

Health in Jordan (1)

* Country Demographic and Health Data

	<u>Year</u>	<u>Value</u>
Crude Birth rate (per 1000. Pop)	1998	32
Crude Death rate (per 1000. Pop)	1998	5
Infant Mortality Rate (per 1000.live births)	1998	29
Maternal Mortality Rate (per100.000 live birth)	1998	40
Population Growth Rate (%)	1998	3.3

Health in Jordan (2)

•Total Fertility Rate	1998	4.4
•Average Persons Per Family	1998	6
•Life Expectancy At Birth (Yrs) Female	1998	69
•Life Expectancy At Birth (Yrs) Male	1998	67
•Population Per Physician	1998	603
•Population Per Dentist	1998	1902
•Population Per Nurse (All Categories)	1998	342
•Population Per Pharmacist	1998	1321

Health in Jordan (3)

MOH Health Centers

1. Comprehensive Health Centers	1998	42
2. Primary Care Health Centers	1998	327
3. Village Health Centers	1998	277
4. MCH , Centers	1998	324
5. Dental Clinic	1998	212
6. Chest Disease Centers	1998	11

Health in Jordan (4)

Hospitals Number	1998	83
Hospital Beds	1998	8565
- Ministry of Health	1998	3192
- Royal Medical Service	1998	1828
-Jordan University Hospital	1998	494
- Private Sector	1998	3051
Population Per Hospital Beds	1998	555

Health in Jordan (5)

MOH Budget as (%) of Total Government Budget	1998	5.8
Total Expenditure on Health as % of GDP	1998	7.4
Per Capita of GDP (JD)	1998	1101

Table (5)**No. of Hospitals According to Health Sectors in Jordan , 1997-1998**

Year Sector	1997			1998		
	No. of Hospitals	No. Of Beds	%	No. of Hospitals	No. Of Beds	%
MOH	22	3207	39.5	22	3192	37.3
RMS	9	1787	22.0	10	1828	21.3
JUH	1	506	6.2	1	494	5.8
Private	43	2629	32.3	50	3051	35.6
Total	75	8129	100.0	83	8565	100.0

Table 1
Health Centers in MOH during (1994-1998)

Type	1994	1995	1996	1997	1998
Comprehensive Health Center	30	36	41	42	42
Primary Health Centers	318	319	323	326	327
Peripheral Health Centers	258	265	274	274	277
Maternity and Child Health Care Centers	268	287	307	316	322
Dental Clinics	246	166	188	203	212
Chest Disease Centers	11	11	11	11	11

Health Personal Selected Category and Health Sectors in Jordan, 1998

Sector Category	MOH	RMS	JUH	PRIVATE	UNRWA	TOTAL	Rate per. 10000 of population
Physicians	2428	892	253	4236	80	7889	16.6
Dentists	306	182	25	1973	17	2501	5.3
Pharmacist	173	129	14	3282	2	3600	7.6
Staff Nurse	1727	955	351	2728	38	5799	12.2
Midwives	667	51	0	285	24	1027	2.2
Assistant Nurses	2583	1544	248	539	128	5042	10.6
Practical Nurses	2001	0	14	0	7	2022	4.3

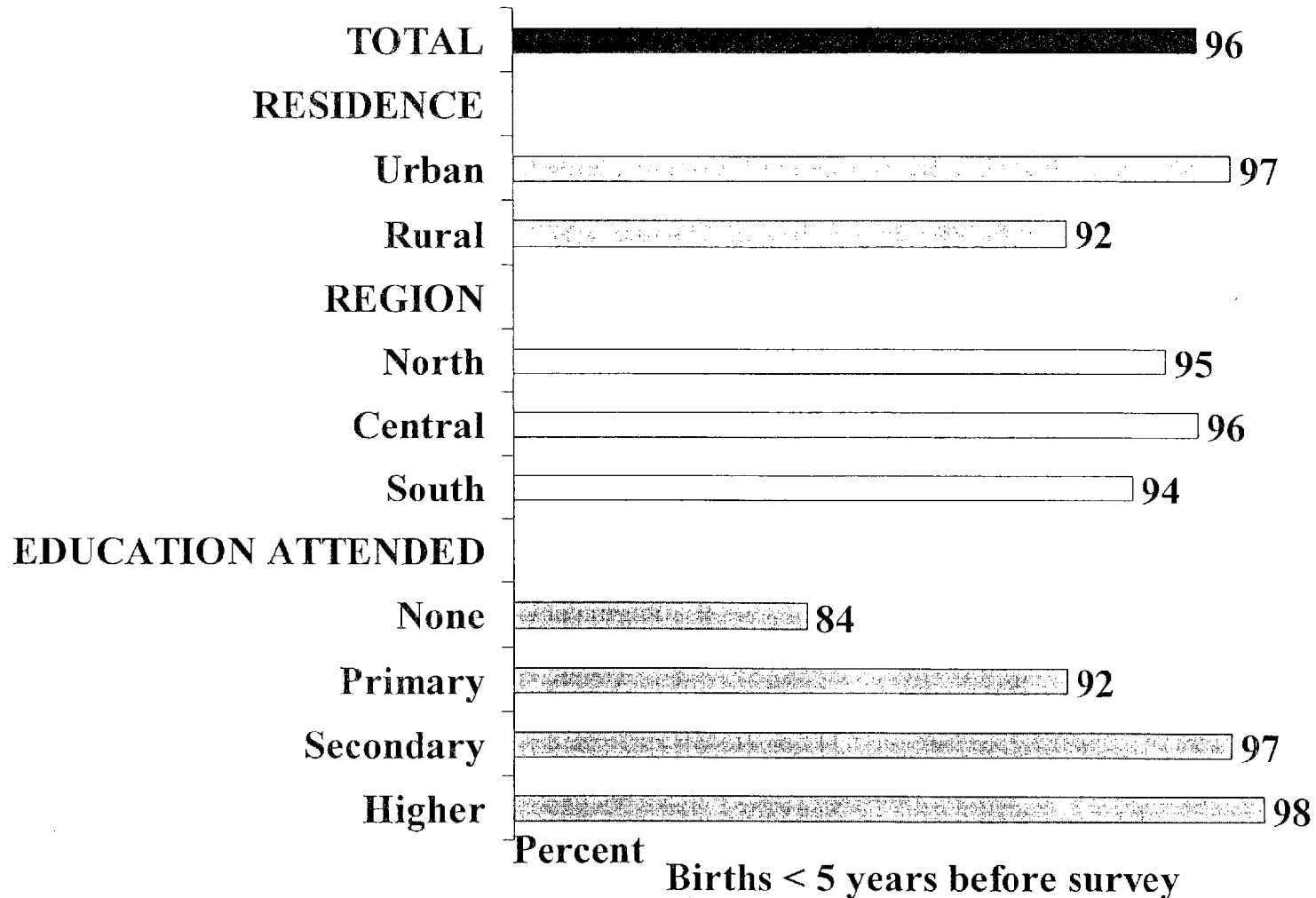
Source: MOH, JUH, UNRWA, and doctors, Pharmacists and Nurses Associations.

**MOH Budget to General Government Budget (1994 - 1998)
(1000) JD**

Year	1994	1995	1996	1997	1998
Item					
General Budget	1481000	1674000	1745000	1916000	1987000
MOH Budget	79515	86100	95957	106819	116167
Percentage (%)	4.5	5.1	5.5	5.6	5.8
Health Insu. Budget	18416	21340	22784	22070	24057

Source : Directorate of Finance & Accounting

Mothers whose births received professional antenatal care

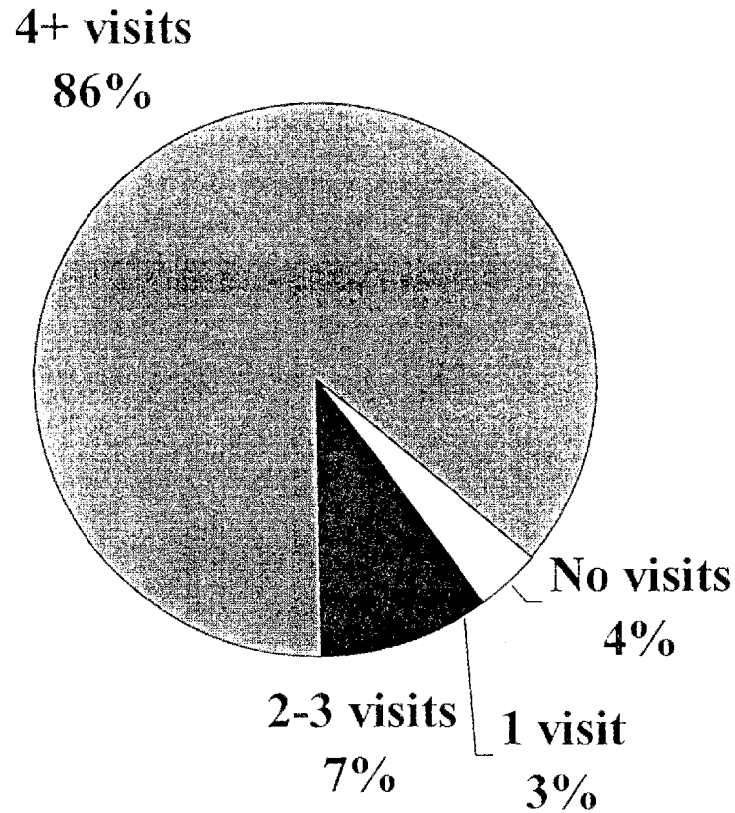


Mothers who received no antenatal care for recent births

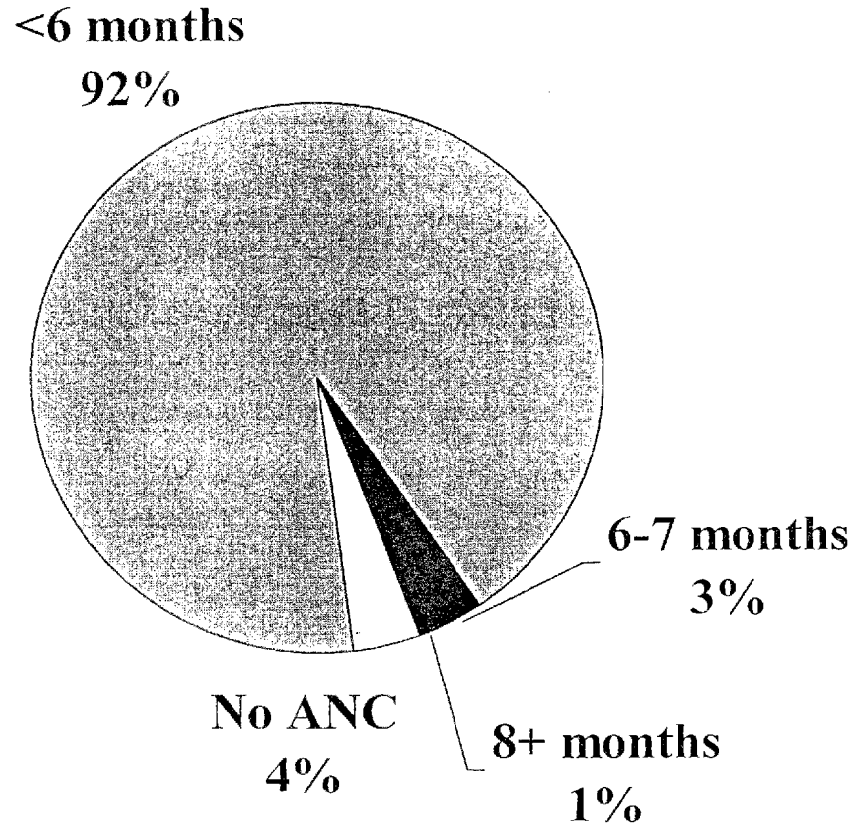
- 16% of births to mothers with no education
- 8% of births to mothers in rural areas
- 8% of births to mothers who have had six or more children

Number of antenatal care (ANC) visits and timing of visits

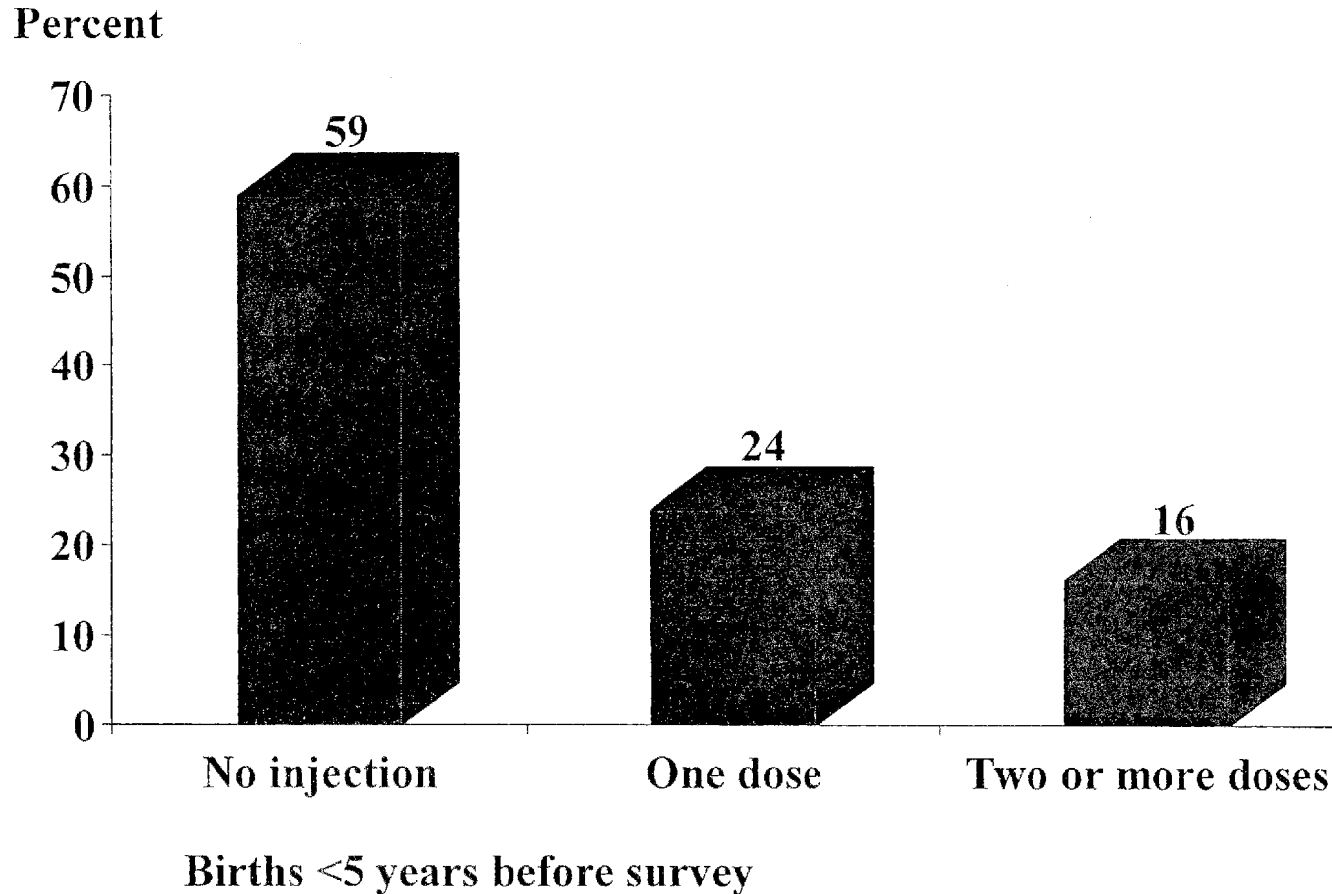
Number of Visits



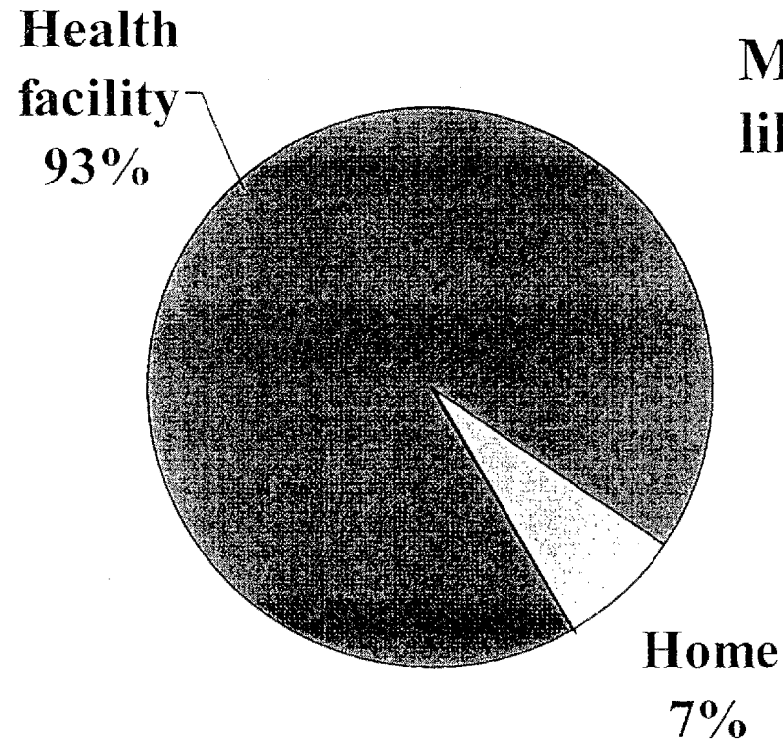
Timing of Visits



Mothers who received tetanus toxoid injections for recent births



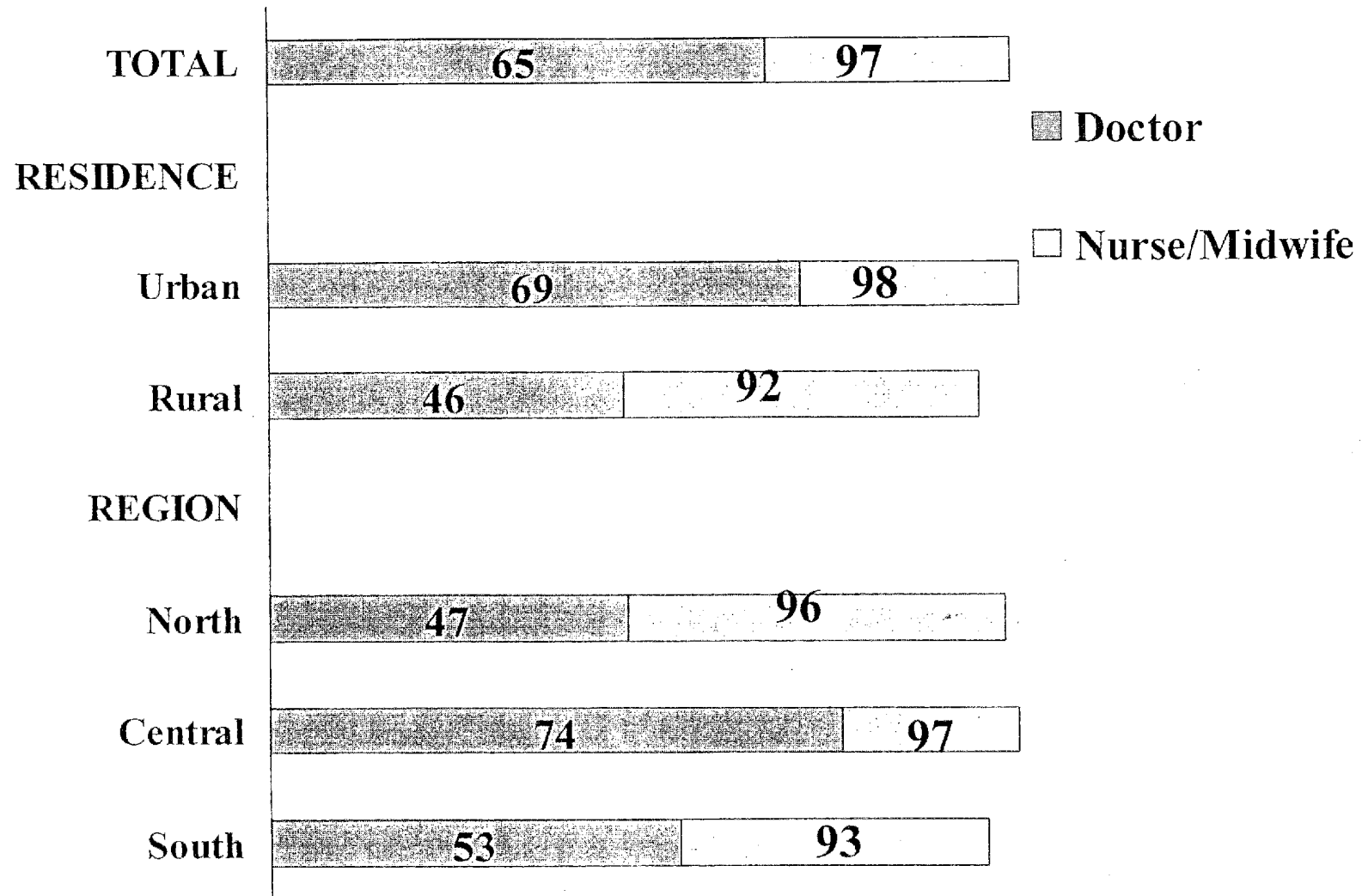
Place of delivery for recent births



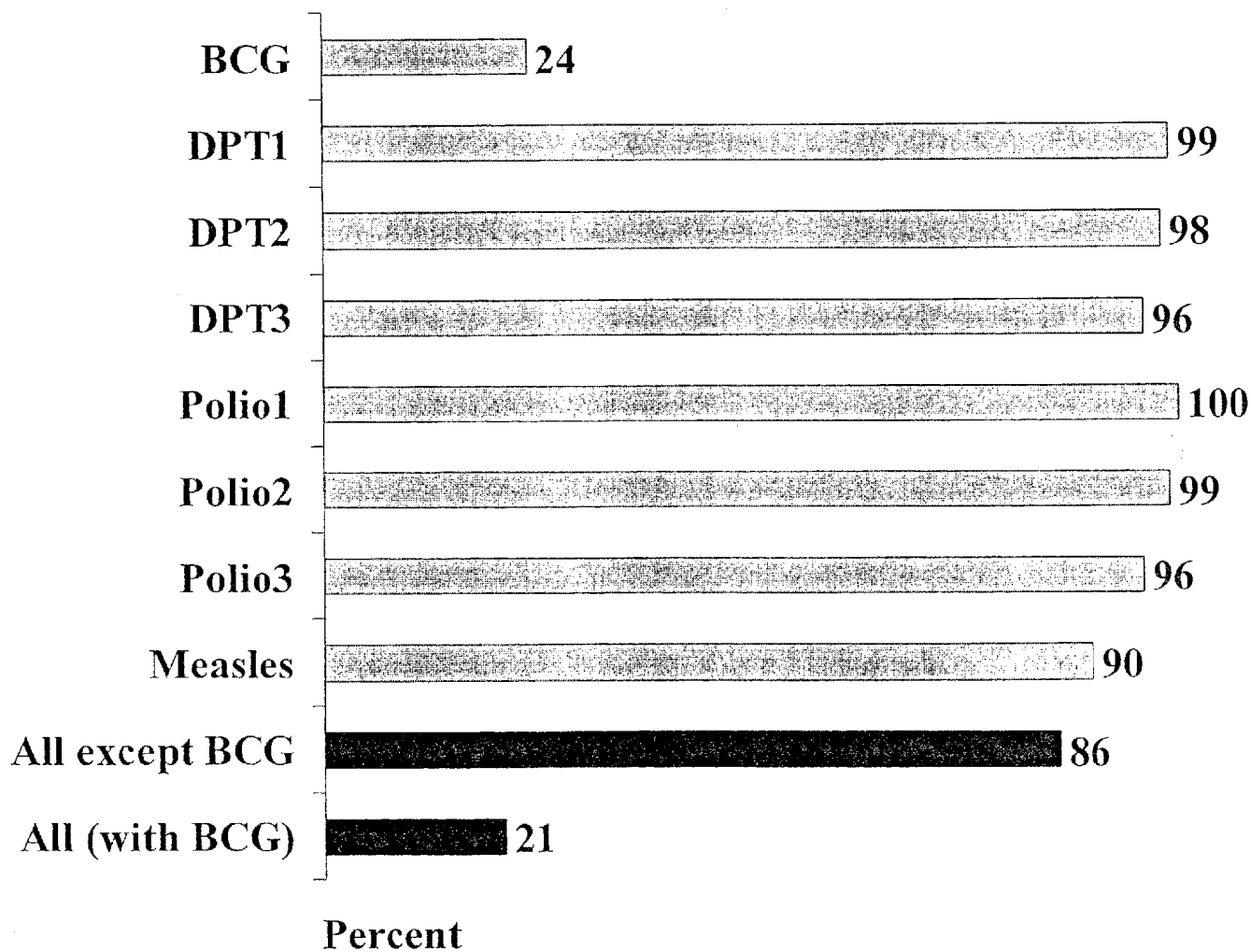
Mothers whose births are more likely to take place at home:

- Mothers with no education (24%)
- Mothers who received no antenatal care (21%)

Percent of mothers who received professional delivery care for recent births

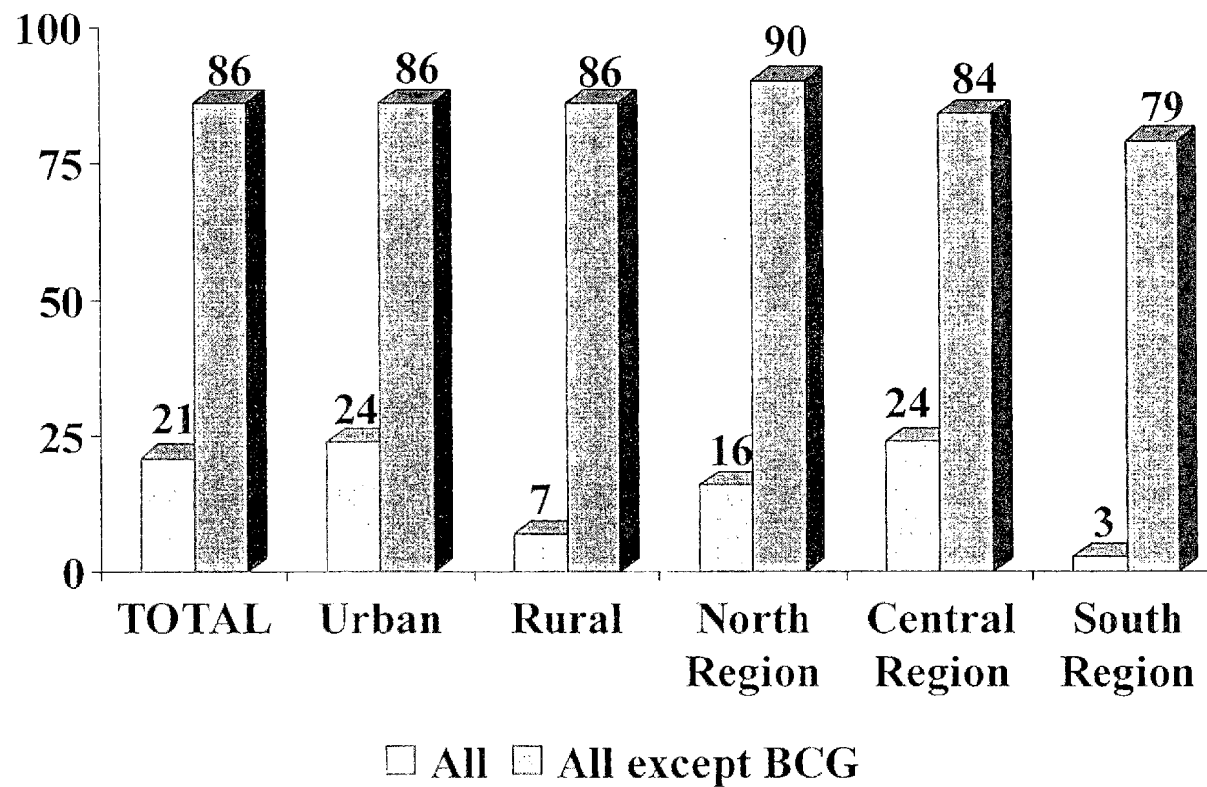


Children 12-23 months who have received selected vaccinations

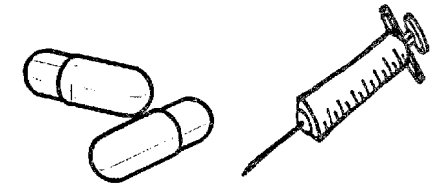


Children 12-23 months who have received all vaccinations and all except for BCG

Percent

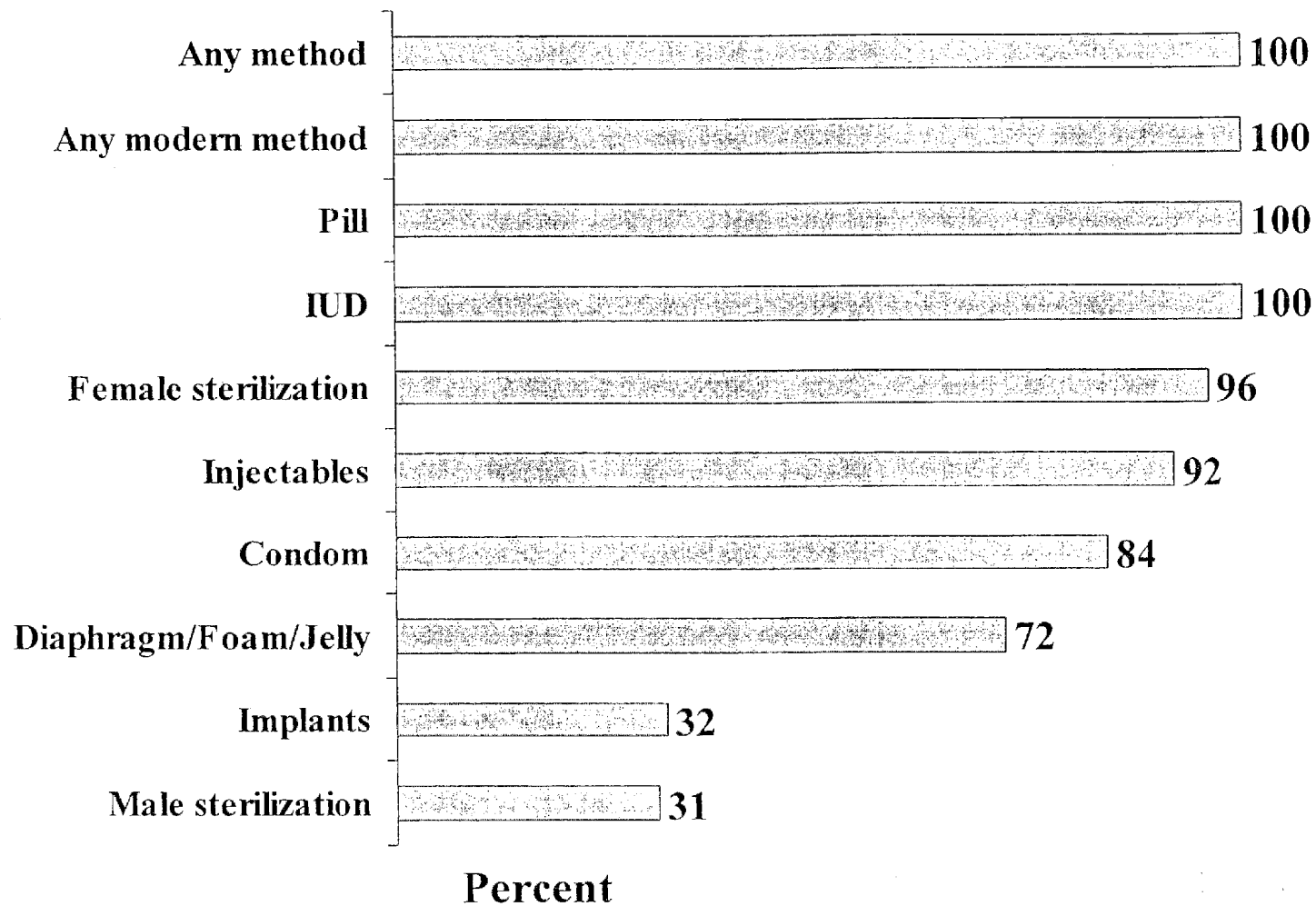


Contraception

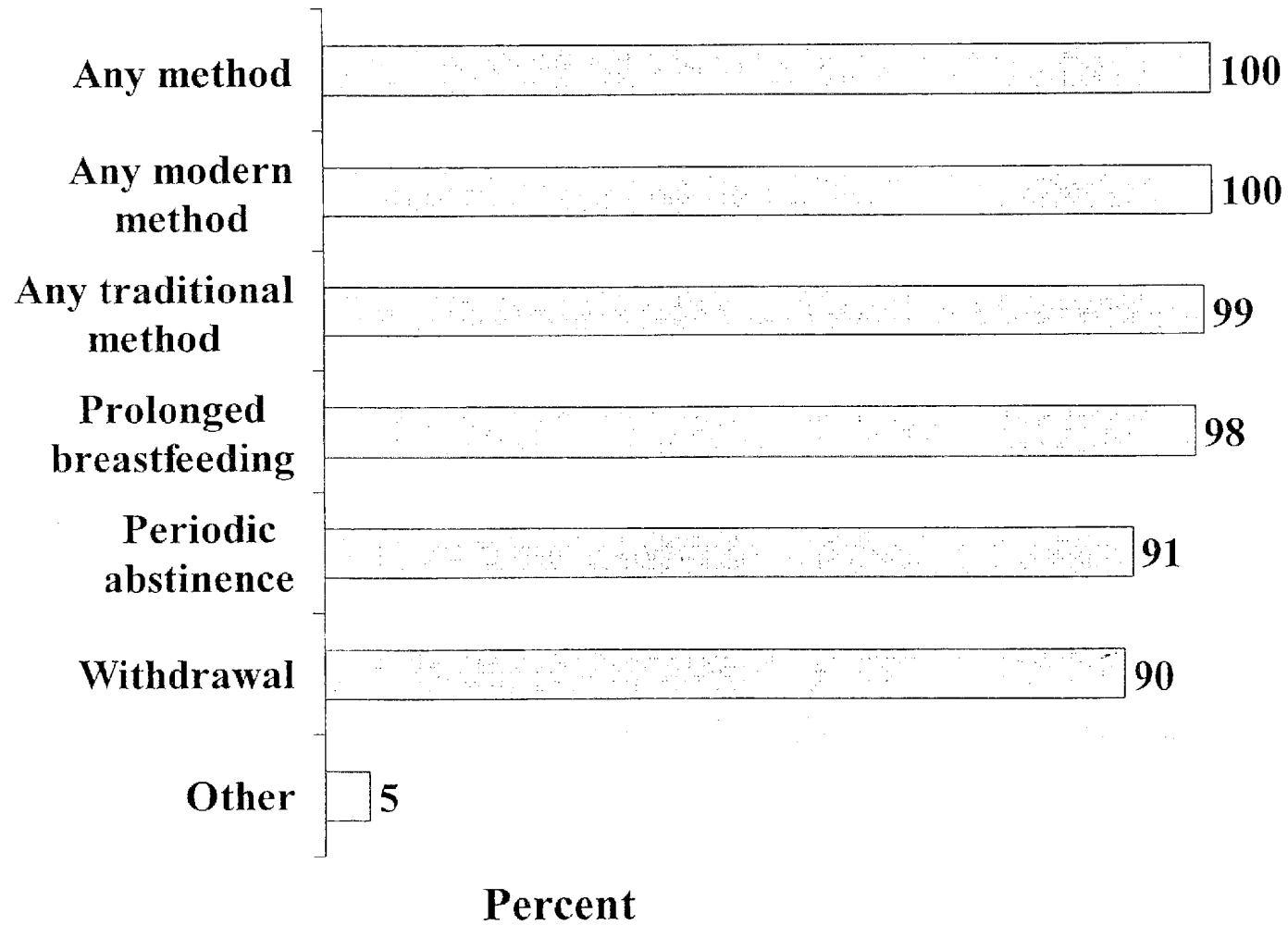


- Knowledge
- Ever and current use
- Source of supply
- Discontinuation
- Future use
- Exposure to mass media messages
- Discussion and attitudes

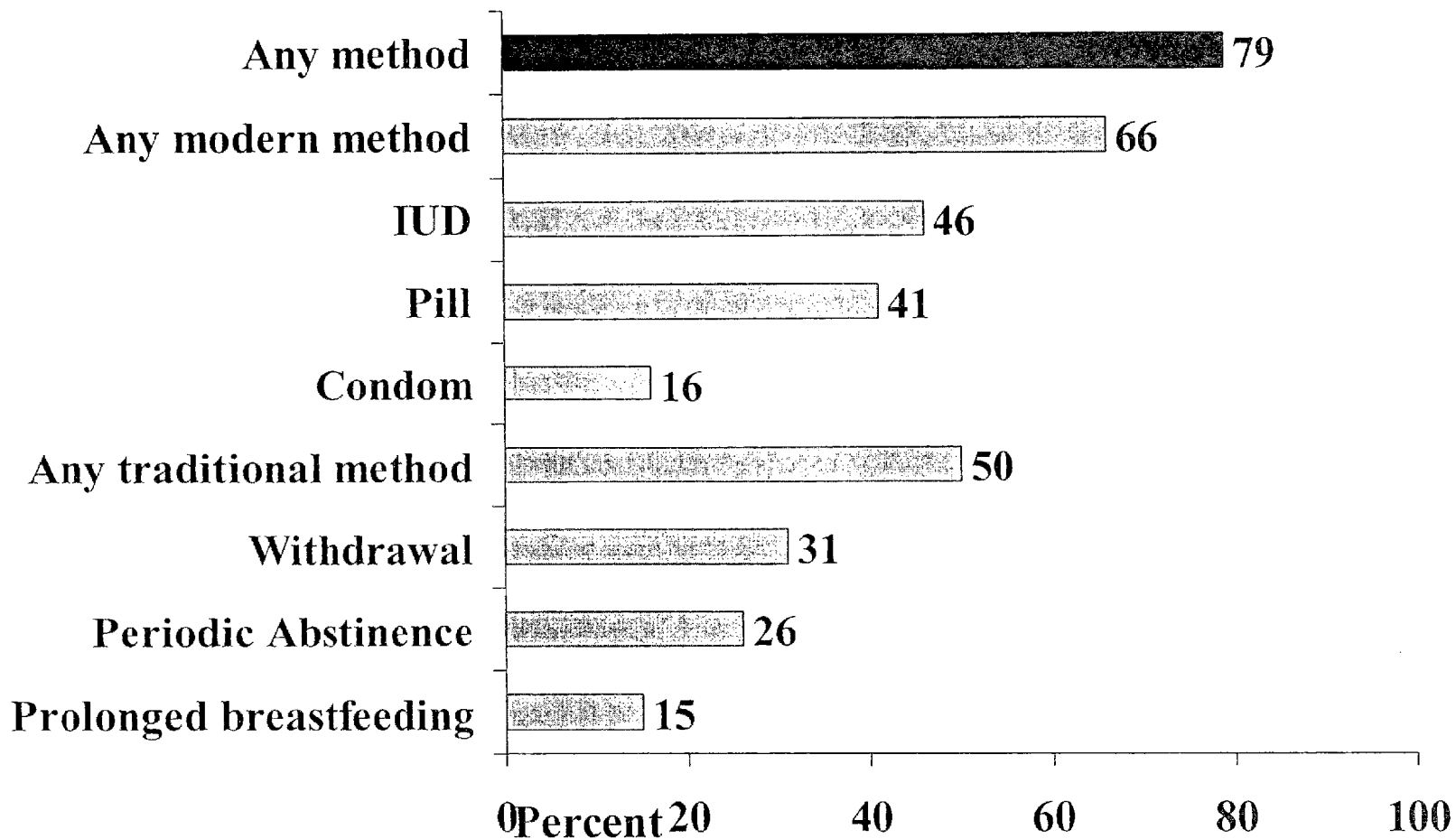
Knowledge of modern contraception among currently married women



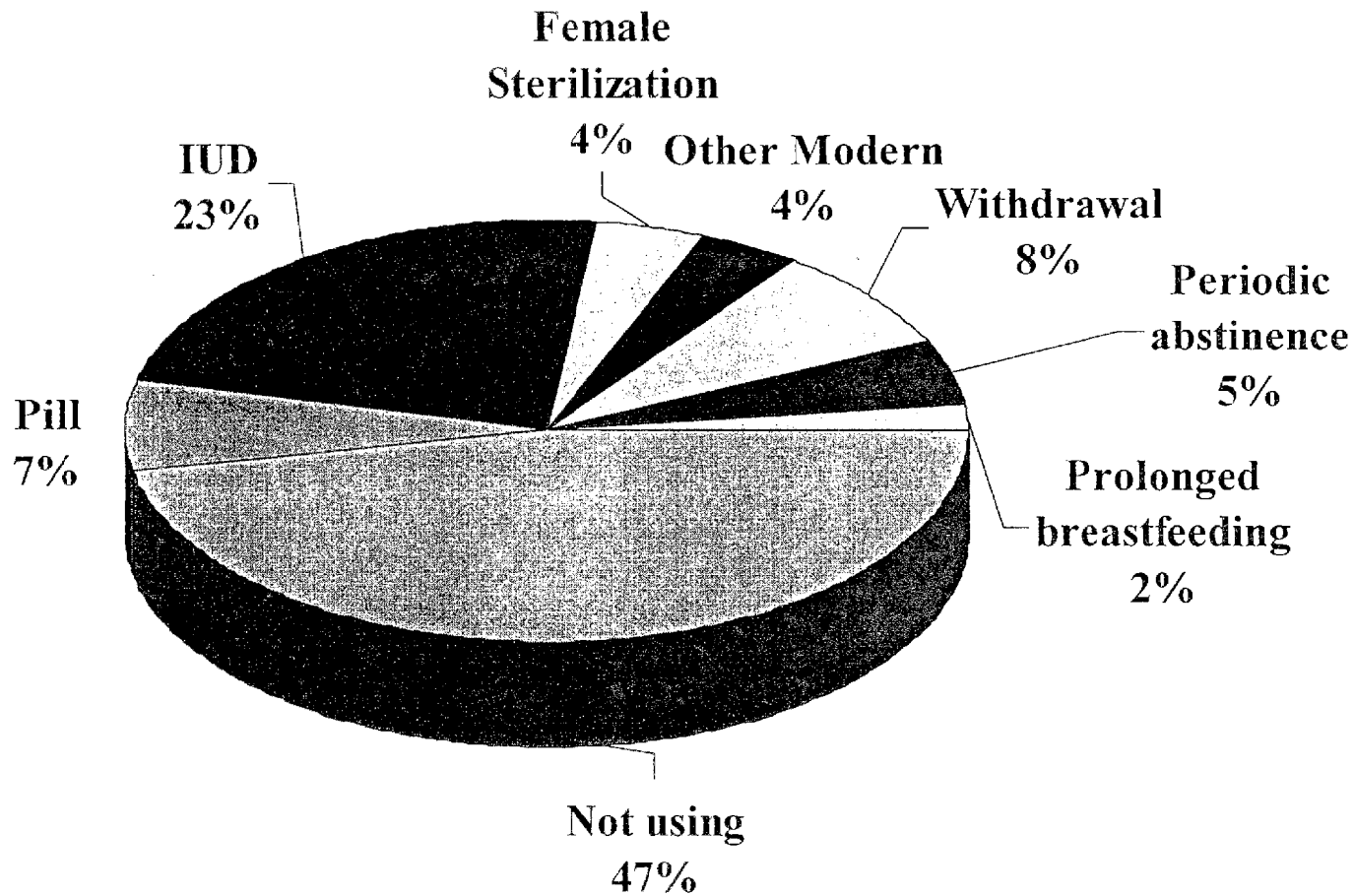
Knowledge of traditional contraception among currently married women



Ever use of contraception among currently married women

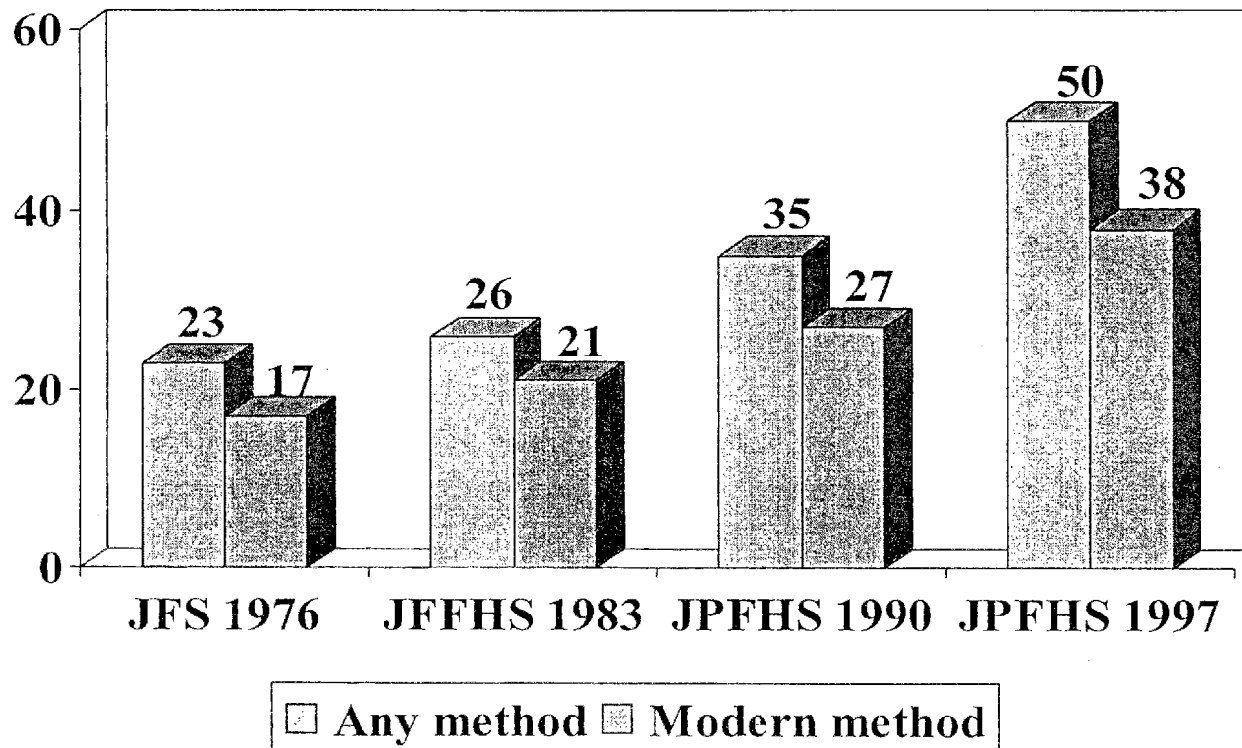


Current use of contraception among currently married women 15-49



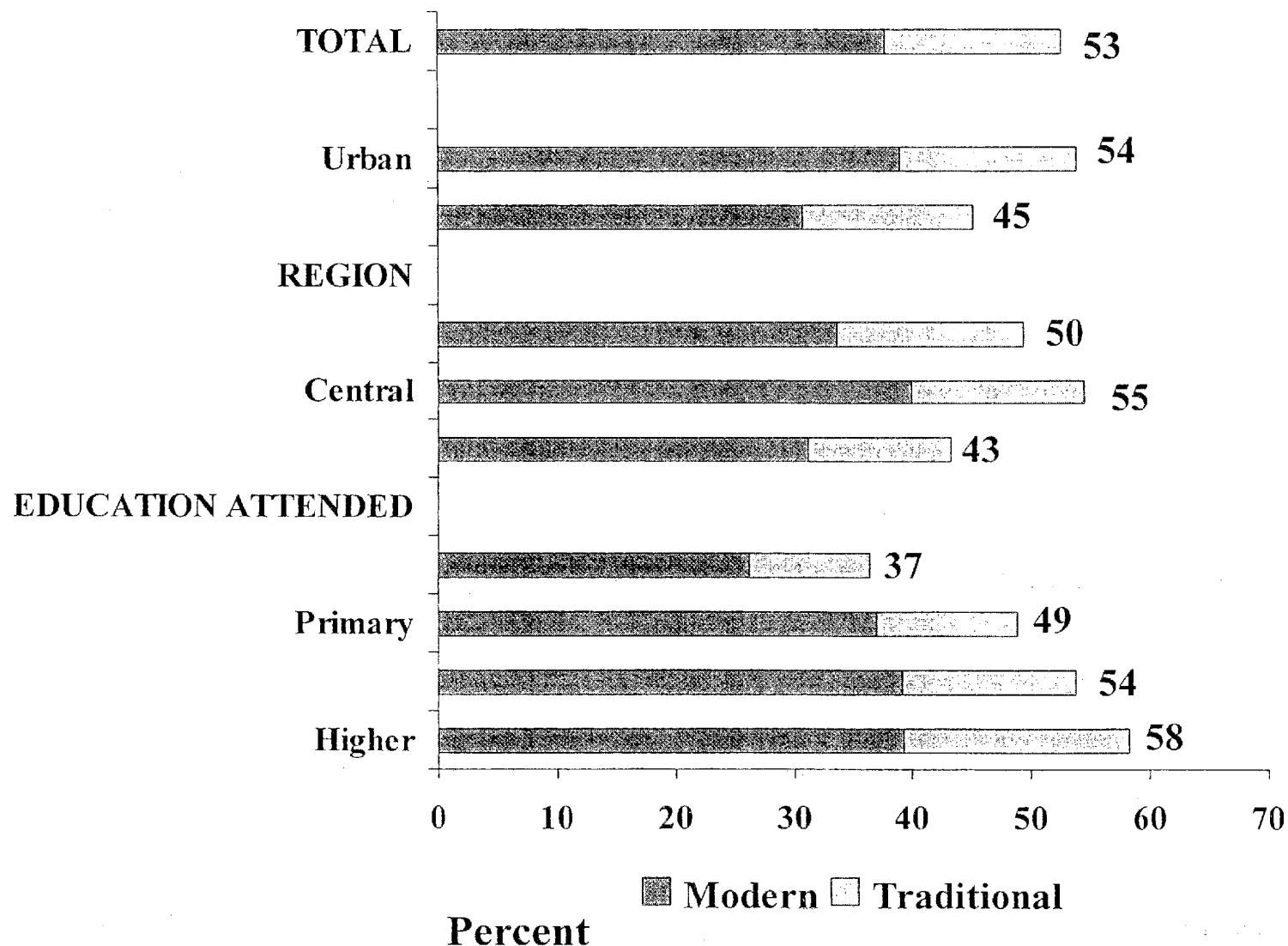
Trends in contraceptive use

Percent of currently married women

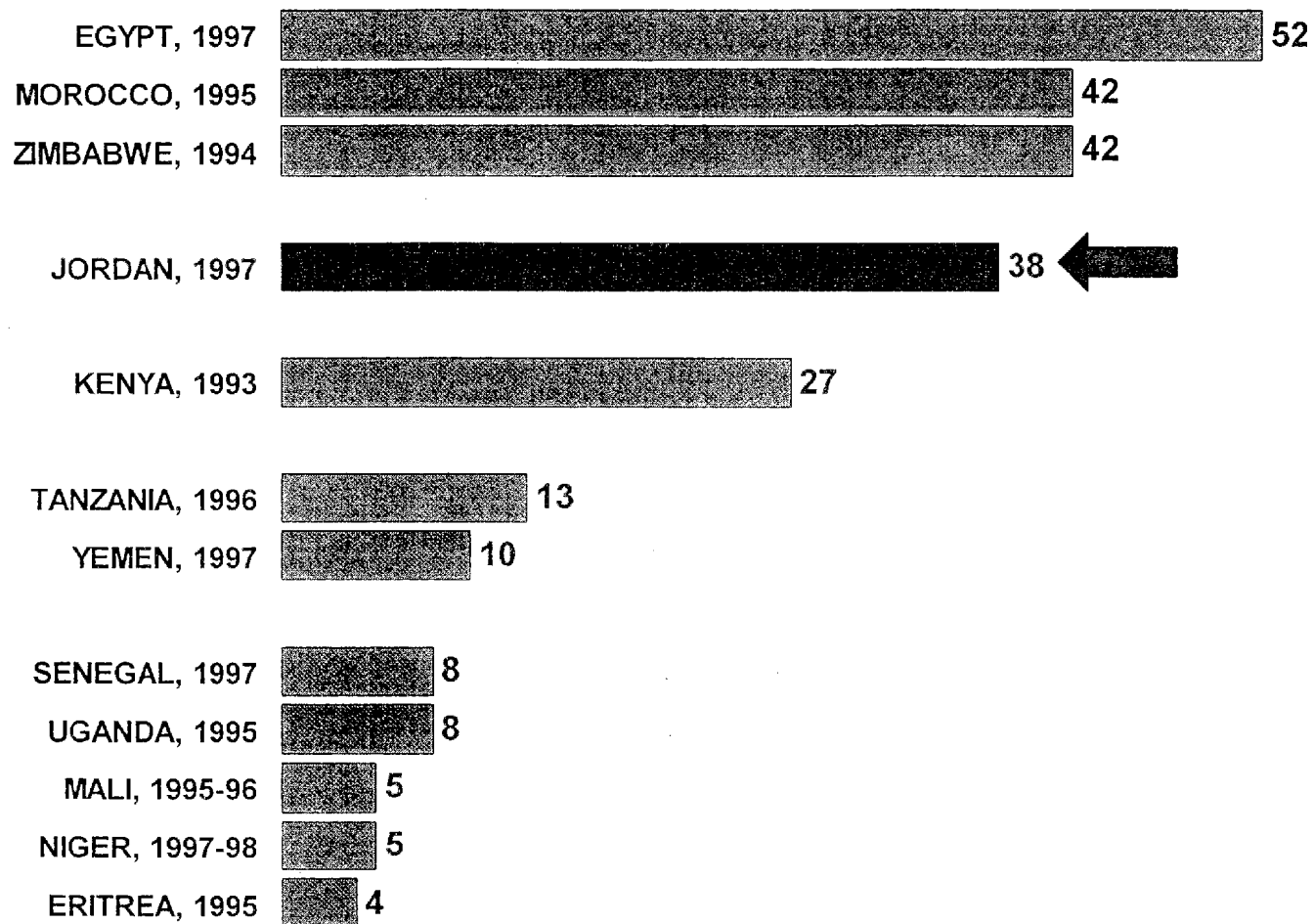


Note: Prolonged breastfeeding and “other traditional methods” excluded as methods because of non-comparability

Current contraceptive use among currently married women ages 15-49

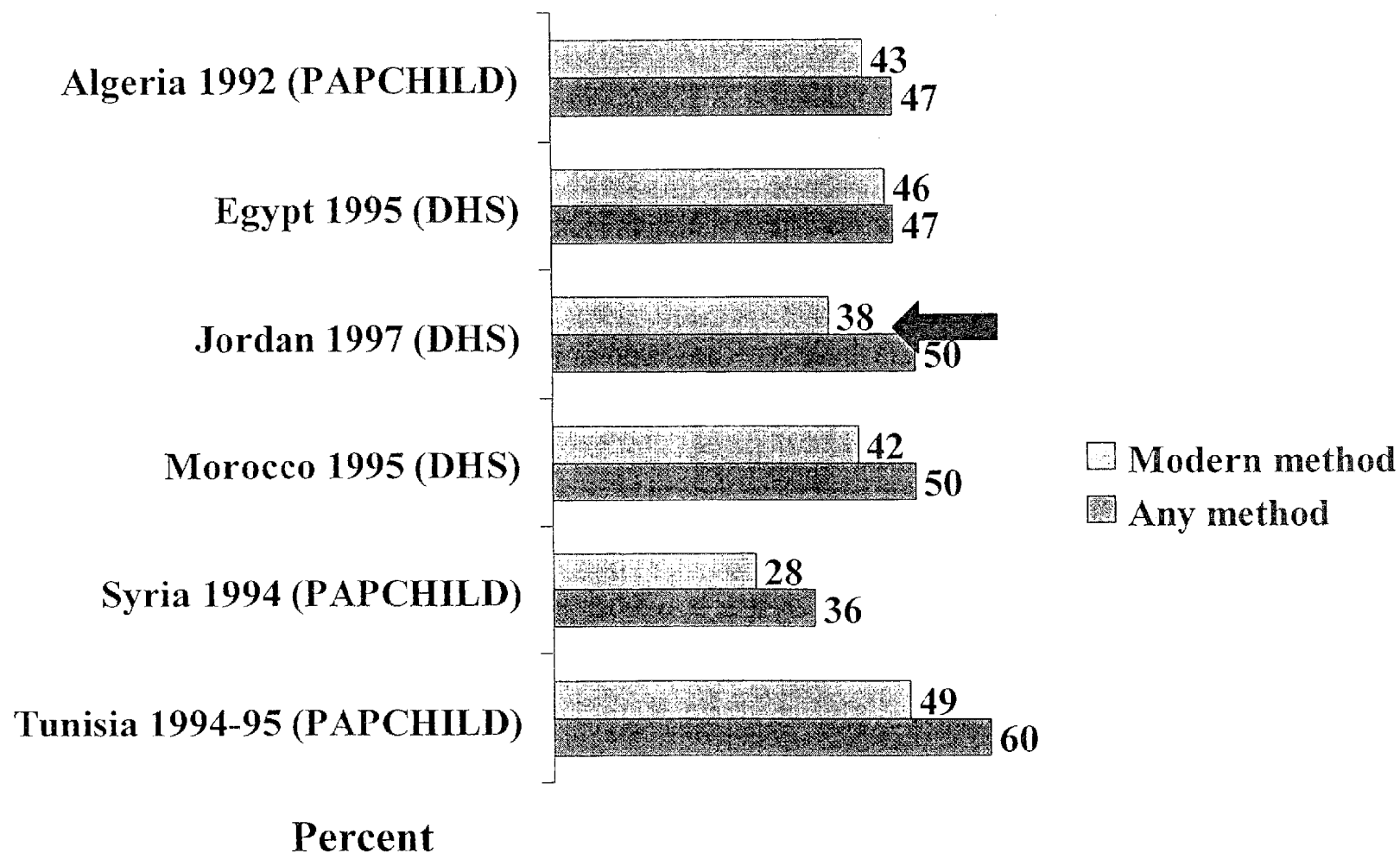


Modern contraceptive use, currently married women



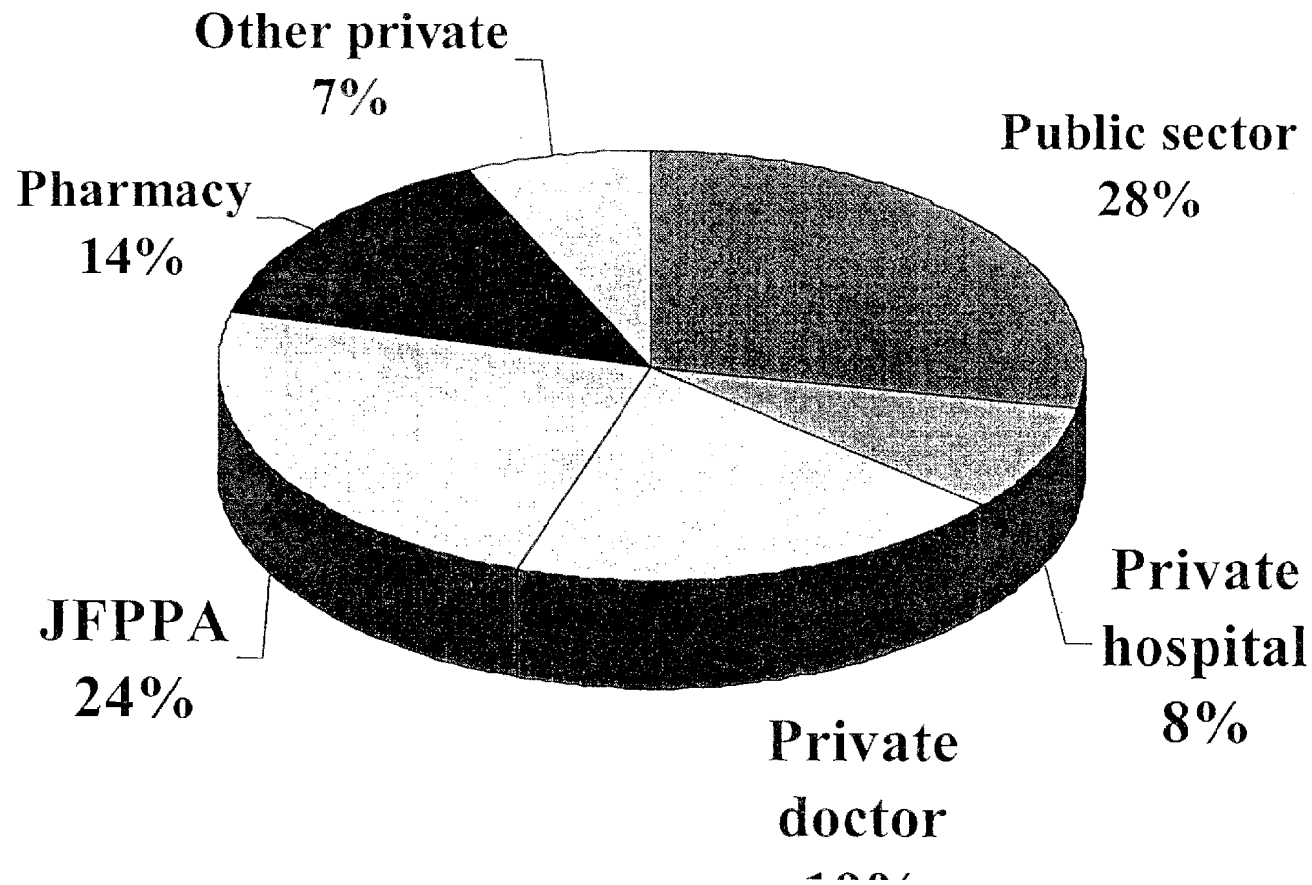
Percent using modern contraception, married women 15-49

Contraceptive use among currently married women, selected DHS and PAPCHILD surveys

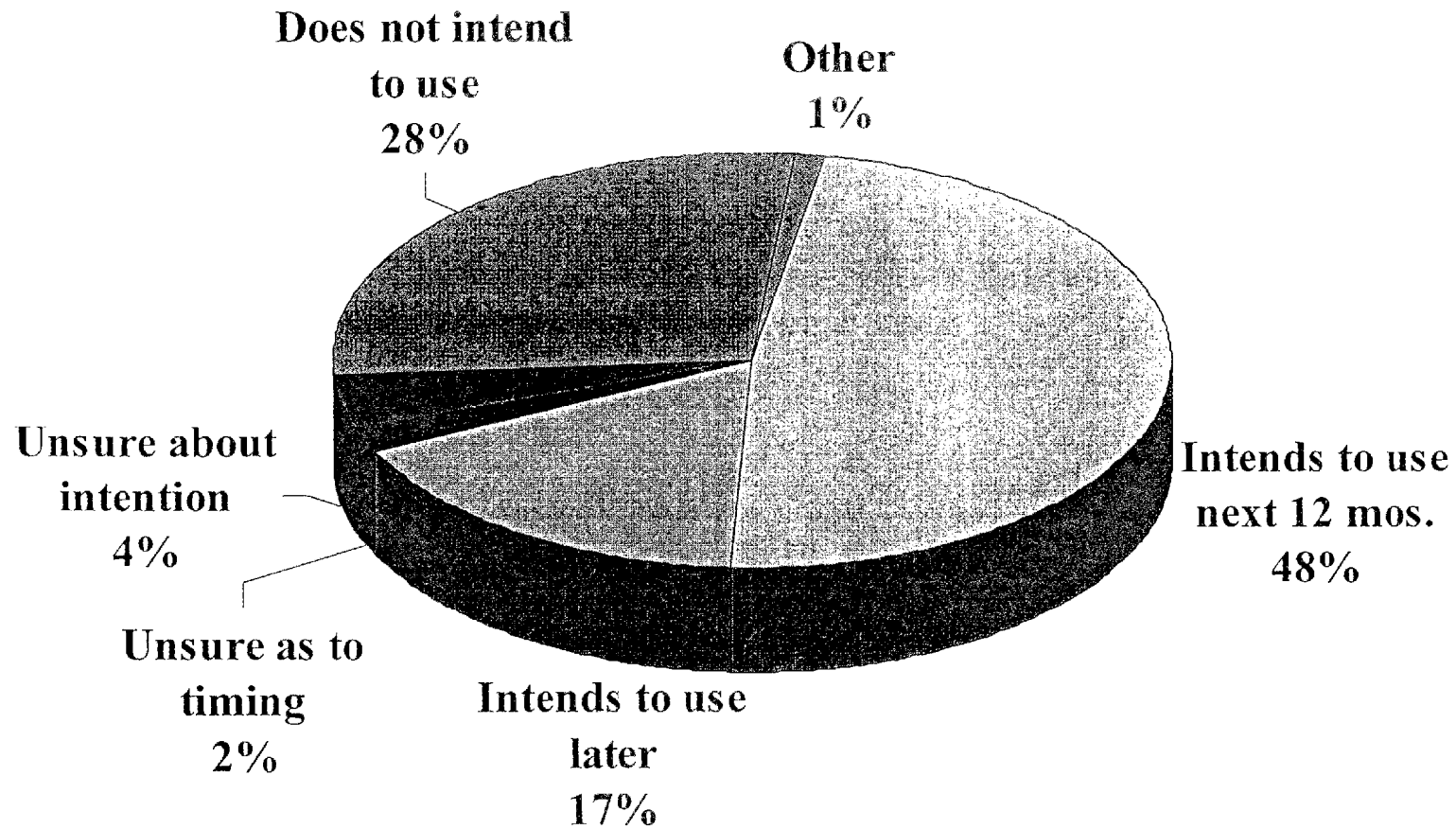


Note: Data exclude prolonged breastfeeding

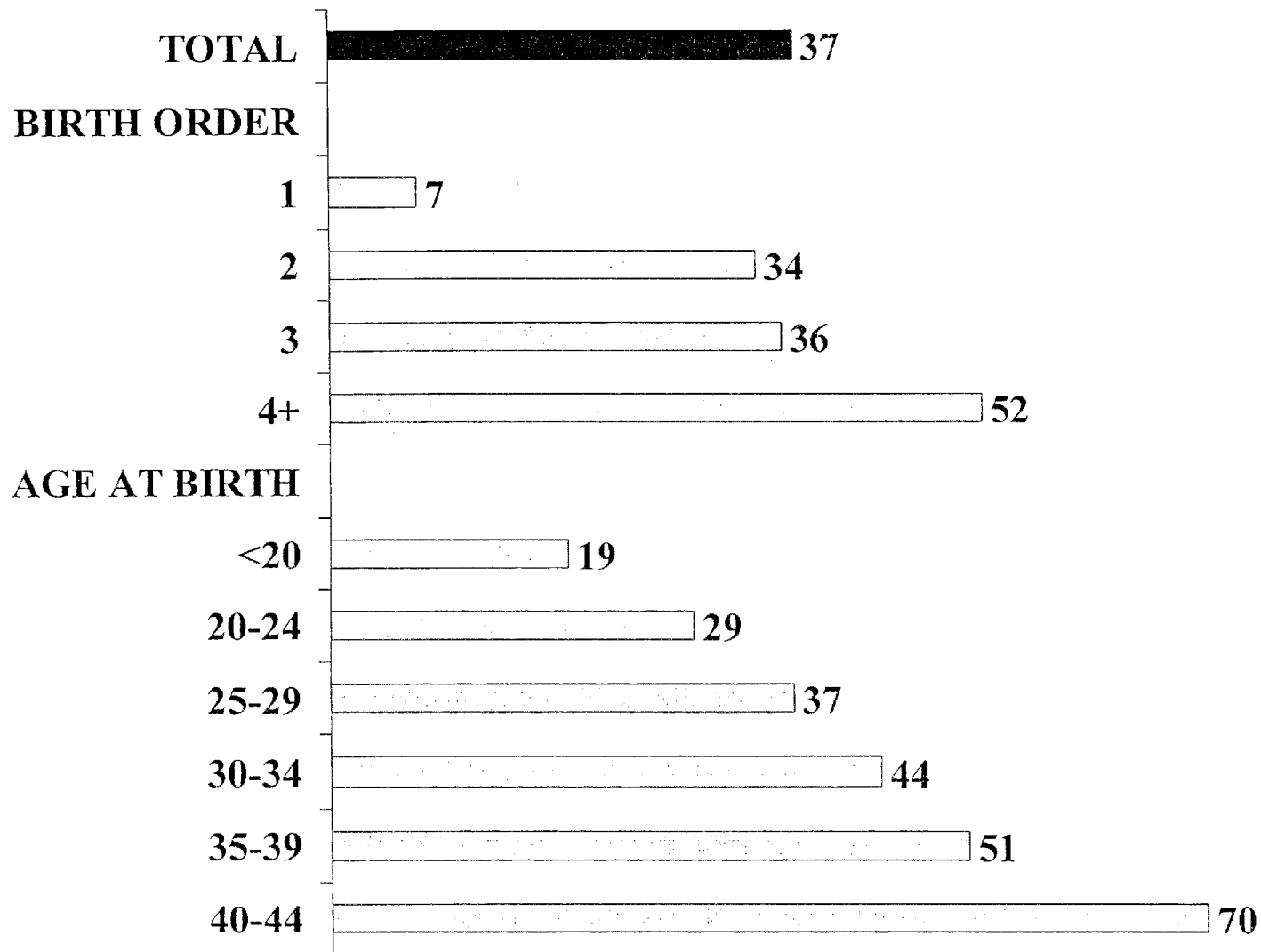
Sources of family planning methods for current users



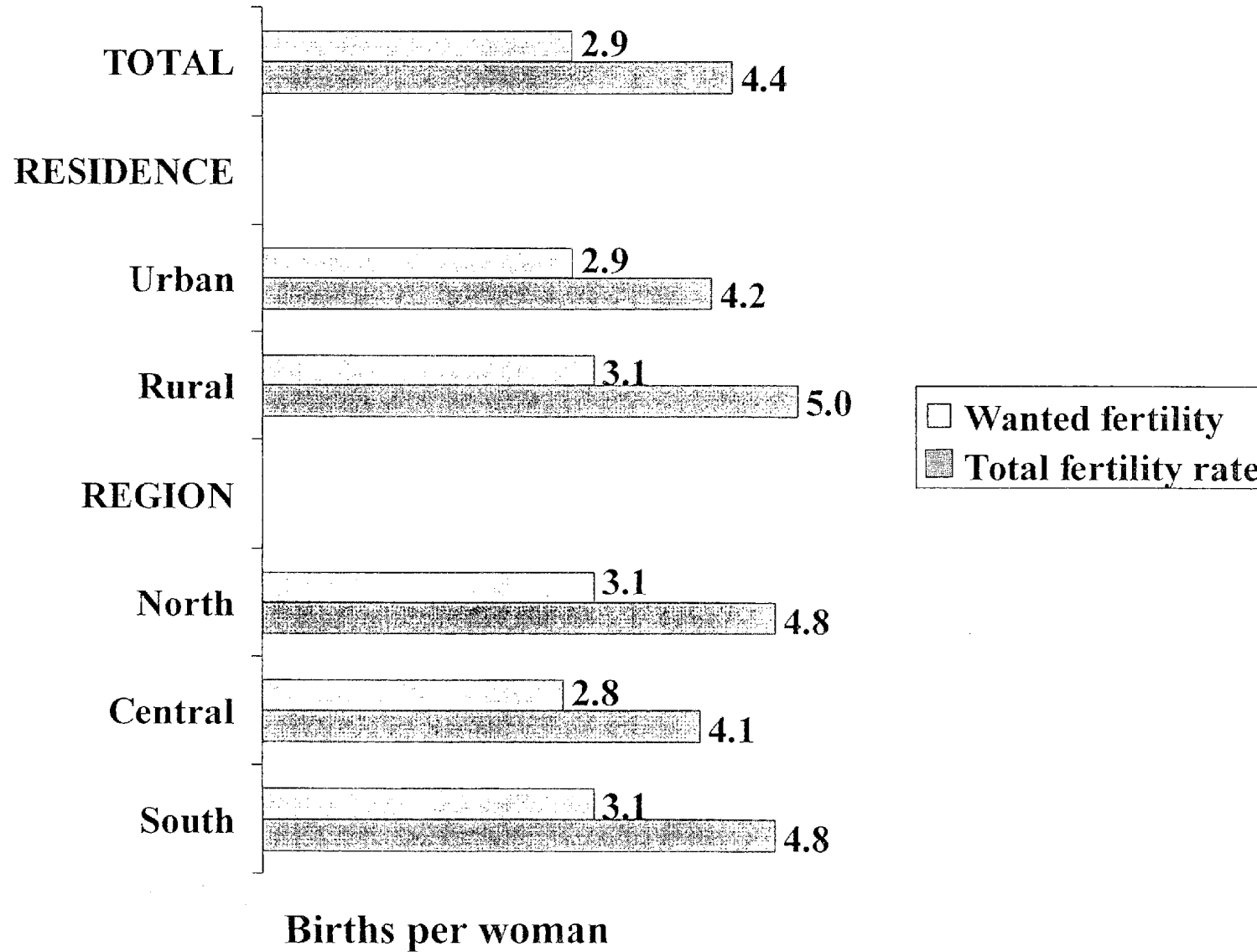
Future use of contraception



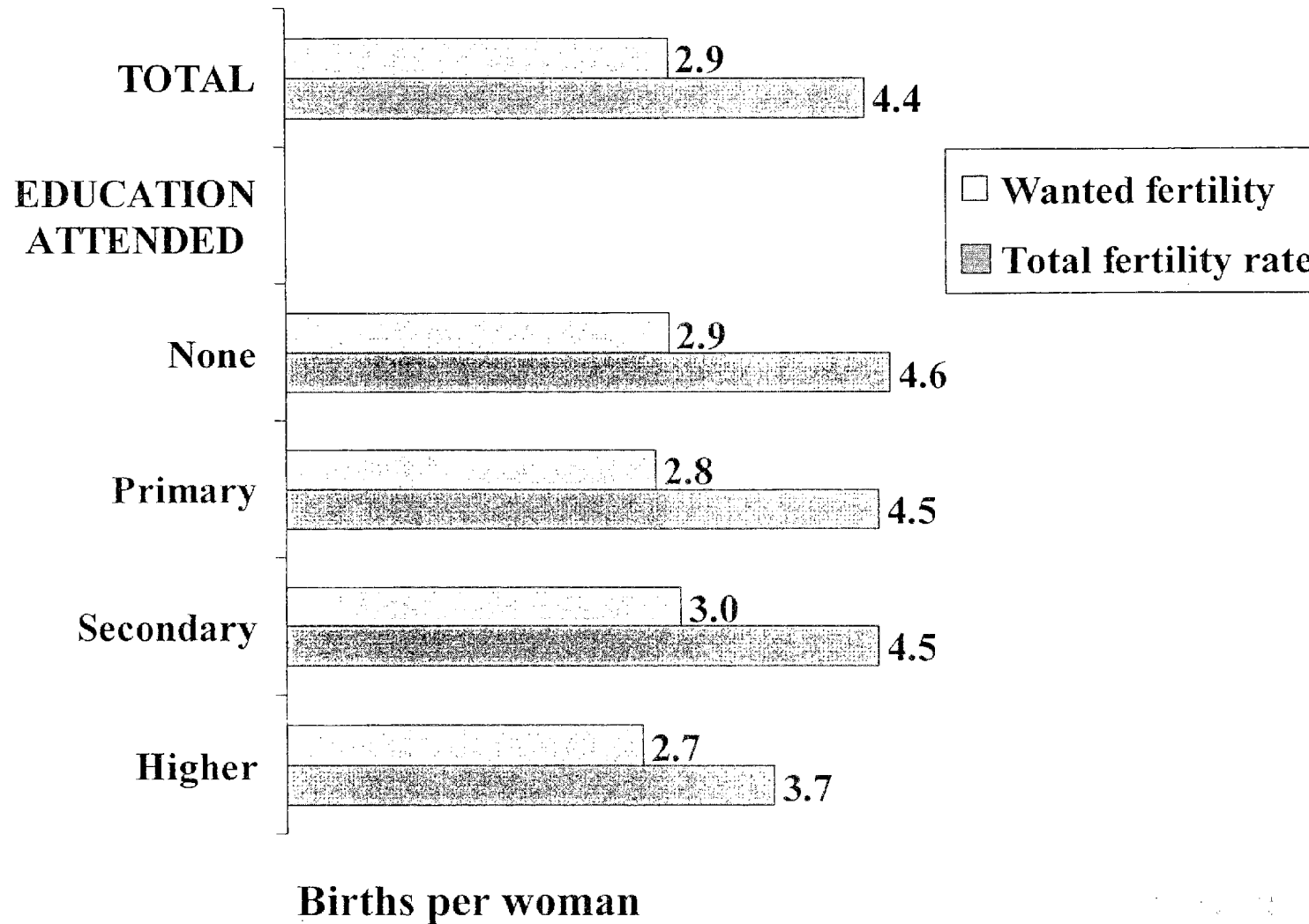
Percent of recent births that were mistimed or unwanted, by birth order and mother's age



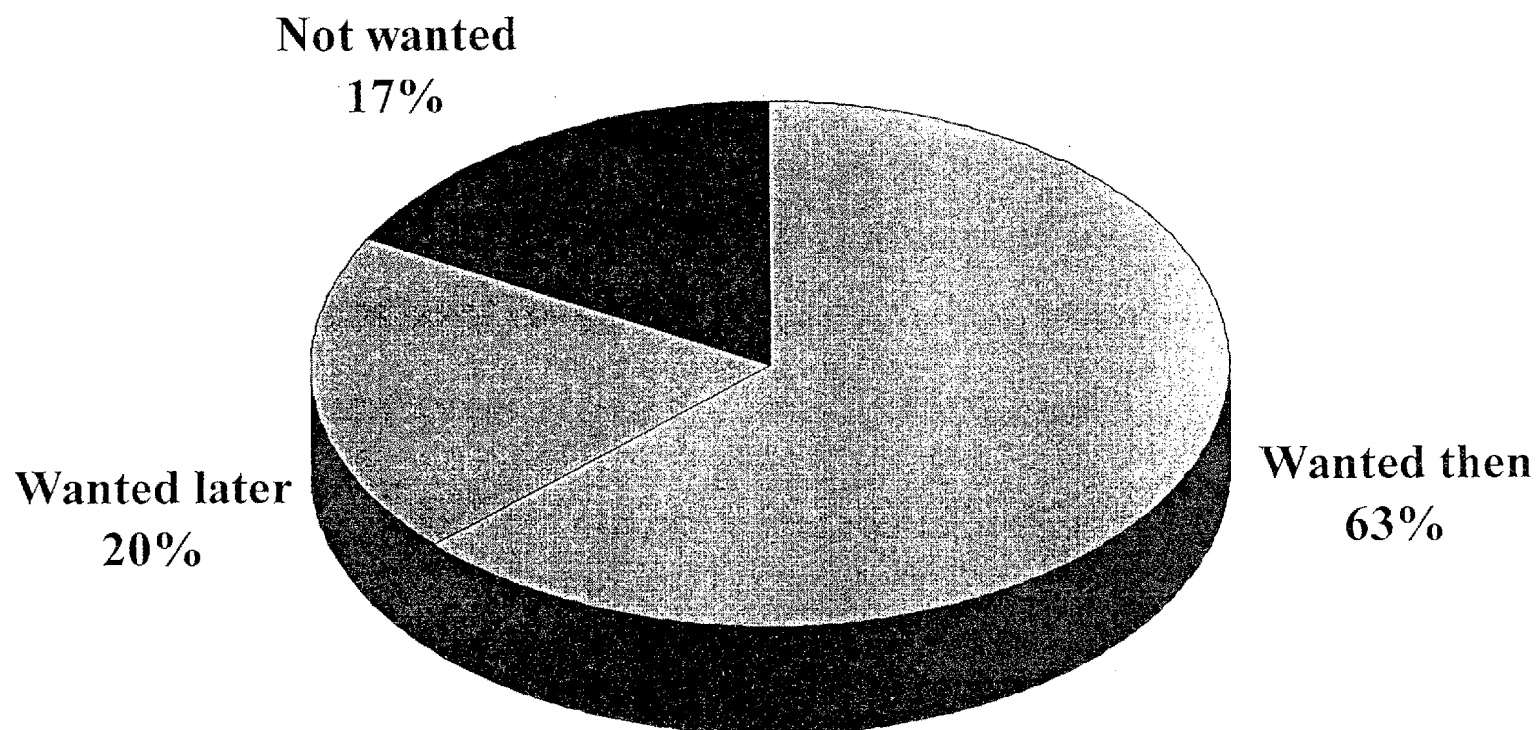
Total Fertility Rates and Total Wanted Fertility Rates



Total Fertility Rates and Total Wanted Fertility Rates, by education

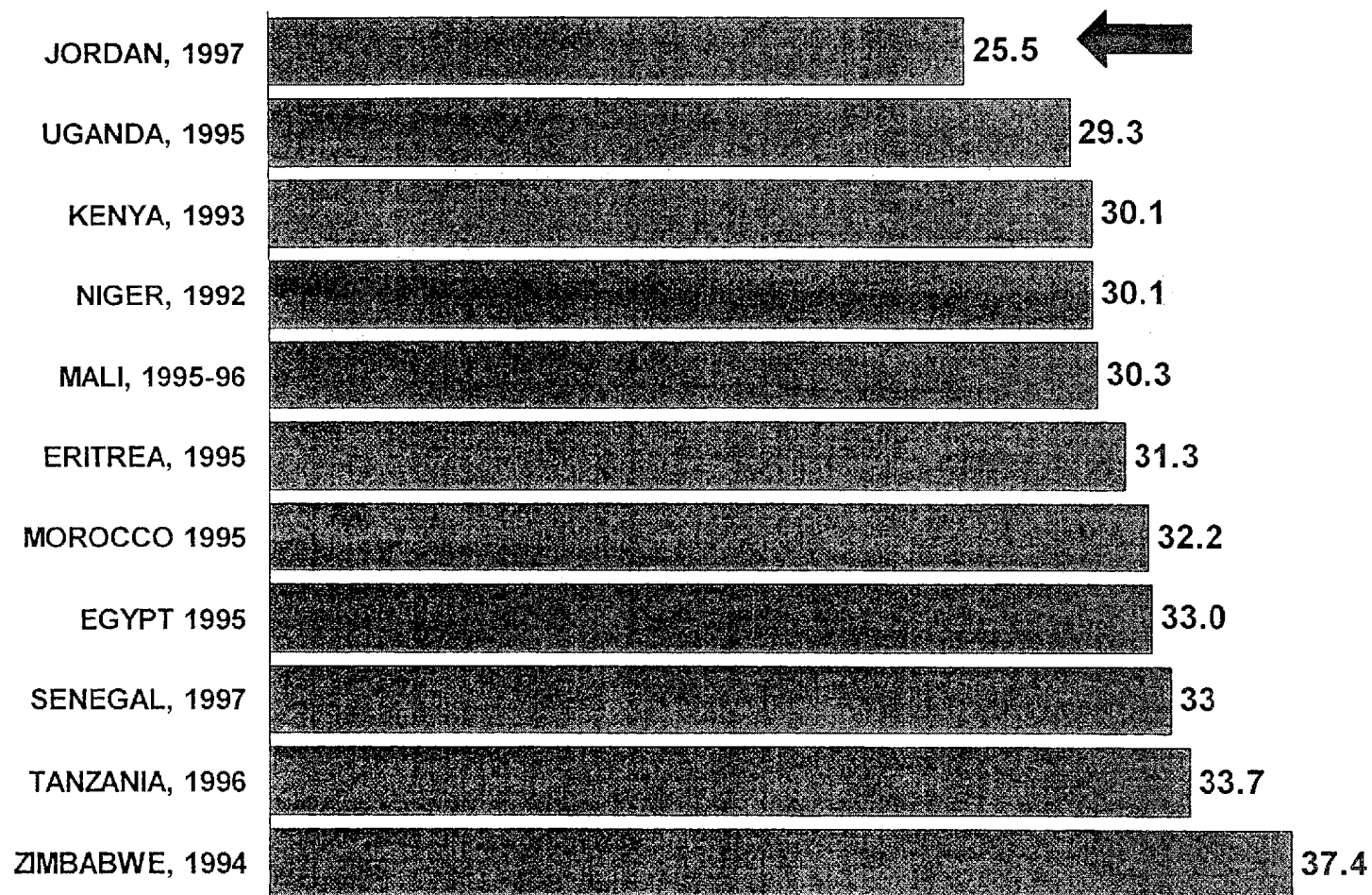


Planning status of recent births



Births <5 years before survey

Median duration of birth interval



Median number of months since previous birth

Identified Problems

1. Family Planning (FP)

- (1) Lack of information on contraceptive methods among the staffs including midwives .**
- (2) Lack of systematic FP education and insufficient contraceptive counseling at the health facilities including MCH centers.**
- (3) Lack IEC (information , education and communication) materials**
- (4) Lack of awareness among local residents to use contraceptives .**
- (5) Difficult access to contraceptives at the health facilities except MCH centers.**

Identified Problems

2. Maternal and Child Health (MCH)

- 1. Low availability of postnatal care.**
- 2. Lack of systematic training curricula for midwives working at the hospital .**
- 3. Lack of knowledge on MCH among the staffs at village health centers .**
- 4. Insufficient antenatal care\postnatal care service at MCH centers.**
- 5. Duplication of antenatal care between MCH centers and the hospital .**

Identified Problems

3. Reproductive Health (RH)

- 1. Lack of knowledge on the concept of RH .**
- 2. Lack of understanding of FP through the scope of RH.**
- 3. Lack of understanding of MCH through the scope of RH .**

Recommendations for forming FP/health awareness programs for local residents:

- 1. Importance of FP should be instructed.**
- 2. Local residents should be well-informed of the where about to obtain contraceptives.**
- 3. Importance of postnatal care visit should be emphasized.**
- 4. General health education should be given.**
- 5. Preference for female doctors should be discussed as an issue.**
- 6. “Privacy” should be introduced as a right .**

Recommendations for improving FP,MCH,RH and community health programs:

1. Staffs

1. Through information on FP and MCH should be given to the staffs, particularly midwives at MCH centers and the staffs working at village health centers .

2. Proper training curricula should be formulated for midwives at the hospital .

3. Aid nurses should have systematic training programs.

Recommendations for improving FP,MCH,RH and community health programs:

- 4. The concept of RH should be taught to all the staffs and be practiced daily activities .**
- 5. Roles of nurses at primary health centers and MCH centers should be received .**
- 6. Staff's interpersonal communication skills on how to talk to clients, including provision of information with their diagnoses and medication should be improved .**

Recommendations for improving FP,MCH,RH and community health programs:

2. Infrastructure

- 1. Proper equipment should be provided .**

Recommendations for improving FP,MCH,RH and community health programs:

3. Management

- 1. FP education should be given systematically to the women during antenatal care and postnatal care visits .**
- 2. Informed choice should be given to the clients before using contraceptive .**
- 3. Co-ordination among the health facilities should be strengthened to avoid duplication of services .**
- 4. Doctor's routine visit to village health centers should be established .**

Recommendations for improving FP,MCH,RH and community health programs:

- 5. Medicine should be made available any time at the health facilities .**
- 6. Patient's privacy should be respected at the health facilities .**
- 7. A follow-up of patients should be attempted as a system .**
- 8. Efficient management at the health facilities, the hospital and primary health centers in particular, should be established .**
- 9. Monitoring and evaluation for quality assurance should be established .**

Recommendations for improving FP,MCH,RH and community health programs:

4. Community Health

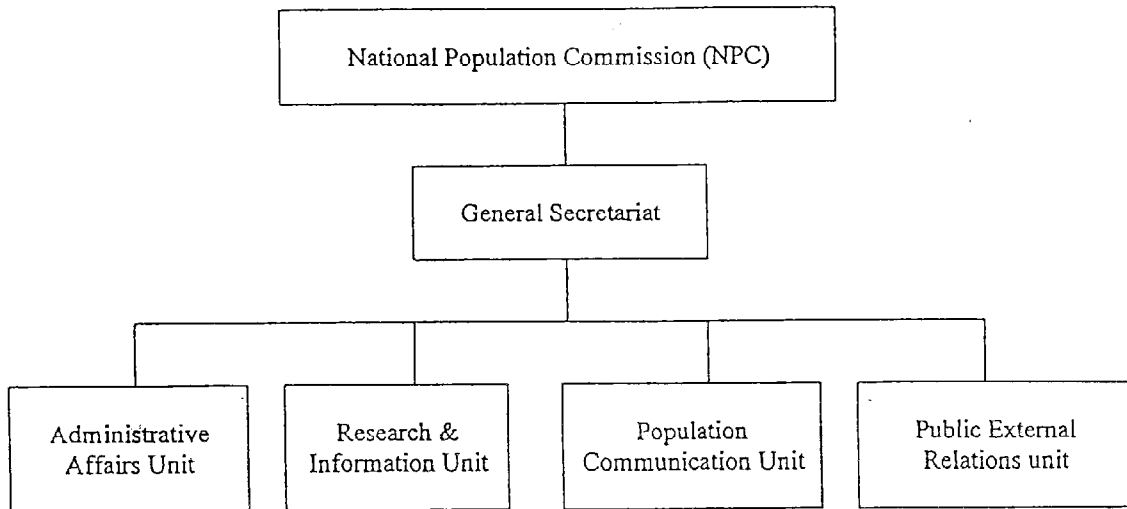
- 1. Doctor's infrequency / irregular visit to village health centers .**
- 2. No monitoring and evaluation system for quality assurance .**
- 3. Insufficient training to aid and practical nurses, aid nurses in particular .**
- 4. Lack of follow-up of patients .**
- 5. Lack of equipment at the health facilities .**
- 6. Shortage of medicine available at the health facilities.**

Recommendations for improving FP,MCH,RH and community health programs:

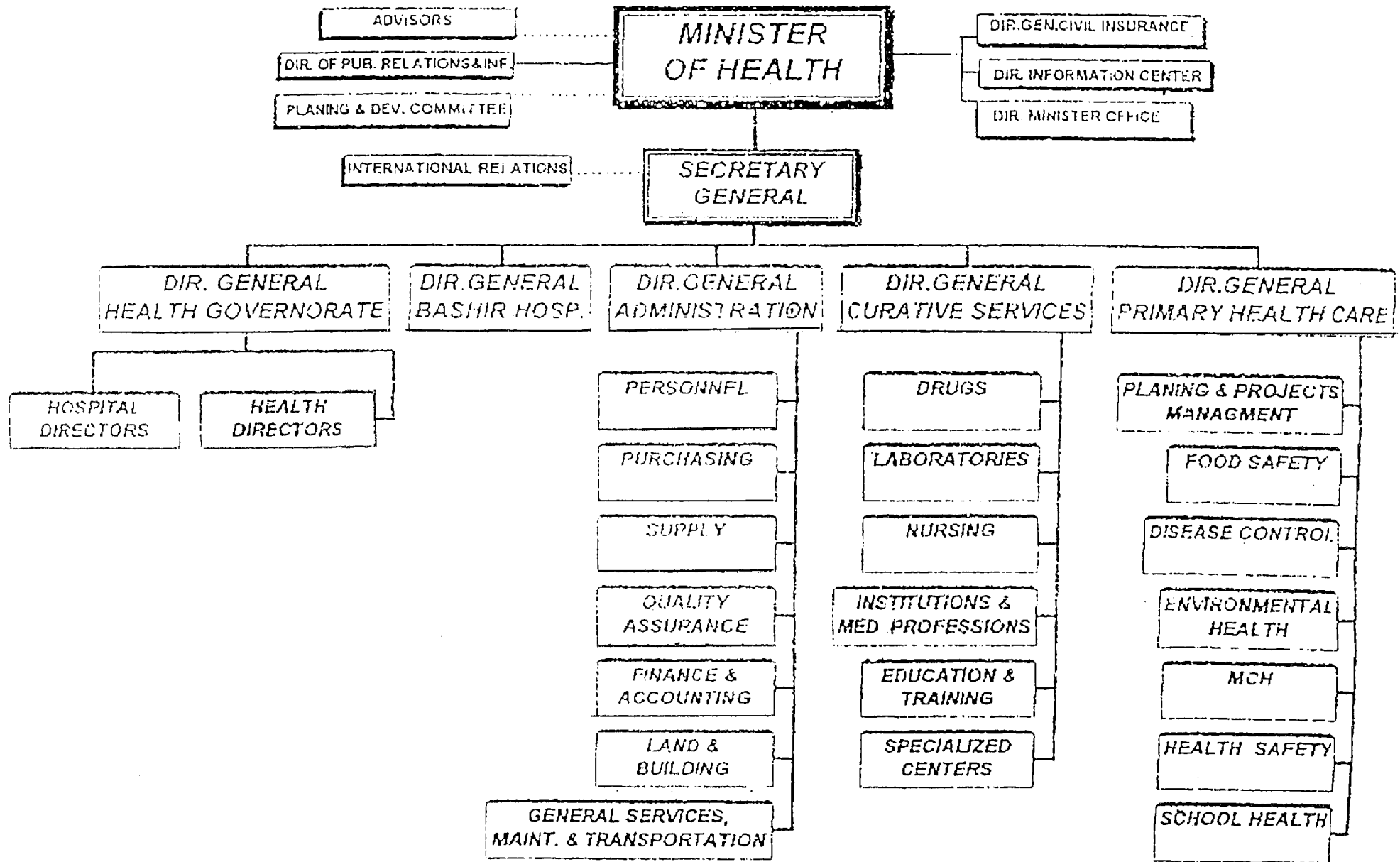
- 7. Shortage of medicine available at the facilities**
- 8. Lack of basic health knowledge among women .**
- 9. Women's preference for female doctors.**
- 10. Lack of understanding on Privacy as patient's rights among women .**
- 11. Lack of interpersonal communication skills among the staffs .**
- 12. Lack of respect for patients "privacy " among the staffs.**

4 実施機関組織図

4-1 AN ORGANIZATION CHART :



ORGANIZATION CHART MINISTRY OF HEALTH IN JORDAN



Organisation Structure of The Jordanian Hashemite Fund for Human Development 1999

