by their Head Office in the USA. Such policy is used for Jordan operations.

Our review of payroll cost was performed on the following positions:

1. Project Director, 2. Instructor, 3. Village Health Education Region 1 and 2.

Our review indicated that CRS followed their usual hiring practices, which include advertising and interviews in determining who is to be hired. Appropriately qualified personnel were hired at salaries commensurate with their salary histories. The procedures complied with the organization manual practices include advertisements and interviews.

Our review, however, indicated that the project Director was working as the director of the nursing school with the Ministry of Health. No evidence of her past employment salary history was made available to us. Our discussion indicated that her earnings was less than her salary of JD 550 per month for working as Project Director for CRS. But in our opinion the annual amount paid was reasonable given the fact that she was the only qualified applicant for the job and she was the only applicant willing to make trips to the sites.

The position of the instructor was originally budgeted for a principal instructor but due to the fact that none of the qualified applicants was willing to work in the rural areas to the south (Karak, Ghor and Ma'an) CRS hired instructor from the West Bank with less academic credentials. To ensure the quality of teaching, the Project Director has closely monitored her activities and continuously supplemented her lectures and presentations.

The village Health Education regions were paid in accordance with the approved project budget. Social Security has been applied on Al-Karak Group as they completed their training while Ma'an group is not included in the Social Security as they are still under training.

The computer Consultant paid under the USAID grant was not approved by the grant. Total amount paid and claimed from USAID/JORDAN as of December 31, 1988 was Dols 2335.53. Subsequent to that and based upon an amendment to the grant agreement such position was approved. No addition follow up is required.

2. Travel/Transportation

Included in this line item is the per diem for Amman based staff visiting the project areas.

CRS pays its staff JD 12 per day for each day spent at site and JD 5 for each trip completed within one day. Our review of the seventh Quarterly liquidation indicated the appropriatenesses of such changes to the grant. As of December 31, 1988 no international travel was conducted.

3. Trainer accommodations & Workshops for local staff.

The major expenses are included in this line item is the cost of houses rented for educators and instructors which approved by the project budget. The supporting documentation justified the claim.

4. Supplies

This line item consist of two items which are non-expendable supplies and Expendable supplies.

The expendable items comprised of cost of paper for the copying machine, video film cassettes and others.

Non Expendable items include used equipment, Furniture and Fixtures. For material non-expendable items CRS should obtain 3 offers and select the best.

5. Consultancy/Evaluation

Up to December 31, 1988 only \$ 1,186.36 was spent under this line item. For the services of Mrs. Linda Jaradat who worked as a survey consultant.

6. Vehicles & Maintenance

Three vehicles have been purchased under this project and maintained .

7. Other control points noted during our review and discussion with CRS staff are as follows:

7.1 CRS has a financial mannual which describe all financial transactions and records that should be maintained.

- 7.2 CRS has an administrative manual which covers all administrative aspects of operations.
 - 7.3 Monthly reports of the financial position is prepared and submitted to Head Office.
 - 7.4 Funds are deposited in non interest Bearing Account.
 - 7.5 Bank reconciliations are prepared on a monthly basis.
 - 7.6 Log in register is used vehicles usage.
8. The following are weaknesses that were noted during our work:
- 8.1 CRS uses a manual accounting system, we recommend that CRS consider automating its accounting system to provide the financial information needed by its manager on a timely basis.
 - 8.2 The project director complains of the degree of cooperation and coordination of the Ministry of Health in hiring the trainees in the MOH posts which imposed additional financial effects on the project.

Conclusion

Based on our limited review performed above the CRS accounting system provide an accurate current and complete disclosures of the financial results of CRS in accordance with the reporting requirements, and the records adequately identify the sources and applications of funds. Also the CRS has effective control over accountability for all funds related to the Health Project.