

PD-AAF-736

278-024500-40
B' (2)

UNCLASSIFIED

September 16, 1980

ACTION MEMORANDUM FOR THE MISSION DIRECTOR

FROM : OTP, J. H. Thomas

SUBJECT : Project Authorization

Your approval is required for a grant of \$ 980,000 from the Economic Support Funds appropriation to Jordan for Health Education, Project Number 278-0245.

Discussion: This project is an outgrowth of a need recognized by USAID and the Ministry of Health for increased efforts in educating the Jordanian populace in improved health behavior and in linking them to improved primary health care services. This project will entail the expansion and improvement of the Division of Health Education (DHE) in the Ministry of Health through the provision of advisors in public health education, training of DHE staff, research and development of mass media education, and provision of necessary commodities. Community-based health education activities will be carried out by up to 25 field Health Educators to be hired and trained by the DHE.

Although it may be difficult to accurately evaluate the direct impact of this project due to increased activities in primary health care, oral rehydration and schistosomiasis control, it is believed the project will contribute to enhancing other activities within the Ministry of Health.

Waivers: None now required. Source/origin waivers for 3rd country training will be sought at the time such training is implemented.

Justification to the Congress: An advice of Program Change was submitted to the Congress on September 8, 1980 and will expire on September 23, 1980.

Clearances Obtained: This Project Paper has been reviewed and approved by the Ministry of Health, the AID Mission Health Project Review Committee and the Senior Review Committee.

Recommendation: That you sign the attached Project Authorization.

CLEARANCES: OTP: JTurman [Signature], CONT: EGiza [Signature], CD: TPearson [Signature]
PRG: DLeaty [Signature], RLA: GDavidson [Signature], D/D: LRichards [Signature].

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
 C = Change
 D = Delete

Amendment Number

10

DOCUMENT CODE

3

2. COUNTRY/ENTITY

JORDAN

3. PROJECT NUMBER

4. BUREAU/OFFICE

NEAR EAST

03

5. PROJECT TITLE (maximum 40 characters)

HEALTH EDUCATION

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
09/30/85

7. ESTIMATED DATE OF OBLIGATION
(Under "B" below, enter 1, 2, 3, or 4)

A. Initial FY 80 B. Quarter 4 C. Final FY 80

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY 80			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	354	0	354	980		980
(Grant)	(354)	(0)	(354)	(980)	()	(980)
(Loan)	(0)	(0)	(0)	(0)	()	(0)
Other						
U.S.						
Host Country		219	219		1,449	1,449
Other Donor(s)						
TOTALS	354	219	573	980	1,449	2,429

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	510	560		0		980		980	
(2)									
(3)									
(4)									
TOTALS				0		980		980	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

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

A. Code
B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

The Purpose of this project is to create awareness, increase knowledge, positively influence attitudes and foster adoption of appropriate preventive curative health behaviors of the public through organized health education efforts.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY
0 8 8 1 0 6 8 3 0 4 8 5

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

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

17. APPROVED BY

Signature: *[Signature]*
Title: Director, USAID/JORDAN

Date Signed MM DD YY
0 9 3 0 8 0

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

PROJECT AUTHORIZATION

Name of Country : Hashemite Kingdom of Jordan
Name of Project : Health Education
Number of Project: 278-0245

1. Pursuant to Section 532 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Health Education Project for Jordan involving planned obligations of not to exceed \$980,000 in grant funds over a one year period from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project.

2. The Project consists of improving the health education activities of the Ministry of Health ("MOH") and other governmental and private organizations in Jordan.

3. The Project Agreement which may be negotiated and executed by the officer(s) 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:

a. Source and Origin of Goods and Services

Goods and services, except for ocean shipping, financed by A.I.D. under the Project shall have their source and origin in the United States and the cooperating country, except as A.I.D. may otherwise agree in writing. Ocean shipping financed by A.I.D. under the Project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

b. Conditions Precedent to Disbursement

Prior to any disbursement, or to the issuance of any commitment documents under the Project Agreement, the Cooperating Country shall furnish, in addition to the standard legal opinion and specimen signature(s), in form and substance satisfactory to A.I.D.:

(1) a comprehensive organizational plan including, but not limited to, the internal relationship of Division Health Education ("DHE") to the MOH and a staffing plan for DHE;

(2) assurance that the Ministry of Information will make available all resources necessary for the implementation of the media phase of the Project, including provisions for coordination with DHF;

(3) evidence that the Ministry of Education will work closely with the DHE staff in designing, testing and producing health education curricula and will utilize such jointly produced materials in its primary, preparatory and secondary schools;

(4) a statement as to how the activities, programs and information being carried out and developed by the Project will be coordinated and/or made available to other private and public organizations.

c. The Cooperating Country Shall Covenant:

(i) to provide adequate staff, implement necessary staff training and to effect necessary actions to assure that Project objectives are accomplished.

Typed Name

Office Symbol

Date

Initials

Signature



Edgar C. Harrell
Typed Name of Authorization
Officer

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT PAPER FACESHEET

1. TRANSACTION CODE

A ADD
 C CHANGE
 D DELETE

PP

2. DOCUMENT CODE
3

COUNTRY ENTITY

JORDAN

4. DOCUMENT REVISION NUMBER

0

PROJECT NUMBER (7 digit)

278-0245

6. BUREAU OFFICE

A SYMBOL: NE B CODE: 03

7. PROJECT TITLE (Maximum 40 characters)

HEALTH EDUCATION

ESTIMATED FY OF PROJECT COMPLETION

FY 85

9. ESTIMATED DATE OF OBLIGATION

A INITIAL FY: 80 B QUARTER: 4
 C FINAL FY: 80 (Enter 1, 2, 3, or 4)

10. ESTIMATED COSTS (\$000 OR EQUIVALENT \$1 -)

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B FX	C - C	D TOTAL	E FX	F L/C	G TOTAL
D APPROPRIATED TOTAL	354	0	354	980		980
GRANT	354	0	354	980		980
LOAN	0	0		0		0
OTHER 1.						
U.S. 2.						
HST COUNTRY		219	219		1,449	1,449
OTHER DONORS:						
TOTALS	354	219	573	980	1,449	2,429

11. PROPOSED BUDGET APPROPRIATED FUNDS (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH CODE		E. 1ST FY 80		H. 2ND FY		K. 3RD FY	
		C GRANT	D LOAN	F GRANT	G LOAN	I GRANT	J LOAN	L GRANT	M LOAN
ESF	510	560		980					
TOTALS									

A. APPROPRIATION	N. 4TH FY		O. 5TH FY		LIFE OF PROJECT		12. IN-DEPTH EVALUATION SCHEDULED
	C GRANT	F LOAN	R GRANT	S LOAN	T GRANT	U LOAN	
ESF					980		MM YY 06 83
TOTALS					980		

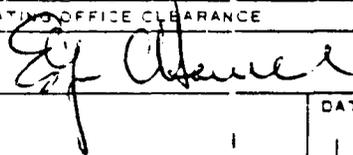
DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA, BLOCKS 12, 13, 14, OR 15 OR IN PRP FACESHEET DATA, BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET.

2 NO
 1 YES

14. ORIGINATING OFFICE CLEARANCE

SIGNATURE

Edgar C. Harrell



15. DATE DOCUMENT RECEIVED IN AID/W OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

TITLE

Director, USAID/JORDAN

DATE SIGNED

MM DD YY
09 30 80

MM DD YY

International Development Cooperation Agency

Agency for International Development

Washington, D.C. 20523

PROJECT PAPER

JORDAN: HEALTH EDUCATION

Project Number: 278 - 0245 (Grant)

Date: September 29, 1980

HEALTH EDUCATION, PROJECT NUMBER 278-0245

PROJECT COMMITTEE

OTP Jack Thomas, Health & Family Planning Development Officer,
Chairman
OTP Dr. Sami Khoury, Health Officer
OTP Dr. James A. Turman, Chief, OTP
PRM George Ishaq, Acting Program Officer
CD Stanley Stalla, IDI, Capital Development Officer
CD Farid Salahi, Engineer
CONT Jeryes Fashho, Chief Accountant

PROJECT REVIEW COMMITTEE

DD Lois Richards, Chairperson
PRM Daniel Leaty
RLA Garber Davidson
CD Thomas Pearson
OTP Dr. James A. Turman
CONT Edward Giza

TABLE OF CONTENTS

	<u>Page</u>
I. PROJECT SUMMARY AND RECOMMENDATIONS	1
II. BACKGROUND AND PROJECT DESCRIPTION	3
A. BACKGROUND	3
1. Overview	3
2. Role of Health Education	4
3. Current Status of Health Education Efforts	5
4. Summary	7
B. PROJECT DESCRIPTION	8
1. Introduction	8
2. Project Purpose	8
3. Outputs	9
4. Inputs	12
III. PROJECT ANALYSES	14
A. GENERAL CONSIDERATIONS	14
B. TECHNICAL FEASIBILITY	14
1. Introduction	14
2. Resources Needed for Project Implementation	15
3. Alternatives	17
4. Relationship of the Project to the Health Sector Assessment and to Host Country Priorities	18
5. The Epidemiological Rationale for Health Education	22
6. Setting Priorities	22
7. The Means of Health Education	24
C. SOCIAL ANALYSIS	25
1. Targeting of Health Problems and Groups	26
2. Message and Medium	26
3. How Capabilities in Socio-Cultural Analysis will be developed	26
4. Beneficiaries	27
D. ADMINISTRATIVE FEASIBILITY	28
1. Positioning within the MOH	28
2. Vertical Programs, Integrated Programs, and Decentralization	28

Table of Contents (Cont'd)

	<u>Page</u>
E. ECONOMIC ANALYSIS	29
F. ENVIRONMENTAL CONCERNS	32
G. FINANCIAL ANALYSIS	32
H. WOMEN IN DEVELOPMENT	36A
IV. IMPLEMENTATION PLANNING	37
A. INTRODUCTION	37
B. IMPLEMENTATION PLAN	37
1. Implementing Agencies	37
2. Contractual Arrangements and AID Approvals	38
3. Initial Actions	40
4. Actions Under the Technical Assistance Contract	41
5. Training Plan	42
6. Training Modules and Media Campaigns	43
C. PROJECT EVALUATION	
D. CONDITIONS, COVENANTS, NEGOTIATING STATUS	
1. Conditions: First Disbursement	47
2. Covenants	48
a. Project Evaluation	
b. Staffing, Training and Coordination	48
3. Negotiating Status	48
E. MAJOR IMPLEMENTATION ACTIONS	49
V. ANNEXES	
A. STAFFING PATTERN, DIVISION OF HEALTH EDUCATION	
B. PID APPROVAL CABLE	
C. MISSION RESPONSE TO NEAC ISSUES	
D. LOGICAL FRAMEWORK	
E. STATUTORY CHECKLIST	
F. AUTHORIZATION AND REQUEST FOR FUNDS	
G. ENVIRONMENTAL CLEARANCE	
H. GOJ PROJECT REQUEST	
I. PROJECT GRANT AGREEMENT	
J. HEALTH SERVICES NETWORK IN JORDAN	
K. REVISED PID FACESHEET	

HEALTH EDUCATION
PROJECT NUMBER 278-0245
PROJECT PAPER

I. PROJECT SUMMARY AND RECOMMENDATIONS

A. GRANTEE: The Government of Jordan (GOJ)

IMPLEMENTING AGENCY: Ministry of Health, Division of Health Education.

B. AMOUNT: U.S. \$ 980,000.00 of which the total is authorized for obligation in FY 1980.

C. TERMS: This activity is to be grant funded from Economic Support Funds.

D. TOTAL PROJECT COST: The total project cost is estimated to be U.S. \$ 2,429,000.00. The GOJ contribution is estimated to be U.S. \$ 1,499,000.00 or 60 percent of the total cost.

E. DESCRIPTION OF THE PROJECT: This five year project will contribute to an overall improvement in the health status of the population of Jordan, particularly that of lower income groups, through the introduction of health education into the Ministry of Health's preventative and curative health services delivery system.

The AID Grant will be used to finance technical assistance, training for the staff of the Division of Health Education, in-country seminars, evaluation, audio-visual aids, and other commodities, media production and placement, survey and other research necessary to both design health education programs and evaluate their results.

F. PURPOSE: The purpose of this project is to create awareness, increase knowledge, positively influence attitudes and foster adoption of appropriate preventive-curative health behaviors of the public through organized health education efforts.

The means of accomplishing this purpose are through the creation, conduct and institutionalization of well designed and implemented health education activities as a part of Ministry of Health programs.

- G. GRANTEE CONTRIBUTION: The GOJ is providing funding for Division of Health Education staff; up to ten professionals for the central office and 25 field health educators. Other commitments by the GOJ include office space, furnishings, administrative support personnel and supplies, funds for surveys, research, educational materials, media development, and television and radio time.
- H. MISSION VIEWS: The USAID/Jordan Project Committee and the Senior Review Committee strongly support this project. This view is based on study and analyses of the initial draft prepared by a two-man consultant team, consultations which involved GOJ officials and through review and revisions of six subsequent drafts of this paper. Mission responses to NEAC requirements were contained in AMMAN 05644, attached as Annex C, to this Project Paper. AID/W delegated to the Mission the authority to approve this project at post, per STATE 211500, Annex B.
- I. RECOMMENDATIONS: Approval of the project and authorization of the Grant.

II. BACKGROUND AND PROJECT DESCRIPTION

A. BACKGROUND

1. Overview

The Government of Jordan has a relatively well developed health infrastructure in terms of clinics, health centers, and a hospital network and staff. The public health sector can be divided into two major components, the Ministry of Health (MOH) and the Royal Medical Services (RMS). The Government's health services are supplemented by a vigorous and growing private sector health establishment and the United Nations Relief and Works Agency (UNRWA) which provides services for Palestinian Refugees and displaced persons. Official policy is to further the complementarity between all health resources.

As per capita and household incomes have risen, the health status of the people has improved dramatically over the past 20 years. The crude death rate has dropped from 19/1000 in 1961 to an official estimate of 12-14/1000 in 1979 and life expectancy has increased from about 49 to approximately 57 years during the same period. Specific public health interventions in malaria control, immunization, the provision of safe water and maternal-child health already have had considerable impact. Infant mortality dropped from about 125/1000 live births in the mid-1950's to about 81/1000 in 1979.

Despite these important gains, serious but correctable health problems persist. Among the most important are: high infant mortality and morbidity caused by diarrheal diseases, improper weaning practices, and respiratory infections; the lack of safe drinking water; accidents; heart diseases, eye diseases; and, poor maternal and child health associated with high fertility. In addition, the threat of schistosomiasis has recently been recognized.

None of these, and other, health problems can be solved by the provision of services alone. The public must understand the relationship between particular patterns of behavior and health problems. Educational programs aimed at: fostering the

understanding of these relationships, changing health related behavior in a positive way, and at more appropriate utilization of available health services are needed to reinforce the objectives of health care providers in both the public and private sectors.

To meet this need, the Ministry of Health created the Division of Health Education (DHE) during calendar year 1979. The DHE has been staffed by a physician (the Director) and a secretary since February 1980. The Association of University Programs in Health Administration (AUPHA) is currently working with the MOH on a clearer definition of the responsibilities of organizational units and the overall organizational design within the Ministry. The Division of Health Education's proposed responsibilities focus on education for safe health practices and specifically cover communications, media, publications, and individual and group interventions to encourage positive health practices. It is expected that the proposed responsibilities of the Division will be approved as part of an overall MOH organization during October 1980.

2. The Role of Health Education

Public health efforts must be based on an epidemiologic rationale that directs resources at the leading causes of morbidity and mortality. Similarly, health education must carefully target resources on problems where maximum impact can be expected. The setting of priorities for health education efforts must take into account both the epidemiological significance of specific health problems, and the degree to which the behavioral components of those problems can be changed through education.

The "health education" approach to modifying health related behavior is multidisciplinary, and the major vehicle is the involvement of individuals, groups, and communities in improving their own health. This approach is supportive of a well functioning primary health care system and in turn can be supported by mass media.

The MOH is beginning to make a concerted effort to improve primary health care. As described below there are a significant number of health education activities already underway. The time is ripe for the building of essential community linkages that will link individuals to health services providers, and will encourage individual citizens to become more aware of and more responsible for their own

and their family's health.

3. The Current Status of Health Education Efforts

The direct health education activities of the new DHE have been minimal so far. This is due both to the relative inexperience of the staff and a limited budget. Even so, the Director has written a commendable number of articles on indigenous health practices which have appeared in the local press, he has overseen the publication of a health magazine targeted at health providers, and the DHE has collaborated with the Ministry of Information on two television talk show series (described below) and radio interviews. The DHE also has worked with the Ministry of Education to further incorporate health-related information into the curricula of the public schools.

Another division of the MOH that is active in health education is Maternal and Child Health (MCH). Within each MCH Center there are weekly meetings of mothers during which basic concepts of pre-natal and child care are discussed.

The Ministry of Information has begun health education programming on both radio and T.V. During the school year the Ministry of Information provides four hours of television broadcasting daily in support of classroom teaching in all secondary schools. Part of the content of this program is health education.

National television also carries a weekly half-hour's talk show featuring physicians discussing health topics. In addition, in recent months a new half-hour series on "Infant and Child Care" has been introduced. Radio also follows the talk show format with weekly physician interviews and a question and answer show concerning health.

Contacts with Ministry of Information personnel regarding health education programming have been very encouraging. Both groups, radio and TV, express great interest in increasing the health content of their broadcasting.

The Ministry of Education (MOE) relates to health education in two ways. Enrollment in public schools is currently at the following levels: 97 percent of primary (grades 1-6) school age children, 76 percent of preparatory (grades 7-9) school age children, and 44 percent of secondary (grades 10-12)

school age children. Within all grades there is a strong health education component. The curricula go beyond simple physiology and anatomy and include the basics of disease prevention and public health. First and second grade text books cover some basic concepts of disease transmission and personal hygiene in pictorial form. The basic health aspects of the curricula already exist and are being taught. The second, and not yet developed, aspect of the MOE's program is to have the school serve as a linking institution with communities in terms of the dissemination of information on health and community involvement in health affairs.

International agencies involved in Health Education in Jordan include UNICEF, UNFPA and WHO. The UNFPA provides limited in country technical assistance, audio visual equipment and educational materials to MCH centers. The WHO provides technical reports, posters and other printed materials to be used by the Ministry of Health in a variety of programs. Audio-visual equipment has been provided to MCH centers by UNICEF. UNICEF also has a full time Health Education Consultant who is developing a General Community Education Program, focused primarily on sanitation, for refugee camps.

CARE is conducting a feeding program that has a major nutrition education and family health education component. Although this program is limited in scope, educational materials are being developed that can be used in other programs and geographic areas. Of note is that CARE technicians have found the television programming on maternal and child health to be supportive of their educational efforts. Ministry of Social Development field workers are working with this program in a follow-up home-visiting capacity.

There are other programs being developed that should include a health component. The Ministry of Labor plans to start an educational program for working women. The Ministry of Social Development is considering special educational programs for women. The Division of Health Education will need to provide assistance in designing the health components of these efforts.

4. Summary

The current status of social, political, and organizational factors in Jordan provide a very promising backdrop for public health education activities. The high level of educational attainment and literacy of the general population is indicative of a receptiveness to further educational efforts. Governmental plans to emphasize decentralization through the development of planning regions is envisaged as a vehicle to foster greater public participation in Jordanian political/developmental efforts in the next Five Year Plan. This ties in nicely with the community participation emphasis of health education, one of the main thrusts of this project. The health infrastructure of clinics, hospitals, health and MCH centers continues to expand and improve, thus providing greater accessibility to health services. Finally, there is an exceptionally high level of geographic coverage through the printed and electronic mediums of communication.

Within the MOH, there is a resurgence of interest in health education as an essential element of government health programs and as a crucial linkage to the public through community organization efforts aimed at extending health services and fostering participation of the citizenry. The new Division of Health Education will serve in the development and dissemination of health information through radio, TV, newspapers and other mediums of mass communication. In addition, the DHE can serve a promotional and coordinating role in terms of other organizations' efforts in health education.

In summary, it appears that the social, political and organizational factors present in Jordan are those associated with successful mass information and community-based health education programs in public health. Also, the commitment and motivation within the MOH itself appear to be optimal for the development of a strong health education thrust in all aspects of health programs.

B. PROJECT DESCRIPTION

1. Introduction

The inclusion of community health education activities within the Ministry of Health is a means of activating a somewhat static system through the development of linkages to the community for casefinding, referral, and effecting community participation in health activities. Education for prevention is the appropriate technology for many of the priority health problems of Jordan particularly those associated with lower socio-economic status and rural residence.

It is clear that the Ministry as a whole must aggressively promote the educational approach to the solution of public health problems. The DHE must serve as a resource to all operating divisions and be an integral part of their programs if this approach is to succeed. Health Education does not function as an independent program but instead is a supportive element providing needed educational expertise as well as links to the community.

2. Project Purpose

The primary purpose of this project is to create awareness, increase knowledge, positively influence attitudes, and foster the adoption of appropriate preventive and curative health behavior of the people of Jordan through organized health education efforts. By the end of the project, 95 percent of the populace will be continuously exposed to health education messages. The information transmitted through MOH campaigns will be retained by 50 percent of the target groups and behaviors advocated by campaigns will have been adopted by 10 percent of the target group during the first year of the campaign and by 20 percent by the end of the second year.

A secondary purpose, or more accurately, a level which must be achieved if the above mentioned coverage and changes can be expected, is the institutionalization of health education as a part of MOH programs. The achievement of this

"institutionalization" will be verified when:

- the Division of Health Education can continuously analyze MOH objectives, prioritize problems to be approached through health education and design, implement, and evaluate appropriate interventions;
- there will be continuing requests to the DHE from both within and outside of the MOH for assistance with educational aspects of health;
- the DHE has demonstrated that it has, and will continue to take an aggressive stance towards the role of health education
- the role of community participation on health will have been demonstrated and accepted.

The strategy for health education development in Jordan is based on five major premises:

- a) "learning by doing" through early involvement in action programs
- b) the provision of adequate long- and short-term technical assistance to the Division
- c) an emphasis on formal and informal in-country training of central and field staff
- d) fellowships for Jordanian professionals in public health education, communications, training, curriculum development, community organization, and public health nutrition
- e) evaluation of program impact on knowledge, attitudes and stimulating practices contributing to improved health.

3. Outputs

The following are specific "outputs" that will be achieved over the course of the project. The successful achievement of these outputs is a necessary step in achieving the project's purpose.

- a) Approximately 10 separate health education campaigns that combine community organization as well as mass media techniques will have been conducted. These campaigns represent the "learning by doing" or training ground mentioned above, and will also be designed to effect behavioral changes in health attitudes and practices.

The scenario presented below is both an example and content outline of such a campaign in oral rehydration therapy. This topic may, in fact, be the first community-focused activity of the DHE because of the high priority the MOH is giving to prevention and treatment of diarrheal diseases.

1) Collection of necessary background data - establishment of baseline

- analysis of epidemiology of the problem; incidence, socio-demographic characteristics of those with the problem;
- analysis of behavioral aspects of the problem;
- assessment of beliefs and values underlying the behaviors;
- investigation of community organizations and other traditional paths of communication that will reach those who must act if the oral rehydration therapy is to be used;

2) Campaign design

- development of strategies for community outreach
- development of media campaign, pre-testing
- training plans for MOH health centers, MCH clinics, and clinic staff are necessary.

3) Potential campaign components

- use of radio, TV, newspapers to gain maximum exposure;
- pamphlets and posters;

- films and audio-visual aids to be used in meetings with community leaders and the general population;
- members of existing organizations in the community will be requested to participate by informing friends and neighbors about the program;
- school children will carry messages home to parents, at the preparatory and secondary levels oral rehydration will be studied as a means of early treatment of diarrhea (probably during TV programming directed at schools given time required to get written curricula out to classroom teachers);
- messages will be specifically tailored to insure that they are acceptable and understandable to the target groups. Different strategies (interventions) may be more appropriate for reaching certain target groups and thus will be utilized.

4) Evaluation - The program will be followed by a mini-survey of target group members in a selected clinic/center service area as detailed in the evaluation section of this paper.

- b) The DHE's staff at the central and field levels will have received appropriate training and will be involved in a continuing education program.
- c) The DHE's staff will be appropriately utilized. This includes appropriate organizational structure for the Division, clear and reasonable sets of responsibilities for all staff members, adequate supervision and incentives to insure good performance.
- d) The DHE's programs will be appropriately targeted in terms of health problems and socio-economic groups.
- e) The DHE will be able to foster and coordinate health education efforts in both the public and private sector.
- f) The DHE will have demonstrated capabilities in the

following areas:

- 1) curriculum development
- 2) training
- 3) media development and utilization
- 4) community organization and motivation
- 5) analysis of socio-cultural variables in health related behavior.

Over the life of the project, i.e. during each of the planned campaigns, AID-funded long- and short-term advisors will provide technical inputs and arrange training as necessary to ensure that the Division of Health Education accomplishes those objectives called "outputs".

- g) Two innovative aspects of this project deserve mention. One is the mix of quantitative and qualitative research techniques that must be used in campaign design and evaluation. The other is the availability of small amounts of money (\$ 25,000 total) that will be used to test various ways of achieving community participation in health matters. The field health education staff will be encouraged to submit modest proposals that may, for example, stimulate organization of community groups, provide transportation reimbursement to volunteers, provide coffee and light snacks at community meetings, organize health fairs, and other new, innovative and low cost means of increasing community participation in health programs.

4. Inputs

To achieve the purposes of this project the GOJ will provide staff and administrative support for the staff of the Division of Health Education. Funds for survey and other research, educational materials, and media development will be provided in the last years of the project as A.I.D. support to these activities tapers off.

The GOJ will provide radio and television time, office space, and secretarial and administrative support for the AID-funded advisor, consultants and other project-related personnel.

Funds for project participants (training) in Jordan will be provided by the GOJ, and under the technical assistance contract. For such training, the GOJ will provide salaries, transportation costs, training space, and per diems of MOH personnel. The technical assistance contract will provide training materials, consultant-trainers and other technical assistance, i.e. curriculum design.

A.I.D. will fund the services of a U.S. advisor in health education for 30 months, 11 months of short-term technical assistance in health education and related disciplines (nine months will be funded under the technical assistance contract, funds for two months of short-term assistance for use after the technical assistance contract is completed are also included) and approximately 2½ months of technical assistance for project evaluations. In addition A.I.D. will provide four fellowships for training in the U.S. (total of 66 months), 12 months of short-term training in countries other than the U.S., and funds for workshops and seminars in Jordan. A.I.D. will also fund a long-term contract with a Jordanian advertising agency for the production of television and radio spots that will support specific campaigns. The costs of surveys and other research needed for the development of baselines against which project's impact can be measured, design of campaigns, and evaluations will be financed by A.I.D. during the first four years of the project. Commodity support will consist of two vehicles for use of the central staff, audio-visual and other education aids for both central and field staff and possibly for use in other MOH facilities. Funds are also available for posters/pamphlets and for library materials.

The centrally-funded contract with the American Public Health Association will be used to provide the consultant for the initial health education workshops for DHE professional staff in November and December, 1980.

III. PROJECT ANALYSES

A. GENERAL CONSIDERATIONS

The success of Health Education efforts is tied intimately with the success of the Ministry of Health as a whole. The addition of a health education component to Ministry programs without a commitment to activities where health education traditionally has had its greatest impact will not add measurably to the effectiveness nor efficiency of health programs.

The major method of health education is community organization involving large group, small group and individual educational techniques, reinforced through mass media. Outreach activities designed to promote community consciousness of health case finding, follow-up and referral are examples of action in education at the community level.

Outreach activities in health are limited at this time. The current health system deals primarily with persons who go to a health service delivery point, and although follow-up of patients in the community is sometimes done, other community activities of a more dynamic nature are given lower priority. Health education outreach activity is one means to bridge the gap between the health providers and the community.

The Ministry of Health the the Ministries of Social Development, Education and Information will cooperate fully in preventive educational efforts fostered through active participation of the public.

B. TECHNICAL FEASIBILITY

1. Introduction

The new Division of Health Education, in its first seven months of operation, has shown progress in preparing for the expanded operations proposed in this PP. The present director (Dr. Mohammad Shreem) has demonstrated his managerial

acumen in gaining budgetary and administrative support for a central unit professional staff of up to ten members and for the twenty five health education positions throughout the country. Arrangement for an adequate office space is nearing completion as well as needed office furniture, supplies and equipment.

As a start-up activity for this project, the Health Education Division is planning a six week in-service training program for central staff members to begin in November 1980. At that time a total of six professional staff will begin in training for the following positions: 1) health education director, 2) community organization specialist, 3) training specialist, 4) nutrition educator, 5) a school/community health education curriculum specialist, and 6) a communications specialist. (See Annex A for Division's Staffing Pattern when it is at full strength.)

It is envisioned that the in-service training will focus on outlining the Division's responsibilities, defining responsibilities and in beginning to develop a work plan based on extensive visits to target communities. Seminars on community-based activities, mass media, cultural constraints, medical problems and solutions and DHE organization will be held.

One major objective of this initial training program is to prepare the central staff as faculty for the initial and continuing in-service training of the proposed twenty five field level health educators to be recruited either from within the MOH or from recent graduates from secondary schools (health track).

As it is anticipated that many of the health problems with which the Division of Health Education is concerned will relate directly to maternal and child health, there will be a concerted effort on the part of the Division to recruit women (possibly nurses and/or midwives) for positions both within the central division and as field level health educators.

2. Resources Needed for Project Implementation

a) Availability of Needed Manpower

Professionally-trained manpower in health education is practically non-existent in Jordan. There is, however,

a reasonably large pool of University of Jordan graduates, both BA and MA, with academic experience usually required for selection into training programs for public health education.

In addition there are, in-country, an adequate number of individuals trained at the Masters Degree level in foreign universities in fields suitable for recruitment into public health education work.

The Health education director holds an MD degree and there is the possibility that trained physicians might be appropriate for one or two other future positions in the division. There is an overabundance of trained physicians in Jordan who might be recruited. Paramedical personnel are still in short supply.

Persons selected for positions in the Health Education Division will receive initial, in-country training in health education, and will receive continuing in-service training under the direction of the contract health education advisor, and in turn will train and supervise the field health educators.

b) Field Health Education Staff

No problems are anticipated in the recruitment of the proposed twenty five field level health educators. About 44 percent of the secondary school age population are in school and there is a large graduating class each year. Within the secondary school curricula a track for specialization in nursing has just been started and although the number of graduates is limited, this group may serve as a source for recruiting field personnel. The MOH also plans to assign some of its existing personnel to positions as field health educators.

Selection criteria should include high academic standards of performance to provide opportunities for future mobility through preferential selection for nurses training, for example, and other health careers after a period of health education service.

c) Advertising Agency Resources

The Technical Contractor will sub-contract with one of the many advertising agencies in Amman who have links with well-known, New York and/or international advertising firms such as Young and Rubicam. Discussions with the Director of one of the leading firms in Jordan revealed a thorough knowledge of market research, both qualitative and quantitative, as well as market segmentation, product imagery, creative development, media production and placement, product image and message testing, attitudinal change and adoption of suggested behavior changes. For the purposes of this project, advertising resources are felt to be more than adequate.

d) Radio, Television and Print Media Public Service Availability

The Ministry of Information will assure, in writing, the free availability of electronic media time, as well as facilitating print media space. The air time costs will be borne by the Government of Jordan. With this assurance, no funding for air time is included in the present budget nor anticipated for the life of the Project. Newspapers have been most cooperative in placing health education articles to date and are expected to continue to do so, but health education advertisements, as opposed to narrative articles, will require funding, and this has been provided for in the budget.

3. Alternatives

As pointed out in AID's Health Sector Assessment for Jordan (January 1979), a "drastic departure from the traditional way of providing services (is) needed," i.e., away from "hospital-based, physician-centered and curative-oriented" medicine. This is the stated objective of the Ministry of Health and is reflected in the AID-financed Health Planning and Services Development Project. The Health Education project is another way of extending health services to the population at large through increased knowledge of better health practices through both the media and through primary health workers. The MOH has

agreed with the concept of this Project Paper. The alternative to this Project and/or the Health Planning and Services Development project is to rely on the expansion of the current static, passive health delivery systems, which is both slow and costly.

4. Relationship of the Project to the Health Sector Assessment, Host Country Priorities, and other AID Projects

a) Health Sector Assessment

As stated above, this project is a natural component of the overall plan to create within the MOH the capability for Primary Health Care delivery through trained paramedical workers. This project will be one of the focal points for training of new and existing MOH personnel who will be the primary service point for the national populace. An important facet of improved health status is awareness within the family unit of basic health problems, what to do about them both within the home and a basic knowledge of when the health care delivery system should be utilized.

b) Relationship to MOH/AID Health Activities

The Health Education Project, although a separate and distinct project, will be one of the important facets of the larger Health Planning and Services Development Project, with continuous contact and coordination with the staffs of the Health Planning Unit and Training Unit of the Ministry of Health. Since one of the objectives of the Health Planning Project is to train primary level health delivery personnel, it naturally follows that these personnel will be trained in health education and will work closely with the health educators to be hired, trained, and fielded under the Health Education Project. The primary health care (PHC) delivery personnel, for example, could coordinate lectures and classroom activities in the village or urban area for activities carried out by the health educators.

The training modules developed for the health educators can also be used for the PHC personnel. PHC personnel, as a part of their preventive health activities, also can be the dispersing agent for Health Education printed materials. Thus, training

modules and curricula will need to be closely coordinated with the Health Planning staff. PHC personnel will be a primary source of feedback on the understandability and acceptability of materials developed of the Health Education Unit, as well as a source of informal information as to the expected behavioral changes which are sought. An increase in the amount of MOH health clinic activities, or the lack thereof, can be an early index of project success.

The Health Education Division will have primary responsibility for training its own staff, and will work closely with the MOH Training Unit on designing in-service education for other MOH personnel in health education. The Training Unit will have primary responsibility for training these PHC workers, but will have to rely on both the Health Planning Division and the Health Education Division for curriculum design and must be responsive to changes dictated by experience.

The Health Planning and Services Development Project calls for AID to "help the GOJ initiate health promotion activities directed at the public at large and making full use of existing mass media, especially radio and television". Both USAID/Jordan and the Minister of Health feel that the Health Planning Project lacks specific funds for such an effort, and that technical assistance in this area is required to mount effective campaigns. This project provides the necessary technical assistance which will be closely coordinated with activities under the Health Planning Project.

It should be noted that the appointment in December of last year of a new Minister of Health has resulted in a stronger commitment to primary health care and to modern management techniques. One indicator of this commitment is the systematic management assessment and improvement program being pursued by MOH with the assistance of the Association of University Programs in Health Administration (AUPHA) under AID contract. An important element in the AUPHA effort is a re-examination of roles and duties

for MOH Central Office specialists and programs, such as the Health Education group. The relation of the various central office and field activities to the Health Education Project initiatives is being given special attention in the AUPHA/MOH studies.

c) Relationship to Other Health Activities in Jordan

Since only some 60 percent of all health service is provided through the Ministry of Health, it is important that other health delivery service entities be brought into the project. It is essential that the Royal Medical Service (the Health Services of the Armed Forces), the United Nations Relief and Works Agency (UNRWA) and private sector physicians and hospitals be made aware of MOH health education activities, and, in some cases, receive training through the Division of Health Education. Linkages will be established whereby services described by Health Education materials and advertising can be obtained through RMS facilities and other sources.

The private and commercial sectors also must be made aware of health education activities so that they can be more responsive to the health problems of the community. It may be advantageous, for example, for the Pharmacy Association to ensure that medicines are commercially available which address the priority health needs of the country.

The Ministry of Education, in collaboration with the Health Education Unit, should expand its health curriculum at all school levels. Schools and school teachers may be an important resource for general health education of the local populace, and school teachers may become surrogate health educators within localities.

The Ministry of Information (MOI) will provide free media placement time and must work closely with the Division of Health Education staff in media development, testing and production. MOH personnel will work closely with the advertising subcontractor in optimizing the impact of materials through identification of "prime time" and space concerning media placement schedules.

The Ministry of Social Development (MOSD), established within the current calendar year, currently is planning community development activities on a nationwide basis, with projects and programs which are aimed at the rural and urban poor, especially in the area of training mothers, are a natural vehicle for health interventions in concert with the Division of Health Education staff.

Additionally, the MOSD is responsible for coordinating the activities and providing assistance to private, voluntary organizations such as the Women's League. Again, the staff of the Division of Health Education can work closely with that of the MOSD in providing health education interventions for such groups, i.e. lectures, printed materials, or health fairs.

d) Relationship to Other USAID Projects

The Health Education Project will take place during a period of heavy USAID involvement in the water and sewerage sector of Jordanian development efforts. Given the current low (by any standard) usage rates in terms of liters of water per capita per day, the increased availability of water should help to improve the general health status of the population in the short run. The increasing water supply resulting from a wide variety of projects, however, will not allow water availability for domestic use to rise dramatically, due to a high rate of population growth. For this reason, health education can help to increase the health benefits of moderately increasing amounts of available water by communicating to the populace proper water storage, personal hygiene, water treatment, how diseases are often transmitted via water, proper sanitation habits, and oral rehydration.

The USAID/Jordan Water Sector Strategy paper (January, 1980) notes that one of the constraints to improved health as a result of increased availability of water and sewerage systems is the lack of health education. This project specifically addresses that problem, as well as activities to be carried out under the Health Planning and Services Development project.

USAID/Jordan also is involved in several ongoing and planned projects in the agricultural sector. While much of the GOJ agricultural sector is aimed at export growth, increased irrigation from the water sector activities should result in the availability of greater quantities of food. Nutrition education under this project should result in improved dietary intake, in part made available by water and agricultural sector projects.

5. The Epidemiological Rationale for Health Education

Just as the public health effort must be based on an epidemiological rationale directing its resources and efforts to ameliorating the leading causes of death and morbidity, so must the health education activity aim its limited resources at a group of priority needs.

Fortunately, much already is known about the leading causes of death and disease patterns and this body of knowledge will soon be further refined by the "Baseline Survey of Current Health Status" to be completed by the University of Jordan Department of Community Medicine in the Fall of 1980.

Data showing the prevalence and incidence of disease, gaps in health service coverage or geographic access to services and information on further training requirements for both service providers and clients will be used to refine a priority list of project activities.

It should be noted that mortality and morbidity patterns in Jordan include both those common to other developing countries, e.g. enteric and diarrheal diseases and to developed countries, e.g. auto accidents, arteriosclerotic heart disease and cancer.

6. Setting Priorities

The continuous task of setting and adjusting priorities should be addressed from two perspectives: priorities for health and priorities of client audiences or target groups. Also priority setting will take into account the potential for behavioral change. When needs are many and resources still limited, cost-benefit concepts dictate that health interventions be aimed at improving health conditions that affect the largest numbers of people, i.e. more emphasis on the preventative rather than the curative and dealing with

groups, communities and "populations" more than individuals. Priorities will be established and reviewed regularly by the Minister of Health.

Based on current knowledge, the following is a preliminary listing (in tentative order of priority) of subject areas deserving health service intervention and reinforcement by health education:

- a) Reducing infant mortality by oral rehydration programs to combat the effects of diarrheal and other interventions.
- b) Improved weaning practices.
- c) Full coverage of children 0-5 years with immunisations.
- d) Expanded knowledge of proper water storage and use and basic sanitation.
- e) Enhanced primary eye care, especially for conjunctivitis.
- f) Family health care including pre-marital physical exams and sterility/fertility counseling and treatment.
- g) Occupational and industrial health.
- h) Better understanding of traffic safety measures to reduce road accidents.
- i) Heart disease/anti-smoking campaign.

Priorities will be refined continuously, based on new data on health status and consumer perceptions.

Regarding the "audience" or target groups to whom health education activities should be directed, it is useful to consider them in two groups, the "providers" or practitioners of health services, which are the intermediate targets, and the clients or recipients of services. Providers need continuous updating of new techniques, e.g. oral rehydration for children and primary eye care. This kind of training and retraining becomes a primary mission of the Division of Health Education.

A continuing effort in researching key target groups of recipients for health services, especially in identifying populations who are under-served or who do not have easy access to most health services and the health status of such populations should be undertaken by the Health Education Division as the project proceeds. As implementation plans are developed and initiated, careful analysis will be done on rural-urban differentials, income differentials, effective coverage of catchment areas and "felt-needs" of health service consumers.

Because behavioral change is at the heart of any health education effort, an intimate understanding of taboos, traditional practices and socially acceptable interventions will be necessary to produce program impact. For example, a recent survey by CARE indicated 44% of mothers in rural areas eat less when pregnant and almost all felt that the new-born infant should not receive breast-feeding during the first three days postpartum, thereby reducing important colostrum intake.

The content of the program will be based on a continuous examination of the priority-setting exercise described above. A work plan addressing each of the substantive health intervention categories and audiences will generate the "message" and learning content for each.

7. The Means of Health Education

Two major tracks will be followed in this project. The first is training of health providers at the first level of contact with patients and community education. As this activity proceeds, the second or mass media reinforcement will be launched, directed both at the general public and at specific target groups.

Training of primary health care providers will be segmented into modules which will be developed in terms of the health problem priorities set by the Ministry of Health. The first module, for example, could deal with the major problem of enteric diseases, with associated modules on malnutrition and respiratory diseases, thereby addressing the three inter-acting diseases which are a major cause of infant death in Jordan. Techniques in group instruction would be taught, as well as effective communication on an individual-to-individual basis. The use of training aids

and audio-visuals also will be incorporated. On-the-job and academic training of the professional staff of the Division of Health Education will focus on community, group and individual education. Modules on other health problems will be presented later, so that primary health workers are not overburdened and refresher courses for them on the most significant health problems should be held regularly.

A special comment about the mass media is appropriate because of its wide coverage throughout the Kingdom. Radios reach 92% of urban and 82% of rural household (90% in the aggregate); television reaches 73% of urban households where more than half of Jordan's population lives, and 29% of rural households (63% aggregate based on 1976 data); four Arabic and one English language daily newspapers are widely distributed and reach throughout Jordan. Harnessing these media to promote better health practices obviously will be a prime mover and a most cost-effective one in any national health education effort.

This project has been developed in collaboration with the Minister of Health and his staff, and is a high priority within the Ministry and the Government. As stated in the USAID/J Health Sector Assessment (January, 1979: page 5), one of the overall goals of USAID activities in the Health Sector is to effect changes in consumer "conceptions, attitudes and behavior vis-a-vis health and disease."

C. SOCIAL ANALYSIS

At the heart of health education is behavior modification. Thus the applied social sciences, as they apply to analysis and modification of behavior, are extremely important to successful project implementation. But it must be emphasized that questions relating to behavior usually cannot be answered quickly, certainly not during project design. The purpose of this section of the PP is to outline the types of socio-cultural analyses and skills that will have to be developed if the Division of Health Education is to assume its proper role within the MOH, and to effect positive behavioral changes.

1. Targeting of Health Problems and Groups

The MOH, with the assistance of the Association of University Programs in Health Administration, is currently conducting an exercise that will result in a prioritized list of health problems (including qualified targets) that the MOH plans to attack. The Division of Health Education, during this project, will develop the capability to assess the behavioral components of these health problems, determine the probability that educational/informational efforts may modify these behaviors, and design appropriate educational interventions. The Division of Health Education will also have to develop the capacity to identify target groups, not only according to the usual demographic criteria (age and sex) but also according to socio-economic status and ethnicity. Without a thorough understanding of these variables it will not be possible to design or target interventions.

2. Message and Medium

Since the project will approach health education on a national scale, and since there is significant socio-economic variation within the country that results in differential prevalence of specific diseases, the Division of Health Education will have to be able to deal with the facts that:

- educational messages may have to differ in substance and/or emphasis depending on the circumstances,
- media for effectively transmitting messages may vary,
- effective agents for getting across messages may also vary.

3. How Capabilities in Socio-Cultural Analysis will be Developed

The determination of messages and appropriate ways to deliver the messages will rest with the Division of Health Education, assisted by AID-funded advisors, and officials of the Ministries of Education and Information. This capability will be built in several ways.

The initial project in-country training program for the Division of Health Education central staff will be "an introduction to health education". The major portion of this program will be in the field. Staff members will be assigned to live in communities and then led through the process of identifying community structures and organizational patterns and how these relate to health and other problems. The end product of this training will be a design for the subsequent training program for the field health educators. This, and continuing training programs, will continually reinforce the social analysis skills that will be required by the Division. Areas that will receive particular attention will be:

- how outsiders (MOH employees) interface with the communities and individuals they serve, and how this affects their ability to act as educators (measures of social distance).
- understanding community organizations and how they can be mobilized.
- socio-economic differences and their relation to awareness of health problems, perceptions of health care providers, utilization of health services
- analysis of behavior and underlying values and beliefs
- traditional channels and means of communication

Besides this in-country training one of the Division's central staff members will receive U.S. training in applied social sciences. In addition short-term consultants in this area will be available to the Division through the technical assistance contract.

4. Beneficiaries

The primary beneficiaries of this project will be members of lower income groups suffering from preventable health problems. Health education efforts as a part of health services can contribute markedly to program effectiveness and efficiency by gaining greater participation through organized community activities supported by mass communications.

Secondary beneficiaries are the staff members in the Ministry who will through improved health education skills including Human relations, gain greater job satisfaction and become more effective in influencing the behavior of their clients.

Ultimately the total population of Jordan will benefit from the improved efficiency and effectiveness of health programs with a strong health education component assisting in the reduction of mortality and morbidity.

D. ADMINISTRATIVE FEASIBILITY

1. Positioning within the MOH

The Division of Health Education is included as one of the operational units within Basic Health Services on the organizational plan that has been sent for cabinet approval by the Minister of Health. This position is appropriate as the Division interfaces organizationally with those MOH units (Maternal & Child Health, School Health, Nutrition, Public Health Nursing, Health Centers, Clinics, Environmental Sanitation etc...) that must support the activities of the field health educators. Within Basic Health Services the Division of Health Education will function in an advisory and support capacity to other programs as well as initiating and running its own programs.

The necessity for cooperation between the Division of Health Education and the Planning and Training Divisions has been mentioned in the Technical Analysis. On the proposed MOH organization chart this relationship is not direct in an organizational sense. The MOH/AUPHA organization design exercise is currently considering this interrelationship. During project implementation the assurance that there is adequate communication and collaboration between the Divisions of Planning, Training, and Health Education will be a priority. The fact that AID-funded projects are active in all three Divisions (and all three are relatively new) is seen as a major factor in insuring adequate cooperation.

2. Vertical Programs, Integrated Programs, and Decentralization

The MOH is currently considering the possibility of decentralizing and possibly integrating a number of its activities. Eventually it may be desirable for Health Education to be

decentralized also, but as an initial strategy the Division of Health Education will function as a "vertical program". What this means is that the field health educators will be under the direct supervision of the central Division of Health Education rather than District or Regional Medical Officers. This arrangement is necessary if the field health educators, whose roles and functions will still be in the formative stage, are to receive the support and direction they need. When the learning/experimental stage of the Divisions's evolution has been passed, and health education is "institutionalized" as a basic element of the MOH's field activities, the possibility of decentralization can be assessed by the MOH.

The Health Education Division staff design is at Annex A.

3. Mission Capacity to Implement Project

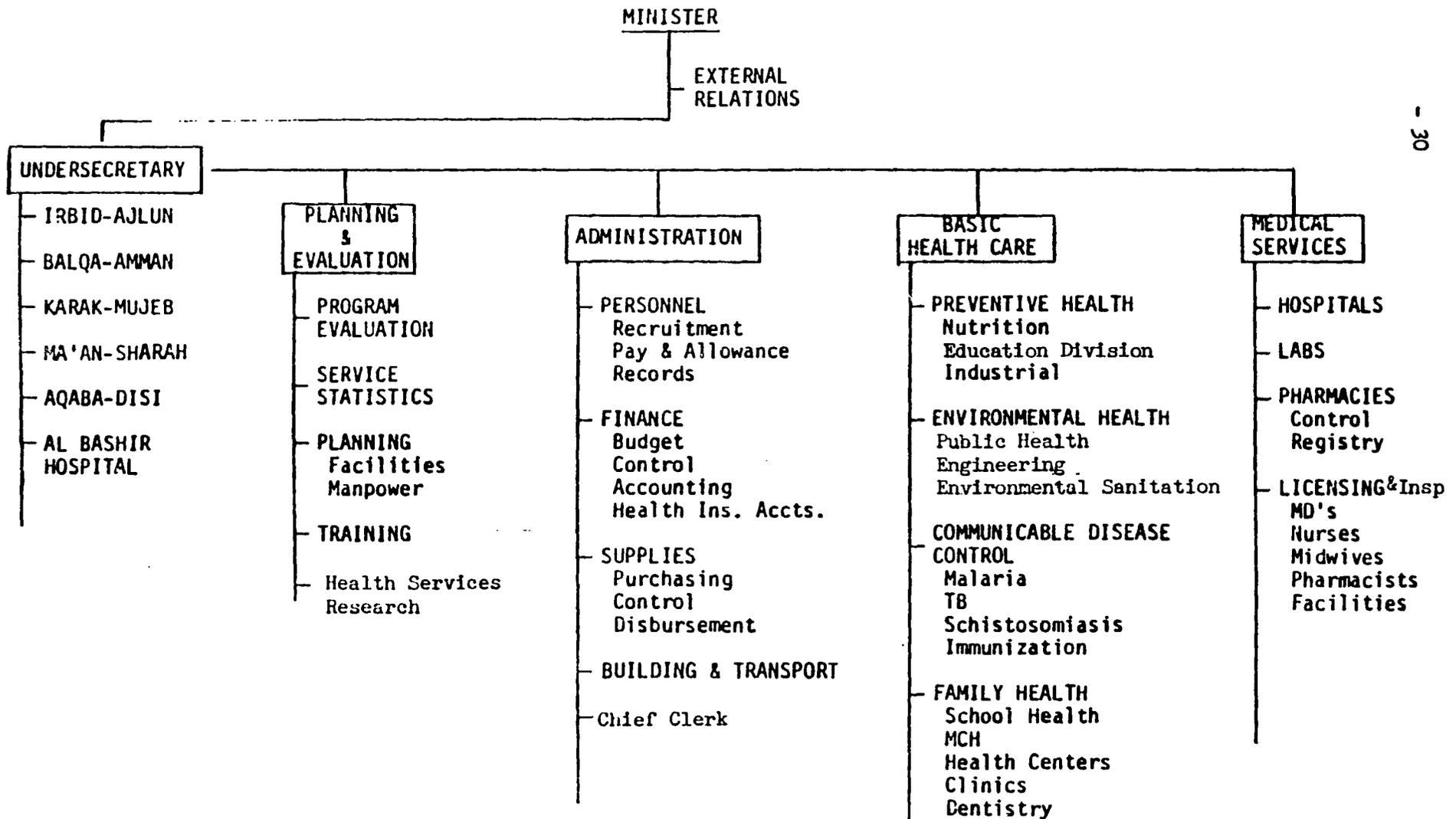
With the Mission's Office of Technical Projects (OTP) are a health officer and a health and family planning development advisor, both of whom are capable of monitoring this project. The Mission's most concerted activities will be at project initiation and during the three planned evaluations. Once the long-term advisor arrives, weekly reviews of project activities should suffice to ensure timely and effective project implementation. The Mission will work as necessary with the DHE in commodity procurement. The Mission will issue PIO/P's for training.

E. ECONOMIC ANALYSIS

This project does not lend itself to definitive cost-benefit or other forms of quantitative economic analysis. However, the project is considered economically sound from several points of view. The focus of the health education program is prevention and early treatment of major public health problems. It has been repeatedly demonstrated that prevention and early treatment result in significant savings of resources that would otherwise be expended on curative medical services. This is true in terms of private and public sector expenditures and also in terms of time and money spent by individuals and families when faced with medical problems.

PROPOSED ORGANIZATIONAL STRUCTURE FOR MINISTRY OF HEALTH

HASHEMITE KINGDOM OF JORDAN ^{1/}



^{1/} Proposed organizational structure is substantially the same as the arrangement presented by Health Ministry Organizational Committee (1979-1980). This revision includes suggestions from participants in 16-17 June, 1980. Workshop with Health officials.

Although the primary emphasis will be on prevention, many of the health education measures to be undertaken during this project will focus on increased awareness of health problems and the availability of health services. The result will be increased demand for and utilization of health services that are already available through GOJ health facilities. Rather than increasing costs for services the project will foster more appropriate and efficient utilization of resources the GOJ has already made available. It must also be noted that the project's initial focus on the complex oral rehydration therapy/diarrheal disease/weaning practices relates directly to services available through the MOH's MCH Centers. Services at the MCH Centers are provided at no cost, so there will be no economic barriers to mothers and children attempting to utilize the services promoted by the project.

Finally, there are a number of ways to approach health education such as face-to-face communication, mass media, including health topics in school curricula, etc. In addition health education can be targeted at consumers or providers of health services, or both. Under this project the MOH, with the assistance of AID-funded long- and short-term advisors will develop the most cost effective mix of educational efforts. Mass media will be used to the maximum extent possible as it is the least costly means of reaching large numbers of people.

Project evaluations will focus primarily on changes in knowledge, attitudes and behavior resulting from health education programs. However, an additional focus will be the measurement of the effectiveness of health education relative to other health expenditures. The institutionalization of the Division of Health Education with the capability to design, implement, manage and evaluate nationwide health education programs is another very important item against which the project will be evaluated.

The project also can be evaluated from the perspective of cost-effectiveness. Since health messages should reach virtually the entire population, the project will spend about nine U.S. cents per annum per capita (AID-financed portion), and about 22.5 cents in total. While this per capita cost is relatively high, especially if one only considers the improved health behavior of the target clientele, the economies of scale devolving from a larger population base are not available in Jordan. Even so the economic benefit of improved health for the target audience far outweighs the costs.

F. ENVIRONMENTAL CONCERNS

At the PID stage this project was reviewed by AID's Near East Bureau Environmental Coordinator who recommended that the project be given a "negative determination" in terms of its effects on the environment. The project, which is concerned, among other things, with environmental sanitation, expanded knowledge of proper water storage and use, and expanded knowledge of environmental and occupational health hazards supports the objectives of FAA 118, "Environment and Natural Resources".

G. FINANCIAL ANALYSIS

The financial requirements of this project, which are primarily personnel costs, are well within the capacity of the MOH. Recurring costs, other than personnel, relate to: office space and supplies; transportation; media development, production, and distribution; and training. These costs are also within the MOH's financial capability.

Costs associated with project start-up will be financed under the AID grant. These include technical assistance, training (short-term/long-term, U.S./in-country/third-country), procurement of vehicles, education supplies and audio-visual equipment. The AID grant will also cover the initial expenses associated with media design and production, and the survey and other research that will be needed for campaign design and evaluation purposes. This last category of costs will be recurring, thus the project calls for the MOH to take on an increasing percentage of these costs over the life of the project.

A 10 percent per year inflation factor has been used in developing the budget for this project.

This Project is, in essence, an institution building activity. The project proposes USAID assistance in the expansion and upgrading of the Health Education Division of the Ministry of Health, an organization which is now in existence. This expansion is, to a great degree, to be accomplished through the GOJ provision of additional personnel and financial resources which represent the related recurrent costs. The resultant increase in recurrent cost is therefore a direct and desired result of the project rather than an ancillary effect.

ESTIMATED BUDGET (\$ '000)

	<u>YEAR</u> <u>(1)</u>	<u>YEAR</u> <u>(2)</u>	<u>YEAR</u> <u>(3)</u>	<u>YEAR</u> <u>(4)</u>	<u>YEAR</u> <u>(5)</u>	<u>TOTAL</u> <u>YEARS</u>
I. <u>MINISTRY OF HEALTH</u>						
A. PERSONNEL						
1. Director	16	17	19	21	23	96
2. Central Professional Staff	91	100	110	121	133	555
3. Local Health Educators	30	33	37	40	44	184
4. Clerical Staff	8	9	10	11	12	50
5. Drivers	6	7	7	8	9	37
B. OFFICE EXPENSES						
1. Office Space	18	20	22	24	27	111
2. Office Supplies	3	3	4	4	4	18
3. Gas/Vehicle Maintenance	3	3	4	4	5	19
C. TRAINING						
1. Training Quarters	5	5	5	6	6	27
2. Seminars/Training	-	-	-	3	4	7
3. International air fare	4	6	2	1	2	15
D. EDUCATIONAL MATERIALS/MEDIA						
1. Educational materials	-	-	-	-	5	5
2. Media Development	-	-	-	20	30	50
3. T.V. & Radio Time	35	50	55	61	67	268
E. SURVEYS/RESEARCH	-	-	-	3	4	7
	<u>219</u>	<u>253</u>	<u>275</u>	<u>327</u>	<u>375</u>	<u>1,449</u>
II. <u>A.I.D.</u>						
A. TECHNICAL ASSISTANCE						
1. Contract, long-term (30 months) ^{1/}	126	118	79	-	-	323
2. Contract, short-term (9 months)	36	30	22	-	-	88
3. Short-Term (2 months)	-	-	-	12	13	25
4. Evaluation (2 people x 2 weeks)	5	12	-	-	14	31
B. TRAINING						
1. Long-term (18 month, MPH)	72	36	-	-	-	108
2. Long-term (12 month MS)	-	25	-	-	-	25
3. Short-term, Regional (12 months)	3	3	3	3	3	15
4. Seminars	3	3	4	2	2	14

^{1/} The mechanism assumed for provision of technical assistance is a host country contract with a U.S. individual.

ESTIMATED BUDGET (\$ '000) - CONTINUED

	<u>(1)</u>	<u>(2)</u>	<u>(3)</u>	<u>(4)</u>	<u>(5)</u>	<u>TOTAL</u>
C. COMMODITY SUPPORT						
1. Vehicles (2)	22	-	-	-	-	22
2. Library Materials	5	3	2	-	-	10
3. Audio-Visual aids	20	41	-	-	-	61
4. Pamphlets & Posters	5	10	5	5	-	25
D. OTHER COSTS						
1. Media production contract	50	60	40	20	10	180
2. Surveys & other research	7	6	5	5	5	28
3. Funds for local health educators to stimulate local participation	-	-	-	-	-	-
	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>25</u>
	<u>359</u>	<u>351</u>	<u>165</u>	<u>52</u>	<u>53</u>	<u>980</u>

The GOJ is apparently prepared to assume the additional cost burden of an expanded health education function with the MOH. The project paper proposes a special covenant to emphasize the necessity of the timely provision of additional staff and other resources. The GOJ has amply demonstrated a willingness to increase budgetary allocations for health education and related activities in recent years. MOH budgetary allocations for preventive medicine exclusive of capital expenditures, have increased from JD 573,000 in 1976 to JD 1,148,000 in 1980. Table 1, (attached), presents the MOH budget, exclusive of capital expenditures, by operating unit, for 1976 through 1980. The Health Education Division is within the Directorate of Preventive Medicine.

The Health Education Division will undergo a considerable expansion through the life of the project. The total Health Education Division budget, exclusive of capital and "single occurrence" project related fund requirements, is expected to increase from about JD 20,000 in 1980 to JD 110,000 in 1986, at project completion. These increased operation or recurrent costs primarily pertain to: 1) personnel and related operational support costs for approximately five additional professional staff positions; 2) personnel and related operational support costs for 25 additional health educators to be assigned to the field; 3) increased operating expense requirements, related non-professional staffing, and other increased administrative costs; and 4) fund requirements for direct health education interventions and activities.

Because this is not a project requiring substantial technical and financial planning and is not a capital development project, section 611 (a)(1) of the Foreign Assistance Act of 1961, as amended, is not deemed applicable. However, the cost estimates and financial plan as well as the Technical Analysis herein satisfies the substance of that section.

TABLE 1 - Recurring GOJ Fiscal Years (in '000 JD & U.S.\$)

Departments of Ministry of Health		1976	1977	1978	1979	1980
1. Administration	JD	206	250	323	391	376
	US\$	709	861	1112	1346	1294
2. X-Ray	JD	159	185	214	286	288.5
	US\$	547	637	737	985	993
3. Laboratories	JD	165	184	234	378	402.4
	US\$	568	633	806	1301	1385
4. Vaccine	JD	40	60	103	138	147
	US\$	138	207	355	475	506
5. Preventive Medicine	JD	573	736	879	1119	1148
	US\$	1972	2534	3026	3852	3952
6. Malaria Eradication	JD	282	298	344	508	545.7
	US\$	971	1026	1184	1749	1878.5
7. Curative Medicine	JD	4601	5446	6069	8466	9496.4
	US\$	15838	18747	20892	29143	32690
8. Training and Education	JD	120	115	118	321	394.5
	US\$	413	396	406	1105	1358
9. Dental	JD	87	115	150	193	201.5
	US\$	299	396	516	664	694
TOTAL	JD	6233	7389	8434	11800	13000
	US\$	21456	15435	29033	40620	44750

H. WOMEN IN DEVELOPMENT

This project does not specifically target women as beneficiaries but it is expected to impact favorably on women in both direct and indirect manners. Directly, women will be hired as health educators, providing added employment opportunities and specialized training. Indirectly, all women in Jordan can benefit from improved health status and practices, through reduction of time spent by mothers in caring for sick infants and children, through increased productivity due to reduced morbidity, and through enhanced status as the health practitioner within the home.

IV. IMPLEMENTATION PLANNING

A. INTRODUCTION

The activities planned in the project will require an implementation plan which will be relatively structured in early phases to enhance effective project startup. However, sufficient flexibility is required in later stages to permit the Division of Health Education (DHE) and the MOH to plan and design interventions to respond to priority needs and changing conditions over the five year life of the project. This implementation plan is presented within this context.

In the initial phase of the project activity, discrete, preferably shorter term activities with high feasibility for success and serving as an experience base for project training will be undertaken. For example, a pilot activity is expected to be undertaken early on in the project related to more effective case finding, treatment, and referrals for infant and child diarrhea within the MOH high priority oral rehydration program. This initial intervention is expected to provide an opportunity to demonstrate the capability and effectiveness of health education in a very practical and visible way. Successful project implementation, to achieve behavioral changes and better health practices, will require similar health education interventions in high priority areas of preventative health concerns. Due to the newness of the DHE and the need to further develop its capabilities under this project, it is expected that subsequent plans for project operation and more specific health education activities will be developed under the project within the first year of project implementation.

B. IMPLEMENTATION PLAN

1. Implementing Agencies

This five-year project will be implemented by the Ministry of Health's Division of Health Education (DHE), with assistance provided by USAID/Jordan under the project.

2. Contractual Arrangements and AID Approvals

The MOH will, using AID's host country contracting procedures, contract directly with a qualified U.S. organization for technical assistance and commodities for the project. It is expected that this contract will be executed before April, 1981 to permit the arrival of the long-term health education advisor by June 1981. It should be noted that the MOH has past experience in host country contracting procedures; i.e., the Health Planning and Services Development project.

The host country technical assistance contract will include the following:

- a) one long-term (30 months) technical advisor in health education
- b) short-term, intermittent technical assistance (9 months) in health education and related disciplines such as: epidemiology, survey design and implementation, communications, social marketing, anthropology, and sociology
- c) in-country and third country training
- d) all commodity procurement except that for which USAID/Jordan will agree to execute
- e) the sub-contract with a Jordanian advertising agency
- f) funds for seminars and workshops
- g) funds for testing ways to achieve community participation in health matters
- h) funds for surveys and other research needed to develop baseline data, design and evaluate health education campaigns and programs.

The general sequence of events that will be followed in setting up this host country contract, and which will be further detailed in a Project Implementation Letter, are as follows:

- a) MOH prepares "Request for Proposals"
- b) USAID/Jordan approves "Request for Proposals"
- c) Request for Proposals issued by the MOH
- d) MOH receives proposals, evaluates them and selects contractor
- e) USAID/Jordan approves contractor selection
- f) MOH negotiates a contract with the organization selected
- g) USAID/Jordan approves the contract.

In addition to approvals listed above and those which will be included in project implementation letter, USAID/Jordan will approve each of the workplans developed under the project for campaign outlines and messages, and utilization of the funds set aside for testing ways to achieve community participation in health matters.

USAID/Jordan will assist the MOH in project implementation in the following areas;

- a) U.S. procurement of two (2) project vehicles
- b) providing one short-term (6 weeks) centrally-funded consultant for training prior to the arrival of contract advisor
- c) preparing project-funded PIO/P's for one short-term and four long-term U.S. training programs; those of the Director of the Division of Health Education and three other DHE staff members
- d) procurement of audio-visual aids for the training of field health educators as necessary, and for field operations of the Health Educators
- e) arranging for short-term consultants (2.5 months) to participate in project evaluations
- f) arranging for short-term consultants (2 months) to work with the Division of Health Education after the technical assistance contract has terminated.

3. Initial Actions

At least five of the central staff of the Division of Health Education (DHE) are expected to be in position before November 1, 1980. However, there will be a considerable delay prior to the arrival of the long-term health education advisor to be provided under the host country technical assistance contract. During this interim project startup period, the first short-term consultant will begin work in Jordan with the DHE for a period of approximately six (6) weeks. This consultant will be a health educator/trainer and will be provided at no cost to the project under an AID/W centrally-funded arrangement. This consultant will assist the DHE to design and conduct a four (4)-week inservice training program for the Division's central staff. Parts of this training program will include the involvement of appropriate key physicians and administrators from central MOH offices, the seven health regions of the country, and representatives from the Ministries of Information, Education, and Social Development. In addition to responsibilities for this community-based training entitled, "Introduction to Health Education", the first short-term consultant's scope of work will also include assistance to the DHE in the:

- a) initial development of the training program for the 25 field health educators utilizing Division central staff, who will subsequently serve as the trainers for this course, and with collaboration of other concerned MOH personnel
- b) development of a long-term plan for the continuing education (training) of health education staff at all levels
- c) drafting of a workplan for the DHE covering January 1, 1981 to July 1, 1981
- d) development of functional job descriptions for central and field level health education staff
- e) determination of what, if any, audio-visual aids or other educational material may be needed for the training program for field level health educators, and provide USAID/Jordan with specifications for any equipment that is needed

- f) recommend visitation sites for the short-term training of the DHE director

The second major implementation step prior to the arrival of the long-term health education advisor will be the initiation of a short-term training program in the U.S. and a selected third country in March/April 1981 for the DHE Director to study and observe the operation and management of exemplary health education programs. The training is not expected to exceed four (4) weeks in duration and will provide the DHE Director with information related to further project planning and activity programming.

4. Actions Under the Technical Assistance Contract

As soon as possible after the host country technical assistance contract is signed, the long-term health education advisor will arrive in Amman; the target date being not later than June 15, 1981. It is expected that initial tasks will include, but not be limited to, the following priority items:

- a) establish a working relationship with the MOH Director of the DHE, DHE staff and other concerned project personnel;
- b) review DHE activities and accomplishments since project startup and planned operations and strategy;
- c) finalizing and training program for the field health educators;
- e) fielding of a short-term consultant in advertising and social marketing who will work with the communications person on the DHE staff; begin development of media support for MOH priority programs and begin to process of sub-contracting with a Jordanian advertising agency for message development;
- f) assist the DHE Director and staff in the development of a work plan for the next year of the project; and
- g) assist with planning long-term training programs for four project participants.

5. Training Plan

Training of DHE staff and community level health educators is a major component of this project as follows:

- a) The Director of the DHE will participate in a four to five week study/observation of health education programs in the U.S. and at least one third-country. This training will commence in March 1981.
- b) Two DHE staff will begin master's degree level programs in September 1981. One of these training programs will focus on training methods and procedures in health education. This is expected to require 18 person-months with the participant returning to Jordan in January 1983. The other program will be in communications which is expected to require about twelve months to complete and a return to Jordan in September 1982. These training programs are phased to enable a sufficient overlap with the tour of duty of the long-term contract health advisor.
- c) The Director of the DHE will begin a training program in January 1982 for a Masters Degree in Public Health (MPH) at an institution to be selected. In June 1983, he will return to Jordan and resume his position as Director, Division of Health Education.
- d) The fourth long-term trainee is expected to commence an eighteen (18) months program in September of 1982. The specific area of emphasis for this training will be determined by project needs after initial phases of project implementation have been completed. The above training programs will be jointly planned by the DHE, project personnel, and USAID. They will be arranged under regular AID participant procedures and will not be included in the Project host-country contract.
- e) Up to 12 person-months of short-term practical training in countries other than the U.S. will also be arranged through the technical assistance contract. Training funds for incountry workshops and seminars will also be included in the contract. Sources/origin waivers will be requested for third country training as necessary.

- f) Other training under the project has been outlined in previous sections of this implementation planning. This incountry training involves the inservice training of DHE staff in November 1980 and the training for up to twenty-five (25) community based health educators who will provide an outreach component for project activities.

6. Training Modules and Media Campaigns

For each health priority to be addressed, a training module will be developed based on studies of health attitudes and behavior. The media campaign will be designed in conjunction with the training module so that each reinforces the other.

a) Training Modules.

- 1) Studies of attitudes and behavior towards the specific health priority being addressed will be undertaken, including both qualitative and quantitative methodologies.
- 2) The DHE staff will prepare training modules for the field Health Educators, to include audio-visuals, posters, pamphlets, etc., which have been determined to be effective. The training module will be design to teach the Health Educators how best to effect the desired behavioral change in the populace.
- 3) The training modules will be tested with several Health Educators and then community-based health education activities will be carried out. Modifications to the training plan and/or the recommended community-based activities will be carried out accordingly.
- 4) All field Health Educators will be trained and community-based activities will begin.
- 5) As time permits other MOH staff will be trained so that primary health care service delivery personnel are also community-based sources of health education.
- 6) Health Educators will carry out scheduled activities in their geographic areas, as determined by work plans.

b) Media Campaigns.

1) Soon after the arrival of the long-term health education advisor, a short-term consultant in mass media communications will arrive. The DHE and the consultants will select and contract with a local advertising firm to produce media materials and "spot" ads and arrange placement with radio, television, newspapers and magazines. Posters and other audio and/or visual materials also will be developed.

2) Based on the studies described in 6.A.1. above, media campaigns will be designed to reinforce the community-based activities and to link the populace to the primary health care system. The first campaign will commence in September, 1981.

3) Both qualitative and quantitative testing of story boards, visual materials, and copy with target groups will be done prior to final production.

4) Media placement schedules will be developed which optimize media impact in target audiences. Post-campaign mini-surveys will help determine message impact and behavioral change.

C. PROJECT EVALUATION

It is planned that an internal evaluation of each health education campaign will be undertaken through surveys and, when possible, by use of service statistics, to measure the impact of specific health education interventions. Also, certain campaigns may warrant the use of pre-campaign baseline survey and a post-campaign survey to provide more effective evaluation data.

The results of these continuing evaluative activities will serve also as a proxy measure of the effectiveness of the Division of Health Education. It is further planned to formally evaluate the degree to which the DHE has developed the capability to design, implement, manage and evaluate nation-wide health education programs and how well it has been institutionalized by the following evaluation:

The overall project (impact and institutionalization) will be evaluated three (3) times in the five year project period. The first will take place after the first year, and the second about two and one half years after the signing of the technical assistance contract. A final and third normal evaluation will take place six months before the end of the project. These evaluations will be conducted jointly by MOH & AID. One outside expert for the first evaluation will be provided, and two outside experts, one in mass media education and one in community-focused health education for the second and final evaluations.

The first evaluation will focus on the training plan and modules for the health educators as well as on how the initial research has been used to develop training curricula and mass media messages. Since this will take place before the beginning of the first campaign on oral rehydration, no impact measurement will be undertaken. The first evaluation will also include a review of project financing to assure that original estimates of AID financing, including that for project contracts and contingencies, are adequate to fulfill project objectives.

TENTATIVE EVALUATION SCHEDULE

First,	August, 1981
Second,	June, 1983
Final,	April, 1985

Measures of program impact and behavioral change will be based on:

- Awareness and recall of program messages and prevalence of appropriate knowledge and attitudes.
- The extent to which appropriate action was taken, e.g., seeking oral rehydration at the clinic/center, or from outreach workers.
- Extent to which advocated practices were tried in the home, e.g., continued rehydration.
- Extent of diffusion of knowledge by satisfied users to relatives and friends.
- Sources of information - radio, TV, printed materials and newspapers, friend, relative, health workers, etc.
- Socio-demographic characteristics of adopters and non-adopters.

Quantitative aspects of the second evaluation will also focus on the project's impact on the target populations. Criteria used to evaluate individual campaigns, as outlined above, will be combined with analysis of appropriateness of targeting, coverage with health education messages through the various mediums utilized and resultant changes in knowledge, values and beliefs, and behavior. Changing patterns in the utilization of health services which can be attributed to educational efforts will be an important part of this evaluation, as well as changes in reported disease incidence, morbidity and mortality.

Evaluation of the Health Education Divisions capability to design, implement, manage and evaluate a nationwide program will be based primarily upon expert opinion. Measures of the success of the proposed campaigns with an expected decrease in incidence of a targeted health problem will be an important element.

Measures of the degree and success of institutionalization will include such factors as:

- The extent to which the Division is perceived as an essential element of programs by directors and staff of other Ministry of Health operating divisions.
- The number of formal and informal joint activities in planning, implementing and evaluating health programs within the Ministry.
- The number and nature of requests to the Division for assistance and/or consultantion concerning the educational component of programs.
- The quality and quantity of cooperative relationships with other Ministries.

The final evaluation will include recommendations for Division of Health Education activities after project completion.

While quantitative research techniques can measure changes in behavior and attitudes, they are not able to factor out the causes of attitudinal and behavioral change. Consequently, modest qualitative research efforts, using

participant observational research techniques, are envisioned as an element of both educational campaign design and evaluation. The focus will be on defining the complexes of beliefs and values underlying health related behaviors, the social structural and organizational constraints on behavioral change, and the actual ways in which behavior change takes place.

D. CONDITIONS, COVENANTS, NEGOTIATING STATUS

1. Conditions: First Disbursement

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

(a) An opinion of counsel acceptable to A.I.D. that this Agreement has been duly authorized and 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;

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

(c) A comprehensive organizational plan including but not limited to the internal relationship of the Division of Health Education (DHE) to the Ministry of Health and a staffing plan for DHE.

(d) Assurance that the Ministry of Information (MOI) will make available all resources necessary for the implementation of the media phase of the Project, including provisions for coordination with DHE.

(e) Evidence that the Ministry of Education (MOE) will work closely with the DHE staff in designing, testing and producing health education curricula and will utilize such jointly produced materials in its primary, preparatory and secondary schools;

(f) A statement as to how the activities, programs and information being carried out and developed by the Project will be coordinated and made available to other private and public health organizations.

2. Covenants

a) Project Evaluation

The Parties agree to establish an evaluation as part of the Project. Except as the parties otherwise agree in writing, the program will include, during the implementation of the Project and at one or more points thereafter;

1) evaluation towards the attainment of the objectives of the Project;

2) identification and evaluation of problem areas or constraints which may inhibit such attainment;

3) assessment of how such information may be used to help overcome such problems; and

4) evaluation, to the degree feasible, of the overall development impact of the project.

b) Staffing, Training and Coordination

The Grantee covenants to provide adequate staff, implement necessary staff training and to effect necessary actions to assure that Project objectives are accomplished.

3. Negotiating Status

The terms and conditions herein have been reviewed and discussed with appropriate GOJ officials according to established procedures in such matters. Technical issues were negotiated with DHE and MOH staff, the draft Project Paper was reviewed by the Minister of Health, circulated in the MOH and further negotiations ensued. A draft of the Project Grant Agreement and Annex 1, the Project Description, was discussed with the National Planning Council (NPC), agreed upon by the NPC with recommendation to the council of Ministers for approval. The Council of Ministers has approved the draft Grant Agreement.

ANNEX A

STAFFING PATTERN DIVISION OF HEALTH EDUCATION

In order to accomplish the purposes of the project the following central staff will be essential.

1. One Division Director, MD, MPH
2. Two training specialists, MPH or M.A.
3. Two communication specialists, BA or MA
4. One Nutrition Educator, BA or MA
5. One community organization specialist, BA or MA
6. One curriculum specialist - school/community, BA or MA
7. Administrative Assistant BA

Total Nine Core Staff

In addition twenty five local level health educators will be recruited, trained and supervised by the Central staff.

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ACTION AID- INFO AMB DCM ECON CHRON
VV AM0285
RR RUEHAT
DE RUEHC #1500 2231316
ZNR UUUUU ZZH
R 101220Z AUG 80
FM SECSTATE WASHDC
TO AMEMBASSY AMMAN 6722
BT
UNCLAS STATE 211500

10 AUG 80
TOR: 1325
CN: 34510
ACTION: AID

AIDAC

E.O. 12065: N/A

TAGS:

SUBJECT: HEALTH: PID, HEALTH EDUCATION 273-0243

REF: (A) AHMAN 4923, (B) AMMAN 4196, (C) STATE 196023,
(D) AMMAN 4702

1. NEAC APPROVED SUBJECT PID ON JULY 24, 1980. IT WAS THE OPINION OF THE COMMITTEE THAT THE TECHNICAL ASPECTS OF THE PROPOSAL ARE SOUND AND ESSENTIAL TO THE DEVELOPMENT OF PREVENTIVE MEDICAL PROGRAMS IN JORDAN. THE FOLLOWING PROJECT DESIGN ISSUES WERE RAISED BY NEAC.
2. TRAINING. NEAC AGREES WITH THE NEED FOR TRAINING KEY PERSONNEL BUT IS CONCERNED THAT THE TECHNICAL ASSISTANCE TEAM MAY NOT HAVE THE NECESSARY HOST COUNTRY SENIOR STAFF WITH WHOM TO WORK. FROM OUR REVIEW 18 TO 24 MONTHS IS REQUIRED TO COMPLETE DEGREE TRAINING IN HEALTH EDUCATION. NEAC QUESTIONS THE ADVISABILITY OF THE TECHNICAL ADVISOR BEING CHARGED WITH IMPLEMENTATION OF THE PROGRAM WHILE THE JORDANIAN CHIEF IS OUT OF COUNTRY. PP DESIGN SHOULD FULLY ADDRESS THIS PROBLEM INCLUDING CLARIFICATION OF STAFFING AND JOB RESPONSIBILITIES DURING PERIOD KEY PERSONNEL ARE IN TRAINING. ONE SOLUTION WOULD BE TRAINING OF KEY PERSONNEL IN THE US UNDER DEVELOPMENT ADMINISTRATIONS TRAINING PROJECT FUNDS DURING THE APPROXIMATE ONE YEAR PERIOD IF IS ANTICIPATED IT WILL TAKE FOR CONTRACTOR DEPLOYMENT.
3. GIVEN THE COMPLEXITY AND WIDE RANGE OF ACTIVITIES LISTED IN THE PID AS WELL AS THE REQUIREMENT THAT THE HEALTH EDUCATION DIVISION BE FUNCTIONAL FROM PROJECT START, PRIORITIZATION AND PHASING OF ACTIVITIES SHOULD BE FULLY REVIEWED DURING DESIGN OF PP. THIS REVIEW SHOULD INCLUDE ANALYSES OF WHETHER ADDITIONAL LONG-TERM TECHNICAL ASSISTANCE IS REQUIRED TO ESTABLISH THE WIDE DIVERSITY OF ACTIVITIES DESCRIBED, E.G., ORGANIZATIONAL DEVELOPMENT, TRAINING AND CURRICULUM DEVELOPMENT, MEDIA PRODUCTION, ETC. NEAC QUESTIONS WHETHER A SINGLE ADVISOR CAN EFFECTIVELY PROVIDE TECHNICAL INPUTS FOR THESE DIVERSE AND SPECIALIZED ACTIVITIES WITH ONLY SHORT-TERM CONSULTANTS SUPPLEMENTING HIS SERVICES.
4. PP SHOULD OUTLINE HOW ACTIVITIES AND MATERIALS WILL BE DIRECTED TOWARD PROPER TARGET POPULATION AND PROBLEMS, AND DESCRIBE HOW THEY WILL BE TESTED FOR CULTURAL COM-

PREHENSION.

5. ALTHOUGH BEHAVIORAL CHANGES SHOULD BE MONITORED, IT IS DOUBTFUL WHETHER THERE WILL BE SUFFICIENT BEHAVIORAL CHANGE TO ALLOW MEASUREMENT OF CHANGES IN HEALTH STATUS DURING THE THREE YEAR LIFE OF THE PROJECT. NEAC SUGGESTS PROJECT PURPOSE BE RESTATED EMPHASIZING CREATION OF A CAPABILITY IN THE MOH TO DESIGN, MANAGE, AND IMPLEMENT NATIONAL HEALTH EDUCATION PROGRAMS.

6. THE METHOD BY WHICH PROBLEMS FOR HEALTH EDUCATION INTERVENTIONS ARE SELECTED AND PRIORITIZED IS A NEAC CONCERN. THE PP DESIGN SHOULD CAREFULLY ANALYZE AND DESCRIBE HOW OTHER ELEMENTS OF THE MINISTRY ARE INVOLVED IN THE PROCESS OF PROBLEM SELECTION AND DESCRIBE HOW HEALTH EDUCATION INTERVENTIONS FOR THESE PROBLEM AREAS ARE RELATED TO OVERALL MINISTRY OBJECTIVES.

7. THE PP SHOULD ADDRESS ANY EFFORTS, PUBLIC OR PRIVATE, IN HEALTH EDUCATION IN JORDAN, IN ORDER TO PLACE THIS PROJECT IN CONTEXT.

8. NEAC QUESTIONS WHETHER DESIGN TEAM PROPOSED WILL BE ABLE TO ADDRESS THE ISSUES AND WRITE THE PP WITHIN THE THREE-WEEK PERIOD PROPOSED IN AMMAN 4702. WE ARE NOT AWARE OF THE PROGRAMMATIC ISSUES WHICH NECESSITATE FY 80 APPROVAL OF THIS PROJECT. PERHAPS THE REQUESTED TEAM COULD IDENTIFY A PROJECT STRATEGY THAT COULD BE FULLY DEVELOPED OVER A LONGER TIME PERIOD BY USAID AND MOH WITH ADDITIONAL AID/W OR CONTRACTOR CONSULTATION AS REQUIRED.

9. AA/NE HEREBY DELEGATES AUTHORITY TO MISSION DIRECTOR TO APPROVE THE PROJECT SUBJECT TO THE DOLS. 5 MILLION LIMITATION ON MISSION PROJECT APPROVALS. AID/W SHOULD BE FULLY INFORMED ON METHODS WITH WHICH PROJECT DESIGN RESOLVES ABOVE ISSUES AND BE ALLOWED TO COMMENT PRIOR TO FINAL PROJECT APPROVAL. CHRISTOPHER

BT
#1500

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ANNEX C
AMMAN 5644/1

P 081423Z SEP 80
FM AMEMBASSY AMMAN
TO SECSTATE WASHDC PRIORITY 7539
BT
UNCLAS SECTION 01 OF AMMAN 05644

CHRG: AID 9/7/1980
APPRV: DIR: ECHARRELL
DRFTD: OTP: JTHOMAS: DK
CLEAR: 1.C/OIP: TURMAN
DISTR: AID-6 AMB DCM
CRU

AIDAC

L.O.12065:N/A
SUBJECT: HEALTH EDUCATION PID, 278-0245

REF: STATE 211500

1. PP IS IN FINAL STAGES OF PREPARATION. FOLLOWING ARE RESPONSES TO ISSUES RAISED DURING NEAC REVIEW OF PID, KEYED TO PARAGRAPHS IN REFTEL:

2. TRAINING: CONCERNING THE NEED FOR SENIOR HOST COUNTRY PERSONNEL WITH WHICH TO WORK WHILE MOH PROJECT DIRECTOR IS IN U.S. ON LONG-TERM TRAINING, THE REVISED PROJECT PAPER DEFERS MOH PROJECT DIRECTOR TRAINING UNTIL JANUARY OF 1982 CONSIDERABLY AFTER THE EXPECTED ARRIVAL OF THE LONG-TERM HEALTH EDUCATION ADVISOR. A QUALIFIED DEPUTY DIRECTOR WILL BE ON BOARD PRIOR TO OCTOBER 1980. FYI - THE MINISTRY HAS A FEMALE EMPLOYEE WHO WILL GRADUATE FROM ALEXANDRIA UNIVERSITY (EGYPT) WITH A MASTER'S DEGREE IN HEALTH EDUCATION BY THE END OF AUGUST 1980. SHE WILL BE ASSIGNED TO THE DIVISION UPON HER RETURN TO JORDAN. END FYI. ACCORDING TO REVISED IMPLEMENTATION PLAN, MOH PROJECT DIRECTOR WILL BEGIN TRAINING IN JANUARY OF 1982 AND RETURN TO JORDAN DURING THE SUMMER OF 1983. DEPUTY DIRECTOR WILL PROVIDE CONTINUITY IN LEADERSHIP THROUGHOUT LIFE OF PROJECT. TWO OTHERS WILL COMMENCE TRAINING IN SEPTEMBER OF 1981, AFTER MAJOR PROJECT DECISIONS AND PLANS HAVE BEEN FORMULATED. ONE MORE WILL BEGIN TRAINING FOLLOWING YEAR. ALSO, GIVEN THE EXTENSION PROJECT TO A FIVE-YEAR PERIOD, SUFFICIENT OVERLAP OF ALL STAFF WILL BE POSSIBLE. THE U.S. HEALTH EDUCATION LONG-TERM ADVISOR WHOSE PLANNED ARRIVAL WILL BE IN MAY OF 1981 WILL BE IN-COUNTRY FOR 30 MONTHS, AFFORDING GREATER OVERLAP WITH NEWLY TRAINED PROFESSIONAL STAFF.

3. PROJECT ACTIVITIES PRIORITIZED AND PHASED IN PP. CONSULTANT GUSTAVSON, A PROFESSOR OF HEALTH EDUCATION, WAS QUITE COMFORTABLE WITH HAVING ONLY ONE LONG-TERM ADVISOR, PROVIDED THAT ADVISOR IS WELL-TRAINED IN HEALTH EDUCATION. MOH SUPPORTS THIS POSITION. BETWEEN EXPERTISE OF LONG-TERM ADVISOR, CONSULTANTS, AND STAFF OF HEALTH PLANNING AND SERVICE DELIVERY PROJECT; EACH OF THE DIVERSE ACTIVITIES OF THIS PROJECT WILL RECEIVE EXPERT ATTENTION.

4. ALTHOUGH THE TARGET POPULATION INCLUDES ALL RESIDENTS OF JORDAN, THE PROJECT WILL AIM MESSAGES AND ACTIVITIES AT URBAN AND RURAL POOR, WHICH HAVE FAR LESS ACCESS TO GOOD MEDICAL CARE THAN THOSE

UNCLASSIFIED

AMMAN 5644/1

MORE WELL OFF. BOTH COMMUNITY-BASED ACTIVITIES AND MEDIA CAMPAIGNS WILL BE DESIGNED WITH THIS IN MIND. DEVELOPMENT OF HEALTH EDUCATOR TRAINING CURRICULUM WILL REQUIRE THAT DIVISION OF HEALTH EDUCATION PROFESSIONALS SPEND CONSIDERABLE TIME IN TARGET COMMUNITIES. CURRICULA WILL BE REVISED BOTH ON FORMAL AND INFORMAL EVALUATIONS, COMMENTS OF HEALTH EDUCATORS AND PRIMARY HEALTH CARE (PHC) WORKERS, AND COMMENTS OF RECIPIENTS OF HEALTH MESSAGES AND SERVICES. MEDIA CAMPAIGNS, AUDIO-VISUALS AND PRINTED MATERIALS WILL BE DESIGNED WITH ABOVE TARGET AUDIENCE IN MIND AND WILL BE PRE-TESTED, IN ARABIC, AMONG REPRESENTATIVE TARGET AUDIENCE. KNOWLEDGE ATTITUDE PRACTICE (KAP) STUDIES WILL BE USED PRIOR TO DESIGN OF CAMPAIGNS AND CURRICULA.

5. RATHER THAN CHANGE PROJECT PURPOSE TO INSTITUTIONALIZATION OF THE DIVISION OF HEALTH EDUCATION, MISSION HAS EXTENDED PROJECT TO FIVE-YEAR PERIOD, DURING WHICH MEASURABLE CHANGES IN HEALTH BEHAVIOR SHOULD OCCUR.

6. MOH HAS AGREED THAT INFANT DIARRHEAL DISEASE SHOULD BE THE FIRST PRIORITY OF THE HEALTH EDUCATION PROJECT. MOH IS ESTABLISHING ORAL REHYDRATION TRAINING WARD AT LARGEST MOH HOSPITAL IN JORDAN FOR PURPOSE OF TRAINING DOCTORS, NURSES AND MIDWIVES FROM THROUGHOUT JORDAN IN THIS THERAPY. UNICEF IS PROVIDING 300,000 DOSES OF ORALYTE, TO BE DISTRIBUTED NATIONWIDE. CONNECTING THE TARGET POPULATION WITH THE ORAL REHYDRATION THERAPY TO BE AVAILABLE INITIALLY IN ALL CLINICS AND HEALTH CENTERS WILL BE AN INITIAL DIVISION OF HEALTH EDUCATION STAFF, THE MINISTER OF HEALTH AND USAID STAFF OF PRIORITY PROBLEMS AND WHICH TO ADDRESS. THE PP DESCRIBES HOW HIGHEST PRIORITY PROBLEMS WHICH CAN BE RESOLVED QUICKLY THROUGH HEALTH EDUCATION SHOULD BE ADDRESSED FIRST. THE PROJECT THE DIVISION OF HEALTH EDUCATION TO OTHER DIVISIONS AND SECTIONS OF THE MINISTRY, AS WELL AS TO REGIONAL AND IS A STRONG LINKAGE TO THE MOH HEALTH PLANNING STAFF, THE TRAINING STAFF AND PHC WORKERS THEMSELVES.

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AMMAN 5644/2

P 081423Z SEP 80
FM AMEMBASSY AMMAN
TO SECSTATE WASHDC PRIORITY 7540
BT
UNCLAS SECTION 02 OF 02 AMMAN 05544

CHRG: AID 9/7/1990
APPRV: DIR:ECHARRELL
DRFTD: OTP:JTHOMAS:DK
CLEAR: 1.C/OTP:TURMAN
DISTR: AID-6 AMB DCM
CRU

AIDAC

8. IF AID/W WISHES FURTHER CLARIFICATION OF THE
ABOVE, PLEASE ADVISE ASAP. WE PLAN TO SIGN PP AND
GRANT AGREEMENT FOR DOLS 900,000 THIS MONTH.

ZWEIFEL

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

ANNEX D

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

Project Title & Number Health Education, 278-0245

Page 1

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program of Sector Goal: The broader objective to which this project contributes: (A-1)	Measures of Goal Achievement: (A-2)	(A-3)	Measures for achieving goal targets: (A-4)
To contribute to a program to improve the health status of lower income groups throughout Jordan	Decreased rates of morbidity and mortality, especially infant mortality	Baseline, mid-project and post project surveys	MCH goal of improving primary health care delivery is achieved.
			Behavioral changes can be prompted by health education.

Purpose	Verifiable Indicators	Means of Verification	Assumptions
<p>A. To assist the MOH create awareness, increase knowledge, positively influence attitudes and foster adoption of appropriate prevention and curative health behaviors of the public through organized health education efforts</p>	<p>95% of populace exposed to Division of Health Education messages</p> <p>Knowledge of information transmitted thru campaigns retained by 50% of target groups</p> <p>behaviors, as advocated by campaigns, adopted by 10% of target group at end of 1st year of campaign, 20% by end of second year.</p>	<p>Ministry of Information listeners surveys, MOH records</p> <p>baseline and follow up KAP surveys</p> <p>baseline and follow-up KAP surveys supported by participant observation research in selected sites</p>	<p>that a better informed citizenry actively participating in a planned educational process will be more likely to respond appropriately to situations influencing health status</p> <p>that behavioral changes can be measured and causality attributed to this project.</p>
<p>B. The conduct and institutionalization of well designed and implemented health education activities as a part of MOH programs.</p>	<p>Division continuously analyzing MOH objectives and prioritizing problems to be approached through health education, including appropriate implementation strategies.</p> <p>Continuing requests for assistance in health education from both within and outside the MOH</p> <p>agressive stance towards the role of health education in Jordan by the Division</p> <p>Role of community participation in health programs demonstrated and accepted.</p>	<p>expert external assessment, review of campaigns the Division has contributed to.</p> <p>division of health education records</p> <p>external assessment of Division's workplans, program development efforts, community liaison.</p>	<p>CONTINUED FINANCIAL AND ADMINISTRATIVE SUPPORT</p>

OUTPUTS	Verifiable Indicators	Means of Verification	Assumptions
1. trained staff	<ul style="list-style-type: none"> - 6-10 professionals, - 25 local health educators, - all MOH service-delivery personnel designated as needing training in health education trained - seminars on health education conducted for significant non-MOH employees 	<ul style="list-style-type: none"> - MOH/USAID Records - expert assessment of adequacy of training in terms of content and individuals trained. 	<ul style="list-style-type: none"> - well qualified staff can be recruited - third country training can be arranged.
2. staff appropriately utilized	<ul style="list-style-type: none"> - Central Division of Health Education staff assigned appropriate duties. - local health educators assigned, both organizationally and geographically, so as to maximize their impact. 	<ul style="list-style-type: none"> - expert assessment - expert assessment, evaluations of specific campaigns 	
3. Division of Health Education programs appropriately targeted in terms of health problems and socio-economic groups.	development of formal and informal mechanisms for selecting areas of effort that should have maximum pay off, particularly with respect to the poor.	<ul style="list-style-type: none"> - expert assessment <p>KAP SURVEY RESULTS</p>	<p>AVAILABILITY OF SURVEY RESEARCH STAFF</p>
4. Division of Health Education able to foster and coordinate health education efforts in both the public and private sector.	<ul style="list-style-type: none"> - formal and informal ties developed with other GOJ, private, and community organizations - seminars held to introduce others to MOH plans and programs in the area of health education. - Division of Health Education providing technical assistance to other Jordanian groups that need it. 	<ul style="list-style-type: none"> - expert assessment, records of seminars 	

OUTPUTS	Verifiable Indicators	Means of Verification	Assumptions
5. Demonstrated capabilities in			
A- Curriculum development	<ol style="list-style-type: none"> 1. Curricula developed for MOH service delivery personnel 2. Curricula developed for local health educators. 3. Inputs to MOE school curricula 	<p>Expert assessment of quality of curricula</p> <p>PARTICIPANT EVALUATION</p>	
B- Training	<ol style="list-style-type: none"> A- Curricula revised based on evaluations. 1. Responsibilities of training unit of Division clearly established 2. Links established with MOH's Training Division 	<p>MOH records</p> <p>MOH records</p>	
C- Media Development and Utilization	<ol style="list-style-type: none"> 1. Media elements of campaigns appropriate and effective 2. Social and psychological research techniques utilized in media development. 	<p>Evaluations of campaigns, expert assessment.</p>	
D- Community organization and motivation	<ol style="list-style-type: none"> 1. Communities (both among consumers and providers of health services) identified and involved in health education campaigns 2. Shift of responsibility for initial diagnosis and treatment of health problems from health services to the community/family/individual. 3. Communities involved in fostering preventive health among their members 4. local health educators serving as intermediaries between communities and health services. 	<p>socio-cultural investigations conducted expert assessment of level of involvement</p> <p>KAP studies of individual campaigns</p> <p>participant observation</p> <p>KAP surveys, participant observation</p>	

OUTPUTS	Verifiable Indicators	Means of Verification	Assumptions
E- Analysis of socio-cultural variables in health related behavior	1. social/cultural/economic analyses utilized in defining targets (both health problem targets and target groups) and developing programs	expert assessment of appropriateness and quality of analyses and degree to which they were utilized.	
6. Not less than 10 seperate campaigns have been designed, implemented and evaluated.	each campaign will have its own evaluation criteria	expert assessment of validity of evaluations	

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

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

Project Number & Title HEALTH EDUCATION 278-0245

Page 4

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Inputs: (D-1)	Implementation Target (Type and Quantity) (D-2)	(D-3)	Assumptions for providing Inputs (D-4)
<u>MOH</u>			
1. Staff, central & local, clerical	\$ 922,000	On-site inspections, vouchers, budget for Division of Health Education, host country contract, PIO/Ps.	Funding available in timely manner from GOJ.
2. Office expenses	148,000		
3. Training	49,000		
4. Educational materials/media	323,000		
5. Surveys/research	7,000		
	<u>\$1449,000</u>		Qualified staff can be recruited
<u>AID</u>			
1. Technical assistance	\$ 467,000		
2. Training	162,000		
3. Commodities	118,000		
4. Other costs	233,000		
	<u>\$ 980,000</u>		

ANNEX E.

5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable generally to projects with FAA funds and project criteria applicable to individual fund sources: Development Assistance (with a subcategory for criteria applicable only to loans); and Economic Support Fund.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? IDENTIFY. HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

A. GENERAL CRITERIA FOR PROJECT

1. FY 79 App. Act Unnumbered; FAA Sec. 653(b); Sec. 634A.

(a) Describe how Committees on Appropriations of Senate and House have been or will be notified concerning the project; (b) is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than \$1 million over that figure)?

The Congress will be notified in accord with Agency procedures

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

(a) Yes
(b) Yes. Cost estimates appear in the Project Paper

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?

No further legislative action is required

4. FAA Sec. 611(b); FY 79 App. Act Sec. 101. If for water or water-related land resource construction, has project met the standards and criteria as per the Principles and Standards for Planning Water and Related Land Resources dated October 25, 1973?

Not Applicable

A

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?
- Not Applicable
6. FAA Sec. 209. Is project susceptible of 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.
- This project is not so susceptible. Assistance will not encourage regional development programs.
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; (c) encourage development and use of cooperatives, 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.
- This Project will not contribute directly to the goals.
8. FAA Sec. 601(b). Information and conclusion 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).
- This Project will not contribute directly to these goals. Certain training, technical assistance and commodities will be purchased from the U.S. private sector.
9. FAA Sec. 612(b); Sec. 636(h). 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 to meet the cost of contractual and other services.
- The Grant Agreement will so provide.

A

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? Jordan is not an excess currency country.
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 79 App. Act Sec. 608. 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? Not Applicable.

B. FUNDING CRITERIA FOR PROJECT

1. Project Criteria Solely for Economic Support Fund

- a. FAA Sec. 531(a). Will this assistance support promote economic or political stability? To the extent possible, does it reflect the policy directions of section 102?
- b. FAA Sec. 533. Will assistance under this chapter be used for military, or paramilitary activities?

The project will promote the economic and political stability of Jordan by contributing to an improvement of basic health standards through training and education. The Project reflects Section 102 policy directory to the intent possible.

No.

PROJECT AUTHORIZATION

Name of Country : Hashemite Kingdom of Jordan
Name of Project : Health Education
Number of Project: 278-0245

1. Pursuant to Section 532 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Health Education Project for Jordan involving planned obligations of not to exceed \$980,000 in grant funds over a one year period from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project.

2. The Project consists of improving the health education activities of the Ministry of Health ("MOH") and other governmental and private organizations in Jordan.

3. The Project Agreement which may be negotiated and executed by the officer(s) 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:

a. Source and Origin of Goods and Services

Goods and services, except for ocean shipping, financed by A.I.D. under the Project shall have their source and origin in the United States and the cooperating country, except as A.I.D. may otherwise agree in writing. Ocean shipping financed by A.I.D. under the Project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

b. Conditions Precedent to Disbursement

Prior to any disbursement, or to the issuance of any commitment documents under the Project Agreement, the Cooperating Country shall furnish, in addition to the standard legal opinion and specimen signature(s), in form and substance satisfactory to A.I.D.:

(1) a comprehensive organizational plan including, but not limited to, the internal relationship of Division Health Education ("DHE") to the MOH and a staffing plan for DHE;

(2) assurance that the Ministry of Information will make available all resources necessary for the implementation of the media phase of the Project, including provisions for coordination with DHE;

(3) evidence that the Ministry of Education will work closely with the DHE staff in designing, testing and producing health education curricula and will utilize such jointly produced materials in its primary, preparatory and secondary schools;

(4) a statement as to how the activities, programs and information being carried out and developed by the Project will be coordinated and/or made available to other private and public organizations.

c. The Cooperating Country Shall Covenant:

(i) to provide adequate staff, implement necessary staff training and to effect necessary actions to assure that Project objectives are accomplished.

Typed Name

Office Symbol

Date

Initials

Signature _____

Typed Name of Authorization
Officer

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT DATA SHEET	1. TRANSACTION CODE <input type="checkbox"/> A = Add <input type="checkbox"/> C = Change <input type="checkbox"/> D = Delete	Amendment Number <u> D </u>	DOCUMENT CODE 3
2. COUNTRY/ENTITY JORDAN	3. PROJECT NUMBER		
4. BUREAU/OFFICE NEAR EAST 03	5. PROJECT TITLE (maximum 40 characters) HEALTH EDUCATION 		

6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY 09/30/85	7. ESTIMATED DATE OF OBLIGATION (Under "B." below, enter 1, 2, 3, or 4) A. Initial FY <u>810</u> B. Quarter <u>4</u> C. Final FY <u>810</u>
--	---

8. COSTS (\$000 OR EQUIVALENT \$1 =)						
A. FUNDING SOURCE	FIRST FY <u>80</u>			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	354	0	354	980		980
(Grant)	(354)	(0)	(354)	(980)		(980)
(Loan)	(0)	(0)	(0)	(0)		(0)
Other U.S.						
1.						
2.						
Host Country		219	219		1,449	1,449
Other Donor(s)						
TOTALS	354	219	573	980	1,449	2,429

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	510	560		0		980		980	
(2)									
(3)									
(4)									
TOTALS				0		980		980	

10. SECONDARY TECHNICAL CODES (maximum 5 codes of 3 positions each)	11. SECONDARY PURPOSE CODE
12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)	
A. Code	B. Amount

13. PROJECT PURPOSE (maximum 480 characters).

The Purpose of this project is to create awareness, increase knowledge, positively influence attitudes and foster adoption of appropriate preventive curative health behaviors of the public through organized health education efforts.

14. SCHEDULED EVALUATIONS Interim: MM YY <u>08/81</u> MM YY <u>06/83</u> Final: MM YY <u>04/85</u>	15. SOURCE/ORIGIN OF GOODS AND SERVICES <input type="checkbox"/> 000 <input checked="" type="checkbox"/> 941 <input type="checkbox"/> Local <input type="checkbox"/> Other (Specify)
---	---

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

17. APPROVED BY	Signature Title Director, USAID/JORDAN	18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION Date Signed MM DD YY MM DD YY
-----------------	---	---

UNITED STATES GOVERNMENT

Memorandum

ANNEX G
ENVIRONMENTAL CLEARANCE

TO : NE/TECH/HPN, Allen Randlov
Project Chairperson

DATE: July 10, 1980

FROM : NE/PD/PDS, Stephen F. Lintner *DFL*
Bureau Environmental Coordinator

SUBJECT: JORDAN - Health Education PID (278-0245) -
Environmental Clearance

I have reviewed the subject PID and recommend that it be given a "Negative Determination". The Project Paper should note this clearance in a single paragraph section entitled "Environmental Analysis". This section should note that the following proposed components:

- A. Environmental sanitation, occupational and industrial health,
- B. Better understanding of traffic safety measures to reduce road accidents,
- C. Expanded knowledge of proper water storage and use,

support the objectives of FAA 118, "Environment and Natural Resources."

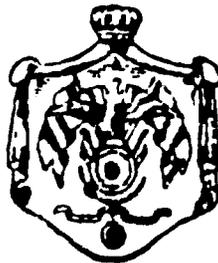
cc: GC/NE, S. Carlson
USAID/Amman, R. Cline, Mission Environmental Officer
USAID/Amman, G. Davidson, Regional Legal Advisor
USAID/Amman, J. Thomas, Project Officer



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

THE HASHEMITE KINGDOM
OF JORDAN
NATIONAL PLANNING COUNCIL
AMMAN

Tel. 44466 - 44470
P. O. B. 555
Teleg. NPC - Amman



مجلس التخطيط
الوطني
الملك
الهاشمي
الاردني
عمان
١٩٧٠ - ١٩٧٧

No. 58 / 1 / 3734
Date 24 / 7 / 1980
Ref.

Dr. Edgar C. Harrell,
Director,
USAID Jordan,
Amman - Jordan.

Dear Dr. Harrell,

Subject: Health Planning and Services Development
Project and Health Education Project.

Reference is made to your letter of 16 July 1980, concerning need to reallocate funds from other projects in order that the subject projects may be fully funded.

We concur with your recommendations that an additional \$100,000 be transferred from the Health Information Project to the Health Services and Planning Development Project and that \$225,000 be transferred from the new agriculture project to the Health Education Project.

Your action to effect the reallocation of funds in order to fully fund these important projects will be very much appreciated.

Yours sincerely


President

cc: Ministry of Health
cc: Bilateral Coop. Section.

ANNEX I

A.I.D. Project Number 278-0245

PROJECT

GRANT AGREEMENT

BETWEEN

THE HASHEMITE KINGDOM OF JORDAN

AND

THE UNITED STATES OF AMERICA

FOR

HEALTH EDUCATION

Dated: September 29, 1980

TABLE OF CONTENTS

A.I.D. Project No. 278-0245

<u>SECTION NUMBER</u>	<u>TITLE</u>	<u>PAGE NO.</u>
Article 1	The Agreement	1
Article 2	The Project	1
Article 3	Financing	1
SECTION 3.1.	The Grant	1
SECTION 3.2.	Grantee Resources for the Project	2
SECTION 3.3.	Project Assistance Completion Date	2
Article 4	Conditions Precedent to Disbursement	3
SECTION 4.1.	First Disbursement	3
SECTION 4.2.	Notification	3
SECTION 4.3.	Terminal Dates for Conditions Precedent	4
Article 5	Special Covenants	4
SECTION 5.1.	Project Evaluation	4
SECTION 5.2.	Staffing, Training and Coordination	4
Article 6	Procurement Source	4
SECTION 6.1.	Foreign Exchange Costs	4
SECTION 6.2.	Local Currency Costs	5
Article 7	Disbursement	5
SECTION 7.1.	Disbursement of Foreign Exchange Costs	5
SECTION 7.2.	Disbursement for Local Currency Costs	6
SECTION 7.3.	Other Forms of Disbursement	7
SECTION 7.4.	Rate of Exchange	7
Article 8	Miscellaneous	7
SECTION 8.1.	Communications	7
SECTION 8.2.	Representatives	8
SECTION 8.3.	Standard Provisions Annex	8
ANNEX 1	PROJECT DESCRIPTION	(5 pages)
ANNEX 2	PROJECT GRANT STANDARD PROVISIONS ANNEX	(8 pages)

PROJECT GRANT AGREEMENT

BETWEEN

The Hashemite Kingdom of Jordan, acting through the National Planning Council ("NPC") as its representative and the Ministry of Health ("MOH") as the implementing Agency.

AND

The United States of America, acting through the Agency for International Development ("A.I.D.").

Article 1: The Agreement

The purpose of this Agreement is to set out the understandings of the parties named above ("Parties") with respect to the undertaking by the Grantee of the Project described below, and with respect to the financing of the Project by the Parties.

Article 2: The Project

Definition of the Project. The Project, which is further described in Annex 1, will consist of improving the Health Education activities of the Ministry of Health and other governmental and private organizations in Jordan. Annex 1, attached, amplifies the above definition of the Project. Within the limits of the above definition of the Project, elements of the amplified description stated in Annex 1 may be changed by written agreement of the authorized representatives of the Parties named in Section 8.2, without formal amendment of this Agreement.

Article 3: Financing

SECTION 3.1. The Grant. To assist the Grantee to meet the costs of carrying out the Project, A.I.D., pursuant to the Foreign Assistance Act of 1961, as amended, agrees to grant the Grantee under the terms of this agreement not to exceed Nine Hundred Eighty Thousand United States ("U.S.") Dollars (\$ 980,000) ("Grant"). The Grant may be used to finance

Article 3: Financing (Continued)

foreign exchange costs, as defined in SECTION 6.1, and local currency costs, as defined in SECTION 6.2, of goods and services required for the Project.

SECTION 3.2. Grantee Resources for the Project.

(a) The Grantee agrees to provide or cause to be provided for the Project all funds, in addition to the Grant, and all other resources required to carry out the Project effectively and in a timely manner.

(b) It is estimated that the total resources to be provided by Grantee for the Project over the life of the Project will be not less than the equivalent of U.S. \$1,449,000, including costs borne on an "in-kind" basis.

SECTION 3.3. Project Assistance Completion Date.

(a) The "Project Assistance Completion Date" (PACD), which is September 30, 1985, or such other date as the Parties may agree to in writing, is the date by which the Parties estimate that all services financed under the Grant will have been performed and all goods financed under the Grant will have been furnished for the Project as contemplated in this Agreement.

(b) Except as A.I.D. may otherwise agree in writing, A.I.D. will not issue or approve documentation which would authorize disbursement of the Grant for services performed subsequent to the PACD or for goods furnished for the Project, as contemplated in this Agreement, subsequent to the PACD.

(c) Requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters are to be received by A.I.D. or any bank described in SECTION 7.1, no later than nine (9) months following the PACD, or such other period as A.I.D. agrees to in writing. After such period, A.I.D., giving notice in writing to the Grantee, may at any time or times reduce the amount of the Grant by all or any part thereof for which requests for disbursements, accompanied by necessary supporting documentation prescribed in Implementation Letters, were not received before the expiration of said period.

Article 4: Conditions Precedent to Disbursement

SECTION 4.1. First Disbursement. Prior to the first disbursement under the Grant, or to the issuance by A.I.D. of documentation pursuant to which disbursement will be made, the Grantee will, except as the Parties may otherwise agree in writing, furnish to A.I.D. in form and substance satisfactory to A.I.D.:

(a) An opinion of counsel acceptable to A.I.D. that this Agreement has been duly authorized and 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;

(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) A comprehensive organizational plan including but not limited to the internal relationship of the Division of Health Education (DHE) to the Ministry of Health and a staffing plan for DHE.

(d) Assurance that the Ministry of Information (MOI) will make available all resources necessary for the implementation of the media phase of the Project, including provisions for coordination with DHE.

(e) Evidence that the Ministry of Education (MOE) will work closely with the DHE staff in designing, testing and producing health education curricula and will utilize such jointly produced materials in its primary, preparatory and secondary schools;

(f) A statement as to how the activities, programs and information being carried out and developed by the Project will be coordinated and made available to other private and public health organizations.

SECTION 4.2. Notification. When A.I.D. has determined that the Conditions Precedent specified in SECTION 4.1, have been met, it will promptly notify the Grantee.

Article 4: Conditions Precedent to Disbursement (Continued)

SECTION 4.3. Terminal Dates for Conditions Precedent. If all of the Conditions specified in SECTION 4.1, have not been met within 120 days from the date of this Agreement, or such later date as A.I.D. may agree to in writing, A.I.D., at its option, may terminate this Agreement by written notice to Grantee.

Article 5: Special Covenants

SECTION 5.1. Project Evaluation. The Parties agree to establish an evaluation program as part of the Project. Except as the Parties otherwise agree in writing, the program will include, during the implementation of the Project and at one or more points thereafter:

- (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.

SECTION 5.2. Staffing, Training and Coordination. Grantee covenants to provide adequate staff, to implement necessary staff training and to effect necessary actions to assure that Project objectives are accomplished.

Article 6: Procurement Source

SECTION 6.1. Foreign Exchange Costs Disbursements pursuant to SECTION 7.1, will be used exclusively to finance the costs of goods and services required for the Project having their source and origin in the United States (Code 000 of the A.I.D. Geographic Code Book as in effect at the time

Article 6: Procurement Source (Continued)

orders are placed or contracts entered into for such goods or services) ("Foreign Exchange Costs"), except as A.I.D. may otherwise agree in writing, and except as provided in the Project Grant Standard Provisions Annex, Section C.1 (b) with respect to marine insurance.

SECTION 6.2. Local Currency Costs. Disbursements pursuant to SECTION 7.2, will be used exclusively to finance the costs of goods and services required for the Project having their source and, except as A.I.D. may otherwise agree in writing, their origin in the Hashemite Kingdom of Jordan ("Local Currency Costs"). To the extent provided for under this Agreement, "Local Currency Costs" may also include the provision of local currency resources required for the Project.

Article 7: Disbursement

SECTION 7.1. Disbursement of Foreign Exchange Costs.

(a) After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for the Foreign Exchange Costs of goods or services required for the Project in accordance with the terms of this Agreement, by such of the following methods as may be mutually agreed upon:

(1) by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, (A) requests for reimbursement for such goods or services, or, (B) requests for A.I.D. to procure commodities or services on Grantee's behalf for the Project; or,

(2) by requesting A.I.D. to issue Letters of Commitment for specified amounts (A) to one or more U.S. banks, satisfactory to A.I.D., committing A.I.D. to reimburse such bank or banks for payments made by them to contractors or suppliers, under Letters of Credit or otherwise, for such goods or services, or (B) directly to one or more contractors or suppliers, committing A.I.D. to pay such contractors or suppliers for such goods or services.

Article 7: Disbursement (Continued)

(b) Banking charges incurred by Grantee in connection with Letters of Commitment and Letters of Credit will be financed under the Grant unless Grantee instructs A.I.D. to the contrary. Such other charges as the Parties may agree to may also be financed under the Grant.

SECTION 7.2. Disbursement for Local Currency Costs.

(a) After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for Local Currency Costs required for the Project in accordance with the terms of this Agreement, by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, requests to finance such costs.

(b) The local currency needed for such disbursements may be obtained:

(1) by acquisition by A.I.D. with U.S. Dollars by purchase; or

(2) by A.I.D. (A) requesting the Grantee to make available the local currency for such costs, and (B) thereafter making available to the Grantee, through the opening or amendment by A.I.D. of Special Letters of Credit in favor of the Grantee or its designee, an amount of U.S. Dollars equivalent to the amount of local currency made available by the Grantee, which dollars will be utilized for procurement from the United States under appropriate procedures described in Project Implementation Letters.

The U.S. dollar equivalent of the local currency made available hereunder will be, in the case of subsection (b)(1) above, the amount of U.S. dollars required by A.I.D. to obtain the local currency, and in the case of subsection (B)(2) above, an amount calculated at the rate of exchange specified in the applicable Special Letter of Credit Implementation Memorandum as of the date of the opening or amendment of the applicable Special Letter of Credit.

Article 7: Disbursement (Continued)

SECTION 7.3. Other Forms of Disbursement. Disbursements of the Grant may also be made through such other means as the Parties may agree to in writing.

SECTION 7.4. Rate of Exchange. Except as may be more specifically provided under Section 7.2, if funds provided under the Grant are introduced into the Hashemite Kingdom of Jordan by A.I.D. or any public or private agency for purposes of carrying out obligations of A.I.D. hereunder, the Grantee will make such arrangements as may be necessary so that such funds may be converted into currency of the Hashemite Kingdom of Jordan at the highest rate of exchange which, at the time the conversion is made, is not unlawful in the Hashemite Kingdom of Jordan.

Article 8: Miscellaneous

SECTION 8.1. Communications. Any notice, request, documents, or other communication submitted by either Party to the other under this Agreement will be in writing or by telegram or cable, and will be deemed duly given or sent when delivered to such party at the following addresses:

To the Grantee:

Mail Address: National Planning Council
Amman, Jordan
Alternate Address for Cables: NPC, Amman, Jordan

To A.I.D.:

Mail Address: U.S.A.I.D./Jordan
American Embassy
Amman, Jordan
Alternate Address for Cables: U.S. Embassy (USAID)
Amman, Jordan.

All such communications will be in English, unless the Parties otherwise agree in writing. Other addresses may be substituted for the above upon the giving of notice.

Article 8: Miscellaneous (Continued)

SECTION 8.2. Representatives. For all purposes relevant to this Agreement, the Grantee will be represented by the individual holding or acting in the office of President, National Planning Council and A.I.D. will be represented by the individual holding or acting in the office of Mission Director in Jordan, each of whom, by written notice, may designate additional representatives for all purposes other than exercising the power under SECTION 2.1, to revise elements of the amplified description in Annex 1. The names of the representatives of the Grantee, with specimen signatures, will be provided to A.I.D., which may accept as duly authorized any instrument signed by such representatives in implementation of this Agreement, until receipt of written notice of revocation of their authority.

SECTION 8.3. Standard Provisions Annex. A "Project Grant Standard Provisions Annex" (Annex 2) is attached to and forms part of this Agreement.

IN WITNESS WHEREOF, the Grantee and the United States of America, each acting through its duly authorized representative, have caused this Agreement to be signed in their names and delivered as of the day and year first above written.

THE HASHEMITE KINGDOM OF JORDAN

By: Hanna Odeh
President
Title: National Planning Council

THE UNITED STATES OF AMERICA

By: Edgar Harrell
Director
Title: U.S.A.I.D./Jordan

ANNEX 1 TO PROJECT AGREEMENT

I. Project Description

The objectives of this project are the expansion and improvement of the Division of Health Education (DHE) in the Ministry of Health (MOH) and the delivery of health messages to the urban and rural poor people of Jordan with emphasis on linking such messages to the health delivery system.

To accomplish these objectives the project will:

1. Expand the DHE in the MOH to include from six to ten professional staff and improve their qualifications and capabilities by providing graduate level training in the United States for four (4) of its staff in the disciplines of public health education, communications, manpower training and community development. A long-term (30 months) advisor from the U.S. will provide: technical assistance; assistance in procuring audio-visual materials; assistance in selecting an advertising agency as a sub-contractor for media production and placement; and, in arranging training for DHE staff. The DHE will serve as a focal point within the Ministry for all health education activities with special attention to primary health care activities in conjunction with the Health Planning Division.
2. Delivery to the people of Jordan, through various means, of health messages aimed at improving attitudes and behavior with respect to health practices. This will be accomplished through community-based activities and through the development, production and transmission of mass media messages which address the primary health problems of Jordan. Community-based activities will be conducted through MOH clinics, health centers, maternal/child health centers and hospitals, as well as in collaboration with the Ministries of Education, Information, and Social Development.
3. The Division of Health Education will hire, train, maintain and supervise a staff of at least 25 health educators who will be assigned to all regions of Jordan according to population distribution. The Health Educators will work through existing MOH facilities in setting up and giving lectures, demonstrations, workshops, and in training service delivery personnel in community-based activities.

4. The DHE staff, with guidance from other Divisions of the MOH will determine those health priorities, the first proposed being oral rehydration of infants, which can be addressed through health education of the populace, and which can have a rapid impact. The DHE staff will develop training modules for the Health Educators, based on studies of current attitudes and behavior, which will teach the Health Educators how to link the public to primary health services from MOH and other resources, and how to improve some health practices.
5. The DHE staff, working with the subcontracted (or otherwise procured) advertising agency will develop media advertisements; including 30- or 60-second radio and television "spots", newspaper and magazine "ads", articles by experts on the health problem and radio and television "talk shows". Other audio-visuals will be developed for each health problem to be addressed as determined by project experience and research into the most effective methods, i.e. posters, film strips, comic books, pamphlets, etc.
6. It is planned that AID will finance a total of approximately 41 person-months of technical assistance, including 30 months for one long-term advisor and nine (9) months of short term consultant time under a host country contract, and an additional two (2) months of centrally-funded consultant time (no cost to project); participant training (both long-term and short-term); commodities; advertising production costs and selected other costs, as indicated in the project cost estimates in the estimated financial plan. Source/origin waivers will be requested for all third-country training.
7. The Grantee will provide: policy direction, staff, office space and other supportive facilities including staff, radio and television air time, and international travel for participant trainees.

At the end of the Project it is expected that (a) the Health Education Division will be in place and capable of carrying out continuing health education, (b) that at least 10 health problems will have been addressed through both the media and community-based activities, (c) that a measurable positive impact on the health status of the population will have been effected, especially among the urban and rural poor, and (d) that the Ministry of Health will have a continuing program in health education.

II. Estimated Project Financial Plan (\$ 000)

	<u>Year</u> <u>(1)</u>	<u>Year</u> <u>(2)</u>	<u>Year</u> <u>(3)</u>	<u>Year</u> <u>(4)</u>	<u>Year</u> <u>(5)</u>	<u>Total</u> <u>Years</u>
A. Grantee Ministry of Health						
A. Personnel	151	166	183	201	221	922
B. Other Operating Expenses	24	26	30	32	36	148
C. Training	9	11	7	10	12	49
D. Educational Materials/ Media	35	50	55	81	102	323
E. Surveys/Research	<u>-</u>	<u>-</u>	<u>-</u>	<u>3</u>	<u>4</u>	<u>7</u>
TOTALS	219	253	275	327	375	1449
B. A.I.D.						
A. Technical Assistance	167	160	101	12	27	467
B. Training	78	67	7	5	5	162
C. Commodity Support	52	54	7	5	-	118
D. Other Costs	<u>62</u>	<u>71</u>	<u>50</u>	<u>30</u>	<u>20</u>	<u>233</u>
TOTALS	359	352	165	52	52	980
<u>Estimated Disbursement Schedule: Foreign Exchange/Local Currency</u>						
C. A.I.D.						
A. Foreign Exchange	94	226	105	33	23	481
B. Local Currency	<u>265</u>	<u>125</u>	<u>60</u>	<u>19</u>	<u>30</u>	<u>499</u>
TOTAL	359	351	165	52	53	980
D. G.O.J.						
A. Local Currency	<u>219</u>	<u>253</u>	<u>275</u>	<u>327</u>	<u>375</u>	<u>1449</u>
GRAND TOTAL	578	604	440	379	428	2429

* Denotes Equivalent Value in Cash or Kind.

III. Proposed Project Implementation Plan

This project will be implemented over a five year period. Primary responsibility for all phases of project implementation will reside with the Ministry of Health and the Division of Health Education (DHE). An abbreviated implementation schedule follows this section. Further implementation details for specific project components will be the subject of Project Implementation Letters as noted in the Project Grant Standard Provision Annex 2 to the Project Grant Agreement, Article A.

The MOH will use AID-approved host country contracting procedures for securing the services of a long-term health education advisor and for approximately nine (9) months of short-term consultant time.

The MOH will prepare requests for proposals and scopes of work for all contracts financed under this Project. It is planned that a contract will provide local technical assistance to develop media advertisements and messages. Project commodities will be procured by the MOH, with AID assistance as necessary.

Prior to November 1, 1980, and the arrival of the AID centrally-funded consultant, the MOH shall have appointed and shall ensure that at least five (5) DHE central, professional staff, including the DHE Director and Deputy Director are in place.

<u>Proposed Implementation Plan</u>	<u>Proposed Date</u>
1. Arrange AID consultant for Nov.-Dec. Workshop for DHE professional staff	Oct. 15
2. At least five DHE professionals in place	Nov. 1
3. Workshop in Health Education for professional staff of DHE/Workplan Development	Nov. 14-Dec. 14
4. Satisfaction of Conditions Precedent for Technical Assistance	Jan. 30, 1981
5. Issuance of Request for Proposals for Technical Assistance	Jan. 30, 1981

Proposed Implementation Plan (Cont'd)

- | | |
|--|-------------------|
| 6. Technical Assistance Contract Signed | Apr. 15 |
| 7. Arrival of Technical Assistance Contractor | Jun. 1 |
| 8. Consultant in Media Development | Jun. 15 - Jul. 15 |
| 9. Subcontract with local advertising agency signed | Jul. 15 |
| 10. Health Educators Recruited and Hired | Jul. 15 |
| 11. Training of Health Educators | Aug. 1 - 31 |
| 12. First Evaluation | Aug. 1 - 15 |
| 13. First Media Campaign Developed & Tested | Sep. 1 |
| 14. Two DHE Professional Staff Long-term Training Begins | Sep. 1 |
| 15. Community-based Activities of Health Educators Commence; Media Campaign Begins | Sep. 15 |
| 16. Second Health Education Campaign Begins | Jan. 1, 1982 |
| 17. Project Director Commences Long-term Training | Jan. 15, 1982 |
| 18. One Long-term DHE Professional Staff Training Begins | Sep. 1, 1982 |
| 19. Intensive Evaluation | June, 1983 |
| 20. Final Evaluation | April, 1985 |

IV. Project Evaluation

It is planned that during the life of the Project that three (3) evaluations will occur and be organized and conducted jointly by the MOH and AID. These evaluations are tentatively planned for August 1981, June 1983, and April 1985.

Health Services Network: Jordan

- I. Urban Hospitals: Two MOH hospitals, Amman and Irbid. (Irbid hospital classified as both "urban" and "district" facility).
- II. District Hospitals: Eleven Hospitals, one for each Health District. (Note: There are five Governorates, but 11 "Health Districts").
- III. Maternal-Child Health Centers: Sixty centers as of January, 1980 increasing to 78 by 1984. UNFPA funded. Typical staffing pattern: One physician (sometime part-time) one nurse, one midwife, one nurse aide, one maid.
- IV. Health Centers: Approximately 60 as of January, 1980. Sometimes combined with MCH center with same physician serving both. Typical staffing pattern: one or two physicians, one nurse, one nurse aide, one clerk for record-keeping, one maid, sometimes one pharmacist aid, no midwife. Health centers relate to and "service" the network of village "clinics" or dispensaries below. Mostly curative services, little "outreach".
- V. Village "Clinics": Approximately 260. More appropriately called dispensaries. Staffed by one nurse or nurse aide (usually male). Provides first aid and referral to Health Centers. Health Center physician visits once or twice per week. Maintains records, arranges schedule for physician visit, does mostly clerical work, little or no outreach, and minimally supervised.
- VI. "Registered Dayahs": Traditional Birth Attendants or village midwives. 350 "registered" which means they have been certified as having a basic understanding of hygienic practice and aseptic delivery technique and their instruments have been inspected for adequacy. The 350 presently registered dayahs will receive further training under the UNFPA-assisted MCH project starting in 1980.
- VII. Dayahs - unregistered: Not part of MOH official network. One or more in each village or neighbourhood. Total number unknown. Mostly untrained, frequently illiterate, practice often handed down within family.
- VIII. Royal Medical Service: This service provides medical care to military personnel nationwide through 5 hospitals and 14 health centers, accounting for about one-third of all hospital beds and doctors.
- IX. Private Physicians and Hospitals: Mostly based in the Amman area, about 20% of all hospital beds are in private hospitals, with about a third of all doctors in Jordan engaged in private practice.
- X. United Nations Relief and Works Agency: Provides primary health care through physician - attended outpatient clinics in refugee camps. Referrals to MOH network.
- XI. University of Jordan Hospital: A 500-bed capacity teaching hospital, which is a tertiary facility receiving referrals from the MCH, the RMS and the private sector.

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT DATA SHEET

1. TRANSACTION CODE
 A = Add
 C = Change
 D = Delete

Amendment Number 10

INCIDENT CODE 3

2. COUNTRY/ENTITY JORDAN

3. PROJECT NUMBER _____

4. BUREAU/OFFICE NEAR EAST 03

5. PROJECT TITLE (maximum 40 characters) HEALTH EDUCATION

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)
 MM DD YY
09 30 85

7. ESTIMATED DATE OF OBLIGATION
 (Under "B" below, enter 1, 2, 3, or 4)

A. Initial FY 80 B. Quarter 4 C. Final FY 80

8. COSTS (\$000 OR EQUIVALENT \$1 = _____)

A. FUNDING SOURCE	FIRST FY <u>80</u>			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	354	0	354	980		980
(Grant)	(354)	(0)	(354)	(980)	()	(980)
(Loan)	(0)	(0)	(0)	(0)	()	(0)
Other U.S. 1.						
2.						
Host Country		219	219		1,449	1,449
Other Donor(s)						
TOTALS	354	219	573	980	1,449	2,429

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) ESP	510	560		0		980		980	
(2)									
(3)									
(4)									
TOTALS				0		980		980	

10. SECONDARY TECHNICAL CODES (minimum 8 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

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

A. Code

B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

The Purpose of this project is to create awareness, increase knowledge, positively influence attitudes and foster adoption of appropriate preventive curative health behaviors of the public through organized health education efforts.

14. SCHEDULED EVALUATIONS

Interim: MM YY 08 81 | MM YY 06 83 | Final: MM YY 04 85

15. SOURCE/ORIGIN OF GOODS AND SERVICES
 000 941 Local Other (Specify)

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

17. APPROVED BY

Signature _____

Title Director, USAID/JORDAN

Date Signed MM DD YY _____

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
 MM DD YY _____

PROJECT AUTHORIZATION

Name of Country : Hashemite Kingdom of Jordan
Name of Project : Health Education
Number of Project: 278-0245

1. Pursuant to Section 532 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Health Education Project for Jordan involving planned obligations of not to exceed \$980,000 in grant funds over a one year period from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project.

2. The Project consists of improving the health education activities of the Ministry of Health ("MOH") and other governmental and private organizations in Jordan.

3. The Project Agreement which may be negotiated and executed by the officer(s) 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:

a. Source and Origin of Goods and Services

Goods and services, except for ocean shipping, financed by A.I.D. under the Project shall have their source and origin in the United States and the cooperating country, except as A.I.D. may otherwise agree in writing. Ocean shipping financed by A.I.D. under the Project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

b. Conditions Precedent to Disbursement

Prior to any disbursement, or to the issuance of any commitment documents under the Project Agreement, the Cooperating Country shall furnish, in addition to the standard legal opinion and specimen signature(s), in form and substance satisfactory to A.I.D.:

(1) a comprehensive organizational plan including, but not limited to, the internal relationship of Division Health Education ("DHE") to the MOH and a staffing plan for DHE;

