USAID Health Finance and Governance Activity

Report of the Current Situation Analysis of the National Strategy for the Health Sector in Jordan

2016-2020

June 2018

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1   Glossary

- **Data:** The simplest types of information that can be independent. They are abstract, and not explained, organized or processed. They do not mean anything without being in context or linked to others. Examples include (name – image – code - number or figure – etc.).
- **Information:** Data that are processed to acquire meaning or interpretation, and it may be true or false.
- **Monitoring:** The process through which the implementation of the phases of the project/ activity/ program is monitored to ensure the progress of implementation according to the decided plan, and monitor and avoid any defect which may lead to the interruption or delay of work. The monitoring process is carried out periodically at the level of activities through collection of data and information assisting to measure the extent of implementation of the project plan and the progress of the project towards achieving its objectives.
- **Evaluation:** A process aims to verify that the project/ activity/ program has achieved the targeted results and to identify the direct and indirect impact of the project on the beneficiaries and surrounding environment in the short and long term.
- **Logical Framework:** A matrix identifying what the project is intended to achieve (objectives) and how this achievement (indicators) will be measured.
- **Indicators:** The practical definition of a variable, i.e. the physical evidence which can be observed, monitored or measured to verify wider information required to be known and therefore they and their significance must be agreed upon. They are used to detect a reality or fact required to be known or verified. In other words, they are the physical evidence to verify a question that cannot be directly verified.
- **Impact indicator:** A quantitative or qualitative means to measure achievement or to indicate the changes associated with the specified objective.
- **Objective:** A clear and simple statement of the impact or results achieved by the project.
- **Result indicator:** The quantitative or qualitative means to measure achievement or to show changes associated with the said results.
- **Output indicator:** Quantitative or qualitative means to measure the declared outputs (measuring the direct product of an activity).
- **Process indicator:** Quantitative or qualitative means to measure the achievement of the said activities.
- **Input indicator:** Quantitative or qualitative means to measure the use of the said inputs (the resources used in the activities).
- **Assumptions:** The factors beyond the project control which may hider or prevent access to the inputs.
- **Result:** A set of changes for the beneficiaries or local community needed to achieve the objective.
- **Output:** The products or services needed to achieve the results.
- **Activities:** The regular efforts needed to produce the outputs.

- **Inputs:** The resources used to implement the activities (finance, materials, human).
- **Means of verification:** The method of measurement, the source of data and the frequency of data collection for the said indicator.
- **Plan of data collection and analysis:** A detailed description of how to identify, collect, organize and analyze data and information. This plan usually consists of a detailed narrative illustrating how each type of data will be collected along with all the steps necessary to ensure the quality of data and the proper research practices.
- **Project Team:** The team that is directly responsible for:
  - Collection of data and information
  - Analysis of data and information
  - Preparation and reporting on the indicators
- **External evaluator:** A person who is able to observe the program with a new vision as a non-participant, therefore he/she will not gain or lose anything from the evaluation. Such evaluator will not be significantly affected by the staff of the program, funding parties, friendships or hatred. Accordingly, he/she is likely to be less biased and more capable to be objective.
- **Internal evaluator:** A person from inside or familiar with the program, actually knows the direction of work of the program as well as its objectives, problems and weaknesses, but he/she finds it difficult to prepare an evaluation report that is unbiased due to the possibility of being affected by the feelings of love and hatred within the institution.
- **SMART Indicator:** Specific, Measurable, Achievable, and Relevant to the project objectives and Time-bound.
- **Reference card for indicators:** The most important tools used in the process of evaluation, monitoring and strategic planning, providing a clear, standard and accurate understanding of the indicators and their definition, how to calculate their values, sources of their data and their credibility. It helps the team standardize their concepts on indicators so that they are calculated properly and clearly. The card contains many semantic data where the card can include all or some of these data as needed, such as indicator name, its definition, its purpose, its target, its base value, its classifications, its calculation, source of its data, the responsibilities of collecting its data, the frequency of collection, the means of reporting and means of verification.
- **Post Evaluation:** An organized process for collecting and analyzing information in order to identify the degree to which objectives are achieved and to take decisions on them.
- **Interim evaluation:** This assessment is carried out during project implementation and at some point in the life of the project to ensure that the activities are carried out in a manner leading to the achievement of the identified objectives.
- **Needs Assessment:** A process to identify the gaps between the current conditions and the conditions to be achieved. It is often used to improve the current performance or to correct a particular deficiency. The needs assessment can be used as part of the planning processes.

- **Impact:** The change resulting from the project activities in the behavior and practices of the target categories.
- **Procedural Objective:** Accurate objectives formulated procedurally and related to change in the target group following the exercise of a specific activity in the project.
- **Activities:** A group of businesses in which certain resources are used and for which funds are spent in order to obtain expected benefits over a given period of time.
- **Quantitative Methodology:** It is defined as those methodologies using numbers to analyze their data and they are subject to the conditions of honesty and consistency and their data are statistically processed. Its results can be generalized to the original community. It is based on the surveys intended to collect data through the use of quantitative measurement tools.
- **Qualitative Methodology:** It is the study which can be carried out or conducted in the normal context or situation. The researcher collects data, words or images and analyzes them in an inductive way with a focus on the meanings mentioned by the participants. This methodology describes the process in a convincing and expressive language
- **Balanced Scorecards:** They are a strategic management tool aiming to help business entities translate the enterprise strategy and mission into rigorous performance metrics providing a framework for the management and strategic measurement system.
- **Quality:** Pursuant to ISO definition, quality is the extent to which the specifications of the product or service conform with the required specifications.
- **Quality of data and information:** The quality of data and information is determined by the extent to which they conform with the material or the situation it represents in the real world.
- **Reporting:** It is the process of providing reports and sharing the findings of monitoring and evaluation to the donors, steering committees, stakeholders, implementing partners, senior management or even the political leadership.

2   Executive Summary

The High Health Council seeks to activate the National Strategy for the Health Sector in Jordan (2016-2020) through a monitoring and evaluation plan in cooperation with the Health Finance and Governance Activity in Jordan funded by USAID aiming to recognize the extent to which the Strategy is applied and the progress in achieving the targets by the partner institutions with the High Health Council.

A three-phase action plan was developed for this purpose, stating:

- Phase 1: Study, review and analyze the current situation and develop the work tools.
- Phase 2: Development of capacity and competency as the capacity and competency building program will be developed at the High Health Council, partners and stakeholders to train them and develop their competencies to conduct a process of providing data (inputs) that serve the performance indicators.
- Phase 3: Development of the framework for the annual monitoring and evaluation report, where the overall framework for the annual monitoring and evaluation report of the National Strategy for the Health Sector will be developed.

This report represents the end of Phase 1.

Tools have been developed to be used in the interviews with the liaison officers appointed by the partner institutions after the High Health Council requested placement of them under specific conditions. All partner institutions and liaison officers were interviewed to assess the achievements, obstacles and challenges facing the application of the Strategy and the achievement of its targets by these institutions.

All necessary data and information were collected from the partner institutions to conceptualize and analyze the current situation and identify the future steps. Recommendations were also made to activate the National Strategy for the Health Sector, including clarifying the link with the other initiatives related to the health sector, developing the capacities of liaison officers, some of the efforts of automation, and comprehensive review of the indicators to verify their validity and the progress achieved in their targets.

3   Background

The High Health Council requested technical assistance from HFG Activity funded by USAID to improve data collection and enhance the evaluation and monitoring system of the National Strategy for the Health Sector in Jordan in order to improve understanding and approve data and practice responsibilities between the High Health Council and the partner institutions in the National Strategy.

The High Health Council and its partner institutions developed this Strategy, which represents the key features of the health sector in Jordan for the period (2016-2020), based on the High Health Council Law No. 9 of 1999 and in line with the objectives set out in the "National Agenda", "Jordan 2025 Document" and the Government Plan of Action 2016 2019 as well as the objectives, functions and responsibilities set out in the High Health Council Law and all other health strategies and initiatives in the Kingdom.

The overall framework of the Strategy includes medium and long-term interventions, outputs and outcomes. The document also includes outputs for each outcome, and the indicators associated with each outcome to measure the achievement of outcomes and outputs that can be tracked by the monitoring and evaluation system.

The success of the Strategy depends on the effectiveness of the monitoring and evaluation system to measure the progress in implementation of the interventions and achieve the expected outputs and results on a regular basis, which has not been done since the Strategy was developed two years ago.

One of the main tasks of this partnership is to enhance the capacity of the High Health Council to prepare and produce accurate and high-quality reports on monitoring and evaluation in order to identify the progress towards achieving the objectives of the National Strategy for the Health Sector in Jordan.

4 Methodology of the analysis of the current situation of the national strategy for the health sector

The analysis methodology adopted is based on the engagement of all stakeholders and partners in the strategy to comprehensively and sustainably evaluate all observations and inputs so that the High Health Council can apply and develop the Strategy to serve the health sector in the Hashemite Kingdom of Jordan.

A technical committee was formed under the Resolution of the Minister of Health/ Chairman of the High Health Council No. 148 dated 15/5/2016 to update, monitor and evaluate the National Strategy for the Health Sector in Jordan (Annex 1). The Committee is chaired by the Secretary of the High Health Council and membership of the following:

1- Director of Health Insurance Administration – Ministry of Health

2- Director of Planning and Project Management Directorate – Ministry of Health

3- Director of Information and Studies Directorate – Ministry of Health

4- Director of Planning and Studies – Royal Medical Services

5- Director of Technical Affairs, Studies and Research Directorate – High Health Council

6- Director of Financial and Administrative Affairs – High Health Council - Committee Rapporteur

7- Representative of the Jordanian Nursing Council

8- Representative of the Supreme Council of Population

9- Representative of the Private Hospitals Association

10- Secretary General of the Jordanian Association of Pharmaceutical Manufacturers

11- Delegate of the Health Care Accreditation Council

12- Head of Planning and Project Management Department – High Health Council

13- Head of Studies and Research Department – High Health Council

14- Head of Economics and Health Financing Department – High Health Council

The above Resolution states that the Committee can include any governmental or private entity that may contribute to the accomplishment of its tasks, under the following terms of reference:

1- Update the National Strategy for the Health Sector

2- Monitor the progress of work when implementing the strategic plan and the operational plans of action periodically

3- Monitor the measurement of performance indicators on which basis progress in achieving the desired results is measured and make the necessary amendments

4- Evaluate the achievement at the level of the various results, outputs and interventions included in the strategic plan and make recommendations to address the deviations

5- Prepare the monitoring and evaluation reports annually

6- Document and write down the minutes of meetings of the Committee.

5   Action Plan

The Advisory Group of the Health Finance and Governance Project studied the Strategy and the related decisions and documents. A work plan was developed in cooperation with the High Health Council and the scope, phases of work and next steps was identified. The first step was to present the plan to the Secretary General of the High Health Council and stakeholders on February 20, 2018. The following points were clarified:

- Phase 1: study, review and analyze the current situation and develop the tools of work, including:
- Meet the committee for updating, monitoring and evaluating the National Strategy for the Health Sector in Jordan
- Conduct an analysis of the status quo through the study and review of all documents related to the National Strategy for the Health Sector.
- Build an analytical tool for interviews with the stakeholders, Committee members or their representatives in this activity in order to collect the necessary data for the work of the team
- Phase 2: Development of capacity and competency as the capacity and competency building program will be developed at the High Health Council, partners and stakeholders to train them and develop their competencies to conduct a process of providing data (inputs) that serve the performance indicators.
- Phase 3: Development of the framework for the annual monitoring and evaluation report, where the overall framework for the annual monitoring and evaluation report of the National Strategy for the Health Sector will be developed.

During the presentation, it was agreed to:

- Identify the list of interviews to be conducted within Phase 1
- Appoint the liaison officers whose capacities will be built in Phase 2 at the High Health Council and at the stakeholders and partners

6   Liaison Officers

The High Health Council addressed the partners and stakeholders on 8/3/2018 to appoint liaison officers from these institutions in order to meet them, work with them, take their observations and train them within the capacity building program thereafter. (Annex 2)

The entities addressed were as follows:

- Jordanian Nursing Council
- National Council for Family Affairs
- Supreme Council for Population
- Jordan Medical Council
- Department of Statistics
- Royal Medical Services
- Ministry of Health
- Health Insurance Administration – Ministry of Health
- Civil Defense
- Jordan Food and Drug Administration
- Private Hospitals Association
- Medical Computing Company (Hakeem)
- Health Care Accreditation Council
- Jordanian Association of Pharmaceutical Manufacturers
- Coalition to Protect Patient Safety

Partner institutions were requested to take the following into consideration when placing the names of liaison officers:

1- Experience in the institution of at least five years.

2- Candidate's position and/or background should preferably enable him/her to understand, monitor and document information on indicators of the National Strategy for the Health Sector in Jordan (his/her position in the institution should be at least middle to senior management)

3- The candidate should have the qualities of leadership and team spirit, as well as the ability to delegate and enable the other staff.

4- The candidate should have strong communication skills in reading, writing, listening and speaking.

5- The candidate should have the skill to use technology and computer software.

6- The candidate should be able to allocate sufficient time for this task, especially during the next three months.

The liaison officers were identified by the stakeholders and partners in accordance with the letter of the High Health Council. The institutions listed the following names, indicating "Basic" and "Alternative" to ensure the completion of the work in case one of them is absent:

Table (1): List of liaison officers' names in the partner institutions

#	الاسم	الصفة	المؤسسة
1	May Sultan	Basic	National Council for Family Affairs
2	Haneya Al-Khamji	Alternative	National Council for Family Affairs
3	Rania Al-Abbadi	Basic	Supreme Council of Population
4	Manal Al-Ghzawi	Alternative	Supreme Council of Population
5	Samer Al-Khoffash	Basic	Private Hospitals Association
6	Yasmeen Welweel	Alternative	Private Hospitals Association
7	Aysha Dhamra	Basic	Jordanian Nursing Council
8	Tareq Afaneh	Alternative	Jordanian Nursing Council
9	Rabab Dhiab	Basic	Health Care Accreditation Council
10	Rawan Hazeen	Alternative	Health Care Accreditation Council
11	Mohammad Ayasra	Basic	Department of Statistics
12	Fadia Samara	Basic	Coalition to Protect Patient Safety
13	Dana Al-Tarifi	Basic	Jordanian Association of Pharmaceutical Manufacturers
14	Hanan Al-Sbool	Alternative	Jordanian Association of Pharmaceutical Manufacturers
15	Raeda Dhiab	Basic	Jordan Medical Council
16	Ghada Al-Zu'bee	Alternative	Jordan Medical Council
17	Bayan Fraihat	Basic	Royal Medical Services
18	Ali Obeidat	Alternative	Royal Medical Services

19	Ayman Al-Maani	Basic	General Directorate of Civil Defense
20	Omar Malkawi	Alternative	General Directorate of Civil Defense
21	Inas Abu Anza	Alternative	General Directorate of Civil Defense
22	Rana Abu El-Feilat	Basic	Jordan Food and Drug Administration
23	Nida' Bawaresh	Alternative	Jordan Food and Drug Administration
24	Lama Karmi	Basic	Medical Computing Company (Hakeem)
25	Ne'mat Al-Barawi	Basic	Ministry of Health
26	Areej Al-Qaisi	Alternative	Ministry of Health
27	Luay Haddad	Basic	Health Insurance
28	Mohammad Battah	Alternative	Health Insurance
29	Moeen Abu El-Shaar	Basic	High Health Council
30	Shoroq Jibreel	Basic	High Health Council
31	Fahmi Al-Osta	Basic	High Health Council

The High Health Council, partners and the Health and Governance Project team have coordinated to schedule interviews with liaison officers according to an agreed timetable that was implemented during March and April 2018.

A tool for obtaining information from institutions and liaison officers was developed to be used to write this report, develop the capacity building and make recommendations (Annex 3). The tool included questions relating to the following:

1-   Educational and academic qualifications

2-   Technical professional certificates

3-   Work experience

4-   Evaluation and monitoring plans in the institutions

5-   Data and information analysis tools

6-   Data flow, management, storage and security

7-   Challenges in data and information collection

8-   Skills and capabilities which need to be developed in terms of evaluation and monitoring

The interviews with the liaison officers were important to identify the progress in the implementation of the Strategy, the aspects that can be developed and updated

in the Strategy, especially in collecting the data of the indicators in the National Strategy for the Health Sector in Jordan, where KPIs are 59 ones distributed among the partner institutions as follows:

Table (2): List of the number of the partner institutions' indicators

Institution	No. of Indicators*
Ministry of Health	20
High Health Council	16
Department of Statistics	7
National Council for Family Affairs	4
Private Hospitals Association	2
Health Care Accreditation Council	2
Coalition to Protect Patient Safety	1
Jordan Medical Council	1
Medical Computing Company (Hakeem)	1
World Health Organization	1
General Directorate of Civil Defense	1
Supreme Council of Population	1
Jordan Food and Drug Administration	1
Jordanian Association of Pharmaceutical Manufacturers	1
Total	**59**

*Some indicators are common between the partner institutions

7 Interviews with liaison officers in the partner institutions

The analysis tool developed for obtaining the information used in this report was used and will be used later in developing the capacity building program for liaison officers.

The answers provided by the liaison officers during the interviews indicated several things that must be handled in order to proceed with the implementation of the Strategy, as follows:

7-1 Capacities and Competencies

Question on the scientific and professional capacities of the liaison officers were offered to identify the credibility of the responses provided and make the perception of the capacity development program.

7-1-1 Scientific Competencies

All liaison officers hold bachelor's degrees and nine have Master degrees. All university degrees are related to the nature of work in the institutions, which provides the required credibility to the work required of the liaison officers.

Graph 1: Scientific Degrees

9

22

Bachelor Master
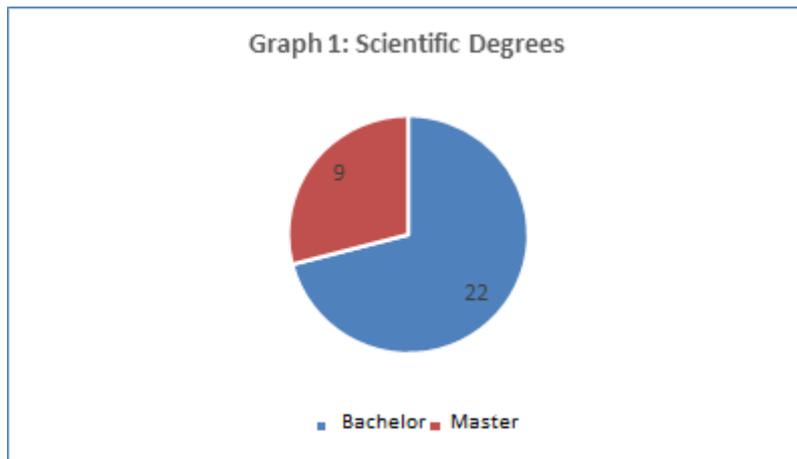
The majority of the liaison officers have obtained their scientific degree from Jordan, which contributes to the harmonization of their work and the ease of developing the capacity building program later on.

Graph 2: State

2 1

28

Jordan Iraq Lebanon
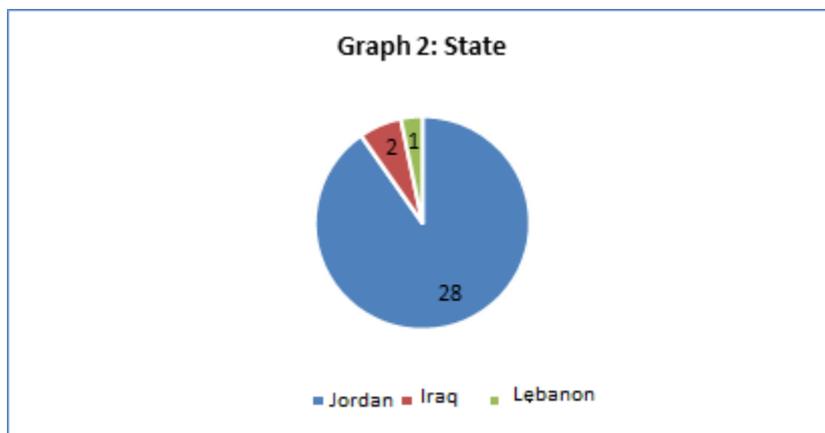
7-1-2 Work Experience

Almost all liaison officers have practical experience in their field of work and in their institutions, meeting the requirements of working with the High Health Council in the application and implementation of the National Strategy for the Health Sector, where the experience of liaison officers is at least 5-10 years in their institutions, if not increased in other institutions.

7-1-3 Training programs related to evaluation, monitoring and strategic planning

The liaison officers are classified according to professional certificates or training courses in the overall strategic planning, evaluation and monitoring, especially to find that most of them (25 liaison officers) do not have such experiences or capacities, which increases the importance of the capacity building program.

Graph 3: Certificates of professional liaison officers

■ Do not have professional certificates   ■ Have professional certificates

7-2 Evaluation and monitoring tools

The second section of the data collection and information tool on the liaison officers and institutions during the interviews on how to handle data and collection methodologies in these partner institutions.

7-2-1 Liaison officers' handling data in the partner institutions

Through the data collected from the liaison officers during the interviews on evaluation, monitoring, strategic planning, roles, responsibilities and relevant authorities, the tool indicated that most liaison officers handle all aspects related to the collection, analysis, production, decision making and approval, as shown in Graph 4 below.

Graph 4: Nature of dealing with data

Collection | Analysis | Verification | Decision making | Production | Approval
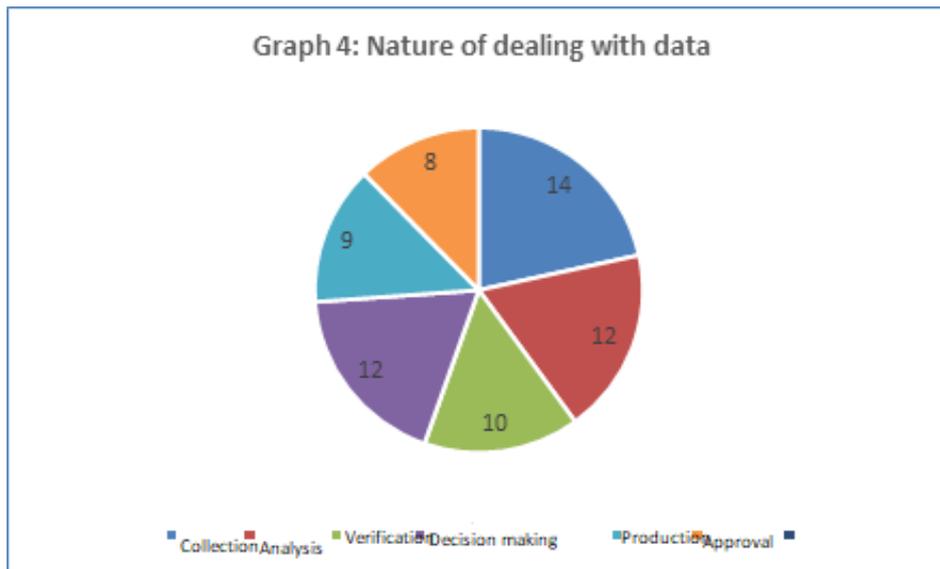
7-2-2 Challenges facing the partner institutions on data

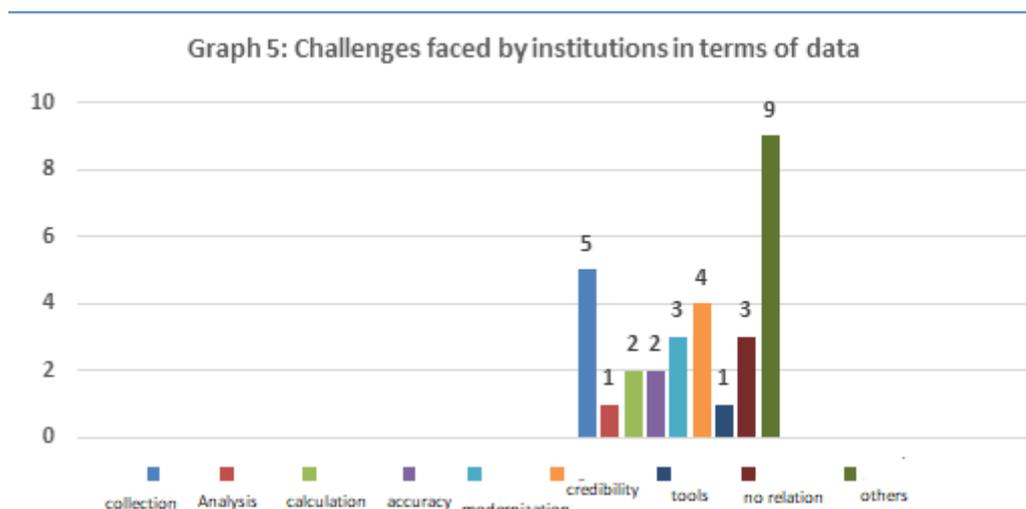Graph (5) indicates the type of challenges faced by the liaison officers and their institutions when it is related to the data of indicators, where the most significant challenge was collecting data while the least significant one was the collection tools.

Graph 5: Challenges faced by institutions in terms of data

collection | Analysis | calculation | accuracy | modernization | credibility | tools | no relation | others

However, it is noted that the largest proportion of the liaison officers' responses was "Others" when talking about the challenges faced by them with regard to the data of indicators, and when asked to clarify these challenges, the responses were as follows:

- Information privacy: Information cannot be accessed and/or provided due to its nature, the institution's nature or the aspect being measured

- Definition of indicators: There is often misunderstanding of indicators leading to interpretations providing wrong data

- Governance: Roles and responsibilities in the process of collection and provision are unclear and are unspecific in a manner ensuring the execution of business and activities

- Inclusiveness of data: Data are often insufficient to ensure proper calculation of the required index

- Non-responsiveness: The entities communicated with to provide data do not respond either adequately or in a timely manner

- Data format: The required data is not always provided as appropriate to be ready for use

- Leaving work: Change of staff and officials is one of the most significant problems in monitoring indicators, either due to resignation, retirement, or in-house circulation.

- Indicators card: Some respondents indicated the lack of standardized cards for indicators

- Calculation of weights: The method of calculating the weights of indicators for each institution and the extent of their contribution to the achievement of the indicator of the challenges facing the liaison officers.

7-2-3 Data analysis

Most liaison officers indicated the existence of institutional methodologies for collecting the data of indicators, while the others emphasized the importance of the existence of methodologies or that their institutions were already developing these methodologies, giving positive indications about the institution's ability to evaluate and monitor in the partner institutions.

Graph 6: Existence of institutional methodology for collecting data of indicator
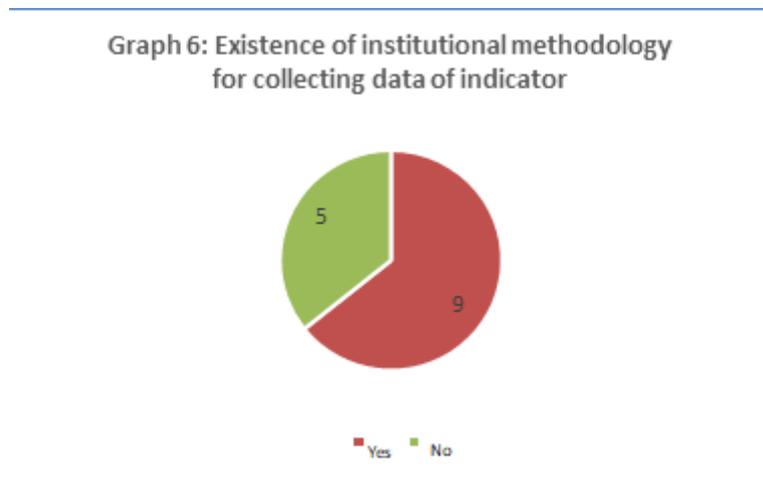
7-2-4 Training or introducing the strategy or the proper method to collect the data of their indicators
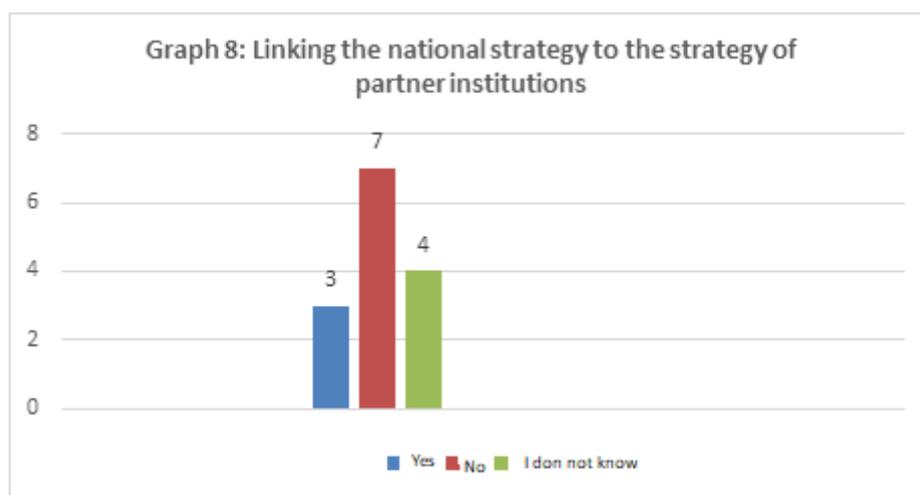
About 85% of the liaison officers indicated that they knew nothing about the National Strategy for the Health Sector or that they were not informed, trained or introduced to them.

Graph 7: Strategy Training

The reasons for this high percentage may be diverse. However, one of the main reasons is the constant change in the cadres concerned with monitoring the Strategy in the institutions. The majority of the liaison officers were selected at a later time, in addition to the absence of a monitoring and evaluation system which limited which weakened the role of the High Health Council in monitoring and coordination.

7-2-5 Connection of the national strategy of the health sector with the strategy of partner institutions

The liaison officers from 7 partner institutions (50%) indicated that the National Strategy did not correlate with the strategies of their institutions, while 28% indicated that they were unaware of any correlation. More than three ~~thirds~~ quarters of the partner institutions saw no connection between their strategies and the National Strategy for the Health Sector in Jordan despite the fact that the National Strategy was developed in cooperation with these institutions and according to their strategies according to the High Health Council.

Graph 8: Linking the national strategy to the strategy of partner institutions

This percentage is attributed to two main reasons:

- Change of the liaison officers basically communicated with when developing the strategy
- Change or update the partner institutions' strategies

It should be noted that some partner institutions indicated that most of the objectives and associated indicators were achieved and that new objectives are under way.

7-3   Data management

Data management is one of the most important processes in the process of monitoring and evaluation. Data collection does not mean anything if such data is beneficially used by storing it correctly, analyzing it properly and keeping it safe from loss, damage or destruction.

7-3-1 Data storage

The liaison officers and partner institutions were asked how the collected data (paper, program, database, etc.) were stored. The answers were as shown in Graph (9).

It is noteworthy that the large proportion of institutions store data on computers in personal files, which is a high risk that this data may be damaged, lost or deleted. As well, the proportion of paper storage is not consistent with the government's efforts to automate its services.

Graph 9: Data storage locations
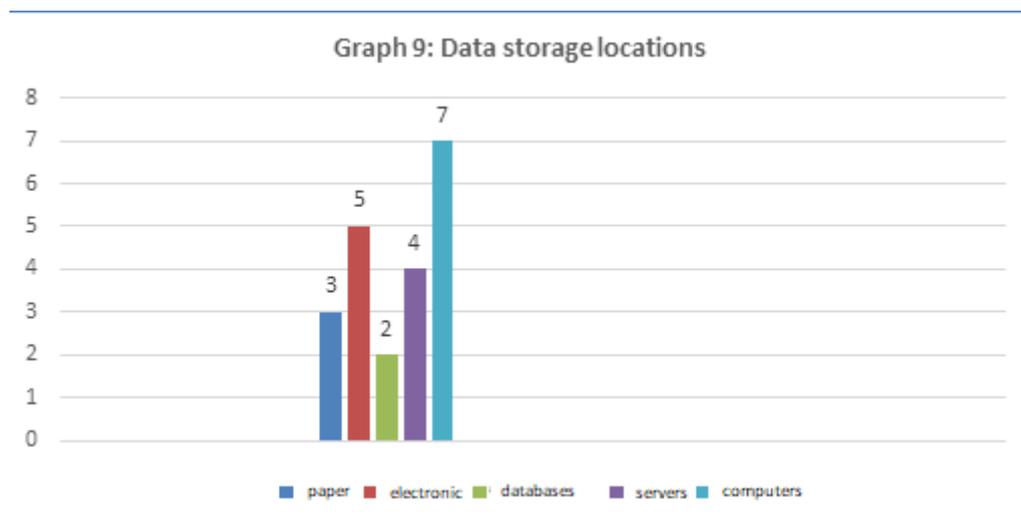
7-3-2 Data analysis

When liaison officers were asked about data analysis techniques, most of them indicated that the analysis was done manually due to the small amount of data, while the remaining part equally indicated the use of specialized data analysis systems such as SPSS or the use of Microsoft software (Excel). Graph (10) indicates these responses.

Graph 10: Data Analysis

SPSS Excel Manual
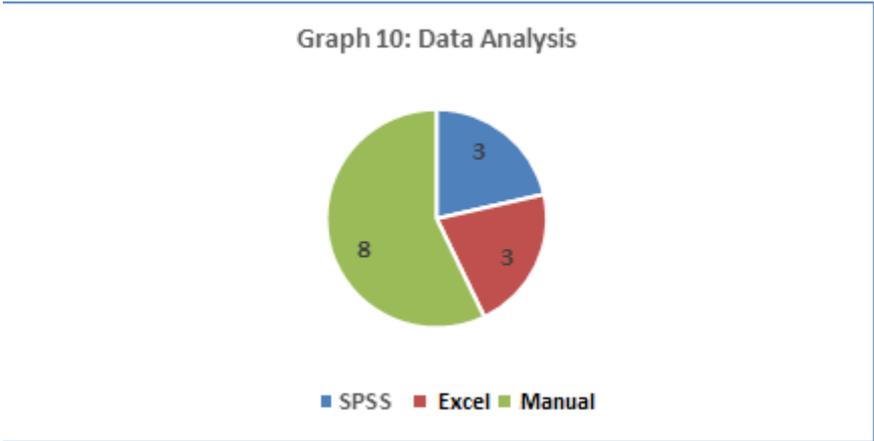
7-3-3 Security/ privacy of data

One of the best results obtained in terms of data is the security of data and information where the vast majority indicated the existence of institutional methodologies and mechanisms to maintain data and information securely.

Graph 11: Availability of data and information security policy

Available   Not available
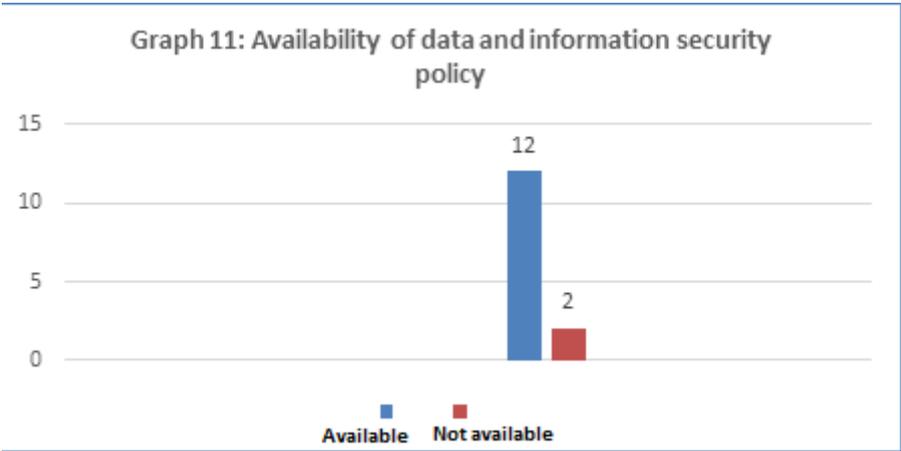
8-   Recommendations

This analysis was based on several sources in addition to the interviews with the High Health Council and its partner institutions in the National Strategy for the Health Sector in Jordan. These sources were as follows:

- Monitoring and Evaluation Manual, USAID funded Jordan Civil Society Program – Jordan 2011.
- Civil Society Organizations Manual on Monitoring and Evaluation, Heinrich Böll Foundation, Germany, 2009.
- Training on Monitoring and Evaluation Skills, Participatory Development Program, Canadian Development Agency.
- Emerging Non-profit Organizations Directory 2013, Civil Society Promotion and Development Program
- "Evaluation and Monitoring Toolkit", USAID Laboratory

  https://usaidlearninglab.org/monitoring-toolkit

Based on the data from all these sources, the current situation analysis report and the interviews with the partner institutions and their liaison officers and their feedback, the Advisory Group considers the following:

- The need to prepare an evaluation and monitoring report covering the period (2016-2018) to identify the extent of achievement

- Based on the work on the monitoring and evaluation report for the previous period, KPIs should be reviewed through:

  - Study its targets in terms of their proportions and values compared to the baseline values and what was achieved.
  - Examine their relevance to the strategic plans and the work of the partner institutions.
  - Review their related objectives and activities for implementing them.
  - Develop the standard identification cards for all indicators in the National Strategy to standardize the perception of the partner institutions on the concept of indicators, their meaning and how to calculate them.

- Significance of the mechanism of linking the National Strategy for the Health Sector in Jordan with all other initiatives such as the "Economic Growth Stimulus Plan (2018-2022)", the "Jordan 2025 Document" or "The Five-Year Health Sector Reform Plan (2018-2022)" to illustrate the intersections, differences and integration between the National Strategy and all other initiatives.

- The need to agree on standardized, clear and agreed upon reporting mechanisms between the High Health Council and the partner institutions to ensure having accurate and correct readings of KPIs data.

- Emphasize the critical importance of the capacity building program in evaluation and monitoring of liaison officers due to the wide disparity

between them, and in their level of capacities and knowledge of the evaluation and monitoring system in general.

- Encourage the partner institutions to automate their operations, especially in collection, analysis, storage and management of data and information.

- The need for institutional methodologies to monitor and evaluate the strategic plans in the partner institutions and the High Health Council due to the impact on the effective implementation of the National Strategy.

- Dashboard may be the solution through which the senior leadership in the High Health Council can track the performance rates and the achievement of indicators and their targets.

9-   Annexes

9-1   Decision of formation of the technical committee to follow up and update the national strategy for the health sector in Jordan

High Health Council

Ref. No.: MSE/General Secretariat/148

Date: 15/5/2016

Corresponding to:

Secretary General/ High Health Council

I decided to form a technical committee to update, monitor and evaluate the National Strategy for the Health Sector in Jordan chaired by you and membership of the following:

1-   Director of Health Insurance Administration – Ministry of Health

2-   Director of Planning and Project Management Directorate – Ministry of Health

3-   Director of Information and Studies Directorate – Ministry of Health

4-   Director of Planning and Studies – Royal Medical Services

5-   Director of Technical Affairs, Studies and Research Directorate – High Health Council

6-   Director of Financial and Administrative Affairs – High Health Council - Committee Rapporteur

7-   Representative of the Jordanian Nursing Council

8-   Representative of the Supreme Council of Population

9-   Representative of the Private Hospitals Association

10-   Secretary General of the Jordanian Association of Pharmaceutical Manufacturers

11-   Delegate of the Health Care Accreditation Council

12-   Head of Planning and Project Management Department – High Health Council

13-   Head of Studies and Research Department – High Health Council

14-   Head of Economics and Health Financing Department – High Health Council

The Committee can include any governmental or private entity that may contribute to the accomplishment of its tasks.

The terms of reference for the Committee work are as follows:

1-   Update the National Strategy for the Health Sector

2-   Monitor the progress of work when implementing the strategic plan and the operational plans of action periodically

3-   Monitor the measurement of performance indicators on which basis progress in achieving the desired results is measured and make the necessary amendments
4-   Evaluate the achievement at the level of the various results, outputs and interventions included in the strategic plan and make recommendations to address the deviations
5-   Prepare the monitoring and evaluation reports annually
6-   Document and write down the minutes of meetings of the Committee.
Best Regards
Minister of Health
Chairman of High Health Council
Dr. Ali Heyasat
(Signed)

9-2   Message from the High Health Council to the partner institutions on placement of liaison officers

The Hashemite Kingdom of Jordan
High Health Council
Ref. No.: MSE/General Secretariat/167
Date: 8/3/2016
Corresponding to:
Secretary General/ High Health Council
Secretary General/ Jordanian Nursing Council
Secretary General/ National Council for Family Affairs
Secretary General/ Supreme Council for Population
Director General/ Department of Statistics
Director General/ Royal Medical Services
Director General/ Civil Defense
Director General/ Jordan Food and Drug Administration
Chairman/ Private Hospitals Association
CEO/ Medical Computing Company (Hakeem)
Executive Director/ Health Care Accreditation Council
Secretary General/ Jordanian Association of Pharmaceutical Manufacturers
Chairman/ Coalition to Protect Patient Safety
To complement the activities of the National Strategy for the Health Sector in Jordan 2016-2020 and in cooperation with the Health Finance and Governance

Project in Jordan funded by USAID, the General Secretariat of the High Health Council intends to start monitoring and evaluation of the indicators of the National Strategy for the Health Sector in Jordan.

You are kindly requested to place two liaison officers for the Strategy, the first is basic and the second is alternative in order to be approved as liaison officers of your institution to provide us with the required indicators under the following specifications:

1-   Experience in the institution of at least five years.

2-   Candidate's position and/or background should preferably enable him/her to understand, monitor and document information on indicators of the National Strategy for the Health Sector in Jordan (his/her position in the institution should be at least middle to senior management)

3-   The candidate should have the qualities of leadership and team spirit, as well as the ability to delegate and enable the other staff.

4-   The candidate should have strong communication skills in reading, writing, listening and speaking.

5-   The candidate should have the skill to use technology and computer software.

6-   The candidate should be able to allocate sufficient time for this task, especially during the next three months.

Kindly note that a training course will be conducted for the liaison officers (basic and alternative) on the concept and mechanisms of monitoring and evaluation of the Strategy. Time of the course will be determined later.

Best Regards

Secretary General/ High Health Council

Dr. "Mohammad Rasool" Al-Tarawneh

(Signed)

CC:

Director of Health Finance and Governance Project

Members of Monitoring and Evaluation Committee

Director of Technical Affairs, Studies and Research

Director of Financial and Administrative Affairs

9-3   Tool of data and information collection from the liaison officers on the national strategy for the health sector in Jordan

1   Roles and Responsibilities

General Information:

Employee Name:	**Institution:**
Rank:	**Position:**
Department:	**Section:**
Mobile Phone:	**Email:**
Employment Date:	**Location:**

Scientific Competencies: (latest to oldest)

	1.	2.	3.
Certificates			
Specialization			
Graduate Year			
University			
Country			

Professional certificates related to evaluation, monitoring and strategic planning (latest to oldest)

	Certificate	Topic	Certificate Duration / Credit Hours	Issued by	Date of certificate
1-					
2-					
3-					
4-					
5-					

Work experience: (latest to oldest)

Total years of experience:

Field of experience	From – To	Duration	Institution	Place of work

1-					
2-					
3-					
4-					

Training programs related to evaluation, monitoring and strategic planning:

	Name of course / workshop	Institution to which the course / workshop was provided	Date of course / workshop
1-			
2-			
3-			
4-			
5-			

Collection of information related to evaluation, monitoring and strategic planning on all roles, responsibilities and authorities related to data production, collection, verification, analysis, review, approval, and decision-making.

Role	Responsibilities
	☐ *Data Production analysis/ review* ☐ *Data Collection* ☐ *Data verification* ☐ *Data* ☐ *Approval of Data data* ☐ *Data Production* ☐ *Making decision based on*
	☐ *Data Production analysis/ review* ☐ *Data Collection* ☐ *Data verification* ☐ *Data* ☐ *Approval of Data data* ☐ *Data Production* ☐ *Making decision based on*
	☐ *Data Production analysis/ review* ☐ *Data Collection* ☐ *Data verification* ☐ *Data* ☐ *Approval of Data data* ☐ *Data Production* ☐ *Making decision based on*

Fields of expertise and training required to carry out evaluation and monitoring tasks at workplace:

	Field of expertise / training required	Field of interest / application of training (do not mention general fields or applications only)	Duration of full-time
1-			
2-			
3-			
4-			
5-			

2   Information on evaluation and monitoring tools at workplace

Please answer the following questions:

Does your institution have evaluation and monitoring tools:

A-   The strategic plan of the institution:

☐ Yes   ☐ No   ☐ I do not know

B-   The national strategy for the health sector:

☐ Yes   ☐ No   ☐ I do not know

If the answer of the previous question is "Yes":

C-   Were these tools developed in coordination with other stakeholders:

☐ Yes   ☐ No   ☐ I do not know

D-   Were these tools developed in your institution with no coordination with other stakeholders:

☐ Yes   ☐ No   ☐ I do not know

E-   Do you think that these tools are effective:

☐ Yes   ☐ No   ☐ I do not know

F-   Do you think that there are real challenges facing the use of these tools effectively:

☐ Yes   ☐ No   ☐ I do not know

If the answer of the previous question is "Yes":

What are these challenges? *(Try to focus on the data of the indicators)*

	Challenge	Impact of Challenge	Proposal to face the challenge

☐ Data Collection ☐ Data analysis ☐ Calculation of indicators ☐ Lack of accuracy of data ☐ Lack of novelty of data ☐ Lack of credibility of data ☐ Tool cannot handle data ☐ Data is not related to the indicator ☐ Others (Mention)		

3   Data management

Storing data

<Description of how the data collected is stored. For example, they will be stored in a printed document, program, database, etc. How will backup be made? How long will it be stored? Data for different indicators can be stored in different ways>

Data analysis

<Description of how to analyze data: manually or using programs/tools such as SPSS, Stata, Excel, Tableau Public, etc.>

Data security/ privacy

<Information and data security policies can be used to discuss all aspects of data privacy or security and how to address it. For example, if you are collecting personal medical records: how will they be kept confidential, who will have access to them, when will they be destroyed, etc.>

Difference between data collection in your institution and other stakeholders

Please answer the following questions: *(Stakeholders mean High Health Council, any other ministry, committees related to the National Strategy for the Health Sector, etc.)*

A-   Is there an institutional methodology to collect the data of the indicators

☐ Yes   ☐ No   ☐ I do not know

B-   Do you coordinate with any other stakeholders in data collection

☐ Yes   ☐ No   ☐ I do not know

C-   Were you trained or informed on the Strategy or the proper way to collect the data of the indicators

☐ Yes   ☐ No   ☐ I do not know

4   Other Notes

Do you have any other notes

	Note	Reason for the note	Proposals to handle the note
1-			
2-			
3-			
4-			
5-			